



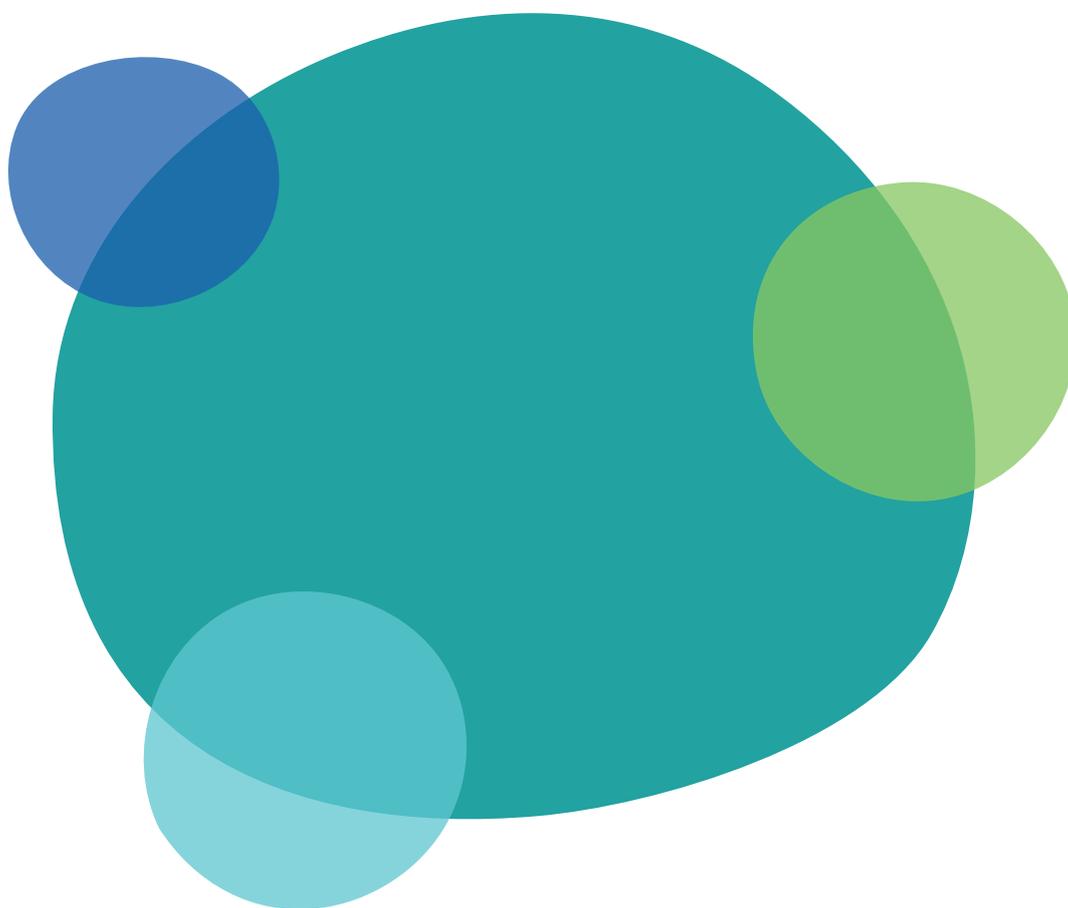
Fulfilling Lives
South East Partnership

M A R A C

PILOT EVALUATION

Brighton & Hove and East Sussex

2020



east sussex
safer
communities
partnership



MARAC

PILOT EVALUATION

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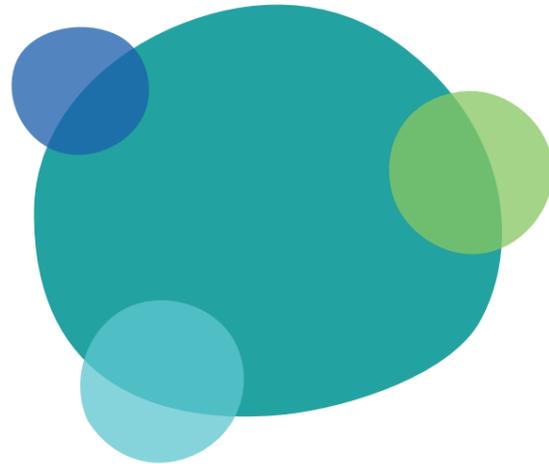
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MARAC REPORT EXECUTIVE SUMMARY

OVERVIEW OF THE MARAC

The Multi-Agency Risk Assessment Conference ('MARAC') is a regular weekly local meeting to discuss how to help victims of domestic abuse at high risk of murder or serious harm. It brings together Representatives from a number of agencies (MARAC Partners) in the local area to discuss the safety, health and wellbeing of people experiencing domestic abuse (and their children) and to agree actions and safety plans in order to reduce risk and keep individuals safe. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is usually represented by a caseworker from the Specialist Commissioned Domestic Abuse Service who speaks on their behalf.

In 2019, the Joint Domestic, Sexual Violence & Abuse and VAWG Unit for Brighton & Hove and East Sussex reviewed the MARAC structures and referral pathways. The review highlighted the increasing numbers of referrals into the MARAC locally across Brighton & Hove and East Sussex, as well as highlighting the increasing challenges of safety planning for victims of complex and repeat cases. The MARAC Support Team worked with agencies to shape a new 'HUB' model in response to challenges identified in the review. A three-month pilot was launched to trial

a new approach and before starting the pilot, the MARAC Support Team reflected that their best hopes for the pilot were:

'From a MARAC perspective the work will aim to improve the experience locally for high risk victims by enabling practitioners to work together in a multi-agency setting to review referrals, assess risk, implement immediate safety measures and co-ordinate actions to achieve individual and family safety. The MARAC HUB pilot aims to make the best use of the traditional MARAC Conference facility by referring those that need a response within this setting and providing an alternative and timely multi-agency response for all other high-risk cases.'

THE NEW STRUCTURE

The pilot model consisted of a tiered meeting structure and revised meeting membership, that moved away from the single large Conference-style meetings that had run for approximately 12 years prior to January 2020. The referral pathways into the MARAC remained the same. It was agreed that the pilot would run for three months, it started on 6 January 2020 and was rolled out across Brighton & Hove and East Sussex.

PILOT MARAC HUB PATHWAY

All High Risk Referrals sent to MARAC

(Threshold unchanged)



Referral processed and put into OASIS system and flagged to core MARAC HUB members

(Police, Specialist DVA Services, Adult and Children Services)



All core MARAC HUB members review case on own systems, undertake brief investigations and discuss as a HUB once a week and decide on response.

(This stage to include attempt to contact the victim to gather views and provide safety advice and any immediate actions to increase safety)

CONFERENCE RESPONSE

- Immediate actions taken by the HUB members to increase safety
- HUB agency review shows case is not currently being effectively managed, full safety plan/lead agencies are not in place.
- Decision recorded.
- Feedback given to referring agency and/or victim within 24 hours of decision.
- Case listed on agenda as 'Conference case' as per current protocol and agenda circulated 5 working days in advance of meeting

HUB RESPONSE

- Immediate actions taken by the HUB members to increase safety.
- HUB agency review shows/results in case being effectively managed, full safety plan in place and lead agencies in place.
- Decision and Lead agency recorded.
- Feedback given to referring agency and/or victim within 24 hours of decision.
- Case listed on agenda as 'HUB case' and agenda circulated 5 working days in advance of meeting.
- All agencies to flag and tag case and re-search case - sending any relevant risk related information directly to lead agencies within 5 days of agenda.
- HUB cases can be reviewed at any stage given new information.

Further detail about the decision-making processes supporting the HUB model can be found at Appendix 1.

MARAC REPORT

FULFILLING LIVES SOUTH EAST AND OUR APPROACH

OUR APPROACH

Fulfilling Lives South East Partnership ('FLSE') led on the evaluation of this pilot. FLSE works across Brighton & Hove and East Sussex and is one of 12 projects across England where National Lottery Community Fund investment is supporting people with complex needs. The purpose of this initiative is to bring about lasting change in how services work with people with multiple and complex needs and collaborates with local partners to help bring about this objective. It utilised FLSE's lived experience voices. It also utilised the project's experienced researcher to design the evaluation framework and lead on the collection and analysis of the data.

FLSE is committed to involving people with lived experiences of multiple disadvantage at all levels of our work. The present evaluation included a consultation with client-facing workers and people with lived experiences of domestic abuse and complex needs, which helped to define what the key components of a quality conversations in MARAC meetings should be. This then informed our evaluation and analysis. People with lived experiences were also a part of field work – conducting interviews and analysis with support from our Learning and Impact team. Finally, although it is acknowledged the people being discussed in MARAC meeting's voices are incredibly important, speaking directly to them to evaluate the pilot was inappropriate. During the consultation, we agreed that wherever possible their voices are instead asked for and heard through the client-facing workers who engaged in the evaluation project.

Using a mixed methodology approach to evaluate the impact of the pilot, the evaluation focussed its attention on the following 4 areas:

THE FOUR AREAS

1

Quality of discussions:

Looking at how cases were discussed and explored during the pilot, compared to the existing model.

2

Level of representation:

Evaluating how the pilot model promoted a good quality of representation from all MARAC partners.

3

Time management:

Looking at how time was used in MARAC meetings to address particularly problematic/complex cases.

4

Actions and planning:

Evaluating how the pilot model promoted cases that have plans which take account of safeguarding issues and include shared accountability and clear actions with deadlines.



COVID 19 IMPACT

In the last few weeks of the pilot, the country encountered national lock down measures imposed by the Covid-19 pandemic. This inevitably had an impact on the pilot, and in mid-March 2020 MARAC meetings had to be moved from a face-to-face meeting format to a virtual format, decisions had to be taken to streamline resources resulting in the early adoption of a HUB-Conference hybrid meeting model

being deployed and this impacted on the original schedule for reviewing and adjusting the MARAC pilot.

However, MARAC meetings continued, and the evaluation was able to continue with MARAC Representatives continuing to participate and contribute valuable learning and reflections. Thank you to all who continued to support these efforts during this challenging time.

MARAC REPORT

DEFINITIONS

The report uses a number of terms which are specific to the function of the MARAC meeting. Some key terms are listed below.

MARAC

The Multi-Agency Risk Assessment Conference ('MARAC') is a regular weekly local meeting to discuss how to help victims of domestic abuse at high risk of murder or serious harm. It brings together Representatives from a number of agencies (MARAC Partners) in the local area to discuss the safety, health and wellbeing of people experiencing domestic violence and abuse (and their children) and to agree actions and safety plans in order to reduce risk and keep individuals safe.

MARAC Partners

Any organisations that have signed up to the MARAC Operating Protocol (MOP) who send their Representatives to sit at the MARAC Conference, including probation (National Probation Service and Community Rehabilitation Company), health visitors, mental health (SPFT), the Specialist Commissioned Domestic Abuse Service (RISE and The Portal locally), the police, drug and alcohol services (CGL locally), Adult Social Care, Fulfilling Lives, third sector women's services such as Oasis, local authority housing options, and children's social services.

MARAC Support Team

The shortened name we have used in this report to describe the Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (VAWG) Unit Brighton & Hove and East Sussex.

This is the team who organises, administers and supports the MARAC process and meetings employed by Brighton & Hove and East Sussex local authorities. For clarity, sometimes this team is also referred to as 'The Administration Team' by Representatives who were interviewed during the evaluation.

Third Sector

is a term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives. Locally these Third Sector organisations include Fulfilling Lives, Oasis, Brighton Women's Centre, Citizens Advice, Survivor's Network, BHT and Southdown.

Sample Group (for interview)

A selection MARAC Representatives taken from a list of all key Representatives from MARAC Partners across the three MARAC areas, Brighton & Hove, Eastbourne Lewes and Wealden and Hastings and Rother. Care was taken to include a Representative from each key agency; Police, Probation (National Probation Service & Community Rehabilitation Company), Adult Social Care and Safeguarding, Children's Services, Drug and Alcohol Service, Primary Care, Mental Health, Specialist Commissioned Domestic Abuse Services and Local Authority Housing Options. These selected Representatives as a whole, came from across the three areas, with a best hope for even distribution.

HUB Representatives

Core Representatives of MARAC Partner Organisations who formed the HUB including the Police, Adult Social Care, Children's Services, the Specialist Commissioned Domestic Abuse Services (RISE and The Portal locally), and a HUB Chair.

DVDS

Domestic Violence Disclosure scheme

MARAC REPORT

SUMMARY OF FINDINGS

This report shares the learning of the Brighton & Hove and East Sussex MARAC pilot with a view to informing the future design of the MARAC structures locally. We also hope that these findings and reflections can support other areas in the country who are interested in developing their own local MARAC structures and systems to improve outcomes for high risk victims of domestic abuse.

MEETING STRUCTURE & SUPPORT

The MARAC Support Team were reported to be highly effective during the pilot and actions allocated during the meeting were felt to be clear by Representatives – something helped by the HUB Chairs actively summarising actions at the end of case discussions. The amount of actions completed also improved across all 3 locations during the pilot and the amount of time spent discussing each case increased on average. Some felt that the definition and of a ‘lead agency’ could be improved but most felt that the allocation of the role was clear in meetings during the pilot. During the pilot, feedback indicated that complex cases were discussed in a range of settings and that the definition of a complex cases varied between those who contributed to the evaluation.

ATTENDANCE:

The consistent attendance of a small group of MARAC Representatives at the HUB meetings was felt to have a positive impact on the effectiveness of the meetings. Feedback suggested this helped promote greater accountability, and Representatives feeling more able to reflect and plan together as a group. Consistent Chairs during the pilot were highly praised and feedback produced key themes around what attributes informed the role of a great chair. A large proportion of third sector responses praised the Specialist Commissioned DV Service for promoting trauma-informed approaches to safety planning. Although the small size of the HUB had benefits, some felt its impact could be strengthened by an increased membership to include agencies such as probation, housing, mental health services and GPs.



MEETING PREPARATION:

The protected time to conduct research into referrals afforded HUB Representatives in the new model had a positive impact on the quality of preparatory work prior to the HUB meeting. Those interviewed, welcomed the protected time to conduct this research. This was felt to be an important mechanism to enable meeting conversations to move from having a focus on updates, towards more detailed conversations around risk assessment and safety planning during the pilot.

QUALITY OF CONVERSATIONS:

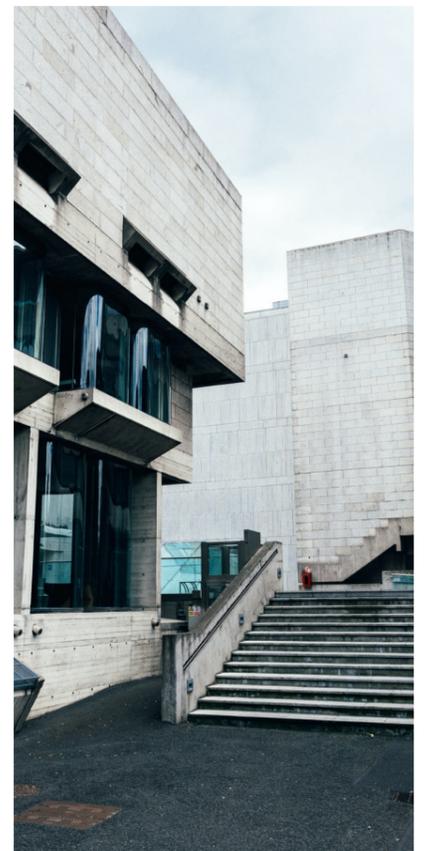
Although the new model created more time to discuss cases, feedback indicated that the quality of conversations relied on more than just increased time. During the pilot, feedback showed how the Specialist Commissioned DV Service was looked to by other agencies to bring ‘client voice’ into case discussions. Inappropriate judgements were felt to be rare in MARAC meetings both pre- and during the pilot and were felt to be addressed appropriately if aired. Feedback showed that collecting and responding to clients’ voices and hopes could be challenging in the context of the high-risk situations people were in. During interviews, although client strengths were acknowledged, there were few examples of where these strengths had directly contributed to the shape of safety plans.

RELATING TO THE THIRD SECTOR:

Feedback highlighted how third sector workers often had more frequent contact with victims and perpetrators than statutory agencies and as such, input from the third sector was felt to be useful during the pilot. Although the HUB meeting membership did not include third sector workers, third sector staff did site instances of ‘dialling in’ to the new HUB meeting and being called by Representatives before meetings to consult on cases. Third sector workers reported how communications to them, either for input to support meeting preparation or Representatives feeding back on the meeting outcomes, was not always consistent and in some cases this had led to some actions not feeling clear or staff feeling as though they hold the risk for cases. Third sector staff did not report using the existing mechanisms available to them for asking questions or clarifying actions during the pilot.

RESOURCING FOR THE FUTURE:

Feedback acknowledged that the HUB model had required additional staff time and resource and as such, consideration would need to be given to how resources are allocated in future MARAC structures post-pilot. The evaluation also highlighted how consistent attendance at MARAC meetings, although valued, put attendees at risk of feeling ‘worn out’ and compassion fatigued.



MARAC REPORT

METHODOLOGY

The evaluation employed a mixed methodology approach to capture learning for the pilot evaluation. The data capture took place over a 4-month period, from December 2019 to March 2020, collecting data on the previous MARAC structure as well as the new structure being piloted.

We were able to gather our findings from a wide range of stakeholders involved in the pilot. This included MARAC Representatives from all MARAC meetings in the locality, people who have chaired meetings, administrators and third sector Partners whose clients have been referred and discussed. The main research methods included:

REPRESENTATIVE INTERVIEWS

MARAC Representative Interviews

18 semi-structured interviews were completed in total with a sample group of Representatives who attended MARAC Conference and/or HUB meetings across Brighton & Hove and East Sussex. 8 of these interviews with the sample group were conducted to gather reflections on the previous MARAC structure, and 10 had a focus on the current pilot model.

There was Representation from all three areas and different levels of involvement. Each interviewee was asked a set of 10 questions, which were based on consultation with MARAC organisers, professional experiences of client-facing workers at Fulfilling Lives and personal experiences of people with lived experience from within the Fulfilling Lives project.

Each interview took an average of 30 minutes to complete and was done in person and on the phone. These interviews were then anonymised, transcribed and coded. The data was then coded using a thematic analysis process which was created by consensus by the evaluation team, led by an experienced researcher.

WORKER SURVEY

Client Facing Worker Surveys for the Third Sector

An online survey asked client-facing workers for their feedback and experiences of the new structure. There were 10 responses in total, representing staff who have previously attended MARAC's across Eastbourne, Hastings and Brighton and Hove. 3 had attended a Brighton MARAC HUB or Conference since the pilot, and 4 had clients of theirs heard at MARAC despite not attending themselves. We had hoped to facilitate face to face focus groups but replaced these with surveys due to the impact of Covid-19 on the work.

OBSERVATIONS

Meeting observations

A member of the evaluation team observed MARAC meetings taking place in all three areas prior to the pilot, and in one area during the pilot. This was limited due to the impact of Covid-19 on the work.

SECONDARY DATA COLLECTION

Supplementary Data

The MARAC Support Team collected a range of supplementary data to support the evaluation. The raw data collected can be found at Appendix 3.

MARAC REPORT

FINDINGS

MEETING STRUCTURE & SUPPORT

ADMINISTRATIVE SUPPORT

- ADMINISTRATION OF THE HUB AND CONFERENCE CONTINUED TO RECEIVE HIGH REGARD -

In pre-pilot interviews with HUB and Conference Representatives, all references made to the administrative support for MARAC meetings were positive. They commonly referenced the speed with which they received relevant papers and minutes, alongside responses to any questions they had. During the pilot, the administration of the HUB and Conference continued to receive high regard. Interviewees additionally referred to administrative staff chasing people to complete their actions, and further developing relationships which allowed for ad-hock support and information sharing. During the meetings themselves, observations suggested that administrators commonly remained focused and engaged in pre-pilot meetings and in a HUB meeting.

'One of the things that's always worked well and continued to work well is the MARAC admin'

MARAC Representative interviews during the pilot

ALLOCATING ACTIONS

- ACTIONS ALLOCATED TO ATTENDEES WERE CLEAR AND SPECIFIC -

Both before and during the pilot period Representatives who were interviewed felt that actions allocated to attendees were clear and specific, and those parties left meetings feeling aware of what they needed to do next. The expedient and accurate administrative support referenced above reinforced this sense of clarity.

'I don't think it could be any clearer'

MARAC Representative interviews before the pilot

- LEAD AGENCY ROLE WAS NOT ALWAYS CLEARLY DEFINED -

There was also consensus during these interviews that before and during the pilot lead agencies for each case were clearly and consistently allocated. In the pre-pilot meetings that were observed, actions were typically allocated to the Police or the Specialist Commissioned Domestic Abuse Service. However, some interviewees felt that the lead agency role was not always clearly defined. In the pilot period this was compared to the similar 'reviewer' function of the new HUB model.

'There's always a clear lead agency for each case and most of the time the actions are completed within the time frame'

MARAC Representative interviews during the pilot

- ALLOCATED ACTIONS WERE NOT ALWAYS CHASED BETWEEN MEETINGS OR AT CONSEQUENT MEETINGS -

Differences in opinion emerged when Representative interviewees discussed levels of perceived action accountability before and during the pilot. In the previous MARAC structure, some attendees felt that allocated actions were not always chased between meetings or at consequent meetings. This left some feeling that not completing actions brought few consequences for those who were not motivated to engage.



'I wasn't confident that all agencies would do the action, carry out the action or carry it out properly'

MARAC Representative interviews before the pilot

- ACCOUNTABILITY TO COMPLETE ACTIONS HAD SOMEWHAT INCREASED -

During the pilot, attendees felt that accountability to complete actions had somewhat increased. They also felt that sharing risk across Representatives had also increased. This was largely attributable to the membership of HUB meetings becoming more consistent, having a smaller group of attendees leading to an increased sense of internal accountability, and an increased administrative focus on following up allocated actions.



'It's a smaller group, greater accountability, um there's a greater, I think, individual investment'

MARAC Representative interviews during the pilot

- CONCLUDING ACTIONS WITHIN THE TIME FRAMES -

When asked to comment on the most positive changes during the pilot period, two third sector workers chose to focus their feedback on the improvement of actions, feeling that they were more meaningful and clearer than before the pilot period. However, some actions remained incomplete where they were unable to conclude within the given timeframe, were sitting with a third party, or where they required communicating with a victim.



'There's a lot of "I've passed it on to this person to complete" but then there's no follow up'

MARAC Representative interviews during the pilot

During the pilot, the MARAC Support Team also collected data around the number of actions assigned and completed across MARAC meetings. In general, data for the number of outstanding actions completed during the HUB pilot period improved, compared to the same time period the previous year. In Brighton & Hove it remained the same at just under 60% of actions being reported to the MARAC Support Team as being completed. In East Sussex, during the pilot, around 83% of actions were reported as being completed compared with around just under 75% in the same period one year prior.

Data from the MARAC Support Team also shows an increase in the amount of updates received from lead agencies under the HUB model¹. In East Sussex updates from lead agencies improved, with an average of 4% not providing updates compared with an average of around 16% in Jan-Mar 2019. In Brighton & Hove there was a slight improvement – around 25% of lead agencies did not provide updates during the pilot compared with around 31% in Jan-Mar 2019.

However, it was noted that in Hastings there was a 9% increase in the number of actions being completed outside of the timeframe during the pilot, Eastbourne had a 2% decrease and Brighton & Hove stayed the same (using the same timeframes to compare the data).

COMPLEX CASES IN THE SYSTEM

- COMPLEX CASES DISCUSSED IN MULTIPLE SETTINGS AND SEEN DIFFERENTLY BY DIFFERENT PEOPLE -

The new system of MARAC HUBs and Conferences planned to hold cases that were being managed with safety plans within the HUB space, leaving more space for complex cases to be referred from the HUB into the Conferences where they could be discussed within that meeting that had a wider membership. However, interviews and feedback during the evaluation indicated that complex cases were discussed in multiple settings: The HUB, Conferences, and multi-agency meetings outside the MARAC meetings.

Interviews indicated that complex cases were seen differently by different people. For a number of attendees, complex cases meant cases with very high risk. To others, complex cases meant repeat cases which had been seen at MARAC several times before. A third group felt that complex cases were ones where very few agencies were involved in support. Although it is possible that an individual case may encompass elements of all these, a consistent definition did not explicitly come to the surface, or link directly to Fulfilling Lives South East's definition of complexity.



'I think the complex ones or the ones that we've been sending more to MARAC (conference) are ones where there just isn't really anybody involved'

MARAC Representative interviews during the pilot

- ALLOCATION OF CASES DEFINED AS COMPLEX WITHIN THE NEW SYSTEM COULD ALSO VARY -

As with descriptions of complex cases, the allocation of cases defined as complex within the new system could also vary. Many interviewees felt that the streamlined HUB was a good place to address complexity, as there was more space for in-depth discussions than before the pilot. Others felt that the Conference was more appropriate, but only when there was a specific, focused request from the HUB group, or where the client was not engaging in services. This corresponded with some MARAC Conferences being cancelled as cases had been heard and managed within the local HUBs.



'If this is a really complex case then this needs to sit outside, not outside the MARAC as in discharged but we need to have a professionals meeting'

MARAC Representative interviews during the pilot

- THE MAIN PATHWAY FOR COMPLEX CASES -

Before the pilot, it was common practice for meetings to take place in addition to the central MARAC meeting, to focus on a specific complex case. In East Sussex arranging "Complex Case Meetings" was an option whereas in Brighton & Hove these were not part of the MARAC process. Professionals Meetings (the only option available in Brighton & Hove) appeared to sit outside of the accountability structures of the MARAC and could be arranged if meetings did not have time to adequately cover a complex case. Some Representatives felt that these meetings did not feel like an adequate response to high-risk cases, particularly as they could sometimes take many weeks to arrange. These 'Professionals Meetings' and 'Complex Case Planning' meetings continued to be referenced during the interviews with Representatives during the pilot and were still considered by some to be the main pathway for complex cases.

During the pilot, the MARAC Support Team continued to collect data around the number of 'complex case planning' meetings although it was in the intention that these would not be used as part of the HUB model during the pilot. The data indicates that there were no Complex Case Planning meetings across all 3 areas during the pilot. Pre-pilot, in East Sussex, there was an average of 1 per month. This does not apply in B&H where professionals meetings were used instead. They also collected data on cases referred on from the HUBs to the full MARAC conference meetings. This was a new feature within the pilot model, where cases that were felt to be 'stuck' or there were concerns about information available to inform decisions could be referred from the HUB and into the Conference.

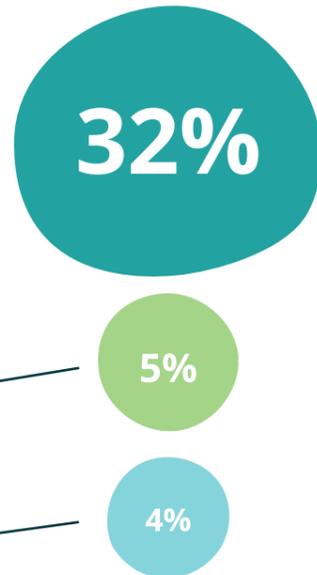
Infographic shows that a lower level of referrals being referred to full MARAC Conferences in East Sussex compared to Brighton and Hove. It is not known if this was due to decision-making of the HUB Representatives or Chair or due to the nature of the cases being discussed in Brighton and Hove compared to East Sussex.

Infographic: Percentage of 'high risk' or complex cases referred to a MARAC Conference during Pilot

Brighton & Hove

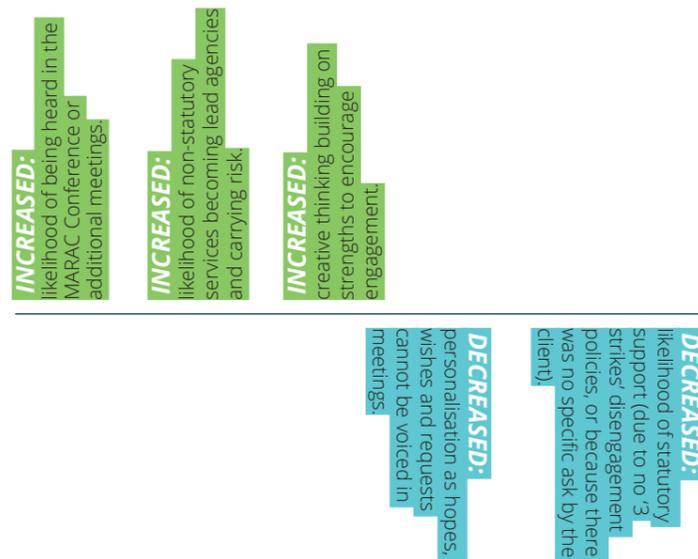
Eastbourne, Lewes & Wealden

Hastings & Rother



NON - ENGAGEMENT

Client non-engagement was frequently referred to in the data gathering with Representatives, and the implications of non-engagement witnessed in observation sessions. Non-engagement with services means individuals are often at increased risk and vulnerability. The main implications of non-engagement within the new model were:



Non-engagement was observed as a justification for the closure of some statutory support offers, both before and during the pilot. In these observed pre-pilot meetings, services had reported clients to be 'non-engagements' and 'no-shows', followed by references to how a service would subsequently have to close someone on their caseloads.

When feeding back on complex cases via surveys, a slight majority of third sector workers felt that there had been some differences in outcomes for their clients, during the pilot, compared to before. When a referral from the HUB to Conference had been made, third sector workers had sometimes been invited to this Conference meeting, which had not been the case before. Pre-pilot, it was standard practice to invite agencies who had referred a case to MARAC conference and those agencies known to be working with the victim at the point of referral.

“*Someone has been to MARAC for on and off 5 years. Asked for a transfer for 3 years. Only agreed recently for mental health support for last year, still no real offers*”

MARAC Third-sector worker during the pilot

Brighton & Hove

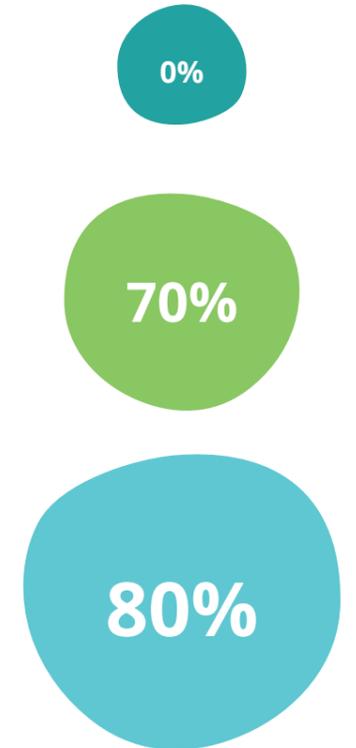
Eastbourne, Lewes & Wealden

Hastings & Rother

MARAC HUBs cancelled



MARAC Conferences cancelled



Several MARAC Conferences were cancelled during the pilot as cases were felt to have been heard and managed in HUB meetings. As such, complex cases stayed in the HUB, a smaller forum. From the MARAC Support Team's data we learned that during the pilot no full MARAC Conferences were cancelled in Brighton & Hove, however, a high proportion of those in East Sussex were.

During the pilot, a third sector worker received new information about a case which had previously been seen at the MARAC HUB. They reported that their client, with a range of complex needs, was not heard again at MARAC because it was felt that this was 'not adding value to a robust safety plan'. The client's case had in fact been discussed at MARAC HUB less than 2 weeks prior to this and this new information had also been raised by the police with the MARAC Support Team. Following this police report, a detailed discussion took place with the Adult Social Care Practice Manager, Chair and MARAC Representative where the safety plan was reviewed and felt to be remain valid and that the person at risk was open to Adult Social Services, Substance Misuse Services and the Mental Health team. The feedback around this case reflected how valuable it is to have referral forms that detail all agencies involved and in this case, would have alerted the MARAC Support Team that a third sector worker was providing support and triggered a request for information as well as an opportunity to contribute to safety planning. It also highlights the importance of all those MARAC Partners – including third sector Partners – to review and respond to the MARAC agendas and minutes. This case could also indicate the need for third sector workers to develop their awareness of how to raise referrals and ask questions about client cases and decisions, especially for complex cases where contexts can change very quickly.

TIME

During the pilot, data shared by the MARAC Support Team showed that more time had been given to discuss cases in HUB and Conference meetings. This area links closely to resources and the feedback around planning and quality conversations.

LOCALITY	Average Time per case pre-pilot	HUB Average Time per case during pilot	Conference Average Time per case during pilot
Brighton and Hove	14 minutes	8 minutes	15 minutes
Eastbourne, Lewes & Wealden	5 minutes	12 minutes	16 minutes (2 meetings)
Hastings and Rother	7 minutes	13 mins (4 meetings)	22 minutes (2 meetings)

Table: Comparison pre-pilot and during the pilot of length of case discussions

This data shows there are longer discussion than was previously possible at the full MARAC Conference for the most complex cases during the pilot. In the HUB meetings, conversations are focussed on risk planning as attendees have completed pre-meeting research, eliminating the need to spend time in the meeting sharing agency updates, as was the case pre-pilot in the MARAC Conference.

Taken from data provided by the MARAC team post-pilot, average number of cases divided by meeting duration (not including DVDs & AOB). Recorded number of minutes were made as approximations by members of the MARAC support team who attend HUB and Conference meetings.

MARAC REPORT

FINDINGS

ATTENDANCE & REPRESENTATION

THE RIGHT PEOPLE AROUND THE TABLE

- REPRESENTATIVES WERE ONLY WILLING TO INPUT ON THE CASES THEY WERE PRESENTING -

Both before and during the pilot interviewees felt that having the right people involved in meetings was closely linked to the quality of outcome for clients. Before the pilot, this came through a focus on getting all relevant or involved professionals around the table using the full MARAC Conference meeting. However, this desire to welcome all professionals came with an acknowledgement of some of the issues with running large meetings. Interviewees felt that Representatives were only willing to input on the cases they were presenting, and often left when their cases had been discussed. The issue of attendees leaving early was not referenced in interviews which focused on the pilot, indicating that the new model had improved this issue.



'There's always been an issue around people leaving early, not being able to stay for the full meeting, not being able to fully commit to that time'

MARAC Representative interviews before the pilot

- COMMONLY SUGGESTED STATUTORY PARTNERS: PROBATION, HOUSING, MENTAL HEALTH AND GP'S -

The potential addition of some specific agencies to the smaller new HUB meeting was mentioned in interviews both before and during the pilot. Generally, these were suggested because the agencies were seen to have some insight into the client's situation which would enhance the meeting's overview (see 'relating to the wider sector', p.25), or the potential attendee having the perceived level of seniority to enable meaningful actions to be agreed. Most commonly suggested statutory Partners included probation, housing, mental health and GP's. Some agencies like Adult Social Care in East Sussex were praised for better quality engagement with the MARAC during the pilot period, compared to before the pilot period.



'Adult Social Care (in East Sussex) have really come to the table a lot more and it's been a massive thing for them and the quality of input'

MARAC Representative interviews during the pilot

- VALUED PRESENCE FROM POLICE AND DOMESTIC ABUSE SPECIALIST SERVICES -

Third sector feedback indicated that workers particularly valued the continued presence of Specialist Commissioned Domestic Abuse Services in MARAC meetings, as they as they were felt to offer a trauma-informed perspective of situations. They also supported the continued presence of the police, as they were viewed as key to safety planning.



'Having senior police Representatives there, they're able to put forward some much bigger scope of action planning'

MARAC third-sector worker during the pilot

- SHARING CLIENTS' STORIES HAD HELPED UNLOCK NEW OUTCOMES -

During the pilot a number of third sector workers felt they had an increased attendance and engagement with the MARAC process, whereas others felt they had less opportunity to contribute than before. A number of workers reflected that being able to attend the Conference and share a client's story had helped unlock new outcomes for complex clients. This was a continued practice from the previous MARAC model into the pilot model.

CASE STUDY

One worker shared an example of a client case heard in at the MARAC Conference in Brighton & Hove during the pilot period. A female client had disclosed abuse from her partner that included physical, coercive, controlling, and verbal forms and that he was forcing her to earn money for him. Her primary method of doing this was shoplifting. The client had become well known to police, been banned from a number of shops, arrested a number of times and the police were in the process of starting court proceedings against her.

At MARAC Conference, the worker shared details about the abuse and triggers for shoplifting. With a senior police officer in the room and a useful mix of agencies, the abuse was brought to the surface by the third sector worker – something that had been unknown for a long time – and, as such, the meeting agreed to stop court proceedings, marked the information on the client's police file and now the behaviour of police officers has changed towards the client and there's now a focus on addressing the controlling behaviour of the perpetrator.

The worker and client feel the police are now responding very differently when they come into contact with the client and are much more understanding. The worker shared she felt encouraged and heard in the meeting and that the client felt relieved to have been believed.



VALUING CONSISTENCY

- HAVING REGULAR, CONSISTENT ATTENDEES AT MEETINGS WAS VALUED -

Having regular, consistent attendees at meetings was valued by those attendees that were interviewed both before and during the pilot. Having consistent attendees in HUB meetings meant that there was pre-existing understanding of domestic abuse support and the parameters of the meeting. This pre-existing knowledge allowed the time allocated for each case to be focused on the present situation and reducing risk for the victim. The building of a group dynamic amongst regular HUB Representatives was also perceived to lead to greater accountability in terms of completing actions and preparing for the meeting than in the previous system.

“

'You've now got core members that are realistic and know what needs to be done and know what expectations of us (there are)'

MARAC Representative interviews during the pilot

- RELATIONSHIPS WHICH LEFT ATTENDEES FEELING MORE COMFORTABLE TO BE REFLECTIVE -

Those interviewed also felt this HUB space, by increased meeting focus and accountability, also created more opportunities for creative problem-solving. This was also facilitated by relationships which left attendees feeling more comfortable to be reflective and pursue new safety planning actions for victims in the sessions. These elements led some attendees to believe that the HUB was the most appropriate place to hear complex cases, instead of the Conference (see 'considering complex cases', p.13).

“

'People are going to say 'hey you forgot this, you did this, how about this? It's much more creative and free flowing'

MARAC Representative interviews during the pilot

- QUALITY OF A MEETING DEPENDENT UPON HAVING A CONSISTENT, GOOD QUALITY CHAIR -

Many of those interviewed believed the quality of a meeting was dependent upon having a consistent, good quality Chair. Some felt that the relationship building that was possible with a consistent Chair allowed for Representatives to ask more questions and generated safer spaces for challenge between all parties.

“

'We've got this incredibly stable Chair now, whereas before we had a rota'

MARAC Representative interviews during the pilot

What makes a great MARAC Chair?

Throughout the data collection, MARAC attendees highlighted the skills that are needed to be an exceptional MARAC Chair. These included:

- Asking questions that stimulate creative, strengths-based discussions
- Keeping discussions solution-focused and relevant, building on existing support
- Keeping the whole picture in mind, including case histories and support for perpetrators
- Identifying and challenging any inappropriate judgements brought into the space
- Ensuring each case is clearly introduced and actions summarised at the end
- Creating space for professional reflections and development
- Demonstrating empathy for individuals in cases, and for professional limitations

MEETING PREPARATION

- LARGE PARTS OF THE MEETING WERE DEVOTED TO SHARING INFORMATION -

Before the pilot, some interviewees were concerned that attendees of the meeting were not familiar with the cases being heard. This was seen as a barrier to positive conversations because large parts of the meeting were devoted to sharing information and updates rather than safety planning for the victim.

“

'You have 20 odd people around the table but they don't know the case and they wouldn't be able to contribute to the conversation'

MARAC Representative interviews before the pilot

- DISCUSSING CASES WITHIN THE TIMEFRAMES GIVEN TO THEM -

However, during the pilot, attendees felt that this was greatly improved. The preparation which was undertaken in the pilot period left attendees feeling that they could comprehensively discuss cases within the time frames given to them.

“

'It gives you much more focus on the risks and how you deal with them because there's less time pressure'

MARAC Representative interviews during the pilot

RESEARCHING CASES

- ATTENDEES WERE FAMILIAR WITH ALL THE BACKGROUND AND CASE DETAILS GOING INTO THE MEETING -

One of the most frequently referenced positive elements of the new structure was the research all attendees were able to do before attending the meetings during the protected time the new HUB model put in place. Increased emphasis on research meant that attendees were familiar with all the background and case details going into the meeting, meaning lengthy updates were no longer required. This was widely praised by interviewees as a key way the pilot model improved the effectiveness of the MARAC system.

“

'One of the key things that needs to be taken away from this Pilot is about people being prepared, knowing the case, knowing the research and information ahead of the meeting'

MARAC Representative interviews during the pilot

- SOME AGENCIES UNABLE TO PROVIDE THIS LEVEL OF PREPARATION FOR MEETINGS -

Several interviewees also commented that the practice of completing thorough research for MARAC HUB and Conference meetings has become so valued that it highlighted agencies which were currently unable to provide this level of preparation for meetings. Mental health services were mentioned as a particular Partner which had not been able to provide as high a level of detail on clients compared to other Partners during the pilot period.

“

'(Mental health) might sort of give a very short sort of brief, or it might just say 'open to services', 'This is their lead practitioner' but nothing really about the amount of the engagement, you know, whether it's meaningful engagement, how often they're seen, what they're striving towards, what they're addressing - those kind of things'

MARAC Representative interviews during the pilot

This could relate closely to the value of the protected preparation time allocated to those Representatives who attend the MARAC HUB meetings, as many interviewed commented on how this time had been very useful in helping them prepare effectively for MARAC meetings. Mental Health services were not a member of the HUB meeting group during the pilot. Since the Covid-19 pandemic, the revised virtual MARAC meeting membership includes Mental Health services and the MARAC Support Team have reported how the Mental Health service regularly attend each meeting and provide detailed research.

PRE-MEETING DISCUSSIONS

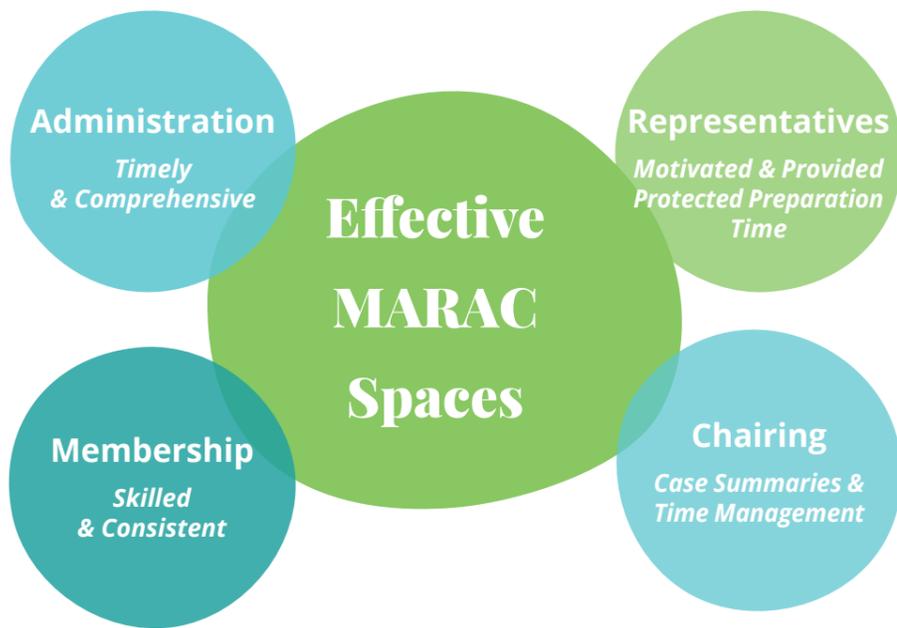
Another key factor to streamlined HUB meetings was attendees' ability to co-locate before the HUB meeting took place to complete the pre-HUB meeting research. Examples were recorded of additional information being gathered, cases being taken off the agenda because new information gathered on the morning of HUB meetings during the protected research time meant they were lower risk, or examples of



'The good thing about the HUB is we go over (...) at nine o'clock and we are with the MARAC HUB Representatives so we can have those conversations before we actually go in'

MARAC Representative interviews during the pilot

being able to be more responsive to client requests because attendees could share and partially build risk management plans for these in advance of the meeting.



Infographic visualising the key elements MARAC Representatives and Partners felt contributed to focused meetings spaces.

QUALITY OF CONVERSATIONS

Prior to the evaluation, a consultation with client-facing workers and people who have lived experience of complex needs took place to collect views on what elements were considered to be important in creating a quality conversation about risk and safety planning in domestic abuse situations. The group agreed a list of these key elements and at the heart of this was the inclusion of client voices, challenging inappropriate judgements and holistic strengths-based and person-centred approaches to conversations (see Appendix 2). This was used to guide this evaluation's analysis of the quality of conversations for the pilot.

The pilot model increased the amount of time spent discussing each client. Before the pilot started, some Representatives noted that time pressures were impacting on their ability to discuss each case in detail.



'We often remarked that people at the end of the agenda didn't get as good a deal in terms of discussion as those at the beginning'

MARAC Representative interviews before the pilot

When discussing the quality of conversations at MARAC meetings, most Representatives who were interviewed did not explicitly attribute the elements of what we defined as a 'quality conversation' (Appendix 2) with the increased amount of time for cases in meeting. Instead, these elements were more commonly linked to how issues were addressed and reflected on – the approach and tone of conversations - and were less likely to depend solely on the amount of time a case was heard for.

When asked about the quality of conversations in MARAC meetings during the pilot, some workers from the third sector felt unable to answer if the pilot had changed the quality of conversations and respondents reported lower attendance at MARAC meetings, compared to pre-pilot. However, one third sector worker, when talking about their experience of being asked to dial into a HUB during the pilot, felt the conversations around safety planning were effective.



'When I dialled into the HUB I was impressed with how it was structured. It was to the point, action focussed and allowed enough time for everyone to provide an update before being effectively summarised by the Chair who also reminded people of their actions'

MARAC Third-sector worker survey during the pilot

CLIENT VOICE

- MEETINGS REMAINED CONSISTENT BOTH BEFORE AND DURING THE PILOT -

Feedback on client voice within MARAC meetings remained consistent both before and during the pilot. Whilst interviewees did not express strong views for or against the inclusion of client voice, they did feel that this was consistently presented where possible.



'I don't think there's been any difference in terms of hearing client voice in the MARAC'

MARAC Representative interviews during the pilot

- SPECIALIST COMMISSIONED DOMESTIC ABUSE SERVICES WERE KEY TO BRINGING THESE VOICES TO MARAC MEETINGS -

Although consistent efforts were made to seek client hopes and wishes, this was often channelled through specific agencies. Specialist Commissioned Domestic Abuse Services were considered key to bringing these voices to MARAC meetings, and were generally well regarded by third sector workers as being empathetic and diligent in this role, as fed back in the third sector survey. During meeting observations before and during the pilot we saw the workers and the Specialist Commissioned Domestic Abuse Services workers bringing clients' hopes and wishes into discussions about safety plans. Both before and during the pilot, attendees noted that many other agencies did not routinely bring client wishes to the meeting, believing this to be the role of others or stating that they did not have direct client contact.



'We wouldn't necessarily have that contact with the victim so from our point of view we're trying to safeguard the victim'

MARAC Representative interviews during the pilot

- INAPPROPRIATE COMMENTS AND COMPASSION FATIGUE -

When reflecting on any instances like this during interviews, most interviewees felt these judgements were generally perceived to be by individuals who had a less comprehensive background in domestic abuse. Examples of in-meeting challenge included the group seeking clear differentiation from the police of fact and opinion in reporting or calling for incidents to be referred to as domestic abuse rather than as anti-social behaviour when working with housing teams. Some interviewees shared reflections that comments that were 'inappropriate' may occasionally arise from a place of compassion fatigue, where attendees were seeing cases return to MARAC meetings.



'People who have been trying to get help and then they get back together or they don't do as you've suggested (there is a sense) of real frustration and irritation'

MARAC Representative interviews before the pilot

- PARTIAL DISCONNECT BETWEEN HEARING CLIENTS' VOICE AND MEETING / ENGAGING WITH THEIR WISHES -

During the sample group interviews, there appeared to be a partial disconnect between having client voices heard within the meeting and engaging with client wishes as part of a continuing safety plan. Often this was because client expectations or actions were seen to be increasing their risk and therefore not being practical to enact.



'I don't think we consistently reflect on what that person wants, I think we often do a safety plan that we think should be in place not necessarily what that victim is asking for'

MARAC Representative interviews before the pilot

- INAPPROPRIATE JUDGEMENTS LESS LIKELY THAN BEFORE -

There is evidence that the new system has created an environment where inappropriate judgments are less likely than before. Written updates mean 'off the record' comments are less likely than when verbal updates were taking place. Consistent, smaller membership means that attendee challenge may be easier, as professional relationships are more developed, and the whole group is knowledgeable on the topic of Domestic Abuse.



'As the HUB is a smaller team you've got the same HUB members each time, you've got that relationship, it's much easier to challenge and have conversations around other people's views'

MARAC Representative interviews during the pilot

- ENGAGING WITH CLIENT VIEWS IN THE NEW SYSTEM -

There were examples of client views being engaged with more thoroughly in the new system during the pilot. Some reported that, due to decreased case numbers being discussed in meetings, victims were now more likely to be referred to by name, adding to a sense of personalisation. Clients who were believed to be engaging with a safety plan and asking specific questions were also slightly more likely to have their views engaged with throughout the meeting. However, by implication, client wishes from more complex cases are less likely to be engaged with.



'The most frustrating cases are where there aren't a lot of people working with either the victim or the perpetrator, and then that makes it very difficult to hear the victims voice'

MARAC Representative interviews during the pilot

- EMPATHY AND STRENGTHS-BASED APPROACHES -

One area where strengths-based approaches were coming to the fore was through a renewed focus on perpetrator support and creating a level of empathy for all involved who may be suffering with mental ill health.



'I am making a conscious effort to point out that (the perpetrator) is showing some insight'

MARAC Representative interviews during the pilot

- MEANINGFUL DISCUSSION -

For those third sector workers who attended a MARAC Conference during the pilot period, there was a feeling that conversations had been non-judgemental and open to ideas for safety planning. One worker reported that they felt there has been more 'meaningful discussions about safety planning'.

ADDRESSING INAPPROPRIATE JUDGEMENTS

- BEING MINDFUL OF LANGUAGE USED -

Before and during the pilot, it was generally acknowledged by attendees that comments which were perceived to be inappropriate had occasionally occurred and continued to occur within meetings. However, they were also perceived to be rare, and quickly addressed either within the meeting or shortly afterwards by the Chair. This is an area that people with lived experience are mindful of and are keen to promote that any inappropriate judgements should be addressed in MARAC meetings.



'As a Chair and as a Representative I have challenged. I may not necessarily do it in the meeting because I don't think that's always the best way'

MARAC Representative interviews before the pilot

HOLISTIC STRENGTHS BASED CONVERSATIONS

- STRENGTHS AND ASSETS -

Before and during the pilot, interviewees were asked whether they felt the meetings talked about strengths and assets of clients. This was another key area that people with lived experiences of multiple complex needs felt would contribute to a quality conversation. Although there were some references, very few examples were generated of the meeting building on positive attributes of the people being heard and discussed at MARAC meetings during the interviews. Where individual strengths were mentioned, there seemed to be a clear separation between referencing these strengths and relating them to safety planning.

“

'Once the risk discussion has happened, we're thinking about what's already in place and what strengths could be built upon to make the situation safer'

MARAC Representative interviews during the pilot

Some interviewees highlighted how particularly complex cases where less professionals are involved with a client, can encourage the meeting to steer from strengths-based discussions towards a more investigative approach.

“

'I think the most risky [cases] are the ones where people aren't working (with anyone) so then it's difficult and it does become a bit more strengths-based then because it's just a question about how can we resolve this'

MARAC Representative interviews during the pilot

MARAC Representatives felt that a strengths-based approach to risk planning can be triggered by a skilled meeting Chair, which supported earlier findings in this report of the impact and influence of this role.

“

'Our Chair (...) is always trying to build on somebody's strengths, looking at what's in place, how can we empower them and support them in a way that builds on what they've got already'

MARAC Representative interviews during the pilot

What makes a great quality conversation?

“

Consideration of client voice, hopes and wishes

Environment of constructive challenge

Quality Conversation

Holistic approach - including perpetrator

Individual strengths built on to reduce risk

”

RELATING TO THE THIRD SECTOR

- POSITIVE RELATIONSHIPS AND FREQUENT CONTACT -

A theme that ran throughout the evaluation was the relationship between those Representatives who are regular attendees of the MARAC meetings and those non-statutory third sector workers in the community who may refer in or support clients discussed at MARAC.

Third sector workers, like hostel staff or substance misuse services workers, often had positive relationships and more frequent contact with victims and perpetrators than the professionals attending MARAC meetings.

“ *'Sometimes you know with the agencies that are there every week and are reporting on behalf of other people you don't necessarily have the same level of knowledge'*

MARAC Representative interviews during the pilot

This meant that sometimes non-statutory services were best placed in terms of safety planning, information sharing and expressing the views of those involved. This view was held by a majority of third sector workers interviewed.

There were several examples which reinforced the importance of MARAC meetings linking with the wider sector. Specialist Commissioned Domestic Abuse Services were seen as a positive permanent non-profit presence around the table, providing insight into the trauma experienced by victims.

In one observed pre-pilot meeting, MARAC meeting attendees were not aware of key day centres and spaces where homeless victims or perpetrators could be located for support, which would be widely known by third sector workers.

Third-sector and other non-attendees were observed being assigned as 'lead agencies' for complex cases pre-pilot and during the pilot. It was generally believed by a number of third sector workers that they were more likely to be assigned the lead agent in cases where individuals were not engaging with any statutory services. One worker fed back that they had referred a client into MARAC in February, had been named as a lead agency and they had not been contacted pre or post the MARAC meeting to share any further information or to be updated. The vehicle for feedback to the third sector worker had been the meeting minutes but the worker felt this was not enough to help them lead the risk plan for the client. Whilst examples of being a lead agency persisted in the third sector, incidences were decreasing during the pilot period. This was welcomed by some workers who felt it was more appropriate for a meeting attendee to take the role.

“ *'(We're) not in the meeting to make the final decisions so it feels unfair to ask outsiders to take a lead on actions they've not had a say in'*

MARAC Third-sector worker survey during the pilot

- ACTIONED WITH TASKS WHICH WERE OUTSIDE OF THEIR ABILITY TO COMPLETE -

Another more common area of interaction between Representatives attending meetings and those who are not, is the allocation of actions. One Representative who attended HUB meetings felt concerned about whether actions and allocation of lead agencies outside of the meeting were communicated to those agencies, and what it might mean in practice for them. Non-attendees from the third sector and other sectors had sometimes been actioned with tasks which were outside of their ability to complete, either legally or logistically. In one example, a third sector worker was under the impression they had been tasked with making a request for a mental health assessment, when this can only be completed by a GP. Housing was also actioned with tenancy-related tasks which were not in their power to complete due to housing law.

“

'Having actions agreed on our behalf is quite difficult because sometimes they're not things we can do'

MARAC Representative interviews during the pilot

- POSITIVE RELATIONSHIPS AND FREQUENT CONTACT -

The pilot model continued to have a mechanism for third sector and other staff to feedback or clarify specific actions with MARAC Partners. However, third sector workers who took part in the evaluation did not reference using this pathway. This suggests that this mechanism needs further communication and/or training to promote this practice within the third sector or that the mechanism itself may need to be strengthened.

3 third sector survey respondents reported they had attended the MARAC meetings during the pilot and a further 4 had referred

“ ‘Before we weren't always invited and then the various needs were not talked about and outcomes set didn't fit the needs of the client group’

MARAC Third-sector worker survey during the pilot

clients in but did not attend. Whilst attendance of HUB meetings was not common practice in the pilot period, some felt that when Conferences ran, they were being asked to attend these more, leading to greater ability to contribute to safety planning in real time for their clients.

“ ‘It felt like a full MARAC. When I dialled in a full round of introductions had to be made which made me wonder if this was the case for all the people dialling in. It was useful to be able to dial in but, having been given a time that I would be able to join, I had to wait for around an hour. I think going forward it would be good to have a fixed time slot.’

MARAC Third-sector worker survey during the pilot

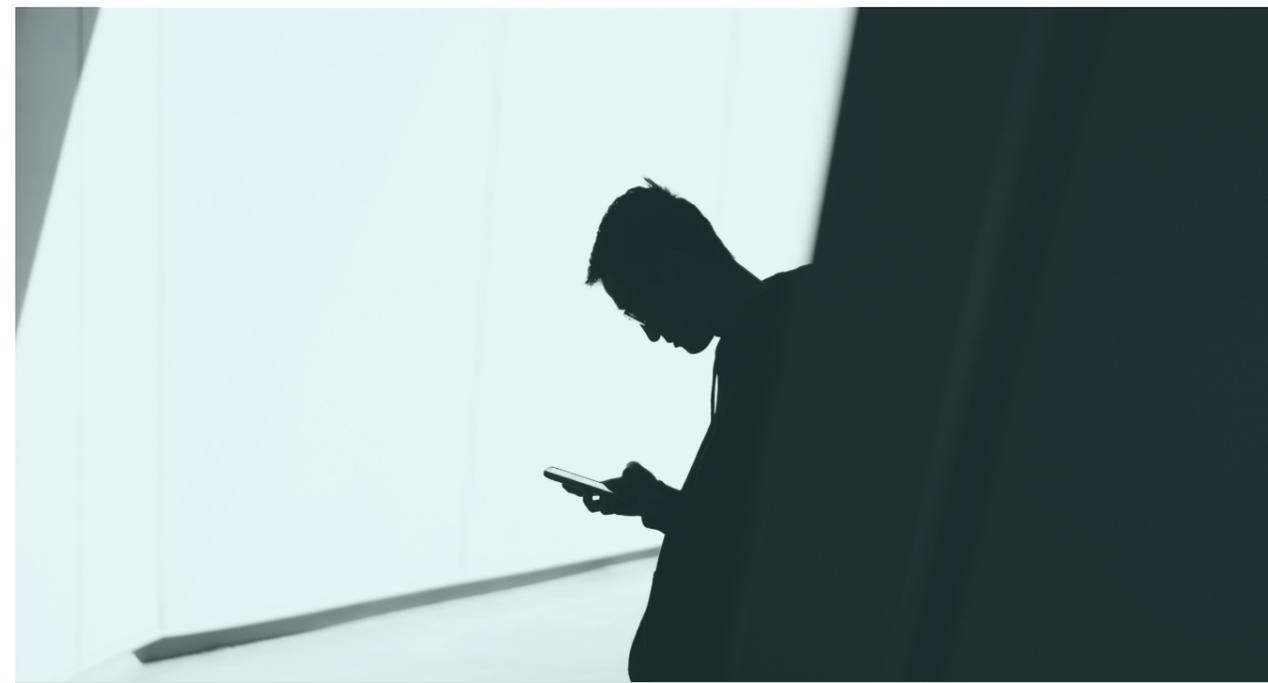
“ ‘As a worker I have felt left with most of the risk and follow up actions have felt disjointed and not communicated by agencies.’

MARAC Third-sector worker survey during the pilot

Although third sector workers could not attend the HUB meetings in person, there was evidence to suggest that communications with the third sector broadly increased. One third sector worker reported they had received more contact with the HUB than through the previous MARAC meetings, with Specialist Commissioned Domestic Abuse Services and Adult Social Care Representatives seeking additional information or consultation.

A number of third sector workers also referenced 'dialling in' to MARAC meetings. This was also welcomed but came with the caveat that due to the nature of client-facing work being in the office waiting for a phone call for long periods of time was difficult.

There were also instances where third sector workers had been called pre-HUB to discuss a client case referred to MARAC but had not been contacted after the meeting to be informed of what safety measures / decisions had been made. They had valued the pre-HUB call as this had felt they had to be given an opportunity to share the very latest position for the client and complement the referral form, but the worker was left feeling "out of the loop"; they did not know what had been decided and if the case had been referred to full MARAC Conference.



RESOURCING FOR THE FUTURE

SUSTAINABILITY

- ADDITIONAL REOURCES -

Many of the positive changes highlighted in the report have required additional resources to be realised. A number of those Representatives who were interviewed felt that consideration for staff time and resource would need to be reviewed to sustain the model for the future.

“ ‘We can't sustain the amount of human resource that has to go into it at the moment’

MARAC Representative interviews during the pilot

- SUSTAINING THE TIME SPENT -

The preparation and research before the HUB meeting which was so well regarded in the pilot takes notable time and resources to complete. Several attendees noted that whilst they saw the value and importance of the work, after the pilot period they may not be able to sustain the amount of time they spent on completing this without changes to their normal roles.

“ ‘Me as the Chair and the other Representatives we're doing it for the Pilot period - It's not my day to day job ordinarily’

MARAC Representative interviews during the pilot

Similarly, some who were interviewed had praised the work of the MARAC Support Team for their efforts during the pilot but had also felt this required some to work additional hours.

“ ‘(The admin staff) are doing it really well working over hours and so on’

MARAC Representative interviews during the pilot

- SUPPORTING ATTENDEES TO AVOID VICARIOUS TRAUMA -

Additionally, in a model where consistent, regular attendance is promoted, the importance of supporting attendees to avoid vicarious trauma is heightened. Although the pilot model is new, the subject matter is unchanged: the MARAC forum exists to discuss and safety plan for the most high-risk domestic abuse cases in the local areas.

“ ‘People have been worn down by it because It's week in week out of listening to all these awful things that happen to people on a regular basis’

MARAC Representative interviews before the pilot

The link was made by some Representatives during interviews between regular MARAC attendance and the risk of compassion fatigue and increasing the likelihood of inappropriate judgements on cases, as attendees feel frustrated and worn down by a lack of progress. Although this was rare it provides a strong case to keep attendees well and resilient when managing such high-risk cases.

“ ‘We will air frustrations at inability to maybe disrupt a perpetrator or where you know we're kind of hitting a brick wall in terms of things’

MARAC Representative interviews before the pilot

MARAC REPORT

RESPONDING TO COVID-19

In response to the Covid-19 measures, a number of changes were implemented to the MARAC structure in order to respond to social distancing measures and the pandemic. This included:



Ending the MARAC HUB pilot 2 weeks earlier than scheduled.



Re-introducing a single weekly Virtual MARAC meeting in each area (rather than a HUB meeting plus MARAC Conference meeting). This was to streamline and take into account agency resources during the pandemic.



Increasing the number of agencies who had attended the MARAC HUB meetings during the pilot.



Holding the MARAC meeting via phone Conference technology.

The virtual MARAC meetings were attended by: MARAC Chair, Sussex Police, Specialist Commissioned Domestic Abuse Case Workers, Children's Services, Adult Social Care, National Probation Service, Community Rehabilitation Company the commissioned substance misuse service, mental health trust and health visitors.

Partners, Representatives and third sector workers shared reflections on these changes during the evaluation which continued during the pandemic:

RESPONDING TO COVID-19

Reflections



'In relation to virtual meetings 'Less time wasted in me attending lengthy meetings where the majority of the agenda is not appropriate to my role'

MARAC Third-sector worker during the Pilot



'We are referring to it now as MARAC rather than MARAC HUB but with the coronavirus we can't hold a big group meeting'

MARAC Representative interviews during the Pilot



'As soon as this is over and we have a bit more freedom we will be getting more people involved'

MARAC Representative interviews during the Pilot



'Not all agencies can attend and the action plans people are able to suggest are much more limited'

MARAC Representative interviews during the Pilot

MARAC REPORT

CONCLUSIONS

From this evaluation, the data supports that the MARAC meeting now feels safer and more effective than before. Meeting conversations have moved away from having an updated focus to allow for more discussion about safety and planning. The changes that have been made have created strong foundations to continue to develop this important space. The evaluation has shown that this is dependent on effective preparation, smaller number of meeting attendees, productive relationships between agencies, and effective chairing.

FURTHER LEARNING

- Some elements of the pilot period which had the most positive impact were the levels of preparation going into meetings, and having a consistent, stable membership and Chair.

- The administration team supporting the MARAC meetings and process were highly praised pre and during the pilot, with specific value placed on their responsiveness, approachability and efficiency.

- Survey responses from third sector client-facing workers supported the view of Representatives that allocation of actions and deadline setting for actions has marginally improved during the pilot. From Fulfilling Lives South East project's learning, having clear actions and timeframes within safety plans has been an area of concern as time in the pre-pilot MARAC Conferences had restricted the depth of some conversations about complex cases and actions had focussed more on making referrals rather than enhanced actions from agencies present .

- The role of the Chair was highlighted by Representatives and third sector staff as a vital ingredient to the success of effective MARAC meetings and during the pilot, there was positive feedback on how the HUB meetings, in particular, were chaired during the pilot. Respondents attributed qualities such as asking thought-provoking questions, promoting a solutions-focussed approach and ensuring actions are clear as being key to this effective chairing (see 'What makes a great Chair' summary on p.18 for further detail).

- Feedback indicated that some of the key areas for future development include a clear definition and process around complex cases, exploring new ways for those with complex needs to engage in agency support and strengthening partnerships with non-statutory agencies.

- Indicators of conversation quality remained largely the same before and during the pilot.

- Ideas were offered up by all those who participated in the evaluation to improve the MARAC meetings and system further. This included having further specialist input into the HUB meetings from probation services, drug and alcohol services, mental health, housing and also learning disabilities.

- Relationships between the core HUB Representatives and wider MARAC Partner agencies improved and this had a positive impact on the quality of conversations in MARAC meetings and the sense of accountability felt by participants to complete actions and support colleagues.

- Some feedback indicated that third sector staff can feel disconnected to the process and the feedback loops to report back on agreed actions and third sector use of the mechanisms to ask questions and clarify actions could be improved.

MARAC REPORT

RECOMMENDATIONS

MEETING STRUCTURE & SUPPORT

Keep following up actions

MARAC support team and chairs to continue to focus on following up actions to ensure completion as this was widely praised during the evaluation.

Create a traffic light system for actions

Longer-term actions to have an 'amber' on the action list, to describe where they are sitting with others but not yet complete. This is to ensure actions are not lost by ticking them off when a third party has been told to complete them.

Define Key Roles

Develop a definition of the 'lead agency' role and the 'case reviewer' role to promote clarity on the differences between the two and support allocation of responsibility for these functions.

Agree on what complexity means

Create an agreed definition of complexity and related pathway within accountable MARAC structures (not 'professionals' meetings)

RELATING TO THE THIRD SECTOR

Keep workers updated

To support improved relations between Representatives and third sector client-facing workers, consider strengthening feedback loops between agencies who attend and do not attend MARAC meetings.

Review who can be a 'lead agency'

To consider the findings in this report around allocation of 'lead agency' status to third sector staff who are not present in MARAC meetings. It was unclear whether workers felt this role to be appropriate for them to carry out and how effective it was to allocate to workers who are not party to the risk planning meeting directly.

ATTENDANCE

Keep the virtual meetings

A number of workers reported they felt the use of video conferencing technology saves time and is more efficient whilst providing a simple way to engage the relevant people involved in a client's case.

Extend input from other agencies

A number of workers also called for increased housing options for victims of domestic abuse and a couple would like to see more engagement from mental health services and homelessness/street community expertise to support with accommodation planning.

QUALITY OF CONVERSATIONS

Actively work with client strengths

Using the evaluation data, explore how safety planning conversations can further seek to build on strengths and views of clients, to build on the collection and reporting of client views at MARAC meetings.

RESOURCING

Create deputy Chairs

Develop the role of 'deputy' Chairs within the pool of MARAC Representatives so that a robust back up Chair is available should the regular Chair not be available or if there is a gap in between any recruitment.

Protect the wellbeing of attendees

Consider providing emotional support / clinical supervision to regular attendees of MARAC HUB meetings to protect attendees exposed to upsetting information on a regular basis and to support continued quality conversations in the meetings.

Provide training and support

Consider a training and support programme that underpins membership to support those attending to be as effective as possible. This would include a training support plan for Chairs.

MARAC REPORT

REFLECTIONS

MARAC SUPPORT TEAM

The MARAC HUB pilot was a useful process to inject change into the MARAC model that has been grappling with increased number of referrals, reduced agency resources and the need to ensure quality and effective conversations.

The table below shows the increase in MARAC referrals over a five-year period.

Number of Cases Discussed	Oct 2015/ Sep 16	Oct 2016/ Sep 17	Oct 2017/ Sep 18	Oct 2018/ Sep 19	15/16 v 18/19
Hastings & Rother	224	369	318	435	+94%
Eastbourne/Lewes/Wealden	281	352	476	565	+101%
Brighton & Hove	446	508	631	712	+94%

Although the MARAC process had been reviewed over the years it still followed a similar format to the original developed over 10 years ago. The MARAC HUB pilot was a chance to reboot agency engagement and approach to the process. The findings interestingly showed us less about how to effectively screen or triage cases and more about taking some of the work outside of the meeting arena so that it is completed prior to a formal meeting. This then allowed more time within MARAC meetings (both HUB and Conference) to focus on the quality conversation and ensuring maximum effectiveness. This was further enhanced by consistent Chair and agency Representatives. These principles were taken forward into the interim Covid-19 arrangements. There will need to be ongoing work with key partners to address some of the findings in this evaluation and it is likely that with increasing referral rates the options for screening and triage will need further review to form the next steps in the development of the MARAC model.

This Evaluation report and pilot experiences will provide a platform for building an action plan for next phase of MARAC review.

Nicola Spiers
MARAC Team Leader Brighton & Hove and East Sussex

COMMISSIONERS

The MARAC HUB Pilot represented a proactive step in testing a new approach that responded to early feedback from participating agencies about what worked well, and could be improved in our MARAC response.

It has been really positive to see the level of commitment from all Partners in participation during the pilot, but also their active engagement pre and post pilot to inform the process.

It has been a very worthwhile exercise using the MARAC HUB pilot to test service ability to respond to key concerns relating to efficiency and effectiveness of assessment and response, and most importantly working collectively to improve outcomes for high risk victims through better case preparation and better communication around cases, and the accountability associated with that, across all sectors and agencies involved. There is a renewed energy from all Partners involved in MARAC, that is supporting ongoing improvement in delivery.

The evaluation has helped to articulate very clear messages coming from our learning during the pilot, and gives a clear pathway for future development, acknowledging that there are some very real challenges in maintaining quality of response in a climate where resources for all agencies are stretched.

We have evidence, and a set of recommendations that will enable us to take forward the multi-agency/multi-sector development negotiations we need to; that acknowledge the complexity of managing high risk domestic abuse cases often with multiple and complex needs; and the need to prioritise resources to protect positive practice and behaviours developed through the scrutiny of MARAC function. There are practical quick wins reflected in the report, and conscious acknowledgements of the good practice approach that as agencies we should strive to maintain.

The findings of the MARAC HUB pilot,

and subsequently any learning we also take from the amended approach we have been operating during the COVID-19 pandemic will greatly support us in our work to improve the 'whole system' response to domestic abuse, informing other current development work in relation to triage and management of ever increasing complexity and demand.

There is a need to acknowledge that, with consistent increases in the number of cases being referred to MARAC, there is further work necessary to understand where existing agency systems and processes that impact MARAC can be reviewed and developed to provide the best service pathway for victims of domestic abuse reflective of their needs. This needs to inform future commissioning of services, transparent acknowledgement of resource pressures and our strategic response in prioritising the resources that are available and finding the resources we need to protect those victims sadly at risk of serious harm or death.

Lindsay Adams, Joint Strategic Commissioner
Safer Communities - Joint Domestic, Sexual Violence & Abuse and Violence against Women & Girls (VAWG) Unit Brighton & Hove and East Sussex

FULFILLING LIVES SOUTH EAST

We were very pleased to work alongside the MARAC team to develop and take forward the evaluation. We want to take this opportunity to thank the MARAC Commissioners and Support Team for their openness and willingness to engage in feedback for the benefit of clients attending MARAC and also thank those Representatives and third sector workers who invested time to share their learnings, reflections and observations.

We have a particular interest in the experiences of people with Multiple and Complex Needs (MCN). We define someone who experiences MCN as those who exhibit at least three of the following issues: homelessness, current/historical offending, problematic substance or alcohol misuse, and mental ill-health. 93% of women who work with us have experienced domestic abuse and many are heard at MARAC. Our client-facing work has previously highlighted to us the challenges of discussing complex cases in detail within the previous MARAC structure. We are pleased to see that conversations appear to be becoming more focussed on risk planning, exploring agency involvement and ensuring accountability of actions.

The evaluation also highlights that complex cases require clearer definition and pathways within future MARAC systems in order to ensure safety planning is completed in the most effective way possible. We are mindful that complex cases often involve clients with MCN as well as the difficulties of such clients' 'non-engagement' with more traditional forms of support. The learning from this evaluation could form a useful platform for a discussion to clarify the approach for such cases to help ensure the boundaries between MARAC meetings, safeguarding meetings and any other professionals' meetings are well understood. We hope this would then enable risks, actions and support to be discussed and shared appropriately with the relevant agencies.

When reflecting on feedback and the learning from this evaluation, it provided a useful reminder that systems, and mechanisms like the MARAC forum, are made up of people and each person involved carries a level of responsibility for effectively feeding in and engaging with the process to give it the best possible chance of being useful. The most encouraging examples of support provided by the MARAC process – involving

both Representatives and third sector workers – were those examples where collaboration had taken place.

When also reflecting on the process of change, it is clear that this process is particularly difficult in a multi-agency setting and can take a long time. However, this evaluation highlights the value of investing in efforts to collaborate with others to build new ways of working. Learning from pilots like this contribute to a culture of reviewing, reflecting and improving. We have not only been pleased to see improvements through the pilot period, but also the way in which respondents have engaged positively in the conversation about change. It is this approach, teamed with the transparency and engagement in learning demonstrated by the MARAC team, which will lead to improvements in the quality of outcomes for the people who are heard at MARAC meetings, including the most complex cases. We hope that this learning can be of use both locally as well as nationally, to help teams review and develop MARAC meetings and structures in the future.

*Rebecca Rieley
Systems Change Lead, Fulfilling Lives South East*

MARAC REPRESENTATIVES

The findings from the MARAC HUB Pilot evaluation were shared and presented to MARAC Representatives across the 3 local areas in July 2020. Representatives shared their reflections on the findings and some also shared thoughts on areas they would like to see taken forward for further development. These views have been collated below to complement the other reflections shared in this report. These reflections have been anonymised for the report.

· For one agency, the pilot helped to identify ways the service could improve its engagement with the MARAC process and following on from COVID-19, this has further helped join up agencies who can now connect remotely via online platforms and joined up IT systems, helping the team to access the latest information on current case

· For a Representative, the reflections on the role of the Chair in the Report were helpful and the Recommendations around further support and training for people who fulfil those roles within MARAC are welcome

· The findings around 'compassion fatigue' and vicarious trauma really struck a chord – some Representatives shared how it helped identify the risk of people in the MARAC meetings feeling a sense of 'churn' and the inclusion of this finding and associated Recommendations in the Report is appreciated. One Representative shared how they felt this will help managers to recognise and discuss these feelings with direct reports who attend MARAC, in a sensitive way

· Some service Representatives welcomed the findings and recommendations associated to complex cases. One Representative reflected on a recent case where an agency worked with the Street Homelessness Team, asking for their support and input on a case and found this to be a really positive experience as well as adding value to the outcome for the client – they now feel committed to taking this approach forward and making the most of these third sector teams' pool of knowledge

· One representative reflected that before COVID-19, they really valued the pre-MARAC interaction with other HUB Reps – this provided space to prepare well and to gather 'soft' intel to help build safety plans. But post-COVID-19, they reflected that the dial-in is also really good and glad the Representatives have still been able to meet and take this forward. They would like to see a core membership continue to help maintain these close working relationships

· For some Representatives, they reflected that the continuity of Representatives attending the MARAC HUB meetings has been a positive aspect of the pilot however, they are keen to explore further how this can be balanced with managing the risk of compassion fatigue and also, how long is 'too long' when it comes to meetings; what's the best meeting length?

· Some Representatives reflected how they felt that engaging with local voluntary sector services opens up real opportunities and some agencies want Representatives to use these agencies and take advantage of those close relationships that third sector workers have built with clients; highlighting that many have a lot of rich information that can help with protecting victims. Also, one Representative further shared that they felt this approach can help avoid duplication, help build intel and third sector workers can then help take on actions to support joined-up safety plans.

· One Representative supported the references to training and support plans which were included in the findings and recommendations of the Report.

One Representative reflected how their organisation had really valued the support of the Specialist Commissioned DA service. They were keen to understand how the learning from this report will be fed back to senior managers and are keen for this to happen so that developments can be taken forward and supported.

· Some reflected how the length of MARAC meetings in their local area and complexity of cases have increased and some Representatives shared how case numbers had 'spiked'. They are keen to take forward discussions around how the MARAC Representatives and Partners can manage this.

· Other Representatives shared a view that they are really pleased the pilot has been evaluated and that the report has been produced - they are keen now to understand how the learning can be taken forward and what will happen to it.

· One Representative reflected that the talk around 'compassion fatigue' was at the forefront for them as they and one other colleague are the only Rep's for their respective areas which means preparation, referrals, research and attendance at MARAC every week.

· One Representative also reflected further on the increasing number of cases, complexity and 'repeat MARACs', highlighting how this requires extensive discussion, extending the MARAC time each week and how this has become a large part of the working week alongside other work commitments.

· A permanent MARAC Chair has been a very positive move, reflected one Representative, who also felt that the Pilot helped to build 'good working relationships' with other partner MARAC Reps with liaison outside MARAC becoming more prevalent, rather than always 'referring' a case back in as a repeat.

· Another Representative shared feedback on the presentation of the report's third sector data; sharing that they noted how this data set had not been broken down by area and that this would have been helpful to identify whether escalations or concerns had been resolved locally. They also reflected that the local areas had markedly different numbers of referrals, cancelled conferences and repeat referrals.

· One Representative reflected that the presentation of the third sector did not align with their experience of MARAC. They shared that in their local area, they would challenge the section of the report that referenced the third sector as "often [having] positive relationships and more frequent contact with victims and perpetrators", as they felt this would depend upon the profile of the client and where a victim, child, or perpetrator is engaged with existing services. They further shared that perhaps there are also local area differences at play here that are not expanded upon within this report.

· A reflection on a challenge with the new HUB model was fed back from a housing team, to share concern that cases discussed in HUB meetings are not always communicated to their team. As such there was a wish for any future plans to consider how cases that involved council tenancies discussed at the HUB, but not referred to the MARAC conference, could include a notification to the relevant housing team/officers.

MARAC REPORT

APPENDICES

APPENDIX 1

MARAC PILOT STRUCTURE: DECISION MAKING PROCESS

KEY ASSUMPTIONS OF MODEL

- + All hours referred to are working hours
- + MARAC coordinator will input referrals, record decisions and actions agreed and all Core MARAC HUB agencies will record the outcome of their own actions on OASIS MARAC module
- + All Core MARAC HUB staff to have access to 'Oasis MARAC' Cloud based case management system
- + All Core MARAC HUB staff will prepare for the weekly HUB day by researching cases and taking appropriate actions on receipt of the referral
- + All Core MARAC HUB Staff will work from a single location, in person, one day a week on the designated MARAC HUB day. To include: Specialist DV service, SIU case worker, MARAC co-ord and MARAC chair/SWIFT. Adult Social Care and CS to work in HUB one day or alternatively to commit to engage with HUB day via phone call with known information.
- + A case received the day before a MARAC HUB day will still be reviewed (even if action is for more information to be gathered)
- + All Core MARAC HUB staff to have sufficient level of knowledge to contribute fully to outcome decisions
- + All non-core agencies will provide a specific point of contact for enquires to facilitate assessing cases and escalation points if information not received
- + All cases referred that meet current High risk criteria will be considered MARAC cases and receive a multi- agency response, and can receive letter of proof if required
- + All MARAC agendas will be sent out 5 working days prior to the MARAC in all areas
- + All case decisions will be reviewed if additional information flagged
- + MARAC chair/senior staff member from core MARAC HUB to oversee decisions and if core agencies do not agree then default option is to hear the case at MARAC

+ When HUB organisations are reviewing case then some quick investigation actions may be required to finalise decision these could involve:

- Contacting a referring agency for more information on current 'vs' historic risks
- Establishing if a client is still in the area
- Establishing if there is a parallel process running (e.g. Child or Adult Safeguarding) with involvement/ engagement with DV services

WORKING EXAMPLES OF CASES WHICH MIGHT RECEIVE A HUB RESPONSE

- A repeat incident has occurred a week after the MARAC meeting and the safety plan hasn't had time to be put into place
- A repeat incident has occurred within a year of being heard at MARAC however the person has been supported to update their safety plan as appropriate
- A person has been identified as High Risk but is living out of area and a MARAC-2- MARAC transfer is completed
- A high risk assessment completed based on historic information and there is no identified trigger/concern
- A case is considered High Risk however a full multi agency plan is in place under a parallel process e.g. Child or Adult Safeguarding) with involvement/ engagement with DV services meaning that the safety needs of all involved are already being met

APPENDIX 2

WHAT IS A QUALITY CONVERSATION?

- Clear goals are set, and actions are carried out to agreed timescales
- Accountability ensured by having a named Lead Agency for each case
- Clear communication in the meeting and in the notes – avoidance of jargon
- Make sure relevant agencies are present in order to be able to have a quality conversation
- Information presented is relevant and up to date
- Discussions are solution focused and Representatives share ownership of risk
- That conversations are not rushed due to time constraints – if issues cannot be fully addressed then time is allocated outside of the meeting.
- That the chair identifies and challenges any inappropriate personal judgements brought into the space by Representatives
- Value is placed on the voice of lived experience within the meeting, and views are consistently expressed through Commissioned Domestic Abuse Services and referrers are encouraged to capture views, hopes and wishes when making a referral where possible.

APPENDIX 3

DATA FOR MARAC HUB PILOT

Data for the MARAC HUB Pilot (01/01/2020-31/03/2020) - provided by the MARAC Support Team post-pilot

Number of high-risk victims referred to MARAC

The number of cases listed may include cases that are returned to HUB for review (this was a mechanism developed as the pilot went forward so that cases were re-heard at HUB if there was key info missing that would help determine if full MARAC was needed or what the safety plan could be).

	01-31 Jan 2018	01-31 Jan 2019	01-31 Jan 2020
B&H	79	71	76 (24 to MARAC Conf.) 32%
ELW	58	54	69 (9 to MARAC Conf.) 13%
HR	23	41	28 (3 to MARAC Conf.) 11%
	01-28 Feb 2018	01-28 Feb 2019	01-29 Feb 2020
B&H	35	59	58 (26 to MARAC Conf.) 45%
ELW	32	36	67 (0 to MARAC Conf.)
HR	25	31	31 (0 to MARAC conf.)
	01-31 March 2018	01-31 March 2019	01-31 March 2020 MARAC HUB pilot ended on 17.03.20 due to Covid-19 emergency
B&H	47	54	53 in whole March 22 cases in HUB pilot period and 5 to MARAC conf. = 23%
ELW	42	42	337 in whole March (23 cases in HUB pilot period and 2 to MARAC conf. = 9%)
HR	23	43	47 in whole March (24 cases in HUB pilot period and 0 to MARAC conf.= 0%)

This data shows that during the pilot period an average of 35% of referrals discussed at BH MARAC HUB were referred to be discussed at full MARAC. In Eastbourne, Lewes & Wealden it was 7% and Hastings & Rother 4%. This shows a lower level of referrals being referred to full MARAC in East Sussex compared to Brighton & Hove. It is not known if this was due to decision-making of the HUB representatives or Chair or due to the nature of the cases being discussed in Brighton & Hove compared to East Sussex. Further multi-agency audit work will be used to understand this further.

Number of referrals from MARAC HUB to MARAC

Brighton & Hove from HUB to MARAC

HUB		Discussed at MARAC Conference from HUB	
8/01/20	30	16/01/20	9
15/01/20	16	23/01/20	4
22/01/20	15	30/01/20	5
29/01/20	15	06/02/20	6
05/02/20	11	13/02/20	5
12/02/20	15	20/02/20	6
19/02/20	16	27/02/20	4
26/02/20	16	05/03/20	5
04/03/20	11	12/03/20	3
11/03/20	11	19/03/20	4
18/03/20	16	Pilot ended due to Covid-19 emergency	-
25/03/20 (Pilot ended, this was a full MARAC)	15	-	-

Eastbourne Lewes Wealden from HUB to MARAC

HUB		Discussed at MARAC Conference from HUB	
09/01/20	21	21/01/20	8
16/01/20	19	28/01/20	1
23/01/20	12	04/02/20	0
30/01/20	17	11/02/20	0
06/02/20	18	18/02/20	0
13/02/20	18	25/02/20	0
20/02/20	14	03/03/20	0
27/02/20	17	10/03/20	0
05/03/20	13	17/03/20	2
12/03/20	10	24/03/20	0
19/03/20	8	Pilot ended due to Covid-19 emergency	-
26/03/20	6	-	-

Hastings & Rother from HUB to MARAC

HUB		Discussed at MARAC Conference from HUB	
07/01/20	7	15/01/20	1
14/01/20	7	22/01/20	2
21/01/20	9	29/01/20	0
28/01/20	5	05/02/20	0
04/02/20	7	12/02/20	0
11/02/20	8	19/02/20	0
18/02/20	5	26/02/20	0
25/02/20	11	04/03/20	0
03/03/20	12	11/03/20	0
10/03/20	12	18/03/20	0
17/03/20	5	Pilot ended due to covid-19 emergency	-
24/03/20 (Pilot ended this was a full MARAC)	9	-	-
31/03/20	9	-	-

Length of case discussions. All times are approximate and some are guesses.

Brighton & Hove

Pre HUB average: 11 cases in 3 hrs (30 mins set aside for DVDS and AOB) = 14 mins per case.

HUB	Time/ cases	MARAC	Time
8/01/20	3 hrs 30 mins/ 30 cases (7 mins per case)	16/01/20	Individual case discussions in minutes: 11,14,21,9,13,15,9,11,12
15/01/20	1 hr 45 mins/ 16 cases (7 mins per case)	23/01/20	Individual case discussions in minutes: 8,15,12,5.
22/01/20	2 hrs 30 mins/ 15 cases (10 mins per case)	30/01/20	Individual case discussion in minutes: 20,18, 21, 15, 24, 10.
29/01/20	2 hrs/ 15 cases (8 mins per case)	06/01/20	Individual case discussion in minutes: 18, 4,8,8,11,7
05/02/20	No Data	13/02/20	Individual case discussion in minutes: 27,15,10,20,10
12/02/20	No Data	20/02/20	Individual case discussion in minutes: 23,13,15,23,14
19/02/20	No Data	27/02/20	No Data
26/02/20	2 hrs/ 16 cases (7 mins per case)	05/03/20	Individual case discussion in minutes: 11,10,15,23,16
04/03/20	2 hrs/ 11 cases (11 mins per case)	12/03/20	Individual case discussion in minutes: 38,36,25.
11/03/20	No Data	-	-

Eastbourne Lewes & Wealden

Pre HUB average: 11 cases is 1.5 hrs (30 mins set aside for DVDS and AOB) = 5 mins per case

HUB	Time/ cases	MARAC	Time
09/01/20	3 hrs 30 mins/ 21 cases (10 mins per case)	21/01/20	Individual case discussions in minutes: 24, 14, 11, 3, 20, 8, 26
16/01/20	3 hr 15 mins/ 19 cases (10 mins per case)	28/01/20	Individual case discussions in minutes: 16
23/01/20	2 hr 15 mins/ 12 cases (11 mins per case)	04/02/20	No cases
30/01/20	3 hrs 15 mins/ 17 cases (11 mins per case)	11/02/20	No cases
06/02/20	Guess: 3hrs 30 mins/ 18 cases (12 mins per cases)	18/02/20	No cases
13/02/20	Guess 3hrs 30 mins/ 18 cases (11 mins per cases)	25/02/20	No cases
20/02/20	Guess 3hrs 30 mins/ 14 cases (15 mins per cases)	03/03/20	No cases
27/02/20	Guess 3hrs 30 mins/ 17 cases (12 mins per case)	10/03/20	No cases
05/03/20	Guess 3hrs 30 mins/ 13 cases (16 mins per cases)	17/03/20	No Data
12/03/20	Guess 2hrs 30 mins/ 10 cases (15 mins per case)	24/03/20	No cases

Hastings & Rother

Pre-HUB average: 8 cases is 1.5 hrs (30 mins set aside for DVDS and AOB) = 7 mins per case

HUB	Time/ cases	MARAC	Time
07/01/20	1 hr 30 mins/ 7 cases (13 mins per case)	15/01/20	Individual case discussions in minutes: 30
14/01/20	1 hr/ 7 cases (8 mins per case)	22/01/20	Individual case discussions in minutes: 13 for each case
21/01/20	2 hr 15/ 9 cases (15 mins per case)	29/01/20	No cases
28/01/20	1 hr 15 mins/ 5 cases (15 mins per case)	05/02/20	No cases
04/02/20	No Data	12/02/20	No cases
11/02/20	No Data	19/02/20	No cases
18/02/20	No Data	26/02/20	No cases
25/02/20	No Data	04/03/20	No cases
10/03/20	No Data	11/03/20	No data
17/03/20	No Data	18/03/20	No cases

This data shows there are longer discussion, than was previously possible, at the full MARAC for the most complex cases under the pilot.

In addition, it is usual for a 7-15 min conversation for MARAC HUB cases. These conversations focus on the risks and action planning. This is different to the previous MARAC model, which would also include time for all agencies to share information. Therefore, the discussions at the MARAC HUB arguably have more time available and are more focused on action planning than was previously available within the traditional MARAC model.

Rationale for decisions (this is based on a review of the following MARAC HUB minutes: BH 08.01.20, ELW 09.01.20, HR 07.01.20)

Common reasons for the case being held by HUB	Common reasons for being sent to MARAC	Common reasons for cases being reviewed at MARAC HUB
Professionals are working together; a robust safety plan is in place and victim is engaging.	Need engagement with agencies not at the HUB	HUB partners need more time to gain information from victim or other agencies to form a decision on whether the risks are being managed.
Case was heard at recent MARAC and actions are pending. It is unlikely that further actions will be generated by a MARAC discussion	Need to increase a focus/ knowledge on Perpetrator.	
The case is open to Children's Services and the safety plan and actions being taken are robust.	The case is complex, and more time is needed to unpick the current risk and what other agencies can contribute to a safety plan.	
Agreed actions can be completed by a MARAC HUB Partner in liaison with few wider MARAC Partners (using one additional agency) and there is no obvious role for wider Partners.	The victim is not engaging with HUB Partners and unmanaged risks are identified within the referral and HUB discussion.	
The victim has moved out of area	The outcome of a Child Protection Conference is not known and there are unmanaged risks identified.	
The victim is residing in a Refuge and receiving full support from this service. If the victim leaves Refuge in an unplanned manner, then it is requested Refuge re-refer to MARAC.	Further information required from wider Partners	
The victim or alleged perpetrator is open to Adult Social Care and a robust safety plan is in place.	To be heard at MARAC if alleged perpetrator is released from prison on nominated date.	

Number of MARAC Complex Case Planning meetings (for cases heard at MARAC previously).

	01/01/19-31/12/19	01-31 March 2020
B&H	n/a	n/a
ELW	16 (average one a month)	0
HR	17 (average one a month)	0

It was a predicted outcome of the MARAC HUB that we would not need the use the additional resource of a MARAC Complex Case Planning meeting in East Sussex. The alternative in Brighton & Hove is the request for a professional's meeting.

Number of outstanding actions

<i>Brighton and Hove Action Status</i>	<i>% 01 Jan 2020- 31 March 2019</i>	<i>% 01 Jan 2020- 31 March 2020</i>
Missing Data	-	3.44
Completed	59.34	59.83
Completed outside of original timeframe	3.46	2.58
No update from lead agency	31.48	25.43
Not able to complete	5.72	8.72

<i>Eastbourne Lewes Wealden Action Status</i>	<i>% 01 Jan 2020- 31 March 2019</i>	<i>% 01 Jan 2020- 31 March 2020</i>
Missing Data	-	4.08
Completed	74.02	86.21
Completed outside of original timeframe	3.52	1.36
No update from lead agency	15.63	5.44
Not able to complete	6.84	2.91

<i>Hastings Rother Action Status</i>	<i>% 01 Jan 2019- 31 March 2019</i>	<i>% 01 Jan 2020- 31 March 2020</i>
Missing Data	-	0.88
Completed	75.48	80.00
Completed outside of original timeframe	2.68	12.35
No update from lead agency	16.09	1.76
Not able to complete	5.75	5.00

This data shows that improvements under the HUB model of agencies feeding back on actions (reduction in the 'no update from lead agency'). However further work is needed with Partners in Brighton and Hove to improve the figures (this has been taken forward).

Timeline to discuss a case:

	<i>MARAC HUB</i>	<i>Full MARAC</i>
BH	Up to 7 working days from referral	Up to 14 working days from referral. But will have been discussed at HUB sooner
ELW	Up to 7 working days from referral	Up to 16 working days from referral. But will have been discussed at HUB sooner
HR	Up to 7 working days from referral	Up to 14 working days from referral. But will have been discussed at HUB sooner

There were not times in this period where there was a delay and cases were deferred to the following week.