

<i>Title & Version</i>	A purpose specific information sharing agreement between Metropolitan Police Service, Brent Council, Brent Clinical Commissioning groups and relevant Health Trust Version 1
<i>Organisation</i>	Metropolitan Police Service Brent PPD
<i>Summary/Purpose</i>	An agreement to formalise information sharing arrangements between Brent Police BOCU and Brent Adult Services for the purpose of Safeguarding Adults at Risk

ISA Ref:

Purpose Specific

Information Sharing Agreement
 between
Metropolitan Police Service and
London Borough of Brent,
Council Adult Social Care Service
 and
Brent Clinical Commissioning Group
And
Other relevant partners
 to Safeguard Adults at Risk
 within Brent Borough



TOTAL POLICING



(BOROUGH LOGO)

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Section 1 Purpose of the Agreement

- This agreement sets out the basis upon which requests for information will be made, and how those requests will be considered by the signatories. This agreement does not create an absolute obligation to share information. It will not be a breach of the agreement for a signatory to refuse to share information where disclosure of such would constitute a breach of legal or professional obligations owed by that signatory in respect of that information.

This agreement has been developed to:

- Define the specific purposes for which the signatory agencies have agreed to share information and to provide a framework for the secure and confidential sharing of personal information.
- Describe the roles and structures that will support the exchange of information between agencies.
- Set out the legal gateway through which the information is shared, including reference to the Human Rights Act 1998 and the common law duty of confidentiality.
- Describe the security procedures necessary to ensure that compliance with responsibilities under the Data Protection Act and agency specific security requirements.
- Describe how this arrangement will be monitored and reviewed. This should be after six months initially and annually thereafter. A suggested agenda is available from the ISSU
- In addition, completion of this document will ensure that the Metropolitan Police Service can meet the information sharing requirements of the Guidance on the Management of Police Information (MoPI).

Scope of this information sharing agreement

This agreement does **not** cover the sharing and assessing of police information by:

- Brent Public Protection Unit (Jigsaw) through MAPPA process.
- Brent Prolific Priority Offender Unit
- Brent DV Multi Agency Risk Assessment Conference information sharing.
- *(Brent Community Risk MARAC) Information sharing (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).*
- Disability Targeted Hate Crime - managed under the current MPS Hate Crime Policy
- Domestic Abuse - managed under the current Domestic Abuse Policy
- Information required by the police for criminal investigations

These activities are covered by separate Information Sharing Agreements / policies but where appropriate and in the best interests of the adult at risk it may be appropriate to share this information.

The signatories to this agreement will represent the following agencies/bodies:

- 1. Metropolitan Police Service Brent**
- 2. Brent Council Adult Social Care Services**
- 3. Brent Clinical Commissioning Group**
- 4. [Any Other relevant bodies]**

Section 2

Specific purpose for Sharing Information

2.1 Background

There are multiple definitions of a 'vulnerable adult' within government policy and legislation. There has been considerable debate over whether terminology describing adults as vulnerable is appropriate. More recent definitions, including recommendations made by the Law Commission in **Law Commission (2011): Adult Social Care Report¹**, have adopted the term adult at risk on the basis that it focuses attention on the risk rather than any inherent disability.

This document uses the term vulnerable adult as a qualitative study has shown that this terminology is already familiar in many police areas and assists frontline staff to readily identify adults that require a multi-agency safeguarding response. In doing so, it is accepted that partners are now using the term adult at risk.

No Secrets², a publication produced by the Department of Health in 2000, describes a vulnerable adult as:

any person aged 18 years or over who is or may be in need of community care services by reason of mental, physical, or learning disability, age or illness AND is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

Safeguarding Adults at Risk is a complex area of work. The Government policy objective is to prevent and reduce the risk of significant harm to Adults at Risk from abuse or other types of exploitation, while supporting individuals to maintain control over their lives. This includes being able to make choices without coercion.

The Government has announced that **No Secrets** will remain as statutory guidance until at least 2013 and have issued a **Department of Health (2011) Statement of Government Policy on Adult Safeguarding³** confirming this. The statement agrees six fundamental principles for safeguarding activity across all agencies involved in the process (Please see Appendix A for explanation of the six principles);

Principle 1 – Empowerment

Principle 2 – Protection

Principle 3 – Prevention

Principle 4 – Proportionality

Principle 5 – Partnership

Principle 6 – Accountability

Association of Directors of Adult Social Services (ADASS) has published a National Framework document in conjunction with key partners including the Association of Chief Police Officers (ACPO). This is intended to consolidate the experience to date and to further the development of 'Safeguarding Adults at Risk' work throughout England. This national framework is comprised of eleven sets of good practice

¹ 'Adult Social Care', Law Commission, May 2011, http://lawcommission.justice.gov.uk/docs/lc326_adult_social_care.pdf

² No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect Adults at Risk from abuse. Department of Health 2000

³ Statement of Government Policy on Adult safeguarding, Department of Health, 2011, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/147310/dh_126770.pdf.pdf

standards. Their implementation in every local area will lead to the development of consistent, high quality adult protection work across the country.

The **Care Act 2014** says that the duty to undertake a safeguarding adults enquiry arises where a local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there)

- has needs for care and support (whether or not the authority is meeting any of those needs),
- is experiencing, or is at risk of, abuse or neglect, and
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Care Act 2014 guidance states that Information sharing should be rapid and seek to minimise bureaucracy. Local authorities should work alongside health and other professionals (such as housing) where plans are combined to establish a 'lead' organisation who undertakes monitoring and assurance of the combined plan (this may also involve appointing a lead professional and detailing this in the plan so the person knows who to contact when plans are combined).

Early sharing of information is the key to providing an effective response where there are emerging concerns.

To ensure effective safeguarding arrangements:

- *all organisations must have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and the SAB; this could be via an Information Sharing Agreement to formalise the arrangements; and,*
- *no professional should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If a professional has concerns about the adult's welfare and believes they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and, or, the police if they believe or suspect that a crime has been committed*

This Information Sharing Agreement was produced in compliance with the national framework **Standard 1** for such an agreement to be developed and reviewed (see Appendix B for headline standard).

Local area level: multi-agencies have a duty to every adult "who is or may be eligible for community care services" (National Health Service & Community Care Act 1990) and whose independence and wellbeing is at risk due to abuse or neglect. The Standard sets out the framework within which the planning, implementation and monitoring of 'Safeguarding Adults' work should take place. The key structure in this framework is a multi-agency partnership that leads the development of the work at a local level: the 'Safeguarding Adults' partnership.

Strong partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities. These underpin partnership working in response to instances of abuse and neglect, wherever they occur.

Local Crime and Disorder Partnerships have the lead role for delivering the Safer Communities agenda. The 'Safeguarding Adults' strategy should be included within

the Crime and Disorder Reduction Strategy and be endorsed by the Local Strategic Partnership.

Whilst Safeguarding Adult Partnership Boards already exist in each Local Authority, they have not previously been mandatory. These Boards are to be put on a statutory footing and with the ability to operate flexibly on a local level. This information sharing agreement is to explain what will be shared as part of these boards and between agencies to safeguard Adults at Risk to prevent, detect and prosecute offences of abuse against Adults at Risk.

Community Risk MARAC

To ensure that in carrying the full range of its policing obligations and responsibilities, the MPS and statutory partners recognises and takes appropriate account of all forms of vulnerability. This may relate to victims, witnesses or any person that officers/staff come into contact with. The Community MARAC is a meeting where information is shared on complex/high risk cases between various stakeholders. Where legislation and information sharing protocols allow, all relevant information is shared about victims, witnesses and perpetrators, the representatives then discuss options for increasing the safety of the victims and / or witnesses and addressing the perpetrators' behaviour, turning these into a co-ordinated action plan.

The primary focus of the panel is to safeguard the victims and witnesses, and prevent further victimisation. Therefore it is critical that the Core group is established as a way of ensuring that multi agency communication and exchange of information takes place regularly. (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).

2.3 Safeguarding assessment for Adults at Risk and investigation strategies

The roles, powers and duties of the various agencies to this agreement in relation to the perpetrator will vary depending on whether the latter is⁴

- a member of staff, proprietor or service manager;
- a member of a recognised professional group;
- a volunteer or member of a community group such as place of worship or social club
- another service user;
- a spouse, relative or member of the person's social network;
- a carer; i.e. someone who is eligible for an assessment under the Carers (Recognition and Services) Act 1995;
- a neighbour, member of the public or stranger; or
- a person who deliberately targets vulnerable people in order to exploit them.

It is key that the adult at risk is involved from the outset of investigation strategies (unless doing so would put them at greater risk of harm). Family, friends and other relevant people who are not implicated in the abuse have an important part to play especially if the person lacks capacity when friends or family should be consulted in line with the Mental Capacity Act 2005

Staff and volunteers should be aware of multi agency procedures - SCIE London Guidance and be aware of issues regarding abuse, neglect or exploitation. The document recognises variance in terminology between agencies regarding adults at

⁴ No Secrets DoH, 2000

risk who may be considered as vulnerable, and that the terms vulnerable adult and adult at risk are used interchangeably.

Managers of organisations have a key role in the management and coordination of information in response to a Safeguarding Adult Concern.

2.4 **Benefits of this information sharing arrangement to the partner agencies and citizens of Brent**

The information shared through this agreement is not available from any other source and is the best for the objectives of this agreement, namely for signatory agencies to actively work together for 'Safeguarding Adults at Risk' to prevent, detect and prosecute offences of abuse against Adults at Risk.

The information sharing through this agreement will help signatory agencies comply with the National Framework guidance mentioned in 2.1, in particular with the National Standard mentioned below:

Standard 1 - strengthen partnership and multi-agency working to safeguarding Adults at Risk by ensuring that the statutory partners make available to each other relevant information

Standard 4 - prevent abuse happening in the first place by sharing information on individuals who may commit offences against Adults at Risk

Standard 8 - ensure that the investigation of abuse against Adults at Risk is investigated in the most efficient manner

Partner organisations will have information about individuals who may be at risk from abuse and or a risk to themselves or others and may be asked to share this information where appropriate with due regard to confidentiality as well as legal and professional obligations owed in respect of the information. A number of agencies may be involved in different aspects of the care and support of a vulnerable adult. The benefits of sharing information in the above circumstances are:

- Agencies can pool information and expertise to resolve problems;
- Intelligence is shared and a full picture obtained that will initiate appropriate action;
- To enable investigations
- To assess the risk to the vulnerable adult and others

- To put in place protective measures

By effective information sharing & drawing upon partners specialist skill sets all partners to this agreement can offer the best possible service to safeguard adults in need. There is recognition amongst partner agencies of the value of working together as a means of protecting the public and the importance of information sharing as a means to achieve excellent partnerships. Agencies should seek to share information with partner agencies where there is a lawful reason for sharing when there is an opportunity to make a positive impact on public protection providing there is no valid legal or professional obligation which prevents the agencies from sharing that information

2.5 **Information to be shared through this agreement**

Brent Police will notify Brent Council Safeguarding Adults Services and Brent Health Trust about Adults at Risk and individuals who

are a risk to Adults at Risk. Similarly, partners will inform the police about vulnerable adult victims and individuals who are at risk where a criminal offence has occurred or is suspected of occurring where there is a risk of harm. Sharing may be proactive or as a result of a request for information.

All requests for information will be considered by the signatories on a case-by-case basis, where it is appropriate for the receiving agency to have this information to safeguard Adults at Risk who are the subject of the information sharing and/or protect other Adults at Risk from being at risk.

Due to complexity and uniqueness of each situation, it is difficult to provide a prescriptive list of what information will always be shared. However, in the following circumstances, the following data will be considered for disclosure;

Personal Information about individuals considered to be an Adult at Risk

Personal information needs to be shared to allow relevant agencies to identify these individuals and explain why they are a risk to vulnerable adults. Examples of the kind of personal data that may be shared include;

- Personal identifiers (names, addresses, dates of birth).
- Current photograph of the offender (if appropriate)
- Descriptive information (photographs, marks, scars).
- Relevant Warning Markers (e.g. Violence, Drugs, Mental Health, Weapons)
- Reason why they are considered to be a risk
- Details of relevant criminal convictions and non-conviction information

Personal information about Adult at Risk of being victims of crime/suspects of crime

- Name of subject (Adults at Risk) and other family members, their carers and other persons whose presence and/or relationship with the subject, is relevant to identifying and assessing the risks to that vulnerable adult.
- Age/date of birth of subject and other family members, carers, other details including addresses and telephone numbers.
- Ethnic origin
- Description of incident and police action.
- Relevant results from police checks on all/some family members / persons mentioned within the Crime, criminal intelligence report or Merlin. This may be either on an individual decision specific case-by-case or as part of co-located teams of professionals from safeguarding agencies to deliver an integrated service with the aim to research, interpret and determine what is proportionate and relevant to share. This information needs to be shared.

Personal information disclosed about third parties may include:

- Adult at risk family members
- GP - where relevant and known
- Employer - where necessary and known

This information may need to be shared to ensure to allow agencies to fully understand the risks posed to/by the individual and stop them from being a victim, repeat victim, suspect or risk to themselves, and to ensure that all relevant avenues for assistance are considered.

Not all of the above information will be shared in every case; only relevant information will be shared on a case-by-case basis. For the avoidance of doubt a signatory to this agreement has a 'need to know' the information where receipt of that information is necessary to assist in the furtherance of the legitimate aim covered by this agreement. A signatory requesting disclosure will explain why the information is necessary to enable it to further those aims

The Caldicott Committee's **Report on the review of patient-identifiable information**⁵ recognises that confidential patient information may need to be disclosed in the best interests

of the patient and discusses in what circumstances this may be appropriate and what safeguards need to be observed.

The original six principles defined in 1997 were as follows:

Use of information should be:

- 1) Justified
- 2) Necessary
- 3) Minimal
- 4) On a need to know basis

Users of information should:

- 5) Understand their responsibilities
- 6) Understand the law

A second Caldicott review in 2013 added a seventh principle:

- 7) The duty to share information can be as important as to protect patient confidentiality

A signatory to this agreement has a 'need-to-know' the information where receipt of that information is necessary to assist in the furtherance of the legitimate aims covered by this agreement. A signatory requesting disclosure will explain why the information is necessary to enable it to further those claims

In addition to the Caldicott's Committee's report, there is further guidance of particular relevance to patient identifiable data as issued by the Department of Health and General Medical Council. This is explained further in this agreement under the section entitled "The Duty of Confidence for personal information about third parties".

Principles of confidentiality designed to safeguard and promote the interests of service users and patients should not be confused with those designed to protect the management interests of an organization. These have a legitimate role but must never be allowed to conflict with the interests of service users and patients. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of Adults at Risk then a duty arises to make full disclosure in the public interest. (No Secrets 2000) *No Secrets* guidance was issued as guidance under section 7 of the Local Authority Social Services Act 1970. It created, for the first time, a framework for multi agency action in response to the risk of harm or abuse. It recognised that some forms of abuse are criminal offences, and that police investigations are required and appropriate.

⁵ Report on the review of patient-identifiable information, Caldicott Committee, 1997, http://www.wales.nhs.uk/sites3/Documents/950/DH_4068404.pdf

Section 3

Legal Basis for information sharing and what can lawfully be shared

Data Protection Act 1998

The Data Protection Act 1998 acts as a framework for how to process (which includes sharing) personal and sensitive personal information. It contains two Schedules that list various Conditions which, when fulfilled, allow for the processing of personal data (Schedule 2) and sensitive personal data (Schedule 3). The 8 Data Protection Principles also need to be complied with to allow sharing to be lawful.

3.1 First Principle

The first data protection principle states that data must be processed lawfully and fairly.

3.1.1 Lawfully

A public authority must have some legal power entitling it to share the information.

The primary legal power used to share information through this agreement is the Crime and Disorder Act 1998. This Act recognises that key authorities, such as councils, the police and local healthcare providers, have a responsibility for the delivery of a wide range of services within the community. Section 17 places a duty on them to do all they reasonably can to prevent crime and disorder in their area. Section 115 provides any person with the power, but not an obligation, to disclose information to relevant authorities (e.g. the police, health or local authorities) and their cooperating bodies in pursuing a local crime and disorder strategy. Information sharing through this agreement is lawful under the Act as the objectives of this agreement are compatible with these purposes.

Section 82 of the National Health Service Act 2006 places a duty on the NHS and local authorities to cooperate with one another in order to secure and advance the health and welfare of people. NHS bodies will properly cooperate with and consider requests to share information, where appropriate and lawful to do so, will share that information.

Disclosure of personal data for the purposes envisaged in Section 29 Data Protection Act (DPA) is exempt from the requirement for fair and lawful processing. However, such processing must still satisfy one of the conditions in Schedule 2 Data DPA, and for sensitive personal data one of the conditions in Schedule 3. Moreover, it must comply with the second through eight data protection principles. It must also comply with legal obligations owed outside of the DPA, such as confidentiality, as well as any professional responsibilities.

When considering disclosure for the purposes of crime prevention or detection, or apprehension of offenders, each signatory must still ensure as follows:

- That one of the conditions in Schedule 2 DPA is met;
- If it concerns sensitive personal data, that one of the conditions in Schedule 3 DPA is met;
- That disclosure would be in accordance with the signatory's obligations of confidentiality to that information - so is there valid consent, and if not would it be in the public interest to share the information; and

- That sharing the information would be in accordance with the signatory's professional obligations”

When considering whether information sharing would be in the public interest, the following criteria will be of particular relevance:

- i) The administration of justice
- ii) Maintaining public safety
- iii) The apprehension of offenders
- iv) The detection of crime;
- v) The protection of vulnerable members of the community

When judging the public interest, it is necessary to consider the following:

- i) Is the intended disclosure proportionate to the intended aim?
- ii) What is the vulnerability of those at risk?
- iii) What is the impact of disclosure likely to be on the individual?
- iv) Is there another equally effective means of achieving the same aim?
- v) Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public?
- vi) Is it necessary to disclose the information, to protect other vulnerable people?

The rule of proportionality should be applied to ensure that a fair balance is achieved between the public interest and the rights of the data subject. NHS Bodies will also have to consider the Department of Health Code of Practice on Confidentiality, as well as the General Medical Council Guidance, in respect of patient data they hold.

The decision to disclose in the public interest

When presented with a request to disclose information through this agreement, signatories will assess whether they owe a duty of confidentiality in respect of that information is for, would it be possible to obtain the consent to the disclosure? If not, then does it fall within any of the Public Interest Criteria and would it be in the public interest to breach confidentiality and make the disclosure? In assessing this, the signatories must take into account the factors outlined in this section. Health bodies must also take into account the obligations they owe to patients in respect of their data “Additionally, NHS bodies should consider the Department of Health Code of Practice on Confidentiality, as well as the General Medical Council guidance, in respect of patient data they hold.

3.1.2 Duty of Confidence

Personal information held by public authorities is subject to a common law duty of confidence. However, an obligation of confidence is not absolute and can be overridden by several factors, such as another legal obligation, the consent of the individual concerned, by demonstrating that to disclose the information would be in the vital interests of the adult at risk, or demonstrating the strong public interest in the disclosure. The Public Interest factors listed at 3.1.1. should be considered.

Duty of Confidence for information about offenders against Adults at Risk

The personal information shared through this agreement regarding convicted offenders guilty of causing harm to Adults at Risk will not be subject to a high duty of confidence because of the public interest in making arrangements to prevent re-offending against vulnerable members of society.

Through this agreement non-conviction information may also be shared in the public interest. Non conviction information of interest may include intelligence, arrests and charges pertaining to offences against Adults at Risk. This history can help to enhance the overall picture of the offender or suspected offender's potential range and volume of offending behaviour.

The circumstances for determining the sharing of non conviction information will include

- The disclosing agencies belief in the truth of the allegation/information
- The interest of the third party in obtaining the information
- The degree of risk posed by the person if the disclosure (about them) is not made

The Duty of Confidence for information about Adults at Risk

Information about Adults at Risk who have been (or are suspected of being) victims of abuse is subject to a higher duty of confidence than for offenders. This duty of confidence can be waived by the victim consenting to the disclosure of their personal information held by the public authority. Personal information of victims may only be shared without their consent in the exceptional circumstances of the "protection of vital interests"⁶ justification in Schedules 2 and 3 of the Data Protection Act (see 3.1.6, 3.1.7) or where it is highly likely that not sharing the information will prejudice an investigation.

Obtaining consent remains a matter of good practice and in circumstances where it is appropriate and possible, informed consent should be sought. In order to ensure consent to the sharing of personal information is 'informed', any professional must give victims standard documentation about 'Sharing Information' at the first point of contact.

It is clearly an issue of great importance as to whether an individual has provided valid consent for signatories to share their personal information. As a result, if there is any doubt as to the validity of that consent then signatories should seek the assistance and opinion of a qualified mental health professional"

How Adults at Risk will be assessed for their mental capacity to give consent

It is likely that a large number of victims subject to this information sharing will lack the mental capacity to make particular decisions for themselves because of existing health issues or infirmity. The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity. The starting point of the Act is to assume that an adult has full legal capacity to make decisions for themselves. Section 1 of the Act sets out the five 'statutory principles' that are supportive of people who lack mental capacity.

The five statutory principles are:

1. A person must be assumed to have capacity unless it is established that they lack capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so are taken without success

⁶ The Information Commissioner (data protection regulator in the UK) has defined vital interests as being necessary in cases of life and death,
http://www.ico.gov.uk/for_organisations/data_protection/the_guide/conditions_for_processing.aspx

3. A person is not to be treated as unable to make decisions merely because he makes an unwise decision
4. An act done or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests
5. Before the act is done, or the decision made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

Consent will be sought from victims by these principles.

▪Many issues surrounding the disclosure of personal information can be avoided if the consent of the individual has been sought and obtained. Obtaining consent remains a matter of good practice and in circumstances where it is appropriate and possible, informed consent should be sought. Practitioners should encourage clients to see information sharing (and giving their consent to share their personal information) in a positive light, as something which makes it easier for them to receive the services that they need.

▪All people deemed to be Gillick competent are presumed, in law, to have the capacity to give or withhold their consent to sharing of confidential information, unless there is evidence to the contrary. If an adult lacks the capacity to take their own decisions, then professionals should share information that is in their 'best interests'. A 'best interests' checklist is set out in section 4 of The Mental Capacity Act 2005, http://www.opsi.gov.uk/acts/acts2005/ukpga_20050009_en_1. The Act provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. The Act defines the term 'a person who lacks capacity' as a person who lacks capacity to make a particular decision or take a particular action for themselves, at the time the decision or action needs to be taken.

The Duty of Confidence for personal information shared about third parties

In some situations, it may be necessary to consider disclosure of information relating to third parties. This could, for example, include Health professionals. If this is the case, and signatories holding this information consider it would further the aims of this agreement then they must consider whether it can be disclosed, having taken into account their legal and professional obligations owed to that information.

From time to time, signatories may have to consider whether to disclose other third party information, for instance of family members of Adults at Risk. Signatories will have to consider whether it would be lawful for them to share that information. When appropriate, consent will be sought.

An example of where not sharing information could place a person at increased risk of significant harm is in a situation where a vulnerable member of the public requires urgent medical assistance and information is not shared between partner agencies. In emergency medical situations information should always be shared between partner agencies. In circumstances where vulnerable members of the public carry emergency alert cards, the instructions on the card should be followed in line with service procedures.

If consent has not been sought, or sought and withheld, the agency must consider if there is a 'legitimate purpose' for sharing the information and if it is in the 'public interest' to share; and clearly record the reasons for doing so.

When seeking consent, signatories should be very clear about what they are asking for consent to do and to explain the potential ways and parties with whom information will be shared. If there is valid consent, then it will last as long as the purpose for which that consent was given continue to exist, unless consent is withdrawn. Signatories should be aware that individuals have the right to withdraw consent at any time

3.1.3 Fair Processing

When data is obtained from data subjects, they must, so far as practicable, be provided with, or have made readily available to them, the following information:

- a) The identity of the data controller
- b) If the data controller has nominated a representative for the purposes of the Act, the identity of that representative
- c) The purpose or purposes for which the data are intended to be processed
- d) Any further information which is necessary, taking into account the specific circumstances in which the data are or are to be processed, to enable processing in respect of the data subject to be fair

The MPS publish a Fair Processing Notice covering the points specified above and specifically display it within police station front offices and custody suites and on their internet site;

http://www.met.police.uk/foi/pdfs/other_information/corporate/mps_fair_processing_notice.pdf

Other signatories to this agreement confirm that they too have Fair Processing Notices which are available to the general public, explaining why they collected personal data and how they process it.

Where information about a data subject has been obtained from a third party, organisations must ensure that the data subject has 'ready access' to the fair processing information, so far as practicable, either before the data is first processed or as soon as practicable after that

time. Where possible, steps should be taken to provide data subjects with the information listed above.

In some cases, it will not be possible or practicable to issue Fair Processing Notices, as to do so would be likely to prejudice the prevention/ detection of crime and /or the apprehension /prosecution of Offenders. In such cases, signatories may be able to rely upon section 29 of the data Protection Act, the effect of which is explained above in section 3.1.1. If relying on this partial exemption, parties must be aware of the need to ensure that their information sharing satisfies one of the conditions in Schedule 2 of the DPA and one of the conditions in Sch 3 if its is sensitive personal data . They must also be satisfied that the sharing of the information would not breach their confidentiality or professional obligations

3.1.4 Legitimate Expectation

Where individuals have consented to their information being shared, they will have a legitimate expectation that this will occur.

Even where consent has not been sought, there is a legitimate expectation that relevant information will be shared by relevant authorities to ensure the safety and

well-being of Adults at Risk. This is to ensure these organisations meet responsibilities placed on them by both statute and Common Law.

It can reasonably be assumed that the persons from whom information is obtained will legitimately expect that the relevant authority will share it appropriately with any person or agency that will assist them in fulfilling the purposes mentioned above that the information was collected for.

Details of this and most other non-sensitive information sharing agreements will be published in line with the requirements of the Freedom of Information Act 2000, on the MPS Publication Scheme. This will also allow members of the public to understand how their personal information may be used by the MPS. This is in addition to the ready availability of the Fair Processing Notice mentioned above.

3.1.5 Human Rights - Article 8: The Right To Respect For Private And Family Life, Home And Correspondence

There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

The benefits of an effective sharing of information for the purposes set out in this agreement are to the direct benefit of the citizen and so in the public interest. This agreement is:

In pursuit of a legitimate aim –

The promotion of the welfare and wellbeing of Adults at Risk through this agreement for objectives compatible with the Crime and Disorder Act 1998 and other similar legislation is a legitimate aim.

Proportionate –

The amount and type of information shared will be compliant with the Data Protection Act 1998 and the minimum necessary to achieve the aims of this agreement, to provide a better service to Adults at Risk.

Partner Organisations understand the ‘Public Interest’ criteria to include:

When there is evidence or reasonable cause to believe that an adult is suffering, or it at risk of suffering, serious harm; To prevent the adult from harming someone else; The promotion of welfare of the adult; Detecting crime; Apprehending Offenders; Maintaining public safety; and Administration of justice. When considering whether disclosure is in the public interest, the rights and interests of the individual must be taken into account. A fair balance between the public interest and the rights of the individual must be ensured.

3.1.6 Schedule 2, Data Protection Act 1998

The data Protection Act is clear that information sharing must comply with Schedule 2 in each individual case, and so it must be judged on a case by case basis. Appropriate sharing of personal information through his agreement is likely to satisfy one of the following conditions in Schedule 2

- The data subject has consented to the processing [1]
This is applicable when an individual consents to their information being shared

- The processing is necessary in order to protect the vital interests of the data subject [4]
This is applicable when sharing a victim's information without consent for their own benefit, where if information was not shared, their life would be in immediate danger.
- The data processing is necessary for the exercise of any functions conferred on any person by or under any enactment [5(b)]
This is applicable when sharing through section 115 Crime and Disorder Act 1998 regarding offenders or suspected offenders.
- The processing is necessary for the purpose of legitimate interests pursued by the data controller or by the third party or parties to whom the data are disclosed, except where the processing is unwarranted in any particular case by reason of prejudice to the rights and freedoms of legitimate interests of the data subject[6(1)]
This is applicable where the sharing is necessary to fulfil Common Law duties and responsibilities of partner agencies, and where the sharing is done in such a way as to not disadvantage the rights of individual whose data is being shared.

3.1.7 Schedule 3, Data Protection Act 1998

In the vast majority of cases, the information potentially to be shared will be sensitive personal data and so will need to additionally satisfy one of the conditions in Schedule 3. Appropriate sharing of information will likely satisfy one of the following conditions:

- The data subject has given his explicit consent to the processing of the personal data [1].
- The processing is necessary in order to protect the vital interests of the data subject where consent has been unreasonably withheld [3(b)]
- The processing is necessary for: the exercise of any function conferred on a person by or under an enactment [7(b)]
- The personal data are processed in circumstances specified in an order made by the Secretary of State for the purposes of this paragraph [10]
These circumstances are defined in Statutory Instrument 417/2000, which provides for sensitive personal information being processed where 'The processing is necessary for the exercise of any functions conferred on a constable by any rule of law.' (Paragraph 10)

3.2 Second Principle

Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

All data that is to be shared is obtained for lawful purposes, connected with protecting and safeguarding vulnerable members of society and preventing criminal activities. Any further use of the information, including sharing with partner agencies will be compatible with the reason the information was collected.

3.3 Third Principle

Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

As described in 2.8, partners will consider sharing personal data about vulnerable adult victims or potential victims and individuals who are a risk to Adults at Risk.

All information will be shared on a case-by-case basis where it is appropriate for the receiving agency to have this information to safeguard Adults at Risk and/or protect other Adults at Risk from possible abuse.

Not all of the above information held will be shared in every case; only relevant information will be shared where the partner agency has a 'need-to-know' the information and any information shared will be the minimum necessary to fulfil the reason for disclosure.

3.4 Fourth Principle

Personal data shall be accurate and, where necessary, kept up to date.

This information comes from corporate information systems and is subject to normal procedures and validations intended to ensure data quality. Any inaccuracies should be notified to the originating agency.

Whilst there will be regular sharing of information, the data itself will be 'historical' in nature. Specifically this means that the data fields exclusively relate to individual actions or events that will have already occurred at the time of sharing. These are not categories of information that will substantially alter or require updating in the future.

3.5 Fifth Principle

Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

The data will be kept in accordance with signatories' file destruction policy. It is acknowledged that there is a need to retain data for varying lengths of time depending on the purpose and also in recognition of the importance of historical information for risk assessment purposes. However once the information has been reviewed and has been decided it is no longer needed it will be destroyed in accordance with the holding agencies destruction policies.

3.6 Sixth Principle

Personal data shall be processed in accordance with the rights of data subjects under this Act.

- Partners to this arrangement will respond to any notices from the Information Commissioner that imposes requirements to cease or change the way in which data is processed.
- Partners will comply with subject access requests in compliance with the relevant legislation.
- The MPS reserves the right to withdraw right of use of the data at any time.

3.7 Seventh Principle

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

Measures to satisfy the Seventh are detailed in Section 4.

3.8 Eighth Principle

Personal data shall not be transferred to a country or territory outside the European Economic Area, unless that country or territory ensures an adequate level of protection of the rights and freedoms of data subjects in relation to the processing of personal data

The information is not intended for transfer outside the European Economic Area.

Section 4

Description of arrangements including security matters

4.0 Value of the information

The information shared through this agreement will be marked in accordance with the MPS protective marking System (PMS) and in this instance information to be shared will not exceed the grading “**Restricted**”, i.e.

- ▶ Cause substantial distress to individuals
- ▶ Prejudice the investigation or facilitate the commission of crime
- ▶ Breach proper undertakings to maintain the confidence of information provided by third parties
- ▶ Breach statutory restrictions on disclosure of information (except the Data Protection Act 1998)
- ▶ Disadvantage government or the MPS in commercial or policy negotiations with others

Community Risk MARAC (CRMARAC)

A Senior Leadership Team member or Nominated MPS individual provides an electronic document containing the relevant details displayed on screen to attendees at each monthly meeting. The information disclosed shall be for the sole purpose of enabling the CRMARAC representatives to discuss options to discharge their duty to increase the safety, health and well being of Adults at Risk, victims and / or witnesses. This is predominantly focused on adults but there maybe occasions when children are also at risk and their safety would also need to be taken into consideration.

Minutes of each meeting will be taken to denote actions required. These will be forwarded electronically to and be retained by each member within his or her agency database. All documents forwarded will be marked as confidential.

The Community MARAC protocol, terms of reference, risk checklist and referral form are shown at Appendix one (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).

4.1 How the Information will be processed

Where it has come to the police’s attention that a vulnerable adult is in circumstances that are adversely impacting upon their welfare or safety and/or they are a risk to themselves or others,, as well as a crime or intelligence report being created, the reporting officer will create an ‘Adult Coming to Notice’ (ACN) MERLIN report.

This report will be viewed by Brent police Public Protection Desk (PPD) / Multi Agency Safeguarding Hub (MASH) contact. If deemed appropriate and necessary to do so to protect and safe-guard the vulnerable adult, they will share the ACN on to Brent relevant partnership team via the secure email link within MERLIN.

If Brent relevant partnership team have concerns about an adult, and wish to see if the MPS hold any information relevant to them helping the adult, they will complete a request form asking for information and explaining their reasons why (Form 87V - see Annex D. This request form will be sent to the Borough PPD or MASH.

The PPD or designated borough unit will search the appropriate MPS systems including MERLIN, CRIS, Crimint Plus, General Registry and also national police systems such as the Police National Computer (PNC) for relevant information. The designated unit will consider the information gathered and decide whether it is proportionate, relevant and necessary to be disclosed for the purpose requested.

If it is decided that the request for information does not fall within defined categories, the original request Form 87V will be returned to the authorising manager. The reply will include an explanation as to why the request did not fall within the defined categories.

If it is decided that it is proportionate and necessary to disclose information, then the results of the search of MPS and police systems will be collated within an ACN report relating to that request. After removing where necessary any information that is not appropriate to be shared from each report, the police unit will send the finalized answer in the format of Form 87VA back to the requesting agency via the secure email link in MERLIN.

Cases referred to the Community MARAC would be those where a multi-agency approach is needed to safeguard victims/or their family, and address the behaviour of perpetrators either by an early intervention or by enforcement. Cases can be submitted outside the timescales in exceptional circumstances, where there is evidence of significant risk or escalation.

Critical Request for Information:

Where 'Critical Enquiries' are concerned the process will be different. A case will be considered 'Critical' if there is immediate risk of harm to the subject or others and information needs to be provided immediately to protect individuals e.g. hostage situations, presence of weapons, acts of terrorism, etc. **Critical Enquiries will only be generated by scene of crime Firearms Officers.** The process for initiating contact for Critical Enquiries will be:

Tel: *[insert number]* and ask for the Duty *[insert relevant job title]*

As a last resort contact the 'on-call' Director of the relevant partner via the switchboard on Tel: *[insert number]*

Upon initiating a Critical Enquiry the following detail will be requested:

- Requestor's full name, job title, phone number.
- Verification that the case is genuinely 'critical' (i.e. there is immediate risk of harm to the subject or others and information needs to be provided immediately to protect individuals e.g. hostage situations, presence of weapons, acts of terrorism, etc.)
- A check that the telephone number provided is *[insert authorised number for critical enquiries]*. If not, the enquiry may be escalated to the 'on-call' Director to make the decision on disclosure via *[insert number]*.

For Critical Enquiries, ONLY the following information will be disclosed:

- Whether they are known to *[insert relevant clinical body]*.
- Whether they are currently engaged with services.

- Known risk factors - to self or others.
- Diagnosis or nature of mental health problem.
- Recent significant life changes that can be established from patient records that may impact on behaviour.

A record of the personal information disclosed to partners by the MPS must be created. Where the sharing of information has been recorded through MERLIN, or where the sharing has taken place as part of an ongoing investigation and is recorded in the detts of the relevant CRIS, no additional CRIMINT PLUS record is required. Where personal information is shared regarding something held **only on CRIMINT** an entry must be made on CRIMINT PLUS by [MPS SPOC job title] at the time the information is supplied (or as soon as possible thereafter). This should include what was shared and the reason for sharing. Any decision not to share information should similarly be recorded along with the reasons for the decision.

If sharing needs to occur in fast time and a Critical Enquiry is made via telephone, a record must be similarly created on an MPS corporate system as soon as possible thereafter by the requestor.

Permission must be sought by the partner agencies from the MPS for the sharing of information outside of their respective domain. Such permission will only be granted where proposed sharing of relevant and proportionate information is within the agreed principles: i.e. for policing purposes, which includes safeguarding adults. All requests made should be done so by either secure e-mail or in writing so that an audit trail exists.

4.2 Business Continuity

The mailbox requests and information will be sent to a joint team mailbox. Although only one individual and deputy will be responsible for administrating and controlling the mailbox, other appropriate staff within the teams will have access to the mailbox, meaning if the responsible individual is away, work can continue as normal.

The following must be adhered to as a minimum Monday to Friday:

- Team Mailbox is to be checked at the start of the working day between 9am and 10am for all new emails.
- A further check is to be made no later than four hours after the first check.
- A final check is to be made no earlier than 4.30pm.

Referrals to Community MARACs will be made through the agency's representative, who will then provide details to the chairs for inclusions at the next panel meeting. All referral forms should be completed using the borough Community MARAC referral form and a risk checklist should be included. Referrals should be made to the panel a minimum of ten days before the meeting takes place. The chairs will distribute the referrals to other members in order for them to research and bring any work carried out with the vulnerable adult, victim, suspect, or witness, or any other case information to the meeting. (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).

4.3 Confidentiality and Vetting

The information to be shared under this agreement is classified as 'RESTRICTED' under the Government Protective Marking System. Vetting is not mandatory to view this grade of information; however the staff within [Enter BOCU name] Safeguarding

Adults Service/relevant partner trust who will have access to MPS information are CRB vetted. What is required at 'RESTRICTED' level access is a strict 'need-to-know' the information, which all staff viewing and accessing shared information will have.

The principles of confidentiality and vetting for information shared within the Community MARAC apply as outlined above.

4.4 Movement of Information

As mentioned previously, information will be transferred using secure email. The email addresses to be used are;

- **[Police Team Email]@met.pnn.police.uk**
- **[Insert Adult Services team email address, ensuring it is a cjsm or equivalent METSEC approved]**
- **[Insert Health email address, ensuring it is a nhs.net address]**
- **[Insert any other relevant secure email addresses]**

It is recognised that .gov.uk and nhs.uk by themselves are not secure email addresses and so will not be used to share RESTRICTED level information.

In the event of a failure of the e-mail system, Adult Coming to Notice reports and information forms will be shared via fax. A test sheet will be sent first to confirm the correct number has been inputted, and a response received, before the information is faxed across.

In cases of immediate risk, proactive and reactive sharing may occur using existing safeguarding referral processes following a telephone call to the department to make them aware of the report and to highlight any immediate action that has been completed / further actions required either by police or by Safeguarding Adults Department. Any sharing via telephone will be backed up in writing for audit purposes.

4.5 Partner's Building and Perimeter Security

Information will be kept within a secure location with a managed and auditable access control system, which the general public have no access to. This is applicable to information subject to Community MARAC.

4.6 Storage of Information

Information requests will be sent via secure email to a joint mailbox. Each agency will have appropriate measures in place regarding the retention of information. All partner organisations who are party to this protocol will put in place policies and procedures governing the retention and destruction of records containing personal information retained within their systems.

As a general rule, partner organisations agree that personal information that has been shared will be destroyed once it no longer is of relevance to the initial inquiry.

Signatories to this agreement confirm that there are adequate security measures on their electronic systems specifically;

- Areas where shared information is stored can only be accessed via username and password.
- Partners confirm that permission to access to information shared by partners will be granted on a strict 'need-to-know' basis once it is contained within partners' electronic systems
- An audit trail is in place that captures events which evidence successful and unsuccessful access to the system and individual records.

Any papers records of information shared under this agreement must be kept in a locked container within a secure premise with a managed access control. Access to information will be limited to those with a genuine "need-to-know". When the documents are not being used they will be locked away.

Cases referred into the Community MARACs will be sent to the agreed CRMARAC contact/chair/coordinator, who will then add to the list of referrals to be heard at the next conference/meeting. After agreement by the chairs, details of the referral list will be sent to the relevant Statutory Partners 7 days prior to the conference/meeting to enable research on the subjects. This list will be sent by secure email and clearly marked 'Restricted'. Panels members will ensure that all papers are destroyed once details are entered on their agencies databases(s), restricting unauthorised access. (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).

4.7 Security Incidents and Breaches of the Agreement

Security breaches (including misuse of MPS information) must be reported to the relevant SPOCs within 24 hours of occurring / being detected. A list of SPOCs will be circulated for this purpose.

The MPS SPOC must immediately inform the Information Assurance Unit of any security incident or breach of MPS information, including unauthorised disclosure or loss of information, by calling 785084 or emailing 'DoI Mailbox - Security Incidents'.

Partners confirm that security breaches are covered within their internal disciplinary procedures. If misuse is found, consideration will be given to facilitating an investigation into initiating criminal proceedings.

All parties are aware that in extreme circumstances, non-compliance with the terms of this agreement may result in the agreement being suspended or terminated. Breaches of Community MARAC agreement and security breaches are subject to the same reporting process and procedures.

4.8 Disposal of Information

It is not the intention of this agreement that information will be produced in a hard format. If information is printed off of an electronic system, it will be disposed of through a RESTRICTED waste system, using a shredder, or will be returned to MPS premises for disposal.

Electronic information will be disposed of by being overwritten using an approved software utility or through the physical destruction of the computer media. Data held electronically shall be weeded according to each agencies standard operating procedure in relation to their IT systems. *Community MARAC panel members will ensure that all papers are destroyed once details are entered on their agencies database(s), restricting unauthorised access (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).*

4.9 Compliance

All partners are responsible for ensuring the security controls are implemented and staff are aware of their responsibilities under the Data Protection Act 1998.

Partners agree where necessary to allow peer-to-peer reviews to ensure compliance with the security section of this ISA. Compliance with these security controls will be catered for in the periodic reviews of the ISA.

Community MARAC representatives accept responsibility for ensuring that all agreed security arrangements are complied with. Any issues around compliance with the agreed security measures will form part of the review of this arrangement. (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).

4.10 Review

In accordance with the Guidance on the Management of Police Information (MoPI), this agreement will be reviewed six months after implementation and annually thereafter. *Community MARAC information sharing processes form part of this review (if appropriate to the Local Authority where a Community Risk MARAC exist or in development).*

4.11 Freedom of Information Act and Subject Access Requests

Normal practice will be to make all information sharing agreements available on the MPS Publication Scheme. It is recognised that parties to this agreement may receive a request for information made under the Act that relates to the operation of this agreement. Where applicable, they will observe the Code of Practice made under S.45 of the Freedom of Information Act 2000.

This Code of Practice contains provisions relating to consultation with others who are likely to be affected by the disclosure (or non-disclosure) of the information requested. The Code also relates to the process by which one authority may also transfer all or part of a request to another authority if it relates to information held only by the other authority.

Individuals can request a copy of all the information an organisation holds on them, by making a Subject Access Request (SAR). This may include information that was disclosed to that organisation under this agreement. Where this is the case, as a

matter of good practice the organisation will liaise with the originating organisation to ensure that the release of the information to the individual will not prejudice any ongoing investigation/prosecution.

Section 5
Agreement to abide by this arrangement

The agencies signing this agreement accept that the procedures laid down in this document provide a secure framework for the sharing of information between their agencies in a manner compliant with their statutory and professional responsibilities.

As such they undertake to:

- Implement and adhere to the procedures and structures set out in this agreement.
- Ensure that the procedures set out in this agreement are complied with where mandatory requirements to do so apply
- Ensure that all information will be shared as envisaged by this agreement, provided there is no impediment to doing so either under this agreement or pursuant to any other legal or professional obligations upon the signatories. Engage in a review of this agreement with partners six months after its implementation and annually thereafter.

We the undersigned agree that each agency/organisation that we represent will adopt and adhere to this information sharing agreement:

Agency	Post Held	Name	Signature	Date
MPS	[Add unit head or Partnership Inspector or other Senior Officer]	[Add]	[Only for locally kept original in General Registry File]	[Add date of agreement - this will set 1st review date 6 months later. Also set review date in footer.]
[Add a Partner eg- Local Authority, PCT etc]	[Add person with direct responsibility for this activity - a CEO need NOT sign]			

Appendix A - Department of Health (2011) Statement of Government Policy on Adult Safeguarding, 6 principles.

Principle 1 – Empowerment

Safeguarding must be built on empowerment. Services provided should be appropriate to the vulnerable adult and not discriminate because of disability, age, sexual orientation, race, religion or belief, sex, pregnancy and maternity, culture or lifestyle. Victims should be supported in making their own decisions and choices. This includes decisions related to risk; a victim's own perceived vulnerability, whether they want to access criminal justice opportunities and/or be referred to partner agencies for support.

Empowering victims may require specialist support or intervention from an advocate, a language interpreter, an intermediary or another third party. There are occasions when the police have a duty to take action and share confidential information. In these circumstances the police must continue to work closely with the victim and ensure they remain central to the Process, unless to do so would increase the risk of harm to them or other Adults at Risk.

Principle 2 – Protection

Assumptions will not be made about an adult's ability to protect themselves purely on the basis of visual characteristics such as age, fragility or disability. Many adults can and do safeguard themselves. Protection should focus on the provision of services for those adults who are or may be unable to protect themselves against abuse and are, therefore, in the greatest need of support. This includes adults who lack capacity to make decisions which concern their safety. Best interest decisions about the safety of people who lack capacity will be taken in accordance with the Mental Capacity Act (MCA) 2005.

Principle 3 – Prevention

Prevention should be the primary aim of all agencies involved in safeguarding adults from abuse, including the police. Although effective investigative processes can assist a victim in coming to terms with abuse, they cannot always reverse the detrimental effect that abuse may have on an individual's independence, wellbeing and choice. Prevention is linked to Empowerment as it means working with Adults at Risk to develop safeguarding plans aimed at reducing the risk of abuse. This may include using available police powers to focus on the perpetrator of abuse. Response and neighbourhood policing teams have a key role in prevention.

Principle 4 – Proportionality

Measures to safeguard adults must be proportionate and, in consultation with the victim, consider the least intrusive response appropriate to the risk presented. This supports the use of professional judgment and management of risk. The legal obligations which underpin this principle include the duties on public authorities in the Human Rights Act 1998 (HRA), Schedule 1. The HRA essentially makes the European Convention on Human Rights (ECHR) enforceable in UK law, but it does not incorporate the entirety of the ECHR into UK law. If decisions are made without taking account of a victim's views, this may infringe their human rights and jeopardise other qualities of life for adults, such as the right to respect for private and family life.

Principle 5 – Partnership

The Police Service aims to increase public confidence and to deliver appropriate safeguarding responses. In doing so, there is recognition that this is more likely to secure better outcomes for victims of abuse. The Police Service also acknowledges that actions by other agencies with statutory responsibility for the provision of health and social care services may need to take place at the same time as a criminal investigation is in progress in order to safeguard one or more Adults at Risk.

Principle 6 – Accountability

This requires staff who have contact with the public to be confident in identifying Adults at Risk, recognising situations that induce vulnerability in light of specific risk factors and being confident in responding appropriately, whether this is in a preventive or investigative role.

Sharing of Information regarding a vulnerable adult must be accurate, factual, relevant, necessary and proportionate for the purpose for which it is passed. Where police officers or staff have concerns for a vulnerable adult which are likely to lead to an external referral, they should first discuss the concerns with the vulnerable adult, explain what action the police will need to take in order to refer concerns to other agencies, and obtain their consent, if possible in writing, before making the referral. Police officers and staff should promote a positive and realistic image of adult social care services and other agencies to encourage and enable Adults at Risk to access the help advice and support they need, if they choose to do so.

Where consent is not forthcoming, this should not preclude officers from making an external referral and sharing confidential information, if this can be justified in the public interest. This includes situations where there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm (defined as death or serious injury to a Person's physical or mental health) or to prevent serious harm to an adult by, for example, the prevention, detection and prosecution of serious crime (defined as any crime which causes or is likely to cause serious harm to an adult).

Appendix B - The National Standard - Headline Standard ⁷

Standard 1	Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work
Standard 2	Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
Standard 3	The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
Standard 4	Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.
Standard 5	The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.
Standard 6	All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.
Standard 7	There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults "who are or may be eligible for community care services" and who may be at risk of abuse or neglect.
Standard 8	Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.
Standard 9	The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.
Standard 10	The safeguarding procedures are accessible to all adults covered by the policy.
Standard 11	The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

⁷ Safeguarding Adults ADSS, 2005

Appendix C - What is abuse and Criminal offences that may be committed against Adults at Risk

Below are the main forms of abused defined.

- **physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions
- **sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting
- **psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits
- **neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Discriminatory abuse**, including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

A number of the other most significant laws relating to abuse faced by Adults at Risk are:

- **The Domestic Violence, Crime and Victims Act 2004** explicitly states that it is a criminal offence to physically or sexually abuse, harm or cause deliberate cruelty by neglect of a child or an adult. This legislation was introduced, in part, to emphasise the crime of abuse between partners within the home.
- **Mental Capacity Act 2005**. Creates an offence of ill-treatment or wilful neglect of a person lacking capacity by anyone responsible for that person's care.
- **Offences Against The Persons Act 1861** including grievous bodily harm with intent, grievous bodily harm, chokes /suffocates/strangles, unlawfully applies drugs with intent to commit indictable offence, poisoning with intent to endanger life/cause GBH or with intent to injure, aggrieve or annoy and assault occasioning actual bodily harm.
- **Criminal Justice Act 1988** including Common assault,
- **Medicines Act 1968** including: Unlawfully administering medication, Injurious affecting the composition of medicinal products
- **The Sexual Offences Act 2003**
- **Public Order Act 1986** including affray, fear or provocation of violence, intentional harassment, alarm or distress, and harassment/alarm or distress
- **Protection from Harassment Act 1977** including course of conduct amounting to harassment, injunctions against harassment, and course of conduct that causes another to fear.
- **Theft Act 1968** including dishonest appropriation of property, robbery, burglary dwelling house, blackmail
- **Mental Health Act 1983** including ill treatment or neglect of mentally disordered patients within hospital or nursing homes or otherwise in persons custody or care and unlawful sexual intercourse with patients/residents suffering mental disorder



**METROPOLITAN
POLICE**

TOTAL POLICING

INFORMATION REQUEST

Subject's Name:	Date of Birth:	Police URN:
------------------------	-----------------------	--------------------

Originator	
Name/Position:	
Address:	
	Post Code:
Tel. No.:	Email address:

Number of Subjects Requiring Checks	(USE ONE FORM PER SUBJECT)						
Name:	Location:						
Date of Birth:	<table style="width:100%; border: none;"> <tr> <td style="width:15%;">Male</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:15%;">Female</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:15%;">Ethnicity</td> <td style="width:10%;"><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>		
Address:							

Reason for Information Request (London Multiagency safeguarding Adult Guidance)	Y	N
(A) Inter-Agency Risk Management (MAPPA).	<input type="checkbox"/>	<input type="checkbox"/>
(B) Initial Assessment to justify Safeguarding investigation	<input type="checkbox"/>	<input type="checkbox"/>
(C) To assess the risk to the vulnerable adult and others	<input type="checkbox"/>	<input type="checkbox"/>
(D) To put in place protective measures	<input type="checkbox"/>	<input type="checkbox"/>
Consent must be sought for B, C and D from subject. If YES, where recorded? Unless overridden by Authorising person under Public interest (recorded)	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Circumstances / allegation (MUST BE COMPLETED)

Read & Signed by Person Requesting - Manager		
TO BE DEVELOPED BY LONDON PARTNERSHIP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Signed:	Print Name:	Date:

Police Use only		
Signed authority to carry out checks (DS or above)		
Signed:	Print Name:	Date:



**METROPOLITAN
POLICE**

TOTAL POLICING

Information Request- RESULT

This information is sent in confidence and is restricted. It must not be passed on to a third party without the express permission of the police.

For: (Name of recipient)
Of: (Name and address of department, section, team or unit)

The following is a summary of information obtained from police checks relating to the subjects specified below. The summary has been de-personalised in accordance with the Data Protection Act 1998 and consists only of sufficient information which is assessed as being necessary and relevant for the purposes specified on the original request.

Name of Subject	Summary of information known

No further action	Yes <input type="checkbox"/> No <input type="checkbox"/>	Form 87 URN	
If 'Y' state what action			

Supervisor (Sergeant) authorising disclosure Signature			
Signed:		Print Name:	
		Date:	

Retention Period: 7 Years
MP 67/14

Appendix E - Confidentiality Statement

Meeting confidentiality statement / ISP Summary Brief

Chair		Date of Meeting	
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Information discussed by the agency representatives, within the ambit of this meeting, is strictly confidential and must not be disclosed to third parties.

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 MEETING IS AS FOLLOWS:

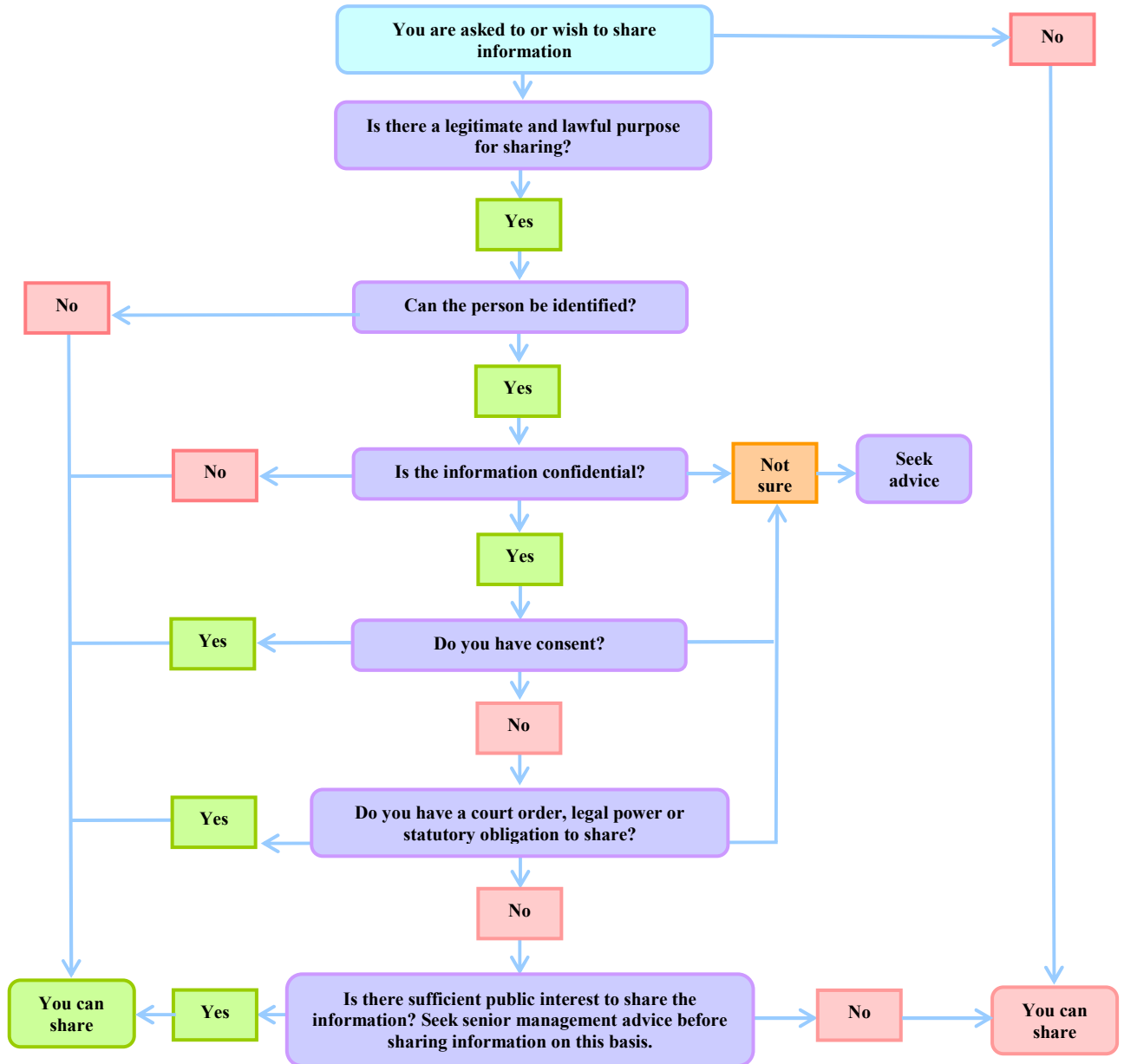
- To share information to increase the safety, health and well-being of victims – adults and their children;
- To construct jointly and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- To reduce repeat victimisation;
- To improve agency accountability; and
- Improve support for staff involved in high risk cases.

BY SIGNING THIS DOCUMENT WE AGREE TO ABIDE TO THESE PRINCIPLES.

Meeting Confidentiality agreed / ISP Agreed (attendees)

Agency	Name of Representative	Signature	Email

Appendix F – Information sharing flowchart



Share information:

- Identify how much information to share and the relevance
- Ensure you are getting the right information to the right person
- Ensure you are sharing the information securely
- Inform the person that the information has been shared if they were not aware of this and it would not create or increase risk of harm

Record information is going to be shared and your reasons in line with your agency’s procedures

If there are concerns that a child may be at risk of significant harm or an adult may be at risk of serious harm, then follow relevant procedures without delay.

Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.

(Source: HM Government: Information Sharing Pocket Guide)

**Community
MARAC**

Community MARAC Risk Assessment

Victim:

Perpetrator:

Date completed:

Completed By :

ECM Referral:

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present <input checked="" type="checkbox"/> . Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is <u>not the case</u> please indicate in the right hand column	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer
1. Has the current incident resulted in injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? (Please give an indication of what you think (name of abuser(s)...) might do and to whom, including children) Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. <i>Do you feel isolated due to the abuse/No support network</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed due to the abuse/seen your GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you live in close proximity to the perp/abuser do they know where you live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has this happened to you before/repeat victimisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does (.....)harass you? (Please expand to identify what and whether you believe that this is done deliberately to intimidate you?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the abuse happening more often? What is the frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse getting worse/ Escalation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Tick box if factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes (tick)	No	Don't Know	State source of info if not the victim e.g. police officer

<p>11. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (If yes, please specify which and give relevant details if known.)</p> <p><i>Drugs</i> <input type="checkbox"/> <i>Alcohol</i> <input type="checkbox"/> <i>Mental Health</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>12. Do you know if (.....) has hurt anyone else? (Please specify whom)</p> <p><i>Children</i> <input type="checkbox"/> <i>Neighbours</i> <input type="checkbox"/> <i>Other (please specify)</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>13. Has (.....) ever threatened to kill you or someone else and you believed them? (If yes, tick who.)</p> <p><i>You</i> <input type="checkbox"/> <i>Children</i> <input type="checkbox"/> <i>Other (please specify)</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>14. Do you feel targeted due to:</p> <p><i>Sexual orientation</i> <input type="checkbox"/> <i>Disability</i> <input type="checkbox"/> <i>Race</i> <input type="checkbox"/> <input type="checkbox"/> <i>Religion</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>15. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify.)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>				

For consideration by professional:

Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to **disability, substance misuse, mental health issues, cultural/language barriers.**

What are the victim's greatest priorities to address their safety?

Do you believe that there are reasonable grounds for referring this case to xxxx Community MARAC? Yes / No

If yes, have you made a referral?

Signed:

Date:

Do you believe that there are risks facing the children in the family? Yes / No

If yes, please confirm if you have made a referral to safeguard the children: Yes / No

Date referral made.....

Signed		Date	
Name			

Guidance on making a referral to the XXXX Community MARAC *MARAC threshold*

The XXXX Community MARAC has three criteria by which a case can meet threshold:

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to The C 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, learning difficulties, cultural barriers to disclosure, or language barriers** 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. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked **9 or more 'yes'** boxes the case would meet the referral threshold OR
3. **Potential Escalation:** the number of police callouts to the victim as a result of abuse in the past 10 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 the EC MARAC.

Please pay particular attention to a practitioner's professional judgement 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 judgement and act as **prompts** to further questioning, analysis and risk management whether via a EC MARAC or in another way.

C MARAC repeat

A repeat MARAC case is one where any of the following types of behaviour have taken place within 10 months of a victim's first referral to C MARAC:

- Violence or threats of violence to the victim; or
- Where there is a pattern of harassment; or
- Targeted hate crime is disclosed

Where these criteria are met, the victim should be re-referred to C MARAC regardless of whether they meet the XXXX community threshold.

MARAC meetings

MARAC meetings are held each month and begin at 10.30am.

Referrals must be received 10 days preceding the C MARAC meeting and must include a completed:

- Risk Indicator Checklist;
- Referral Form; and

Referrers should ensure that they are using the most recent copies of these documents

Any electronic information shared between agencies, including referrals, must be sent via *PASSWORD PROTECTED EMAIL*

If you would like instruction on how to use password protected email or for any other enquiries, contact the Risk Co-ordinator by email at xxxx@xxxx.xx or call 020 8xxxxxx



LONDON BOROUGH OF BRENT
in Partnership with Metropolitan Police

BRENT
Community MARAC
Core group protocol

1. Introduction

The Brent Community MARAC is a meeting where information is shared on complex/high risk cases between various stakeholders. All relevant information is shared about victims, witnesses and perpetrators, the representatives then discuss options for increasing the safety of the victims and / or witnesses and addressing the perpetrators' behaviour, turning these into a co-ordinated action plan. The primary focus of the panel is to safeguard the victims and witnesses, and prevent further victimisation. Therefore it is critical that the Core group is established as a way of ensuring that multi agency communication and exchange of information takes place regularly.

All inquiries into victims of crime deaths have found multi agency working a weakness. A major part of this weakness has been a failure of communication by agencies involved in working with vulnerable victims despite a number of legislative powers, guidance and protocols; this continues to remain an area of concern.

Fiona Pilkington, 38, made 21 calls to Police in a bid to stop a local gang abusing her and daughter Francesca Hardwick, She had even written to her local MP and reported to her local council: without multi agency resolution.

It is imperative that all core agencies ensure a total commitment to the process, in recognising that the sharing of information, working in partnership risk planning and management is paramount to the effectiveness of protecting victims of crime/ people at risk of harm or repeat victimisation. The panel will also make links with other partners to safeguard children and manage the behaviour of the perpetrators. It is important to acknowledge that professionals can only work together to protect victims of crime if there is relevant exchange of information and accountability.

Accordingly, The Brent Community MARAC has the following key principles:

The aims of the panel are:

- To share information in order to increase the safety, health and well being of victims and / or witnesses, both adults and children
- Multi agency working and multi-agency effective communication
- Working in partnership
- Encourage integrity, openness and honesty between agencies
- To determine whether the perpetrators pose a risk to any particular individual or to the general community
- 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 cases
- Encourage creativity and innovative ways of working
- Provide opportunities to improve partnership working
- Encourage problem solving
- Promote the use of early interventions

Important Note

The responsibility to take appropriate action rests with individual agencies; it is not transferred to the panel. The role of the panel is to facilitate, monitor and evaluate effective information sharing to enable appropriate action to be taken to increase public safety, whether by early intervention or enforcement.

When a panel meeting takes place, it is made clear to all the partners attending, how they will share, store and manage any information that is discussed at the meeting.

2. Brent Community MARAC Partnership

The Panel is co-ordinated by Brent (chair 1) and (chair 2).

Various members will attend the panel meetings however a core group will attend on a regular basis. Other partners would attend on an, 'as and when' basis, as they may have knowledge regarding specific cases.

Core group members will be:

- Safer Communities Team
- Police
- Youth Offending Service
- Social Services
- Housing (Council and other Social Landlords)
- Probation
- Family Intervention Project
- Youth Services
- Victim support
- Mental Health Services
- Mediation
- St Mungos

Non-core group members could include; CAFCASS and Safeguarding Services (Adults / Children).

The panel is not a public information-sharing panel. The panel will be restricted to the core group members and other members who can provide a contribution to the cases discussed.

Each agency attending the panel will consist of a lead contact for their organisation and a deputy (if the lead cannot attend the panel). Deputies attending the panel should be of a suitable management level, as decisions will need to be made on behalf of their organisations.

All panel members will be expected to have an understanding of complex/high risk case management and its affects. Members should also have an understanding of the referral process, the Referral form and the risk checklist in order to understand the level of risk posed.

3. Panel Member's Responsibilities

All panel members are responsible for:

- Attending each meeting
- Being the point of contact for their agency in relation to all enquiries
- Making their staff aware of the panel referral process and referring cases to the panel
- Bringing any information, involvement, actions or case work carried out with a victim, witness or perpetrator to the panel
- If there is an allocated professional working directly with any person referred to the panel, then it is the responsibility of the representative agency to obtain necessary relevant information and bring it to the meeting

- Adhere to and complete set actions for the relevant agencies prior to the next meeting
- Encourage staff to make referrals to the panel
- Appointing a deputy (of the necessary management level) to attend if the lead is absent
- The lead is responsible for informing the Chairs who will be deputising for them in advance if unable to attend

Panel Meetings Regularity

The panel will hold its meetings on a monthly basis. Panel members are expected to attend these meetings on a regular basis, and should share relevant related information, which is known to their agency. They should also inform the panel of actions completed.

4. Other Professionals or Agency Attendance

Other agencies and professionals can attend the panel, if they are involved in a particular case. Observers can also attend the panel, however prior agreement from the EC MARAC co-ordinator would need to be sought.

GOVERNANCE AND PERFORMANCE MANAGEMENT

5. Referring Cases to the Panel

Cases referred to the panel would be those where a multi-agency approach is needed to safeguard victims and / or their family, and address the behaviour of perpetrators either by an early intervention or by enforcement.

Referrals would be made through the agency's representative, who will then provide details to the Chairs for inclusion at the next panel meeting.

All referral forms should be completed using the Brent Community MARAC referral form and a Risk Checklist should be included.

Referrals should be made to the panel a minimum of 10 days before the meeting takes place. The Chairs will distribute the referrals to other members in order to allow them to research and bring any work carried out with the

victim, perpetrator, or witness, or any other case information to the meeting.

Cases can be submitted outside the timescales in exceptional circumstances, where there is evidence of significant risk or escalation.

Agencies should encourage the referral of cases to the panel.

6. Identification of Panel Cases

The referring agency will need to complete a Risk Checklist as an initial assessment when determining the risk. The checklist is a practical tools that can help agencies identify those at risk when cases are referred to the panel. The checklist is a guide in establishing the risk posed to a victim, witness or perpetrator; however judgement-based decisions can also be made where there is a possibility of serious harm based on all the factors present.

7. Criteria for the Panel

Cases that are referred to the panel, should involve individuals whose behaviour affects persons in the London Borough of Brent and those currently experiencing on-going victimisation/at risk of harm.

Presently there are three criteria for assessing risk when referring cases to the panel:

High Risk

If nine or more criteria in the checklist have been ticked 'yes', the subject should be considered high risk.

Potential Escalation

This criterion can be used to identify cases where there is insufficient identification of the risk factors on the list, but where matters appear to be escalating and where it is appropriate to assess the situation more fully by sharing information at the panel.

Professional Judgement

If there are serious concerns with regard to a subject's situation, the case should be assessed accordingly. There will be occasions where the particular context of a case gives rise for concern even if a subject has been unwilling to disclose information that might highlight their risk more clearly. This could reflect extreme levels of fear, or an unwillingness to involve other members of the family for instance. This judgement would be based on the professional's experience and / or a subjects' perception of their risk.

Case Management

Each case brought to the panel will have a management plan agreed, tailored to take in to account the risk posed to the victim, and any witness, to increase their safety and that of other vulnerable parties. Risks posed by the perpetrator would also be appropriately managed.

A management plan may include safeguarding the victim and their families, supporting witnesses, managing the behaviour of the perpetrator, either by way of intervention or enforcement, referral to specialist services and the prioritising of agency resources.

The panel representative is responsible for communicating relevant information and action points to their agency and is responsible for ensuring that the appropriate practitioners carry out all actions in a timely manner, and the panel informed either directly or through the Chairs.

Where the panel recommends referral to another agency, which is not represented, the Chairs will take the follow up action where appropriate.

Monitoring/updates

The lead from the referring agency will be expected to keep victims and witnesses informed of progress. The referring agency will also be expected to update the panel on the progress of cases and of any actions that have been given to them by the panel. Any unmet actions will be reviewed at the start of the next meeting and recorded in the minutes.

Urgent Panel Meetings

Urgent meetings will only be called if the risk to a victim, witness or perpetrator is significantly high. The agency requesting the meeting will contact the chairs highlighting the urgency of the case. Once agreed, the Co-ordinator [Enter name] will then arrange a meeting as early as possible.

Chairing the Panel

The Brent Community MARAC will be chaired by [Enter name]

8. Core Responsibilities of the Brent Community MARAC Panel Steering Group

The Panel Steering Group holds the following responsibilities in relation to the panel:

- Monitor and evaluate the data from the panel
- Ensure that effective partnerships are maintained with other public protection agencies
- Monitor and regularly assess the overall performance of the panel
- Address operational issues
- Oversee efforts to raise awareness with local practitioners about the panel
- Communicate to the public and to stakeholders the successes of the panel
- Conduct reviews of referred cases
- Ensure that the panel operates in line with legal responsibilities and keeps up to date with changes in legislation and national guidance

Please sign and send back separately to XXXX acknowledging that you have read the protocol and agree with the terms and conditions.

Name (title/position)
Organisation
Deputy
Line Management
Organisation
Date
Signature