



Domestic violence, adult social care and MARACs: implications for practice

KEY POINTS FROM THE RESEARCH

- Domestic violence remains a significant risk in the lives of many in the UK. There is a major role for adult social care services within the MARAC process, but adult social care managers need to work with other agencies and staff to articulate and identify this.
- Recently (2010–2013) there has been a 24% increase in referrals of MARACs in the case study area. Meetings are held monthly with on average 20 cases per meeting with 10 minutes allocated per case. The system is under severe pressure and is struggling to cope with the number of referrals.
- Agency representatives attending MARACs showed high levels of commitment to the MARAC approach despite it being an 'add-on' to their main role. Most MARAC attendees felt unsupported by their employer and supervisors in this demanding work.
- There is a lack basic data to analyse MARAC activities (particularly in relation to age, disability, and ethnicity of victims). The study found that how meetings are recorded or organised means that there is little opportunity to review or monitor actions that have been taken and outcomes are often unknown. A national data set should be established to support commissioning of services, national outcome measures of effectiveness, and impact of MARACs. These should be developed with survivors

GLOSSARY

Domestic Violence is '... any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality'. (Home Office 2013)

MARACs are multi-agency risk assessment conferences that share information about the top 10% of high risk domestic violence cases in order to produce co-ordinated actions to reduce the risk and increase victim safety.

MARAC attendees are an agency representative, usually a manager, who attends the MARAC and who can commit resources of behalf of their agency.

IDVAs (Independent Domestic Violence Advocates) are caseworkers for 'high risk' domestic violence victims and their children. IDVAS may work for public agencies such as local authorities, police forces and primary care trusts or may be employed by specialist domestic violence services like Women's Aid.

of domestic violence and their representatives.

- Adults at risk of domestic violence who have had their information shared at a MARAC generally do not understand the process. Some of those interviewed did think their situation had improved and things happened (such as locks changed, visits from staff) as a result of the MARAC, but many highlighted the issue of 'loss of control' and non-involvement. For some, the taking of

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control from them was viewed positively and for others negatively. Some people would like to have attended the MARAC meeting and presented their own information. MARACs should consider different ways of ensuring the voice of the service user is heard.

- Participants pointed out that although there was often much activity with services and support at a time of crisis this quickly evaporated. Women in domestic violence situations face complex decisions and wanted support beyond the immediate crisis. MARACs and other domestic violence services need to ensure that services are available to service users beyond the crisis point when they are ready to access support.
- The project also highlighted the need for careful attention to high quality ethical standards of research with vulnerable groups and familiarity with safeguarding requirements and local systems.
- Within the research, about half of the adults' social workers interviewed knew little about MARACs and were apprehensive about their role in supporting people at risk of serious domestic violence. All social workers thought that further training in approaches to domestic violence was relevant and important to their role and should be more prominent in continuous professional development.
- Many of the social workers discussed domestic violence in safeguarding terms - with which they were familiar. However, further work is needed to unpack the complexities of safeguarding, mental capacity and domestic violence in cases where both domestic violence and safeguarding processes may need to be followed in parallel.
- MARAC is a misnomer; MARAC does not need to mirror a conference, as it neither has the time nor the information. Instead, it is concerned with information sharing, management of risk and allocation of resources. The ideal MARAC attendee is not a front-line worker, but a manager able to command the allocation of resources to MARAC cases for their agency.

- Participants from different agencies considered the MARAC arrangements would benefit from being made statutory, as this would enhance the profile of the work and ensure that key agencies attend.

BACKGROUND

The role of adult social care in the prevention of domestic violence has received much less attention than that of children's social work and child protection. In England and Wales a key process in addressing high-risk cases of domestic violence has been the emergence of MARACs. The first MARAC was introduced in 2003 in Cardiff bringing together 16 agencies including police, probation, local authority, health, housing, refuge and the Women's Safety Unit. The work in Cardiff was evaluated and used to create a template for other local areas – MARACs now have national coverage. The aims of a MARAC meeting are to:

1. Safeguard adult victims
2. Make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults
3. Safeguard agency staff
4. Address the behaviour of the perpetrator.

MARACs complement and run parallel to statutory risk management/public protection arrangements such as the Multi-Agency Public Protection Arrangements (MAPPA) and also statutory safeguarding provisions for children and vulnerable adults. MARACs currently have no statutory basis. MARACs began in Greater Manchester in January 2006 and Manchester dealt with 1,291 cases in 2013.

MARACs were developed to deal with the top 10% of cases of risk of serious harm or domestic homicide. Risk assessment is central to MARACs. Individuals are identified by the use of the CAADA-DASH Risk Indicator Checklist. The MARAC then provides a forum for key statutory and voluntary agencies to share information about cases, volunteer services to manage risk, protect the public, safeguard children and vulnerable adults and manage perpetrators. Victims are not invited to meetings. However, it is expected that their views are represented by an IDVA who will also inform victims about the actions various

agencies are planning to take on their behalf. The MARAC process is police-led with the number of cases and length of meetings varying by locality.

There is little research into the interface between social care practice and domestic violence. However, the research indicates increased vulnerability to risk for people with additional needs such as mental health problems, physical or learning disabilities, or older people. For adult social workers, the potential vulnerabilities of service users with learning disabilities or mental health problems in abusive situations are complicated by considerations of whether they are able to make decisions (often referred to as mental capacity).

FINDINGS

Service user perspectives

Service users were recruited to the research via the IDVA service. Thirteen service-users were interviewed soon after the MARAC where the IDVA felt the person was confident to meet with the researchers (Time 1). Four of these were re-interviewed six months after Time 1 (Time 2). There were problems with recruitment and retention of service users to the project. This is consistent with other studies and highlights the need to develop creative methodological approaches to working with survivors of domestic violence that can account for the necessarily transitory and hidden lives many lead.

Time 1 interviews were characterised by time spent clarifying the MARAC process for the service user. Although service users had heard of the process, many confused MARAC with the IDVA service. They were positive about the IDVA service and some tentatively expressed the feeling that MARAC action planning had been a good thing, as there were obvious examples of improvements to services and their living arrangements.

Time 2 interviews for service users were fewer in number and less conclusive. However, those interviewed consistently pointed to a lot of activity at the time of crisis but felt that support had tailed off, despite feeling more competent and willing to work with services or practitioners.

Potential MARAC attendees within Manchester

Police (Chair)
 Health
 IDVA
 Children's Services
 Probation
 Adult Social Care
 Housing
 Fire Brigade
 Women's Aid
 Mental Health Services
 Victim Support
 Child Health
 Community Alcohol Team
 Midwifery Service
 Anti- Social Behaviour Team
 Drugs Service
 Relate
 Women's Safety Service

Across all interviews the theme of control emerged, with many service users feeling they were done 'to' rather than 'with' and that MARAC was not an inclusive process as service users' wishes and voice got lost.

Agency perspectives

In total 24 agency representatives were interviewed across statutory and voluntary services. Interviewing took longer than expected because some services were harder to contact and many agencies were undergoing changes as a result of Government cuts. This particularly affected the IDVA team and the local authority children and adult social work team.

Many of those interviewed felt that the MARAC process was important and all demonstrated a commitment to working with survivors of domestic violence. However, there were differing perspectives on who should attend a MARAC. Identified absentees included mental health and drug and alcohol services. Participants considered core agencies

to be the police, children's services, health, probation and adult services. There were also differing perspectives on the purpose of attendance. Some wanted more time to talk through the details of the case, while others saw the meeting's purposes to be information sharing, resource allocation and reducing risk. Most thought agency representatives should be proactive in offering services and have the authority to allocate resources.

Attendees remarked that they heard so many cases at the one meeting they were not always able to differentiate between cases or remember which case was being discussed. MARAC was, for many, an 'add-on' with a lack of acknowledgement of the emotional impact of the work.

The time allocated per case reduced from 12 to 10 minutes.

The study found that once agreed actions had been implemented there was no system to assess the intended and unintended consequences.

Interviews with adult social care

In total 20 staff were interviewed from across the local authority's adult social care workforce, including a senior manager, team manager, senior practitioner, adult safeguarding co-ordinator and adult social workers. In addition focus groups were held with IDVA practitioners (7 participants) and refuge workers (5 participants).

Following restructuring managers were clear that adult social care had a role in responding to domestic violence but were unclear what this should be. Among adult social workers, there was a wide variation in understanding of domestic violence and MARAC. All workers felt that further training in domestic violence practice responses would be beneficial. The study concluded that there is a major role for adult social care services within the MARAC processes but adult social care managers need to articulate what this should be.

The local authority in this study has recently reviewed its domestic violence policy. However, there is evident uncertainty of how to respond to domestic violence. Questions remain about whether domestic violence and adult safeguarding are parallel processes that

ABOUT THE STUDY

This study was concerned with identifying and assessing the effectiveness of social care's contribution to the development of MARACs and the protection of adults facing domestic violence, using the city of Manchester as a case study site.

The research data collection used a multi-methods approach and included attending MARACs; interviewing agency representatives who attend MARACs (plus some who did not) and adult social workers; focus groups with survivors of domestic violence, and practitioners who specialise in domestic violence support. We also interviewed people whose cases had been considered at a MARAC. These latter interviews were repeated after six months to offer a reflective opportunity to consider the process and any progress in their protection and safety.

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are further complicated by the need to take into account mental capacity and consent.

The link between the IDVA service and MARACs was well established. However, this group of practitioners not only works with the most complex and risky cases of domestic violence, but is also vulnerable to cuts at a time of reducing budgets. CAADA training and certification were offered to these practitioners, but opportunities for full professional recognition and advancement were limited.

REFERENCES

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