



Ending domestic abuse

# What Difference is the Marac Process Making to the Lives of Older people?

## Making the Links and Measuring Outcomes in Local Safeguarding Adult's Boards (LSABs)

This template developed by SafeLives aims to help LSABs link effectively with the Multi agency risk assessment conference (Marac) process and collate appropriate evidence to know how they are improving specific outcomes for older people who have been identified. This is aimed to assist LSABs to coordinate the work of all partners in safeguarding older people locally and monitor and challenge the effectiveness of Marac where necessary and appropriate to do so. This document outlines a number of outcomes that LSAB's should strive to achieve in order to effectively safeguard older people identified through the Marac;

- **All organisations with a role to safeguard older people are represented at the Marac**
- **All older people are identified and referred through appropriate safeguarding pathways, with a coordinated multi agency response implemented at the Marac.**
- **A clear understanding of older people identified through Marac and their needs**
- **The Marac is performing in line with SafeLives recommendations and best practice**

In order to support the LSAB in achieving these outcomes, SafeLives has provided strategic questions for the LSAB to consider. These can be discussed as part of a Board meeting or sub group, sent as a questionnaire to LSAB members or delegates to a nominated individual to complete and present to the Board. In order to support the LSAB in answering these questions we have provided examples of best practice, evidence and guidance.

Outcome	LSCB strategic questions	Evidence and guidance
<p><b>All organisations with a role to safeguard older people are represented at the Marac</b></p>	<p><b>Who are the people or service(s) involved in Marac to achieve this?</b>  <i>Think about all stakeholders, including the older person</i>  <i>Is there a named spoc (single point of contact) responsible for leading? Know who this is and ensure they link directly with the LSAB.</i></p> <p><b>Is there a clear escalation policy that links to the LSAB for organisations with a role for safeguarding older people that do not regularly attend?</b></p>	<p>SafeLives recommend at a minimum there are nine core agencies that make up the Marac.</p> <p>Police; Idva, Housing; probation; children’s social care; adult social care; substance misuse services; Mental Health and health (primary and secondary) with links to education either through educational welfare/link worker or school nursing. There should be a spoc identified to coordinate the action plan; this may be the Idva with the adult social care person supporting them, or vice versa, depending on the prevalence of the issue, i/e domestic abuse or care needs/vulnerabilities. There may be a health key person who is better placed to lead if they already have a good relationship with the victim.</p> <p>Physical and mental health conditions can be particularly prevalent when working with older people perpetrators, therefore it is paramount that agencies are present to assist with potential support of this individual and not just the victim, if may for example involve coordination/communication of hospital discharge plans. It is also important to address the care needs if the perpetrator is a young person who harms.</p> <p>Additionally it is important wider agencies are engaged as necessary to adequately safeguard the victim and potential children. We recommend these are;</p> <p>education links either through educational welfare/link worker or school nursing  Refuge  Specialist agencies working with diverse communities  Youth Offending  Other organisations working with older people</p>

<p><b>All older people are identified and referred through appropriate safeguarding pathways</b></p>	<p><b>Are the LSAB included in governance documents including information sharing?</b></p> <p><b>Is there a clear process for safeguarding older people that are identified through the Marac?</b></p> <p><b>Is safeguarding older people included in Marac training and induction processes?</b></p> <p><b>Does LSAB training include Marac training opportunities?</b></p>	<p><b>Activities to achieve the outcome desired</b></p> <p>There must be locally:  A clearly defined Marac Operating protocol with governance arrangements that link in to LSAB and other strategic partnerships  Clearly defined Information Sharing Protocol signed by all relevant partners</p> <p>An effective Marac process which clearly identifies all high risk older people and children at risk, which is linked to a clear referral route accessible to all. The process should enable the sharing information; assesses risk appropriately, track actions and measure outcomes for the whole family. (see "<a href="#">10 Principles for an effective Marac</a>" against which Marac quality is measured)</p> <p>An effective induction process for all new Marac representatives to include an overview of Adult safeguarding and domestic abuse 2015 (<a href="#">adass</a>) and <a href="#">The Older Peoples Commissioner for Wales</a>; Domestic Abuse and Sexual Violence; Help and Support for Older People in Wales, <a href="#">SafeLives safeguarding older people at Marac</a>, <a href="#">SafeLives care pathway</a> and <a href="#">guidance for older people</a>.</p> <p>A consistent high quality multi-agency training programme which seeks to raise awareness of domestic abuse; risk assessment; Marac and how it links with other safeguarding processes such as Adult Protection Conferences/POVA and MASH. This training must be available across all agencies to up skill practitioners embedding within the training lessons learned from Serious Case Reviews and Domestic Homicide Reviews</p>
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<p><b>A clear understanding of of older people identified through Marac and their needs</b></p>	<p><b>Context, forecasting and starting to tell the story behind the data - setting objectives/targets</b>  <b>What are the needs of older people identified through the Marac?</b></p> <p><b>Are there any patterns or trends emerging and how does the LSAB learn about them?</b></p> <p><i>What factors are driving current performance but also forecast in the future (including local, policies, processes, use of resources)?</i></p> <p><i>What are the causes/forces at work?</i></p> <p><i>Do services available locally need to be adjusted to meet the needs of older people identified through the Marac?</i></p>	<p>In addition to individual practitioners shaping support around the needs of individual older people, local agencies need to have a clear understanding of the collective needs of this group locally when commissioning effective services. As part of that process, the Director of Public Health should ensure that the needs of vulnerable older peoples are a key part of the Joint Strategic Needs Assessment that is developed by the health and well-being board. The LSAB should use this assessment to help them understand the prevalence of abuse and neglect in their area, which in turn will help shape services”.</p> <ul style="list-style-type: none"> <li>• In analysis of Marac data the LSABs can measure against such statistic and cross reference with local JSNAs to ensure that the Marac are discussing a volume that is indicative and reflects local need</li> <li>• Analyse year on year trends using Marac data; please contact SafeLives for further information</li> </ul>
<p><b>The Marac is performing in line with SafeLives recommendations and best practice</b></p>	<p><b>How do we know what good looks like? What does research/good practice tell us?</b></p> <p><b>Does the Marac comply with SafeLives recommendations in terms of safeguarding older people?</b></p> <p><b>How is this information captured and if a concern, raised at the Board?</b></p> <p><b>How do the Marac Steering group and LSAB sub groups communicate?</b></p> <p><b>Do we have a Marac dataset that captures outcomes for older people, how is this reported to the Board?</b></p>	<ul style="list-style-type: none"> <li>• Marac is hearing the recommended number of cases based upon 40 per 10,000 of the adult female population (indicating that agencies are identifying high risk domestic abuse early)</li> <li>• All victims assessed at high risk are being discussed at Marac (none are being screened out)</li> <li>• No cases are closed to Adult Social Care/health before the information sharing process at Marac is completed</li> <li>• Adult Social Care/health consistently attend Marac</li> <li>• Education and YOS settings have strong links with Marac(preferably having consistent and effective representation at the meetings)</li> <li>• Where appropriate and necessary Adult Social Care take referrals directly from Marac meetings to reduce bureaucracy and time lapse</li> <li>• Where possible the person’s voice is heard at Marac</li> <li>• Effective interventions based on good quality risk assessments of the whole family</li> </ul>

*Planning your reporting and audit/QA activity around this*

- All action plans created at Marac will have actions to address the behaviour of the perpetrator (whether in household or not) either through disruption; diversion; prosecution or management, or support, if health/care needs are present.
- Repeat referrals to Marac are at the SafeLives recommended level of around 40% indicating positive identification and ongoing abuse is made known to adult social care
- Action plans from Marac clearly show actions to reduce risks and impact of domestic abuse on the children and young people of the family if appropriate.
- Safeguarding needs are identified at Marac for those young people under the age of 18 who are using harmful behaviour - using violence and abuse against a grandparent.

**Statistics/performance measures/activity data**

**How will we know how well the Marac is working to safeguard older people?**

*Evidence: What evidence do we have already? (SafeLives data);*

*What don't we have that we need?*

*Is there any further information not available that we need?*

- Number of cases heard at MARAC involving older people
- Sources of referrals to MARAC by agency
- Number of referrals to Marac from ASC/health (% increase each quarter)
- Number of young people who are the using harmful behaviour in context of family violence.
- Number of older people involved in specialist domestic abuse services
- Availability of specialist services for perpetrators and victims
- Consistent provision of accurate Marac data to LSAB
- Number of agencies using the [DASH Risk Assessment Checklist](#)
- Postcode data to specific Marac referrals link to council corporate 'mapping' resource
- Reduction in repeat domestic abuse call outs by Police
- Victims: % of older people who when their views are sought

		<p>report an improvement in their family life</p> <ul style="list-style-type: none"> <li>• Maracs are linking closely with other multi agency arrangements such as Pova's, Strategy meetings, Mappa, professional meeting i/e ASC or health and there is clear evidence of information sharing where relevant.</li> </ul>
		<p><b>Audits and quality assurance activity</b></p> <ul style="list-style-type: none"> <li>• Marac Operating protocol is up to date and relevant and is reviewed every 2-3 years</li> <li>• Marac Governance Group review Marac processes annually to ensure effectiveness using SafeLives Marac Review process <a href="#">here</a></li> <li>• Multi agency themed audits or Scrutiny panels chaired by LSAB (SafeLives can support with this)</li> <li>• Single agency audits which focus upon referral process, quality of risk assessment and outcomes following intervention</li> <li>• Community response – access to Domestic Violence Disclosure Scheme - Right to Know being considered as an action at Marac?</li> <li>• Actions around young people who harm or who are at risk adequate? Audit completion of actions</li> </ul>

		<p><b>Voice – of the victim</b></p> <ul style="list-style-type: none"> <li>• Victims wishes and feelings evident in Marac where possible, usually brought primarily via the Idva, but may also be ASC or Health.</li> <li>• Idva /ASC/health spoc ensures that where possible the victim is engaged with the process, and is updated with the action plan.</li> <li>• Plan to ensure it is possible to bring the victims voice, in the event they do not have capacity.</li> </ul>
		<p><b>Other: Evaluations, inspections</b></p> <ul style="list-style-type: none"> <li>• HMIC</li> <li>• SafeLives Review/Observations of Maracs</li> <li>• Domestic homicide/serious case reviews</li> </ul>