

MARAC Review

OUTCOMES OF MARAC REVIEW GROUP MEETINGS

14/12/06 and 02/02/07

The main aim of the MARAC review was to scrutinise the process, establish if it is operating best practice, and where necessary introduce changes, and evaluate the difference it makes to survivors.

The majority of agencies who were present at the MARAC Review Group meetings also completed the 'MARAC – Key Players Questionnaire'. (See CAADA model questionnaire attached as Appendix C).

MARAC LIST

List format / distribution

It was agreed that the format was fine, but a bigger type would be helpful, due to the loss of definition during faxing. The forms are faxed at present due to the Force e-mail system not allowing certain information to be sent to insecure e-mail addresses. Once all agencies have secure addresses, then the e-mail system could be used.

It was generally agreed that having details sent 7 days prior to the meeting date caused a lot of problems with gathering relevant information. It was concluded that the earliest day for faxing the details would be 8 days before. In order for this to be done, the DVOs would complete the lists 10 days before the meeting (owing to weekend in between) so lists could be updated and faxed out to the various agencies 8 days before.

RECOMMENDATION:

MARAC lists to be faxed to agencies 8 days prior to the conference.

List content

The importance of correct information on the sheet is vital, for example the correct spelling of names / addresses and dates of birth. Health stressed the importance of having the GP's name included. There was also a request for relationships to be included, especially relationships between the perpetrator and children. It was explained that the information provided was that which had been gathered by the OIC and that sometimes it was not always possible to get all relevant details for various reasons, one being the non co-operation of the DV survivor.

RECOMMENDATION:

List details to include the GP, and relationship between perpetrator and children where known.

LETTERS

Victim letters (Appendix A)

All agreed that all victims to be discussed at MARAC should get a letter explaining the reasons for the meeting and who would be attending. Knowing that the victim is aware that a meeting had been held was extremely important when speaking to them. If a victim is against being discussed, the case is reviewed and if it is deemed appropriate based on the threshold level of risk for them to be discussed for their own or their children's safety, then this will be done.

Perpetrator letters (Appendix B)

There were mixed feelings with regard to letters being sent to the perpetrator. One of the reasons for not sending a letter was the concern that it may cause the victim to be at greater risk of DV. Both the victim letter and the perpetrator letter were circulated (attached as Appendix A and Appendix B) as several attendees had not seen them. A debate followed. CAADA do not send perpetrator letters, only letters to victims. It was decided to discuss at MARAC meetings whether or not to send perpetrator letters out on an individual basis. The benefit of sending out a letter, especially where the victim is no longer living with the perpetrator, is that he/she would take it as a warning. There was a request that a 'REPAIR' leaflet should also be included in perpetrator letters when sent.

RECOMMENDATIONS:

A letter to be sent to the survivor subject of the MARAC, informing them of their inclusion, as per the current practice.

A letter to be sent to the perpetrator with regards the MARAC only if it is agreed at the MARAC on a case by case basis, as a sensible course of action.

Probation queried if there would be any legal implications if a perpetrator was discussed at a meeting and was not made aware of it. CAADA's response is not a legal response to the question but maintain that at MARAC it is a case of Article 2 (Right to life) versus Article 8 (Right to respect for privacy & family life) Human Rights Act. CYPS asked if there had been any Human Rights challenge as neither the survivor nor the perpetrator is invited to the meetings – as is the case with Child Protection meetings. To date we had not - the only calls that had been received were those from survivors not wishing their case to be discussed. It would be impossible to invite these persons, due to the numbers of cases being discussed – whereas at a Child Protection Meeting only one case at a time is discussed. The aims of the MARAC are to secure the safety of the survivor and any children, whereas in a child protection case conference issues around potential removal of a child from a home are discussed which makes the attendance of parents more important. If during a case discussion at a MARAC the threshold for such interventions are deemed met then the case is referred to CYPS for child protection procedures to be progressed. Equally, with regards a perpetrator appropriate action is usually taking place alongside the MARAC via the criminal justice system, which negates any necessity for a perpetrator to attend a MARAC, which is regarded as inappropriate. This situation had not been discussed when setting up the scheme.

RECOMMENDATION:

Neither survivors or perpetrators subject of a MARAC to be invited to attend in person.

MARAC MEETINGS

It was confirmed that any identified actions required on cases at the meetings are checked under 'matters arising' at subsequent meetings until the action has been finalised.

The purpose of the MARAC meeting should be to 'Trigger' assessment/re-assessment of cases for each participating agency.

Where concerns have been raised it was incumbent on individual agencies to evaluate the current situation and where necessary decide on a plan of action, as they are best placed to know how their respective agency works. It was not always up to MARAC meetings to make this decision.

If a multi agency action plan is required, then clear communication is needed in order between agencies to ensure appropriate intervention.

Feedback on cases is provided to the survivor after each MARAC, detailing any safety plans etc. This is regarded as best practice. There should be an action point at the MARAC to decide who should update the survivor, usually this would be the IDVA if the survivor has engaged, and otherwise it will be the DVO. This should be done by telephone where possible and not by letter.

RECOMMENDATIONS:

Action point at MARAC to decide who is responsible for updating a particular survivor. To be done by telephone when ever possible, and not by letter.

MARAC PROCESS

At the moment the MARAC process is based on the CAADA model, taking all very high-risk crime victims to the conference. During February 2007 Devon & Cornwall are carrying out a trial using SPECSS – Separation Pregnancy Escalation Culture Stalking Sexual – risk assessment. This involves a more detailed risk assessment in two stages – the first is carried out by the OIC attending the incident followed by a second more detailed risk assessment by the DVO. At present it is only the OIC who completes the risk assessment. Where this has been trialed in other parts of the Country, the very high-risk crimes have decreased, providing a more realistic level of very high-risk crimes.

If Police adopt this model it is felt the number of very high risk crime should reduce. This process will only be used by Police, although in future agencies that have been trained in SPECSS may also be able to carry out this secondary assessment.

Any referrals made to the DV unit by agencies will have the SPECSS assessment made. This will involve the Police contacting the victim in order to collect the additional information required.

Any agency taking a referral must inform the victim prior to taking the information that this may be shared with the Police and or CYPS.

If a crime is suspected following a referral to the Police then the agency receiving the information is duty bound to record it even if the victim does not wish to take action, because of national ethical recording standards.

Agencies taking a referral must make a copy of it before passing it onto the Police.

If, when taking a referral, a child is highlighted as being at risk, a separate referral must be made to the relevant dept. i.e. CYPS.

All of the above, plus any Health & Safety issues, will be covered in the training. No one will be able to take a referral unless they have carried out this training.

It was requested that when agencies start making referrals, the reporting agency could be identified on the MARAC list. This was agreed.

Midwifery voiced concerns about the number of pregnant women who are DV victims but who do not appear on the MARAC list. It was explained that these are probably women who had not reported any incidents, but that if there were any cases that midwives had considerable concerns over, then they were able to bring these to the meetings as an additional referral to be discussed at the end of the conference. It was requested that a copy of the Police Risk Assessment be sent to all agencies to make them aware of the system used. Agencies were

advised that it is essential to attend ADVA's Level 1 and Risk Assessment training courses (2 x days training) before attempting risk assessments of clients / patients themselves.

DVOs will contact midwives re any pregnant woman involved in reported DV incidents. All pregnant DV victims (crime) are taken to MARAC, irrespective of the risk level.

Ethnicity cases – DVO reported that unless ethnicity is an issue with the reported incident and relevant cause of a DV incident, they were not taken to MARAC.

RECOMMENDATIONS:

Multi-agency ADVA training (Level 1 and Risk Assessment) for referring agency staff, plus agency sign-up to new MARAC Multi-Agency Information Sharing Protocol and Guidance.

The MARAC list to highlight the referring agency.

AGENCY INVOLVEMENT

DPT had a very good attendance rate in North Devon, which worked well. There had been an improvement from DPT at the January Exeter Mid & East Devon's MARAC meetings. A representative attended for a Mid Devon Case. ND DPT representative stated he found the MARAC meetings very useful as most cases were open to him.

Other voluntary agencies that may find it useful to attend meetings were discussed. These included Learning Disability; CAF/CASS; ADACTION; EDP & DAT. Probation stated there should be awareness with regard to the potential of Data Protection being breached if more voluntary agencies attend. It was agreed that these agencies could be invited to meetings on a case by case basis – it would be the responsibility of agencies to feed this information to the relevant representative.

There was a query re POVA (Vulnerable Adults) attending MARAC meetings. CYPS asked if it were possible to identify any V/A's in advance – it may then be possible for a representative to attend for those cases only.

It was decided a quantitative assessment would highlight the area of needs – i.e. drugs / alcohol / VA etc. – the agencies involved would then be asked to attend.

Frequency of meetings – It was generally agreed that the monthly meetings were sufficient as it would cause the agencies involved and the Police great problems resourcing more frequent meetings.

Education Welfare stated there were a lot of problems obtaining information for meetings during school holidays. Agreed for Education Welfare to send a list of school holiday dates to MARAC chair to see if it is possible to arrange sending lists outside of these times.

There is a need for a designated person/number for the midwives in order to make contact easier.

Information from GPs is passed to the meetings by the H/V - provided the information has been given in time. There has been a mixed response from GPs, some are fully on board, others not. There is training for GPs going into practices informing them of the importance of MARAC meetings, but GPs attendance at this training is down to their availability.

Probation pointed out that any perpetrator being monitored by Probation need not necessarily mean that Probation are dealing with any DV crimes – they may just focus on their offence criteria.

RECOMMENDATIONS:

Frequency of meetings to be maintained on a monthly basis.

Other identified voluntary agencies to be invited to attend the MARAC as deemed appropriate on a case by case basis.

CAFCASS to be invited as a core member.

The MARAC co-ordinator to provide the MARAC lists one week earlier if possible during school holidays.

If a MARAC case is identified as involving a vulnerable adult, details of the case to be faxed to Sally Crombie (VA Co-ordinator) for research and MARAC attendance.

Utilise every opportunity to promote the MARAC to GPs and encourage training.

ADVA COMPREHENSIVE GUIDE AND INFORMATION SHARING PROTOCOL

Jodi DAS, (ADVA Trainer) explained the MARAC Comprehensive Guide that she is producing for statutory and voluntary sector organisations and practitioners in Devon. The purpose is to ensure that all agencies follow the same risk assessment and have the necessary training / knowledge to make referrals to the MARAC meetings. She stated the responsibility of identifying people at risk of DV should not be solely down to Police. The training required is for 1 day only, following a 1 day Level 1 DV Awareness course.

Jodi stated that it was down to each individual agency to set up their own system for assessing/reporting victims and that it was not the responsibility of members of MARAC to do set down the criteria as each agency works differently. The most important issue is that the same risk assessment is used by all.

The risk for victims/perpetrators who are not being monitored is very high and if any agency identifies a very high risk victim a referral should be made to SSD or Police to enable all agencies to become involved, including any child agency if required.

When Police refer cases to MARAC the victims are automatically informed – this protocol needs to be looked at by other agencies that refer cases. Agencies should also be informed of cases where the perpetrator MUST NOT know of Police / Agency involvement.

The MARAC Steering Group and MARAC Review Group to comment on the draft guide prior to publication and to agree the multi-agency referral process to MARAC for non-crime very high risk cases

RECOMMENDATION:

Document agreed and referral process for multi-agency non-crime very high risk cases to MARAC agreed with immediate effect.

RISK ASSESSMENT

When a risk assessment has been carried out by other agencies, the victim should be informed of the process and asked if this information could be passed to the relevant agency. If the victim chooses not to have the information passed on they will need to be told that it may be necessary in order to protect them. Confidentiality can be breached where life is at risk, although it is always good practice to get an agreement for information to be passed on.

RECOMMENDATION:

To be embedded in the ADVA guidance and information sharing protocol and ADVA risk assessment training.

CENTRAL REFERRAL UNIT

Discussion with regard to a Central Referral Unit being created which would enable all agencies to have a single point of contact in which to make referrals. Resourcing needed to be looked at with the possibility of it being funded by each agency. The Police are setting up a CRU in respect of Child Protection and Mispers and that there may be scope for DV at a later date.

RECOMMENDATION:

To utilise the CRU as a SPOC for agencies once their DV remit is established.

DIP SAMPLING OF MARAC SURVIVORS

As part of the MARAC review it was decided to contact a number of survivors (2 from each MARAC area / IDVA) to obtain their views / perceptions / experiences of MARAC and whether or not it had improved their safety. (See CAADA model interview attached as *Appendix D*).

RECOMMENDATION:

Women's Aid / IDVAs to undertake the dip sampling of survivors subject of MARAC for qualitative evaluation.

TRAINING

PCT asked if there was any overlap training for DV/CPT/VA as agencies were struggling to keep up with all the training needed and there appeared to be a lot similarities between each group.

RECOMMENDATION:

Consideration to be given wherever possible to integrate DV / Child Protection / Vulnerable Adult Partner Agency training, to maximise attendance and reduce abstractions from core business.

GUIDELINES REGARDING POLICE & DV INCIDENT

PCT circulated 2 documents relating to children at risk within Domestic Violence and the management of 121a's in South & West Devon. They asked whether a corporate approach could be introduced in respect of 121a management and thresholds for referral within the new Devon. The Force is in the process of setting up a Central Referral Unit, which, although dealing with Child Protection and Mispers at first, will also cover Domestic Violence and Vulnerable Adults in the near future. This unit will research and link all the areas.

RECOMMENDATION:

The issue of 121A management to be progressed via the LSCB.

Domestic Violence Unit
Hawkins House
Pynes Hill
Rydon Lane
Exeter EX2 5SS

Multi Agency Risk Assessment Conference (MARAC)

Dear

Following the recent domestic related incident which you reported to the Police, the circumstances have been assessed and as a result you have been identified as being at 'Very High Risk' of becoming a repeat victim of domestic abuse.

Domestic abuse is a crime that can include not only physical abuse, but also emotional, psychological and financial abuse.

As a result your name and circumstances of the reported incident has been put forward to be discussed at a forthcoming MARAC, which will be convened on

At the meeting will be professionals from all statutory agencies, including Social Services, Health and Housing, who will review your case with the main aim of supporting you and protecting you from further abuse.

Additionally, the meeting will discuss the safety of any children or vulnerable persons living within the household. Other selected agencies from the voluntary sector will also attend, including Victim Support and Women's Aid, who may be able to assist you with regards your safety and well being.

You are not required to attend the meeting, but will be subsequently updated following the meeting.

If you do not wish information regarding your case to be shared with any particular agency, or if there are issues or concerns that you wish to be discussed on your behalf, then please contact the domestic abuse co-ordinator on 01392 262223 or 01392 262221.

I am enclosing a list of local organisations that may be able to provide you with help and advice, together with their contact telephone numbers.

Additionally, if you are considering legal action, your solicitor may find a copy of this letter helpful in your case.

Yours sincerely

Detective Inspector W J PASCOE (*MARAC Chair*)

Useful Contact Numbers

Victim Support 0845 6761020 **Women's Aid** 0800 3283 070 **SSD** 01392 384444
Domestic Violence Officers 01392 262223 **Devon m.a.l.e.** 0845 0646800

Public Protection Unit
Hawkins House
Pynes Hill
Exeter
EX2 5SS

Dear

After the police visit on the (), I am writing to let you know about our scheme to help prevent further domestic violence.

Domestic violence is a crime that can include assault, sexual assault, harassment, injury, and damage to property. It is a crime that the police treat seriously.

The police have devised a set of responses designed to help prevent further occurrences. These responses are aimed at protecting the victim and taking action against the offender. These responses can include Police Watches when police regularly patrol your home area.

Be warned that it is also our policy to arrest the offender whenever possible. This can result in charges and a court appearance.

Yours sincerely

Detective Inspector W J PASCOE (*MARAC Chair*)

MARAC

Interview Schedule for Key Players – Draft

15th November 2006

Name:

Date:

Agency:

Time at agency:

Time working on domestic violence issues:

Please describe your involvement in the MARACs.

Have the MARACs changed how you do your job? If so, how?

Can you give an example of how actions taken by you on behalf of your agency have contributed to a victim's safety?

Can you give an example of how a MARAC was not able to increase a victim's safety?

Are you aware of any actions resulting from a MARAC that increased the danger faced by a victim?

How much time do you typically devote to MARAC-activity each month?

What do you feel are the aims and objectives of the MARACs?

Are there limits to what the MARACs can accomplish? If so, what are these?

Do you think the MARACs reflect multi-agency partnership? How so? Why not?

Are there any ways that MARACs in Devon could be improved?

What would be the key lessons that members of another community would need to know to successfully implement a MARAC-type process?

What resources, if any, are needed to maintain MARACs?

Do you have any other thoughts or comments about the MARACs?

*Follow-up interview with July 2006 MARAC DV victims
To be conducted by IDVAs from Exeter, East & Mid and North Devon.*

Name of Victim:

Date of interview:

Introduction / Aims

Firstly, thank you very much for agreeing to talk with us. We are looking into the multi-agency approaches that are implemented in Devon e.g. Advocacy / IDVA / Safety Unit work with health, police work with probation taking action to better help women who have experienced or are currently experiencing DV. The questions that you have kindly agreed to answer will help to obtain the views of women who have experienced domestic violence.

NB you can look into how processes work till the cows come home but we wanted to talk to the people who really matter in these situation to see how you are feeling, get your opinions on different things and basically offer you the opportunity to talk about anything/raise any issues that you feel you haven't had the chance to do before.

It may well be that all questions do not relate to you – if this is the case just let me know. We would like your answers to be as full and open as possible, but if there is a question that you do not feel comfortable answering or something that you are not happy to talk about then that's fine and we'll just move straight on.

If, at any time during our conversation you want to take a break or to stop, just tell me.

We can reassure you that everything that you tell us is completely confidential and nobody else will know the answers you have given to any of these questions.

Your experiences and views will help us to work towards improving services provided for women who have experienced domestic violence in this area, ensuring that they better meet women's needs.

SECTION 1

General Perceptions of 'holistic' approach in Devon

Are you aware of the multi-agency approach that happens in Devon?
e.g. Advocacy / IDVA / Safety Unit work with health, probation with the police etc.

Do you know what they do?

What do you think of this approach? Do you think it could be helpful?
Has it been helpful to you?

Have you had any experience of agencies working together?
e.g. joint visits increased contact from any specific agency?

If yes, in what ways have they impacted on your life?
What do you think of the ways in which different agencies work together?
Are you aware of any action that has been taken by an agency on your behalf?

SECTION 2

Relationships

Are you still in a relationship with (name)? If so, how is the relationship?
If no DV, are you experiencing any emotional, sexual, financial abuse?
If still DV, is the violence towards different in any way (better / worse). Is it escalating?
If not, are you in a new relationship? How is that going?
Are you with the same type of man? How so? How different?
Are you happy being single?

SECTION 3

Issues Around Additional Violence

Have you experienced any additional violence or threats since July?
If so, was it reported?
What happened?
Has the violence / threats had an impact upon your relationship (positive / negative)?
What has been the impact upon your children?
What do you think about the levels of support you received after you reported the incident?
Police etc.

SECTION 4

Emotional Abuse

Are you experiencing any emotional abuse from him? If so, please describe.
Has the level of emotional abuse lessened or increased over the last year?

SECTION 5

Victim Quality of Life / Victim Intuition

How is your quality-of-life / emotional well-being generally? Has your health been affected?
Do you feel safe / secure?
Are you frightened?
Do you feel you are being well supported? Who are you in contact with?
Do you feel that you may be at risk of further violence? If yes, how so?

SECTION 6

Children

How are your children?

Would you say that the welfare of your children has improved? Can you think of any specific ways (yes, no)?

Relationship separation – has it been difficult on the children? If yes, how so?

How is child contact arranged? Is it a point of conflict between you and your ex-partner?

SECTION 7

Significant Events

Any especially significant events over the past 12 months, either positive or negative?

SECTION 8

Victim View of Circumstances

Why do you feel you are in this (positive / negative) situation?

Issues around: multi-agency support, getting rid of perp, divorce, counselling, etc.

Levels of Support:

Which agencies have you had contact with?

Which agency do you feel has offered you the most support?

Can you think of any support / information that you needed but did not receive?
e.g. welfare / benefit / housing advice

Do you feel adequately supported / protected?

What do you think about the levels of support you received after your case was heard at court?

Can you think of any support / information that you needed but did not receive?
e.g. welfare / benefit / housing advice

Do you feel adequately supported / protected?

NB Issues of intimidation

SECTION 9

Open Feedback

Can you think of any changes you would like to see to improve the experience of women who have suffered domestic violence?