Ending domestic abuse

Guidance for Maracs and other multi-agency meetings

Managing cases involving substance misuse and other complex needs

About this guidance
This guidance has been created by two national scrutiny panels; the panels gather together experts from all core agencies required for an effective Marac to reflect on anonymised cases, with the aim of troubleshooting common issues. The national scrutiny panel is held at the Home Office.

SafeLives would like to thank those who attended the panels for their help and advice in developing this guidance.

Building on the basics

Introduction
Cases involving complex substance misuse and/or mental health issues are relatively common. Areas often observe that the number of cases with complex needs seems to increase each year. These cases often account for the large majority of repeats heard at Marac so having a rigorous and consistent approach is essential.

This guidance explores the basic principles of managing risks at multi agency meetings and how they relate to cases involving substance misuse and/or other complex needs which often go hand in hand such as mental health problems. It offers tips for researching cases and sharing information and action planning at the meeting.

What are the basics?
Single point of contact (SPOC)
This professional supports and represents the victim and takes the lead in identifying the risks they face and addressing their needs.

This is usually the Idva but in cases involving complex needs, it may be more appropriate to appoint a substance misuse or mental health practitioner. As well as having specialist knowledge and skills in relation to the issue, they may already have a relationship with the victim and can take the lead in engaging with them. This could be particularly useful where the victim does not see domestic abuse as the main problem.

Attendance from core agencies at every meeting, with consistent representatives
Agency representatives at multi-agency meetings have a vital role in terms of sharing information but also in terms of sharing their expertise in their fields. Without information and expertise, it is not possible to assess risk to members of the family accurately. At the Marac the core agencies are the Police, the Idva Service, Housing, Children's Services, Probation (NPS & CRC), Health, Mental Health and Substance Misuse Services and Adult Social Care.

The core agencies for other multi-agency meetings such as MATAC & MAPPA, IOM vary but it could be argued that those listed above are essential for all. Complex needs cases may also benefit from the input of other services such as sex worker projects, sexual health, Camhs and those agencies that work with women who have experienced, or are at risk of, repeat removals of children from their care such as Pause. For every multi-agency meeting considering risk to families regardless of who is the focus of that meeting, substance misuse and mental health services should be in attendance because the impact of these issues on risk cannot be fully understood without their input and they will have a vital part to play in a robust, effective action plan.

The behaviour of the perpetrator is addressed

While the victim is the focus of the Marac, their safety and that of any children involved, can only be achieved if the behaviour and sometimes, the needs of the **perpetrator** are also addressed, either by managing, diverting and/or disrupting their behaviour or by proactive work to seek a prosecution. This is especially important in cases where there are issues around substance misuse and/or mental health for the perpetrator and where that perpetrator has not yet been engaged by services that can support them to reduce the impact of their usage, or health issues on their abusive behaviour, whilst also addressing that abusive behaviour. It is essential that services and practitioners help perpetrators and victims recognise that neither substance misuse nor mental health problems are the cause of the abusive behaviour, but they can trigger the abuse or increase the risk of serious harm from that abuse.
Read our guidance for more tips and advice.

Needs of children including their safety is addressed in every case

Children's Social Care and Camhs will need to be vigilant about the role they play in safeguarding and supporting the children of complex needs families. Assessments should not be finalised until the Marac or other multi-agency meeting such as MATAC have been held so that the information shared at the meeting can be included in child safeguarding decisions. It is vital that there are visible links between all multi-agency meetings to enable all information available about all members of a family to be shared and prevent duplication of work or overwhelm the family with support. This will help prevent silo working and improve the response to and outcomes for each member of the family.

GPs and professionals working in A&E may be the first to identify victims and perpetrators who present with complex needs

Health practitioners are in an ideal position to ask why people may be misusing substances which should include the direct question about domestic abuse. This will improve early identification of domestic abuse and enable the signposting to the right services sooner.

They will also be in a good position to identify when a repeat incident has occurred. Examples of simple ways for GPs and other professionals to share information on victims and perpetrators of domestic abuse can be found on the Iris project website.

GPs and health practitioners need to share relevant and proportionate information that affects the risk either to the victim and/or the perpetrator and/or the children and there will need to effective pathways into and out of multi-agency meetings to enable them to do so. Often, Health will be the only agency with any contact with the victim or the perpetrator and so play an essential role in the coordinated community response to safeguard victims & children and to support the behavioral change in the perpetrator, thus reducing the risk.

Services take responsibility to engage with victims and perpetrators

"She just turned up at my door. She took me for a hot drink. I just felt safe. She didn't make notes or anything, just listened. I was so grateful".

There are numerous reasons why victims of domestic abuse and perpetrators may find it extremely challenging to accept support. Some may be reluctant to engage with services through fear of the police or children's social care, particularly if there are substance misuse and/or mental health issues, from fear of being stigmatised, or from fear of having their ability as a parent questioned. There may be accessibility difficulties, diversity and/or cultural issues that may prevent reaching out for a service.

Research tells us that older people and young people alike are less likely to engage in support than most.

Any action plan should acknowledge and address these or any issues or fears. Agencies must think creatively and be tenacious, persistent and take responsibility to find ways to engage victims into services. There should be no expectation that a victim or perpetrator should engage. These are often people in crisis and living with complex disadvantages. It is the role of the professional to build trust and enable engagement for all. Joint working in a coordinated response to victims of domestic abuse is key. Agencies can consider making links with any other professional/practitioner who has already established a trusting relationship with the victim or perpetrator and working jointly in the best way to suit the client. All those known to be already working with a family member should be invited to the multi-agency meeting.

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At all times, all practitioners should consider the victim or perpetrators position in their stages of change. The aim must be to enable & empower individuals to take action and to sustain maintenance & recovery, preventing relapse.

Victims are more likely to be in a relationship and leaving is not an immediate or foreseeable option

This may be because they are dependent on their abuser to supply them with drugs and or alcohol. They may be dealing with a severe mental health illness which makes them extremely vulnerable and unable to cope alone. Agencies should consider how, if appropriate they work with both the perpetrator and the victim in a safe but effective way to reduce codependency and address the risks they (possibly both) face not only from each other but in their health too. All practitioners who attend Marac should have a working knowledge of the Care Act 2014 and Adult Social Care must exercise their duties under the Care Act when an adult victim or perpetrator (or both) are at risk of abuse and have care and support needs which will arise from their substance misuse and/or mental health issues as many will fit the eligibility criteria. Resistance to undertake relevant enquiries or exercise duty by a Local Authority can and should be challenged by any agency including the Chair & Idva (see p.3)

Change the Narrative

People who misuse substances and who live with or perpetrate domestic abuse are often living chaotic lives. Victims of abuse may use drugs or alcohol as a coping strategy. They may be dependent on their perpetrator as their supplier. Using negative language such as "*didn't show up so closed file*", "*refused to engage*", "*No show again*" is unhelpful & can impact on attitudes towards those we need to help. Agencies have a responsibly to engage people into service and not expect those people, particularly those with complex needs to come to them. Understanding why they may not engage in support is illustrated through language and actions. Consider "*We were not able to engage her into service*"; "*we have made every attempt to engage him including…. but he was not able to engage on this occasion*".

"You feel bad enough about yourself anyway, you don't need to be made to feel worse by someone else judging you" **Alex, survivor of domestic abuse & recovered substance misuser**

Researching case files and information sharing

The following are useful prompts when researching case files for individuals (victims, perpetrators or other relevant household members) with substance misuse and/ or mental health issues. Sharing this type of relevant and proportionate information appropriately will enable multi-agency meetings to create an action plan which identifies and addresses the needs and risks to the whole family.

Remember: Think **whole family** always. Consider impact of living with "toxic trio" on children and young people.

Mental health

- Has a specific mental health issue been diagnosed?
- What treatment or other support is the individual receiving?
- Is the individual open to offers of support?
- Are they currently taking prescribed medication in line with guidance and, if not, what are the likely consequences?
- Does the individual have a history of self-harm and/or attempted suicide?
- Is the individual currently threatening self-harm or to commit suicide?

- Does the individual have access to a firearm (have police been informed?)
- What is the impact of the individual on other family members?
- Does the individual have a history of violence towards others, including professionals?

Substance misuse

- What substance(s) does the individual misuse?
- Do they recognise that they misuse substance(s)?
- What ongoing treatment or support are they currently receiving?
- Does the level of dependency/substance misuse impede on the work that you are focused on (e.g. to they often come to appointments intoxicated?)
- How much, how often and for how long have they been abusing substances?
- How does the substance misuse impact on their day-to-day functioning?
- Do they have care and support needs that are/are not being met?
- Are they a carer for any other adult? Please locate name, DOB and consider need to share with the relevant agencies & Marac administrator before the meeting
- What is the impact of the individual on other family members?
- What support/treatment have they had in the past that may have worked/didn't work?
- Is the individual open to offers of support from professionals?
- Which other individuals in this case are abusing substances and what is the impact?
- Does the individual have a history of violence towards others, including professionals?
- Is there any known level of association within gangs and the wider community, including willingness to use violence or association with those routinely involved in violence and firearms?

The Care Act 2014

- Consideration of domestic abuse in the scope of Adult Safeguarding with respect to the client's having care and support needs is essential. Adults who misuse substances and or mental health issues are perceived as having care & support needs in the context of Adults Social Care including needs for support with parenting.

- Opportunities for prevention of future needs is explicit in The Care Act…prevent, reduce, delay…

Effective action planning

Actions should be agreed

- **To identify the single point of contact** and/or agencies working with each family member

- **To create opportunities to work jointly** – for instance, the Idva working closely with the mental health nurse to support the victim, and housing and probation working together to address the perpetrator's substance misuse and housing issues

- **To respond to any new information** shared during the meeting, in line with the risk posed

- **For Marac representatives to flag files** and inform relevant frontline professionals of the Marac action plan

- **To focus housing solutions around the risk and needs of the victim** in order to reduce isolation and vulnerability. These should be coordinated with advice from any substance misuse and/or mental health professionals that are involved

- **Consider housing solutions for the perpetrator**. Maintaining a tenancy/license to occupy can be a motivational factor for change. Consider impact of homeless ness on perpetrator & likelihood of continued reliance on victim for housing

- **For probation/community rehabilitation companies to feed relevant information on complex needs into pre-sentence reports** and make recommendations to attend relevant locally available programmes

- **To consider how the domestic violence disclosure scheme can be used** for serial and high-risk domestic abuse perpetrators. Read our guidance for more tips and advice.

- **To decide if you should share information about a victim at Marac with the local troubled families team**. For more information on how to make a referral, contact your local troubled families team or the Department for Communities and Local Government.

- **For agencies to continue to refer back to Marac** any repeat incidents which meet the definition (*reviewed definition 2018*)

- **Consider professionals meeting as an action from Marac**. Bringing all relevant agencies working with the family, including frontline workers to case manage as a multi-disciplinary team can be fruitful & effective. Conduct these meetings under the Marac Operating processes. Consider whether a professionals meeting involving the individuals is appropriate (consider safety for all & potential benefits)

What if the victim or perpetrator is a young person with complex needs?

Children's social care should consider them as a child at risk/child in need and ensure assessments are updated or initiated as a result of the information shared at the multi-agency meeting.
Consideration should also be given to whether the young person is at risk of or already involved in child sexual exploitation. Links need to be identified and made with the local CSE multi-agency arrangements.

If they are approaching 18, children and adult social care will need to work together to transition the young person into their service. Read our guidance for more tips and advice on working with 16 and 17 year olds at Marac.

Outside the Multi-agency meeting

If you're part of a Marac strategic or governance group

Establish an accessible local referral pathway for long-term recovery. This will enable agencies to know what services are available post-Marac when the risk to the victim and their family has been reduced.

The pathway should also clearly outline access points to needs-led counselling and treatment for substance misuse. You should also consider how clients who do not speak English as a first language might access this support.

If you're a commissioner

Consider multi-disciplinary teams. This will ensure you have domestic abuse workers who specialise in complex needs such as mental health and substance misuse.

Commission mental health and substance misuse services locally. This will allow them to be flexible with how and when they offer services to high-risk Marac cases.

For advice on commissioning high quality services at all parts of the care pathway, visit the SafeLives website.

If you work in Wales

The Welsh Government will shortly be launching a formal policy of targeted enquiry for violence against women, domestic abuse and sexual violence across the public service. This will go some way to skilling up a wider group of professions to respond more effectively to those experiencing complex needs in Wales.

For more information on this please contact violenceagainstwom@wales.gso.gov.uk.

Recommended Resources and Guidance for all practitioners & strategic leads

- **Good Practice Guidance, AVA**

- **Lanarkshire Alcohol and Drug Partnership. Guidance for domestic abuse and alcohol and drugs services in Lanarkshire.**
  This guidance aims to inform and support staff working with survivors and perpetrators of domestic abuse for whom substance use is an issue. It is written mainly for practitioners in specialist domestic abuse or alcohol and drugs services. However, it will be useful for staff in any setting looking for information or advice on how to respond to service users affected by both domestic abuse and substance use.

- Hughes, L., Fitzgerald, C., Radcliffe, P. & Gilchrist, G. (2015) **A Framework for working safely and effectively with men who perpetrate intimate partner violence in substance use treatment settings.** This framework has been developed from recent UK research to ensure that people who work within substance use treatment services (and other health and social care services) are able to define and clarify the key capabilities (i.e. knowledge, attitude and values, ethical practice, skills and reflection and professional development) for working with men who use substances and who perpetrate IPV a capacities framework has been developed

- **National Institute for Health and Care Excellence (2014) Domestic violence and abuse: multi-agency working.** The guidance is for health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse.

- **Osman Y, Delargy A. (2009) Knowledge Set One: Domestic Abuse**
  This is the first of three Knowledge Sets aimed at alcohol services, commissioners and policy makers, as well as their partners in the children, families and domestic abuse fields. The Knowledge Sets aim to provide the alcohol and related fields with basic information that they will need to develop more family focused services that take account of domestic abuse.

- **Stella Project (2013) Complicated matters: a toolkit** and e-learning programme addressing domestic and sexual violence, problematic substance use and mental ill-health These resources are designed to uncomplicate matters by raising professionals' awareness about how the three issues interlink and reflecting on the most effective ways to engage with individuals and families who are affected by these issues. To this aim, the both the toolkit and e-learning provide information on: the links between experiences of domestic and sexual violence, problematic substance use and mental ill-health; ways to encourage survivors to engage with services and how to meet their needs; ways to increase safety for survivors and their children; holding perpetrators accountable for their own violent and abusive behaviour; developing a holistic approach based on partnerships and integrated work and practical, adaptable tools which enable organisations to improve policy and practice
  Stella Project and London Drug and Alcohol Network. Risk management: what it means for the domestic violence and the substance misuse sectors
  http://www.ldan.org.uk/PDFs/LDANRiskManagementBriefing.pdf

  The purpose of this briefing is to improve practitioners' knowledge and understanding on risk management for service users with experiences of both problematic substance use and domestic violence. The interplay between these two support needs call for a holistic agency response: an approach that is based upon cross-sector partnership working, information sharing and ongoing review and revision of risks which can change quickly, particularly in relation to domestic violence.

- **White, M., Roche, AM., Long, C., Nicholas, R., Gruenert, S. & Battams, S. (2013). Can I Ask...? An alcohol and other drug clinician's guide to addressing family and domestic violence.**
  National Centre for Education and Training on Addiction (NCETA). Flinders University, Adelaide, SA.
  This resource explores the relationship between alcohol and drugs (AOD) and family and domestic violence (FDV), with a focus on identifying how the AOD sector can better support clients who have co-occurring AOD and FDV issues, and minimise associated harms experienced by their children.

- **Risk assessments for perpetrators**

- **Guidance for Maracs: Coercive Control**

- **Identifying the Toxic Trio**

- **SafeLives Spotlight Series: Hidden Victims**

- **Domestic Abuse & Housing Alliance**
  The Domestic Abuse Housing Alliance's (DAHA) mission is to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process. Launched in September of 2014, DAHA embeds the best practice learned and implemented by its three founding partners and has established the first accreditation for housing providers.