Analytical Services Group

Review of MARAC 2017

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My sincere gratitude and thanks to you all.

Through access to the MARAC process we have witnessed a group of extremely dedicated and driven individuals, tirelessly working to change the lives of those subject to domestic abuse - truly inspirational.

I hope this report, in some way, will help to serve you in the continuation of this work.

Executive Summary

Background

Since the end of January 2010 MARACs (Multi Agency Risk Assessment Conferencing) have been operational in each of the policing districts across Northern Ireland, with 10 MARACs currently in operation. The main objective of this review is to explore the functionality of MARACs within Northern Ireland. It is beyond the scope of this review to conduct a full outcome evaluation of MARACs.

Methodology

This review was completed by Analytical Services Group (ASG - a unit within the Department of Justice). ASG is comprised of a team of statisticians on secondment from the Northern Ireland Statistics and Research Agency. The nature of this working relationship allows DOJ to have a dedicated team providing research and statistical services, with the reassurance that any such work is completed by an independent body, adhering to strict legislated and professional guidelines. The approach taken by ASG included an online survey of all those attending MARAC, focus groups with a stratified selection of five MARACs, the completion of the SafeLives toolkit by all 10 MARACs and a quantitative review of MARAC performance data from 2013 to 2016.

Of the approximately 80 participants who were asked to take part in the survey, 61 (76%) provided a full or partial response, findings from which are presented in sections 2 and 3. Findings from the focus groups are also included in sections 2 and 3, and were conducted with one MARAC in each of the five Trusts, namely; Belfast, Craigavon and Banbridge, Antrim, Bangor and Ards, and Enniskillen and Omagh. In total 46 MARAC members took part in the focus groups.

Involvement in MARAC

- The majority, (50 of 54, 92.6%) felt that the frequency of their MARAC meetings was about right and in terms of the volumes of cases reviewed, the majority 43, (79.6%) also stated that they thought the number reviewed was about right.

- When asked if these meetings should still be chaired by PSNI, 47 (87%) stated that it should, four (7.4%) stated that it shouldn't and three (5.6%) stated that they didn't know. Three of the four who stated it should not be chaired by PSNI, suggested that the chair should be rotated.

SafeLives Principles

- There were varying levels of awareness and adherence to the SafeLives Principles. The lowest levels of reported effective adherence related to 'Principle 4 – Independent representation and support for victims' (23 of 53 participants, 43.4%), and 'SafeLives Principle 10 - Governance' (54.7%).

Identification (Principle 1)

Professionals recognise domestic abuse, risk assess and identify high-risk cases

- In terms of the referral criteria used the majority, but not all, appear to be using DASH. There is still a reliance on professional judgement and other locally designed assessment tools. When asked how clear they felt the referral criteria were for MARAC, 17 of the 53 who responded (32.1%) stated that they were very clear, 25 (47.2%) stated that they were quite clear, eight (15.1%) remained neutral, and two (3.8%) felt they were not very clear. One person stated that they didn't know.
- Of the 52 participants who responded, 46 (88.5%) stated that it was 'always' made known if a case was a repeat referral and six (11.5%) stated that it was 'almost always' made known. The focus groups provided an opportunity to discuss this issue and highlighted a need for more clarity, oversight and training in this area.

Referral to MARAC (Principle 2)

All victims who meet the MARAC threshold are referred to MARAC

- Of the 53 who responded, 45 (84.9%) stated that they felt the appropriate types of cases were being referred to their MARAC, five participants (9.4%) stated that the appropriate cases were not being referred and the remaining three participants (5.7%) stated that they didn't know. Suggested improvements to the referral process focused on the need

for more training, particularly around the referral process, more clarity on what is meant by 'High Risk' and better engagement/training with a wider group of professionals such as GPs and Nurses.

- Of the 52, 44 (84.6%) stated that, where appropriate, victims are informed of their referral to MARAC. The remaining eight (15.4%) stated that they did not know. When asked if anything could be done to improve this process, participants pointed to the implementation of an Independent Domestic Violence Advisor (IDVA) service, and the need to engage victims in a more proactive way.

Multi-Agency Engagement (Principle 3)

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the MARAC.

- When asked if there was adequate attendance at MARAC meetings by relevant statutory agencies, specialist domestic violence services and voluntary and community organisations, 29 (55.8%) of the 52 who responded stated that there was, 22 (42.3%) stated that there wasn't, and one indicated that they did not know. All 51 participants who responded, stated, that representation from different agencies at MARACs was 'very important' (48 participants, 94.1%) or 'important' (three participants, 5.9%).

Independent Representation and Support for the Victim (Principle 4)

All high-risk victims are offered the support of an IDVA; their views and needs are represented at MARAC

- Participants were asked to state if they felt that the views of victims were appropriately represented through the current MARAC structure. Overall 51 participants responded, 28 (54.9%) stated 'Yes', 14 (27.5%) stated no and nine (17.6%) stated they did not know. Improvements to victim engagement were also highlighted. All the focus groups stated that there was a need to introduce an Independent Domestic Violence Advisor (IDVA) service within Northern Ireland to ensure there is consistent and ongoing support for victims.

Information Sharing (Principle 5)

MARAC representatives share relevant, proportionate, risk-focused information

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- The majority of participants reported familiarity with the MARAC Operational Protocol and the MARAC Information Sharing Agreement, signed by their organisation, as well as guidance on the secure storage of information.
- Participants were asked if they felt there were barriers to sharing information within the MARAC's. Of the 50 participants who responded, 11 (22%) stated there were barriers, 32 (64%) stated there were not and 7 (14%) stated they did not know. Comments made, highlighted the difficulties created for full disclosure, such as, agencies/groups not attending, while others highlighted practice concerns about sharing information between statutory agencies and community organisations, along with general ethical concerns about breaching confidentiality.

Action Planning (Principle 6)

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour

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- Participants were asked to rate how often Multi-Agency Action Plans included a series of key factors outlined under SafeLives, Principle 6. All participants reported that action plans, 'always' or 'almost always' contained clear actions. In contrast, more than half, 25 of 48 participants) stated that action plans 'occasionally/sometimes' or 'almost never' contained elements to 'routinely manage, disrupt or divert perpetrators behaviour' and 16 participants stated that actions were 'occasionally/sometimes' or 'almost never' time bound.
- When asked if action plans are monitored to assess how effective they have been, nine stated 'yes', they were. Eight participants stated no monitoring was completed and the remaining 31 stated they did not know if monitoring of plans occurred.
- Overall when asked how effective they felt the action plans drafted by their MARAC have been, eight stated that they thought they had been 'effective', 30 stated 'somewhat effective' and 10 stated that they did not know.

Number of Cases (Principle 7)

The MARAC hears the recommended volume of cases

- When asked if they felt capacity within their MARAC was adequate to discuss the current number of cases, 41 stated it was and four stated it was not.
- When asked if they felt there was capacity within their MARAC to discuss more cases, 15 stated there was, and 30 stated there was not.

Equality (Principle 8)

The MARAC addresses the unique needs of victims with protected characteristics[1]

- Participants were asked to indicate if their MARAC treated all individuals with respect, regardless of age, gender, race, ethnic origin, sexual orientation or disability in line with the MARAC Operational Protocol. Of the 45 participants who answered, 44 stated they did and one stated they did not know.

Operational Support (Principle 9)

There is sufficient support and resources to support effective functioning of the MARAC

- Participants were asked if they felt there was adequate administrative support and resources available to support the effective running of their MARAC; 35 stated that there were, four stated no and six stated they didn't know. Comments were also made in relation to what additional support was required. A further comment was made in relation to a lack of administrative resources within the Trust to support MARAC. It was felt, clearer guidelines on the roles of the MARAC administrators across Northern Ireland, was needed to ensure consistency. A further comment was made, highlighting the struggle administrators experience with their workload and their concerns that they may be doing work beyond the scope of their role.

[1] Protected characteristics related to section 75 equality groups.

Governance (Principle 10)

There is effective strategic support and leadership of the MARAC response and agencies work together effectively.

- Of the 45 participants who responded fully to the survey, nine stated that they did not know there was a MARAC Operational Group (MOG). Twenty-eight stated that they would like more information about the working of the MOG and 35 thought it would be useful to receive records of the MOG meetings.
- Only five of the 45 participants stated that they had attended a MOG. It was commented that MOG meetings can lack clear focus and direction.
- Participants were asked to rate how much they agreed/disagreed with a series of statements related to key actions of MARAC governance. Overall, all participants agreed that there was a MARAC operation and information sharing protocol. However responses were more varied with regard to there being clear responsibility for measuring outcomes and the impact and effectiveness of the MARAC, with only a third, (15 of 45) agreeing with this statement.

Review of Performance Data

- The survey responses and the focus groups highlighted a noticeable decline in the number of cases reviewed by MARAC. Whilst figures remain largely stable through 2013 and 2014, from Quarter 1 2015 cases reviewed appear to decline, reaching a low of 272 referrals per month by the end of that year. Since then figures appear to have recovered but still not reaching the highs of previous quarters.
- PSNI remain the largest and main source of referrals to MARAC followed by the voluntary sector.
- In terms of victim profile of cases reviewed by MARAC, the majority are in relation to female victims of domestic violence, with male victims making up approximately one in twenty of cases reviewed.
- As with ethnic minorities, cases reviewed related to the LGBT community and those with disabilities are small and appear to be relatively consistent over the last four years.

Observations

- General observations have been made throughout this report and specifically in section five. These observations are based on key themes emerging from the findings of this report, including comments around the referral process, repeat referrals, victims, training, multi-agency engagement and the MARAC Operation Group (MOG). This is neither an exhaustive nor a prescriptive list. Rather it is provided to guide not dictate practice development.

1. Introduction

1.1 Background

MARAC (Multi Agency Risk Assessment Conferencing) was developed in Cardiff in April 2003 to help victims of domestic abuse. Following a successful evaluation of the Cardiff pilot, over 200 MARACs have been rolled out across England and Wales. Since the end of January 2010, MARACs have been operational in each of the policing districts across Northern Ireland, with 10 MARACs currently in operation.

The main aim of a MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health and wellbeing of victims – adults and children. In a MARAC, local agencies will meet to discuss the **highest risk** victims in their area. They will share information about the risks faced by those victims, the actions needed to ensure their safety, and the resources available locally to create a safety plan for them.

Tackling domestic violence and abuse was viewed as a Ministerial priority in Northern Ireland and the first year action plan for the new 'Stopping Domestic and Sexual Violence and Abuse Strategy' contains a commitment to undertake a review of MARACs (March 2016). With reference to this commitment, this review has been commissioned on behalf of the Department of Justice, Police Service of Northern Ireland and the Department of Health, and will examine the operational effectiveness of MARACs and identify areas for further consideration. While undertaking the review cognisance was taken of the 'MARAC Development Report for Northern Ireland' which was completed and published in May 2016 by SafeLives[2], a national charity dedicated to ending domestic abuse.

The main objectives of the review are to explore:-

- the effectiveness and efficiency of MARACs;
- how the MARAC model operates (including the extent to which it adheres to the SafeLives Principles), and
- Potential areas for future development.

[2] SafeLives formerly called CAADA - Co-ordinated Action Against Domestic Abuse.

It is beyond the scope of the review to conduct a full outcome evaluation of MARACs. Instead, the review will aim to explore the topics listed above by drawing on a range of data sources and findings from both qualitative and quantitative research.

This review was completed by Analytical Services Group (ASG - a unit within the Department of Justice). ASG is comprised of a team of statisticians on secondment from the Northern Ireland Statistics and Research Agency. The nature of this working relationship allows DOJ to have a dedicated team providing research and statistical services, with the reassurance that any such work is completed by an independent body, adhering to strict legislated and professional guidelines.

1.2 Methodology

1.2.1 Approach

The methodology undertaken by ASG includes:

- An online survey of all those attending MARAC was completed, to gather information in relation to the operation of MARAC, the understanding and use of the 10 SafeLives (formerly CAADA) principles, and any suggestion for improvements.
- Focus groups with a stratified selection of five MARACs were held to explore issues raised in the online survey and open the discussion on 'effectiveness' and, in particular, how this can be demonstrated.
- SafeLives offer an online toolkit that utilises a series of 31 questions to provide a quick MARAC health check and offer suggestions for areas to develop. Each MARAC was asked to complete the SafeLives Review tool kit and results are displayed within the relevant sections. Where a MARAC answers 'Yes' to all the questions in a section, the result is coded green, where some are answered 'Yes' the result is coded amber and where none are answered 'Yes' the results are coded red. This was done to enable the quick identification of areas that would be of particular interest to examine further. As part of the toolkit suggestions are also given, by SafeLives, of activities/actions that may enhance performance in this area. It must be highlighted that these are only suggestions that may enable discussion and do not constitute a prescriptive task list or action plan.
- Finally a quantitative review of MARAC performance data between 2013 and 2016 was completed. Information reviewed included:

- Number of cases discussed at MARACs
- Number of repeat cases
- Number of referrals by agency type, and
- Number of cases where the victim is male.

- In terms of the sequence of events, the online survey was completed during January/February 2017. The focus groups and SafeLives Toolkits were completed after the survey had closed and spanned February and March. The questions in the Toolkit, where possible, were made relevant to Northern Ireland, for example, removal of questions directly examining the work of the Independent Domestic Abuse Advisor (IDVA) as they are not operating in Northern Ireland.

1.2.2 Sample

- Of the approximately 80 participants who were asked to take part in the survey, 61 (76%) provided a full or partial response, findings from which are presented in sections 2 and 3.
- The focus groups were completed with one MARAC in each of the five Trusts, namely; Belfast, Craigavon and Banbridge, Antrim, Bangor and Ards, and Enniskillen and Omagh. In total 46 MARAC members took part in the focus groups.
- People taking part in the focus groups were not excluded from completing the survey. The addition of focus groups provided an opportunity for in-depth discussion on pertinent topics arising from the survey.

1.2.3 Statistical Analysis

- Findings from the focus groups were analysed using qualitative techniques, and summaries of discussion and/or actual verbatim quotes, are presented throughout the text.
- Findings from the online survey were largely more appropriate for a quantitative approach to analysis. As such, results are presented in terms of the actual number of respondents and/or percentages. Please note that where the denominator is less than 50, only the raw numeric value will be presented to avoid spurious comparisons.

2. Involvement in MARAC

2.1 Introduction

- The following section looks at participant's involvement with MARAC; including MARAC attendance, frequency of meetings, number of cases discussed, preparation time and chairing of meetings.

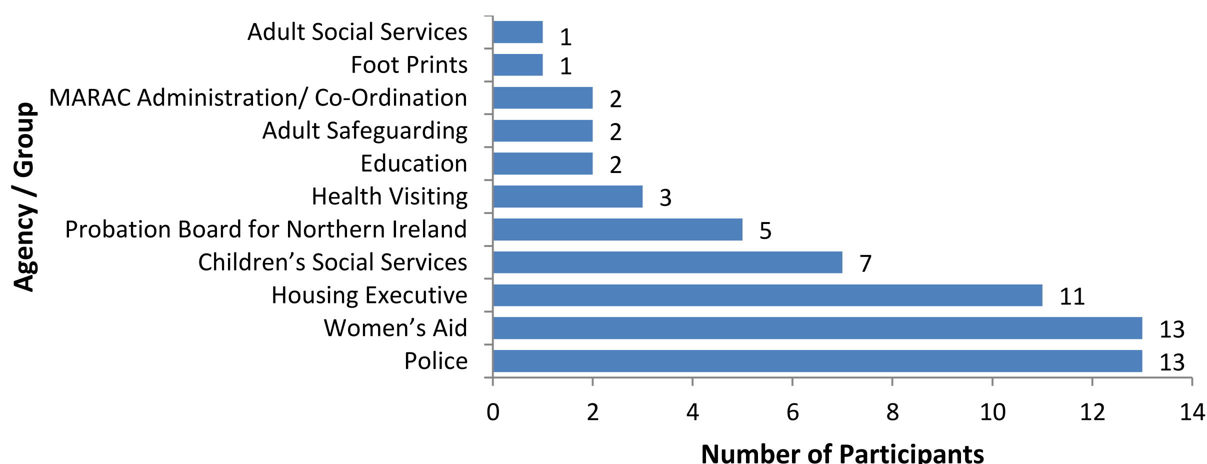
2.2 Involvement in MARAC

- Survey participants were asked which MARAC they mainly attended. Of the 61 participants, 19 (31.1%) attended a MARAC in the Southern Trust Area, 12 (19.7%) attended a MARAC in each of the Belfast and South Eastern Trust Areas, nine (14.8%) from each of the Western and Northern Trust Areas.

- When asked if they attended any additional MARACs over the course of the last year, 33 (54.1%) stated that they had attended an additional meeting outside of their usual MARAC. For the majority, these additional meetings were still within the same Trust Area. However, for six participants, extra meetings took them across borders into different Trust Areas.

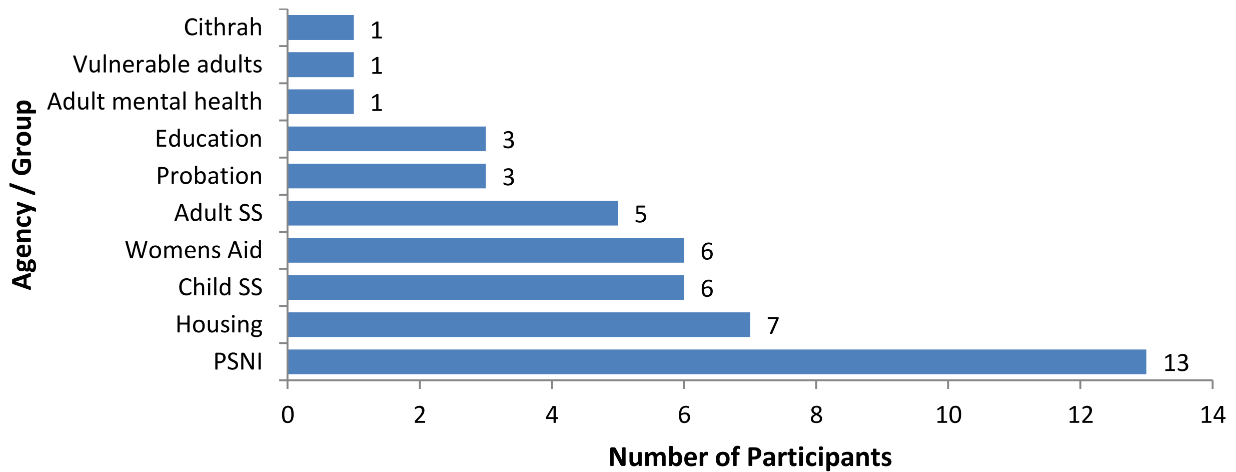
- 60 respondents to the survey identified which agencies or groups they represented. Figure 1 provides a breakdown of these agencies or groups. No responses were received from Victim Support, Men's Advisory Project (MAP), Cithrah, Midwifery, A&E, Mental Health Services, Elderly Care Services or GPs.

Figure 1: Breakdown of Agencies or Groups Represented by the Survey Participants



- The associated agencies of those taking part in the focus groups was also noted. Figure 2 below shows this breakdown.

Figure 2: Breakdown of Agencies or Groups Represented by the Focus Group Participants



2.3 MARAC Meetings

2.3.1 Frequency and duration of Meetings

- Participants were asked how often their MARAC met. Of the 54 participants who responded, 28 (51.9%) reported meeting on a monthly basis, and 21 (38.9%) reported meeting fortnightly. Of the remaining five, one stated that they met three times per month, two stated that they met twice per calendar month and the remaining two stated that they met at least once per month, but often more if work demanded.

Table 2.1: Frequency of MARAC Meetings

	Number of Participants	Percent
Monthly	28	51.9%
Fortnightly	21	38.9%
Other	5	9.3%
Total	**54**	**100%**

- Of the 54 participants who responded, 50 (92.6%) felt that the frequency of their MARAC meetings was about right; two stated that they didn't meet enough and the remaining two felt that they met too often. Both the individuals who stated that they didn't meet enough reported meeting on a monthly basis and those who stated they met too much met on a fortnightly basis.

Table 2.2: Perception of the Frequency of MARAC Meetings

	Number of Participants	Percent
Not Enough	2	3.7%
About Right	50	92.6%
Too Often	2	3.7%
Total	**54**	**100%**

- Of the 54 participants who responded, six (11.1%) stated that their MARAC meetings lasted between one to two hours, and 34 (63.0%) stated that they lasted between two to three hours. The remaining 14 (25.9%) stated that they lasted more than three hours. When asked to specify how long sessions took, responses ranged from between four to six hours, others however commented that timing would be impacted by the complexity of the cases involved.

Table 2.3: Length of MARAC Meetings

	Number of Participants	Percent
Less than one hour	0	-
Between 1-2 hours	6	11.1%
Between 2-3 hours	34	63.0%
More than 3 hours	14	25.9%
Total	**54**	**100%**

2.3.2 Number of Cases Discussed

- Of the 54 participants who responded, 16 (29.6%) stated that their MARAC reviewed between five to 10 cases at each meeting and 35 (64.8%) stated that they reviewed between 11-15 cases. The remaining three (5.6%) stated that they reviewed more than 15. When asked to specify how many cases they reviewed, responses varied. One participant cited that they reviewed 17-18 cases per meeting, the others stating that case numbers could vary dependant on backlogs and complexity of cases.

Table 2.4: Number of Cases Reviewed at MARAC Meetings

	Number of Participants	Percent
1-4 Cases	0	-
5-10 Cases	16	29.6%
11-15 Cases	35	64.8%
More than 15 Cases	3	5.6%
Total	**54**	**100%**

- In terms of the volume of cases reviewed at each meeting, 43, (79.6%) stated that they thought the number reviewed was about right. Four (7.4%) thought too few were reviewed, of whom three reported viewing 11-15 cases and one 5-10 cases per meeting. Seven (13.0%) thought too many were reviewed, of whom six reported viewing 11-15 cases and one reporting 17-18 cases.

Table 2.5: Perception of the Number of Cases Reviewed at MARAC Meetings

	Number of Participants	Percent
Too Few	4	7.4%
About Right	43	79.6%
Too Many	7	13.0%
Total	**54**	**100%**

2.3.3 Preparation Time

- In terms of the length of time taken in preparation of MARAC, 12 (22.2%) stated 1-2 hours, 12 (22.2%) stated two-three hours and 10 (18.5) stated three-four hours. Of the remaining 20 (37.0%) participants, six stated that facilitating MARAC's was their full time job, seven reported timings ranging from four to 15 hours, two stated in excess of 20 hours and five stated that it varied greatly and depended on the number and complexity of the cases involved.

Table 2.6: Preparation Time (Hours)

	Number of Participants	Percent
1-2 Hours	12	22.2%
More than 2-3 Hours	12	22.2%
More than 3-4 Hours	10	18.5%
More than 4 hours	20	37.0%
Total	**54**	**100%**

2.3.4 Chairing

- When asked if these meetings should continue to be chaired by PSNI, 47 (87%) stated that they should, and four (7.4%) stated that they shouldn't and three (5.6%) stated that they didn't know. Of the four who stated that a MARAC should not be chaired by PSNI, three stated that the chair should be rotated and one stated that another statutory agency should take over. This issue was also raised during one of the focus groups, with respondents commenting that *'PSNI are there as representatives but in addition have to chair. Could this not be chaired by an independent party or shared'.*

3. SafeLives Principles

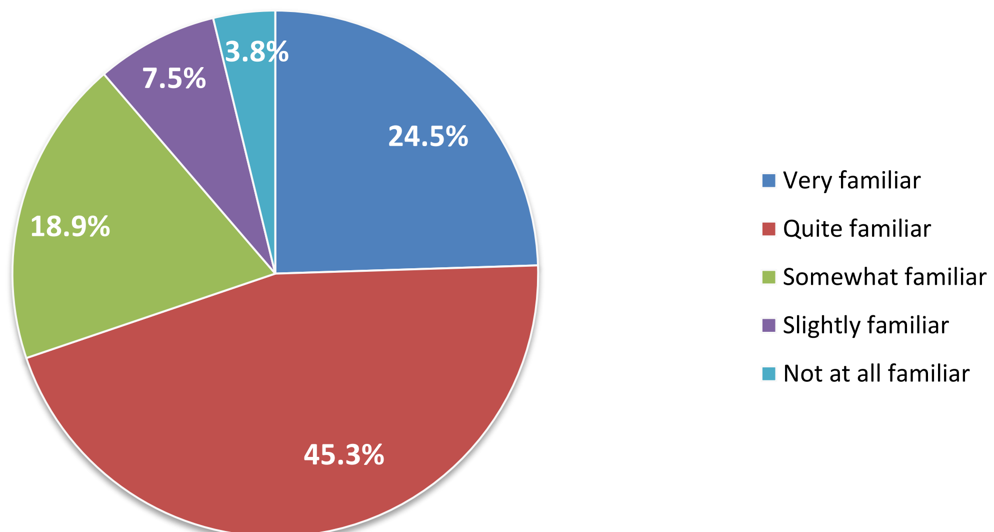
3.1 Introduction

- The following section provides information from the online survey, the focus groups and the SafeLives Tool Kit in relation to how the MARACs are operating in relation to the 10 SafeLives Principles. Information provided also examines awareness and training needs in relation to each of these principles.

3.2 Awareness and Training Needs

- When asked how familiar they were with the SafeLives 10 Principles, 53 participants responded. Of these 13 (24.5%) stated that they were very familiar, 24 (45.3%) stated that they were quite familiar, 10 (18.9%) stated that they were somewhat familiar and four (7.5%) stated that they were slightly familiar. Overall, only two participants (3.8%) stated that they weren't at all familiar with these principles (Figure 3).

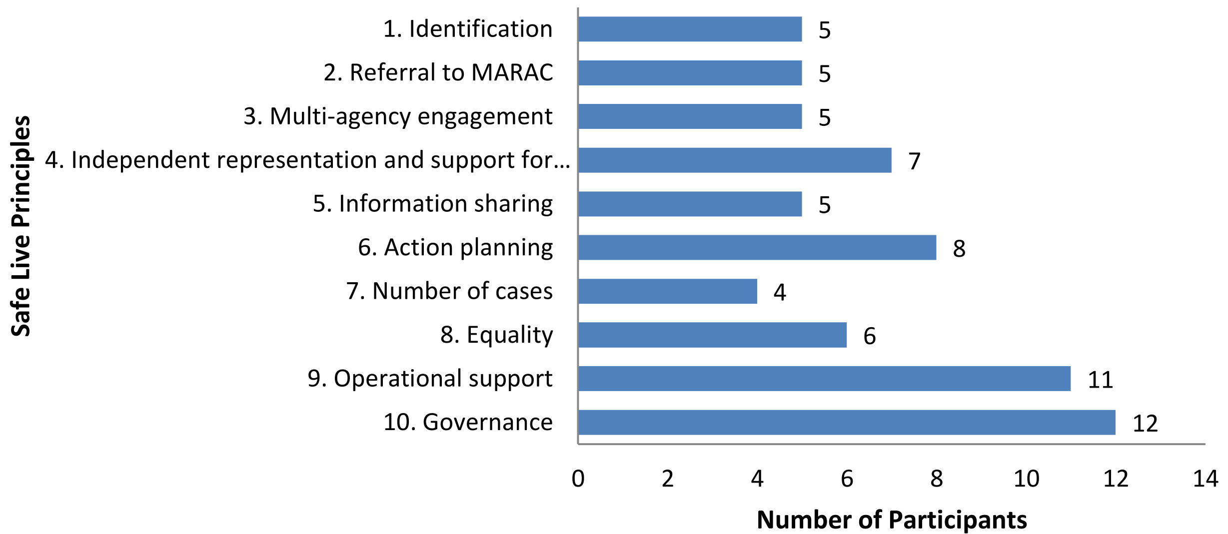
Figure 3: Awareness of SafeLives Principles.



- Of the 53, 34 (64.2%) stated that they had received adequate training on the SafeLives Principles and the remaining 19 (35.8%) stated that they had not. The 19 were then asked which principles they felt they needed additional training. Participants were allowed to choose as many options as was applicable to them. 'Governance' was the principle that most of the

19 participants felt that training was required, followed by 'Operational support' and 'Action Planning'. Figure 4 provides a breakdown of these responses.

Figure 4: Training Requirements on SafeLives Principles.



- Participants were asked to state which principles they felt their MARAC effectively adhered to. Participants could choose all options that applied to them. Of the 53 participants who responded, less than half (23 participants, 43.4%), stated that their MARAC effectively adhered to 'SafeLives Principle 4 – Independent representation and support for victims'. Figure 5 provides a breakdown of these responses.

Figure 5: Effective Adherence to SafeLives Principles.

3.3 Identification (Principle 1)

Professionals recognise domestic abuse, risk assess and identify high-risk cases

3.3.1 Referral Criteria

- The online survey asked participants which criteria were being used by their agency/ organisation to identify high risk cases for referral to MARAC. Participants could choose all options that applied to them. Of the 53, three (5.6%) stated that they used all three criteria, (‘*SafeLives (DASH) Risk Threshold Guidance’, ‘Professional judgment’* and *‘Locally designed risk assessment process’*). The majority, (35 participants, 66.0%) used both the ‘*SafeLives (DASH) Risk Threshold Guidance’* and *‘Professional judgment’*. Two used ‘*Professional judgment’* and *‘Locally designed risk assessment process’, three* used *‘SafeLives (DASH) Risk Threshold Guidance’* only and four used *Professional judgment’* only (see Table 3.1). Of the remaining six, one was unsure as to what criteria were used and five stated that they didn’t make referrals.

Table 3.1: Referral Criteria

Number of Participants (N=47)	Referral Criteria		
	SafeLives (DASH) Risk Threshold Guidance	Professional judgment	Locally designed risk assessment process
35	✓	✓	✗
4	✗	✓	✗
3	✓	✓	✓
3	✓	✗	✗
2	✗	✓	✓

- When asked how clear they felt the referral criteria were for MARAC, 17 of the 53 who responded (32.1%) stated that they were very clear, 25 (47.2%) stated that they were quite clear, eight (15.1%) remained neutral, and two (3.8%) felt they were not very clear. One person stated that they didn’t know.

- The focus groups provided an opportunity to explore this issue further. Three focus groups provided positive responses in relation to the identification of victims of domestic violence. Two stated that a uniform assessment tool was used (DASH) which was positive in the

consistent identification of victims. Sometimes DASH was used in conjunction with additional assessment tools but this was not seen as a negative. One of the focus groups stated that in their area there had been an improvement in the completion of DASH coinciding with more training and awareness.

- When discussing areas for improvement or things that were not working so well, several issues were raised;
  - Firstly in relation to the DASH tool itself, three focus groups commented that the DASH was too long/time consuming and too difficult to complete in a crisis situation. There is still a reliance on professional judgement when completing it and this will vary between agencies. For some individuals it is used in a '*tick box approach'* and useful information that should be provided in additional comments is missing.
  - Four of the focus groups commented on variations in thresholds used by different agencies. Additionally, how tools like DASH are completed may vary depending on the contact and relationship with the victim and the amount of information disclosed. This can be evidenced by the fact that cases are being referred to MARAC that appear high risk to some but not all agencies involved.
  - One focus group also commented that different interpretations of domestic violence are in operation across agencies – emotional, psychological, physical etc. This again may have an impact on the interpretation of risk.
  - Two focus groups also commented that there are issues regarding the use of *'professional judgement only'* for a number of cases referred. One commented *'What is the threshold when using professional judgement?'.*
  - Better training on DASH was suggested as a solution to this issue. This may be of particular relevance to agencies outside of PSNI.

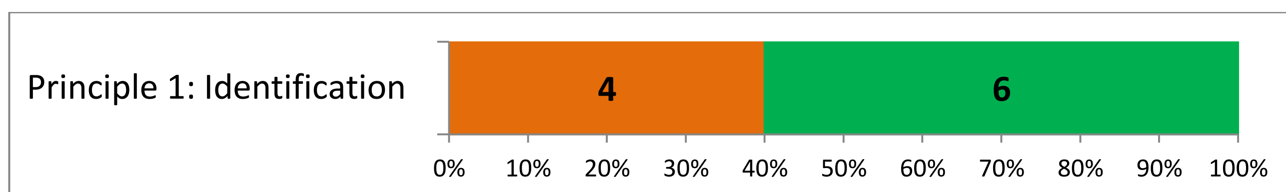
3.3.2 Repeat Referrals

- Of the 52 participants who responded, 46 (88.5%) stated that it was 'always' made known if a case was a repeat referral and six (11.5%) stated that it was 'almost always' made known. When asked if anything could be done to improve information sharing for repeat referrals comments included;
  - A summary of the last contact with MARAC is presented in some but not all meetings.

- It's only when the agenda is released that some agencies are made aware of a further incident.
- Information sharing would be improved with appropriate attendance from some agencies.
- Plans are more difficult to formulate for repeat offenders and there may be a need for a separate process to address their issues.
- Training/guidance on what constitutes the need for a repeat referral and also on information sharing guidelines.

♦ The focus groups again discussed this issue further.
  - One group stated that while the '*Criteria for repeat referrals is clear, it is not applied consistently'.* Another group however, concluded that more clarity was needed around the criteria for repeat referrals. This disparity between MARACs would support comments made in the survey of the need for additional training/guidance on what constitutes the need for a repeat referral.
  - On the criteria themselves one group stated that the '*Three plus referrals create ambiguity in respect of process and there is a need to review this criteria'.*
  - Further comments suggested that there was an over-reliance on PSNI to feedback information on repeat referrals.

3.3.3 Findings and Suggested Actions from the SafeLives Tool Kit



♦ In relation to the identification of victims, six of the MARACs answered 'Yes' to all question on the SafeLives Toolkit and the remaining four answered 'Yes' to only some of the questions. For these four MARACs, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

♦ *Consult with frontline professionals and/or carry out case audits to establish if thresholds are applied appropriately and consistently.*

- *Deliver multi-agency training programmes to raise awareness, and increase practitioners' abilities to identify high risk and refer to MARAC.*
- *Ensure issues are addressed by individual agencies with the support of the MARAC governance group.*
- *Ensure that explanations of all referral criteria are included in the MARAC operating protocol.*
- *Ensure that local domestic abuse or MARAC training includes the understanding and application of MARAC thresholds and principles.*
- *Ensure that the definition of a repeat referral is included in the MARAC operating protocol.*
- *Ensure that the MARAC governance group performance manages repeat referrals and takes action to identify and address any barriers.*
- *Identify and address gaps or barriers to frontline professionals identifying and referring high risk cases to MARAC.*
- *Review training and practice in relation to the identification of repeat cases, including the capabilities of all agencies to flag and tag MARAC files.*
- *Set up a Champions' Network, through a train the trainer programme or single point of contact in each agency.*

3.4 Referral to MARAC (Principle 2)

All victims who meet the MARAC threshold are referred to MARAC

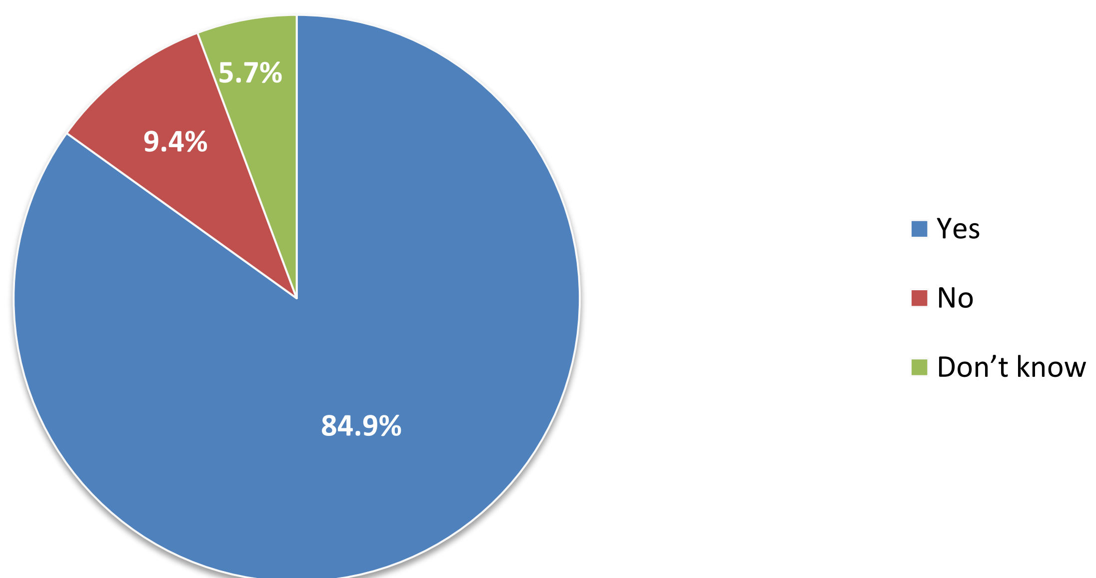
3.4.1 Appropriate Referrals

- Of the 53 who responded, 45 (84.9%) stated that they felt the appropriate types of cases were being referred to their MARAC. This view was reflected in some of the focus groups, with two stating that agencies were aware of thresholds, and that referrals made by PSNI and Women's Aid were made promptly using DASH.

- Five participants (9.4%), however, stated that they did not think that the appropriate cases were being referred. When asked to comment on this, three participants commented on the high number of repeat referrals and one commented on inappropriate referrals (non-high risk) and a need for training. The final person, however, although highlighting that sometimes cases were brought which do not appear to be high risk, also commented about their concern in the drop in the number of referrals and the potential for high risk victims to slip through the net.

- The remaining three participants (5.7%) stated that they didn't know if referrals were made appropriately (Figure 6).

Figure 6: Views on the appropriateness of cases being referred to MARAC



- These comments were also reflected by the focus groups. Participants from two focus groups stated that referrals that are not considered high risk were making it through the process. Another commented that not all practitioners are aware of MARAC and the referral criteria, which may impact on the general level of referrals. Also, whilst agencies endeavour to refer as quickly as possible and within the 48 hour recommended time frame, this is not always possible and internal referral processes within agencies can '*delay the referral reaching the MARAC administrator'.*

3.4.2 Improvements to the Referral Process

- When asked if anything could be done to improve the referral process, 14 (26.4%) stated 'no', 21 (39.6%) stated 'yes' improvements could be made and 18 (34.0%) did not know. Suggested improvements focused primarily on the need for more training, particularly around the referral process, further clarity on what is meant by 'high risk' and better engagement/training with a wider group of professionals, such as GPs and Nurses. A comment was also made in relation to the need for an Independent Domestic Violence Advisor (IDVA) to act as an independent representative for the victim. The focus groups also highlighted the need for further training and awareness raising in relation to the MARAC referral process and associated training to enhance this process.

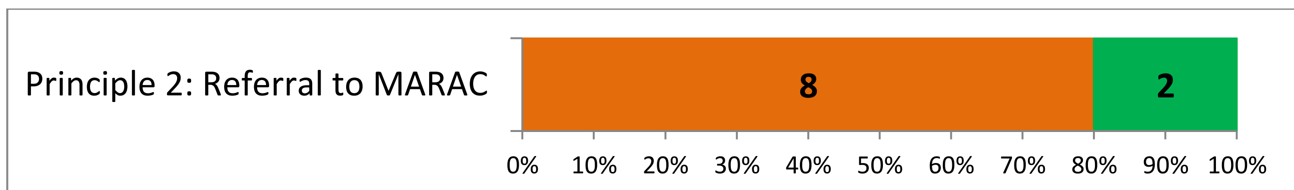
3.4.3 Victim Awareness of Referrals

- Of the 52, 44 (84.6%) stated that, where appropriate, victims are informed of their referral to MARAC. The remaining eight (15.4%) stated that they did not know. When all were asked if anything could be done to improve this process;
  - Six participants highlighted the need to implement an IDVA service.
  - Others commented on the need to review whose action it should be to inform the victim and stated that how the victim is to be kept informed should be a part of the decision making process at the MARAC meeting.
  - There is a need to balance the information given to the victim and the potential of putting them in further danger. However, it was commented that face-to-face contact is important and that an opportunity for more follow up with victims would be welcomed.
  - New leaflets or booklets for victims to explain the process was also suggested.

- These comments were also reflected in the focus groups, with one highlighting the benefits Women's Aid has made in the Western area by taking up an 'IDVA' type role. They also reported excellent engagement between the Domestic Abuse Officer (PSNI based) and high risk victims of domestic abuse. Others pointed to the lack of a dedicated IDVA service in Northern Ireland and commented that while they use services available to them, such as Victims Support and Women's Aid, the level of support given can be disjointed and can only be utilised with the victims' agreement.

- Findings from the focus groups also suggest there is a need to engage victims in a proactive way. It was felt that information for victims to provide a detailed awareness of MARAC and the agencies involved would be useful. It was also noted that the quality assurance of information needs to be consistent across all MARACs. This is important as there is some evidence of inconsistencies in victims experience across areas.

3.4.4 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to the referral of victims, two of the MARACS answered 'Yes' to all questions on the SafeLives Toolkit and eight answered 'Yes' to only some of the questions. For the eight MARACs that did not answer 'yes' to all of these questions, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Ensure that any barriers are identified and addressed by individual agencies and the MARAC governance group (e.g. are processes and documents clear, is training effective, are frontline professionals supported).*
- *Investigate the implementation of an IDVA service.*
- *Train all relevant professionals on identification and referral processes.*

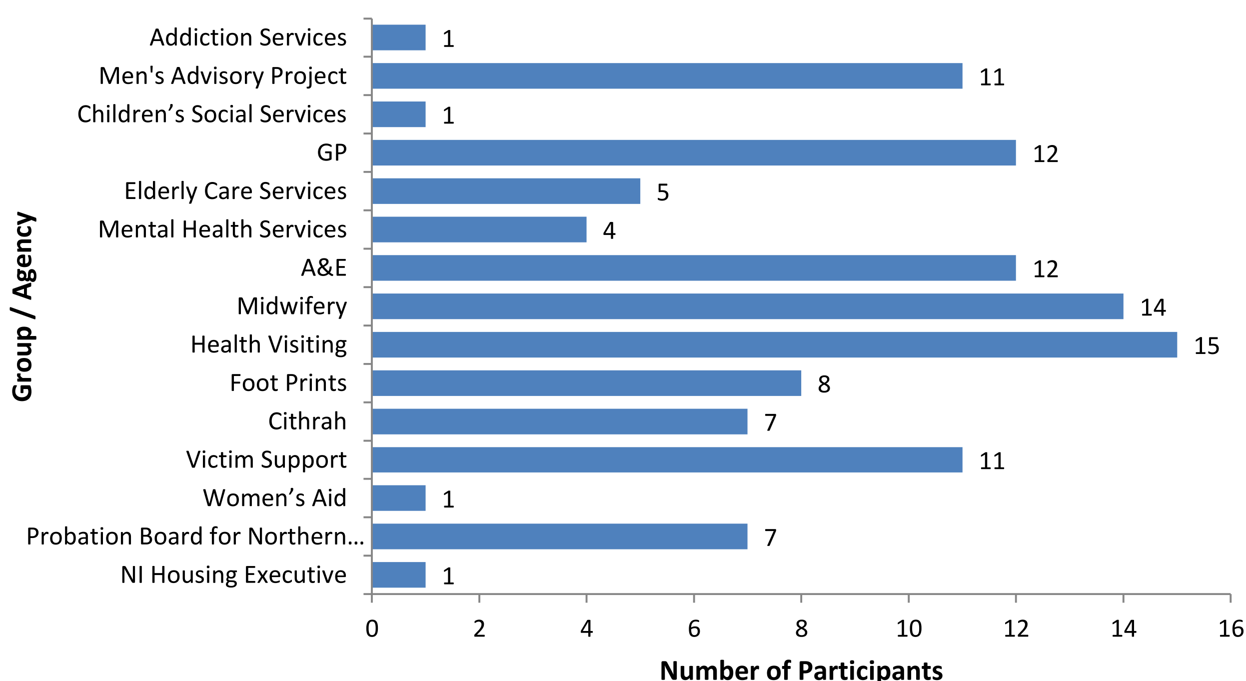
3.5 Multi-Agency Engagement (Principle 3)

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the MARAC.

3.5.1 Attendance

- When asked if there was adequate attendance at MARAC meetings by relevant statutory agencies, specialist domestic violence services and voluntary and community organisations, 29 (55.8%) of the 52 who responded stated that there was, 22 (42.3%) stated that there wasn't and one indicated that they did not know. Of those who answered no, participants were asked to indicate which groups/agencies tended not to attend regularly. Participants were allowed to provide as many responses as they needed (Figure 7).

Figure 7: Groups/Agencies Participants felt did not attend MARAC regularly.



- When asked if they knew if these groups/agencies had been invited to attend, nine stated that *'yes'* they had, three stated *'no'* and 10 stated that they *'did not know'*. When asked if they knew why these groups/agencies did not attend, comments largely focused on resources both in terms of finances and staff. Comments were also raised regarding the 'buy in' of certain

agencies to the MARAC process and the importance they place on it. A comment was also raised regarding the issue of certain agencies leaving early from meetings.

3.5.2 Importance of Multi-disciplinary Attendance

- All 51 participants who responded stated that representation from different agencies at MARACs was 'very important' (48 participants, 94.1%) or 'important' (three participants, 5.9%).

- Some additional comments made, highlighted why participants felt that attendance was important.
  - It was noted that the more agencies which get involved, the more 'holistic and professional' plans can become. One participant commented that those not attending could provide crucial information in steering the direction of the action plans.
  - Several participants commented on the need for better engagement with other services, such as mental health, addiction services and health visiting.
  - A further comment was made regarding the need to physically attend meetings and not just to send information, as the expertise brought to the table and the discussion of collective information was as important as sharing the information itself. In particular it was noted that there should be consistent representation by all key agencies , such as Police, PBNI, Education, Women's Aid, NIHE, Adult and Children's Services, to ensure effective information sharing and appropriate decisions and actions agreed.

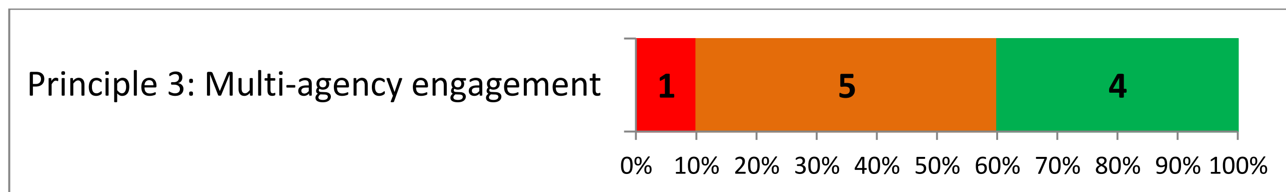
- Without exception all 51 participants commented that there was a need for representation from different agencies in order to ;
  - safeguard the victim and their families;
  - give those supporting the victim a greater insight into their circumstances;
  - develop the best action plans possible – information sharing was seen as key to implementing effective safety plans; and
  - share information that may help individual agencies when working with victims.

- The focus groups also provided an opportunity to explore the issue of attendance and engagement further. Four of the five focus groups provided positive responses, highlighting that information sharing was in general, very good, both within the MARAC meetings but also

outside them. It was also noted that the quality of such sharing had increased and that '*sharing of effective information helps to improve risk assessments'.* It was felt that consistency of the same person attending from different agencies is important to the process and that in general, good working relationships had developed and there was a mutual respect of the work undertaken by each agency.

- In terms of areas to develop, comments were made in relation to:
  - The lack of representation for male victims, (MAP do not attend). Also noted was a lack of attendance from Victim Support, Housing, Health visitors, Northern Ireland Prison Service, Midwifery, NSPCC and community addiction representatives, that should be explored. GP information would be useful but is currently missing.
  - There is no IDVA service which is seen as a gap across most areas.
  - Regular training is not available, which is problematic not only for new members, but also this impacts negatively on the skills of existing members. One focus group also highlighted the need for greater understanding as to what different agencies can offer to the process and their limitations.
  - Although information sharing is good, there can be an overload of information making it difficult to weed out the important. Only information relevant for the agenda needs to be provided and where this can't be achieved this needs to be highlighted.
  - There is currently no process by which agencies can be alerted to high risk cases in between MARAC meetings.
  - A lack of resources has had implications for the level of engagement that certain agencies can provide. However, there needs to be commitment by all to attend, sending in reports and leaving early do not help the process.
  - It was also suggested that a 'MARAC app' for service users would be useful for providing information to encourage victims.

3.5.3 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'Multi-agency engagement', one of the MARACS answered 'No' to all questions on the SafeLives Toolkit, five answered 'Yes' to only some of the questions and four answered 'Yes' to all questions. For the six MARACs that did not answer yes to all of these questions, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Ensure that commissioners include MARAC representation in relevant service specifications.*
- *Ensure that safeguarding boards have oversight of how effectively needs are identified and responded to by the MARAC (e.g. for young people who harm, older victims).*
- *Ensure that the MARAC governance group routinely reviews and addresses any gaps in attendance that impact on the effectiveness of the MARAC.*
- *Include representation as a standing agenda item on the MARAC governance group and safeguarding boards' agendas; ensure action is undertaken to address any issues.*
- *Make sure that a formal induction is provided by each agency and MARAC coordinator; this might include shadowing, training, and MARAC representatives' toolkits. Please see SafeLives induction pack and agency handover form.*
- *The MARAC governance group ensures that each core agency appoints a MARAC representative, and deputy, to attend every MARAC meeting.*

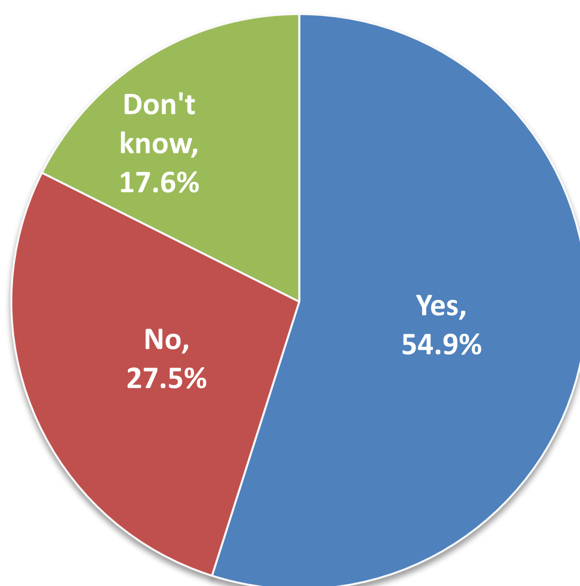
3.6 Independent Representation and Support for the Victim (Principle 4)

All high-risk victims are offered the support of an IDVA; their views and needs are represented at MARAC

3.6.1 Victim Representation

- Participants were asked to state if they felt that the views of victims were appropriately represented through the current MARAC structure. Overall 51 participants responded, 28 (54.9%) stated 'Yes', 14 (27.5%) stated no and nine (17.6%) stated that they did not know (Figure 8).

Figure 8: Views on the appropriate representation of victims through the current MARAC structure.



- Of the 28 people (54.9%) who felt that the views of victims were appropriate represented, 10 provided additional comments to expand on this response. Although stating that representation was appropriate, four took the opportunity to highlight the need for an IDVA service. Two others took the opportunity to highlight the useful work provided by Women's Aid, however they also highlighted the limitations of the service Women's Aid can provide if the victim is not known to them prior to the MARAC or will not engage. The remaining comments reflected the importance of maintaining contact with victims and taking their views seriously.

- A further 14 (27.5%) participants stated that they did not feel that the views of victims were represented. Thirteen provided additional comments, eight of whom suggested the need for independent representation for victims, or IDVAs to be considered for Northern Ireland. Others highlighted the need for better training for front line workers to both identify and interact with victims of domestic violence. A further comment was made in relation to the inclusion of victim's opinions on the MARAC Referral Form, and the responsibility for providing feedback to the victim to be identified and agreed at the MARAC.

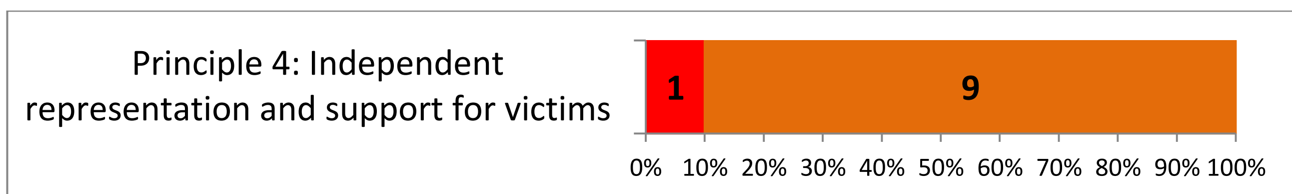
- The remaining nine (17.6%) participants were unsure if victims were appropriately represented. Six participants provided further comments, four again, highlighting the need for independent representation for victims or IDVAs. As one participant stated '*I think a victims advocate might be helpful as I think the victims voice is not always heard, we can get caught up in the MARAC process as opposed to meeting the victims needs*'. Other comments included the need to look at how victims feel and more focus to be given to the views of victims and the barriers they face to achieving effective engagement with key agencies.

- The focus groups provided an opportunity for additional discussion about victim representation and views to be gathered. In terms of 'what's working well' three of the focus groups provided responses. Two stated that Women's Aid was attempting to fulfil the role of victim's representative in the absence of an IDVA service. Others commented that the safety of victims was paramount for all those involved in MARAC. Improvements to victim engagement were also highlighted. All the focus groups stated that there was a need to introduce an IDVA service within Northern Ireland to ensure that there is consistent and ongoing support for victims. Other suggestions made in relation to improvements include;
  - Obtain victim feedback;
  - Investigate/ promote services for male victims (MAP);
  - Investigate/ promote services for those with mental health issues;
  - Investigate the development of creative arrangements - input and resources to support victim (meeting in coffee shop, GP surgeries, etc.); and
  - There needs to be more face-to-face engagement with victims and more '*thinking outside the box*'.

- The focus groups also noted the difficulties that non-engagement by victims can raise, specifically in terms of the ability to help and implement a plan. It was suggested that the reasons for non-engagement need to be investigated, and that ways of working with such victims need to be explored.

- It was also noted that safety is the first priority, and sometimes when PSNI respond to an incident they don't necessarily have adequate time to explain support services that are available.

3.6.2 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'independent representation and support for victims', one of the MARACs answered 'No' to all questions on the SafeLives Toolkit, and nine answered 'Yes' to only some of the questions. The toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Consult with victims to ensure they were satisfied with the speed and effectiveness of the help and interventions of MARAC.*
- *Ensure case audits are carried out to review what happened after the MARAC and identify gaps; this includes whether the victim was updated and any identifiable impact of this.*
- *Ensure that all agencies contribute their expertise to assist the MARAC to understand and respond to the uniqueness of individual cases.*
- *Ensure the most appropriate agency updates and supports the victim after the MARAC; record this action in the action plan.*
- *Introduce a case structure which includes a reminder for this, or build into the role of the MARAC chair.*
- *Investigate the implementation of an IDVA service.*

- *Provide research templates to encourage representatives to identify and share victims' needs and wishes.*
- *Regularly review minutes to ensure the victims' views and wishes are evident and reflected in action plans. Where this is not possible it is recorded in the minutes.*

3.7 Information Sharing (Principle 5)

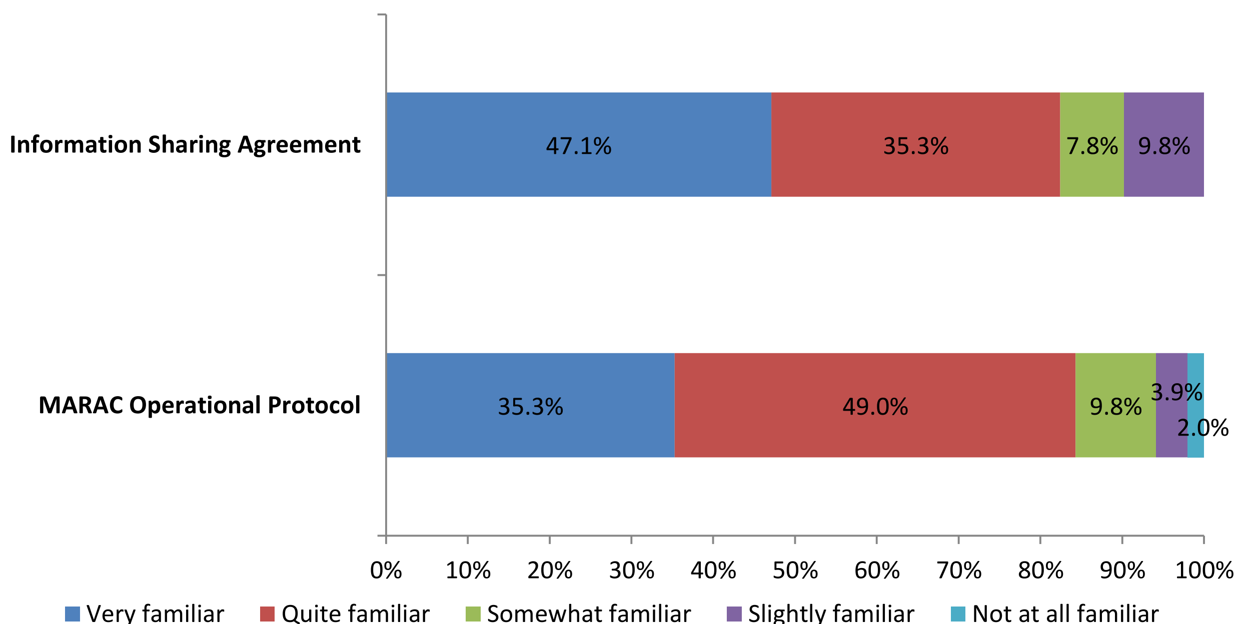
MARAC representatives share relevant, proportionate, risk-focused information

3.7.1 MARAC Operational Protocol and Information Sharing Agreement

- Participants were then asked if they were familiar with the MARAC Operational Protocol. Of the 51 who responded 18 (35.3%) stated that they were very familiar, 25 (49.0%) stated that they were quite familiar, five (9.8%) stated that they were somewhat familiar, two (3.9%) stated that they were slightly familiar and one stated that they were not at all familiar (figure 9).

- Participants were then asked if they were familiar with the conditions of the MARAC Information Sharing Agreement signed by their organisation. Of the 51 who responded 24 (47.1%) stated that they were very familiar, 18 (35.3%) stated that they were quite familiar, four (7.8%) stated that they were somewhat familiar, and five (9.8%) stated that they were slightly familiar. No participants stated that they were not at all familiar (figure 9).

Figure 9: Views on the appropriate representation of victims through the current MARAC structure.



- When asked about guidance on the secure storage of information, 41 (80.4%) stated that they had been provided with such guidance, two (3.9%) stated that they had not and eight (15.7%) stated that they did not know.

3.7.2 Sharing Information and Barriers

- When asked if, in their experience, *'did representatives attending MARAC have the relevant level of authority to share information?',* 50 participants responded. Of those, 46 (92%) stated that yes they did have the relevant authority, three (6%) stated that they did not and one stated that they did not know.

- When asked if their organisation can provide the relevant information for discussion at the meeting if they are unable to attend, 47 (94%) stated that yes they could and the remaining three stated that they did not know. When the 47 were asked how this was achieved, 22 stated that the information would be sent in written format, usually via secure e-mail. A further 19 stated that a deputy would always be sent if they could not attend. The remaining six stated that they would use either method. Two of the focus groups however also highlight that non-attendance was an issue impacting on the sharing of information, with time being spent *'chasing up'* information from services that have not been in attendance.

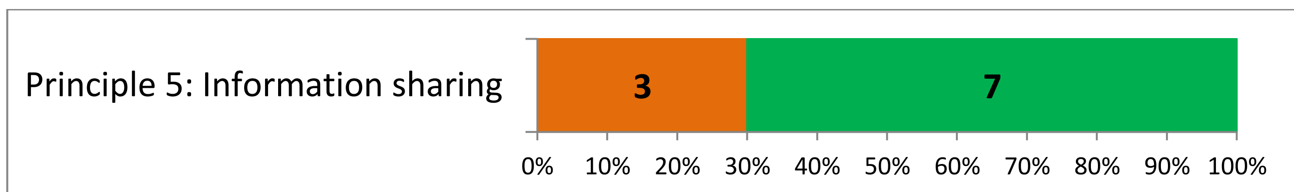
- Participants were asked if they felt there were barriers to sharing information within the MARAC's. Of the 50 participants who responded, 11 (22%) stated that there were barriers, 32 (64%) stated that there were not and seven (14%) stated that they did not know.

- The 11 who stated that there were barriers were asked to comment, nine provided a response. Four highlighted the difficulties created for full disclosure by agencies/ groups simply not attending, others highlighted practice concerns about sharing information between statutory agencies and community organisations, and general ethical concerns about breaching confidentiality.

- These were also views reflected in the focus groups. While supporting the need for information sharing and secure handling and storage, the focus groups also highlighted some difficulties;
  - Not all agencies have a dedicated resource to help support this function.
  - There is often a need to keep information when consent has not been sought from the victim.
  - There can be some duplication of information shared by similar agencies.
  - Information is not always provided in advance of MARAC.

- Not all agencies involved adhere to MARAC policies, but instead use their own. This includes distribution and storage guidance.
- One comment was made regarding access to different systems within agencies to provide a full picture. Some agencies like Health use a variety of systems that may not all be accessible to the MARAC representative.
- While two focus groups were positive about the amount of information shared, pointing to improvements in the relevancy and succinctness of information supplied, others still highlighted concerns about the amount of information shared and the fact that it was not always relevant to discussions.

3.7.3 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'information sharing', seven of the MARACS answered 'Yes' to all questions on the SafeLives Toolkit and three answered 'Yes' to only some of the questions. For these three MARACs, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Ensure that case audits, observations, feedback from MARAC and peer review are undertaken to inform the MARAC governance group of any issues around information sharing and risk analysis.*
- *Ensure that procedures to protect confidentiality are included in policy guidance (e.g. an information sharing protocol) which all agencies are signed up to.*
- *Ensure that safeguarding boards have oversight, to ensure all needs and risks are identified.*
- *Review best practice in relation to the storage, retention and use of information and data obtained from the MARAC.*
- *The MARAC governance group should ensure that the MARAC Chair is equipped and supported to provide effective leadership in the MARAC meeting.*

- *With the support of the MARAC governance group ensure that sensitive and restricted information is circulated and stored only through secure means.*

3.8 Action Planning (Principle 6)[3]

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour

3.8.1 Key Features of Action Plans

- Participants were asked to rate how often Multi-Agency Action Plans included a series of key factors outlined under SafeLives Principle 6. Table 3.2 below provides a breakdown of these responses. All participants reported that action plans contained clear actions, 'always' or 'almost always'. In contrast, more than half (25 of 48 participants) stated that action plans 'occasionally/sometimes' or 'almost never' contained elements to 'routinely manage, disrupt or divert perpetrators behaviour' and 16 participants stated that actions were 'occasionally/sometimes' or 'almost never' time bound.

Table 3.2: Key Elements of an Action Plan

	Number of Participants (n=48)				
Key Elements of an Action Plan	**Never**	**Almost Never**	**Occasionally / Sometimes**	**Almost Always**	**Always**
Clear actions	0	0	0	15	33
Actions that are time bound	0	2	14	12	20
Actions based on good quality assessment of risk and potential harm to victims, children and other vulnerable parties	0	0	2	18	28
Actions to routinely manage, disrupt or divert perpetrators behaviour	0	3	22	13	10
Actions that reflect the needs of the victim	0	0	2	22	24
Actions that prioritise the safety of the victim	0	0	1	13	34
Where applicable consideration of other multi-agency safeguarding arrangements	0	0	3	21	24

[3] Please note from this point on only the raw numeric value will be presented as the denominator is less than 50. This is to avoid spurious comparisons.

- Participants were asked to rate their level of involvement and engagement in the action planning discussion; 47 stated that they thought it was about right and one stated that they felt it was not enough.

3.8.2 Discussion of Cases

- Forty-four participants felt that cases were discussed adequately at their MARAC meetings and four participants stated that they were not. The four participants who stated that they were not adequately discussed were asked to comment on this response. Comments included;
  - that there was a lack of understanding of coercive control;
  - the levels of victims 'risk managing' their own situation was under-estimated;
  - where there is limited agency involvement there can be a lack of information;
  - heavy caseloads can mean the same attention is not given to all cases; and
  - inappropriate referrals impact on time spent on other cases.

3.8.3 Communication of Action Plans

- Twenty-four participants stated that when appropriate, action plans were 'always' communicated to victims, 23 stated 'almost every time'. Only one participant stated that this 'almost never' happened. When asked how and by whom this occurred, the majority of responses stated that communication was generally made by the referring organisation unless otherwise agreed at the MARAC.

3.8.4 Action Plan Monitoring

- When asked if action plans are monitored to assess how effective they have been, nine stated that 'yes' there were. When asked how effective these plans were three of these nine stated that they thought plans were 'effective' and six thought they were 'somewhat effective'.

- Eight participants stated that no monitoring was completed, however all eight still stated that plans were 'somewhat effective'.

- The remaining 31 stated that they did not know if monitoring of plans occurred. In relation to effectiveness five stated that plans were ‘effective’, 16 stated that they were ‘somewhat effective’ and 10 stated that they ‘did not know’.

- Overall when asked how effective they felt the action plans drafted by their MARAC have been, eight stated that they thought they had been ‘effective’, 30 stated ‘somewhat effective’ and 10 stated that they did not know.

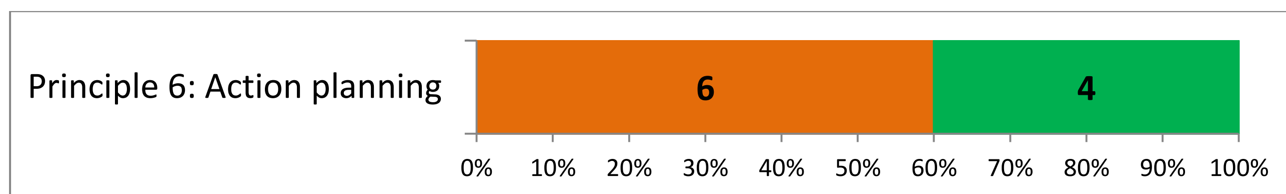
- Participants were asked to suggest how the action planning process could be improved. Suggestions included;
  - The introduction of IDVAs or victims’ advocates;
  - Providing feedback/ follow up on action plans;
  - Action plans need to be time bound;
  - Enhanced attendance by key agencies and more involvement from health professionals;
  - More action focused and ‘SMART’ objectives;
  - More victim contact;
  - More funding for more staff to look at outcomes;
  - Improve communication between PSNI and Victims; and
  - Training on how to measure outcomes.

- The focus groups provided an opportunity to further discuss action plans. In terms of what’s working well, participants indicated that the *‘joined up working approach contributes to effective action planning’* and that action plans were clear, timed and of good quality. It was also commented that agencies are all clear in their ‘*actions, roles and expectations*’.

- In terms of what’s not working so well and areas for improvement further comments were made;
  - Unless the perpetrator is directly linked to one of the agencies, for example statutory supervision under PBNI, it is difficult to include actions to directly manage their behaviour. There are currently no programmes for un-adjudicated perpetrators.

- Two focus groups commented on the need to look at Violent Offender Protection Orders (VOPOs). Suggesting that these could be used by PSNI to more proactively disrupt the perpetrators behaviour.
- More joined up working needed with Public Protection Arrangements Northern Ireland (PPANI) and sharing between different MARACs.
- Action plans should involve more discussion regarding the perpetrator.
- The effectiveness of an action plan depends on the victim choice – for example their decisions regarding making a statement, reporting crimes/domestic violence, desire to change the situation, capacity and motivation to address mental health issues and addiction issues.
- There is a need to be more proactive in linking in with victims.
- An IDVA service could be useful to collate information and advocate on behalf of victims. In some areas Women's Aid often pick up the work that would be done by an IDVA.
- There is an over-reliance on PSNI for information/actions and at times a lack of action by those agencies that have no current involvement with either party.
- The timing of actions needs to be looked at with two MARACs commenting that the action plans themselves are good but the follow up of actions can be slow.
- Comments were made around the addition of representation from other agencies, in particular the addition of representatives from Mental Health Services/ GPs and health practitioners. One MARAC commented that PBNI cannot always attend meetings and this is a deficit, as they play a vital role.
- Limitations were also noted in terms of what an organisation can offer, for example action plans can be limited regarding the use of sanctuary rooms to Northern Ireland Housing Executive properties only.

3.8.5 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'action planning', four of the MARACS answered 'Yes' to all questions on the SafeLives Toolkit and six answered 'Yes' to only some of the questions. For these six MARACs, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Audit cases to assess how victims' needs and safety are prioritised by the MARAC and actioned.*
- *Carry out case audits to assess the effectiveness of the coordinated response for victims and their families.*
- *Consult victims who engaged with the MARAC and use the results to inform learning and improve the MARAC's response.*
- *Ensure that there is a linked response around domestic abuse for children and parents.*
- *Formulate a local 'tactical options list' with specific focus on managing, diverting or disrupting perpetrators behaviour: see the MARAC representatives' toolkit for ideas.*
- *Quality assure the MARAC's response to perpetrators e.g. through case audits that review the quality of risk analysis and action planning, exploring whether risks were managed and perpetrators' behaviour addressed.*
- *The MARAC governance group identifies opportunities to improve the MARAC's response and addresses any risks in the risk analysis and action planning* process.

3.9 Number of Cases (Principle 7)

The MARAC hears the recommended volume of cases

3.9.1 Current Rate of Referral

- SafeLives research tells us that the volume of referrals to MARACs in Northern Ireland are currently below the recommended 40 high risk victims per 10,000 of the adult female population. Participants were asked to comment on why this might be. They raised the following issues;
  - Underreporting by victims – this may be as a result of community pressure, cultural attitudes, community isolation or mistrust of PSNI.
  - Underreporting by agencies -
    - Lack of engagement by some key groups/agencies, such as GPs and addiction services. Participants reported that referrals tend only to come from PSNI, Social Services and Women's Aid. This may be due to a lack of skills or knowledge about the identification or domestic violence, the use of DASH/RIC forms or the MARAC process in general.
    - One participant reported that staff complain of *'too much paperwork in relation to making a referral in an already over worked and under resourced social services'*.
    - One participant commented that there had been '*inadequate*' training regarding DASH and that the use of DASH could be more routine. Another reported that there is a need for specialist training in identifying risk.
  - Change in reporting structures
    - Some participants commented on the drop in numbers following a change in policing structures and the introduction of PSNI Central Referral Unit (CRU).
    - Some participants reported higher rates of referrals when Public Protection Units were responsible for processing them.
    - One participant stated that there was a lack of transparency and confidence in CRU accurately thresholding these cases.
  - It was commented that more awareness raising about domestic violence would promote a better understanding of the complexities involved and an improved approach to responding.

- The focus groups provided an opportunity to discuss these issues further. In terms of what's working well, two MARACs, rather than reporting concerns about the drop in numbers, reported that a dedicated PSNI CRU were now reviewing DASH forms and that uniformed sergeants now have a fuller understanding following training. A suggestion was made that numbers are now lower because of a combination of factors including better screening, enhanced skills and knowledge that help agencies make better decisions.

3.9.2 Current Caseload Capacity

- When asked if they felt capacity within their MARAC was adequate to discuss the current number of cases, 41 stated that there was and four stated that there was not. Participants were asked to comment on this response. In summary;
  - Responses were positive and showed a dedication by MARAC representatives to review all cases referred.
  - Some report ensuring a full day is blocked out to accommodate lengthy discussions; others report not setting end time to meetings.
  - Some commented on the current reduction in the number of cases which had the knock on effect of more manageable workloads in certain areas.
  - One reported a concern in relation to their MARAC as a cap had been set on the number of cases to be discussed per session. This could mean cases are delayed.

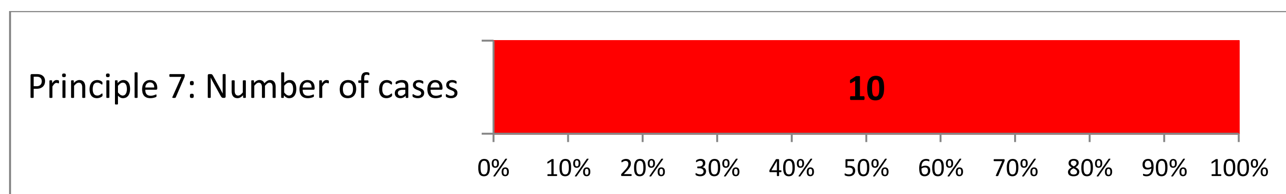
3.9.3 Increasing Caseloads

- When asked if they felt there was capacity within their MARAC to discuss more cases, 15 stated that there was and 30 stated that there was not. When asked to comment on this response participants were positive and reflected a dedication by MARAC representatives to review all cases referred. Other comments included;
  - Some reported that their current caseload was at its maximum.
  - Others reported that there was room within their MARAC to review more cases.
  - Some stated that when needed, if there was a backlog of cases, those involved in MARAC will naturally agree to meet longer or have additional meetings.

  - Some offered suggestions as to how to cope with increased capacity, favouring meeting more often rather than lengthy meetings.
  - Some pointed out the current reduction in the number of cases referred had resulted in better capacity within certain MARACs.
  - Some found it difficult to comment and mentioned it would depend on the complexity of the cases involved and a need to ensure that enhanced caseloads did not impact on wider capacity.
  - There is a need to consider that increased cases will result not only in lengthier meetings but additional preparation and follow up time.
  - A further comment was made regarding the ability of agencies and groups to support further resources for MARAC should caseloads increase.

- Suggestions for possible improvements and developments in the area include;
  - More training for everyone on thresholds to ensure everyone knows what they are doing;
  - Widening the net of people who can feed into MARAC. Health was noted as one example;
  - It was suggested that there was a need to improve resourcing for CRU to ensure they can fully complete thorough risk assessment;
  - Manpower to research cases;
  - Case paperwork/DASH lengthy and time consuming;
  - More participation from key stakeholders; and
  - Address outstanding issue regarding MARAC sharing information without consent.

3.9.4 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to the 'number of cases' all ten MARACs responded negatively to the questions on the SafeLives Toolkit. The toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Embed outcome measurement and quality assurance in the commissioning framework.*
- *Identify victims who are not accessing help via the criminal justice system. This is where an IDVA service could be useful, the suggestion being that they could be located in the A&E or maternity department of your local hospital.*
- *Look to arrange an observation of the MARAC meeting (e.g. by the MARAC steering group or peer reviewer) or dip sample cases to ensure the majority are high risk and appropriate.*
- *Prioritise domestic abuse in all relevant strategies.*
- *Train all relevant professionals on identification and referral processes; consider developing a domestic abuse or MARAC Champions' Network.*

3.10 Equality (Principle 8)

The MARAC addresses the unique needs of victims with protected characteristics[4]

3.10.1 Treatment of Victims

- Participants were then asked to indicate if their MARAC treated all individuals with respect regardless of age, gender, race, ethnic origin, sexual orientation or disability in line with the MARAC Operational Protocol. Of the 45 participants who answered, 44 stated that they did and one stated that they did not know.

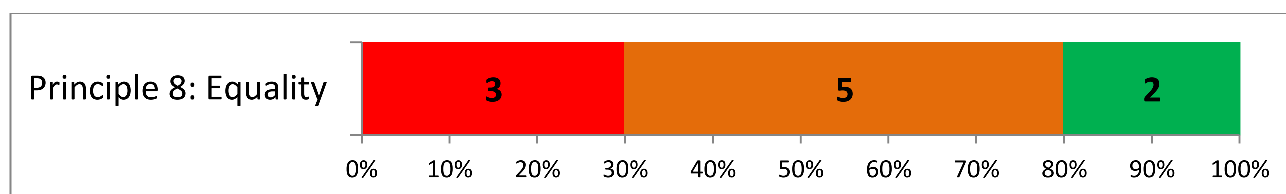
- The focus groups provided an opportunity for further discussion on this issue. In terms of what's working well comments included;
  - All victims are given fair access to support/risk management regardless of background;
  - MARAC is a safe environment to encourage open discussion within agencies; and
  - MARAC is aware of the complexities of individual needs and responses are tailored to the individual.

- In terms of areas for improvement:
  - There is currently no representative for male victims at MARAC meetings.
  - Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) cases do not reflect the population and there is a lack of cases referred in relation to those from the Travelling community. Better representation and knowledge regarding these communities would be helpful and could be assisted via an IDVA service.
  - The lack of an IDVA service in Northern Ireland needs to be addressed.
  - Victims need to participate/engage with services/support offered.
  - More information could be shared – there needs to be more information given on the DASH form, and not just a tick-box exercise. Sometimes specific additional needs are not recorded, e.g. ethnicity, language barriers.
  - Victims not in receipt of legal aid have to pay for non-molestation orders, etc.
  - Sanctuary room provision is for Northern Ireland Housing Executive tenants only.
  - Perpetrators cannot complete programmes if their English is not good, this can have limitations on the interventions that can be offered.

[4] Protected characteristics related to section 75 equality groups.

- There are no strategies for specific groups. MARAC needs to develop better strategies to better support the more vulnerable and minority groups (e.g. BME, LGBT, etc.).

3.10.2 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'equality', three of the MARACS answered 'No' to all question on the SafeLives Toolkit, five answered 'Yes' to only some of the questions and two answered 'Yes' to all questions. For the eight MARACs that did not answer yes to all of these questions, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Train and engage specialist community services and agencies working with victims who may be less likely to access the criminal justice system.*
- *Add diversity to the structure of case discussion; e.g. as part of the Chair's role.*
- *Audit cases to evidence gaps, barriers and good practice; ensure that your MARAC governance group takes action to address issues in the MARACs response to vulnerable people and those with protected characteristics.*
- *Ensure that domestic abuse is a named priority in your local Health and Wellbeing Board's strategy.*
- *Ensure that people with protected characteristics and/or specific vulnerabilities are consulted about what helps and hinders their access to support.*
- *Include diversity as a standing item on the MARAC governance group's agenda and ensure appropriate action is taken to address any gaps (e.g. train professionals on identification and referral processes).*
- *Invite specialist agencies to observe a MARAC and engage with the process, or the MARAC governance group supports access specialist support and advice.*

- *Make sure that the MARAC governance group conducts an Equality Impact Needs Assessment and implements a relevant action plan in response to this.*
- *Train and engage specialist community services and agencies working with victims who may be less likely to access the criminal justice system.*
- *Undertake a review of community, local, regional and national specialists to create a contact list.*

3.11 Operational Support (Principle 9)

There is sufficient support and resources to support effective functioning of the MARAC

3.11.1 Administrative Support

- Participants were asked if they felt there was adequate administrative support and resources available to support the effective running of their MARAC; 35 stated that there were, four stated no and six stated that they didn't know. Comments were also made in relation to what additional support was required. A comment was made about a lack of administrative resources within the Trust to support MARAC and there is a need for clearer guidelines on the roles of the MARAC administrators to ensure consistency across Northern Ireland. A further comment was made that administrators struggle with their workload and may be doing work beyond the scope of their role.

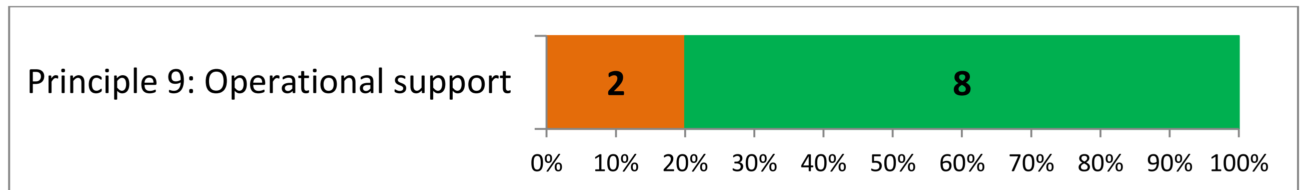
- Participants were asked if they knew where to go if there were issues in their MARAC that needed to be escalated; 39 indicated that they did and six indicated that they did not.

- The focus groups provided an opportunity to discuss operational support further. In terms of what's working well, comments focused on the MARAC administration team, stating that there was good communication from the MARAC administration team with workload statistics being circulation on a monthly basis and minutes provided promptly.

- In terms of areas for improvements several comments were made;
    - *Although support within MARAC is good, there is a lack of administrative support within the participating agencies.*
    - *There are no regular reviews completed following up on people who have gone through the process, for example, change of address, progress in court.*
    - *Ongoing training.*
    - *CJSM (secure email system) can make communications difficult.*
    - *Partner agencies balancing priorities and workloads.*
    - *MARAC data recorded but not reviewed locally.*
    - *MARAC reports (Stats) not available routinely to all agencies.*

- *There is a need to look at what's happening locally and regionally regarding reports (numbers etc.).*
- *Research is excellent but what are the learning points from research for practice?*
- *There needs to be more discussion of actions from previous meetings.*
- *Agencies should be notified when someone is no longer subject to MARAC.*

3.11.2 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'operational support', eight of the MARACS answered 'Yes' to all question on the SafeLives Toolkit, and two answered 'Yes' to only some of them. For these two MARACs, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Ensure that MARAC administration is mainstream funded and capacity reflects SafeLives recommendation (one MARAC coordinator for every 100,000 of the adult female population).*
- *Ensure case audits are undertaken to review the administrative aspects of the MARAC e.g.; minutes, action plans, effectiveness of templates.*
- *Routinely interrogate performance information and data.*
- *Ensure that there is clear strategic responsibility for monitoring performance and addressing issues as they emerge.*

3.12 Governance (Principle 10)

There is effective strategic support and leadership of the MARAC response and agencies work together effectively.

3.12.1 MARAC Operational Group

- Of the 45 participants who responded fully to the survey, nine stated that they did not know there was a MARAC Operational Group (MOG), the remaining 36 were aware of the group.

- Twenty-eight stated that they would like more information about the working of the MOG and 17 stated that they would not.

- However, 35 of the 45 participants who responded thought it would be useful to receive records of the MOG meetings.

- Only five of the 45 participants stated that they had attended a MOG.
  - Four of the five felt the frequency of the MOG was about right.
  - Four of the five stated that MOG meetings were useful, commenting that they were a useful arena to iron out problems between agencies and to keep abreast of any changes and local government input. If used properly they should also be where decisions are made in a timely fashion and actions allocated for completion. It was also commented that MOG meetings can lack clear focus and direction and meetings could be repetitive and unproductive.
  - Four of the five stated that they had been given the opportunity to contribute to the agenda for the meeting.
  - Three of the five stated that they received a copy of the record of the meeting.
  - Three of the five also stated that issues pertinent to MARAC are being discussed at these meetings, including the sharing of best practice across MARAC.
  - Four of the five felt that the appropriate organisations are attending/being represented at the MOG meetings.

3.12.2 MARAC Governance

Participants were asked to rate how much they agreed/disagreed with a series of statements related to key actions of MARAC governance. Overall, as can be seen in Table 3.3, all participants agreed that there was a MARAC operation and information sharing protocol, however responses were more varied with regard to there being clear responsibility for measuring outcomes and the impact and effectiveness of the MARAC, with only a third (15 of 45) agreeing with this statement.

Table 3.3: Key Elements of MARAC Governance (n = 45)

Key Elements of an Action Plan	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
MARAC data is consistently recorded, reported and analysed	0	1	6	23	11	4
There is a stable, visible governance structure in place	0	1	6	28	10	0
There is clear responsibility for measuring outcomes and the impact and effectiveness of the MARAC	0	6	18	11	4	6
There is a MARAC operating and information sharing protocol.	0	0	0	25	20	0

- Participants were asked if there was any additional training required that would benefit them in their role within MARAC. Eighteen stated that they did not require any training; one stated that they did not know. The remaining 26 provided a list of useful training suggestions:
  - A rolling programme of general training;
  - An induction programme for new members; and
  - Specific training on;
    - Information sharing and how to share information when consent has not been given/sought;
    - How to recognise/deal with coercive control;
    - Working with victims from ethnic minorities;
    - Basic domestic violence awareness;
    - Procedures guiding practice in different agencies;
    - MARAC and DASH;

- SafeLives Principles; and
- How to gauge the impact of MARAC and outcomes from victims.

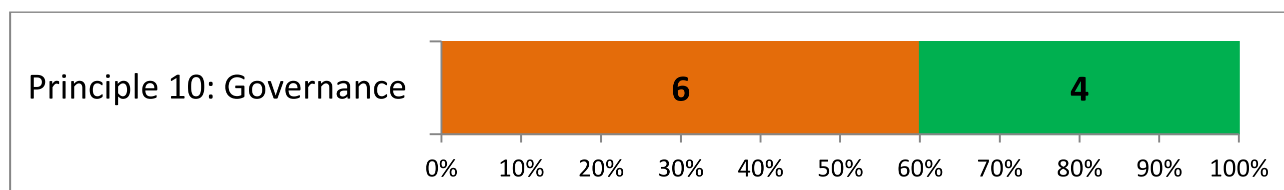
- Thirty-seven participants responded that involvement in MARAC was recognised or acknowledged as part of their substantive job role. Six participants stated that it wasn't. Of the remaining two, one stated that it was a core responsibility but not stated in their job description and the other stated that their position was unfunded.

- Thirty-eight participants stated that staff in their organisation were fully aware of MARAC and its processes and three stated that they did not know. The remaining four provided comments stating that;
    - Staff were not fully aware of MARAC and suggested that there was a need for a MARAC training module to raise awareness.
    - There was general awareness of what MARAC is but limited knowledge of it operationally and.
    - There is a need for endorsement from senior management to encourage referrals.

- The focus groups provided an opportunity to discuss Governance arrangements further. In terms of what is working well the following comments were made:
    - *Good governance and reporting arrangements in place.*
    - *Any new information shared by coordinator.*
    - *On the ground, for safeguarding victims and children, agencies work effectively – more effectively since the rollout of MARAC.*
    - *Regional MOG is important for regional governance and information sharing.*
    - *The 'Northern Domestic Violence Partnership' is important for understanding and developing governance issues, transfer of information and awareness raising.*
    - *Information is reported to the Safeguarding Board for Northern Ireland and NI Adult Safeguarding Partnership.*
    - *Good inter-agency relationships building and developing.*
    - *The MARAC protocol is comprehensive and the information sharing agreement is clear.*

- In terms of areas for improvements in relation to the MARAC initiative the following comments were made:
  - *The function of MOG is not clear, there are communication issues regarding purpose, representation, minutes etc.*
  - *Unsure if there is any oversight by Safeguarding Board for Northern Ireland – it is not mentioned at safeguarding meetings.*
  - *Not aware of the outcomes of MARAC, this should be provided by MOG*
  - *The Local Safeguarding Adults partnership report includes MARAC information, but again more preventative work needs to be undertaken.*
  - *The MARAC information sharing protocol is very sensitive and this has implications for who feeds back to the victim and if information is submitted by another agency.*
  - *Issue with courts requesting information – there needs to be a better link with judiciary.*
  - *More commitment from senior management to promote MARAC.*
  - *MOG should involve the people who are directly involved in MARACs with the monitoring of outcomes and effectiveness of the MARAC itself.*

3.12.3 Findings and Suggested Actions from the SafeLives Tool Kit



- In relation to 'governance', four of the MARACS answered 'Yes' to all questions on the SafeLives Toolkit, and six answered 'Yes' to only some of the questions. For these six MARACs, the toolkit provides suggestions as to how to address the issues they highlighted, these are summarised below. It must be highlighted that these are only ideas that may enable discussion and are not a prescriptive task list or action plan.

Ideas from the SafeLives Toolkit

- *Encourage single agency audits, focusing on referral process, quality of risk assessment and outcomes following intervention.*
- *Ensure strategic accountability to safeguarding boards.*

- *Ensure that the governance group can evidence that outcome measurement e.g. the quality and timeliness of the response, is embedded throughout the MARAC process from the point of identification through to case closure.*
- *Ensure that there is a flow of information between the MARAC and the governance group, with representatives from each invited to participate in, or observe, the other meeting.*
- *Ensure your governance group agrees a list of qualitative and quantitative outcomes which are monitored locally (and sub-regionally). Please contact SafeLives for a list of examples.*
- *Review the governance group to ensure there is clarity, effective representation, leadership and responsibility for the MARAC; identify how gaps will be addressed.*
- *Use victim consultation to assess whether MARAC is delivering positive outcomes.*

3.13 Additional Comments

- The response rate to the final few questions dropped considerable. Four people responded to the question regarding the change in MARAC structure from 14 to 10 MARACs. From these four respondents, one stated that it had 'no impact', one person felt it had 'a positive impact' and in contrast another felt it had 'a negative impact'. The fourth responded that they 'did not know'. One participant commented that the merging of MARAC's had reduced duplication of work, had enhanced information sharing, general agency awareness and consistent response. In comparison, for those agencies involved in the MARAC, the wider boundary means that representatives often have to travel further to meetings, reducing attendance rates. Concerns were also raised that since amalgamation there has been a reduction in the number of referrals.

- Participants were given the opportunity to provide any additional comments they wished. These are included below. Although redacted to avoid identification, these responses have been presented in full. Overall, although speaking positively of the work conducted by MARACS, the comments made also highlight some areas for improvement, which correspond to the general findings of the survey and focus groups. These include the need for an IDVA service, concerns regarding referral rates and attendance, information sharing protocols and a need for more qualitative research focusing on the victims of domestic violence.

    - *'The new layout of the MARAC minutes is cumbersome with the actions at the end of the document. I don't believe there is a need for the minutes to be sanitised. If sent by secure email there should be no need to take out names etc. - this just leads to additional time required to send out information to the relevant person.'*

    - *'Although I believe there is room for improvement in all 10 principles, I have seen many good examples of the effectiveness of MARAC for victims over the years as far back as the pilot stages. My organisation works intensively to ensure that risk management plans are implemented and information is provided to victims in a*

timely manner. MARACs are vital for information sharing and risk management not only for the victim but also for staff involved in these high risk cases. I do believe however that actions could be improved to manage the behaviour of the perpetrator. The relationships that have been built up over the years between professionals involved in MARAC has also been crucial for inter-agency working, support, and ultimately helping to keep victims and their children safe and reducing repeat victimization.'

- *'MARAC provides a good opportunity to collectively manage the risk. Its effectiveness though is dependent on the attendance of respective agency partners & initiation of appropriate actions, which could be improved upon. More regular training for all attendees would I believe enhance this.'*

- *'Need clear guidelines for information sharing post MARAC. Need to address how we offer advice and information to victims and look at repeat victims; are we meeting their needs should we be looking at this in a different context?'*

- *'We often see the same victims' names coming up at MARAC. This is a sign that the intervention we are providing is not working and this is frustrating as a professional. Often because the victim is not engaging they are no longer offered services. There are clear cycles of abuse. There are issues with information sharing between MARAC members. We need clarity about what information can be used with other processes. The victims have to want to help their own situation. Often this takes a protracted period of time. We need to support them whatever decision they make and not judge them. We need full attendance. If there is persistent absenteeism the chair needs to address this.'*

- *'I welcome this review and hope that recommendations following will be implemented to ensure the best outcomes for victims of domestic abuse.'*

- *'There are real concerns amongst all of the representatives at our MARAC about the low number of referrals coming through compared to the number received in the first*

few years that the process was operating. The reduction in referrals seems to coincide with the change in assessment and referral processes and the introduction of CRU. In relation to the MARAC that I attend the organisational representatives are long standing and professional with generally high levels of knowledge and experience and I feel work very effectively to address the cases/issues brought to the meeting. The lack of IDVA's does mean that there is a huge gap in the delivery of the MARAC model in NI as a core element is not (and never has been) in place. The high turnover of staff within the police does impact generally on the response to victims of DV as it takes away a core of expertise and knowledge from the PPU team and puts additional pressure of the officers remaining. However I have never had any issue with the individual officers who attend and/or chair the meeting's as they are appropriate in their information sharing and in their responses to cases referred and engage well with the agencies around the table both within the meeting and in relation to any follow up. Generally with the MARAC I attend I think we have built strong positive relationships and work well in partnership.'

- *'Qualitative research into the outcomes of actions set at various MARACs throughout Northern Ireland would be both interesting and provide insight into how effective the actions are for those victims of domestic violence. Whilst I appreciate the insight of quantitative research, it is crucial to understand the lived experience of the different victims, and in turn this can hopefully assist us in understanding how effective our responses are to providing solace and safety to the victims of domestic violence.'*

- *'Frontline Non statutory organisations that attend the MARAC need funding to advance the support that is currently provided to victims of D.V. In relation to attendance at MARAC it would be a benefit for all representatives to park within the police station and an appropriate office/building made available that is adequately heated and has a toilet.'*

- *'I think the MARAC as it stands is doing its best to protect people however I believe we need to re look at it function and effectiveness.'*

3.14 Impact of MARAC

3.14.1 Introduction

The focus groups provided an opportunity to discuss the broader questions of 'what impact are MARACs having', 'how can we demonstrate effectiveness' and general areas for improvement. The information below provides a summary of these discussions.

3.14.2 What impact are we having for victims?

- It was noted that it is sometimes difficult to know what impact has been made by MARAC and often it is only for the negative cases that feedback will be given. Two different focus groups summarised these difficulties by stating that '*You never know what you have prevented – one small action can impact*' and '*Sometimes it not so much how much better we have made things as how much worse it could have been*'.
- Often the incident has occurred quite a while prior to MARAC, meaning a response has already been given and it is difficult to distinguish between the impact of that immediate contact and then subsequent actions by MARAC.
- Those with ongoing contact with victims provided anecdotal evidence stating a positive impact for victims, with victims feeling reassured to know a range of agencies are managing risks presented to them and their children. Victims feel that they are being listened to, believed and supported.
- Participants felt that MARACs play an important role in giving victims more choices, improving lives and breaking the cycle of abuse. Ultimately the work completed by MARACs will save lives and have a positive impact on victim's safety.
- MARAC provides a protective element and can flag issues in other forums (taking confidentiality into consideration).
- More opportunity to support victims through better identification of high risk cases.
- The work of the MARAC is seen as supportive and can help people, for example, to remain in their own homes.
- For some victims there will be a limited impact - how much help can be given is based on the willingness of the victims to engage and make changes. Chronic addiction issues can be present in particularly difficult cases; limiting what you can do. Focus groups noted a

level of frustration that victims don't always engage which therefore limits their ability to respond.

- PBNI commented that they now have two women's Partner Support Workers (PSW)[5]. They have examples of where MARAC has been helpful, making a difference in victims lives. MARAC is a valued system and provides a useful forum for information sharing and can help challenge perpetrators behaviours.
- MARAC provides a forum for co-ordinated and timely intervention. More collaborative working and a better knowledge base is leading to better protection plans/support for victims.
- Better identification of serial perpetrators through joined-up working.

3.14.3 How can we demonstrate we are doing a good job?

- The main suggestion as to how we can demonstrate the impact of MARAC was to talk to the victims themselves and obtain wider service user feedback.
- Proxy measures were also suggested such as measuring the rate of repeat referrals, the suggestion being that if victims don't come back through the system then the issues have been resolved. There were concerns however that this may be too simplistic a view.
- There is anecdotal evidence, with some agencies reporting that Victims have fed back stating that they have felt safer.
- In addition those working with victims have also provided anecdotal evidence stating they felt more empowered – for example in schools, staff have a greater awareness/understanding and put more support in place for children. More feedback from those working with victims may be useful in demonstrating impact. Such people could include schools but also health professionals.

[5] 'PBNI have two Partner Support Workers (PSW) who cover the region. The main function of this role is promoting the safety of the partners/ex partners and children of perpetrators of domestic violence, who are in contact with PBNI, through the provision of information, support in the construction of safety plans, providing signposts and guidance to local services and contributing to the established risk management procedures, such as MARAC. PSWs play a significant role in the identification and management of risk. In carrying out their role PSWs can gain an important insight into the changing dynamics between the participant and partner/ex-partner where there is still contact and which might indicate an escalation in risk. Where the partners continue to live together, PSWs have a unique opportunity to establish whether or not the positive changes that a participant claims to be making have any basis in fact and whether significant risks to their partners and/or children continue to exist. These insights and opportunities are invaluable in guiding and informing the risk management process.

- DASH forms can trigger relevant conversations which can encourage further discussions.
- Case reviews were also noted as a means to look at the impact.
- Performance targets were also suggested.

3.14.4 How can we develop and improve?

- Focus group participants were asked to make suggestions about how MARAC can be improved. Not surprisingly, many of the suggestions were also made throughout the survey and earlier discussion within the focus groups.
  - There was a universal call to implement an IDVA service within Northern Ireland. It was felt that this would enhance both the service that can be delivered and the effectiveness of the process.
  - In was suggested that there needs to be a process for case review and this should be overseen by MOG.
  - Learning from other areas about what works and implementing and developing services, needs to continue. There has been a lack of movement following the initial implementation of MARAC. This again is something that should be driven by MOG.
  - There needs to be more proactive with victim contact – not just a phone call but meet them in a safe place and keep contacting them.
  - There is a need to look at how MARACs work with the perpetrators of domestic violence – offender management and sanctions.
  - There is a need to bring more agencies into MARAC – for example the Northern Ireland Prison Service.
  - More training to ensure processes are delivered correctly and provision of wider education programmes to educate society about domestic abuse.
  - From a PSNI perspective, unless needed for an ongoing investigation there is no further contact with victims; an improvement would be to include some means of follow up.
  - Agencies need to give full commitment to MARAC and this should be driven from the top down with senior management emphasising the importance of MARAC.
  - Ownership of each case - i.e., named individual (not agency).
  - All agencies are struggling with the referral process and this needs to be looked at.

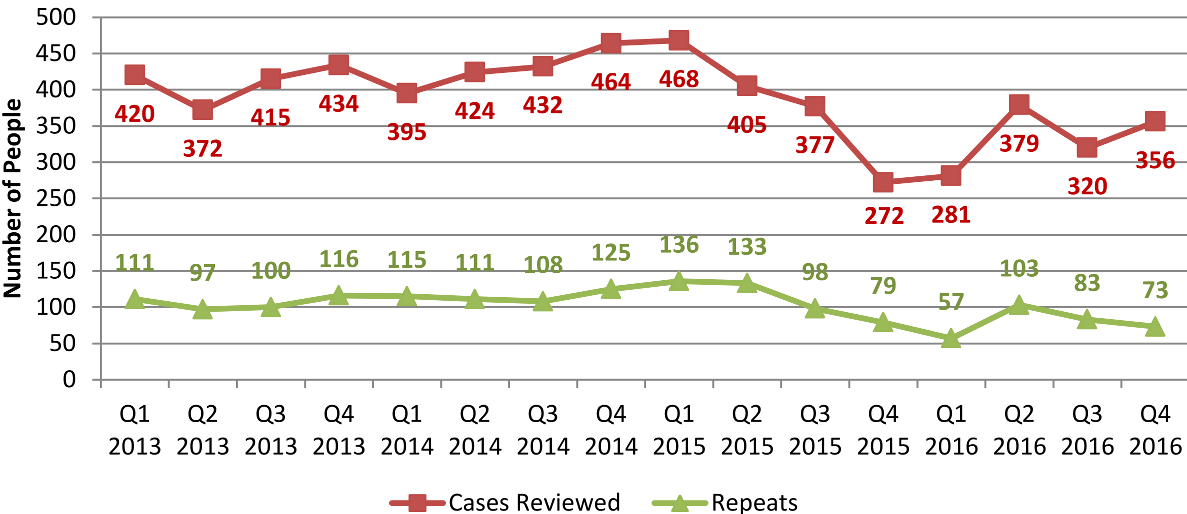
- Absence of MARAC protocol in education has resulted in difficulties in sharing information.
- We need to improve informing victims of available services, signposting to client specific services. A victim's app may be useful.
- Safeguarding measures should be put in place reducing risk.
- Placing MARAC on a statutory level.

4. Review of Performance Data

4.1 Referrals, Cases Reviewed and Repeats

- The survey responses and the focus groups highlighted a noticeable decline in the number of cases reviewed by MARAC. Although overall this appeared to be cause for concern some did highlight that this may be a natural result of improved referral practices. Figure 10 below provides information on the number of cases reviewed on a quarterly basis between January 2013 and December 2016. As can be seen, whilst figures remain largely stable through 2013 and 2014, from Quarter 1 2015 cases reviewed appear to decline reaching a low of 272 referrals per month by the end of that year. Since then figures appear to have recovered but still not reaching the highs of previous quarters. Overall cases reviewed peaked in 2014 with 1,715 referrals being made, a rise of 72 cases from the 1,643 made in 2013. Since 2014 referrals have fallen to 1,526 in 2015 and 1,339 in 2016.

Figure 10: Cases Reviewed and Repeats (Quarterly 2013-2016)



- To investigate this changing pattern in referrals, the number of referrals made by agency was examined. Table 4.1 overleaf provides details of the overall number of referrals made yearly by each agency. As can been seen, while PSNI remain the largest source of referrals, the number of referrals made following a peak in 2014 have dropped in 2015

and then again in 2016. No referrals were made from Education, MAP, A&E, Elderly Care services, or GP services.

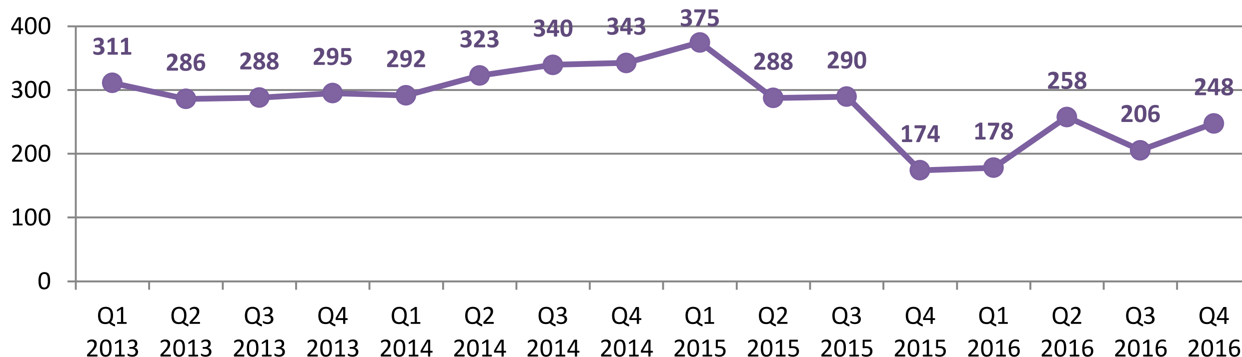
Table 4.1: Referrals by Agency (Annually 2013-2016)

Agency	Number of Referrals per Calendar Year*			
	2013	2014	2015	2016
Police	**1180**	**1296**	**1125.5**	**888.5**
Housing	**4**	**3**	**4**	**1**
Probation	**9**	**3**	**8**	**9**
Voluntary Sector	**302**	**247.5**	**218**	**248**
Women's Aid	*288*	*226.5*	*210*	*237*
Victim Support	*12*	*15*	*3*	*10*
Cithrah	*1*	*5*	*3*	*1*
Footprints	*1*	*1*	*2*	*0*
Health & Social Care (HSC)	**145**	**164.5**	**168.5**	**189.5**
Health Visiting	*0*	*0*	*1*	*0*
Midwifery	*0*	*0*	*1*	*0*
Mental Health services	*12.5*	*12*	*16*	*36*
Adult Social Services	*56.5*	*72*	*75.5*	*83*
Children's Social Services	*74*	*77.5*	*67.5*	*64.5*
Other HSC	*2*	*2*	*0*	*3*
Other	**3**	**1**	**2**	**3**
Total	**1643**	**1715**	**1526**	**1339**

*if a person is referred by two agencies they are represented as 0.5 in each.

- Looking at PSNI referrals on a quarterly basis over the last four years again indicates a decline in referrals from 2015 onwards. In particular Quarter 4 of 2015 and Quarter 1 of 2016 referrals appear to reach a particular low (Figure 11).

Figure 11: PSNI Referrals (Quarterly, 2014-2016)



4.2 Victim profile of cases Reviewed

- In terms of the victim profile of cases reviewed by MARAC, the majority were in relation to female victims of domestic violence. As can be seen in Table 4.2 below, male victims made up approximately one in twenty of the cases reviewed.

- Those from ethnic minorities again made up a small proportion of cases. However, the latest Census for Northern Ireland[6] would indicate that ethnic minorities make up less than two percent of the overall Northern Ireland population. The proportion of cases reviewed through MARAC is therefore greater than would be expected based on population estimates.

- As with ethnic minorities, cases related to the LGBT community and those with disabilities were small and appear to be relatively consistent over the last four years.

Table 4.2: Victim Profile (Annually, 2013-2016)*

Victim Profile	2013		2014		2015		2016	
	Number	% Of cases Reviewed (N=1,641)	Number	% Of cases Reviewed (N=1,715)	Number	% Of cases Reviewed (N=1,522)	Number	% Of cases Reviewed (N=1,336)
Female	1570	95.7%	1623	94.6%	1425	93.6%	1263	94.5%
Male	71	4.3%	92	5.4%	97	6.4%	73	5.5%
BME cases	75	4.6%	93	5.4%	45	3.0%	57	4.3%
LGBT cases	7	0.4%	6	0.3%	8	0.5%	7	0.5%
Disability cases	22	1.3%	25	1.5%	31	2.0%	16	1.2%

*Please notes these groups are not mutually exclusive.

[6] https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/2011-census-results-key-statistics-northern-ireland-report-11-december-2012.pdf

5. Observations

The following general observations have been made based on the key themes that have emerged through the findings of this report. This is not an exhaustive list and may be added to once the findings of the report have been viewed by all those involved in the MARAC process. It is also not a prescriptive list and, like those made via the SafeLives tool kit, is made to guide not dictate practice development.

- **Referrals –** concerns have been raised about the decline in the number of referrals made to MARAC. The review of performance data would suggest that this is the case. More investigation needs to be conducted to determine whether this is a genuine decline in cases or as a result of practice change.

- **Repeat referrals –** some concern was raised in relation to both the level and action to be taken with repeat referrals. More guidance is needed for MARACs specifically focussing on the approach to be taken for repeat cases.

- **Victims –** Throughout both the online survey and focus groups there was a call by MARAC staff to implement an Independent Domestic Violence Advisor service to Northern Ireland. It was felt this would help in the process of referral, victim engagement, and the overall impact that the MARACs could have on the lives of the people they are endeavouring to protect. Whilst in some areas this role is being partially filled by available resources within the MARACs, the need for a coordinated service throughout Northern Ireland was highlighted by many of those who responded to the survey and took part in focus groups. This could be investigated further.

- **Training –** There were several suggestions in relation to the need for further training. The most effective way to deliver training to MARAC participants, particularly new members, could be investigated and a training needs analysis completed to ensure all training needs are captured. A wider need for educating the general public about domestic violence was also noted. This may sit outside the remit of MARAC but may be

something that the MARAC Operational Group may wish to channel through the governance structure which oversees delivery of the 'Stopping Domestic and Sexual Violence and Abuse Strategy'.

- **Multi-agency engagement** – the findings would also suggest that there is a need to look at the agencies involved in MARAC and to see how a wider group of agencies can feed into the process. In particular there was a noted gap by agencies involved with male victims of domestic violence, with MAP only a recent addition to MARAC. In addition, links to GPs, addiction and mental health services were also noted. It may not be possible for such groups to fully engage in the process and new ways of allowing participation need to be explored. As well as new agencies getting involved, support and buy-in from existing members needs to be maintained and encouraged.

- **MARAC Operation Group (MOG)** – There was a general lack of understanding as to the current function of the MOG. Functions of oversight and implementing improvements to MARAC processes that should fall to this group appear to be absent. Elements of quality assurances, dip sampling of cases and MARAC membership do not appear to be happening. It would appear that post implementation of MARAC this group has not continued to function as expected and this should be reviewed. Findings from the SafeLives Toolkit may provide direction and a simple way to monitor improvement in this area.

- **SafeLives Toolkit –** as part of this review, the SafeLives toolkit was completed for each of the 10 MARACs in Northern Ireland. This is a useful tool, providing suggestions for improvements / developments at a local level. Following this research each MARAC will be supplied with its own user name and password and initial report. This may be something that each MARAC would wish to repeat at a later date. It must be highlighted that the suggestions provided by the toolkit are only ideas, which may enable discussion and are not a prescriptive task list or action plan.

References

Northern Ireland Census 2011 -
https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/2011-census-results-key-statistics-northern-ireland-report-11-december-2012.pdf

SafeLives Website - www.safelives.org.uk

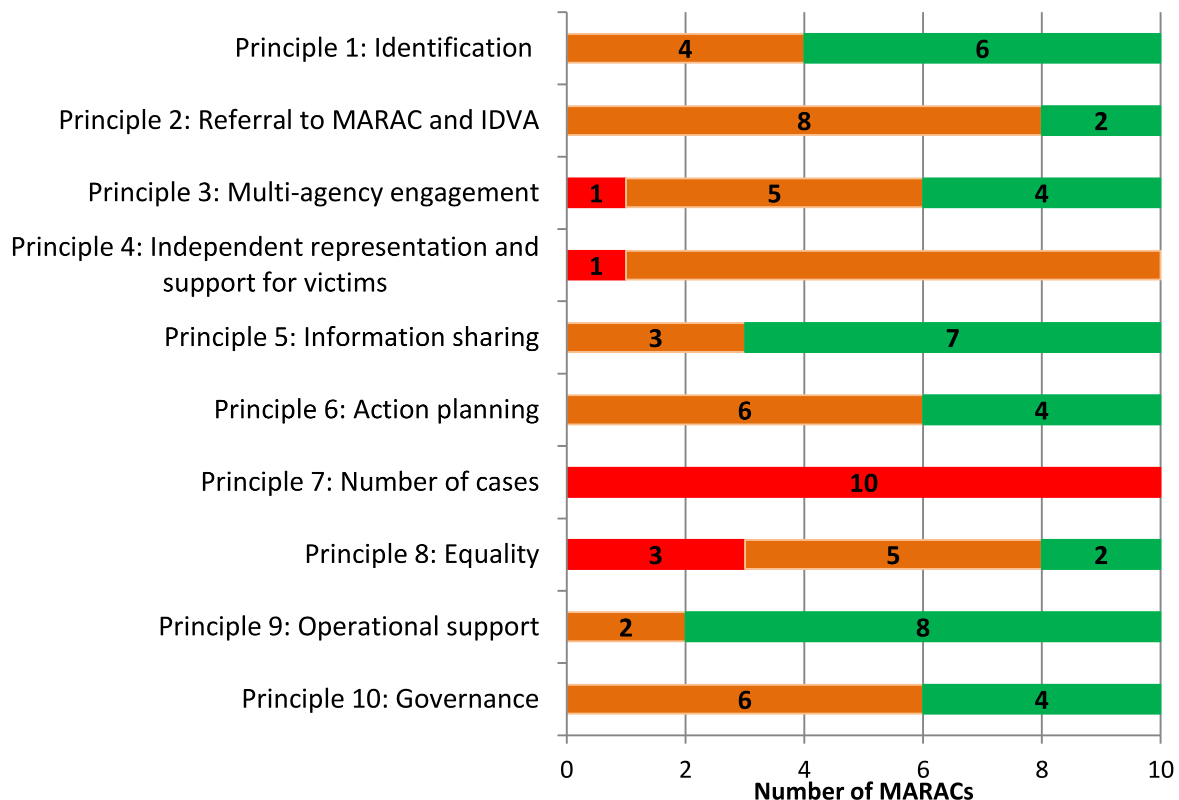
Annex 1. SafeLives Tool Kit

SafeLives provide an online tool kit for completion by individual MARACs. The responses to questions input into the toolkit are used to generate a suggested action plan. This was completed for each of the ten MARACs in Northern Ireland and the resulting action plan will be provided to each individual MARAC. Going forward, each MARAC has been provided with their own log in details so that they can complete it by themselves on a rolling basis.

Where a MARAC answers 'Yes' to all the questions in a section, the result is coded green, where some are answered 'Yes' the result is coded amber and where none are answered 'Yes' the results are coded red. Figure 12 below provides a summary of results from all 10 MARACs. It would be suggested that those mainly red or amber would require attention.

Please note that the SafeLives toolkit recommendations for the levels of people coming from minority groups are based on England and Wales census information. Recommendations in this area therefore need to be considered for appropriateness within the Northern Ireland context.

Figure 12: Summary of Findings from the SafeLives Toolkit



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