MARAM

Multi Agency Risk Assessment Meeting

Protocol Guidance
Multi Agency Risk Assessment Meeting (MARAM)

Protocol Guidance for Malta

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## Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>DASH</td>
<td>Domestic Abuse Stalking and Honour based risk checklist</td>
</tr>
<tr>
<td>DMO</td>
<td>Designated MARAM Officer</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bi-Sexual, Transsexual or Intersex</td>
</tr>
<tr>
<td>MAPPA</td>
<td>Multi Agency Public Protection Arrangements</td>
</tr>
<tr>
<td>MARAM</td>
<td>Multi Agency Risk Assessment Meeting</td>
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1. Malta MARAM Protocol

1.1 Malta MARAM is a Multi Agency Risk Assessment Meeting. The role of the MARAM is to facilitate, to monitor and to evaluate effective information sharing between entities and to enable appropriate actions to be taken to reduce risk of harm to victims of domestic violence and to increase public safety. In a single meeting, a domestic violence MARAM combines up to date risk information with an accurate and up to date assessment of a victim’s safety needs. This will link directly to the provision of appropriate services for all those involved in a domestic violence case, i.e. victim, and children, other family members, individual entity staff and the perpetrator of abuse.

1.2 All entities across Malta and Gozo will appoint at least one Designated MARAM Officer (DMO), who should be a manager or person who has authority within their entity to prioritise actions that arise, be able to make a commitment of resources and share appropriate information. The DMO should have received Stage 1 and Stage 2 Full Cooperation: Zero Violence training including specific domestic violence risk assessment and risk management training.

1.3 An important point to note. The responsibility to take appropriate actions as a result of the MARAM remains the responsibility of individual entities; the responsibility is not transferred to the MARAM.

1.4 Entities or agency professionals should not wait until a case has been discussed at MARAM before taking necessary action or giving advice or access to services. It may be vital for a victim to receive help prior to the meeting, and information regarding actions should then be brought to MARAM. The Designated MARAM Officer (DMO) should always consider referring a high-risk case to Aġenzija Appoġġ and to Police in advance of the MARAM.

1.5 Cases can be referred to a MARAM by any entity signed up to the MARAM Information Sharing Protocol. (See Appendix 1).
2. Domestic Violence Risk Assessment

2.1 The risk assessment required within the MARAM is the tool used to inform entities of the cases that are potentially High Risk, and should be referred forward to the MARAM process. The risk assessment selected in Malta to assess the risk of domestic violence harm is the DASH risk identification checklist (Domestic Abuse, Stalking, and ‘Honour’ based violence). This is an evidence based risk assessment that has been designed to be more sensitive to victims of “honour”-based violence and to LGBTI service users. DASH originated in the UK, but it has been widely translated and used across Europe.

2.2 In order to work to a common standard all entities should be consistent in risk assessing. (See Appendix 2 for definitions of risk and risk assessment.) The formal risk assessment will be undertaken by DASH trained professionals at either Aġenzija Appoġġ, or Police. Ideally, this should be the entity that receives the initial referral. In addition, the risk assessor should have undertaken Stage 1 and Stage 2 of Full Cooperation: Zero Violence Training.

2.3 For the purposes of this document any reference to a risk assessment tool will mean DASH 2009 (Richards, 2009).

2.4 Professionals must be aware that DASH is an evidence based, practical tool that can help you to identify which service users should be referred to MARAM and the level of risk involved in the domestic violence situation.

3. Children and Risk Assessment

3.1 Children who live in domestically violent households are at risk of physical, sexual, emotional abuse and neglect. The level of risk depends on both the degree of abuse in the adult relationship, and the age and vulnerability of the child. All children within a domestically violent household should be considered to be at risk of harm.

3.2 Where the level of violence in the adult relationship meets the MARAM threshold, this is sufficient to presume that the risk to the children may be high and they should automatically be referred to children’s social care for further assessment of their needs. When a child is assessed to be at serious or severe risk i.e. at risk of significant harm (Article 12, Victims of Crime Act, Cap. 539 Laws of Malta), the multi-agency group for the child and family will meet together to assess risk and plan at a Child Protection Conference. This is the formal decision-making forum under Interagency Safeguarding Procedures.
3.3 In order to ensure a coordinated plan of safety, the child protection conference will have primary responsibility and precedence over the MARAM. Together with its responsibility to safeguard the child it will consider the safety and risk management of the adult victim; professionals and agencies with expertise in the safety and wellbeing of the adult victim will participate in the process.

3.4 If a case which is the subject of a child protection conference is separately referred to MARAM, the MARAM may check whether all the available information and appropriate professional expertise are being contributed to the safeguarding process but will not implement plans independently of the child protection process. It is open to the children’s safeguarding agencies to utilise the MARAM as an information pooling body or to support the referral of a high-risk victim to the MARAM for a risk management and planning process.

3.5 Cases that involve vulnerable children, but where the risks to the children are unclear or do not meet the threshold of significant harm, may be referred and discussed at a MARAM. In such cases, the Designated MARAM Officer (DMO) from children’s social care should ensure that information about the children’s needs can be reported back to the relevant social worker, or be the basis for initiating a social care assessment, where appropriate.

4. Referrals to MARAM Process

4.1 Where a professional has serious concerns about a domestic violence victim’s situation, they should liaise with their agency DMO who will complete the DASH risk assessment checklist with their service user. If they have ticked 14 or more “yes” boxes the case meets the MARAM referral criteria of High Risk and should be brought to the attention of their specific agency’s Designated MARAM Officer (DMO).

4.2 A combination of actuarial assessment (number of ticks), professional judgment for cases with a smaller number of ticks, and escalation in either frequency or severity should also be referred to MARAM by the Designated MARAC Officer (DMO).

4.3 The Designated MARAM Officer (DMO) should confirm the risk assessment and take responsibility for the correct completion of the initial Referral Form (MARAM1 See Appendix 5). This should be completed by or in consultation with the original member of staff and then forwarded to the local area MARAM Administrator by secure email if available, or by hand, for the information of the MARAM Chair.
4.4 The Designated MARAM Officer (DMO) should always consider referring a High risk case to Aġenzija Appoġġ in advance of the MARAC. They should refer by email appogg@gov.mt. Aġenzija Appoġġ will contact the DMO to confirm whether the referral fits their criteria for action. Any actions taken by an individual agency prior to MARAM should not alter the risk indication level, and the case should still go to the MARAM, where partner entities will meet to jointly assess the current level of risk.

4.5 Where the Designated MARAC Officer (DMO) does not confirm the original risk assessment as High Risk, and does not consider that the case meets the MARAM threshold, the professional should be directed to contact Aġenzija Appoġġ: telephone number +356 22959000 for referral to an appropriate domestic violence worker.

4.6 Police officers taking a report for domestic violence, if they believe a case to be high risk, and there are less than 14 ticks on the DASH risk assessment, must rely on their professional judgment and mark it as High Risk.

4.7 When an agency makes a MARAM referral, wherever possible and safe to do so, the victim should be informed of this. The MARAM should always be informed of the up-to-date wishes of the victim and attempts should be made (normally by a support worker at Aġenzija Appoġġ) to contact the victim before the MARAM, whenever it is safe to do so.

4.8 However, where consent is not obtained please see guidelines on the information sharing agreement for MARAM.

4.9 Each agency should keep personalised MARAM information and risk assessment information within a secure file. Confidentiality is vitally important to protect the victim(s) and to meet Data Protection criteria for retention of personal data.

4.10 If the requirements can be met, a referral can be made to the MARAM as follows:
5. Emergency MARAM

5.1 An emergency MARAM is an exceptional event. It is only called when the risk of harm to the victim is so high and so imminent that statutory agencies have a duty of care to act at once, rather than waiting for the next MARAM.

5.2 Actions and decisions will be recorded and acted upon as soon as practicable.

6. MARAM Administration

6.1 Cases for MARAM will be forwarded to the MARAM Administrator in advance by entity DMOs.

6.2 At least seven days prior to the scheduled meeting, the MARAM Administrator will compile an Agenda for the meeting and circulate this to the Designated MARAM Officers (DMO) within all entities attending or expecting to attend the MARAM.

6.3 On receipt of the agenda, Designated MARAM Officers (DMO) will establish whether any relevant information is held on the cases concerned within their own agency or entity. It is essential that the Designated MARAM Officers (DMOs) are prepared to deliver all relevant information at the MARAM meeting and they should request up to date information from whichever professional has knowledge of the case or situation.

6.4 Any agency unable to attend the MARAM must forward information regarding any cases they have to the MARAM Administrator, so that it may be communicated when the particular case is discussed at the MARAM. This can be forwarded by secure email.
7. MARAM Meeting

7.1 Designated MARAM Officers (DMOs) will attend the MARAM meetings, or nominate a representative to attend in their absence. The DMO or nominated representative must be empowered to commit the resources of their agency and to share relevant information, proportionate to the need, on a confidential basis. Any information recorded or known about a particular person may be relevant no matter how small.

7.2 Each meeting will begin with the members present signing the Information Sharing Confidentiality Agreement read out by the Chair of the meeting (See Appendix 6).

7.3 Any uncompleted actions from the previous meeting will be discussed. Any outstanding actions MUST be completed as soon as possible or the MARAM Administrator updated with reasons for the action not completed given, so that it can be logged.

7.4 Each case brought to MARAM will then be discussed in an order decided by the MARAM chair (Appendix 7).

7.5 No case should last longer than 40 minutes. During this time each agency or entity representative will produce relevant information they have regarding a particular case.

7.6 The MARAM Administrator will present any reports verbally from absent agencies.

7.7 There are three clear phases of case presentation;

- Information sharing
- Identifying risk
- Agreeing actions to address those risks

Action plans should address the risks and needs identified during the information sharing process of all the individuals involved (victim, children, agency staff and other vulnerable parties).
7.8 Action plans should be SMART (Specific, Measurable, Achievable, Realistic and Timely), and should be documented clearly in the minutes taken by the MARAM Administrator. Timescales of actions are very important and should be agreed and documented in the minutes.

7.9 Any actions agreed at the meeting will be acted upon as soon as possible following the meeting by the entity concerned. If victims and their children are at high risk of being severely hurt or killed, **agencies must agree to prioritise the actions assigned and deliver them on the day of the MARAM or as soon as possible thereafter.**

Actions should include joint working between professionals or organisations where appropriate to facilitate additional support for the victim(s).

Once the actions have been completed the MARAM coordinator must be informed. All relevant DMO’s at the various entities will be updated regarding the case update.

7.10 Cases should also be referred to other multi-agency arrangements where appropriate, such as MAPPA and Safeguarding Adults. This should be explicitly documented in the minutes.

8. Referring Repeat Cases to MARAM

8.1 Any case where a repeat incident occurs within 12 months of the last referral should be re-referred to the MARAM regardless of whether it meets the local threshold of risk. To manage repeat cases, it is important agencies have the capacity to identify MARAM referrals in order to identify further incidents within a year of referral.

9. Information Sharing

9.1 Only accurate information that is directly relevant to the safety of the victim should be shared by the agencies and professionals attending MARAM. This falls into 4 main categories:

a. Basic demographic information including any pseudonyms used and whether there are any
children, which must include their full names and their ages;

b. Information on key risk indicators including where appropriate, professional opinion on the risks faced;

c. Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim;

d. The ‘voice’ of the victim. Typically, Aġenzija Appoġġ, SOAR, or another support organisation should represent the perspective of the victim on the risks s/he faces.

10. Additional Points

10.1 Any agency wishing to access information held by the MARAM should make a request in writing to the Chair of the MARAM.

10.2 Meetings will be scheduled to take place on a monthly basis – generally the same day of each month.
11. APPENDICES

Appendix 1  List of entities signed up to the Malta MARAM Protocol (Review biannually)

Appendix 2  Definitions of risk and risk assessment, DASH risk level definitions

Appendix 3  Dash Risk Management and Framework to Manage guide

Appendix 4  MARAM governing principles

Appendix 5  Malta MARAM 1 Referral Form

Appendix 6  Malta information sharing agreement for MARAM and confidentiality statement read out by the Chair of the meeting

Appendix 7  MARAM meeting Agenda

Appendix 8  MARAM process flow chart
## Appendix 1

List of Entities signed up to the MARAM Information Sharing Protocol

<table>
<thead>
<tr>
<th>Agency:</th>
<th>Name of MARAM Authorized Signatory:</th>
<th>Signed</th>
<th>Date</th>
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<tbody>
<tr>
<td>Aġenzija Appoġġ</td>
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<tr>
<td>Police</td>
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<td>Child Protection/ Safeguarding</td>
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<td>Probation</td>
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<td>Hospital</td>
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<tr>
<td>Education</td>
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<td></td>
</tr>
<tr>
<td>Community Mental Health Team</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol/drug agency</td>
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Appendix 2

Definitions of Risk and Risk Assessment

In order for a MARAM process to work effectively there needs to be a common understanding of risk among the professionals working within entities. To avoid any confusion some definitions here may assist.

**Risk Assessment:** the process of analysing and grading the information received around risk indication

**Risk Management:** the management (normally based on the risk assessment grade) of a case either on a single agency basis or multi agency basis in partnership with the family. Risk Assessment informs the risk management process

**Risk factors / Risk indicators:** the variables that will be used to assess the likelihood of further harm.

**Harm:** the amount and type of violence being indicated.

**Risk:** the likelihood or probability that harm will occur. This is an estimate that may change over time and context.

**Clinical Assessment:** The clinical assessment of dangerousness is based on an individual practitioner’s judgement of a situation. To assist practitioners in making this judgement the SPECSS assessment tool adheres to a set of risk definitions.
DASH risk grade definitions

**Standard:** no significant current indicators of risk of harm.

**Medium:** there are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, and drug or alcohol misuse.

**High:** there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.
Appendix 3

Risk Management

Cases that are referred to a MARAM are referred because of the degree of risk a victim may be exposed to. Actions based on single entity information and single entity management of such cases is likely to be beyond the capabilities of any one organisation to effectively keep an individual safe.

To ensure that such high risk cases are managed effectively they require multi agency information sharing and multi agency risk assessment and management. Many of the actions that arise from the MARAM reflect a changed perception of risk as a result of the information shared and therefore, a safer, more responsive plan for the victim. With additional information, professionals and entities are better able to prioritise actions, to support the victim(s) and to support their staff.

Framework to Manage

All of the information provided by the risk assessment process will have identified risk factors pertaining to each individual case. These specific areas of risk now need to be managed in order to reduce risk.

To reduce risk of harm it is useful to have a framework around which management objectives can be set. One such framework is RARA (Oxford MARAC Protocol, 2010).

RARA is a simple mnemonic that outlines four categories of case that can be managed by different types of management intervention. They include cases in which it is possible to remove the risk to the victim, avoid the risk to the victim, reduce the risk to the victim and cases in which there has to be some acceptance of risk to the victim given the specifics of the case.

See below for an outline of RARA and intervention examples:

Remove the risk:   By arresting the suspect and obtaining a remand in custody.

Avoid the risk:     By re-housing the victim / significant witnesses or placement in an emergency shelter.

Reduce the risk:    By joint intervention / victim safety planning, target hardening and use of protective legislation.
Accept the risk: By continued reference to the MARAM or MAPPA, continual multi-agency intervention planning, support and consent of the victim and by proactive perpetrator assessment and offender targeting.

DASH MARAM Risk Identification Checklist

For the identification of high-risk cases of domestic violence, stalking and ‘honour’-based violence.

The DASH can be downloaded from:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf

The primary purpose of the DASH form is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAM for high risk cases. Additionally, the information from the checklist will help give professionals and agencies confidence to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which forms the basis of the most recognised models of risk assessment.

Professionals must be aware that this is a risk identification checklist and not a full risk assessment nor a case management form. It is a practical tool that can help you to identify which domestic violence cases ought to be referred to a MARAM and how you should be prioritising the use of your resources.

Risk is not static, it is dynamic and professionals need to be aware that risk can change very suddenly. The presence of children increases the wider risks of domestic violence and stepchildren are particularly at risk. Please note that this tool is not a full risk assessment for children. If risk towards children is highlighted you should consider what referral you need to make to obtain a full assessment of the children’s situation.

It is recommended that you read the practice guidance that has been prepared with the DASH checklist before using it. This will help to draw out some of the additional information that you might seek, how to interpret the answers that you receive and gives suggested actions which might help assure the safety of the victim(s). In particular, we would draw your attention to the examples of high risk behaviours in the abuse grid at the end of this document.
Guidance on Making a MARAM Referral

There are three main criteria for making a referral to MARAM:

1. **Professional judgment:**

   If a professional has serious concerns about the risk level that a victim is currently facing, they should refer the case to MARAM. 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 cases of ‘honour’-based violence.* This judgement would be based on the professional’s experience and/or the victim’s perception of their risk even if they do not meet criteria 2 and/or 3 below.

2. ‘**High Risk**’:

   The number of ‘ticks’ on the DASH checklist. If you have ticked 14 or more ‘yes’ boxes the case would normally meet the MARAM referral criteria, OR,

3. **Potential Escalation:**

   The number of police callouts to the victim as a result of domestic violence in the past 12 months. This criterion can be used to identify cases where there is not a positive identification of a majority of the risk factors on the list, but where abuse appears to be escalating and where it is appropriate to assess the situation more fully by sharing information at MARAM. It is common practice to start with three or more police callouts in a 12-month period but this will need to be reviewed depending on your local volume and your level of police reporting.

   **The Malta MARAMs will accept cases where the abuse appears to be escalating but will not use the criteria of three or more police call outs in a year.**

   The threshold of 14 ticks
Please note that the evidence base for the actuarial threshold, or number of ‘ticks’ in the ‘yes’ box comes from the piloting of the DASH revised risk indicator checklist by three separate domestic violence support services. This showed that in cases where 14 or more risk factors were identified, the cases had the following features:

- Around 73% of the cases disclosed at least one form of abuse (physical abuse, stalking and harassment and jealous and controlling behaviour) at a level described as ‘high’. Almost 10% of cases disclosed severe sexual abuse. (For definitions of ‘high’, see the guidance on the abuse grid)

- In 64% of the cases at least one type of abuse was described as high and this form of abuse was escalating in either severity or frequency, while 88% reported high levels of abuse and escalation (although not necessarily in the form described as ‘high’)

- 58% of cases suffered multiple forms of severe abuse, e.g. physical and sexual, or stalking and physical.

The importance of professional judgment remains unchanged whatever the level of actuarial risk threshold. Please pay particular attention to a professional’s judgment in all cases.

The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your judgment and act as prompts to further questioning, analysis and risk management whether via a MARAM or in another way.

If you think a victim is in a high-risk situation, refer to MARAM.
Appendix 4: MARAM Governing Principles

The Chair will approve a case for MARAM if it meets the agreed criteria. The Chair of the relevant MARAM (or Co-Chair in their absence) will determine when the case is to be discussed and whether an emergency MARAM is required. An emergency MARAM will only be held in exceptional circumstances. The MARAM is a formal conference to facilitate risk management processes. Its purpose is to:

a. Share information to increase the safety, health and well being of victims – adults and their children;
b. Determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
c. Agree and jointly implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
d. Reduce repeat victimisation;
e. Improve agency accountability;
f. Improve support for staff involved in high-risk DV cases.

The following agencies will always be invited to a MARAC meeting:

- Police
- Social Services
- Specialist domestic violence services including shelter provider
- Health representatives (midwifery, health visitors, child protection nurse and hospital staff)
- Housing
- Probation
- Education,
- Mental health
- Local drug and alcohol services

The MARAM Coordinator will send invitations for all agencies to attend a MARAM. The invitation will be endorsed “Confidential.” All action plans from the MARAM meetings will be endorsed “Confidential”. A copy of the action plan will be sent via secure email to the identified person attending the MARAM meeting. Each agency will be responsible for the security of all documentation received in respect of a MARAM meeting and any subsequent dissemination.

We agree to send updates of actions to the coordinator as soon as they are complete or reasons why they have not been completed.

Signatories to the Agreement
Appendix 5

MALTA MARAM 1 Referral Form

<table>
<thead>
<tr>
<th>Victim Name</th>
<th>DOB/Age</th>
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<tbody>
<tr>
<td>Ethnicity</td>
<td>I.D. Number</td>
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<tr>
<td>Address</td>
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<tr>
<td>Offender Name</td>
<td>DOB/Age</td>
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<tr>
<td>Ethnicity</td>
<td>I.D. Number</td>
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<tr>
<td>Address</td>
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Children’s Details:

<table>
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<tr>
<th>Full Name</th>
<th>DOB</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Address if different to above</th>
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GP details for family (if known)
**Reasons for Referral** (please attach copy of agency risk assessment):

<table>
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<tr>
<th>Level of Risk (please circle)</th>
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<tbody>
<tr>
<td>Standard</td>
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<td>Medium</td>
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<td>High</td>
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Complete next section if risk assessment is not attached.

i. **Background and Risk Issues:**

ii. **Why does this case require a multi-agency approach?**
Please indicate if there have been any of the following:

- a previous multi-agency meeting MARAM: Yes/ No [if yes date of meeting(s)]
- Child/Adult Protection conference(s) Yes/ No [if yes date of meeting(s)]
- Is there a child protection enquiry ongoing? Yes/ No

***On completion, this form must either be emailed to the MARAM coordinator. This form must be received before your case can be added to the MARAM agenda.
Appendix 6

Malta MARAM Protocol

Information Sharing Confidentiality Document

MARAM Venue: Date:

MARAM Chair:

The Chair of the meeting reminds all concerned of the protocols within the agreed Domestic Violence Information Sharing:

‘Information discussed by the agency or entity representative, within the ambit of this meeting is strictly confidential and must not be disclosed to third parties who have not signed up to the “MARAM Information Sharing Protocol”, without the agreement of the parties of the meeting.

All agencies or entities must ensure that the minutes 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 race, gender, sexuality and disability.’
By signing this document, we agree to abide by these principles.

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<tr>
<th>NAME (Signature)</th>
<th>NAME (Printed)</th>
<th>Organisation</th>
<th>E-mail address</th>
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Appendix 7

MARAM MEETING AGENDA

THIS IS A CONFIDENTIAL DOCUMENT AND MUST NOT BE SHARED WITH ANY OTHER PARTY WITHOUT THE EXPRESS PERMISSION OF THE CHAIR PERSON(S).

1. Introduction and apologies;
2. Confidentiality reminder;
3. Update on ‘actions’ from previous MARAM;
4. Cases for discussions;
5. Any Other Business;
6. Date of next MARAM;

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<thead>
<tr>
<th>Victim</th>
<th>Repeat case (Yes/ No)</th>
<th>Perpetrator</th>
<th>Child(ren)</th>
<th>Agency referring</th>
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Appendix 8

MARAM PROCESS

Use the DASH 2009 Risk Assessment Tool to identify domestic abuse risk factors.

Where risk is assessed as HIGH: use the MARAM Referral Form to refer

Some agencies take immediate single agency action:
E.g. referral to shelter, child protection; Police etc.

Information gathered by nominated MARAM representative

Actions carried out – MARAM

Complete MARAM Referral Form

MARAM Administrator collates referrals: name, address and DOB for victim, perpetrator and children, and name of referring agency.

List of cases sent out by MARAM administrator 7 working days before MARAM meeting via secure e-mail.

MARAM MEETING

Relevant professional from each entity to research and complete MARAM Research Form for each case.

Information gathered by nominated MARAM representative

Actions to address

MARAM entity representative ensures actions are carried out and MARAM admin notified by email

No further action unless re-referred as repeat MARAM case

Only incomplete actions considered at next MARAM
11. Acknowledgements

This MARAM protocol and information sharing guide was produced as part of the REC Programme of the European Union as part of the Project FULL COOPERATION: ZERO VIOLENCE (project number JUST/2015/Action Grant). The project was managed by the Human Rights and Integration Directorate, within the Maltese Ministry for European Affairs and Equality.

Collaborative Partners

- University of Malta;
- Ministry for European Affairs and Equality (MEAE);
- Ministry for Education (MEDE);
- Office of the Deputy Prime Minister and Ministry for Health (ODPM);
- Ministry for Justice (MJCL);
- Commission on Domestic Violence (CDV);
- Foundation for Social Welfare Services (FSWS); and
- Malta Police Force (MPF)

The authors of these guidelines wish to acknowledge the UK based organisation Safe Lives for their work and operational guide recommendations for MARAC meetings. Further information on MARAC meetings can be obtained via http://www.safelives.org.uk/practice-support/resources-marac-meetings

The DASH risk checklist from Safe Lives has been translated for use in many countries and is considered to be an evidence based domestic violence victim risk assessment checklist and further details can be obtained via:

http://www.safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf
12. Objectives of Full Cooperation: Zero Violence

a. To strengthen multi-sectoral and multi-disciplinary cooperation, enabling relevant professionals to collaborate on, mitigate and respond to violence against women (VAW) and gender-based violence (GBV) effectively;

b. To develop and implement training programmes, a manual of procedures (MOP) and a set of standard operating procedures (SOP) enabling cooperation and coordination of professionals from various sectors who come into contact with potential victims, thus ascertaining an upgrade in the quality of services and the introduction of national minimum standards;

c. To raise awareness and encourage victims and potential victims, witnesses and bystanders to report violence and seek help through the upgraded services; and

d. To share lessons learnt in European Union (EU) fora and bilaterally.