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

in Lancashire

Evaluation Report

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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 designed, 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 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 supporting perpetrators, and understanding the capacity of new staff workloads.

The following recommendations for working came out of the pilot study:

- Working together
- Focussing on purpose
- Clear roles/responsibilities
- Ironing out the referral system and finalise an appropriate IT system
- Focus on measures and principles
- Use the four steps
- Collect agreed visible measures
- Collecting continuous feedback from all MEs

The timings of the preferred roll-out across Lancashire coincided with the outbreak of the global Covid-19 pandemic. The evaluation of the MARRAC effectively became a process evaluation of the route to implementation across Lancashire

with a specific focus on the one area – Blackburn with Darwen – where the MARRAC became a live process from January 2022.

The methodological approach was adapted and involved:

1. Qualitative interviews with key stakeholders about the implementation process
2. On-line Surveys for:
    a. Core and periphery MARRAC team members
    b. Perpetrators
    c. Victim-Survivors
3. Reflections on observations of MARRAC meetings

Summary of recommendations arising from the MARRAC evaluation study

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

- The need for a sustainable user-friendly IT system
- More effective information sharing and data gathering
- Move towards co-located working as a priority
- Ensure consistent communication and holistic support for all 3 ME's (particularly perpetrators and children)
- Seek regular feedback from the 3 ME's
- Building resource and capacity of the team, where possible
- Consider a flex-model delivery where appropriate

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, each featuring 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.' (see 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, renamed Violence Reduction Network (VRN). Lancashire's VRN brings together an array of multi-agency partners, namely police, local authorities, local health bodies, education representatives, and youth offending services to work together to understand and address the factors impacting or driving serious violence in order to have a primary focus on early intervention and prevention.

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 address 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.

3.2 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 times 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, with the majority of this going towards police, health and IDVA staffing.

3.2 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, with other referring agencies such as health and probation. 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.

4 OVERVIEW OF THE NEW MARRAC PROCESS

4.1 SHARED VISION

These collective findings led to a re-design of MARAC arrangements 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. Thus, 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.

This resulted in the planned implementation of an updated process, 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, promoting a whole-systems approach. The bespoke holistic approach focusses on three 'MEs' - Victim, Perpetrator, Child. The new MARRAC process was first piloted in the South Division in June 2019, with the intention that this would be rolled out across Lancashire over subsequent years. MARRAC includes changes to systems and people. A new multi-agency partnership arrangement comprises two teams: a core team and an extended periphery team. The new process does not feature a MARAC meeting but rather includes four steps:

1. Gather and assess information,
2. Analyse to understand risk and needs,
3. Identify the solutions,
4. Complete the case.

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.

4.1 PURPOSE OF THE MARRAC

The new approach to MARRAC was focussed on the MEs, and the purpose was defined as:

> *"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.

It was important to define the common purpose within the shared vision of the new MARRAC. This was seen as especially important in the effort 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 and common purpose.

The new model includes changes to systems and people. The new multi-agency partnership arrangement comprises of two teams: a core team (the co-located representatives who deal with the cases) and an extended periphery team (who offer support and services). As previously noted, 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:

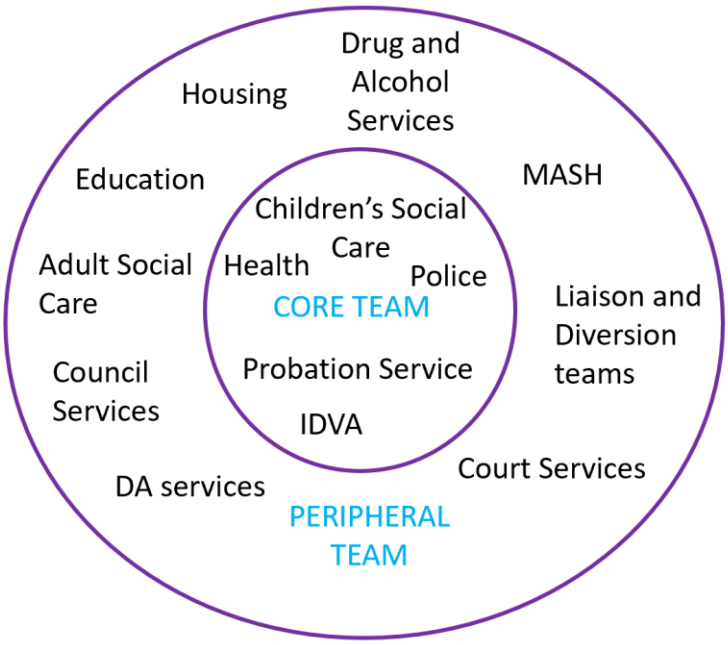
- Prevent further domestic violence and abuse related offending
- Improve family safety and security
- Reduce re-offending
- Improve partnership engagement (Core and Periphery Teams and support services)
- Improve offender behaviour

4.2 CORE 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 1 below for agencies involved).

Figure 1: Agencies involved in MARRAC



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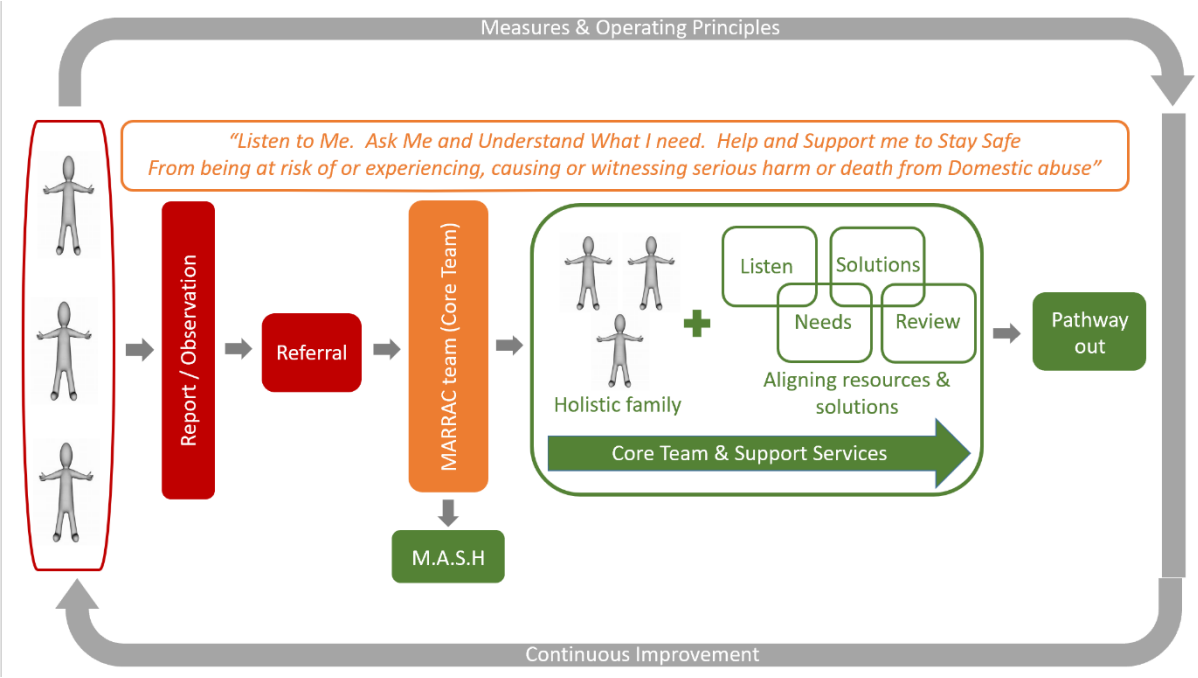
4.3 Steps in the MARRAC process

The new process was designed to follow these steps (see Figure 2 below for a visual representation, and see Appendix A 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 allocates 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.

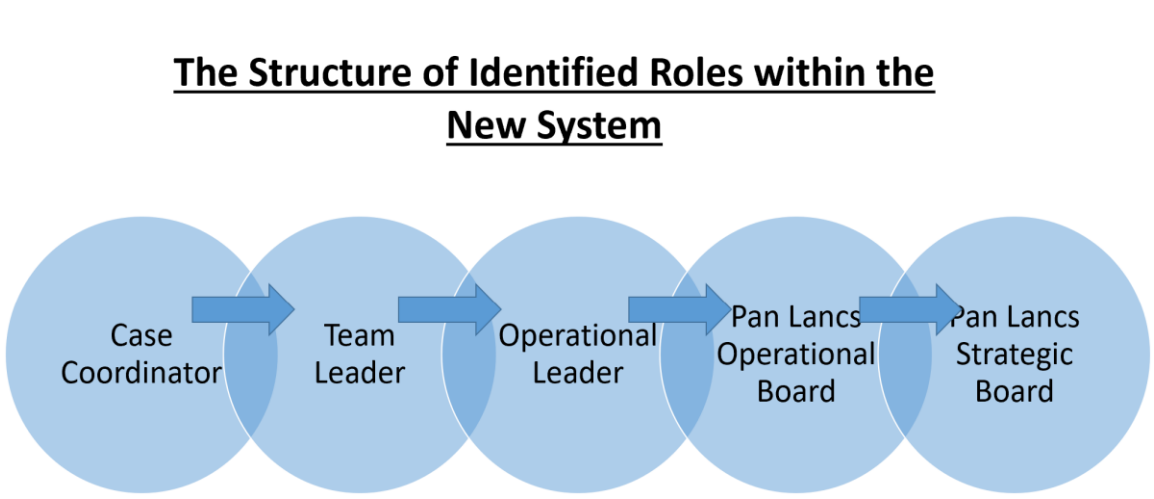
Figure 2: Visual representation of the new MARRAC process



4.4 Roles of staff in the new process

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 3 for this staffing structure).

Figure 3: Proposed staffing structure



4.4.1 Case Co-ordinator

The Case Co-ordinator is key to the new system and has oversight of the referral as soon as it comes into the system. They also 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 are:

- 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 has accountability and responsibility to identify solutions alongside the ME, ensuring that decisions are made holistically - taking into account the potential impact on other MEs involved. They 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 ensures 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.

4.4.2 Role of Team leader

The Team Leader's role is to develop a core team from multiple 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 feeds 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

4.4.3 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.

The remainder of this report (Sections 5-10) will provide an overview of the MARRAC planning and implementation process, findings from the evaluation of the pilot and findings from the evaluation of the early weeks of the live implementation of MARRAC in Blackburn with Darwen.

5 MARRAC PILOT EVALUATION

The pilot ran for five weeks. It covered 58 cases in Preston, Chorley and South Ribble between May and June 2019. 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.

5.1 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.

5.2 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.

5.3 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 so I 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.

5.4 Summary of Positive findings from the MARRAC pilot

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 alone. 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.

5.5 OUTCOMES FROM THE PILOT EVALUATION

The following recommendations for working came out of the pilot study:

- **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.

6 EVALUATION OF MARRAC IMPLEMENTATION

6.1 OVERVIEW AND THE PANDEMIC CONTEXT

As captured by the previous sections, the complexities of implementing a new process on this scale are significant. The timings of the preferred roll-out across Lancashire also coincided with the outbreak of the global Covid-19 pandemic which impacted on all areas of social welfare and service provision. The measures taken to stop and limit the spread of the virus and ameliorate its worst excesses from March 2020 onwards saw growing governmental measures to tackle the spread of the virus, including legal changes to enforce national lockdowns and severe restrictions on people's movement. The impact of the pandemic forced a range of new working practices and adaptations to the usual service delivery practices, most notably on health and other frontline services. This impacted those in need of support for physical and mental health related issues and of course on peoples enforced new lived experiences from spending increased amounts of time in their own homes. It is already well documented that the nature and extent of domestic abuse changed during the pandemic with disproportionate impacts on the health of pregnant women and abuse suffered by those from ethnic minority groups (Imkaan 2020, Women's Aid 2020). Charities such as Women's Aid warned early in the pandemic crisis of the likely impending increase in demand for services, warning of the *'Perfect Storm'* brewing with the impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them (Davidge 2020). There is research too on the ways in which innovations during the pandemic are affecting MARACs with recommendations for future working in relation to multi-agency risk assessment conferencing (Walklate *et al*. 2020, 2021). Though the new ways of working saw some health and professional practitioners continuing to work at the frontline and indeed many health and social care workers bore the brunt of the increased demand on the health care system, there were also opportunities provided to many professionals in developing workaround systems and new working practices that may have lasting utility. The pandemic context inevitably therefore, impacted on the anticipated timeframe for the roll-out of MARRAC across Lancashire. This and a host of other features meant there were unforeseen delays in implementing the MARRAC during the agreed evaluation period (originally to commence September 2019). The delays had the following impacts on the evaluation:

- The MARRAC was only implemented in one geographic area in Lancashire (Blackburn with Darwen). It is hoped that the evaluation will inform the implementation in Blackpool and Lancashire County Council. The remaining

sections of this report therefore focus mainly on the Blackburn with Darwen context.
- The MARRAC process was implemented in Blackburn with Darwen from the end of January 2022 onwards. The project team were unable to see the process implementation phase through to 'going live' in Blackpool and Lancashire. The team had a much shorter amount of time than planned to conduct an evaluation of the 'live' implementation of MARRAC in Blackburn with Darwen.

Working within these constraints, we amended our proposed methodological approach for this stage of the evaluation and the subsequent sections reflect on the following:

- Interviews with key stakeholders about the implementation process
- On-line Surveys distributed to:
    - Core and periphery MARRAC team members
    - Perpetrators
    - Victim-Survivors

  Where appropriate, we also reflect on our observations from the regular MARRAC meetings we have been attending since October 2020.

Interviews took place with 15 stakeholders who were involved in the development of the MARRAC principles and pilot. The people interviewed were varied in role and involvement in the project. Although specific roles cannot be outlined here to ensure anonymity of participants, those interviewed spanned a range of areas including policing (varying role and rank) (7), third sector (including DA services) (4), health (2) and probation (2). For anonymity, participants have been given a unique identifier when quotes are used below.

The main focus of the discussions were about the aims and benefits of the new approach and process, as well as challenges of implementation, and thoughts and perceptions about effectiveness and measures of success. Here we present a thematic analysis of the interviews under three main headings: Benefits, Challenges, Effectiveness.

6.1.1 Benefits of the MARRAC process

All interview participants spoke positively of the aims and intended outcomes of the new MARRAC process, highlighting a range of benefits to this proposed approach. These benefits included offering the opportunity to work together more effectively across agencies and avoiding duplication of work. Examples of quotes include:

Police

> In the current MARAC, we work in silos. It feels like a tick box exercise. So for instance health, would say let's put it to MARAC so that organisation can get rid of responsibility. People can't resource it at the moment, people often can't attend. This new model allows people

> to work together in a much easier way, and avoids people duplicating others work (P3, Police)
>
> The model was excellent and everything around it was a proper new multiagency system and everything around it had been evaluated and developed with the purpose in mind. I think it's expensive work but the expense will completely outdo the drain (P6, police)
>
> The new model brings everyone together for a common purpose. And because you're all doing the same role, it stops you working in silos. So you may be a health person who is a case coordinator and you might be an IDVA as a case coordinator, so you have your expert knowledge in your area, but you are all doing the same job (P2, police)

Health

> The multi-agency working, genuinely working together, is brilliant (P4, health)
>
> With a GP for example, we would contact them straight away to say, we have a high risk case, this is the needs for the person, the GP would then share any actions at that point and to then gather any relevant information at that point and then that feeds into the risk assessment and action plan. It would be more timely information sharing but you wouldn't be sending blanket lists out to people and just getting information for the sake of it. It's just more effective working together, avoiding duplicating work (P10, health)

Third Sector Support

> It's much better than working in silos. It also avoids duplication, because if we have this coordinator that means the victim doesn't need to tell her story 7 times for instance. But the key thing is not scratching the surface, but look at the root cause for everyone, and making sure everyone is safeguarded (P7, third sector)

Another key benefit identified is the holistic, needs-led support on offer to the 3 ME's within the MARRAC process, for example:

Police

> It was about forming a team and making sure we were no longer working in silos, and working with not only victim, but also perpetrator and children. I had always worked with victims before, so for me, it was important for me to shift that focus to perpetrators and children. It was a challenge. [P2, police)

Probation

> I did observe a telephone call with a perpetrator and that amazed me that they were asking the perpetrator what they wanted to change. (P13, probation)

Third Sector Support

> That the new model showed me was that it was people focussed, almost like we were beginning at the end. We were looking at what the outcome should be first and then deciding what the 3 Me's want, what we need to do for the individual case and then deciding what we pull on around those people to get the right things in place for them (P15, third sector)

Most participants also reflected on the benefits of the streamlined approach to the new MARRAC process, as exemplified by the following quotes:

Police

> The streamlined response [in MARRAC] is really really good. I remember when I was on the custody process team, we were trying to get a refuge for a lady who didn't have recourse to public funds. Normally you have to go to social care first and they would pay for the refuge but because social care are on the review team they got it with the click of a finger (P6, police)

Health

> The referral comes directly to us. So we can go to the victim directly straight away and understand what they need. The case coordinator role works the family holistically whether they want to stay together or not, focusses on views of the victim and can bring in all those agencies to support the family together (P4 health)

Finally, participants also reflected that although there were difficulties in ensuring fully effective information sharing with the new MARRAC process (to be discussed further below), there were significant improvements in this regard whilst the new process (model) was being followed, as exemplified by the following quote from a third sector stakeholder:

Third Sector Support

> What always shocked me at the old MARAC system is when new information came out and you think, why are you only just sharing this now? Why have you not picked up the phone and told the DA service? That was really frustrating, but with the new process, you don't need to wait for 4 weeks to get that information. So that will be a lot better. So in the new model, they have the core agencies in the hub and other agencies feeding into the hub who may not have presence there, but will be involved on the day [P7, third sector).

These benefits were also frequently reflected on and reiterated in MARRAC implementation meetings. The evaluation team observed how those key stakeholders involved in the pilot and development of the principles, would often remind those tasked with implementing and operationalising the new process in the three geographical areas, that although challenges in implementing were recognised, the longer-term benefits of this new approach for practitioners and the 3 ME's alike were significant. As well as reflecting on these benefits, participants also discussed what success could look like using the new MARRAC approach. These reminders of the 'shared vision' and the 'common principles and purpose' are useful prompts and serve to reinforce the commitment to a set of key principles and the overall aim and ambition.

6.1.2 Challenges of implementation

A number of challenges of implementing the new system were described by interview participants. We cluster these challenges under three main areas:

(i) Information, systems and technology
(ii) Resources
(iii) Perpetrators

Though each area represents a significant challenge in its own right, they have a compounding impact on the speed and direction of travel in terms of the move towards full implementation across Lancashire.

(i) Information Systems and technology

One of the most dominant challenges identified was around systems and technology and how these were apparently creating a barrier for effective information sharing. Discussions in meetings observed by the evaluation team focussed on data management matters and the pros and cons of utilising different existing platforms (for e.g. MADE, PAM, Connect). Stakeholders from health and from the police voiced such concerns that were related almost exclusively to sharing health information:

Health

> There will be challenges there because the NHS for example have about 5 or 6 different databases that they store information on. Police have connect but we also use our old system as well and other means of recording information (P4, health)

Police

> IT is proving to be a significant issue. Its trying to get the systems to work together, especially for health. The issue with health is the

> problem is their problem, but they are making it everyone else's problem. It's an internal process. They have got systems that don't talk to each other within health, so for them to try and talk to another system is going to be difficult (P2, police)

These issues were also identified in the pilot as previously discussed. In Blackburn with Darwen, the team agreed a workaround as part of their 'flexed approach' in order to prevent these IT issues from halting progress.

(ii) Resources

Interview participants also reflected on issues with how the new MARRAC process could be effectively resourced, given budget constraints and staff shortages. Resources was usually a standing item on the agenda on the various MARRAC strategic and implementation and working group meetings and it was clear from the evaluation teams observations of these meetings and the extended, protracted and repeated conversations that took place within them and outside of them in many other local meetings we were not present at, that resources were an ongoing challenge for each of the core stakeholder areas. Though resources were available in some measure, how to best utilise them and where and when to allocate were topics for discussion as was the scarcity of resources in some areas. This topic gave rise to occasional frustration in meetings at lack of progress and in interviews too there were reflections on the need for consistent engagement and 'buy in' across all agencies involved in the process:

Police

> It's like playing the Hokey Cokey. One minute they are in, next they are out. It is very like that with health. You know one representative of 8 areas will support, but the other seven may not agree. Education are the same. We get one headteacher from the whole of Lancashire and we can't have that one decision making voice for everyone. Difficult to get Lancashire wide agreement. (P1, police)

Third Sector

> Resources- getting people to be part of the hub is an issue (P6, third sector)
>
> When resources are so scarce and people's time stretched, it can take a long time to get the buy in from people to really see the benefits (P3, third sector)

These issues with 'buy in' and resources were, as noted above, also evident in our observations of the MARRAC implementation meetings in both Blackpool and Blackburn with Darwen.

In addition, there was considerable time spent in meetings debating and discussing the role of the designated case manager. Though this was important to pin down for resourcing purposes and in terms of selecting the right person for the role, there was also concerns in terms of how this role might impact on the effectiveness of the support for victims in the new process. DA specialist respondents from the third sector were concerned that by expecting staff to have an understanding of all sectors/ roles as part of the new process, there could be a 'watering down' and lack of appreciation of specialist DA knowledge:

Third Sector

> in that pilot, they had case managers who all got trained up, but is this diluting the knowledge of the IDVA service. And almost saying 'anyone can do this', whereas I can't be a health visitor or social worker. But yet you can take on my role and our years of experience. I think that is an issue (P15, third sector)

(iii) Perpetrators

A third area which presented widespread concern was around the 'Perpetrator Me'. Despite the commitment to the three MEs philosophy and the core principles surrounding each of these there was concern that an increased emphasis on supporting perpetrators was not unfolding. It was generally acknowledged that further work was needed in this 'Me' area. Police for example told us:

> The 3 MEs – means there's always a level of support for victims and children but support for perpetrators is poor. Social workers are not confident or well equipped. There are few courses for perpetrators to go on and a low take up, but realistically we need more trauma informed work with perpetrators (P11, police)

These three major areas of challenge (information systems and technology, resources and perpetrator challenges) were not discreet separate challenges. From an implementation perspective, they compounded the problem of moving towards operationalisation.

Finally, all participants reflected on the individual challenges that exist in each of the three geographic areas of Lancashire. A 'one size fits all' approach to implementation was proving problematic and was stalling progress in each area. Similar to the pilot and our

recommendations emerging from this, a flex approach to implementation was emerging as the favoured approach by participants:

> It is just proving more difficult to get off the ground that we first thought, so I've been saying we may need to deliver a flex model to make sure we deliver something" (P2, police)

However, it was stressed by two participants in particular that this 'flex' approach should not be at the expense of the guiding principles that informed the development of the new approach in the first place:

> I am concerned that the hybrid models are creating a beast, I can understand that some of it and hopefully a lot of good changes are happening with that and maybe we are just doing the best that we can at the minute but I am concerned that the whole learning of the way we did this is that you create something new, you don't adapt what you've got (Meeting notes)
>
> For me, there are a few givens that absolutely must not go for this model to be delivered effectively. Any flex approaches need to have these in place (Meeting notes)

6.1.3 What is success?

Participants described their notions of success of the new system. Many police participants suggested success would equate to a reduction in incidents. One police respondent suggested for example:

> I think success would be reduction in incidents obviously - but I think what's more important is the qualitative stuff, the experiences that people share after. Saying what made a difference and why because it won't be something massive, it will be something like, 'I've been listened to, I wasn't judged, I felt at that moment I could talk to people and I was given space to think about what I wanted to do. (Meeting notes)

However conversely, participants who worked in the third sector suggested that lower MARRAC numbers were not a sign of success:

> Lower MARAC numbers isn't success, that just shows under reporting or victims not calling for help again. Success is if that victim understands reporting is good and she will get a positive experience, that the perpetrator accesses interventions. Making sure the victim feels supported by all services. That is success. Having a safe outcome for that family unit. That is really difficult though, as everyone looks at it differently (P7, third sector)

This highlights some ambiguity in how success is measured in the new MARRAC process for participants. However, there was a general consensus that seeking feedback from the ME's and ensuring they had a positive, holistic experience was key:

> For me I would like to see lots of meetings with ex service-users to find out what their experiences are because that will be one of the most important ways to find out if we have improved the outcomes for people. (Meeting notes)

Ensuring a shared understanding of how success is measured within the new MARRAC process should be a priority when progressing the MARRAC in Blackburn with Darwen and when implementing the process in Blackpool and across the remaining geographic areas of Lancashire.

In sum, it is clear that although the new approach was widely supported by all interview participants, implementing a vast policy and practice change such as this is unsurprisingly not without its challenges. The ways in which these challenges featured and play out in the implementation in Blackburn with Darwen and our recommendations associated with this will be discussed later in the report.

6.2 MARRAC PROCESS CASES

As noted above, MARRAC went live in Blackburn with Darwen in January 2022. In the first three months of MARRAC, referral and throughput data shows:

- Out of the 64 cases captured, 47 were value. This means that those cases were for the MARRAC. Value is the type of demand that we want into the system.
- 13 cases were preventable. This means that they did not meet the purpose.
- There were 4 failure demands, which means that 4 cases came back into the system as a repeat. It was stated that failure demand has been kept to a minimum, in the attempt to address route causes.
- Referrals:
    - 42 referrals were from police
    - 17 WISH (the commissioned IDVA service)
    - 1 CSC
    - 1 MARAC to MARRAC transfer
    - 3 from health.
- A large percentage of victims were female (53 out of 64) and most perpetrators were male (58 out of 64). These figures mirror national statistics.
- Children were involved in 33 cases - just over half. In 31 cases, no children were involved.
- In 31 cases substance misuse was a factor (mainly alcohol).
- In 2 cases mental health issues were identified.
- 10 cases were closed within 14 days. The longest number of days to case closure was 56 and the least 1. The average was 14 days.
- Most perpetrators lived within the BB2 area, with 12 perpetrators living out of area and in 10 cases it was not known where the perpetrator resided. In 2 cases the perpetrator was of no fixed abode.

6.3 Online Survey

6.3.1 Introduction

As noted above, on-line surveys were designed and prepared for distribution to MARRAC core and periphery team stakeholders, perpetrators and victims (see Appendix D). Those to stakeholders were distributed directly to respondents by the evaluation team. The perpetrator and victims surveys were passed to appropriate support leads for completion as appropriate by perpetrators/victim-survivors. The platform used for the survey was Qualtrics. The information screen informed respondents that their answers would be pooled and therefore reported anonymously and confidentially.

No responses were received to the Perpetrator survey at the time of writing.
No responses were received to the Victim-Survivor survey at the time of writing.
We received 8 responses, with roles shown below. Most respondents had been working with the new system under 3 months (n=5), and two had been working in the new system over 12 months. Five respondents had worked in the previous MARAC system for over 2 years.

6.4 Stakeholder Survey Results

Roles of respondents
1 x Programme manager/Co-ordinator
2 x IDVA
1 x SPOC
1 x Social worker
1 x Police co-ordinator
1 x Children's social care representative
1 x Therapist

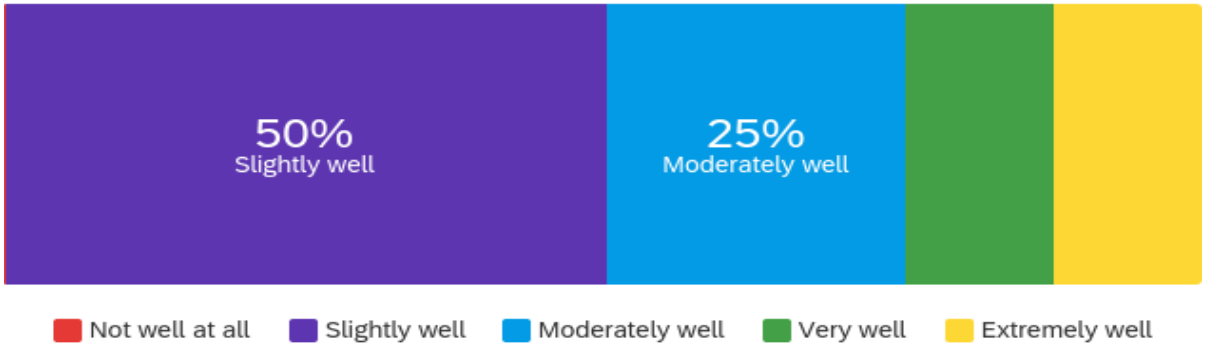
6.4.1 Results

Here we are presenting the key headline results from the survey. The complete array of responses is available in Appendix B.

6.4.1.1 How well do respondents understand the process?

Answers from respondents here were generally positive, with all responses showing understanding of the model and core principles of the MARRAC:

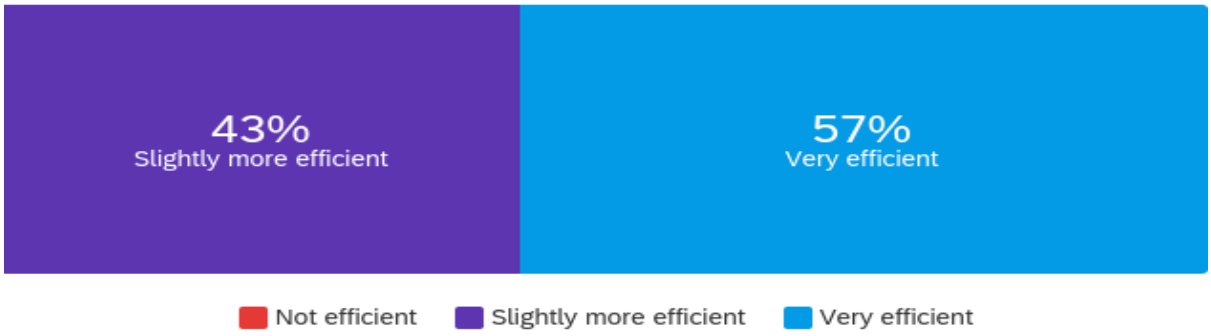
How well do you feel you understand the new MARRAC process?



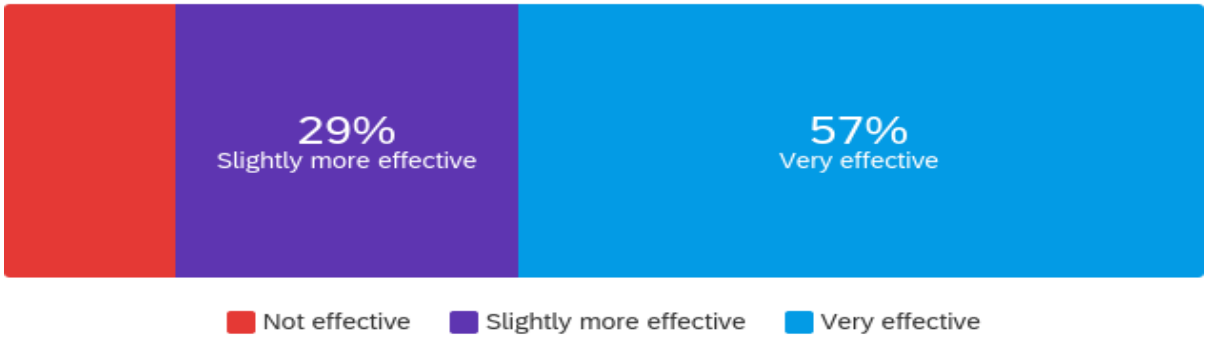
6.4.1.2 Views on efficiency and effectiveness

Views were overwhelmingly positive, with 100% of respondents feeling that the new model is slightly or very much more efficient, and 86% of respondents feeling that the new model is more effective.

In your experience to date, do you feel that the new MARRAC model is more efficient ?



In your experience to date, do you feel that the new MARRAC model is more effective than the previous model??



6.4.1.3 Qualitative Survey Responses - Benefits of the MARRAC

When asked about the benefits of the new MARRAC, similar benefits of the new model were reflected on by those tasked with implementing the new model in Blackburn with Darwen, including more effective partnership working. There were also additional

benefits reflected on in the survey, in particular victim survivors being supported more quickly, holistically and efficiently when compared with the old MARAC process:

- Early stages but we are adjusting to the new core principles and focusing on the 3 ME's with much better interventions for perpetrators than previously.
- It seems quicker, less time consuming and overwhelming than previously.
- Referrals to BWD MARRAC are heard on a weekly basis and we hold two meetings per week. Good representation from Core Partners representing several agencies. partnership approach to reducing risk with clear actions, roles and responsibilities identified and engagement of the ME's. We review each open case on a fortnightly basis and avoid cases drifting within the system. Effective, Joined up Safeguarding approaches in place.
- We are supposed to try and offer support for the 3 MEs and this isn't always possible, through non-engagement or the offender not working with any professionals. There is no dedicated professional to speak to the offender to offer support for behaviour change.
- It feels more appropriate to discuss cases this way and not as overwhelming. The nature of the information is traumatic to hear for 8 hours and I didn't feel it focussed on efficiency, by the end of the day it was exhausting and difficult to concentrate. Each family should be awarded the same consideration, compassion and I always struggled to reflect on whether we do enough for adults without children. I do feel that a small amount of cases and sharing information is more helpful and allows for more time to research and make contact.
- With more frequent meetings discussing high risk cases we can address the concerns quickly and effectively ensuring the correct agency case coordinates the family. In the old system of MARAC where a large number of cases were heard in one meeting held every 4 to 6 weeks and I felt cases heard later in the day received a less favourable service than the cases heard earlier
- Victims voices are being heard much quicker. Has reduced the feeling of working in silo which can be the case sometimes. Partner agencies more mindful of others timescales.
- Putting 'ME's' first and central to the model. Multi-agency working and approaches. Weekly meetings to pick up high risk DA referral early and the co-ordination of effective safety and support plans.
- Quicker multi agency response for victim/survivors/removing lengthy full day meetings which can often 'lose' victims voices/ focus on the correct victims at the right time/managing risk at the earliest response.

However, one participant felt that perpetrators in particular were not supported adequately, an issue also reflected on in the interviews:

- We are supposed to try and offer support for the 3 MEs and this isn't always possible, through non-engagement or the offender not working with any professionals. There is no dedicated professional to speak to the offender to offer support for behaviour change.

Another participant felt that the communications systems were a barrier:

- Working with several different systems (CRM's) that do now work together or link to share information.

6.4.1.4 Multi agency working

All respondents found that multi agency working was effective under the new system, with comments relating to the following:

- It has brought our safeguarding team up to speed with communicating better with other partner agencies.
- There is a core group who work well together and have other expert 'pulls' to call on to get the correct support in place for the MEs.
- The information shared is very effective and the professionals involved are all experienced and work effectively in a multi-agency approach

6.4.1.5 Perceptions of risk management

88% of respondents felt that the new model manages risk more effectively. However, there were some issues identified:

- I think there is a need for training on risk and what meets the criteria, we are being told that it is just for the most high-risk cases, which has always been the criteria. It is how we identify these risks within the new MARRAC and still capture the quick relationship, coercive control, ongoing abuse, repeat cases which are shown time again to occur (not high levels of physical abuse). This is under discussion and training is being looked at. The concept is great but risk cannot always be managed by a focus on support and health, especially in the cases of non-compliant repeat offenders.

Provision of support for perpetrators

Many respondents were concerned about provision of support for perpetrators, indeed this produced by far the greatest amount of comments and signalled the Me-Perpetrator was not featuring as an equal party in the process. When asked if perpetrators were accounted for in the new system, 88% answered that they felt they were 'somewhat accounted for', and 25% claimed that they were given no long term support. Three quarters of respondents found that there had been no reduction in re-offending under the new model (although there was acknowledgment that the new model would need further time to demonstrate such changes):

- Trying to engage Perpetrators safely, in a timely manner and in line with the co-ordinated safety plan remains a challenge. We are able to evidence a significant gap in this area of delivery with the ME's. We have had some limited success engaging perpetrators within the custody suites and linking with the L&D team and also if open to Probation Services or Children's / Adults Social Care. Though if they are outside of these services, it is increasingly difficult to find a way or the right person to make the initial contact and seek to engage within the MARRAC process. We are currently exploring options on how best to address this across our multi-agency partnership. We need to understand the Perpetrators

needs, views and root causes to be able to effectively offer support, reduce risk with the aim of preventing repeat referrals.

- There is no designated perpetrator worker to speak to the perpetrators.

- The support locally for victims/survivors and their children is well established in our area. There is a gap in service for a dedicated perpetrator worker to engage into the process where it is safe to do so. This is an opportunity to work creatively with perpetrators and funding needs to be considered to improve the process.
- Hopefully, this approach will see a reduction in offending further down the line and if we can strengthen our approach with regards to the early engagement of perpetrators, we are confident we can contribute to reducing re-offending and have a more positive impact on breaking the cycle of DA.

- It is too early to answer the question in relation to re-offending. BWD MARRAC has only been operational for one month at this point. All of our referrals to date are counted as 1st referral, hold value and meet purpose. We have not yet received repeat referrals. We review each MARRAC case fortnightly to ensure effective safety and support plans are in place to reduce the risks. Once risks reduce within MARRAC, it is closed to us, though will remain open to partners / other agencies for ongoing / longer term support.

- At present I am unable to assess if this will result in a reduction in re-offending as there isn't enough evidence to assess this as the MARRAC hasn't been in place long enough. However, there has been some good outcomes.

- A further focus on Trauma-informed approach to this model, to include the MARRAC team, those who are referred into MARRAC and for the MARRAC processes. A deeper understanding of how trauma has an impact on everyone and why it is so important for the work that we do.

7 RECOMMENDATIONS

7.1 Summary of recommendations arising from the evaluation study

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

Recommendation 1: **The need for a sustainable user-friendly IT system**

During the pilot, data was collected using a spreadsheet that could only be accessed by one person at any one time. The data collected was extensive and data input was dependent on a single individual. The usefulness of the data being collected was not well understood and this particular method is not sustainable on a larger scale. Though the categories of information under which data was collected appeared comprehensive (approx. 58 measures), the data set was unwieldy and the platform used to collate it was unstable. This caused delays and at times inaccurate information being collected. During implementation, steps were taken to utilise the Connect system, however concerns were again raised about suitability. Measures have been reduced to 28 and the teams continue to refine these. We recommend that a priority for all three areas is to identify a user-

friendly, shared IT system that allows straight forward information sharing, which is a core principle of the MARRAC process. It is hoped that the resolution of a sustainable IT system will help the visibility and communication of cases across all agencies.

Recommendation 2: **More effective information sharing and data gathering**
The pilot highlighted the barriers of communication between the central team and other agencies. Some of these issues have been resolved during the careful discussions in the move towards implementation, though others remain 'work in progress' and are subject to 'continuous improvement'. It is anticipated that the full move to co-location will aid timely communications. At the time of writing, core members were using Sharepoint, however we recommend the need for swifter information sharing and data gathering, which will be further supported by the shared IT system discussed previously.

Recommendation 3: **Move towards co-located working as a priority**
The Covid-19 pandemic has meant that working practices have changed significantly, with increases in home working across many sectors. Although this flexibility can be preferred by employers, it is important that co-located working remains a priority in order to ensure effective implementation of the MARRAC. Co-location is a key principle of the MARRAC to ensure effective information sharing and genuine multi-agency working. We recommend that finding a suitable location to 'house' all key agencies should be a priority for all areas in Lancashire prior to implementation.

Recommendation 4: **Ensure consistent communication and holistic support for all 3 ME's (particularly perpetrators and children)**
Both the pilot and implementation evaluation highlighted that the perpetrator ME was generally not being given sufficient support in the MARRAC process. Survey and interview participants acknowledged supporting perpetrators was a complex area that required extensive specialist knowledge. The importance of probations' involvement in the holistic support offering provided to perpetrators was emphasised by participants in the implementation evaluation in particular. However, due to limited capacity and a lack of services available for supporting perpetrators more broadly, providing adequate support is a concern for the successful, holistic delivery of the MARRAC purpose going forwards. We recommend specialist training and a specific focus on working with perpetrators for the next phase of delivery at Blackburn with Darwen and during the initial phase of implementation in Blackpool and Lancashire County Council. The knowledge of both probation officers and coordinators of perpetrator programmes should be drawn upon to ensure trauma-informed, holistic support offerings are provided to perpetrators going forwards. A long-term recommendation relates to an expanded commissioning of trauma-informed perpetrator support. Although we recognise this would require significant

investment, it is of paramount significance to the successful delivery of the MARRAC process and in ensuring victim-survivors and children safety.

Furthermore, the pilot demonstrated the need to engage more with children, highlighting the need of specialist training and greater involvement of children's services. Although this appeared to have improved in the implementation evaluation, it was recognised by participants that there is a need for consistent and equitable engagement across all 3 ME's.

Recommendation 5: **Seek regular feedback from the 3 ME's**
Related to the former recommendation is the need to gain regular feedback from the 3 ME's to ensure that the delivery of the MARRAC is meeting its intended purpose. We developed survey materials to gain feedback from perpetrators and victims, however we unfortunately did not receive any responses to these surveys during the short evaluation period. We recommend that the core team continues to use these tools to gain feedback going forwards and consider how this feedback can be embedded into the continued development of the MARRAC process going forwards. Alternative methods of feedback should also be considered which also captures the perspective of children. This could include using creative methods or focus groups.

Recommendation 6: **Building resource, capacity and dedication to the team**
The pilot and interviews highlighted the need for an increase in staff numbers to be able to roll out the new model across all three areas of Lancashire. Although we recognise the significant resourcing constraints associated with this, we recommend that there are dedicated resources (members of staff) involved in the delivery of the MARRAC, with all core agencies represented, to ensure the successful and sustainable delivery across Lancashire.

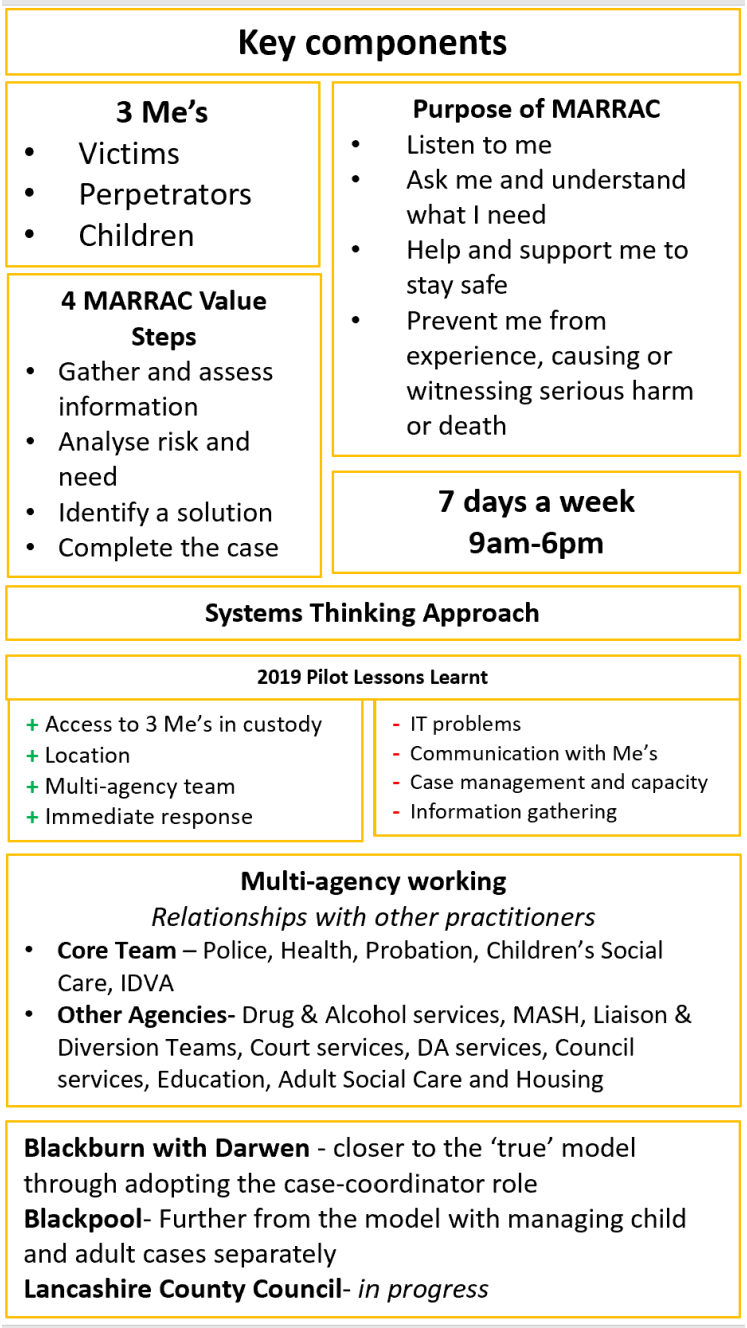
Recommendation 7: **Consider a flex-model delivery where appropriate**
All phases of the evaluation have highlighted that a 'one size fits all' approach is not effective when attempting to implement a significant policy and practice change on the scale of the MARRAC process. We therefore recommend that a flex model should be adopted where appropriate. However, a note of caution that any flex model approach should not lose sight of the intended purpose and core aims of the MARRAC, as outlined further below.

7.2 PROPOSED FLEX MODEL

This model contains the key components of MARRAC that can be flexibly adopted by other areas. These consist of the central purpose, the focus on the 3 MEs and

the steps involved (see figure 4). It is envisaged that each area serving the different populations of Blackburn with Darwen, Blackpool and Lancashire County Council would continue to adapt their own model using these key components.

7.2.1 Figure 4: Key Components of MARRAC



8 CONCLUSION

In sum, all phases of the evaluation highlight the value and many positive benefits of adopting the MARRAC approach. These benefits include more effective partnership and multi-agency working, adopting holistic and needs-led support for the 3 ME's (victims,

perpetrators and children) and some improvements in information sharing practices, particularly timeliness.

However, implementing an ambitious policy across multiple locations is a significant task. For the MARRAC in particular, this this took place at the same time as the global Covid-19 pandemic. The significant delays in implementation and issues in adopting the new approach across all three areas of Lancashire are evidence of these difficulties.

Although implementation happened in Blackburn with Darwen in January 2022, and positive discussions are continuing in Blackpool and Lancashire County Council, there remain barriers to successful implementation. Identifying a sustainable and secure IT system is proving a continued challenge, which is causing barriers for truly effective information sharing and partnership working across all agencies. Furthermore, issues with co-location and finding an appropriate building to house the core team also continues to be a challenge. Ensuring all 3 ME's are supported consistently should be a key priority moving forwards, in particular improving the holistic support provision provided to perpetrators. Feedback from all 3 ME's should be continually sought, and the evaluation team have developed survey tools to help with this (see Appendix D).

Furthermore, utilising a 'one size fits all' approach when implementing a policy initiative on this scale is not the most effective approach. Therefore a flex model should be considered in Blackpool and Lancashire County Council. However, we strongly argue that any flex approach should not be at the expense of the core values and principles underlying the MARRAC process.

In sum, along with the core principles of the MARRAC and the factors mentioned above, the continued roll out and implementation of the MARRAC should: recognise the value of specialist DA support, have unified understandings of how success is measured and requires investment from all agencies and team members involved in the process.

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10 APPENDICES

10.1 APPENDIX A: OBSERVATIONAL DATA – MEETING NOTES

Introduction

Since October 2020 the research team have been attending regular meetings linked to the operational roll-out of the MARRAC process.

All meetings to date have been Chaired by a Police representative. In 2020 and for most of 2021 the same DI Chaired the meetings. In late 2021 there was a change of Chair and since January 2022 the MARRAC Manager became a key point of contact for information relating to the progress made in each of the areas (Lancashire, Blackpool and Blackburn with Darwen). The research team attended weekly implementation group meetings as well as strategic workforce group meetings. We witnessed very good attendance at most meetings. In addition, the research team were involved a regular evaluation update meetings where we continued to learn about the operational implementation and roll out of the MARRAC in various areas of Lancashire Constabulary.

This section forms part of our process evaluation of the implementation and roll out of the MARRAC process. It takes the form of a summary report of the discussions that were taking place at various points during our evaluation. It traces how the multi-agency partnerships have been engaged in the move towards the new process featuring the core values of MARRAC and how 3 Me's together are variously operationalised in each area. It provides an overview of the content of the discussion in each area, the speed of travel, the positive developments, the blockages and practical issues under discussion and a sense of which partners were/are experiencing the greatest challenges.

Late 2020 – Early 2021 update on the direction of travel towards MARRAC across the region

A review had been completed, a Deep Dive Report was in the pipeline, supporting documentation in preparation and the new MARRAC principles agreed. As the research team came in to evaluate, the challenge that was being faced was how to implement the new process across all three areas. Many of the attendees of the various meetings the research team attended had been involved in the MARAC review. Large numbers of attendees were present at most meetings in this early phase of our evaluation. Most attendees were strategic level. Whilst this showed commitment and was necessary at this stage of the planned change in process and implementation, other more area focussed business meetings were also taking place. It was clear there was unevenness in the move towards the operationalisation of the new process in different areas.

In August there had been work progressing with South Lancashire. However, they were implementing a family safeguarding model, so it was proving to be difficult to implement the new MARRAC there. Social Service and health are proving tricky to move forward on.

Blackburn and Darwin consist of two smaller unitary Local Authority areas in East Lancashire. It was thought that any impact of changing from one process to another may

not be so tricky. Key stakeholders were briefed, and discussions were underway about how the new model might be accommodated.

Blackpool area – the first stages of similar planning with Blackpool area were reported as underway.

By December 2020 a contingency streamlined version of the MARRAC had been conducted over a period of 5 weeks – the pilot (reported on earlier). The pilot, as one respondent described it was a 'proof of concept', where, as another respondent told us 'Mini MARAC conferences were held'. It was explained to us that the pilot was quite a way away from the model that was ultimately aimed for. Verbal agreement in place to move in the new process direction from all parties in all areas.

Evaluation note

The research team noted the need to flex the approach to the evaluation in light of the stage the roll out is at. Discussed move towards process evaluation in three areas (BwD, Blackpool and Lancashire).

Quantitative Data – a very large bespoke spreadsheet had been used to capture data on a range of information. The data was input by a case co-ordinator.

Qualitative data – Case file folders had been collected.

Interviews with stakeholders can start but alter focus to describe what they understand the new model to be and their part in this as an individual and what their agency is to do for the new model.

On-line survey: We can continue to plan for this, but it is not appropriate to send in the very near future. Insufficient stakeholders identifiable.

Continue to prepare our various research instruments.

Start asking questions about data availability and quality of the proxy measures for the social return on investment part of the evaluation in the new year.

February 2021

In early February it was reported that Blackburn with Darwen and Blackpool were following different approaches to pushing forward towards the core principles of the new process. The Blackpool working group were focussing on resources under the new model with great progress being noted excepting in the area of children's social care.

By late February 2021 the research team had been present at four MARRAC working group meetings. The Working Group were shown an 11-minute video of a run through of an adult only case followed by questions and discussion.

The walk through was very useful in terms of showing:

- *the reduction in the number of stages and different points of contact for the victim*
- *how the new process would reduce the period of time cases remain in the MARAC process*

All the above likely to reduce:

- *the number of meetings for several stakeholders thereby reducing workload attached to each case and increasing case number capacity*
- *failures to intervene in a timely manner*
- *failure to meet needs*

The walk-through produced lots of questions from members especially around who should take the role of case coordinator – which professional - with much anticipation that this would be police staff. It was noted there is a skills matrix to help to decide who is best for and that a Case coordinator role should be established.

A number of other issues were raised and discussed:

- *Op Provide and IDVAs*
- *the timescale and how this fits in with all of the agencies e.g. 1-2-hour response time*
- *duplication and overlap of work*
- *lack of vision of how the model would work*
- *resources*
- *concerns that a qualified social worker needed within the model*
- *need to map the statutory timescales for all partners involved*
- *7-day service*
- *screening - whoever needs to be trained to manage and make decisions on all issues (e.g. child protection, sexual violence etc)*
- *PAM system – it was noted it would be advantageous to have one overall system that everyone will have access to*

March 2021

March (5th) Topics Discussed:

- *Update about police safeguarding posts – previously staff were borrowed – they are now advertised permanent posts*
- *Impact of model on local IDVA Services – is the new model adding another layer, especially in cases with children? Process and solutions considered.*
- *Future resourcing of the Core Team*
- *Roles and responsibilities of the Case Co-ordinator*
- *Health area – need to understand what the resources look like before they can commit*

March 12th Blackpool MARRAC Working Group

Little tangible progress reported in Blackpool. Key questions on capacity and resources – Case co-ordinator and mix of practitioners staffing needs

March 25th MARRAC Update

***Blackburn with Darwen** – working groups and progress had been delayed but now resurrected with further imminent meetings in the diary to understand terms. Promising different dynamic in sight.*

***Blackpool** – no agreement around children's social care and adult only case issues to be resolved.*

May 13th, 2021, MARRAC Catch up

26th May 2021 and 11th August BBWD MARRAC Working Group

28th May Blackpool MARRAC Meeting

Blackburn with Darwen and Blackpool are the two sites where there is clear adoption of the general core principles of the new process including:

- *3 Me's*
- *Co-ordinated and holistic trauma informed support*

However, each will adopt a 'flexed model' and different areas are reported to be at different stages.

***Blackburn with Darwen**: co-created and co-located and, at the start of May reported as aiming for a June start. Premises reported as problematic but considering virtual launch. By the end of May SOP were yet to be agreed by the technical group and organisations. A draft agreement was circulated. 7th July was the deadline set for the latter agreement.*

Interview respondents were reporting that at this stage the key area of focus was on how to address the 3 Me's all in one place. There had been learning from the pilot and the aim was to implement something not dissimilar with a complex case hub arrangement yet recognising there was not going to be one system across the whole of Lancashire.

One key point to note from the meeting at the end of May concerned the Health offer – unable to depart from the standard model but agreed to share information and help co-ordinate. Respondents in interviews confirmed the health area was tricky in light of the variations in the health economy (primary care, pharmacists, opticians, dentists, acute services, A&E, midwives, paediatrics, mental health etc). The selection criteria for CCH and MARRAC do not currently align.

***Blackpool**: reported as looking most viable for a live start at this point. A delivery plan was proposed, and a document was ready to be circulated. A workshop is planned for early June to pin down the process. Emerging from our interviews the focus was on arrangements at the 'front door' with concerns about timeliness and potential duplication being high on the agenda. High level buy-in reported with specifics around resource details to be finessed.*

Evaluation Note

September 2021

- *The team continue to be flexible in light of the delays to roll-out in all areas of Lancashire.*
- *The Excel spreadsheet has been analysed. It is unwieldy and it is not being populated currently.*

- *The on-line survey is under review*
- *Case studies: difficult to use in the evaluation but a sample can be extracted for illustrative purposes*
- *A map of the core 3 Me's in each area is has been our ambition but this has not yet been viable.*
- *Interviews – 8 interviews conducted in June and July but reflecting only on involvement in the pilot and progress since. Key issues*
    - *High level of faith and belief in the new process*
    - *Support for perpetrators was being consistently reported as poor*
    - *Social workers – reportedly not confident or well equipped*
    - *Measuring outcomes – key questions emerging from meetings and interviews - how measure better outcomes for all?*

October – December 2021

October 2021

Blackburn with Darwen were reported as having a good plan in place and it was looking positive for 2nd November start. Project Manager for across Lancashire to be appointed with all staff located in Duke Street (60/40 office/agile from home working).

Blackpool were reported as being 6 months behind BwD. Slow progress but there is good feedback with reportedly fewer issuing of care proceedings and reduced numbers of children going in to care 95 down to 75 per 100,000.

By the end of 2021 there was agreement to move forward with the two smaller councils first whilst Lancashire foregrounds the implementation of their child safeguarding model under the Statutory requirement. Task and finish groups had started but were reportedly a long way off finishing. LCC absence of a health representative. Lancashire reported aiming to be in a position in early 2022 to start the roll out of the new model. It was noted that 'Health' area is complicated and at this point the focus was on trying to figure out who is the best to identify to take control of the role.

November 16th, 2021, MARRAC Update

***Blackburn with Darwen** – start date now 4th January*

Programme Manager in place

SOP not yet agreed by all partner agencies

***Blackpool** – reported as currently difficult to engage with. Proposed model is available.*

***Lancashire** – recent changes made to 'front door' and embedded family safeguarding model. Feeling has been going in circles for a long time.*

November 22nd MARRAC Review/Implementation Meeting

6th December meet & greet

4th Jan start date

Evaluation Note

Interviews – further stakeholder interviews conducted. All interviews transcribed/notes written up.

Spreadsheet Data – outcome measures. MARRAC lead reports information to be collected and manner of recording under discussion.

In November the research team floated the idea of pausing the evaluation in light of the slow roll-out progress and absence of any live MARRAC data. Agreement that the team retrospectively write up the previously conducted pilot review based on existing documentation, presentations and grey literature.

On-Line surveys – drafts circulated for comment and ready to distribute to three groups: stakeholder partners, victims, perpetrators 2-3 weeks into new MARRAC process going line in 2022. Contact names and details for distributions requested.

By the end of 2021 a summary of the stage of the three areas of roll-out was reported as follows:

***Lancashire** – biggest challenge. Commitment is there but ordeal to get it moving – lack of detail over what is being committed to. Pathway model is being looked at, but info needed on resourcing and funding first. Implementation date not likely before end March 2022.*

***Blackpool** – significant progress but finer detail missing. Most agencies have agreed the staffing. Adults with complex needs is one area where the detail is missing. The municipal building is the venue.*

***Blackburn with Darwen** – 6th Jan start Very confident some cases will go through the new process. SOP Finalised, Information Agreement and Privacy Notice in place. Current restrictions – co-location not likely – to be done via Teams. All via CABs model – front door. 4th/6th not likely to be the end model – front door one rout in needs more discussion Children's Soc Care ready, Adult more discussion needed.*

January 10th, 2022, Strategic MARRAC Meeting

***Blackburn with Darwen** – 24th January start. Information sharing was not ready*

SOP – firming up the pathway

Agency briefing delayed. Teething problems with access to system.

Start will be on basis of continuous improvement.

***Blackpool** – progress is being made. Pathways – there are outstanding issues with the details. No start date. Keen to be co-located. Waiting for accommodation*

***Lancashire** – meetings happening this week.*

January 13th MARRAC Evaluation Progress

preliminary feedback on Pilot Report received (13/1/22)

Pilot Report is with VRU for review

***Blackburn with Darwen -** 24/01/22 Go live*

Core Team walk through due this week – end to end process – continuous improvement approach to model.

SOP ready on 14th Jan – will be a living document

Information Sharing agreement is out.

7-minute briefing document available (received from HS/AC?)

Coordinator's role still under discussion – funding in place for 3 months

***Blackpool** - Key driving force has departed, and this is concerning*

28 core measures identified as measures for evaluation

Finder detail of who is doing what is missing

Start date likely to go beyond March.

***Lancashire** - Resource issue in family safeguarding is evident*

Two routes in are being considered:

(i) MASH route – front door and
(ii) Direct

***March 7th, 2022, MARRAC Reflective Practice meeting** (21 members)*

Recorded meeting (received from HS and AC) and notes taken by research team

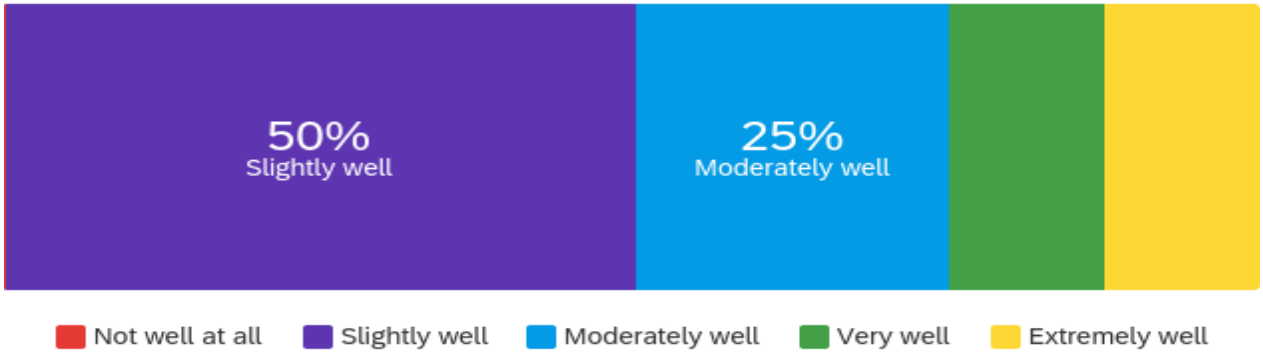
Request HS write up of the Reflective Practice meeting

Evaluation Notes

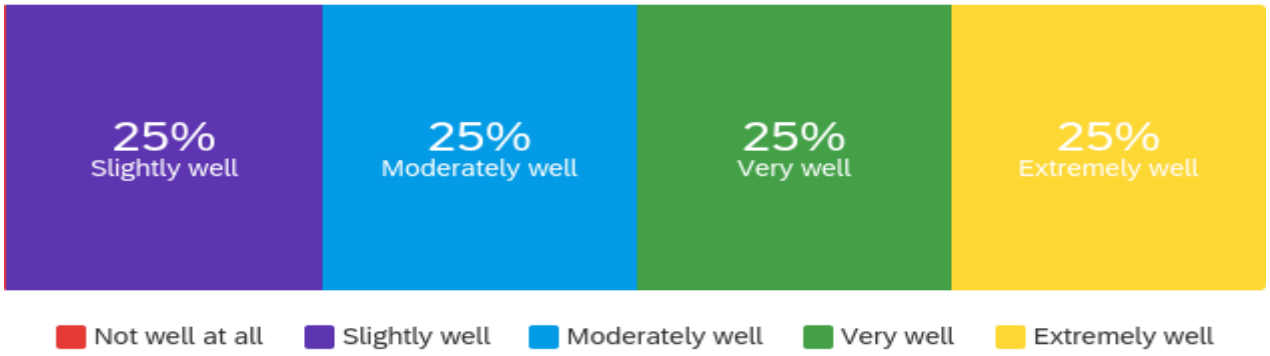
- *Pilot evaluation report submitted 4th January – preliminary feedback received (13/1/22)*
- *Comments received on draft survey. 3 Surveys to be on Qualtrics platform*
- *List of stakeholders' contact received. Further names of stakeholders requested*
- *2 further interviews conducted*
- *Agreement for our research report to be primarily a process evaluation*
- *Outcomes to focus exclusively on BBwD as the only area operational*

10.2 APPENDIX B: COMPLETE STAKEHOLDER SURVEY RESULTS

How well do you feel you understand the new MARRAC process?



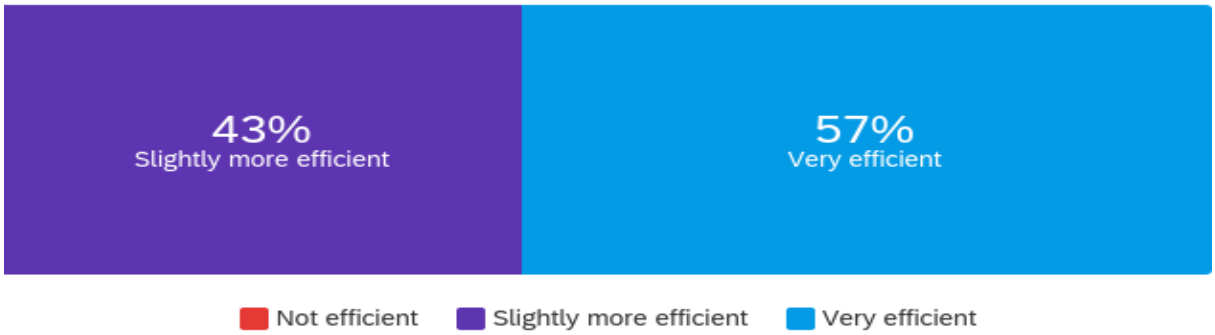
How well do you understand the core principles of the MARRAC?



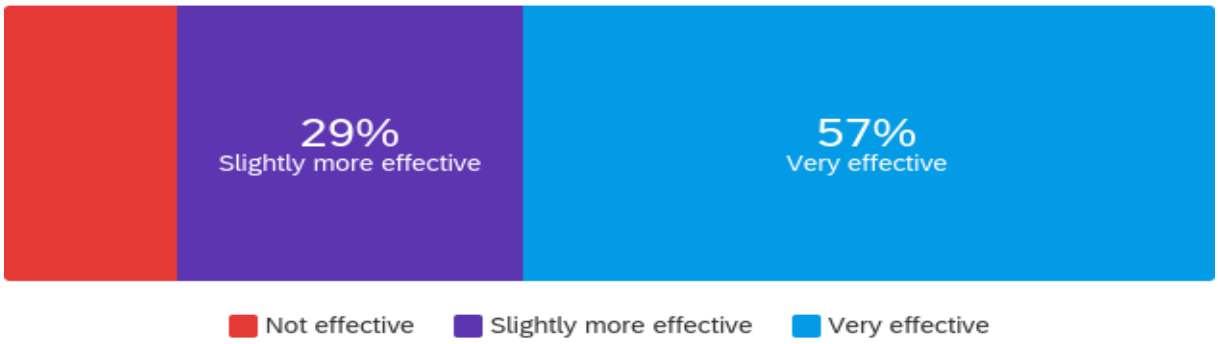
How well do you feel the new model aligns with the core principles?

- Early stages but we are adjusting to the new core principles and focusing on the 3 ME's with much better interventions for perpetrators than previously.
- I think it makes it more focused and therefore more appropriate for the process
- There are 10 core principles of MARAC and whilst the new model reflects them, there are still questions of what happens when a case meets the criteria but is referred not be the police and is assessed as others as not meeting the criteria, especially IDVA referrals. When IDVA has brought the victims voice they have been informed it isn't the place to voice them. It is a small core team (with expert pulls) however some of the other core members should attend. It will be easy for this team who have other roles to be overwhelmed with the volume and for victims to then be left a risk. There have been some good outcomes and especially information and actions from LCSFT.
- Well, though still learning and continuous improvement Journey.
- it seems quicker, less time consuming and overwhelming than previously.

In your experience to date, do you feel that the new MARRAC model is more efficient ?



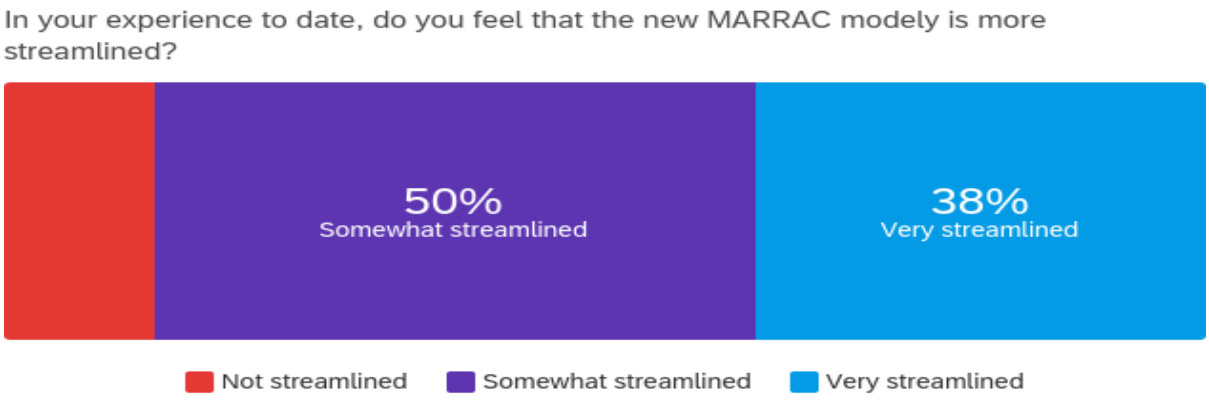
In your experience to date, do you feel that the new MARRAC model is more effective than the previous model??

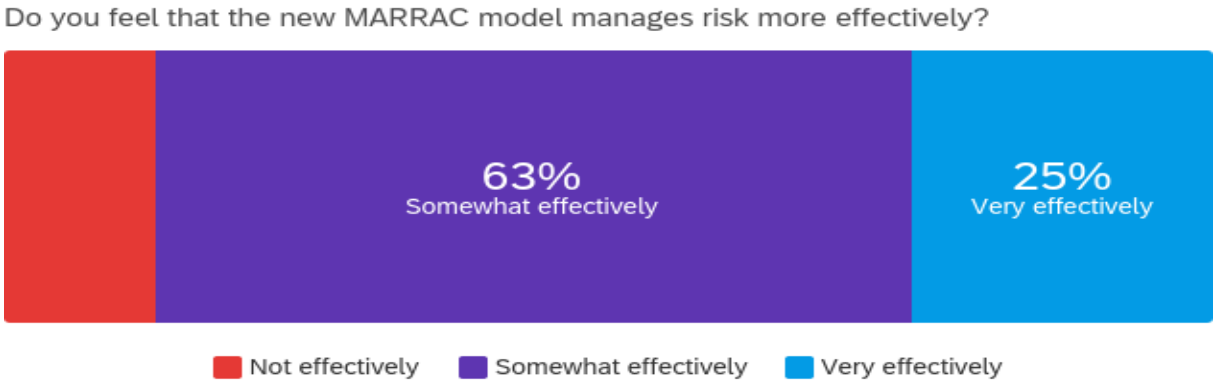


Is the new model more effective?

- Yes, absolutely - referrals to BWD MARRAC are heard on a weekly basis and we hold two meetings per week. Good representation from Core Partners representing several agencies. partnership approach to reducing risk with clear actions, roles and responsibilities identified and engagement of the ME's. We review each open case on a fortnightly basis and avoid cases drifting within the system. Effective, Joined up Safeguarding approaches in place.
- We are supposed to try and offer support for the 3 MEs and this isn't always possible, through non-engagement or the offender not working with any professionals. There is no dedicated professional to speak to the offender to offer support for behaviour change.
- it feels more appropriate to discuss cases this way and not as overwhelming. The nature of the information is traumatic to hear for 8 hours and I didn't feel it focussed on efficiency, by the end of the day it was exhausting and difficult to concentrate. Each family should be awarded the same consideration, compassion and I always struggled to reflect on whether we do enough for adults without children. I do feel that a small amount of cases and sharing information is more helpful and allows for more time to research and make contact.
- With more frequent meetings discussing high risk cases we can address the concerns quickly and effectively ensuring the correct agency case coordinates the family. In the old system of MARAC where a large number of cases were heard in one meeting held every 4 to 6 weeks and I felt cases heard later in the day received a less favourable service than the cases heard earlier

- Victims voices are being heard much quicker. Has reduced the feeling of working in silo which can be the case sometimes. Partner agencies more mindful of others timescales.





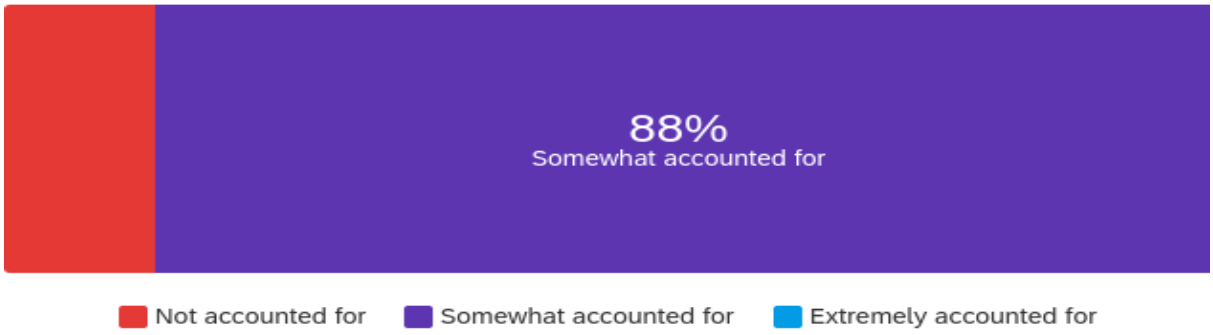
Does the new model manage risk more effectively?

- There are some professional agencies that appear not to want to hold on to risk and pass it elsewhere namely towards the police.
- Shared risk, dealing with risk in 'real time' as opposed to weeks after a disclosure or incident.
- I think there is a need for training on risk and what meets the criteria, we are being told that it is just for the most high risk cases, which has always been the criteria. It is how we identify these risks within the new MARRAC and still capture the quick relationship, coercive control, ongoing abuse, repeat cases which are shown time again to occur in DHRs (not high levels of physical abuse). This is under discussion and training is being looked at. The concept is great but risk cannot always be managed by a focus on support and health, especially in the cases of non-compliant repeat offenders. The concept is great and is designed to prevent repeat offending by working with the 3 me's. When we are able to do this it is the best ways of preventing repeat offending However, offending behaviour needs to be addressed before the support issues for the offender. Counter allegations need to be screened as this prevents primary victim accessing support and increases risk
- We are able to evidence MARRAC referrals / open cases that have made a significant difference in early safeguarding responses being co-ordinated as a result of the case being heard at MARRAC and early identification of systems being flagged and tagged to

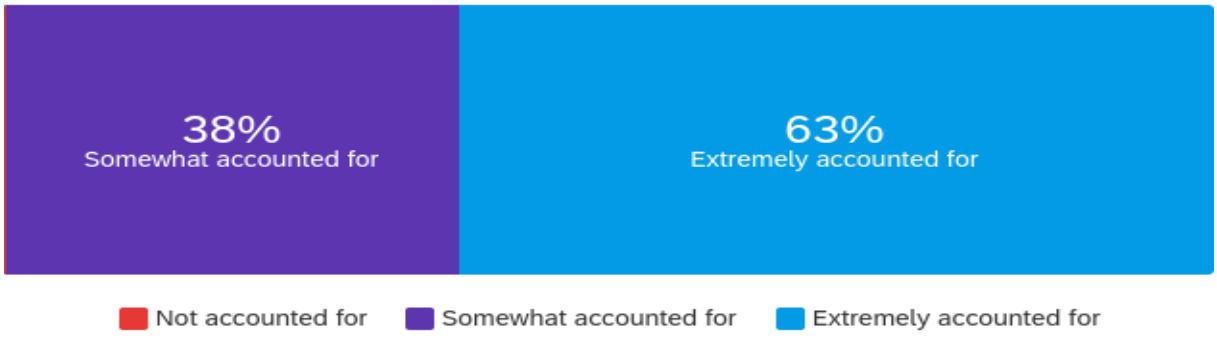
alert staff / services that the ME's are at High Risk DA and referrals have been escalated appropriately.

In your experience to date, how well do you feel that victims are accounted for?

How well are perpetrators accounted for in the new system?



How well are children accounted for in the new system?



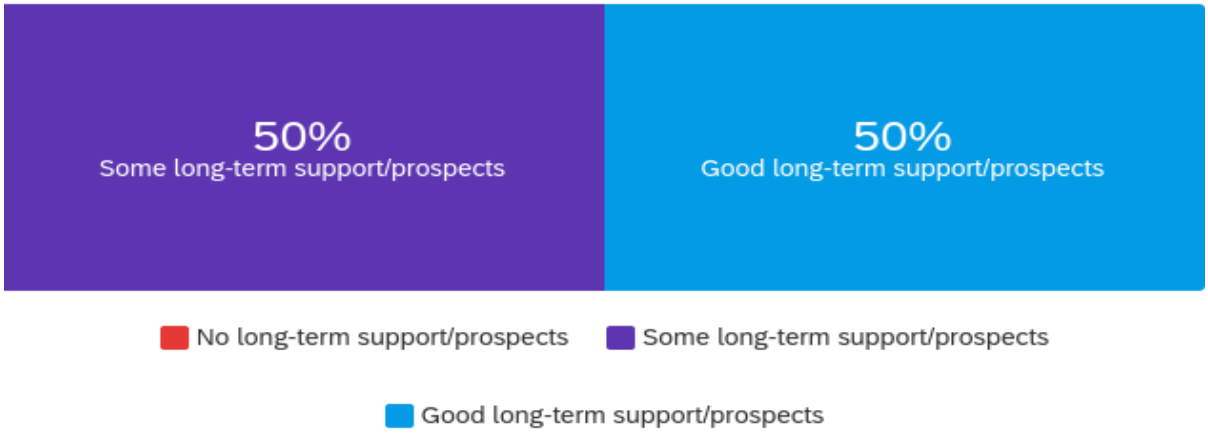
Accounting for the 3 MEs: please provide further reasoning for your responses (if appropriate).

- Trying to engage Perpetrators safely, in a timely manner and in line with the co-ordinated safety plan remains a challenge. We are able to evidence a significant gap in this area of delivery with the ME's. We have had some limited success engaging perpetrators within the custody suites and linking with the L&D team and also if open to Probation Services or Children's / Adults Social Care. Though if they are outside of these

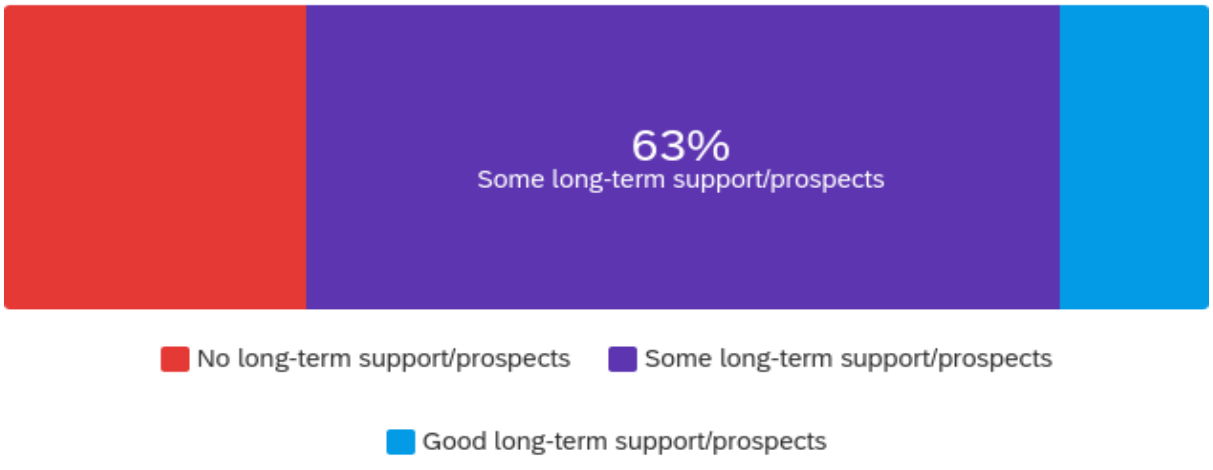
services, it is increasingly difficult to find a way or the right person to make the initial contact and seek to engage within the MARRAC process. We are currently exploring options on how best to address this across our multi-agency partnership. We need to understand the Perpetrators needs, views and root causes to be able to effectively offer support, reduce risk with the aim of preventing repeat referrals.

- There is no designated perpetrator worker to speak to the perpetrators - some we are unable to work with due to obsessive, stalking behaviour as any work with them could be used to empower them to offend
- Targeting the needs of perpetrators is crucial. it instills faith in the survivor and also allows perps to reflect on their behaviour and may also highlight caring roles that that continue
- Perpetrators appear more difficult to engage due in part to funding or on-going police investigations which causes some restrictions. Ways of improving perpertrator involvement are being considers i believe
- The support locally for victims/survivors and their children is well established in our area. There is a gap in service for a dedicated perpetrator worker to engage into the process where it is safe to do so. This is an opportunity to work creatively with perpetrators and funding needs to be considered to improve the process

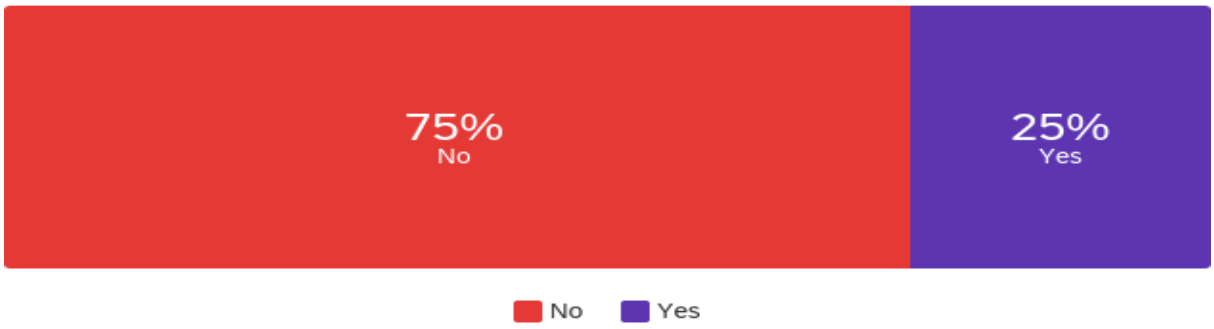
Do you feel that the new MARRAC provides better long-term support and prospects for victim/survivor?



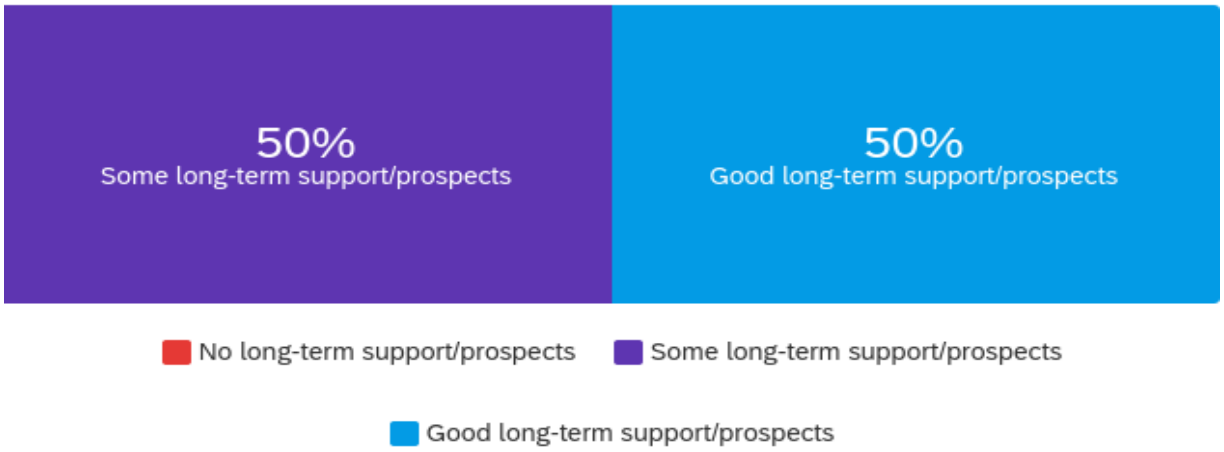
Do you feel that the system provides better long-term support for perpetrators?



Is there a reduction in re-offending?



Does the new system provide long-term support/prospects for children?

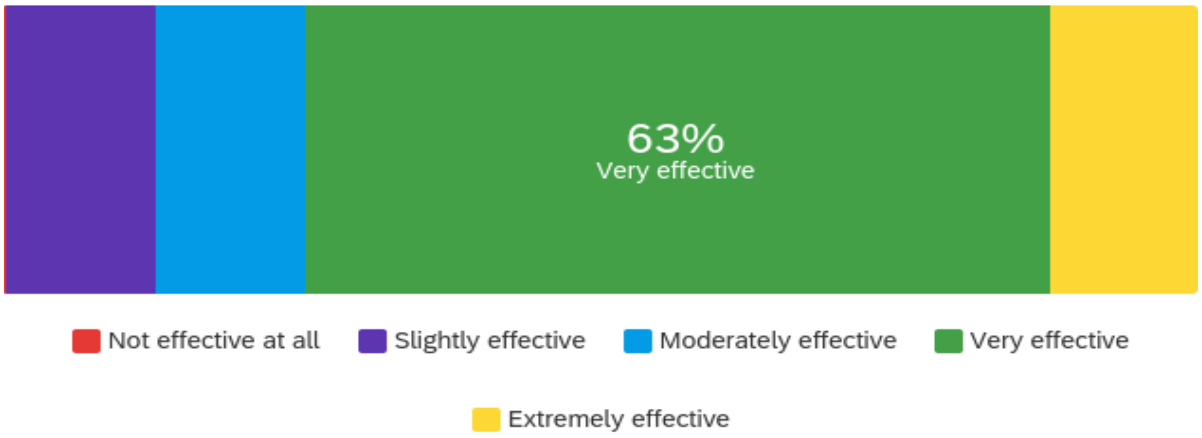


Re long-term support, please provide further reasoning for your responses (if appropriate).

- It is too early to answer the question in relation to re-offending. BWD MARRAC has only been operational for one month at this point. All of our referrals to date are counted as 1st referral, hold value and meet purpose. We have not yet received repeat referrals. We review each MARRAC case fortnightly to ensure effective safety and support plans are in place to reduce the risks. Once risks reduce within MARRAC, it is closed to us, though will remain open to partners / other agencies for ongoing / longer term support. Hopefully, this approach will see a reduction in offending further down the line and if we can strengthen our approach with regards to the early engagement of perpetrators, we are confident we can contribute to reducing re-offending and have a more positive impact on breaking the cycle of DA.
- At present I am unable to assess if this will result in a reduction in re-offending as there isn't enough evidence to assess this as the MARRAC hasn't been in place long enough. However, there has been some good outcomes.
- I would imagine that when perpetrators are talking with officers or the best person to speak to deal with them, they will be less likely to not think about their actions

- I haven't answered the reduction of offending as the new process hasn't been in place long enough to consider
- It is too early to gauge if there is a reduction in offending.

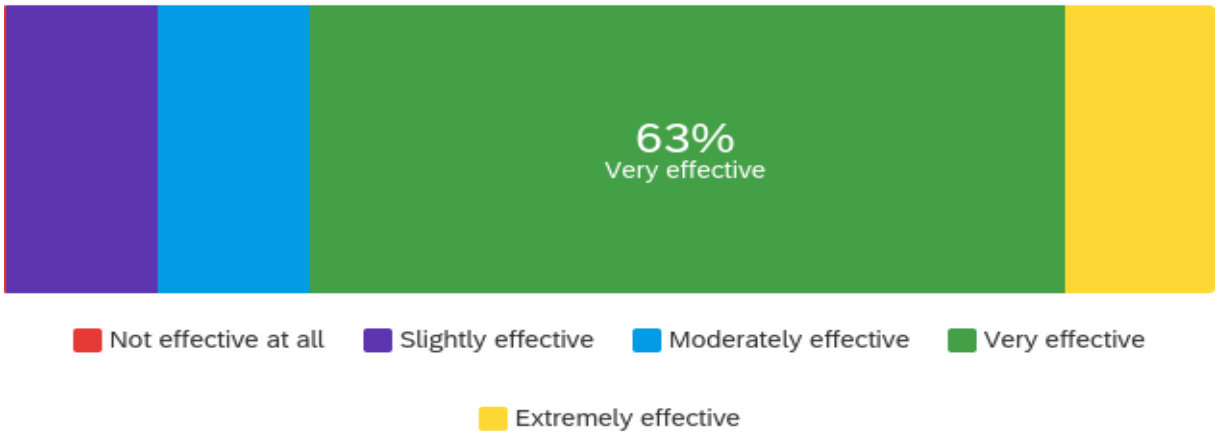
Multi-Agency working - How effective is multi-agency working in the new MARRAC?



Multi-agency working: please provide further reasoning for your response.

- It has brought our safeguarding team up to speed with communicating better with other partner agencies.
- There is a core group who work well together and have other expert 'pulls' to call on to get the correct support in place for the MEs.
- Strong commitment to the new process. New process works well when there are reps from agencies who can make quick decisions and commitment staff/time etc. Good knowledge of domestic abuse in general for all partners.
- Access to information, flagging and tagging systems, effective safety & support plans, good communication across the partnership and collaboration.

How effective is information sharing in the new MARRAC?

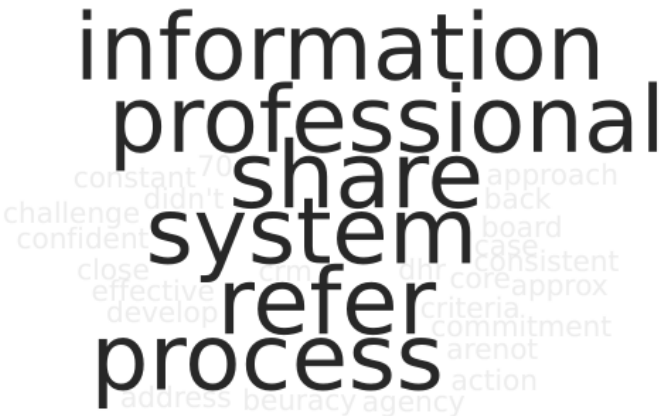


Information sharing: please provide further reasoning for your response.

- We have Information Sharing Agreements in place and all of the appropriate Information Governance policies and procedures. We have an established, Secure MARRAC Teams and SharePoint Portal in place, which enable us to share information, access information and collaborate in the most efficient and effective way and reduces the risks of IG breaches.
- The information shared is very effective and the professionals involved are all experienced and work effectively in a multi-agency approach
- the co-ordinator is enthusiastic about the new way of working together. This is encouraging and I can see they want it to work well
- smaller number of cases that are discussed to see if the meet the need of MARRAC and the cases are shared throughout the core to be able to plan and feed in to the meetings what is going on for the MEs and it is recorded within sharepoint notes and professionals also record information within their own systems
- Don't appear to be any identified gaps as yet.

Reflections - What do you think are the most positive aspects of the MARRAC model?

What are the main challenges with implementing the MARRAC model?



What do you think are the most positive aspects of the MARRAC model?

- The core values and principles that underpin the new model and way of working. Putting 'ME's' first and central to the model. Multi-agency working and approaches. Weekly meetings to pick up high risk DA referral early and the co-ordination of effective safety and support plans. - All of the MARRAC model and approach, it makes a significant and positive difference.
- That there is a further commitment to those who are experiencing high risk concerns and that further support is being offered.
- That we are trying to work with the 3 MEs but there is a gap.
- Change! the old way was very effective in the early days when MARAC was rolled out, however, due to the nature and increases in Domestic violence/abuse the length of meetings proved to be unmanageable with each session covering approx 25-30 in a day. I feel people require more in depth support and time to discuss their background and of previous relationships etc.
- Regular meetings to discuss smaller number of high risk cases and to ensure that they meet the high risk of Significant Harm and not trying to carry cases where ther isn't that risks as has been the case in the old MARAC system
- Quicker multi agency response for victim/survivors/removing lengthy full day meetings which can often 'lose' victims voices/ focus on the correct victims at the right time/managing risk at the earliest response/

What do you think are the main challenges with implementing the MARRAC model?

- Working with several different systems (CRM's) that do now work together or link to share information. Organisational processes, Systems, Polices and procedures - inconsistency across partnerships. Bureaucracy.
- This is a new approach and with anything new, time is needed to develop a consistent response. Constant evaluation needed of the parts which are/are not working.
- That there are only a small core group and that other professionals are an expert pull, this is effective for information sharing but not for them taking actions. The other main challenge is the criteria for referral to MARRAC as the original criteria is longstanding and approx. 70% of DHRs have been heard at MARAC. There is work ongoing on this and I sure this will be ironed out.
- Getting everyone on board. there are many different key agencies to address and welcome on board.
- Professionals - some are very reluctant to embrace the new processes and keep referring back to the old system, which in my opinion didn't meet the needs of the MEs.
- Maintaining this level of commitment. Recognising when we have done all we can and feeling confident to close cases.

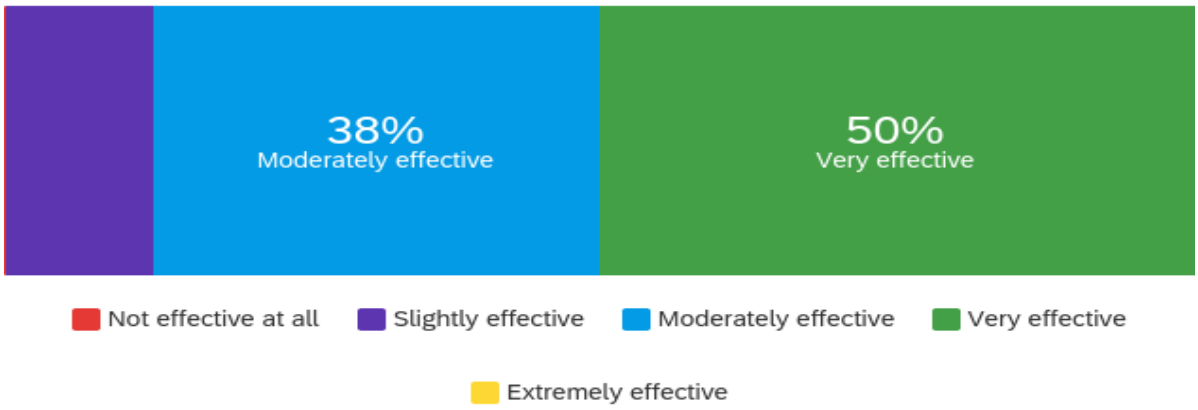
What (if anything) do you think could be improved about the MARRAC model?

- It is very early on in the BWD MARRAC model, though we acknowledge it's a continuous improvement journey and there has been lots of evidence based learning to date, which

has already underpinned some of the changes made in terms of process and procedure. We are holding a MARRAC Reflective Practice Meeting to capture our learning, to inform how MARRAC could be improved and to ensure we can move forward in the most positive and effective way post March with all necessary resources in place.

- A further focus on Trauma-informed approach to this model, to include the MARRAC team, those who are referred into MARRAC and for the MARRAC processes. A deeper understanding of how trauma has an impact on everyone and why it is so important for the work that we do.
- Having a dedicated team, whose role is only MARRAC with more core services and a dedicated perpetrator worker.
- A training session – what's expected of a MARRAC representative
- My only thoughts were that it needs a logo/branding to make people aware of it
- Moving from daily briefings to twice weekly has improved the new model. At this juncture I am not sure on further improvements, but as the process developments, there will no doubt be improvements we will identify and consider.

Overall, how effective is the new MARRAC model?



Is there anything else you wish to add about the MARRAC process?

- Professionally, I have worked in Safeguarding Services for many years and have previous experience of MARAC. Multi-Agency working and Teams is the way forward to ensure vulnerable children, adults and families are supported, risks are reduced and most importantly all of the ME's have a 'voice' and are 'visible' and able to be a part of the solution too.
- It is only in the early stages and it is being modified all the time and all these issues are being looked at. The professionals involved are all very experienced and I am sure that once it is established and teething issues are ironed out it will be effective.
- I welcome the change, it gives me more time to do my own job as well as the MARAC process without feeling overwhelmed
- I am very impressed with the new system. It is more focussed and working with other professionals we are all learning new things that can only go on to improve and ensure this new process is set up correctly and that the MEs are at the heart of all decision making by all the professionals involved

10.3 APPENDIX C: 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.

10.4 APPENDIX D: BLANK SURVEYS

10.4.1 MARRAC stakeholder survey

Please read the following:
All information will, as far as possible, be kept anonymous, and confidentiality is assured. The evaluation team cannot offer partner agencies and key stakeholders complete anonymity. However, all names and identifiable information will be removed from any dissemination of the survey.
I understand that I have a free choice to participate in this evaluation. I understand that I am able to withdraw at any time whilst completing the survey and my responses will be removed. However, once I have completed the survey, I will be unable to remove my responses, as these will be difficult to identify from the pool of other participants.
I understand that I have the right to refuse to answer any question or discuss any topic that I do not want to talk about.
I agree that the research team can record, process and analyse the information derived from the online survey.
I understand that any data generated by the research will be securely managed and disposed of in accordance with Northumbria University's guidelines.
I understand that this information will only be used for the purposes of the MARRAC evaluation and any associated dissemination of the evaluation findings and writing up in reports.
I am aware that if I have any general questions about this project, I can contact Pamela by email at pamela.davies@northumbria.ac.uk. I have been informed that if I have any serious concerns about my involvement in the project, I can contact Professor Michael Rowe at michael.rowe@northumbria.ac.uk.
By clicking 'I agree' - you are consenting to the above.

○ I agree (1)

Q2 What is your role within the MARRAC?
_____

Q3 How long were you involved in the previous MARAC process?

○ 0-3 months (1)

○ 3-6 months (2)

○ 6-9 months (3)

○ 9-12 months (4)

○ 12-18 months (5)

○ 18-24 months (6)

○ 2 years + (7)

○ I wasn't involved (8)

Q4 How long have you been involved in the new MARRAC process?

_____

Q5 How well do you feel you understand the new MARRAC process?

○ Not well at all (1)

○ Slightly well (2)

○ Moderately well (3)

○ Very well (4)

○ Extremely well (5)

Q6 How well do you understand the core principles of the MARRAC?

○ Not well at all (1)

○ Slightly well (2)

○ Moderately well (3)

○ Very well (4)

○ Extremely well (5)

Q7 How well do you feel the new model aligns with the core principles?

_____

Q8 In your experience to date, do you feel that the new MARRAC model is more efficient than the previous model?

○ Not efficient (1)

○ Slightly more efficient (2)

○ Very efficient (3)

Q9 Please provide further reasoning for your above answers.

_____

Q9 In your experience to date, do you feel that the new MARRAC model is more effective than the previous model?

○ Not effective (1)

○ Slightly more effective (2)

○ Very effective (3)

Q11 Please provide further reasoning for your answer.

_____

Q10 In your experience to date, do you feel that the new MARRAC model is more streamlined than the previous model?

○ Not streamlined (1)

○ Somewhat streamlined (2)

○ Very streamlined (3)

Q11 In your experience to date, do you feel that the new MARRAC model manages risk effectively?

○ Not effectively (1)

○ Somewhat effectively (2)

○ Very effectively (3)

Q14 Please provide further reasoning for your answer.

Q12 In your experience to date, do you feel that the 3 Me's are accounted for?

a) Victim/survivors

○ Not accounted for (1)

○ Somewhat accounted for (2)

○ Extremely accounted for (3)

Q16 b) Perpetrators

○ Not accounted for (1)

○ Somewhat accounted for (2)

○ Extremely accounted for (3)

Q17 c) Children

○ Not accounted for (1)

○ Somewhat accounted for (2)

○ Extremely accounted for (3)

Q18 Please provide further reasoning for your responses (if appropriate).
_____

Q13 In your experience to date, do you feel that the new MARRAC provides better long-term support/prospects for the 3 Me's?
a) Victim/survivors

○ No long-term support/prospects (1)

○ Some long-term support/prospects (2)

○ Good long-term support/prospects (3)

Q20 b) Perpetrators

○ No long-term support/prospects (1)

○ Some long-term support/prospects (2)

○ Good long-term support/prospects (3)

Q22 Is there a reduction in re-offending?

○ No (1)

○ Yes (2)

Q21 c) Children

○ No long-term support/prospects (1)

○ Some long-term support/prospects (2)

○ Good long-term support/prospects (3)

Q23 Please provide further reasoning for your responses (if appropriate).
_____

Multi-Agency working: How effective is multi-agency working in the new MARRAC?

○ Not effective at all (1)

○ Slightly effective (2)

○ Moderately effective (3)

○ Very effective (4)

○ Extremely effective (5)

Q26 Please provide further reasoning for your response.
_____

Q25 How effective is information sharing in the new MARRAC?

○ Not effective at all (1)

○ Slightly effective (2)

○ Moderately effective (3)

○ Very effective (4)

○ Extremely effective (5)

Q27 Please provide further reasoning for your response.
_____

Reflections: What do you think are the most positive aspects of the MARRAC model?
_____

Q29 What do you think are the main challenges with implementing the MARRAC model?
_____

Q30 What (if anything) do you think could be improved about the MARRAC model?
_____

Q32 Overall, how effective is the new MARRAC model?

○ Not effective at all (1)

○ Slightly effective (2)

○ Moderately effective (3)

○ Very effective (4)

○ Extremely effective (5)

Q33 Is there anything else you wish to add about the MARRAC process?

_____

Q35 Thank you for taking the time to respond to this online survey. For general enquiries about the project contact Pamela by email at pamela.davies@northumbria.ac.uk. For any serious concerns about your involvement in the project, contact Professor Michael Rowe at michael.rowe@northumbria.ac.uk.

10.4.2 Feedback from MARRAC clients

Feedback survey We would like you to give us some feedback about your experience of the MARRAC system and the multi-agency support you received. It should only take you about 5 minutes to complete the survey. Your answers will be gathered by Northumbria University and kept anonymous. Your answers will help us to improve the service in future.

Please answer the questions below.

Q1 Overall, what was your experience of the help and support you have received?

○ Excellent (1)

○ Good (2)

○ Average (3)

○ Poor (4)

○ Terrible (5)

Q2 Please add a little more information to explain your answer.

_____

Q2 Please choose your responses from the following:

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The case co-ordinator asked me what support I needed	○	○	○	○	○
They helped me to access the support I needed (2)	○	○	○	○	○
I feel that I was treated sensitively (3)	○	○	○	○	○
The system was efficient (4)	○	○	○	○	○
I was kept informed as my case progressed (5)	○	○	○	○	○
The process was easy to understand (6)	○	○	○	○	○

Q3 Please tell us about the positive aspects of the support you have received.

_____

Q4 Please tell us about the barriers you have faced, or any negative experiences.

_____

Q5 What should we change about the MARRAC process?

_____

Q6 Please write anything else you would like us to know about the MARRAC process here.

_____

Thank you for answering the survey