



Guidance for multi-agency forums: Safeguarding children effectively

There is a major overlap between direct harm to children and domestic abuse. In addition to the significant harm caused by witnessing or overhearing the abuse of another, SafeLives' data shows that **almost two thirds of children exposed to domestic abuse are also directly harmed**. In almost 91% of cases the direct harm was perpetrated by the same person as the domestic abuse – principally their father or mother's male partner.

The primary focus of the Marac process is to safeguard the victim and their children. However, **as highlighted in a recent serious case review**, Maracs must 'consider not just the victim, but all children who [may] remain at risk from the perpetrator'.

This guidance offers tips for researching cases, sharing information and action planning when working with cases involving children. It also provides advice for commissioners and strategic groups, including LSCBs, on working with Maracs. We recommend using this guidance to review Marac operating protocols and information sharing agreements locally. This guidance would also be useful to other multi-agency forums, particularly Mash.



Before you start

All professionals who come into contact with children and families should be alert to their needs and the risks that individuals may pose. It's recommended that all Marac representatives have working knowledge of the guidance *Working together to safeguard children* (HM Government, 2015).

Working with children's social care

Assessments by children's social care should not be finalised until the Marac has been held. The Marac meeting will involve up-to-date, risk-focused information, shared by agencies who may not have been approached by social workers carrying out initial assessments. This richer picture should be used to inform safeguarding decisions before they are finalised.

It's important to familiarise yourself with the local process for escalating concerns about decisions made by children's social care. For guidance on this, and more information about getting support to challenge authorities if a child has been allowed to remain at risk, **visit the NSPCC website**.

1. Get the right people around the table

Giving each new representative a full induction to the Marac process ensures that they have a clear understanding of their role and responsibilities.

Children's social care

Children's social care is a core Marac agency. It's important that any representative is senior enough to be able to confidently make decisions on behalf of their organisation. In addition, having a consistent representative at each meeting creates a specialist single point of contact which builds expertise, relationships and links between children's safeguarding and partners.

Other relevant agencies

In addition to the core agencies, your strategic partnership for Marac should ensure that the following agencies regularly attend or are reached by core representatives as part of their research into cases:

- Education
- School nurse
- Early help settings
- Health visitors
- Community midwives
- Youth offending service
- Looked-after care/care leaver worker
- Specialist B&ME/traveller liaison worker, where appropriate

There are also agencies who won't regularly be able to attend or who aren't present locally but are helpful to involve in the research and information sharing where appropriate and relevant. These include family intervention projects, Troubled Families teams, child and adolescent mental health services (Camhs) and family nurse partnerships.

2. Do your research

Representatives should bring information to Marac which, wherever possible, identifies the impact the abuse is having on the children and any wishes or views they have. Maracs must also consider the victim's ability to meet the needs of, and safeguard, the children. All agencies have a responsibility to research all family members ahead of the Marac meeting. Where proportionate and relevant, representatives should look to offer the following:

Children's social care

- Details of any current and historical child protection proceedings, and an outline of any concerns
- Notifications for any children known to have a connection with either or both parents
- Dates of upcoming child protection conferences, strategy meetings and core groups
- Details of support for children under the common assessment framework, team around the family arrangements, children in need or child protection plans
- Any information about agreements with parents regarding informal and formal contact arrangements
- Outline of support in place for the non-abusive parent and work being undertaken with the abusive parent

Police

- Details of children at address of incident if seen and spoken to; referrals made and action taken to safeguard
- Any relevant convictions both recent and historical
- Any relevant warning markers eg suicidal, mental health problems, weapons

All representatives

- Any information about the children's experience of the domestic abuse and the impact it is having
- Any child protection concerns including concerns about adolescent on parent violence (see Information guide: adolescent to parent violence and abuse (APVA) (Home Office, 2015))
- Information from partner agencies who do not normally attend Marac or from agencies in other local authorities

You can find more details on the type of information agencies can equip themselves with in **SafeLives' Marac toolkits**.

3. Identify all risks affecting the family

When a referral is made to Marac and there are children and young people in the family, another referral should automatically be made to children's social care. There is a responsibility on the referring agency to do everything it can to identify the correct details of all children and flag where information is missing or unreliable.

Typically this information would include children's full names and dates of birth, last known address, schools, and GP where possible. Information should also be shared about children that are linked to the

family and the perpetrator. At the Marac meeting, the chair should reiterate and confirm the number of children with their dates of birth. This will enable appropriate risk identification and action planning plus an accurate account for the minutes.

Young people living with abuse

Young people affected by domestic abuse within their family home may also be vulnerable to other forms of abuse – within their own intimate relationships, through child sexual exploitation or abuse, or through involvement with gangs. Further guidance on how Maracs can provide a more effective response to young people experiencing these forms of abuse can be found **on the SafeLives website**.

For young people aged 16-17 it is particularly important that all agencies work together to ensure that they do not fall through the gaps between child and adult services - for instance, making plans to ensure continuity of service from Camhs into adult safeguarding or counselling services before they reach the age of 18.

4. Write a plan which includes actions to safeguard children

Children's social care should be leading on and volunteering actions that further safeguard the children. There is a safeguarding duty up until the child's 18th birthday. Where this is not happening, the chair should escalate appropriately through governance procedures, as set out in the operating protocol.

Some key questions to consider when action planning

- **Does the case require an initial assessment to be carried out?** This can be overridden if an emergency intervention to safeguard the children is required
- Has entry been denied to a professional during a visit (planned or unannounced)? Consider expedited action to visit again
- Has any agency had meaningful engagement with the victim? If not, consider any opportunities for joint working to achieve this
- Have the children's views been expressed? If not, ensure an organisation is identified which can engage with the children of the family, offer support and seek their views
- Is the corporate parent responsibility being fulfilled? Local authorities have a duty to safeguard and promote the welfare of all looked-after children¹
- Are contact provisions safe and in the interests of the children?
- Have cultural barriers or differences been identified which are preventing access to the child or that have influenced decisions not to intervene? Culture or tradition should never be a barrier to taking appropriate safeguarding action

You should also consider all options to protect the non-abusing parent as a step towards safeguarding the children. Consider using the **domestic violence disclosure scheme (DVDS)** and the potential for **domestic violence protection orders (DVPOs)** to be set up. After the meeting, the children's social care representative should record any outcomes from Marac on their internal case management system and feed back to the named social worker.

5. Link in with other safeguarding arrangements

Attendees at Marac should ensure that effective links are made between multi-agency meetings locally, as the likelihood of multiple discussions about the same individual or family is high. Where relevant and proportionate, representatives should share action plans with other multi-agency safeguarding forums/panels. Together, this will help to prevent silo working – enabling you to address any safeguarding concern for any family member.

What does this mean in practice?

Having one representative who consistently attends all meetings and shares the information with colleagues will help to ensure children are not being missed, as well as helping to reduce duplication. We also recommend that there is overarching strategic governance in place to monitor and manage the performance of these forums.

Operation Encompass

This is a system used by police forces throughout the UK, where the children's schools are notified within 24 hours whenever a police callout to a domestic abuse incident takes place. It can improve early

¹ For further reading on this please see *Summary Briefing: Corporate Parenting* (The Children's Partnership, 2013) and s.22 Children Act 1989

identification and information sharing to safeguard children, increasing the quality and quantity of information shared with schools and Marac representatives from education. For more information, go to **www.operationencompass.org**.

Maracs and local safeguarding children boards (LSCBs)

Tackling domestic abuse is a key priority for LSCB business planning. To fulfil its statutory functions under regulation 5 of the Local Safeguarding Children Boards Regulations 2006, an LSCB should use relevant data to evaluate the effectiveness of the help being provided to children and families.

LSCBs should assess whether their partners are fulfilling their statutory obligations, as set out in *Working together to safeguard children* (HM Government, 2015). As a minimum, we recommend that LSCBs use the data provided by SafeLives to monitor the number of children and young people being discussed at Marac and give details of the outcomes of these cases in their annual report.

SafeLives will be publishing further guidance on effective working between LSCBs and Maracs later in 2016.

Maracs and Ofsted

From April 2015, Ofsted has included a multi-agency element to its inspections – examining the role of the local authority in partnership working (including Marac), with any weaknesses being clearly identifiable in the final report. With regard to all children aged 17 and under – whether victims or those using harmful behaviour – we recommend that Ofsted:

- Ensures appropriate, adequate and clear pathways are embedded locally for children and young people living with domestic abuse or experiencing domestic abuse in their own intimate relationships
- Ensures that children's social care is identifying high-risk domestic abuse and is referring to Marac for a multi-agency response for the whole family
- Examines Marac attendance records (held by the strategic governance board) to ensure regular and consistent attendance at every meeting by a senior children's social care representative
- Liaises with the chair of the Marac and of the strategic group to discuss and acknowledge good practice and/or any concerns raised locally regarding children's social care's involvement with Marac
- Assesses the link between the LSCB and Marac (see above)
- Observes a Marac meeting to assess:
 - The participation of the children's social care representative
 - \circ $\;$ The quality of research and information sharing by children's social care
 - o Children's social care's responsiveness to information shared by partners at the Marac
 - The quality and effectiveness of the action plan to address any immediate safeguarding concerns
 - o Whether the views of the children are heard

Maracs and Mash

Children and young people referred to the Mash will need to be considered within the context of the whole family. If a parent or family member is found by the Mash to be at high-risk and referred to Marac, it is essential that any information gathered by the Mash is also shared with the Marac. Maracs should share actions with the Mash so that they can be reviewed and supported in the Mash process. This may be via the children's social care representative, a partner agency which attends Mash, or a designated Mash representative.

Beginning in 2016, SafeLives will be working with pilot sites across the country to develop a model to improve early intervention for all family members with any safeguarding concern. More details **can be found on our website**, with further updates to follow in due course.

Acknowledgements

This guidance has been created as a result of the national Marac scrutiny panel. The panel brings together experts from all Marac agencies to reflect on anonymised cases, with the aim of troubleshooting common issues. The national Marac scrutiny panel is chaired jointly by the Home Office and SafeLives. SafeLives would like to thank those who attended the panel for their help and advice in developing this guidance, and for the open and honest way in which they described local practice and potential improvements required.

Only 3% of Marac cases nationally are referred by children's social care - what could your area do to increase referrals?