

MARAC

KEY PLAYERS QUESTIONNAIRE

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INTRODUCTION

A questionnaire was circulated to all the agencies who took part in the MARAC Review Group meetings. In order to obtain a cross section of views and identify best practice, it was decided to include partner agency representatives from the three MARAC's operating in North & East Devon, in both the Review Group and the completion of the multi-agency questionnaire.

The questionnaire consisted solely of open-ended questions, to ensure that in-depth and comprehensive qualitative information could be obtained. It was decided that closed-ended questions (which would yield quantitative data) would not be appropriate in this instance as the likely sample size was expected to be relatively small, and as such, the results obtained would not be representative or generalisable.

This questionnaire was originally developed by Dr Amanda L Robinson of Cardiff University for CAADA, but has been slightly modified to meet the needs of the current project.

There were 12 completed questionnaires returned. These were completed by the following agencies:

Children & Young People Service (CYPS)
Devon and Cornwall Constabulary (DCC)
Devon and Cornwall Constabulary Domestic Violence Unit
Devon and Cornwall Probation Area (DCPA)
Devon Partnership Trust – Crisis Response Team
Devon Primary Care Trust
Education Welfare Service (EWS)
Exeter City Council
Maternity Service
North Devon Women's Aid
Primary Care Trust - Health Visiting Service
Victim Support

The data from the questionnaires was analysed using a procedure known as Grounded Theory, which involves an assessment of each comment from each completed questionnaire, looking at re-occurring themes etc.

Question 1:

Please describe your involvement in the MARACs

The various agencies described their involvement with the MARAC, which included attending meetings, representing particular agencies / organisations, cascading information and so on. As the types of involvement differed from agency to agency, it is not possible to categorise the comments into themes. See below for the individual comments from each respondent:

"We attend the MARAC meeting on behalf of the Primary Care Trust.

We collect information from practitioners in Primary Care when notified as the MARAC cases (HVs/GPs/school nurses). We cascade information to health practitioners following the MARAC meeting."

Primary Care Trust

"Attendance requiring input in our involvement with various cases."

Victim Support

"Representing Midwives & pregnant women affected by Domestic Violence"

Maternity

"Represent the Housing Department at meetings.

Collate information prior to meetings & feedback/chase actions after meetings."

Exeter City Council

"Represent Children & young people services (Social Services)."

CYPS

"Police Lead"

DCC Domestic Violence Unit

"I represent Education at the Exeter, East & Mid-Devon (MARAC)"

EWS

"I attend marac as an IDVA for Women's aid"

North Devon Women's Aid

"I chair the Exeter, East / Mid & N. Devon MARACs"

DCC

"Attendance at monthly MARAC meetings and managing a Probation team responsible for the delivery of IDAP across the North/East Devon area"

DCPA

"I attend the monthly meetings at Barnstaple Police Station and feed back about any mental health service involvement with victims and perpetrators"

Devon Partnership Trust

"I represent the Primary Care Trust. I bring health information to the meeting and feedback as appropriate"

Primary Care Trust

Question 2:

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

A majority of respondents stated that MARAC had changed how they did their job. Several themes emerged, and are cited below:

4/12 (33%) stated that the MARAC had changed how they did their job, with reference to information sharing:

"The sharing of information is useful for practitioners."

Primary Care Trust

"Greater awareness of Domestic Violence as a possible cause to behaviour. Non-attendance etc. Best practice – information sharing, Multi-Agency working."

EWS

"On occasions. On receipt of information received from agencies indicating domestic violence we would reassess the family health needs and possibly influence our visiting/contact with the family. This would happen regardless of the source of information"

Devon Primary Care Trust

"Not significantly as have always had responsibility for identifying and addressing DV issues. Primary change has been the physical attendance at MARAC meetings and the need to collect/disseminate information relating to MARAC cases"

DCPA

3/12 (25%) stated that the MARAC had changed how they did their job, with reference to managing risk:

"Yes, high risk & medium risk now assisted by IDVA, Women's Aid and DVOs"

Victim Support

"Tend to use the MARAC process to look at levels of risk and benefits from the Multi Agency plans"

CYPS

"With new Risk Assessments – means personal contact where possible – gives better 'push' in Multi-Agency. Working also for Police actions. Needs to affect CPS."

DCC DVU

3/12 (25%) stated that the MARAC had changed how they did their job, with reference to raising awareness of families and individuals:

"Improved Multi agency awareness of families affected by Domestic Violence"

Maternity

"The MARAC has enabled my staff (DVO's) to identify the very high risk survivors, and as a result introduce safety plans and joint agency interventions"

DCC

"I think I am now more mindful of how the Police can play a large part in our patient's lives."

DPT

There was 1/12 (8%) respondent who stated that MARAC had not changed how they work:

"No"

Exeter City Council

Miscellaneous

"Our job was created to support MARAC and is funded as such. All our referrals come from MARAC and we support women through the process"

NDWA

"They relay to us that the 'plan' isn't really clear, as they do not know what actions result, by whom in sufficient enough detail"

Primary Care Trust

Question 3:

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

A number of examples were cited to demonstrate how the safety of victims had been improved:

2/12 (17%) stated that that they were better able to inform School Staff of important issues relating to domestic violence:

"We have an example where a School Nurse was informed of a MARAC case regarding a teenage child. She had previously been unaware that there was domestic violence in the home. Because she was aware, when she next had contact with the child, she was able to ask more focussed and guided questions, which led to a disclosure about the child's experience which then initiated the safeguarding process for this child"

Primary Care Trust

"Family on MARAC list – contacted school, school desperate for help – was able to arrange JACAT support for all family and School"

EWS

8/12 (66%) stated that there were now better provisions in place to meet the needs of survivors:

"Contacting on the day a visit is due to be made to confirm meeting place, still safe to meet"

Victim Support

"Better priority – So better support, victim feels a better service & so very empowering. Better support means victims learn what is safe. The Multi-Agency approach means same advice from difference agencies."

DCC Domestic Violence Unit

"Safe rooms/Sanctuary scheme. Lock changes – doors. Fitting locks to windows"

Exeter City Council

"We support women with housing issues (I have arranged a refuge space this week and also target hardening for two MARAC clients) we do safety planning with our clients around DV, we maintain contact with them so they have someone to support them through the process of making themselves safer. We work in a multi-agency context (aided by MARAC) and this increases victim's safety by ensuring they have access to the services they need"

NDWA

"By joint agreement at MARAC conferences re further action e.g. child protection strategy meeting, identifying a survivor as a priority for housing or sanctuary scheme involvement"

DCC

"Through MARAC potential issues around Domestic Violence have been identified and 'flagged up' as additional risk."

DPT

"Providing information and support, supporting the lady to think about safety planning, referral to outreach. Discussions with other agencies (with woman's permission). Being very conscious

that any action on the part of the professional does not put the victim or her children at further risk”

Devon Primary Care Trust

“Delivery of IDAP, supervision, enforcement and monitoring of DV cases, MAPPA (where risk level is sufficiently high), victim liaison where appropriate, restricting activities of DV perpetrators. Contribution to MARAC, liaison with Police DVU, monthly multi-agency risk review meetings”

DCPA

1/12 (8%) was unable to provide an example:

“Not specifically”

Maternity

Miscellaneous:

“My focus would be Child Protection”

CYPS

Question 4:

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

Encouragingly, most respondents were unable to give an example to describe how the MARAC was unsuccessful in increasing a victims' safety. These were Victim Support, Maternity, Police DVU and DPT. However a number of suggestions were made for improving practices:

1/12 (8%) stated that there needs to be more clarity:

"Some of the practitioners are not really clear on some issues in how Multi-Agency working comes together to protect the child..."

Primary Care Trust

1/12 (8%) gave a number of suggestions regarding how the MARAC could be improved:

"A Multi-Agency plan that states exactly who and what will be carried out as a result of MARAC. Information needs to be accurate in relation to the exact names of the children, adults; accurate address's and dates of birth; and the relationships between the key players. This takes a lot of unnecessary time to un-pick. School nurses have issues regarding consistent enquiry into the education area, and how this is managed in school. They often have information cascaded via health, that the school don't seem to be aware of, or what they need to do. Clarity is needed regarding the thresholds of Domestic Violence in relation to safeguarding procedures. What are the processes for other agencies to highlight Domestic abuse cases? Cases are discussed in 90% are from the Police route."

Primary Care Trust

3/12 (25%) stated that there needs to be greater involvement / engagement with victims:

"Where victims not able to engage with protection plans"

CYPS

"The difficult cases are those where the survivor does not wish for support from any agency. Interventions can still be actioned where children are involved but in the absence of children, it is difficult to protect the survivor"

DCC

"Although it is important to share the information so agencies are aware sometimes the woman may not want to accept the advice or support"

Devon Primary Care Trust

2/12(17%) stated that it was not always possible to increase the safety of victims due to a lack of resources:

"Sometimes there are not enough resources available, this means that for example, even though housing attends MARAC, if there are no options for housing then they can't help. We don't currently have a sanctuary scheme and target hardening can be an issue. We also don't have time to contact every client from MARAC so some get the extra service and others don't."

NDWA

“Not in relation to the MARAC itself but recommendations may not have been actioned due to resources and/or lack of engagement by the offender and/or victim.”

DCPA

Miscellaneous:

“Intervention – through School awareness. JACAT assessment & Social Care assessment arranged”

EWS

(Exeter City Council did not respond to this question)

Question 5:

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

A vast majority of respondents stated that they were not aware of any actions that had increased the danger faced by a victim. These agencies were Victim Support, Maternity, Exeter City Council, CYPS, Police DVU, EWS, NDWA, DPT & DPCT.

The Primary Care Trust did not cite an example, yet were able to offer a number of recommendations for better practice:

“We have no examples of this, but we are often not clear about the increased risk to practitioners, and hence a clear action plan should include an appropriate risk assessment for our lone workers to engage in high risk situations with known violent adults.”

Primary Care Trust

2/12 (17%) expressed their concerns, but did not cite any examples:

“Not that I am aware of, we have known women to say that they think it will put them at risk but not that it actually has”.

NDWA

“Not specifically although clearly this is an issue to be considered by MARAC panels”

DCPA

Question 6:
How much time do you typically devote to MARAC-activity each month?

All of the respondents stated that they were able to devote a certain amount of time to the MARAC. The amount of time that is made available breaks down as follows:

1/12 (8%) stated that they spend all their time devoted to MARAC-activity.

“All of it (one full time post) but actually attending 3 hours plus 2 hours prep, all of our work is to support women who are involved in the marac.”

NDWA

7/12 (58%) stated that they spend 10 hrs or less each month devoted to MARAC activity:

“Exeter, East & Mid = 7-8 hours. North Devon = 6-8 hours.

Victim Support

“3-4 hours”

Maternity

“With meeting approx 4/5 hours”

Exeter City Council

“8 hours”

CYPS

“10 hours”

DCC

“Probably around 3-4 hours each month. Checking that clients are known to services collecting patient notes and attending MARAC.”

DPT

“4hrs – potential for more. Collation and dispersal of information undertaken by someone else.”

Devon Primary Care Trust

4/12 (33%) stated that they spend 2 days or more each month:

“Our referral co-ordinator post dedicates approximately two days per month on collation information for Primary Care”

Primary Care

“Just preparing list – updates, files for presentation & updates to victims 20 hours. This does not include the work with victims.”

DCC DVU

“3 days approx”

EWS

“Approximately 2 days (15 hours)”

DCPA

Question 7:
What do you feel are the aims and objectives of the MARACs?

There were several aims & objectives identified. These have been broken down into different themes, as follows:

5/12 (42%) stated that the aims & objectives of the MARAC include information sharing:

- “To co-ordinate information sharing”* Primary Care Trust
- “To share information to enable assistance to be given to people in need”* Exeter City Council
- “To share information”* CYPS
- “To facilitate the sharing of information relating to the above cases in a multi-agency forum to assist in making a more ‘rounded’ risk assessment and to inform a risk management plan”* DCPA
- “Information sharing between agencies”* DPT

4/12 (42%) stated that the aims and objectives of the MARAC include forming action plans, and implementing those plans:

- “To make clear a plan or action and involvement where possible”* Primary Care Trust
- “Review & maintain plan.”* CYPS
- “To put things in place to prevent incidents of Domestic Violence as minimise harm/injury to victims or children”* DCC DVU
- “To discuss, agree and implement a risk management plan in order to reduce the risk to the victim and any children, and identify the specific actions required by participating agencies. To review cases if required”* DCPA

3/12 (25%) stated that the aims and objectives of the MARAC include raising the awareness of domestic violence and risk:

- “Increase awareness.”* Maternity

“To identify the risk, to understand the risk to produce a Multi-Agency protection plan” **CYPS**

“To identify through assessment those DV offenders posing the greatest risk/ victims most at risk” **DCPA**

8/12 (67%) stated that the aims and objectives of the MARAC include the provision of help and support for victims, and their families:

“To make victims feel supported & safe enough to help prevent further incidents.” **DCC DVU**

“Safeguarding” **EWS**

“To identify vulnerable adults and children.” **Primary Care Trust**

“Safeguarding Children.” **Maternity**

“To increase the safety of very high risk victims of DV by having a multi agency, risk based approach to services.” **NDWA**

“Multi-agency involvement in the very high risk cases to identify appropriate support & interventions to protect both the survivor and their children from further abuse” **DCC**

“Increasing the levels of safety for patients and families because of highlighted awareness to risk” **DPT**

“Reduce the risk of domestic abuse for victims and their children through a multi-agency approach” **Devon Primary Care Trust**

2/12 (17%) stated that the aims and objectives of the MARAC are to ensure that the many agencies are successful in working together:

“Improved Multi-Agency working.” **Maternity**

“They are an excellent Multi-Agency group and I think they work well together, but there is room for closer working relationships, and better communication.” **Victim Support**

Question 8:
Are there limits to what the MARACs can accomplish? If so, what are these?

All respondents stated that there are a number of limits as to what the MARACs can accomplish. These are outlined in detail below:

1/12 (8%) stated that there is a lack of information and understanding between the agencies involved in the MARAC:

“MARAC can only highlight and identify across the Multi-Agency spectrum. What it can’t do, is define how each agency should respond, but without this information, it does not constitute a multi-agency plan. This lack of detail, limits what can be achieved. Families notified by MARAC are often unknown to health agencies, as escalation or early episodes of domestic violence have not been reported by the police to health staff before a case reaches the threshold to be discussed at MARAC and therefore staff feel they have little information to offer, and the plan does not integrate the workforce around the family. It is not clear as to how families know that they are to be discussed at MARAC, and it would be useful to have copies of letters sent to individuals so that the practitioners can be assured that this is known.”

Primary Care Trust

7/12 (67%) respondents stated that there are limits to what the MARAC can accomplish in instances where the survivors do not seek help / support:

“Limits set due to Victim / perpetrator choosing to continue relationship in same pattern”

Maternity

“You can only help people if they want help.”

Exeter City Council

“Yes there are limits but usually by the amount of engagement of the victim.”

DCC DVU

“If the family are not willing to engage. However an awareness of the situation can be shared with those that need to be informed.”

EWS

“Yes as identified earlier where the survivor is not aware of the ongoing abuse, does not wish to engage and therefore the dangers to themselves”

DCC

“Levels of engagement by the offender/victim will impact upon what can be achieved in the ‘real’ world”

DCPA

“Yes. Personal decision making of the victim. Agencies still working to differing agenda’s and thresholds”

Devon Primary Care Trust

3/12 (25%) stated that there are limits to what the MARAC can accomplish, due to resources not being readily available:

“They cannot always be there to protect children & families 24 hours a day”

Victim Support

“They can only offer what is available resource wise and they can only offer services if clients want to engage since in the end it is the client who must use the resources to keep her/himself safe.”

NDWA

“Yes – clearly resources, participating agencies priorities”

DCPA

2/12 (17%) cited that there are limits to what the MARAC can accomplish, due to its limited influence on other agencies / organisations:

“Some of the protection is limited because of court decisions & this not always helpful”

CYPS

“Also MARAC cannot control the CJ system totally. We can make a presentation / proposal but not always enforced.”

DCC DVU

Miscellaneous

“With more agencies attending MARAC could be even more useful”

DPT

Question 9:

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

6/12 (50%) agreed that the MARAC reflects multi-agency partnerships. The respondents from Victim Support, Maternity and Devon Primary Care Trust responded in the affirmative, but did not give an example.

6/12 (50%) agreed that the MARACs reflect multi-agency partnerships due to its increased information sharing and support:

"MARAC reflects multi-agency partnership in relation to information sharing" Primary Care

"They get all agencies around a table to co-ordinate the help we can give/offer." Exeter City Council

"Yes, very effective for information sharing & multi-agency planning" CYPS

"Information sharing. Identifying best placed support/intervention" EWS

"Yes it does because each agency is able to contribute to the process and provide information which builds a full picture, and as a result appropriate decisions/actions are agreed" DCC

"Yes, on the whole all of the relevant/required agencies are represented at the panel" DCPA

1/12 (8%) agreed that the MARACs reflect multi-agency partnerships, but also stated that there are a number of agencies that are not included:

"Yes but there are some noticeable missing agencies. Drugs and alcohol, repair, ambulance, further education, youth service are some that spring to mind. Also I believe that some agencies haven't signed the protocol so I don't think that they should be there. (Housing in north Devon told me that they haven't, I don't know if there are others)" NDWA

2/12 (17%) respondents gave examples of shortcomings in the process:

"Not multi-agency planning or action plans. A second stage should be considered where actual practitioners identify a specific and detailed plan." Primary Care Trust

"I think we are not quite all the same but we are getting there. Some information is one way i.e. Police – not every agency calls us with updates." DCC DVU

Question 10:

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

All respondents suggested that there are a number of improvements that could be made. The suggestions are very wide-ranging, and as such, it is not possible to categorise them. See below for a list of all such recommendations:

“A detailed plan, with named workers and updates.

A referral process into MARAC from any agency.

More explicit and transparent links with safeguarding children detailed in a multi-agency plan”

Primary Care Trust

“Yes some central referral would be good – no one agency to lead – all agencies to fully support it. Not all do. I think agencies believe it is all done by the police”

DCC DVU

“Accurate data about families, d.o.b addresses and relationships.

Information from MARAC meetings should be co-ordinated from the centre, and then agencies should just act as conduits for this information. This would ensure consistency.”

Primary Care Trust

“Consistent attendance by all agencies, raising awareness of DV with Magistrates”

CYPS

“More often but appreciate the time constraints”

EWS

“Waiting outcome of review”

Victim Support

“Every client should be fed back to about the outcome of the meeting, to discuss what measures are to be put in place. I think that other agencies should be putting more information in to the meetings, several turn up without full information and I think that some just feel that they turn up to listen without offering any actions.

The Cardiff model suggests that we should be meeting fortnightly, at the moment many women are not being discussed for weeks after their incident. This means that the only help they are getting is from Police and IDVA's, or it means that we are having to liase with other agencies outside the meeting which defeats the purpose really, Also, another difference between us and Cardiff is that we review and monitor case. This seems like a good idea but it means that we spend half our meeting going over old cases, Cardiff recommend that we give each case 10-12 minutes I reckon we do about 4! If we gave them the full time at the beginning and agencies offered their services properly, we shouldn't need to monitor them. They should automatically come back to MARAC if there is another incident though. (not sure if this happens at the moment?) Other agencies should be risk assessing and referring into the process as a matter of course, this would take the responsibility away from the police and women's aid.”

NDWA

“By identifying that critical cases where serious harm is most likely and concentrating on those”

DCC

“There is always scope for improvement, dedicated MARAC staff within individual agencies would be a positive step, also improved information exchange mechanisms (i.e. access to each others systems, ability to e-mail info. To all parties. Perhaps a central MARAC Co-ordinator role and a common assessment tool or framework.”

DCPA

“Alcohol and Substance misuse services need to attend as this is very often an issue”

DPT

“Information sharing polices and agreed pathways to responding to and supporting victims. Inclusion of CAFCASS representative as there are often custody disputes going alongside the violence. Courts need to have all the information when deciding on the future provision for a child”

Devon Primary Care Trust

Question 11:

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

The key lessons identified that another community would need to know to successfully implement a MARAC-type process are listed below. These suggestions fall into two main categories:

3/1 (25%) respondents stated that the sharing of information is vital, as well as cooperation, involvement and communication between the agencies involved. See below for a list of quotes:

“Importance, information sharing & trust”. EWS

“Ensure clear referral criteria are shared, to identify high risk women. Communication, information sharing, cohesion and full participation” Victim Support

“Needs to be multi-agency, agencies need to be able to share information & be part of the protection plan”. CYPS

8/12 respondents (66%) stated that effective partnership working is a key factor in setting up a MARAC-type process:

“The process that each agency uses should be shared and agreed, and viewed as a coherent whole, rather than MARAC being a hub and spoke model.” Primary Care Trust

“Involve all agencies from the start” Maternity

“To ensure all agencies ‘signed up’ to the process & make time for attendance at meetings”. Exeter City Council

“Yes but from different areas – each one has key good bits & then local bits. Exeter does not get DPT as a matter of course. It does provide info via e-mail”. DCC DVU

“Get everyone on board, make sure that everyone is engaged in risk assessment and referring to marac.” NDWA

“Consistent contribution from all agencies and agreed actions to be implemented in a timely fashion” DCC

“The importance of commitment to attend the meeting. Need to be regular and comprehensive” DPT

“It needs time and commitments from all agencies”

Devon Primary Care Trust

1 respondent (8%) offered a number of suggestions, all of which emphasised the importance of a thorough understanding of the purpose of the MARAC:

“An understanding of the purpose of MARACs

An understanding of the purpose of the desired outcomes of MARACs

An understanding of the purpose of the assessment of DV risks and the threshold at which MARAC should become involved.

An understanding of the purpose of the minimum (at least) resources required.

An understanding of the purpose of which key players need to be involved and in what capacity”

DCPA

Question 12:
What resources, if any, are needed to maintain MARACs?

6/12 (50%) respondents agreed that there are a number of specific resources required to maintain the MARAC. Exeter City Council, EWS and DPT however, did not provide an example.

1/12 (8%) mentioned that there need to be regular updates to maintain MARAC:

“Regular updates”

Maternity

3/12 (25%) respondents stated that there needs to be money and commitment to maintain MARACs:

“Funding, people’s time and input”.

Victim Support

“Commitment from all relevant agencies”

CYPS

“Existing resources appear sufficient to maintain the current role; however, clearly extra resources could achieve greater effectiveness (see above)”

DCPA

4/12 (33%) cited that there needs to be central information sharing, coordination and a referral system in place:

“A better central co-ordinating of information post MARAC. This should be in a standard format, plan, names of practitioners, dates for review. This should then be disseminated to each agency to cascade to the practitioners involved”.

Devon Primary Care Trust

“With the development of all agencies referring (which they need to) is a central referral system for each MARAC (or one for all Devon?) To do minutes & co-ordinate agencies”.

DCC DVU

“Time, personal to facilitate the co-ordination and notification of information. Agreed multi-agency commitment”

Devon Primary Care Trust

“Marac administrators”

DCC

1/12 (8%) stated that there needs to be more staff available to maintain MARACs:

“More IDVA’s (I would say that wouldn’t I), we should be making contact with everyone on the list but the recommendation is that we work with a maximum of 100 women per year so this would need at least two full time workers to cope with the workload. This is what is needed to keep women safe.”

NDWA

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

See below for the comments cited by the representatives from the various agencies:

"It provides very good information; but needs refining in the 'so what happens now' after MARAC has met"

Primary Care

"They are an excellent multi-agency group and I think they work well together, but there is a room for closer working relationships and better communication"

Victim Support

"The risk has been assessed by the Police & does not represent other agencies assessment of risk. Overall a useful process for multi agency planning & protection."

CYPS

"They do work. They can be better if all agencies fully commit. It empowers victims that engage & empower agencies to act as well."

DCC DVU

"This is one of the few multi-agency meetings that I attend that is truly pro-active and beneficial"

EWS

"The implementation of MARAC in this area has been a very positive development but in order to drive the initiative forward and develop I feel the comments made above need to be considered. Assuming, of course, that we wish to achieve more than we currently are."

DCPA

"A very useful and important few hours where we can all get together and show what we know"

DPT