



Multi Agency Risk Assessment Conference – MARAC – Operating Protocol

Management Information	
Responsible Manager	Public Protection Committee
Author	Name: Luis Pombo
	Designation: MARAC Coordinator
Date Agreed	19/03/2024
Agreed by	Policy & Procedure Sub-Committee
Implementation Date	02/05/2024
Last Review Date	April 2024
Next Review Date	April 2026

Version Control			
Version	Date	Author	Comment
V1	02/05/2024	Luis Pombo	Final Version
V1.1	13/06/2024	Luis Pombo	Amend superscript para 1.5, rewording of para 5.6 and revised review date in para 6.1

Table of Contents

1.	Introduction	3
2.	Aims of MARAC	3
3.	Risk Assessment	4
4.	Referral Criteria	5
5.	Counter-allegations.....	6
6.	Links to Other Protection Processes.....	7
7.	MARAC Representatives.....	7
8.	MARAC and Immigration Enforcement.....	8
9.	The MARAC Meeting.....	8
10.	The Role of the Independent Domestic Abuse Advocate – IDAA –	11
11.	MARAC Transfers.....	12
12.	Complaints.....	12
13.	Equality Standards.....	13
14.	Governance	13
15.	Performance and Quality Management	14
16.	Effectiveness of MARAC Operating Protocol.....	14
17.	Lack of Adherence to the MARAC Operating Protocol	14
18.	Withdrawal.....	15
19.	Signatories.....	15
20.	Date of Review	15
	Appendix 1 – The MARAC Process	16

1. Introduction

- 1.1 Multi-Agency Risk Assessment Conference – MARAC - is a process established to respond to victims of domestic abuse who are at risk of significant harm and domestic homicide.
- 1.2 The purpose of this document is to set clear guidelines for agencies in relation to the aims of a MARAC, when a MARAC will be called, the procedure for arranging a MARAC, and the links with other protection processes and structures.
- 1.3 MARACs are recognised nationally as best practice for addressing cases of domestic abuse that are categorised as high-risk. MARACs in Dumfries and Galloway allow statutory and voluntary agencies to give a consistent and structured response to managing the risk posed by perpetrators.
- 1.4 In a single meeting, a MARAC combines up-to-date risk information with a comprehensive assessment of the victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator. By using the knowledge and expertise of different agencies, the identified risks will be either reduced or managed in the most appropriate and effective way.
- 1.5 Dumfries and Galloway MARAC Signatory Agencies are:
 - Police Scotland – V Division, Domestic Abuse Unit
 - Dumfriesshire and Stewartry Women's Aid
 - Wigtownshire Women's Aid
 - Dumfries and Galloway Rape Crisis and Sexual Abuse Support Centre
 - ASSIST
 - NHS Dumfries and Galloway
 - Scottish Prison Service
 - Crown Office and Procurator Fiscal Service – Victim Information & Advice
 - Dumfries and Galloway Council
 - Adult Social Work
 - Children and Families Social Work¹
 - Housing/ Homeless Department
 - Education
 - Victim Support Dumfries and Galloway¹
 - Dumfries and Galloway Housing Partnership – Wheatley Group
- 1.6 Information sharing processes and their legal bases are detailed in the MARAC Information Sharing Protocol.

2. Aims of MARAC

- 2.1 The aims of MARAC are:

¹ Do not attend meetings but provide information and act on identified actions.

- To increase the safety, health and wellbeing of domestic abuse victims and their children by facilitating, monitoring and evaluating effective information sharing.
 - To construct and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm.
 - To reduce repeat victimisation.
 - To increase public safety.
 - To improve agency accountability.
 - To improve support for staff involved in high-risk domestic abuse cases.
 - The responsibility to take appropriate actions rests with the individual agencies; it is not transferred to the MARAC.
 - As soon as a referral is received by MARAC Partners, immediate actions should be taken to increase the victim and any children's safety.
- 2.2 The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to safeguard the victim(s) and to increase public safety. Actions will be recorded in an Action Log and will be monitored by the MARAC Coordinator who will communicate with the relevant agencies/ organisations as necessary. The aim is for each agency/ organisation to complete all relevant actions as soon as possible; however, at the next meeting uncomplete actions - if any - will be highlighted and dealt with.
- 2.3 MARAC accepts referrals for victims over the age of 16 or in line with current legislation who are experiencing domestic abuse and who are assessed as being at high-risk of serious harm or homicide.
- 2.3.1 If a victim is under 16 and a MARAC referral is made, the MARAC Coordinator will discuss it with the Chair; this type of case will be agreed on a case-by-case basis.

3. Risk Assessment

- 3.1 In order for the MARAC process to work effectively, there needs to be a common understanding of risk among the participants. MARAC only applies to the cases of domestic abuse, where the victims are identified as being very high-risk of significant harm. There are many factors that will cause a victim to be categorised as very high-risk i.e. abuse escalation, increased frequency of abuse, sexual jealousy, perpetrator's access to weapons, threats to kill, etc. On occasions, these factors may be present in isolation and in other cases multiple factors may be present; however, each victim must be considered on an individual basis and in their own context.
- 3.2 The risk factors can be divided into six main categories:
- Nature of the abuse e.g. emotional, physical, sexual, financial.
 - Historical patterns of behaviour e.g. previous convictions for serious assaults or homicide or abusive behavior, serial perpetration of abuse, etc.
 - Victim's perception of risk e.g. specific fears for themselves and children and pets, etc.

- Specific factors associated with an incident e.g. use of weapon, threats to kill, etc.
- Aggravating factors e.g. drugs, alcohol, financial problems, children present while the abuse took place, etc.
- Victim's vulnerabilities: e.g. disability, cultural barriers, language barriers, residency status, etc.

4. Referral Criteria

- 4.1 Victims can be referred to a MARAC by any agency/ organisation that identifies a victim as high-risk, and any agency/ organisation that has agreed to adhere to this protocol.
- 4.2 Domestic abuse victims can be referred to MARAC on the following bases:
- **Identified High-risk** – when the DASH-RIC score is higher than 14.
 - **Professional Judgement** – when the DASH-RIC score is lower than 14 but risk factors are identified from the abusive context.
 - **Escalation** – when abuse appears to be escalating; usually 3 or more Police callouts in the past 12 months.
 - **Repeat** – where the same victim and perpetrator were referred to any MARAC within the last 12 months and a new incident takes place.
- 4.3 In Repeat cases, the subsequent individual act of abuse does not need to be necessarily criminal, violent or threatening; instead, it should be viewed within the context of coercive and controlling behaviour.
- 4.4 Risk is assessed using the [DASH Risk Assessment Tool](#) (DASH-RIC) developed by [SafeLives](#).
- 4.5 To assess risk, the referring agency should complete a [DASH-RIC](#) with the victim. This checklist is used by frontline workers to assist in the risk assessment process. The checklist is a practical tool that can help agencies to identify which victims should be referred to MARAC and where resources should be prioritised. Any Risk Indicator Checklist, which when completed, has 14 or more risk indicators, should automatically be referred to MARAC under the High-Risk basis.
- 4.6 The referring agency can also use their Professional Judgement. When the DASH-RIC scores lower than 14, if a professional has concerns about a victim's situation, they should refer them to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers, particularly in the case of honour-based violence. This judgement would be based on the professional's experience and/ or the victim's perception of risk. Consideration needs to be given to victims facing additional barriers, such as Lesbian, Gay, Bisexual, Transgender (LGBT) victims, those with a disability and other minority groups.
- 4.7 Cumulative low level domestic abuse incidents (DASH-RIC score lower than 14) should not be seen in isolation but instead they should be understood as

part of a pattern of escalation and should be considered as potential MARAC referrals as they may lead to further harm including homicide. The national recommended Escalation threshold is three domestic incidents/ police call outs within 12 months.

4.7.1 However, not only Police but also any other agency/ organisation can identify this escalation pattern e.g. Health: three attendances at A&E; or Housing: three calls for housing repairs as a result of domestic abuse or suspected domestic abuse.

4.7.1.1 These cases should be referred to MARAC under Escalation.

4.8 In cases that were previously referred to MARAC, where there is a further incident within 12 months from the date of the last MARAC regardless of whether the incident has been reported to the police or the level of risk identified in the DASH-RIC, the case should be referred to MARAC. This also applies in cases when new risk has been identified i.e. the perpetrator has been released from custody; etc.

4.8.1 A repeat incident is defined as any incident involving the same victim and perpetrator that has taken place within 12 months of the first referral to a MARAC, regardless of the severity of the abuse.

4.8.2 To identify repeat victims of domestic abuse regardless of to whom it is reported, all MARAC agencies should have the capacity to ‘flag and tag’ their files following the latest referral so that they are aware if a victim experiences a repeat incident (i.e. recording in all files relating to that victim/ perpetrator that the victim is a high-risk victim of domestic abuse and part of the MARAC process).

4.8.3 Incidents that occur more than 12 months after the last MARAC referral do not constitute a repeat incident but instead would constitute a new referral to MARAC. Any agency that becomes aware of a further incident or risk as described above, should refer the case back to MARAC for another review.

4.9 Professionals referring to MARAC should be aware of the internal processes of their own agency/ organisation.

5. Counter-allegations

5.1 Cases involving [counter-allegations](#) – when both parties allege that the other is abusive – if not properly identified, can have a detrimental impact not only for the primary victim and their family but can also have wider implications for the MARAC process. Without identifying and managing counter allegations, understanding of the risk is not complete and risk may not be managed effectively.

5.2 It is important that professionals bear in mind that victims of domestic abuse may respond to the abuse they are experiencing in different ways i.e. monitoring and self-assessing; complying with the perpetrator’s demands; resisting the abuse; etc. The concept of [Violent Resistance](#) can help professionals understand why victims sometimes may respond with violence and why victims may be perceived as if they were the perpetrator when first-responders arrive. However, when these cases of Violent Resistance are

examined closely, there is not a power/ control element present behind the victim's aggressive behaviour. This power/ control element is a constant in cases of [Coercive Control](#) or [Intimate Terrorism](#) carried out by the primary perpetrator.

- 5.3 In cases of suspected or apparent counter-allegations the MARAC Coordinator will keep the referral on hold and will arrange a special pre-MARAC meeting to scrutinise the case details and identify patterns of behaviour in order to ascertain who the primary victim and who the primary perpetrator are before the referral proceeds to MARAC.
- 5.4 This pre-MARAC meeting will be attended by: Police (Chair), the referring agency, Women's Aid, ASSIST, Justice Social Work and the MARAC Coordinator.
- 5.5 If the case proceeds to MARAC, the referral will progress via the usual pathway as established in this Operating Protocol.
- 5.6 If the case does not proceed to MARAC, this will be documented and justified; records will be kept in the MARAC Coordinator Folder in the DG Council System.

6. Links to Other Protection Processes

- 6.1 There are a number of recognised structured processes in place to manage the risk to certain groups of the population.
 - [Child Protection processes](#) are initiated when children are at risk of harm.
 - [Adult Support and Protection processes](#) are initiated when an adult is at risk of harm.
 - Multi Agency Public Protection Arrangements – [MAPPA](#) – are initiated to manage high-risk violent and sex offenders.
 - Multi Agency Tasking and Coordination – [MATAC](#) – targets repeat domestic abuse perpetrators and those who present the greatest risk of harm to victims.
- 6.2 The Multi Agency Risk Assessment Conference – MARAC – does not replace these processes. Instead, the MARAC process is designed to enhance existing arrangements and to link to these processes, but with a focus on the victims/ survivors of domestic abuse (and their children) who are assessed to be at very high-risk of significant harm or homicide and enhances the quality of their safety plans.

7. MARAC Representatives

- 7.1 MARAC membership is described in Item 1.6 (p. 3).
- 7.2 Each of the Partners will appoint a MARAC representative who will be the most appropriate member of the agency/ organisation/ service who has a coordinating and authorising role in order that resources can be committed during the MARAC.
- 7.3 The agency/ organisation should also appoint a deputy within the same body to carry out the MARAC role in the event of the absence of the main representative.

- 7.4 If a representative is unable to attend MARAC, they should provide information to the MARAC Coordinator who will share it at the MARAC meeting.

8. MARAC and Immigration Enforcement

- 8.1 Information shared during the MARAC process should only be used for MARAC purposes i.e., the safeguarding of the victim(s) and should not be used to support Immigration Enforcement proceedings.
- 8.2 No agency should pass on information shared at MARAC meetings to Immigration Enforcement without explicit agreement of the MARAC Chair and then only for the purposes of safeguarding the victim(s).
- 8.2.1 This decision must be documented and sent to the MARAC Coordinator for storage in the given case file.
- 8.3 Immigration Enforcement (IE) will not normally be a MARAC Signatory or part of MARAC as they do not have a specific safeguarding function.

9. The MARAC Meeting

- 9.1 The Chair will be identified and agreed by MARAC partners within the MARAC Executive/ Steering Group. Traditionally, this has been provided by Police Scotland; however, alternatives can be agreed by the MARAC Executive/ Steering Group.
- 9.2 The role of the Chair is to structure the meetings, to ensure the agency's / organisation's representatives understand agreed actions and which agencies / organisations are responsible for these. At a new MARAC, the Chair will review any actions outstanding from the previous meeting and the MARAC Coordinator will monitor these.
- 9.3 Meetings are scheduled to take place four weekly on MS Teams with dates and times sent out for the year to partner agencies/ organisations by the MARAC Coordinator.
- 9.4 The MARAC Coordinator will collate all of the information for the meeting. New referrals must be received a minimum of 8 working days prior to the next scheduled meeting.
- 9.4.1 Exceptions can be made in cases of extreme high-risk.
- 9.5 If required, an emergency MARAC could be arranged with the approval of the Chair. In urgent cases, the signatories party to these procedures will agree to ensure that a representative from their agency will be available to attend an emergency MARAC within 72 hours of the decision to hold a MARAC. Factors that can trigger an emergency MARAC may include:
- 9.5.1 A significant change in the victim's circumstances which heightens vulnerability of serious harm or homicide.
- 9.5.2 A significant change in the perpetrator's circumstances which heightens the victim's vulnerability of serious harm or homicide.
- 9.5.3 Any other situation that might increase risk.
- 9.6 Referrals will be circulated to MARAC Partners as soon as they are received by the MARAC Coordinator – whether or not consent has been given – so that

safety measures are put in place as soon as possible by agencies who work directly with victims, and for the rest of the MARAC partner agencies to start carrying out their research on the cases in preparation for the MARAC.

- 9.6.1 MARAC should not delay any immediate action being taken by agencies. On receipt of the referrals to be discussed at MARAC, all agencies should take immediate actions they deem necessary to increase the victim's or children's safety.
- 9.7 On receipt of the referrals to be discussed at MARAC, agencies'/ organisations' representatives will establish what information is held about the victim and perpetrator within their agency/ organisation.
- 9.7.1 Only relevant and proportionate information should be shared through the MARAC process with the aim to safeguard victim(s) at risk.
- 9.8 The MARAC Coordinator will circulate the agenda to the MARAC partners 8 working days prior to the MARAC meeting date.
- 9.8.1 If there are any last-minute urgent additions, a new agenda will be sent out as soon as possible.
- 9.9 Any documentation relating to the MARAC meeting will be sent by secure email (".gov.uk", ".pnn", ".cjsm", "nhs.scot", etc.) and marked **[OFFICIAL – SENSITIVE]**.
- 9.9.1 This also applies to referrals sent by partner agencies to the MARAC Coordinator.
- 9.9.2 If the referring agency/ organisation does not have a secure email address, the referral should be made to the MARAC Coordinator by telephone: 07734 073 521 or via an MS Teams call.
- 9.9.2.1 This also applies to any data sharing prior to the MARAC taking place and after it.
- 9.10 The MARAC Coordinator will collate and prepare a Pre-MARAC Agencies' Research Paper; this will be sent to the Chair at least 1 working day prior to the MARAC meeting.
- 9.10.1 Partner agencies should provide relevant information on the cases to be discussed at MARAC at least 2 working days prior to the meeting.
- 9.11 Designated representatives should attend the MARAC meeting or nominate a representative to attend in their absence. The representative should share relevant information, proportionate to need, on a confidential basis. Alternatively, if an agency cannot send a representative to the meeting, their information can be sent to the MARAC Coordinator who will share it at the meeting on the agency's behalf.
- 9.11.1 Those attending the MARAC, including any delegate, must have the authority within their agencies to prioritise the actions that arise from the MARAC and be able to make an immediate commitment of resources to those actions. It is important that all attendees are clear on what they are committing to do on behalf of their agency/ organisation.
- 9.12 If a conflict of interest is identified by an agency/ organisation representative, i.e. the representative knows or is related to the victim or the perpetrator; the

representative is either the victim or perpetrator; etc., it should be disclosed in the first instance to the MARAC Coordinator who will then inform the MARAC Chair.

9.12.1 A delegate should be appointed to attend the specific MARAC where the conflict of interest has been identified.

9.13 All agencies should be aware of the confidential nature of information discussed at the MARAC and ensure that all written information is stored securely in accordance with relevant legislation or destroyed after the meeting has taken place.

9.14 At the start of the MARAC meeting, attendees will be asked to agree to the MARAC confidentiality statement.

9.14.1 MARAC Confidentiality Statement:

Information discussed by the agency representatives, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties who have not signed up to the MARAC ISP, without the agreement of the partners of the meeting. It should focus on domestic abuse and child protection concerns and a clear distinction should be made between fact and professional opinion.

All agencies should ensure that all minutes and related documentation are retained in a confidential and appropriately restricted manner. These minutes will aim to reflect that all individuals who are discussed at these meetings should be treated fairly, with respect and without improper discrimination. All work undertaken at the meetings will be informed by a commitment to equal opportunities and effective practice issues in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The purpose of the MARAC meeting is as follows:

- *To share information to increase the safety, health and well-being of victims - adults and their children;*
- *To determine whether the perpetrator poses a significant risk to any particular individual or to the general community;*
- *To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;*
- *To reduce repeat victimisation;*
- *To improve agency accountability; and*
- *Improve support for staff involved in high-risk Domestic Abuse cases.*
- *The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.*

By taking part in this meeting, we agree to abide to these principles.

- 9.14.2 Information sharing at MARAC is strictly limited to the aims of the meeting and information gained at MARAC cannot be used for other purposes without a request in writing to the Chair of the MARAC.
- 9.15 During the MARAC, actions will be identified for each case that has been discussed and a tailored action plan will be developed to increase the safety of each victim, their children, and any other vulnerable parties. Examples of common actions are: flagging and tagging files, referral to other services, providing support with housing options, dealing with the risk generated by the perpetrator, links with MATAC, etc.
- 9.16 MARAC and Multi Agency Tasking and Coordination (MATAC) are separate processes which aim to increase the safety of victims and their children. However, links should be made where appropriate between these processes and consideration be given at the MARAC meeting as to whether a MATAC referral would be beneficial.
- 9.17 The MARAC Coordinator will take the minutes. The minutes should include a list of all the agreed actions plus any amendments or additions to the basic information in the Pre-MARAC Agencies' Research Paper. The minutes will be stored securely by the MARAC Coordinator and an Action Log will be sent to all MARAC Partners within 3 working days after the meeting has taken place.
- 9.18 All actions should be SMART (Specific; Measurable; Achievable; Relevant; & Timely) and all agencies should take responsibility for completing these within the agreed timescales. Confirmation of completed actions should be emailed to the MARAC Coordinator as soon as completed.
- 9.18.1 The MARAC Coordinator will monitor the action log and remind agencies of the actions that need to be completed prior to the next MARAC meeting.
- 9.19 Following the meeting, it is expected that the victim will be updated on any relevant information and any recommendations made by the MARAC. The agency/ organisation contacting the victim should be the most appropriate one and not necessarily the one responsible for making the initial referral to MARAC; this should be agreed at the meeting. If the victim has not been made aware of the MARAC referral, no contact should be made to discuss actions so as not to increase risk.
- 9.20 The MARAC process is summarized in Appendix 1.

10. The Role of the Independent Domestic Abuse Advocate – IDAA –

- 10.1 The main purpose of the IDAA is to address the safety of the victim. Serving as a victim's primary point of contact, IDAAs normally work with their clients to assess the level of risk, discuss the range of suitable options and develop safety plans.
- 10.2 IDAAs are proactive in implementing plans which address immediate safety, including the practical steps to protect victims and their children, as well as exploring longer term solutions. These plans will include actions from the MARAC as well as exploring sanctions and remedies available through the

criminal and civil courts, housing options and services available through other organisations.

- 10.3 The IDAA works with the highest risk cases and is an effective member of multi-agency working which aims to protect and keep the victim's perspective and safety at the centre of proceedings.
- 10.4 The IDAA will contact the victim prior to the MARAC to discuss support needs and will act as the voice of the victim in the meeting. The IDAA's role at MARAC is to represent the views of the victim at the meeting and to liaise where possible between the victim and partner agencies to ensure that the safety plan is effective. The IDAA will bring along the wishes of the victim to the meeting along with any upcoming appointments and content of previous contacts. It is crucial that the IDAA representative attends to ensure the action plan is as safe as possible.
- 10.5 Following the MARAC, the IDAA will generally be the person who provides feedback to the victim providing updates on the actions agreed, exploring appropriate safety plans and discussing options as required, unless another agency/ organisation has a stronger link to the victim. If this is the case, that agency/ organisation will take the lead role in feedback to the victim. This should be agreed during the MARAC and recorded.
- 10.6 IDAA workers receive specialist accredited training and hold a nationally recognised qualification or should be prepared to work towards this.

11. MARAC Transfers

- 11.1 If an agency/ organisation is made aware that a high-risk victim has moved out of the MARAC area, then they should inform the MARAC Coordinator who will organise the transfer of the victim to the relevant MARAC area and inform MARAC members of the transfer in order for agencies/ organisations to update their systems accordingly.

11.1.1 Transfer victims will be listed within the MARAC minutes.

- 11.2 If the area where the victim has relocated to does not have a MARAC, the MARAC Coordinator will transfer the case to the relevant Police Division.

- 11.3 Any case transferred from another MARAC to Dumfries and Galloway MARAC will initially be dealt with by the MARAC Coordinator as any other referral.

11.3.1 The MARAC Coordinator will ensure that all relevant supporting documentation is provided by the referring MARAC i.e. DASH-RIC; previous minutes; etc.

11.3.2 The MARAC Coordinator will make the Access Team in Social Work aware of cases transferred to Dumfries and Galloway MARAC so they can be triaged.

12. Complaints

- 12.1 The agency/ organisation receiving the complaint should follow their own complaint procedures.

12.1.1 If the complaint refers to the MARAC as a whole, it should be escalated to the MARAC Executive/ Steering Group.

12.1.2 The process for escalation is via the MARAC Coordinator.

12.2 In the first instance, complaints can be dealt informally if the complainant prefers so.

12.3 Formal complaints will be acknowledged within 5 working days of receipt and resolved within 48 days of the initial complaint being received.

12.3.1 Should the investigation take longer than expected, the complainant will be informed and given an approximate completion timescale.

13. Equality Standards

13.1 MARACs will follow equality and diversity good practice.

13.2 All work undertaken at the meetings will be informed by a commitment to equality principles enshrined in the law, which means that particular measures to protect victims will be implemented without discrimination on any ground such as sex, gender, race, sexual orientation, age, disability, marital status, migrant or refugee status, or other status.

13.3 All agencies will demonstrate a commitment and understanding of the principles of equality and diversity. They must ensure that in relation to employment and service delivery no person is discriminated against either directly or indirectly on the grounds of:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

13.4 An Equality Impact Assessment will be conducted annually in relation to the MARAC Operating Protocol to identify the needs of the local population in Dumfries and Galloway.

14. Governance

14.1 The MARAC Executive/ Steering Group will be responsible for the MARAC process.

14.2 The MARAC Executive/Steering Group will ensure that effective partnerships are maintained with other safeguarding and public protection bodies and other MARAC areas.

14.3 The MARAC Executive/Steering Group will ensure that the MARAC operates in line with legal responsibilities and keeps up to date with changes to legislation and national guidance.

14.4 Membership of the MARAC Executive/ Steering Group will include the MARAC Chair and Coordinator plus senior representatives from each key

partner agency/ organisation/ service, capable of maintaining and developing internal protocols and procedures in relation to public protection.

14.4.1 Key members of the MARAC Executive/ Steering Group include representatives of Public Protection, Police Scotland, NHS Dumfries and Galloway, Dumfriesshire and Stewartry Women's Aid, Wigtownshire Women's Aid, Children and Families Social Work, Criminal Justice Social Work, and Violence Against Women and Girls including the MARAC Coordinator.

14.5 Any strategic issues arising at MARAC require to be escalated to the MARAC Executive/ Steering Group for discussion/ resolution.

15. Performance and Quality Management

15.1 Basic SafeLives record keeping will be kept by the MARAC Coordinator to ensure outcomes are measured to:

- Encourage accountability and consistency, and permit participants to measure the impact of their work.
- Analyse the cost – benefit of running a MARAC and justify commitment of resources to funders.
- Establish the contribution of MARAC to other performance targets.
- Most importantly, encourage accountability to the victims whom all partner agencies/ organisations are trying to help, keeping safety at the forefront.

15.2 The MARAC Coordinator will upload Dumfries and Galloway MARAC statistic onto the SafeLives data webpage and prepare statistical information as required.

15.3 Output measurements may include:

- The number of cases reviewed at MARAC over a specified period.
- The range of agencies referring.
- Data relating to diversity issues including ethnicity, sexual orientation, gender identity and disability.
- Numbers of children involved.
- Number of actions taken.
- Number of repeat cases.
- Other.

16. Effectiveness of MARAC Operating Protocol

16.1 Dumfries and Galloway MARAC Operating Protocol will be reviewed annually in order to ensure it remains fully effective. It will be the responsibility of the MARAC Executive Group, in consultation with partner agencies signed up to the MARAC process to conduct this audit.

17. Lack of Adherence to the MARAC Operating Protocol

17.1 Lack of adherence to the protocol may increase the risk to a high-risk victim.

17.2 Signatory agencies need to be referred to their responsibilities in relation to the MARAC Operating Protocol.

17.3 In the event of lack of adherence to the protocol, it is the responsibility of the MARAC Chair and the MARAC Executive/ Steering Group to identify actions with the relevant agency/ organisation to address identified issues that led to a breach and/or in the event that these cannot be resolved, withdrawal of an agency/ organisation from the process.

18. Withdrawal

- 18.1 Agencies’/ organisations’ attendance and input to the MARAC will be monitored by the MARAC Coordinator.
- 18.2 If agencies / organisations are not attending or contributing to the process, this will be discussed at the MARAC Executive/ Steering Group. A decision will be made as to whether they will be removed from the process and if so, they will be notified of this decision in writing.
- 18.3 Agencies/ organisations wishing to withdraw from the MARAC are required to put this in writing and provide a clear exit strategy to ensure that any existing cases continue to be monitored for a 12-month period.
- 18.4 Any agency that withdraws from the MARAC process should destroy all MARAC related information from their systems in accordance with their information management guidance.

19. Signatories

Name	Agency	Signature	Date
	Police Scotland – V Division, Domestic Abuse Unit		
	Dumfriesshire and Stewartry Women’s Aid		
	Wigtownshire Women’s Aid		
	Dumfries and Galloway Rape Crisis and Sexual Abuse Support Centre		
	ASSIST		
	NHS Dumfries and Galloway		
	Scottish Prison Service		
	Dumfries and Galloway Council		
	Victim Support Dumfries and Galloway		
	Dumfries and Galloway Housing Partnership - Wheatley Group		
	Crown Office and Procurator Fiscal Service – Victim Information & Advice		

20. Date of Review

20.1 This protocol will be reviewed in April 2026.

Appendix 1 – The MARAC Process

1. Domestic abuse is identified.
2. Risk is assessed by completing the DASH Risk identification Checklist.
3. Referral form is completed and forwarded to MARAC coordinator under: High-risk, Escalation, Professional Judgement, or Repeat category.
4. MARAC Coordinator processes the received referral.
5. MARAC Coordinator forwards referral to all MARAC partners so that immediate safety actions are put in place.
 - 5.1 In case of an incoming MARAC Transfer, Access Team is informed so that the victim is created in Social Work System.
 - 5.2 If children are involved, Access Team will inform Child MASH.
6. IDAA contacts the victim.
7. Some agencies take immediate safety actions e.g. IDAA, Women's Aid, Police, Children and Families Social Work, Adult Social Work.
8. MARAC Coordinator sends out agenda 6 to 8 days before the MARAC meeting.
9. Information is researched and gathered by the nominated MARAC representative within each agency/ organisation.
10. Agencies/ organisations send their Pre-MARAC research to MARAC Coordinator.
11. MARAC Coordinator prepares the Pre-MARAC Research Paper and forwards it to the Chair.
12. MARAC meeting takes place.
13. A quick check of the previous MARAC Action Log is carried out and outstanding actions (if any) are highlighted.
14. All relevant and proportionate information is shared.
15. IDAA brings the victim's views and safety concerns to the MARAC.
16. Actions are identified for each case and a multi-agency action plan is developed.
17. Relevant actions are reported to the victim by IDAA or by other appropriate professional where safe to do so.
18. Nominated agency/ organisation representative ensures that actions are carried out by their agency/ organisation and reports back to the MARAC Coordinator when completed.
19. The MARAC Coordinator monitors the action log and communicates with MARAC Partners to ensure all actions are completed in due course.
20. The MARAC Coordinator is informed of any substantial change in the victim's or perpetrator's circumstances; and Coordinator communicates with relevant agencies/ organisations, so action is taken to keep the victim safe.