

Highland MARAC Agency Representative Toolkit

This guidance supports MARAC representatives to determine what information should be shared at a MARAC meeting. It also provides some background to why certain services and organisations are represented at MARAC. The guidance also includes a summary of the main actions that services can take for MARAC cases, where the meeting agrees these measures are appropriate and likely to promote safety.

Case discussion should take 12 to 15 minutes. Please ensure your update is succinct and researched in advance to support the efficient running of MARAC.

For ‘repeat’ cases only new information since last discussed at MARAC should be shared. SafeLives defines a ‘repeat’ as any instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC.

Please note: It is not a ‘repeat’ case if the victim in the first case is the perpetrator in the second case and vice versa.

NHS Highland Services	
<p>A&E Health professionals are often in a good position to identify cases of domestic abuse, 1-1.5% of A&E attendances are due to domestic violence and 30% of domestic abuse commences during pregnancy. (SafeLives 2015) MARACs have been proven to reduce repeat victimisation, therefore directly improving the quality of life for the patients and children that you work with. The MARAC will also highlight cases that might require a particular response or where issues of staff safety are important.</p>	<p>What A&E information should be gathered and shared? The NHSH rep should bring:</p> <ul style="list-style-type: none"> • dates of attendances at A&E • summary of injuries sustained • whether domestic abuse was disclosed • who attended • what relevant services have been accessed • any information on the perpetrator’s demeanour when attending on their own or with their (ex)partner • if the perpetrator attended A&E with injuries consistent with a fight or suicide attempts <p>This can highlight the severity of abuse to other agencies.</p> <p>What actions can be offered?</p>

<p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>Actions volunteered by the NHHSH rep on behalf of A&E will frequently focus on ensuring that the response to the patient in future reflects the fact that they are at higher risk of domestic abuse and that any further incidents would prompt an enquiry into their cause and a possible referral to the appropriate person/agency. For example, it would be important to see the patient alone at appointments to do this safely and to ‘flag’ files to highlight that the case has been referred to MARAC previously.</p>
<p>Adult Health and Social Care In common with Adult Protection procedures, MARAC facilitates information sharing about the risks of harm and actions needed to increase safety creating a risk management plan involving all relevant agencies. MARAC does not replace Adult Protection meetings or processes and cases are not discussed in the same level of detail as an Adult Protection meeting. MARAC is not an ongoing case management process; cases are discussed once unless there is a new reported incident over the next 12 months.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What Adult Social Care information should be shared? The NHHSH rep should bring:</p> <ul style="list-style-type: none"> ● information on any disclosures of domestic abuse ● current support in place ● the needs of the adult ● names and dates of birth of those residing in the house or visiting the house (other family members, carers etc.) ● any capacity issues ● other relevant information would include any history of mental illness, any previous history of disclosed domestic abuse and whether the perpetrator is the main carer <p>What actions can be offered? Adult Social Care may have a role in managing the risk by replacing the carer if they are the perpetrator, giving support in relation to financial matters and finding safe accommodation. Equally, the NHHSH rep should be able to offer advice to the MARAC on eligibility for community care services or how to undertake an assessment of need, including specific needs of the perpetrator if there are significant mental health or substance misuse issues. The NHHSH rep should be advising if there are any legislative measures which may help to protect the individual, for instance: Adult Support and Protection (Scotland) Act 2007 or Adults with Incapacity (Scotland) Act 2000.</p>

Drug and Alcohol Services

The MARAC can help you to work with clients that might not be cooperating or engaging with you by bringing in other agencies, such as Women's Aid, to work with the issues around domestic abuse and give you guidance on the safest way to support that client.

Further information is included in the SafeLives MARAC Toolkits for specific services found [here](#)

What information from Drug and Alcohol Recovery Services should be shared?

The NHSH rep should bring:

- details on alcohol and/or drug use so that the MARAC can appropriately support and safety plan
- whether the client is receiving support
- if services have been accessed by the individual or perpetrator prior

If they are not known to the service the NHSH rep should be able to offer advice about how best to access services locally. This could also include information on how drug or alcohol use may be affecting behaviour and risk.

What actions can you offer?

The actions offered by NHSH on behalf of drug and alcohol services can be general actions such as recognising repeat cases of abuse and more proactive actions if appropriate and required, such as: making sure that both the perpetrator and individual have different contacts or prescribing appointments at different times from each other (if safe to do so); Liaising with other agencies over appointment times so that they can make contact safely with the victim; joint actions with other representatives, most notably Women's Aid, in order to gain access to the individual or vice versa if your service is the only support being accessed by the client.

<p>Mental Health</p> <p>Up to 20% of female mental health service users will be experiencing current abuse and 50 – 60% will have experienced abuse in the past. The MARAC will help you ensure that those who disclose domestic abuse to you and are at high risk are better protected from further abuse by a co-ordinated effort from all agencies and organisations. It will also help your work by giving you up to date information from other agencies about your client’s situation.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information from Mental Health Services should be shared?</p> <p>The NESH rep should bring</p> <ul style="list-style-type: none"> • details around what services the individual/perpetrator/children are receiving • whether NESH has capacity to take on service users if there is a need and the type of service appropriate for the individual(s) • overarching history of mental health issues can also benefit the process <p>It could also include information on how mental health may be affecting behaviour and the risk. It may also be that the NESH rep can offer advice on local services.</p> <p>What actions can be offered?</p> <p>The actions volunteered by NESH on behalf of mental health services can include appropriate assessment for individual or perpetrator (or child if CAMHS involved); appointments for individual or perpetrator with flexibility around service if required such as new appointments if the client has not engaged with previous offers; joint actions with other representatives, most notably Women’s Aid, in order to gain access to the individual or vice versa if the service is the only support being accessed by the client; Review medication or contact relevant professional to review medication.</p>
<p>GPs</p> <p>The GP is often the first place that individuals access for support with the ‘symptoms’ of domestic abuse, such as anxiety, depression or help with injuries. Perpetrators may also disclose to GPs that they have anger or substance misuse issues and see these as the cause of their domestic abuse. GPs also provide a gateway to a number of other health</p>	<p>What information from Primary Care should be shared?</p> <p>The NESH rep should bring:</p> <ul style="list-style-type: none"> • details around presentations at GPs surgeries for the individual/perpetrator and or children • any concerns that GP may have over issues such as frequent appointments • if any disclosures have been made about abuse. <p>What actions can be offered?</p> <p>The actions volunteered by NESH on behalf of Primary Care services will centre mainly around flagging and tagging of patient files, ensuring that the GP is aware of the</p>

<p>services that can support those affected by domestic abuse.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>situation in order to the individual to be seen on their own, where possible. GPs may also be required to facilitate an appointment for a mental health assessment from the Community Mental Health Team where the MARAC thinks there may be mental health problems which are not being currently managed (for either the perpetrator or the individual).</p>
<p>Maternity</p> <p>Women are known to be at higher risk of domestic abuse leading to homicide when pregnant or postpartum (World Health Organisation 2011).</p> <p>Community midwives ask all women routinely about domestic abuse and be more likely to have disclosures due to the ongoing relationship that they develop with women during their pregnancy.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information from Maternity Services should be shared?</p> <p>If a woman is pregnant or has recently given birth, maternity services should be asked to share any information they have. The NESH rep should bring:</p> <ul style="list-style-type: none"> • if there were disclosures to routine enquiry of domestic abuse • if there were signs of physical injuries • if there were suspicions about the behaviour of the woman’s partner (e.g. if he was always present at appointments), etc • Information on any protective factors should also be shared, for example, if the woman is actively engaging with services by attending appointments. <p>What actions can be offered?</p> <p>The midwife is the Named Person and should automatically be informed of a MARAC referral involving a pregnant woman. This will ensure that the woman and unborn child’s health care needs are more readily met as women experiencing domestic abuse receive an enhanced level of maternity care.</p>

The Highland Council Services

Care & Learning

The MARAC will help you link up efforts to increase the safety of the abused parent and, therefore, the children, helping you to intervene in families before children are placed at significant risk.

Health Visitors are ideally placed to deal with cases of domestic abuse due to the ongoing relationship with the client. They may also be more likely to have disclosures over time due to this relationship. It is for these reasons that routine enquiry is now part of health visiting services.

The MARAC can support school staff to be more aware of what is happening at home and how that might be affecting the child or young person.

Further information is included in the SafeLives MARAC Toolkits for specific services found [here](#)

What information should be shared?

The Care & Learning representative should bring any relevant information regarding the family that might help to assess the risk to the individual and children or inform a safety plan. This might include

- whether or not the case is known to children's services/the Named Person
- whether the child is on a child protection plan
- the level of any current intervention
- any risk or developmental assessments and the outcomes of these
- school/nursery attendance record
- whether the child is achieving
- who collects the children from school/nursery
- how the children present and what concerns, if any, the teachers have
- staff professional opinion on general health and development of the children
- recent attitudes/behaviours of the family members and risk and possible protective factors in that family
- knowledge of the known risks that the perpetrator poses to the individual, professionals and children as they may have historical involvement with Children's Services with previous partners and other children.

What actions can be offered?

The actions volunteered by Children's Services usually focus on increasing the safety of the children and young people and working with other agencies to make sure that current support offered is safe for the individual involved. Specific actions might include agreeing to assess the impact of domestic abuse on the children or young people, referring the case to other services, or going on joint visits with the police or Women's Aid. for example approving an application from the child for a bus pass from outside the catchment area, initiating support from a Children's Services Worker, providing space in the timetable for a child to access Women's Aid support, ensuring

	<p>that the children are collected by agreed adults after school, etc. Offering the school as a safe place to see those involved in the case is often a realistic action, as is ensuring that relevant staff are aware of the family’s present situation. Updating schools with relevant information is also important; for example, the fact that the perpetrator has bail conditions not to come near the school or contact the children.</p>
<p>Criminal Justice Services The information shared at the MARAC by different agencies is crucial information to have when drawing up the safest and most effective risk management plan for the offender both in terms of the Criminal Justice Social Work Report and subsequent licence conditions or community sentence requirements.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information should be shared? The Criminal Justice representative should bring any information regarding the offender and individual that might help assess the risk or inform a safety plan. This can include</p> <ul style="list-style-type: none"> • information on the offender’s current state of mind • patterns of offending • criminal history • licence conditions • attendance on a perpetrator programme • information about supervision and courses undertaken. <p>The representative will also provide a link between MAPPA and MARAC.</p> <p>What actions can be offered? Actions will focus on managing the risks posed by the perpetrator. The types of actions that may be considered include: using information gained at MARAC in a Criminal Justice Social Work Report, or when recommending licence conditions or community sentencing requirements. The information would also be relevant when co-ordinating with specialist domestic abuse services, when making appointments or referring cases to MAPPA. Under Section 14 of the Criminal Justice and Licensing (Scotland) Act 2010 requirements can be imposed as part of a Community Payback Order at either the sentencing stage or as an application to amend the Order post sentence. A Restriction of Liberty Order can be imposed to run concurrently with a Community Payback Order as a separate Order. A Restriction of Movement</p>

	<p>Requirement can only be imposed as a sanction for breaching a Community Payback Order. It is possible in some circumstances for Criminal Justice to take part in joint actions whereby a hard to reach individual can be given the opportunity to discuss their situation with a specialist domestic abuse service. This may involve providing information around the known movements of the offender.</p>
<p>Housing The MARAC is part of a multi-agency strategy to tackle domestic abuse in partnership with other agencies. It will also help your work by giving you up to date information from other agencies about your client’s situation.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information can be shared? Information shared could include</p> <ul style="list-style-type: none"> • Application information held • tenancy conditions • information on those residing in the home • repairs made • rent arrears • housing options available • feedback from neighbours • information on what benefits the adult parties are receiving (as this may identify other children associated with the family) • Liaison with other RSL’s where appropriate <p>What actions can be offered? Housing actions will usually focus on ensuring safe accommodation where possible and offering advice to the MARAC on local housing options. Actions could be offered on homelessness prevention for both the individual and perpetrator, rehousing options and rent arrears. In addition, using tenancy conditions, housing legislation and/or anti-social behavioural orders to address the perpetrator’s offending behaviour may also be options used to further increase the person’s safety. Access to a property and also a client for agencies may also be appropriate if housing are the sole agency that have a legitimate reason to contact the client.</p>

Police Scotland

Police

In your role as a police officer, you are dealing with the emergency response to domestic abuse and its follow up investigation and support. Your MARAC should represent an important additional resource for you.

Further information is included in the SafeLives MARAC Toolkits for specific services found [here](#)

What information should be shared?

Police involvement with every case should be researched providing:

- relevant information about the family
- any bail conditions
- previous convictions
- warning markers
- impending prosecutions
- any child protection issues known to the police
- information on the perpetrator such as usual mode of transport, specialist skills, and any firearms they have access to
- information concerning other licences they may hold, e.g. taxi licence and the accessibility to an up to date photo

What actions can be offered?

Police actions will focus on victim safety planning and the management of the perpetrator. This could include taking part in joint visits with other professionals (including Women's Aid to facilitate contact with hard to reach individuals). In addition, it may include investigating new offences discussed at MARAC, only if appropriate and safe to do so, co-ordinating special address markers and disruption plans, prioritising arrest, or making a referral to other specialist police teams, such as the Task Force. Some actions may be covert or overt and may be to arrest for a non-domestic abuse related offence to give breathing space to a hard to reach individual. Bail checks are an important action to offer, so might a review of all available evidence. Often a single point of contact can be offered to the individual to report further abuse or a review of a perpetrators immigration status, a forced marriage protection order or review of family tree to assess risks may be actions that are

	deemed appropriate. The police have considerable power to combat domestic abuse and this may need to be offered to disrupt, divert or prosecute the perpetrator to reduce the risk of serious harm or murder.
--	---

Women's Aid	
<p>Domestic Abuse Specialist Service</p> <p>As a specialist in domestic abuse, you are in a unique position of being able to offer expert advice to the MARAC about the dynamics of domestic abuse. You can offer insight on how women may respond to interventions, the tactics perpetrators are using with women and you are essential in offering specialised support with a range of options and choices including access to temporary refuge accommodation and therapeutic programmes.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information should be shared?</p> <p>It is important the information directly relating to current circumstances of the woman and her children (if any):</p> <ul style="list-style-type: none"> • initial basic demographic information such as the use of 'aliases' or added vulnerabilities • key risk factors identified including your professional opinion on specific risks which may increase the propensity of harm to the woman by the perpetrator • If the woman has accepted support from the IDAA service, then you should also share her view on what she thinks would make her safer • any experience of supporting women previously who have had relationships with the perpetrator • information on the perpetrators behaviour to current and/or previous partner(s) <p>What actions can be offered?</p> <p>Actions offered by the representative will focus on maintaining the safety of the woman. Specialist services may already have established rapport and supported the disclosure which has resulted in the referral to partner agencies. Specific actions may include offering support to access out of hour's helpline support, access to specialised outreach services, feeding back the outcome of MARAC (as part of the IDAA role), updating agencies of any changes in circumstances and making referrals to partner agencies.</p>

IDAA – Women’s Aid & Victim Support	
<p>Independent Domestic Abuse Advocacy Service</p> <p>Contact should be made with the individual prior to the MARAC meeting. The IDAA should ensure that the person is aware that the MARAC meeting is being held and that their circumstances are being discussed in order to promote their safety.</p> <p>Further information is included in the SafeLives MARAC Toolkits for specific services found here</p>	<p>What information should be shared?</p> <p>The role of the IDAA service is to share the views of the individual at the MARAC meeting. In discussion, in advance of the MARAC, information may be revealed that indicates an urgency or escalation in terms of risk. The IDAA should make contact with agencies out with the meeting in order to increase safety where necessary, for example, initiating the Safe@Home scheme through Housing, facilitating access to legal advice for Protection Orders, reporting perpetrators access to weapons (particularly firearms) to the Police, etc. The IDAA also has to support the individual to identify realistic actions that the MARAC may be able to practically be put in place.</p> <p>What actions can be offered?</p> <p>Actions offered as part of the IDAA service will focus on sharing information from the MARAC back to the individual about what actions are to be implemented. The IDAA can also provide a check to the MARAC Co-ordinator as to whether agencies have completed agreed actions.</p>

Information in this toolkit has been developed from Safe Lives materials and is based on the Borders MARAC Reps Toolkit from January 2017.

Version: 3

Last Update: May 2024