

MARAC Review

Exeter, East, Mid and North Devon MARACs

EXECUTIVE SUMMARY and RECOMMENDATIONS

April 2007

INTRODUCTION

MARAC (Multi-Agency Risk Assessment Conference)

Domestic abuse is a critical issue for many agencies, and there is no prescriptive response that can be used by a single agency in all cases. As a result MARAC was introduced to assess the level of risk posed to victims and their children and to respond effectively by introducing agreed, appropriate interventions.

The success of the MARAC process is reliant to a great extent, on a multi-agency approach and response, to include information sharing, so that each agency has a more comprehensive idea of what is occurring in a victim's life.

As a consequence a valuable, broad perspective can be gained to allow an accurate assessment of risks faced and to provide a holistic response through agreed action plans.

Aims and Objectives of MARAC

- To share information to increase the safety, health & well being of adult victims and their children.
- To determine whether the perpetrator poses a significant risk to any particular individual or to the general community.
- To jointly construct and implement a risk management plan to support those at risk and reduce the risk of harm.
- To reduce repeat victimisation.
- To improve agency accountability.
- To improve support for staff involved in high-risk domestic violence cases.

The MARAC is now operating throughout Devon having initially commenced in Exeter in January 2005.

The Perpetrator Task Group and MARAC Steering Group decided that it would be beneficial to undertake a review of MARAC in order to assess:

- how well the process is working
- how it can be developed and
- identify best practice in order to improve the safety of survivors and their children.

The Review has centred on the following activities:

- Evaluation of data collection from the Exeter MARAC between 1st January 2005 and 1st January 2006 to include both quantitative and qualitative data evaluation. Reports completed by Richard Scott, Force Analyst and Corinne Tuck, Partnership Research Officer (Crime and Disorder), Devon County Council.

Corinne Tuck's report '**Basic Analysis of MARAC data**' (*MARAC 2 Data Analysis.pdf*) can be downloaded as an appendix to this Executive Summary at: www.adva.org.uk

- Random dip sampled interviews with survivors whose cases have been referred to MARAC, using the CAADA review model¹. Interviews carried out by the five IDVAs (independent Domestic Violence Advisors) operating across North & East Devon.

Full report on these findings: '**MARAC: Survivor Interviews**' (*MARAC 4 Survivor Interviews.pdf*) compiled by Katy Shergold and Rebecca Mandeville-Norden (Devon & Cornwall Probation Area) can be downloaded as an appendix to this Executive Summary at: www.adva.org.uk. Also, a Summary of the Survivor Report (*MARAC 3 Survivor Summary.pdf*) compiled by Alice Woods, Exeter IDVA, can be downloaded at: www.adva.org.uk

- Formation of a working group to review the MARAC processes and to make recommendations again utilising the CAADA review model². In order to obtain a cross-section of views and identify best practice, it was decided to include partner agency representatives from the three MARACs operating in North & East Devon, in both the review group and the completion of the multi-agency questionnaire.

Full reports on: (a) the outcomes from the MARAC working group meetings (*MARAC 5 Review Outcomes.pdf*) and (b) the '**MARAC – Key Players Questionnaire**' (*MARAC 6 Questionnaire.pdf*) compiled by Katy Shergold and Rebecca Mandeville-Norden (Devon & Cornwall Probation Area) can be downloaded as an appendix to this Executive Summary at: www.adva.org.uk

- Production of a **Multi-Agency Practitioner Guide** for all non-police agencies to sign up to in order to refer non-police, non-crime 'Very High Risk' cases to MARAC. Currently the vast majority of 'Very High Risk' cases referred to MARAC are Police crime cases. Guide written by Jodie Das, adva Trainer and Amber Steer-Frost, Devon County Council.

To receive a copy of the 'Multi-Agency Practitioner Guide' you must attend adva's one day '*Tackling Risk Assessment in Domestic Violence & Abuse*' training course. For dates and further information please visit: www.adva.org.uk

¹ Follow-up Interview with MARAC DV Survivors, written by Dr Amanda L Robinson

² MARAC Interview Schedule for Key Players, written by Dr Amanda L Robinson

EXECUTIVE SUMMARY

The MARAC was initially introduced in Exeter in January 2005, and was subsequently extended to include North Devon in July 2005, East/Mid Devon in February 2006 and South/West Devon in December 2006. The South/West Devon MARAC did not form part of this review due to its infancy at the time of the review.

Since inception, up to and including 31st March 2007, a total of 1,502 'Very High Risk' cases have been referred to the three MARAC's.

In terms of cost to administrate MARAC, two Police employed Administrators working from the two Public Protection Units dedicate one full week to the Exeter & East/Mid Devon MARAC's and two full days to the North Devon MARAC. Additionally there are on-going costs associated with post/faxing minutes/letters etc.

From the outset the MARAC in Devon has for the most part followed the ethos and working practices as laid out in the CAADA MARAC Implementation guide, and as a result in many areas the review was able to identify existing best practice in Devon MARAC. That said, opportunities to improve invariably exist, and meetings held by the multi-agency review group and constructive feedback from the partnership questionnaires has identified some recommended areas of improvement and development.

For ease of reference these have been highlighted under the following three sections:

- **What is working well within MARAC**
- **Areas for improvement**
- **Recommendations for development**

WHAT IS WORKING WELL WITHIN MARAC

There was a general consensus that the current MARAC process including the frequency and administration was working well, but the introduction of some minor alterations would assist agencies in achieving timely research prior to attendance. These included circulation of cases a little earlier than previously provided and to include where known the family GP and the relationship of the perpetrator to children involved. In addition the practice of sending letters to victims prior to the MARAC, and an identified person being responsible for updating a survivor was acknowledged as good practice.

But for a few occasions, all participating partner agencies attendance was consistent, and the commitment shown has enabled the MARAC to effectively facilitate, monitor and evaluate information sharing in order to instigate appropriate risk management planning and action.

The attendance at the North Devon MARAC by the Devon Partnership Trust, (crisis intervention team) as a core member was acknowledged as good practice and their involvement and contribution has proved of value in many case discussions. It is unfortunate that due to resource issues, this cannot at this time be replicated in the other MARACs, although representatives do attend if necessary to discuss a particular case.

A number of agencies were able to evidence that the MARAC had changed the way in which they manage their jobs in relation to domestic abuse, and directly assisted in protecting survivors and children. Additionally an increased awareness of the issues affecting individual survivors and a 'joined up' approach following information sharing was regarded as most beneficial.

The exchange of shared information also assisted agencies in risk management plans for their own staff when meeting individuals subject of MARAC.

The introduction of the IDVA's, and being co-located with the Domestic Violence Officers has been a positive development, allowing improved joined up working and ensuring that all 'Very High Risk' cases referred to MARAC are managed by one or the other.

It is acknowledged that developments in joint working in the domestic abuse, child protection and vulnerable adult environment has led to increased training opportunities, but that due to demands agencies were not always able to attend training days. As a means of alleviating these pressures, it was suggested that training in these disciplines be integrated wherever possible, to avoid distractions from core business and maximise training opportunities.

AREAS FOR IMPROVEMENT

Although there exists amongst the membership of participating agencies an overall feeling that MARAC is a very positive development, which embraces the concept of shifting the responsibility of addressing domestic abuse to a broad group of agencies, there was an acknowledgement and some frustration that difficulties arise where the survivor either fails or refuses to engage. There are safeguards where children are involved or have witnessed the abuse, but nevertheless positive joined up action is often undermined by non-engagement.

Following case discussion at MARAC action plans are agreed, however on occasions due to a lack of resource options, preferred and robust plans cannot be fully implemented. This is not a criticism, but an acknowledgement of reality, and further accepts that with the development of MARAC the demands placed on agencies will increase. Also, the review identified a number of agencies who at present have not been invited to attend as a core member but who could provide an invaluable contribution on a case by case basis. These included drug and alcohol, learning disabled and vulnerable adults services. It was highlighted that CAF/CASS should attend as a core member.

At present, with the exception of a few cases, those cases referred to MARAC are Police led following the report of a domestic abuse related crime. These cases are identified following the completion of a risk assessment, which invariably because of its format identifies up to 70% of reported cases as 'Very High Risk'. This high volume of caseload being referred to MARAC places pressure on the MARAC and limits the time provided to discuss each case, especially when at each MARAC the previous cases are reviewed/updates provided. Additionally there is a perception that not all cases referred to MARAC are truly 'Very High Risk' because the categorisation is reliant on answers to seventeen questions (twenty in the model adopted by adva) many of which are historic provided by the survivor.

In order to address this issue, consideration is being given by the Police to adopting a new risk assessment model called SPECCS, which allows for more detailed subjective risk assessing based on current circumstances as opposed to a scoring matrix.

It has been trialled in Exeter when 'Very High Risk' cases were reduced from 70% to 20% and therefore if this model were to be introduced the number of 'Very High Risk' cases would be reduced significantly, allowing for more detailed discussion and risk management case planning. It would however require the appointment of dedicated risk assessors and additional IT systems.

It is acknowledged that there potentially exist many survivors who are at very high risk of repeated domestic abuse, whose cases are not referred to MARAC because they do not report the incident/s to the Police. Many of these survivors however are engaging with professionals from other agencies, particularly health, (health visitors & midwives) and Women's Aid.

Through adva many partner agency professionals have received risk assessment training, and agreement has been reached allowing referral to MARAC from partner agencies, providing that the referring professional has received the appropriate training, and signed up to the new Multi-Agency Practitioner Guide and Devon and Cornwall Constabulary's DV Information Sharing Protocol, which is the definitive and over-arching protocol for this guide.

This will undoubtedly lead to an increase in the number of referrals discussed at MARAC, placing more pressure on the process, however the priority must be the safety of survivors, and if the SPECSS risk assessment process is introduced at some stage in the future, the number of referrals will again be reduced. Although we cannot be certain how many non-police referrals will be made to MARAC, the perception amongst the professionals is that the number will be significant and difficult to manage. Any increase will again lead to a further reduction in time provided to each case discussion.

In order to assist this implementation it is recommended that all non-crime referrals to MARAC will be recorded on the Police IT system as a non-crime DV Incident. Additionally, for a trial period the number of positive responses on the risk assessment identifying it as a 'Very High' Risk incident will be increased from 7 to 10, but the four weighted questions '*If yes, does this cause significant concern?*' will remain.

Discharging cases earlier, once all actions to protect the victim have been agreed and finalised, irrespective of the status and progress within the criminal justice system could also reduce further pressure on the MARAC.

Additionally, at present all MARAC referrals are managed by an Administrator employed by the Police who is based within the Public Protection Unit. With the exception of a dedicated MARAC Administrator for South & West Devon, they have other functions and responsibilities.

The growth of the MARAC and the number of referrals require a dedicated MARAC co-ordinator who can be responsible for the management of referrals from all participating partner agencies. MARAC data collection and evaluation is also important and the co-ordinator would be responsible for this.

The CAADA MARAC Record Keeping model is regarded as user friendly and appropriate, and its use across all MARACs is recommended.

It was also reported that engagement with GP's was patchy, and that although training was being introduced for GP's in respect of domestic abuse, it was reliant on their availability.

During the review, discussion took place with regard the current 121a system, (recording of all Police reported incidents involving children including DV) and referral to MARAC. It is accepted that the current system is not joined up and robust, but that improvements would be made when responsibility for their management and dissemination to partner agencies fell within the remit of the Police Central Referral Unit who could act as a single point of contact (SPOC). Additionally, it was agreed that the issue of 121a management should be referred to the Local Safeguarding Children's Board (LSCB) to ensure corporacy.

RECOMMENDATIONS FOR DEVELOPMENT

- MARAC lists to be faxed to agencies 8 days prior to the conference and one-week earlier if possible during school holidays. List to include details of the GP if known, together with the relationship between the perpetrator and children. Information needs to be as accurate as possible i.e. exact name(s), address(s), and date(s) of birth.
- The MARAC list to highlight the referring agency.
- Multi-Agency action plans from MARAC to be detailed, with named professionals responsible & accountable for identified actions and to include where possible appropriate risk assessment for lone professionals engaging with the survivor.
- Action point at MARAC to include who is responsible for updating a particular survivor, by telephone wherever possible. Every client should receive feed back about the outcome of the meeting.
- Cases to be discharged on completion of action plan irrespective of the status within the CJS (Criminal Justice System).
- Improve and support the information sharing process between school nurses and the school following MARAC referral.
- Improve support services for children & young people affected by domestic abuse: e.g. more children and specialist workers from agencies for mainstream support.
- Other identified partner agencies to be invited to attend MARAC on a case by case basis. These to include drug & alcohol, learning disabled & vulnerable adults services. CAFCASS to be invited as a core member.
- Partner Agency adva training (Level 1 & Risk Assessment) for referring agency professionals, and signing of and adherence to, the new Multi-Agency Practitioner Guide and Devon and Cornwall Constabulary's DV Information Sharing Protocol, which is the definitive and over-arching protocol for this guide.
- Training within the Police organisation to prioritise Patrol Officers / Neighbourhood Beat Managers for adva Level 1.
- Opportunities should be maximised to promote MARAC to GPs and encourage training.
- Consideration to be given where possible to integrate DV/Child Protection/Vulnerable Adult Partner Agency training to maximise attendance and reduce abstractions from core business.
- Process for non-Police, Partner Agency 'Very High Risk' referrals to MARAC to be introduced with immediate effect as outlined in the new Multi-Agency Practitioner Guide.
- Adoption of the CAADA 'MARAC Referral Form' and CAADA 'Information Sharing without Consent' form into the multi-agency referral process, to be included in the Multi-Agency Practitioner Guide.

- For a trial period referral to MARAC by Police and non-Police partner agencies will include increasing the referral threshold to MARAC by increasing the positive responses on the risk assessment from 7 to 10 or more, notwithstanding that the four weighted questions “*if yes does this cause significant harm?*” will remain.
- All non- crime MARAC referrals to be recorded on Police system as a non- crime DV Incident.
- New process (outlined in 4 bullet points above) to be kept under close monitoring & review in order to identify any case volume difficulties and consideration of more frequent MARACs (ie fortnightly).
- Additionally, IDVA team to review new trial MARAC referral process on completion of six months.
- To utilise the Police Central Referral Unit as a single point of contact, (SPOC) once their DV remit is established.
- The issue of 121A management to be referred to the LSCB to progress.
- Dedicated MARAC co-ordinators to be appointed when funding streams identified (suggested 1 full-time post to cover the 3 MARACs in Exeter, North, East and Mid Devon).
- IDVAs to be co-located with DVU’s on a part-time basis as a minimum.
- Once funding streams identified for further posts, 2 full-time IDVAs required for each MARAC in order to manage caseloads and provide consistent support to each victim referred to MARAC.
- Re-risk assessments to be carried out every 3 months while the case remains open with an IDVA. Formal ‘closure’ session, (including completion of a ‘feedback sheet’) to be undertaken by IDVAs with the survivor each time a MARAC case is closed.
- Await the evaluation of the SPECSS risk assessment pilot before considering adoption for MARAC.
- The CAADA MARAC Record Keeping Model to be adopted for MARAC data capture and evaluation, and to be introduced for all MARACs.
- Ownership of MARAC, including ongoing review, monitoring and evaluation.

CONCLUSION

The MARAC review has attempted to be thorough in its evaluation, by including both quantitative and qualitative data analysis, full multi-agency representation on the review group, and both survivor interviews and MARAC Partnership questionnaire completion. It should be noted that the MARAC Multi-Agency Partnership questionnaire and the MARAC Survivor Interview reports are stand alone documents and should be read in addition to this Executive Summary.

As highlighted previously, the review has identified good practice within Devon MARAC as well as areas for development and improvement. The MARAC has been embraced by all partner agencies, and further developments with other agencies becoming involved, will strengthen the process to further protect those most vulnerable of domestic abuse.

The feedback from the survivor interviews is generally favourable, accepting that at the time of engagement following a domestic incident they are usually suffering trauma, and their subsequent recollection of support offered can be hazy. Additionally, the IDVAs who carried out these interviews reported a number of concerns, such as: a) practically contacting the survivors again, hence the small sample interviewed, b) feeling uncomfortable asking survivors to comment on support which either they or their colleagues had offered, and c) the emotional effects the interviews had on some survivors.

There are many challenges that lie ahead in order to improve the MARAC process, make it more streamlined and ensure that appropriate focus and support is provided to victims subject of critical cases.

It is difficult to exactly evidence the impact that MARAC has had on protecting survivors and children however, encouragingly, anecdotal evidence shows that since MARAC was introduced within the catchment area subject of this review there has not been one domestic related murder.

Agencies represented in the MARAC review group:

adva (Against Domestic Violence & Abuse in Devon Partnership)

CYPS (Children and Young People's Services)

Devon & Cornwall Constabulary

Devon & Cornwall Probation

Devon PCT (Primary Care Trust)

Education Welfare Service

Exeter City Council Housing

North Devon DPT (Devon Partnership Trust)

R D & E Maternity Unit (Royal Devon and Exeter)

Victim Support

Women's Aid / IDVA (Independent Domestic Violence Advisor)

Additional thanks for contributions towards this review to: Katy Shergold and Rebecca Manderville-Norden (Devon and Cornwall Probation Area); Corinne Tuck, Partnership Research Officer (Crime and Disorder), Devon County Council; Jodie Das, adva Trainer; Alice Woods, Exeter IDVA; Richard Scott, Force Analyst; Amber Steer-Frost, Devon County Council

MARAC Review Report Authors: **DI Bill Pascoe** and **Susannah Hunter**, adva.