Multi Agency Risk Reduction Assessment and Co-ordination (MARRAC)

in Lancashire

Evaluation of the Pilot

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2 EXECUTIVE SUMMARY

This report provides an overview of the updated process for Domestic Abuse Multi-Agency Risk Assessment Conferences (MARACs) in Lancashire.

In response to rising demand and workloads, as well as the introduction of the Lancashire Serious Violence Strategy (Lancashire VRN, 2020), Lancashire Constabulary established a MARAC review team to review the existing system. The team found that there were many wasted steps in the system, as well as a lack of multi-agency collaboration. They decided to plan and implement an updated MARAC system that became titled MARRAC (Multi-Agency Risk Reduction Assessment and Co-ordination). A bespoke holistic approach was implemented, which focusses on the three 'MEs' - Victim, Perpetrator, and Child. This approach involved the introduction of dedicated staff members as well as continual outcome measurement and process refinement.

The pilot addressed concerns highlighted in the existing MARAC model, and the pilot evaluation featured in this report highlighted areas for further and continual improvement. The evaluation found that the new system addresses issues of repetition and duplication of effort, facilitated better communication and information sharing between agencies, and a clearer end-to-end process. More work is needed in terms of identifying suitable technology to support communication and data gathering/ sharing between agencies, ensuring a clearer focus on the child, and understanding the capacity of new staff workloads.

3 INTRODUCTION

Multi-Agency Risk Assessment Conferences (MARACs) were initiated as a way to form a co-ordinated response to address high-risk cases of domestic abuse (Robbins et al., 2014). The first MARAC was in 2003 in Cardiff and brought together 16 agencies including police, probation, local authority, health, housing, refuge and the Women's Safety Unit (Walklate et al., 2021). The introduction of the 2004 Domestic Violence, Crime and Victims Act established the implementation of MARACs on a larger scale throughout England and Wales along with Specialist Domestic Violence Courts, and Independent Domestic Violence Advocates (IDVAs).

There are now 290 MARAC meetings and groups operating across the UK, spanning most geographic areas and each features multiple agencies and organisations (see www.safelives.org.uk). In the past five years, the number of cases requiring MARACs to be held has been growing, from 88,461 cases in 2017-2018 to 105,883 in 2019–2020 in England and Wales (Office of National Statistics (ONS), 2020).

SafeLives define a MARAC as:

> *[…] a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. (www.safelives.org.uk)*

SafeLives describes the values of the MARAC as:

> *At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf. (www.safelives.org.uk)*

The meetings are attended by representatives of local agencies such as police, social care (child and adult), health care, housing practitioners and other specialists from both the statutory and voluntary sectors. All information

about the victim, family and perpetrator is shared by the agencies to devise a tailored plan of action to effectively safeguard the adult victim. MARACs also coordinate the safeguarding of children and manage the behaviour of perpetrators through other agencies.

There are four key aims underpinning the MARAC process:

- Safeguard adult victims
- Address the perpetrator's behaviour
- Safeguard professionals
- Link with all other safeguarding processes

The key purpose of a MARAC is therefore information sharing, coordinated safety and action planning linking with other relevant agencies (McLaughlin et al., 2018). An evaluation of MARACs in Cardiff pointed to the positive effects that this kind of multi-agency working had for victim-survivors of domestic abuse, particularly high-risk victims (Robinson and Tregidga, 2007). However, questions remained about the efficacy of some of the core functions of MARACs, including inconsistencies in information sharing and the extent to which such conferences are able to empower and centralise victim-survivor experiences (Robinson and Tregidga, 2007).

Cleaver et al. (2019) describe further challenges in terms of funding and resources (including availability of staff), competing organisational priorities (including the issue of working in professional "silos") and the challenge of hierarchical relationships in which the police frequently feature as the lead agency. Issues have also been raised regarding how cases are selected to go to MARACS (i.e. which cases are included and excluded), limited understandings of the fluctuating nature of risk in domestic abuse cases (Barlow and Walklate, 2021) and high volumes of cases making work load and safety planning difficult for staff to manage. Robbins et al. (2014) describe the challenges for agencies in recognising the complex lives of service users. They suggest that MARACs often fail to recognize the ways in

which structural inequalities and marginalized identities exacerbate experiences of domestic abuse.

Some literature describes efforts to tackle specific concerns, such as provision of support for perpetrators (Ariss et al., 2017), improving access to non-police services (Koppensteiner et al., 2019), improving inter-agency communications systems (Vogt, 2021), and releasing time and resources including dedicated staff members to MARAC processes (Hamilton et al., 2021). All of these sources recommend continuous development and evaluation of evolving models.

3.1 MARAC APPROACHES IN LANCASHIRE

In Lancashire. a MARAC is commonly understood as:

> *'a meeting during which information is shared between representatives of local police, health, child protection, housing practitioners, independent domestic violence advisors, probation and other specialists from statutory and third sectors. The MARAC process aims to protect victims of domestic abuse and violence by bringing agencies and services together through regular meetings to discuss cases deemed as high risk. Victims and perpetrators do not attend the conference.' (SafeLives.org.uk)*

A 2018 'deep dive' review of domestic violence evidence and MARAC processes in Lancashire took place. This police review of multi-agency working to tackle domestic abuse coincided with a HMIC Child Protection Inspection report and national recommendations relating to domestic homicide.

Lancashire was one of eighteen police forces in England and Wales to receive Home Office funding to set up their Violence Reduction Unit (VRU) in 2019. Lancashire's VRU is required to bring together police, local councils, local health bodies, education representatives and youth offending services to work together to understand and address the factors impacting serious violence in order to have a primary focus on early intervention.

At this time, Lancashire Violence Reduction Network's 2020-2025 Strategy was implemented. One of the priority areas of this strategy is to support process, impact and economic evaluation work of violence prevention interventions. The strategy describes Lancashire's adoption of a public health approach to addressing serious violence, as defined below:

> *'Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation' (World Health Organization [WHO])*.

In response to these developments, a group of multi-agency practitioners with expertise in domestic abuse undertook a systems review into MARAC arrangements in Lancashire. Findings from the local review, combined with a Child Protection Inspection and national recommendations relating to domestic homicides identified:

- High caseloads;
- Challenges in referral systems;
- High numbers of repeat cases;
- Barriers to interagency working;
- Lack of capacity to spend time with victims.

These collective findings led to a re-design of the service and an opportunity to work more effectively and holistically with individuals and families, coordinating support with a clear aim to prevent further domestic abuse and violence.

This resulted in the planning and implementation of an updated MARAC system, titled MARRAC (Multi-Agency Risk Reduction Assessment and Co-ordination). The planning group was a collaborative, multi-agency group with expertise in domestic abuse and violence, centralising a whole-systems approach. They designed a bespoke holistic approach focussing on the

three ‘MEs’ - Victim, Perpetrator, Child. The new MARRAC process, which was first piloted in the South Division in June 2019, with the intention that this would be rolled out across Lancashire over subsequent years. The new model includes changes to systems and people. A new multi-agency partnership arrangement comprising of two teams: a core team and an extended periphery team. The new process does not feature a MARAC meeting but rather includes four steps:

- Gather and assess information,
- Analyse to understand risk and needs,
- identify the solutions,
- complete the case.

The remainder of this report will provide an overview of the MARRAC planning and implementation process, as well as some early evaluation findings of the pilot.

3.2 Research Note

The research team originally gathered information about the pilot for the purposes of background information and in order to contextualise the evaluation of the impact of the MARRAC process across Lancashire. In late November 2021 we were asked to write up a report of the pilot implementation of the MARRAC process. This report has been assembled from materials that include:

- MARRAC Working group and Partnership meetings from 2021 onwards,
- Notes from meetings with the MARRAC police implementation lead,
- Powerpoint presentations to key strategic MARRAC stakeholders,
- Case illustrations and data collected in a bespoke outcomes spreadsheet.

4 EXISTING MARAC SYSTEM REVIEW

In order to plan for a new system, it was important to find out what worked with the existing MARAC process and most importantly, what needed to change to more effectively support victim-survivors and children.

This review took into account the whole MARAC process, from when the call for support comes in to when the service user is deemed to no longer need the support of the MARAC process, and included perspectives of all agencies as well as everyone affected by domestic abuse (victims, perpetrators and children).

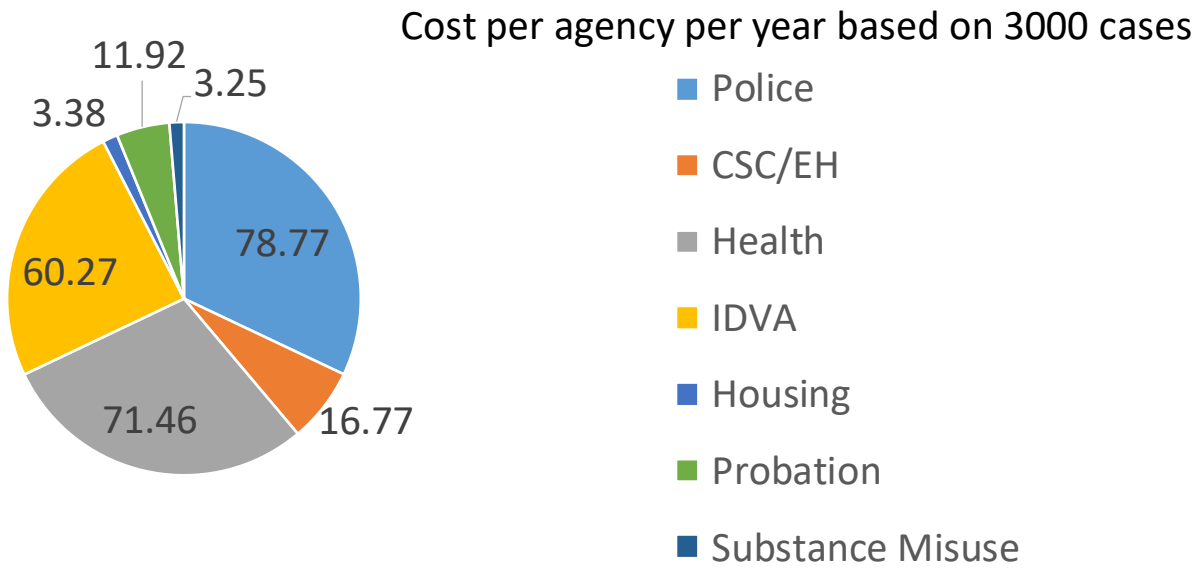
The review of the existing MARAC process generally identified the following issues:

- The existing MARAC process was overly procedural, with agency representatives recording **what** support or safeguarding they had provided to the victim-survivor and children, rather than considering **why**. This was recognised to be something that all agencies could improve.
- Individual professionals were thinking in terms of their own agencies (silo thinking) rather than considering the MARAC system, collectively. There was a lack of genuine multi-agency working.
- There was a lack of awareness from agencies about the purpose of MARACs and this was reinforced by the lack of data collected in terms of measures and outcomes. Any data that was collected focussed on activity and targets rather than outcomes and was not sufficiently communicated between agencies.
- Communication about decisions and changes to the system was delivered by individual agencies not collectively. Staff were not involved in decision making by senior management and changes were difficult to keep up with. Frontline practitioners felt that they were not sufficiently involved in decision making.

- IDVAs play an integral role in ensuring that victim-survivors experiences are captured in the MARAC process and to ensure they are appropriately supported. However, with this expectation comes significant demands on their time and IDVAS often felt they were unable to give the time they needed to do this effectively.
- Victims were often expected to share their story multiple time to various agencies, which often led to disengagement with the process.
- Children were not sufficiently involved in the discussions – they were only spoken to when the incident met the threshold for the involvement of Children's Social Care and were therefore not given the opportunity to make sense of their feelings or access support for safety planning.
- Perpetrators were rarely engaged with and support for perpetrators was poor. They were rarely involved in the MARAC process to try and identify any presenting issues they may be facing, including unmet needs impacting offending, or offered any support to try and address these issues.
- Duplication - the MARAC process was costly and time-consuming, involving much duplication of work (over 400 steps), such as victims having to explain the situation multiple times to different professionals, numerous unnecessary checks causing delay in accessing services, and many repeat referrals. A conservative estimate of cost for a MARAC meeting is over £700,000 per year (see figure 1 for total costs per MARAC case in Lancashire).

Figure 1: Cost of MARAC meeting/preparation [CSC/EH = Children's social care/ Early Help]

Total cost of MARAC per case =£245.82. Total cost of MARAC per year=£ 737,460



4.1 Recent MARAC data from Lancashire

MARAC data is submitted to SafeLives each quarter. According to this data, in 2019/20 there were ten operational MARACs, discussing 3045 cases in the Lancashire constabulary area. A MARAC referral can be made be any frontline agency - in Lancashire 73% were submitted by police. Nationally 99.9% of MARAC referral victims are female, yet in 2019/20 the Lancashire area is lower than the national average with 93.7% of victims being female. Referrals from BME groups in Lancashire is lower than the national average of 15.7% in England and Wales with only 3.9% of referrals in Lancashire from BME groups.

5 MARRAC implementation

In response to the review findings, the working group proposed the new MARRAC system, which took into account the underlying 'causes of the causes' (LSVS 2020-22) for abuse and recognised the experiences of all involved to provide easier identification of solutions.

As part of a new systems thinking approach, the group agreed that the new system should be:

> *"A Holistic family, co-created public health approach to those at risk of experiencing, causing or witnessing serious harm or death from domestic abuse, ensuring solutions are designed to meet their needs."*

At the heart of this is a strong partnership that aims to:

- Reduce repeat offending
- Reduce domestic abuse referrals overall
- Tackle problems early on
- Provide an early universal service help offer.

5.1 PURPOSE OF THE MARRAC

It was important to define the purpose of the new MARRAC as a way to avoid inappropriate referrals. The working group spent time observing individual cases and consulting with experts by experience as a way to establish a comprehensive purpose. The new approach to MARRAC was therefore:

> *"Listen to me.*
>
> *Ask me and understand what I need.*
>
> *Help and support me to stay safe from being at risk of experiencing, causing or witnessing serious harm or death from domestic abuse"*

The 3 MEs signifies the core focus of the MARRAC is to provide support to victims, children and perpetrators.

The new model includes changes to systems and people. The new multi-agency partnership arrangement comprises two teams: a core team (the co-located representatives who deal with the cases) and an extended periphery team (who offer support and services). The new process does not feature a MARAC meeting but rather includes four value steps: first, gather and assess information; second, analyse to understand risk and need; third, identify the solution; and fourth, complete the case.

The new MARRAC approach and process ultimately seeks to:

(i) Prevent further domestic violence and abuse related offending

(ii) Improve family safety and security

(iii) Reduce re-offending

(iv) Improve partnership engagement (Core and Periphery Teams and support services)

(v) Improve offender behaviour

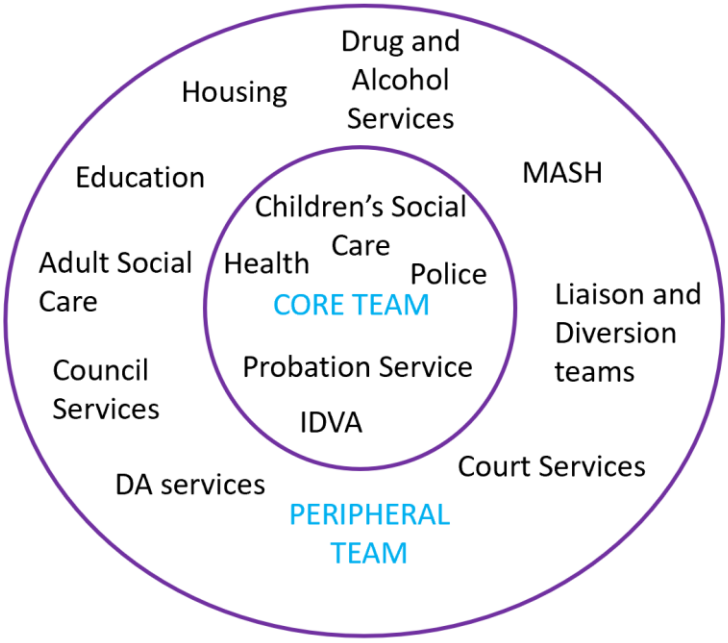
5.2 REDESIGN PRINCIPLES

The MARRAC system was designed on the following principles:

- All 3 members of the process should be central. These are referred to as the 3 MEs – victims, perpetrators and children.
- The system should be outcomes focussed – only work that achieves the purpose (stated above) should be prioritised. The process should not contain any repetitive steps, and make sure the right person is doing the right job at the right time.
- Speed – working closely with Children's Social Care services and utilising a strengths-based approach, the model facilitates timely interventions by accurately assessing need and directing children, families and adults to appropriate support. The aim of this is to prevent escalation of risk and crisis in families.
- The 3 MEs should be empowered to make informed decisions, including agreeing a SMART plan of action (specific, measurable, achievable, realistic, time-bound). The enabling steps are the flexibility in responding to individual need by accessing the right resource/information at the right time to deliver the solution.
- Hands on working should be prioritised in order to avoid delays. Quick and effective co-located information sharing is needed, including having a single point of contact to co-ordinate the process and ensure goals are met (a case co-ordinator).
- Staff should be enabled and supported to make decisions and act quickly.

- Measures should be related to the purpose and what matters to the MEs and key staff. Relevant accurate information should be shared at the earliest opportunity.
- Inter-agency working should be used to identify and harness key resources, skills and knowledge of professionals needed at the right times (see Figure 2 below for agencies involved).

Figure 2: Agencies involved in MARRAC process



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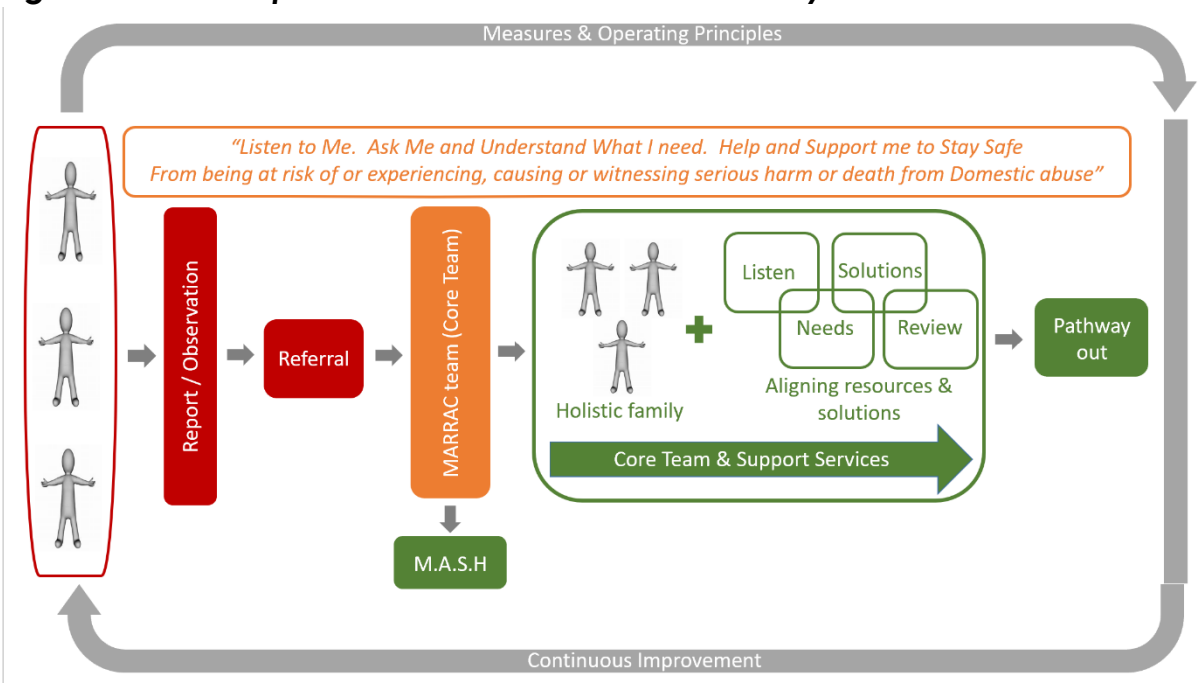
5.3 OVERVIEW OF THE NEW MARRAC PROCESS

The new process was designed to follow these steps (see Figure 3 below for a visual representation, and see the Appendix for a case study):

1. When the incident happens, the first step is to gather and assess information and ensure immediate safeguarding.
2. Referral into the team and team leader.
3. Team leader would allocate to a case co-ordinator using measures to make sure work is being given out equally. The case co-ordinator will be the point of contact for all MEs.
4. Case co-ordinator checks systems such as police, IDVA, CSC, probation.
5. Contact the MEs – This may involve another step if the perpetrator is in custody.
6. Case co-ordinator advises ME re confidentiality, for example if they disclosed any further criminal offences there is a duty to report them.
7. Request for information (from services who do not share IT / systems).

8. At this point there should be a full picture to decide if case meets purpose for MARRAC.
9. Consideration will be given to share info with the relevant agencies.
10. Agree SMART plan
11. Deliver solution
12. Review solution - was the purpose achieved?
13. Closure of the case with all MEs and all agencies.

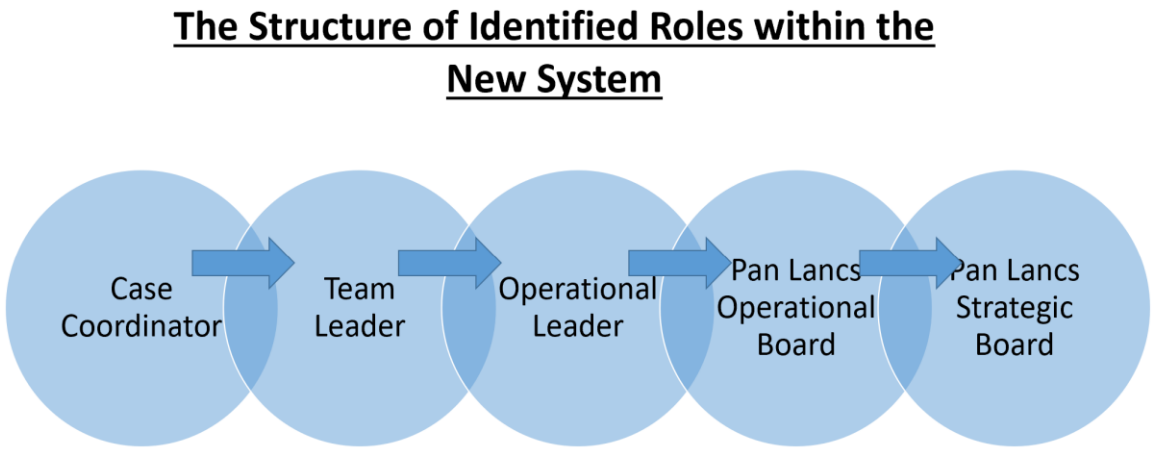
Figure 3: Visual representation of the new MARRAC system



5.4 ROLES OF STAFF IN THE NEW DESIGN

In the previous system, one of the issues was that there was no one person or agency taking accountability or responsibility for a robust safety plan. It seemed that actions were not being followed up and no measures were in place to gauge the impact or outcomes. For these reasons, the planning team recommended that new job roles be created to service the MARRAC process – a Case Co-ordinator, a Team Leader and an Operational Leader (see Figure 4 for this staffing structure).

Figure 4: Proposed staffing structure



5.4.1 Case Co-ordinator

The Case Co-ordinator is key to the new system and would have oversight of the referral as soon as it comes into the system. They would also be able to contact the victim, perpetrator and any children involved in real time, within a matter of hours, to listen to and understand the whole holistic picture of their lived experience.

What this means is that any actions will be:

- bespoke to individual needs and wants
- led by what they themselves are identifying to be an issue
- tailored to the needs they identify.

From this point in the ME's journey through the system, the case coordinator will have accountability and responsibility to identify solutions alongside the ME, ensure that decisions are made holistically - taking into account the potential impact on other MEs involved. They will pull in the support, resource and guidance of other experts from multi agencies to deliver solutions.

Having one person to co-ordinate the plan throughout the ME's journey ensures consistency, removing the need for the ME to tell their story repeatedly. Any failure to deliver a solution can be explored and action plans altered to reflect this. In addition to this, if the MEs do come back into the system again at a later date, there is already a good understanding of what has been tried before, therefore increasing possibilities to learn and adapt systems in response.

The purpose of the Case Co-ordinator role is to create a holistic family plan in order to reduce the risk of experiencing, causing or witnessing serious harm or death from domestic abuse.

The Case Co-ordinator would ensure that all of the outcome measures are met, and that the 3 MEs are appropriately supported throughout the MARRAC process.

In sum, objectives of the role are:

Objective 1: To ensure the effective delivery of the new MARRAC process, centralising the 3 MEs. Appropriate and relevant training to be provided to gain the necessary skills required for this.

Objective 2: To understand the necessity to use the resources, toolkits and measures available and how these continue to improve the response the MEs will experience.

5.4.2 Role of Team leader

The Team Leader's role is to develop a core team from multi-agencies, and to support, empower and enable staff and MEs.

Objectives of this role are:

Objective 1: To utilise and analyse measures to make evidential decisions that appropriately resource and continuously improve the system. The Team leader will also feed these findings to the operational leader.

Objective 2: To lead in the present, enable opportunities for self and team to access development opportunities, appropriate training and supervision

5.4.3 Role of Operational Leader

The Operational Leader's role is to support, empower and enable the whole team. To lead operationally, drive and embed continuous improvement.

Objectives of this role are:

Objective 1: Analyse county-wide measures and share at a strategic level to enable regular decision making, that resources appropriately and continuously improve the system.

Objective 2: To lead in the present, enable opportunities for self and teams to access development opportunities, appropriate training and supervision.

6 MARRAC PILOT EVALUATION

The pilot ran for five weeks. It covered 58 cases in Preston, Chorley and South Ribble between May and June 2020. The evaluation found that 78% of cases met the purpose and 4 of the cases were repeats.

The aims of the evaluation were to find out:

- The resources needed for the whole system.
- The time and resources needed for each case.
- The number and type of cases dealt with.
- The proportion of cases that reach completion.
- ME and staff perspectives and satisfaction.

Various key issues were identified in the pilot, which are outlined in detail below.

6.1 TIME SPENT ON CASES PER ME

Analysis of time spent per case and ME fed into the case co-ordinator allocation for each of the 4 areas. Excluding preventable cases, time spent with the MEs for each case was gathered and grouped into parameters i.e.: 0 – 60 minutes, up to 481 – 540 minutes.

The majority of the cases (15) sat in the 0-60 time bracket.

Using findings from the pilot it was found that the least amount of time spent per case, excluding speaking to the MEs, was 380 mins & the most was 1450 mins, and including the time spent with the MEs, the majority of cases fell within the 440-500 time bracket.

The time spent with victim overall was 3389 minutes, time spent with perpetrators was 649 minutes and time spent with children was 195 minutes. This collectively highlights that children and perpetrators were spoken with for less time than victim-survivors, a point which shall be returned to later.

6.2 PERPETRATOR'S NEEDS

For this section, perpetrators' articulated needs were gathered to demonstrate the number of agencies and support accessed during the pilot.

The main needs addressed here were:

- mental health support (6),
- alcohol support (4),
- counselling/therapy (3),
- housing support (3),

- support with child contact (2),
- Other needs were police updates, healthcare support including medication, and support to return home.

These are all positive developments, highlighting the potential for whole family interventions within the new MARRAC process.

6.3 FINDINGS FROM VICTIMS

The primary needs of victims were articulated as follows:

- a police update (25),
- support with housing (18),
- child support (4).

These are some quotes from feedback from victims:

> *"Liked getting updates, I felt listened to. Previously had no update and feel more informed"*
>
> *"Feel safer now I have moved. Cannot believe how much you have done to support me"*
>
> *"I liked the support, you kept me up to date, kept me informed. You spoke to my child in school & now they have a NEST [Nurturing Emotional Stability from Trauma] referral"*
>
> *"You have kept me updated – I found out more from you than from the police"*

This highlights that for victim-survivors, being regularly updated and informed and feeling listened to were particularly valued aspects of the process.

6.4 SUMMARY OF POSITIVE FINDINGS FROM THE NEW MARRAC SYSTEM

The evaluation found that the new system addressed many of the issues related to the old MARAC model, in particular in the following areas:

- **Purpose -** Articulating the purpose worked well as it maintained focus on dealing with cases that were at risk of or experiencing, causing serious harm or death.
- **Co-location -** The pilot evaluation found that the co-location of the core team and being situated close to the three MEs was a major benefit due to the short travelling distance and integration with other agencies. The ability for the case co-ordinator to have face to face conversations with the officers involved, as well as access to the perpetrators was described as important.

- **Case Co-ordinator role -** Cases are co-ordinated by one person, solving the issue of ownership**.** This also minimises the possibility of missing key case information.
- **Team Leader Role -** This was flagged as an asset to the new process as the Team Leader was able to provide leadership and direction, as well as allocating the cases and providing oversight.
- **Multi-agency team -** This new team model addressed the previous issue of silo working. The new team worked to break down barriers between agencies and had access to a host of information in real time from multiple agencies rather than relying on police information. The prevailing culture has created a team which co-creates as well as co-locates. Further, the team can assist with future continuous improvements.
- **Immediate assessment and response to needs -** The three MEs did not have to wait weeks for a response and were included in any discussions about needs and solutions.
- **Focussing work on the 3 MEs -** This ensured positive engagement with the MEs. In the case of repeat referrals, the case co-ordinator would deal with it to prevent duplication and to keep consistency.
- **Less Repetition -** Less waste and repetition in the system as the case is co-ordinated by dedicated workers. Fewer repeat cases and better experience for service users as they feel listened to and included.
- **Clear end-to-end process -** pathways have been created to ensure effective delivery, adopting a whole family, trauma-informed approach.
- **Fewer Inconsistencies -** Having a clearly defined purpose and clear pathways minimised inconsistencies across agencies.
- **Focus on Demand -** Only cases that meet the purpose are taken into the new system.
- **Preventable cases -** There are clear procedures in place to ensure that any cases that are deemed as preventable (i.e. do not fit the designated purpose) will not be accepted into the new system.
- **Clear Expectations -** Having clear communication strategies across strategic, operational, practitioner and ME groups and continuous development and improvement ensured expectations are clear.
- **Visibility of measures -** The new way of working meant that evidence was available to give an overview of demand over the whole region.
- **Focus on Outcomes -** The model focussed on 'outcomes' (that respond to the needs of the MEs), rather than 'outputs', resulting in better managed workloads. The outcomes determined through the focus groups were identified to be:
    - Reduced repeat offending
    - Reduced domestic abuse referrals overall
    - To tackle problems early on
    - To provide an early universal service help offer.

6.5 SUMMARY OF RECOMMENDATIONS ARISING FROM THE EVALUATION

Recommendations for further improvements arising from the finding are as follows:

- **The need for a bespoke IT system** - During the pilot, data was collected using a spreadsheet that could only be accessed by one person at any one time. This caused delays and at times inaccurate information being collected. The evaluation recommends the commissioning of a bespoke IT system that can be accessed by multiple agencies.
- **Case Management** – IT restrictions brought about difficulty in providing visibility of the case between agencies. Recording of cases became very time consuming. It is anticipated that the aforementioned IT system will help with this issue.
- **Information gathering/Sharing** - The pilot highlighted the barriers of communication between the central team and other agencies. When implemented fully, we suggest that finding a suitable location to 'house' all of the key agencies and ensuring representation from the core team will help with this. Factors such as home working will also need to be considered as part of this to ensure effective information sharing.
- **Communication with MEs** – The pilot demonstrated a need to engage more with children in particular. This highlighted the need for specialist training and greater involvement of children's services. Furthermore, although engagement with perpetrators significantly expanded, this could be developed further in the full implementation. We also propose that further feedback mechanisms are needed for all MEs.
- **Capacity of the Team** - The pilot highlighted the need for increased numbers of staff to be able to roll out the new model across multiple areas and to ensure sufficient time with the MEs.

6.6 FUTURE PLANS FOR MARRAC

The plans for the future of the MARRAC system encompass the following:

- **Working together:** The whole family + resources + core team = bespoke family approach. Making sure that equal focus of skills and time will be spent on engaging with each ME in order to listen to their needs and explore realistic solutions together.
- **Focussing on purpose:** only cases that meet the purpose are included in the new model.
- **Clear roles/responsibilities**, including statutory, non-statutory agencies, third sector all working together and working towards the principles and to continuously improve.
- **Ironing out the referral system:** making sure information is accurate from the start. Finalising an appropriate IT system is also a necessity.

- **Focussing on measures and principles:** to allow for continual improvement and ensuring that the system is always aligned to the needs of the client.
- **Using the four steps:** (gather and assess information, analyse to understand risk and need, identify solution, and complete the case) in order to identify relevant cases. Only using information/resources that are required/relevant, thus preventing blanket sharing of information.
- **Collecting agreed visible measures,** which will be a balance between organisational and ME needs, encompassing the differing prioritises across the county and focussing on outcomes rather than activity.
- **Collecting continuous feedback from all MEs,** including staff and agencies to provide a greater understanding of how the system is performing. Feedback will be incorporated within further measures.

7 CONCLUSION

The pilot study evaluation found that many issues with multi-agency working had been resolved within the MARRAC process, including focussing on those central to the process (3 MEs), prioritising workloads, providing a single point of contact, and a smoother system from end-to-end.

Although the pilot has shown these encouraging results, there is still much to be done in order to streamline the system and the communication channels. The next evaluation report will feature insights into the planning and implementation process, as well as aspirations for the future on behalf of key stakeholders.

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9 APPENDIX – CASE STUDY

A case Study of the new MARRAC process

This case involves a family of four including a Mother, her partner and two children 7-year-old and a 3-year-old. Male in the home is not the father of the children. The victim and perpetrator have been in a relationship for 6 months. They reside in a private rented home.

Day 1

01:00 am - Domestic abuse incident. Perpetrator intoxicated. Returned from the pub and physically assaulted victim causing minor head injury. Police/ambulance were called by 7-year-old child and perpetrator arrested. Both children present. Victim refused to go to hospital and remained at home with the children. Case referred to MARRAC team by Police Officer who attended the scene.

08:15 am - Case picked up from email account by the team leader. Team leader allocates case to case co-ordinator.

08:30 am - Case Co-ordinator (CC) reads referral and checks systems. Establishes that perpetrator is still in custody. CC notes that there have been multiple recent incidents including a verbal argument and assaults. On all occasions the victim has refused to co-operate with the police and refused to provide a statement. CC also notes that the perpetrator has previous convictions and a current restraining order relating to a different woman.

Health Visitor / School Nurse records checked. The 3-year-old has significant speech and language difficulties. The 7-year-old is described as very quiet and withdrawn at times, and suffers from asthma. Mother had post-natal depression and still struggles with anxiety.

10:00 am - CC contacts the victim. Victim explains she met perpetrator online. Perpetrator moved in very quickly. Everything changed when the perpetrator lost his job. He stopped helping out etc and spent more time at the pub. Due to him demanding money, the victim has had to borrow money from a loan company and now in debt as she can't afford the repayments. Victim states she never attended mental health services due to waiting list. Victim minimised previous incidents and stated they were her fault. Child Social Services became involved but the victim feels that they were not supportive and she had contact with numerous social workers. She was told to leave perpetrator or risk losing the children. She has no family support. Victim wants to remain in a relationship with perpetrator as she feels that he's a good man and this has only happened due to him losing his job. Victim does recognise the perp has an issue with alcohol and would love him to get help.

10:40 am – CC confirms case meets purpose. Sends information to Social Services and Health.

CC contacts Health Visitor/School Nurse (HV/SN), GP and school. HV due to see victim next week for a Speech follow up. SN not aware of child but agreed to speak with child at drop in. SN offered to complete asthma check. GP booked an

appointment to see victim at the end of the week. School reported 7-year-old has settled well into school but recently has begun arriving late and often appearing hungry and tired. School report that 7-year-old is under achieving for age.

13:30 pm - CC visits victim at home. Safety planning discussed. Claire's law discussed and agreed to submit application for disclosure. Victim agreed for MH support. 7-year-old child spoken to and reported that they would like someone to speak to, and someone to explain what's going on.

15:30 pm - CC visited perpetrator in custody, agreed to speak with CC. Initially aggressive. Informed CC that he suffers from depression which has been made worse since losing his job. Reports difficult childhood. Reported he wanted support for his alcohol and MH issues. Agreed to engage.

CC performs assessment of risk using tool box and shares information with partner agencies. CC records the needs of the MEs as follows:

- Victim – financial and MH support,
- Perpetrator – alcohol and MH support,
- Child – someone to speak to.

Within 48 hours – Resources are aligned. CC contacts MH team, Citizen's advice, school and substance misuse service. CC agrees this plan with all MEs.

Within 2 weeks - CC contacts agencies to check progress of plan. CC re-reviews risk using tool box.

When risk no longer meets purpose (no time limit) - CC agrees case closure with all MEs. Informs all agencies involved within 24 hours of closing case. Feedback from MEs and partner agencies is collated.