Document Type:	Standard Operating Procedure	
Reference Number : **2432**	Version Number: **1**	Next Review Date: **17 October 2022**
Title:	**Sharing Health Information at MARAC (Multiagency Referral Assessment Conference)**	
Document Author:	Safeguarding Nurse Practitioner	
Applicability:	All staff as defined in document	

1. Purpose of this document:

1.1 This guidance has been produced for Torbay and South Devon NHS Foundation Trust (TSDFT) staff that are named representatives from various health settings who attend the Multiagency Risk Assessment Conference (MARAC) Meetings.TSDFT has representation from the following areas at the MARAC - the Emergency department / Safeguarding Midwife / Safeguarding Children's Team / Safeguarding Adults and the Drug and Alcohol Services.

1.2 This standard operating procedure provides practice guidance for health practitioners who represent TSDFT in the recording and sharing of relevant health information at the MARAC (Multiagency Referral Assessment Conference).

1.3 MARAC health representatives will have received Level 3 of safeguarding children training and be at a management level; to be able to analyse and share health information that's proportionate to the enquiry. This will inform and assist in the effective safety planning for the victim and children in each case that is heard at MARAC.

1.4 MARAC health representatives will have access to the Torbay and South Devon's Foundation Trust Safeguarding Teams (Adults or Children) for any advice or supervision if required to ensure safe and effective information sharing. Ref Information sharing guidelines. (Information Sharing Guidelines July 2018 DOH)

1.5 MARAC Health Representatives will be involved in this process as meetings are held separately for Devon and Torbay. Frequency of these meetings is at a minimum of fortnightly attendance.

1.6 An exception to this would be if a member of our front line staff was responsible for the referral (Alerter), or was a key worker on a specific or complex case. Where it would be beneficial for the member of staff to attend the MARAC to share information, this would be supported by the relevant health representative.

1.7 Local profile of MARAC activity role and partner agency responsibilities is outlined in (**Appendix 1.)**

1.8 The MARAC has a clear Confidentiality and Diversity statement **(Appendix2).**

2. Scope of this SOP: -

The standard operating procedure applies to the MARAC health representatives for TSDFT who attend and share relevant health information for each referral case at this meeting.

Competencies required:

2.1 The health representatives that attend MARAC will be from a Band 6 / 7 competency level.

2.2 Representatives will have received training to the appropriate level of their Child Protection Role (Level 3 or above).

2.3 Representatives will have completed training in Routine Enquiry and to be able to identify risk factors, have knowledge of the referral process for MARAC and use of the CAADA Dash Risk Assessment. (**Referenced below)**

2.4 .Representatives will have the knowledge of the relevant health systems to support access and identification of health information relevant and proportionate to each referral.

2.5 Representatives when collating health information will liaise with identified practitioners who are working with or have had direct or indirect contact with a case that has been referred to MARAC

2.6 Representatives will have the skills to work in a multiagency way at an operational level to share information at MARAC. If a Health Representative for an area is unable to attend information will be shared in a written format and sent to the MARAC Co-ordinator who has requested the information by e-mail.

Information must be sent from a secure NHS generic email address to the MARAC generic e-mail address which is secure**. (Appendix 3)**

2.7 In addition Trust representatives will be aware of the following policies and guidance **and** will be compliant with the Safeguarding Training relevant for their role.

Domestic Abuse and Sexual Abuse and Violence Policy 2(WB3) .
Domestic Abuse Guideline for Routine Enquiry Ref 1339 Policy.
Domestic Abuse Stalking and Harassment and Honour based violence (DASH) Risk Assessment tool (dash 2009). www.dashriskchecklist.co.uk
Domestic Abuse and Sexual Violence Strategy 2018-2022 Torbay Council

2.8 Where possible, when collating the health information representatives will capture the voice and presentation of the child. The Trust template will be used when gathering client information from the Specialist Community Public Health Nursing 0-19 Service. **(Appendix 4)**

3. Procedure / Steps:

3.1 MARAC representatives will receive notification of a referral from the MARAC Co-ordinator for the Police. This is a different Co-ordinator for Devon / Torbay.

3.2 With each MARAC referral received the representative will assess and collate relevant health information for the victim and perpetrator. For the Midwifery representative that will be health information in respect of the expectant victim and unborn child. For the MARAC Health Lead for Torbay that will be health information collated for the adults and children within the referral. For other health representation information will be collated for the victim and perpetrator.

3.3 The health information collated will then be analysed recorded onto an information sharing template **(Appendix 3)** which will be taken and shared at the meeting.

3.4 .A copy of health information shared at MARAC meetings will be saved in the MARAC database, accessed by the Safeguarding Children's Team.

3.5 MARAC Health Representatives will attend the meetings and participate in the verbal sharing of information and decision making process, so each referral is safeguarded and has a safety plan in place.

3.6 Following attendance each of the MARAC Health Representatives will ensure the MARAC outcomes are recorded within the relevant health systems onto records and where necessary to inform practitioners who are delivering direct health care to the victim perpetrators or children as appropriate. This is in accordance with recommendation from MARAC that agency systems should be flagged accordingly and kept within confidential section within files.

3.7 Health Information systems accessed are: i.e. Symphony / Paris SCPHN Health records for the 0-19 Years' service and Windip for the hospital. The Drug and Alcohol Team will have health systems that they will access.

3.8 In addition MARAC Health Information referrals are occasionally received for a MARAC where a victim /children may have moved out of area. This information will be collated in the same way and sent out in written format via e-mail and a record kept of information shared.

3.9 SCPHN health records 0-19 year service Paris information is only accessed under TDSFT for the Torbay MARAC.

4. Equality and Diversity

4.1 This document complies with Torbay and South Devon NHS Foundation Trust's Equality and Diversity statement.

6. Monitoring tool:

Standards:

Item	%	Exceptions

Equality Statement.
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy

References:

- **Information Sharing Guidelines July 2018 (DOH)**
- **'Striking the Balance' Practical Guidance on the application of the Caldicott Guardian Principals to Domestic Violence and MARACS 2011**
- **Multi-agency Risk Assessment Conference Guidelines 2017.**
- **Domestic Abuse Guideline for Routine Enquiry Trust Policy 1339**
- **Multi Agency Risk Assessment Conference (MARAC) Domestic Abuse referral form.**
- **Domestic Abuse Stalking and Harassment and Honour based violence**
- **(DASH) Risk Assessment tool.(Dash 2009). ADVA CAADA DASH RIC.doc**
- **Child Protection Procedures SWCPP**
- **Domestic Abuse and Sexual Violence Strategy. Torbay Council 2018**

Appendices:

Appendix 1 - Local profile of Marac Activity
Appendix 2 - Confidentiality and Diversity Statement for MARAC
Appendix 3 - Information sharing template
Appendix 4 - Collecting Health information

Appendix 1

Local Profile of MARAC activity

A Multi-Agency Risk Assessment Conferences (MARACs) in Torbay and Devon is a monthly meeting where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies.

The Torbay and Devon MARAC has representatives of police, health, namely accident and emergency, safeguarding children's team, safeguarding adults, mental health, drug and alcohol services, housing practitioners, and other specialists from the statutory, voluntary sectors and Independent Domestic Violence Advisors (IDVAs) .

The main focus of the MARAC is on managing the risk to the adult victim/survivor but in doing this it will also consider other family members, especially children, where the impact of domestic abuse can severely limit their physical and emotional developmental progress (In over 50% of known domestic abuse cases, children were also directly abused) and managing the behavior of the perpetrator.

The MARAC works on the assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety, sharing this information is integral to good information sharing and planning. Statutory agencies will hold different information in relation to each referral being considered for safeguarding and safety planning. It's vital that agencies involved work together and share information to allow effective safety planning

The agency representatives at the meeting, should have a good understanding of risk management and resources allocation/availability from their organisation, to ensure discussed options for the safety of the victim/survivor are fully risk assessed and appropriate safety plans can be drawn up to support the victim/survivor

The MARAC is not an agency and does not have a case management function. The responsibility to take forward actions agreed at the MARAC rests with individual agencies; it is not transferred to the MARAC.

The MARAC process has a clear confidentiality and diversity statement as in **(Appendix 2.)**

Appendix 2

CONFIDENTIALITY STATEMENT

The information or contents of this meeting should not be shared outside of the meeting without the agreement of the chair. MARAC papers should be kept in the restricted or confidential section of agency files. It is the responsibility of agency representatives to alert the note taker of any information disclosed during the conference that they do not wish to be documented.

DIVERSITY STATEMENT

The notes taken at this meeting will aim to reflect that all individuals who are discussed should be treated fairly, and 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 race, gender, sexuality and disability

REPEAT CASES.

A repeat is any incident within 12 months of the last MARAC which, **if** reported to the police, **would** be recorded as a crime. This includes use of violence, both against the person & against property, threats of violence, stalking & harassment & sexual abuse. It may be that this behaviour is disclosed to another agency such as probation or a health visitor. If this is the case it should still be referred back to the MARAC so that the MARAC identifies repeat victimisation not only where it has been reported to the police. This must **not** include cases which are being referred for a second time for any other reason than where there has been a repeat incident. There are specific instances where a second referral might be made but **no repeat incident has occurred** such as, for example, where a perpetrator is about to be released from jail & the case is mentioned in order to make sure that every agency is aware and able to put in place any appropriate safety measures

Appendix 3

Information sharing Template a copy will be kept within the MARAC Database of information that has been shared.

Torbay and South Devon NHS
NHS Foundation Trust

2019				
CASE Name	**Family Details**	**Date of Birth**	**GP Practice**	**Pre MARAC Information**

Appendix 4

This template can be used to collect health information from an identified practitioner involved with the victim and children.

MARAC information request sheet – for meeting			
Name of Mother	Date of Birth	NHS Paris ID	GP Details
Name of Child	Date of Birth	NHS Paris ID	GP Details
Incident: For office use only			

Please complete the questions below:-	
Q1. Have you asked routine enquiry questions?	
Q2. If so when and what was the answer?	
Q3. If not why not?	
Q4. Are they engaging with your service?	
Q5. Do you have any concerns around domestic abuse?	
Q6. Do you have any concerns around substance misuse?	
Q7. Do you have any concerns around mental health?	
Q8. Does this child have any special needs or vulnerabilities?	
Q9. What do you think it is like, as a child, to be living in this family – voice of the child?	
Date form completed by Practitioner:	
Name of Practitioner completing form:	

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2432		
Document title:	Sharing Health Information at MARAC (Multiagency Referral Assessment Conference)		
Purpose of document:	Please see pages 1 and 2		
Date of issue:	17 October 2019	**Next review date:**	17 October 2022
Version:	1	**Last review date:**	
Author:	Safeguarding Nurse Practitioner		
Directorate:	Child Health		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Safeguarding Children Operational Group		
Date approved:	4 September 2019		
Links or overlaps with other policies:	South West Child Protection Procedures http://www.onlineprocedures.co.uk/swcpp **TSDFT Domestic Abuse Policy 2019** **Domestic Abuse and Sexual Abuse and Violence Policy 2(WB3)** . **Domestic Abuse Guideline for Routine Enquiry Ref 1339 Policy**		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐

Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
17 October 2019	1	New	Safeguarding Children Operational Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

South Devon and Torbay Clinical Commissioning Group
Torbay and South Devon NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our GDPR page on ICON.