



**A Review of Services for Those Affected by Domestic Violence
Barking and Dagenham
2016**

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Summary

Reducing domestic violence is a responsibility shared by all the partner organisations and there are also various statutory duties to fulfil. For services the main priority for intervention is to increase the safety and protection of women and children.

The aim of undertaking a service review of domestic violence services is to determine what provision is in Barking and Dagenham and the perceived gaps. Commissioned services for 2016/17 which directly address domestic violence total £689,900 funded through various partner agencies. Services have evolved over time and this review provides the opportunity to ensure our provision is in line with current and future needs.

The review highlights the current prevalence of domestic abuse both Nationally and in the Borough. Barking and Dagenham continue to have the highest rate of reported incidents in London. Locally the evidence suggests that women more than men are likely to experience domestic abuse and those that are under 24, of low income and disabled are also relevant factors.

There is limited evidence to suggest that substance misuse is a causal factor in domestic abuse incidents. However, a local police report has highlighted that Barking and Dagenham has a higher number of reported alcohol use at the time of domestic abuse incidents than the rest of London.

The Alcohol Abstinence Monitoring Requirement (sobriety tag) has had successful results for offenders whose alcohol use has impacted on their behaviour. This may be a useful scheme to use for those domestic abuse perpetrators where alcohol is a contributory factor.

Safeguarding of adults and children remains a priority for the Borough. Domestic abuse is not just physical but can be experienced in a number of ways which unfortunately means that the most vulnerable in the Borough can be targeted. Cases of neglect and financial abuse are most commonly reported in older adults. Furthermore, a high number of children are taken into care or placed on a protection plan as a result of domestic abuse in the family home.

The review highlights the services within the Borough, some of which are commissioned by LBBD and some of which are part of wider consortiums. The services are fully to capacity and the children's domestic abuse service has a waiting list. The Borough could benefit from expanding existing services to allow for wider outreach work amongst the underserved cohorts, for example LGBT and older adults.

There is a clear need for training for front line services but this needs to be bespoke to different agencies. For example, those working with vulnerable adults need to be skilled in neglect and financial abuse and those working with children need to understand domestic violence, control and coercion.

Perpetrator programmes remains a gap within the Borough. Evidence suggests that most programmes are costly and yield minimal positive outcomes. However, if the Borough continues to not provide support and intervention for perpetrators the cycle of domestic abuse will be difficult to end.

Prevention work is imperative to ensure that the cycle of domestic abuse diminishes.

Those that have been exposed to domestic abuse require adequate support to give them the coping skills to ensure they do not become the next generation of perpetrator or victim. Similarly, those individuals that have experienced trauma require the same support and

coping skills. Young people need to learn about healthy relationships in schools but they also need to know what support is available to them if they need advice and information. Continuous awareness raising campaigns will ensure that both professionals and the residents of Barking and Dagenham will know where to go to get advice and support. The message of Barking and Dagenham is that there is zero tolerance with regards to domestic abuse.

Background to review

Recently the Local Safeguarding Children's Board undertook a Serious Case Review. One of the recommendations was that:

....the local Community Safety Partnership undertake a review of the availability of domestic violence services, with particular reference to those available where there are child protection concerns

The Community Safety Partnership agreed to re-visit the previous review and refresh the information.

Definition of domestic violence

The Government published an update definition of domestic violence on 14 February 2013:

“Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Whilst this is not a legislative change, the definition is intended to send a clear message to victims about what does constitute domestic violence and abuse.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capabilities for personal gain, depriving them of the means needed for independence, resistance and escape by regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

Information about domestic violence

Analysis of the British Crime Surveys 2013/14¹ gives an insight into the national picture about who is most affected by domestic violence:

- In 2013/14, 8.5% of women and 4.4% of men reported having experienced domestic abuse during the year, equivalent to an estimated 1.4 million female victims and 700,000 male victims.
- The 2013/14 British Crime Survey estimated that 28.3% of women and 14.7% of men had experienced domestic abuse since the age of 16.
- Among both men and women, the prevalence of intimate violence was higher for younger age groups. Women aged between 16 and 19 and between 20 and 24 were more likely to be victims of any domestic abuse (13.1% and 10.1% respectively) compared with those aged between 45 and 54 and between 55 and 59 (7.1% and 5.9% respectively). Similarly, younger men were also more likely to have experienced domestic abuse than older men. Men aged between 16 and 19 (7.5%) and between 20 and 24 (6.5%) were more likely than men aged between 45 and 54 (3.5%) and between 55 and 59 (2.4%) to have experienced domestic abuse in the last year
- The likelihood of being a victim of any domestic abuse tended to increase with decreasing household income. Women living in households with an income of less than £10,000 were at particularly high risk of any domestic abuse (15.3%).
- There is little variation in risk of any domestic abuse by ethnic group (between white and non-white groups).
- Both women and men with a long-term illness or disability (including learning disability) were more likely to be victims of any domestic abuse in 2013/14 (15.7% and 8.4% respectively), compared with those without a long-term illness or disability (7.1% and 4%).

Domestic Violence and Abuse in Barking and Dagenham

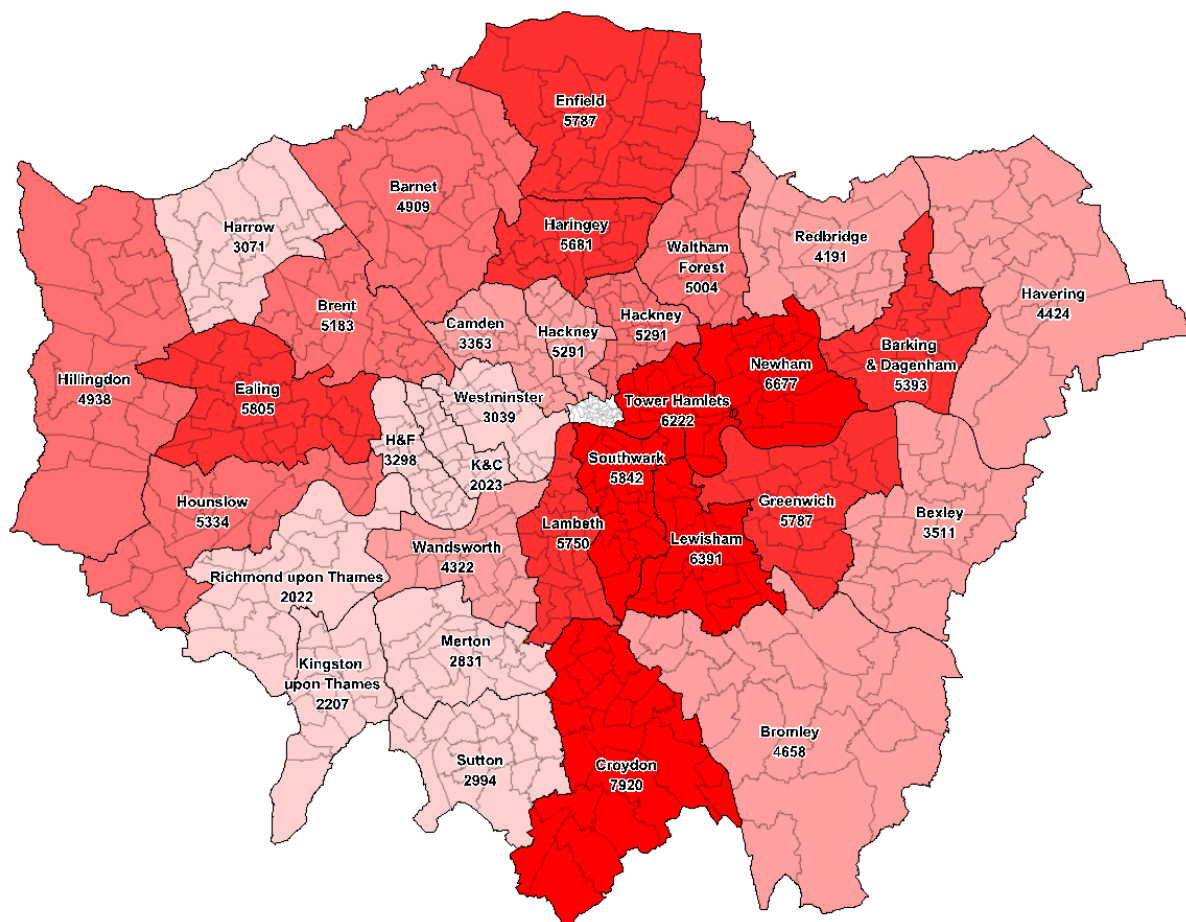
Domestic violence and abuse continues to be a significant issue in Barking and Dagenham. Using year to date totals, there were 2,568 offences in 2015/16 which represents an increase of 5.4% compared with 2, 436 offences in 2014/15.

During 2016/16, all the London boroughs recorded their highest level of domestic abuse offending with the exception of both Redbridge and Southwark. In terms of recorded domestic abuse incidents, Barking and Dagenham is ranked 11th out of all London boroughs

¹ http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_394500.pdf

with 5393 incidents considerably less than Croydon with the highest level reporting at 7,920 incidents (see fig 1).

Fig 1. MOPAC Dashboard for domestic violence across London by borough 2015/16.



When considering the rate of Domestic incidents per 1,000 population² (see Fig 2), there are slight changes in the key boroughs identified. The below chart shows the rate (red represents five highest volume Boroughs whilst green the five lowest volume). When considering the rate of domestic incidents per 1000 population, Barking and Dagenham, although not within the top five boroughs in volume has the highest rate of domestic incidents at 27.2 % in relation to its population size. Barking and Dagenham is significantly higher any other borough with Tower Hamlets and Lewisham joint second highest at 21.9% and Greenwich at third highest with 21.5%.

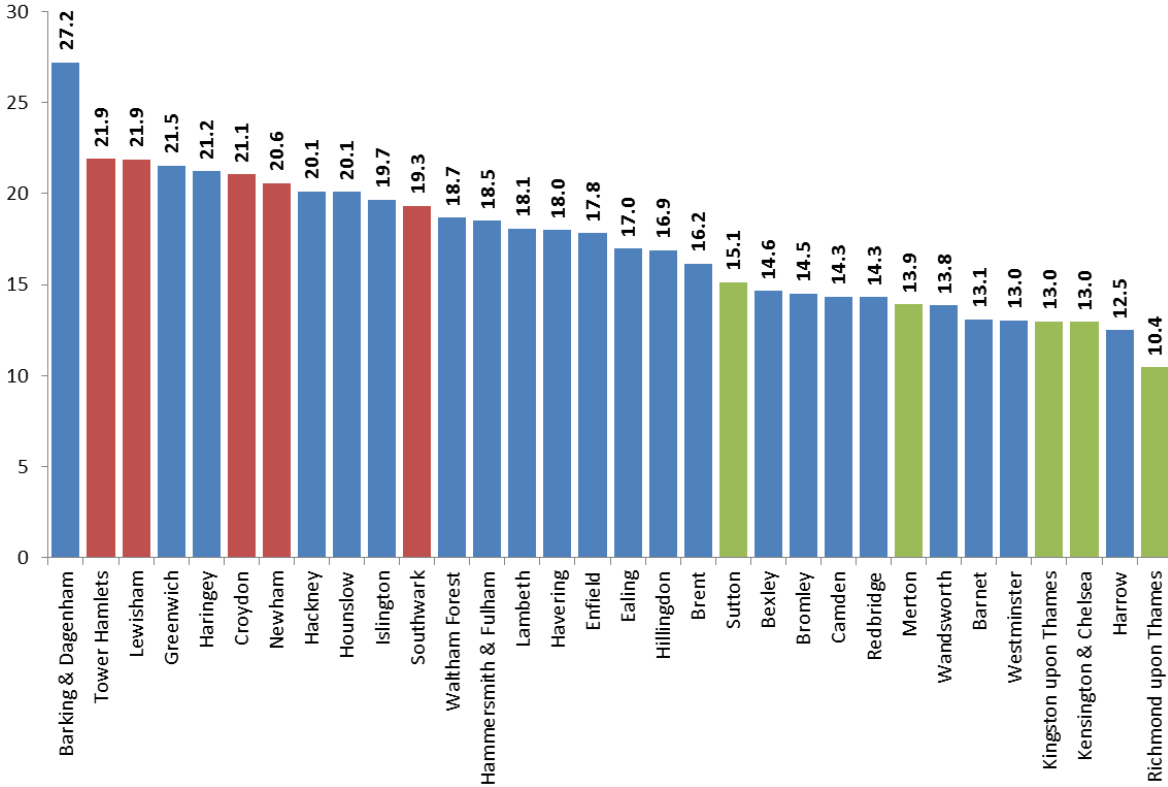


Fig 2 – Rate of Domestic incidents by 1,000 resident population

The majority of recorded domestic violence is reported as violence against the person. Violence with injury accounted for 46.2% of all recorded incidents the borough in 2015/16.

During 2015/16, pan London there were 26 recorded domestic violence homicides in London. This represented a 44% decrease compared to 2014/15. However, Barking and Dagenham saw an increase with one homicide on the borough compared with nil in 2014/15.

Information on Refuges

The Women’s Aid Annual Survey 2014/5³ confirms the following for England and Wales:

Many women were unable to get the crisis accommodation they needed for safety and support. Nearly a quarter (23.27%) of referrals in 2014/15 to those refuges responding to the annual survey were declined because of lack of space (18,249 referrals received, data provided by 112 services).

³ <https://www.womensaid.org.uk/womens-aid-releases-annual-survey-2015-statistics/>

92 women and their 75 children were turned away from the refuge services responding to the annual survey on just one day in 2015 because they could not be accommodated (data provided by 129 refuges).

During 2015/16 Barking and Dagenham accommodated 70 women with 52 children within the two refuges located in the Borough.

Presence of drugs or alcohol

According to the Office of National Statistics⁴, victims were more likely to report that they believed the offender was under the influence of alcohol (24%) rather than illicit drugs (9%). Female victims were more likely than male victims to perceive that the offender was under the influence of alcohol (28% compared with 18%). This was true also in relation to the influence of drugs (11% of female victims compared with 5% of male).

Barking and Dagenham has the highest level of alcohol related domestic violence across the Met Police at 70% compared with 40% across the East London region and 25% for London. There are many factors that may influence this including deprivation. However, there is no national evidence to show that alcohol use directly causes domestic violence. The reasons why domestic violence occurs are complex and varied. The presence of alcohol must be viewed with caution and viewed against the societal factors and underlying beliefs and gender inequality that underpin domestic violence.

Alcohol Abstinence Monitoring Requirement (AAMR)

It is estimated that Alcohol related criminality costs the country between £9 and £13Billion a year.

In July 2014, The AAMR, Alcohol Abstinence Monitoring Requirement, was a 12month proof of concept pilot program introduced for those habitual offenders, where alcohol was considered a mitigating factor. In Courts across London (Croydon, Lambeth, Southwark and Sutton) magistrates could impose "alcohol tagging" for an offender for up to 120 days. During that period of time, a "sobriety tag" was fixed to the ankle of the offender. This tag is normally used in conjunction with an activity requirement order (unpaid work). The ankle bracelet measured the amount of alcohol secreted by the skin. This was linked back to a base station and an average of 45 readings a day were transmitted. This was forwarded to a central monitoring system, where police would be alerted to any breach by the wearer.

Any breaches by the offender would be re-assessed by the courts and the order may be extended based on the circumstances

⁴ http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/dcp171776_352362.pdf

The project was not aimed at people who are alcohol dependent and who need specialist support, and all offenders subject to the requirement received advice on alcohol consumption and were signposted to relevant advice agencies.

In the first year of the project 112 orders were imposed with a total compliance rate of 92%.

Although the scheme requires full abstinence, interviewees after the pilot felt that “a period of abstinence on the AAMR had the potential to give offenders a ‘pause’ in drinking, time to reflect on alcohol consumption and its impact on offending behaviour, relationships and work, and an opportunity to break the cycle of routine drinking”.

This could potentially be used for those domestic abuse perpetrators where alcohol has been indicated at the time of the incident.

It is intended to rollout AAMR across London in the next couple of years, probably starting in the west side of London, moving East.

Profile of the needs of service users

It must be noted that the profile of needs of service users has been become increasingly complex over time. Service providers have stated that there is a notable increase in management issues within the refuges, highlighting the difficulties for some in terms of communal living and the need for greater housing and support options. The service types and solutions have been considered in Barking and Dagenham and in the context of more specific needs, such as:

- Substance misuse
- Mental health
- Learning disabilities
- Minority ethnic groups (particularly travellers, Asian women and Eastern European migrant communities)
- Lesbian, gay, bisexual and transgender people
- Single people without children (including older people)
- Female and male victims and survivors of domestic abuse
- Children and young victims and survivors of domestic abuse

Domestic violence and pregnancy

Successive reports have suggested that the incidence of domestic violence increases while women are pregnant. Some reports suggest that between 30% and 40% of domestic violence starts while a woman is pregnant.

A full time Independent Domestic Violence Advisor (IDVA) funded by MOPAC, commenced in September 2015 in a co-located post between Victim Support and the Barking Havering

and Redbridge Hospital Trust (BHRT). The IDVA has regular input into domestic violence training, takes direct referrals from staff, makes initial contact with the person affected within 24 hours and can respond immediately in cases of acute need when required. The IDVA is supported by a newly appointed Interim Senior Manager in Victim Support and by the Named Midwife Safeguarding Children / Domestic Violence Champion in the Trust.

In June and July 2016, new IDVA contact business cards, provided by Victim Support, were distributed to staff in key areas to allow easy access to IDVA support contact details and DV pathway flowcharts and posters were re circulated. In June 2016 the role of the IDVA and awareness of the availability of the Domestic Violence and Abuse Policy and the Domestic Violence Intranet site were cascaded to all Trust staff via the LINK.

Seven nurses in Queens ED (Emergency Department) have volunteered to act as link nurses for domestic violence and a domestic violence link meeting has been arranged for them with a named midwife and IDVA on 26th August 2016, by which time they will have attended the stand alone domestic violence training. Their role will help to promote awareness, confidence and support for staff in ED when enquiring and responding to DV concerns. A similar process is being arranged at King George Hospital.

Economic analysis

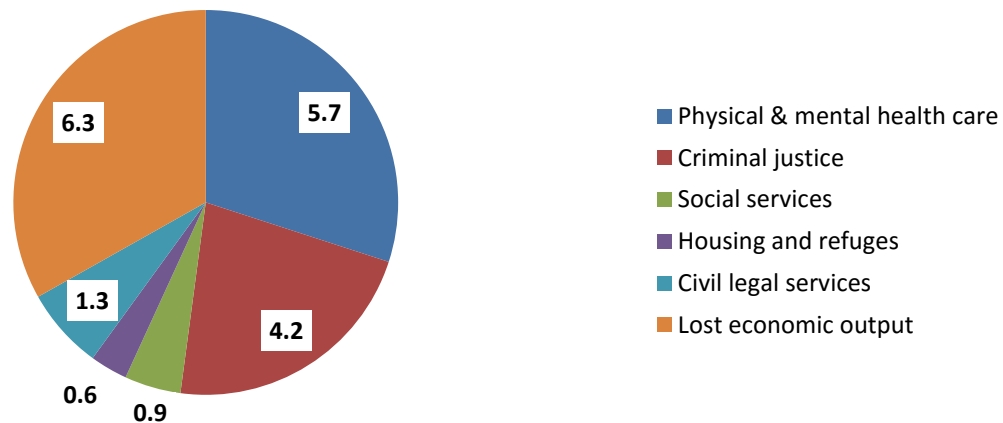
There has been no further work carried out in this area regarding the cost of domestic violence since the previous service review.

The estimated cost of domestic violence in Barking and Dagenham is shown in Figure 3. This is based on work done at Lancaster University⁵ looking at costs in seven areas:

- The criminal justice system includes police, prosecution services, courts, probation and prisons.
- Health care (both physical and mental health), including costs to primary care and hospitals.
- Social services – only the costs linked to children and safeguarding are included.
- Housing and refuges: includes the cost of emergency Local Authority housing and refuges.
- Civil legal services: the cost of solicitors and injunctions are included.
- The cost of lost economic output due to time off work for injuries.

⁵ Walby, S. "The Cost of Domestic Violence: Up-date 2009" Project of the UNESCO Chair in Gender Research, Lancaster University.

Figure3
Cost* of domestic violence in Barking and Dagenham 2009
(cost in £ millions - total £19.1 million)



* Based on 2009 population estimate (93,000 16–59 year olds, males and females). The estimated cost of lost economic output was limited solely to that due to time off work due to injuries. The chart excludes human and emotional costs.

With acknowledgment to the Trust for London and the Henry Smith Charity

The figure shows the majority of the £19.1 million is spent on direct health care (£5.7 million) or lost economic output (£6.3 million) due to time off work with injuries sustained. Investment in identification and preventative services should be a priority for health service commissioners in order to reduce the impact on use of hospital and primary care services and save money in the longer term.

Local investment in Domestic Abuse services

In 2016/17 funding of £689,900 is being invested in domestic violence services from multiple sources which are summarised below:

Barking and Dagenham General Fund	£189,900
Public Health Grant	£410,000
Housing Revenue Account	£40,000
MOPAC	<u>£50,000</u>
Total	£689,900

Safeguarding

Addressing domestic violence and abuse is a key priority for the Local Safeguarding Children’s Board and the Safeguarding Adults Board.

A number of research projects have identified various types of abuse experience by adults that have disabilities, mental health issues and older adults. For example, older women are more likely to experience neglect whilst older men (over 65) are more likely to be a victim of

financial abuse.⁶ The perpetrators are more likely to be their relative such as their children or grandchildren. Therefore, the abuse may be more difficult to identify as there are no obvious physical signs.

Since November 2015 there have been 72 incidents of reported cases of domestic abuse within adult services. On 63 occasions the abuse took place in the victim's own home, 5 were reported as taking place in the alleged perpetrator's home.

Further work to establish the type of abuse and the alleged perpetrator should be explored.

Children on a Child Protection Plan or Coming into Care

Figure 4 CPP and Coming into Care 01/04/14 – 31/03/2016

Data covers the period 1/4/14 -31/3/16. Count is of children not instances. DV & substance misuse data is gathered from Factors identified at Assessment and from Referral Stated Issues and can relate to any person in the child's household.

Children coming into Care						
Number of children coming into Care	Number with DV indicated*	% with DV indicated	Number both DV and Alcohol	% Both DV & Alcohol	Number of DV, Alcohol and Drugs	% DV, Alcohol & Drugs
465	77	16.6%	17	3.7%	5	1.1%

Children becoming subject of a Child Protection Plan						
Number of children becoming subject to CPP	Number with DV indicated*	% with DV indicated	Number both DV&Alcohol indicated	% both DV&Alcohol indicated	Number with DV, Alcohol and Drugs indicated	% with DV, Alcohol and Drugs indicated
860	265	30.8%	35	4.1%	13	1.5%

* Relates to all children coming into care/becoming CPP and does not indicate that this was the only factor.

The table above highlights the number of children who have been taken into care or put onto a Child Protection Plan in the last two years in Barking and Dagenham. This is clear evidence that shows many children (N=77) are removed from their family home as a result of domestic abuse. Similar numbers (N=79) of children were removed from parents that used drugs or alcohol in a problematic way. More robust training for front line staff is needed, not just to understand local referral pathways but also to be able to recognise signs that domestic abuse may be taking place.

⁶ O'Keeffe, M. et al. (2007). UK study of abuse and neglect of older people: prevalence survey report. London: National Centre for Social Research.

Current service provision in Barking and Dagenham

In Barking and Dagenham there are a number of commissioned services which seek to support victims of domestic violence in the borough. The services work together to ensure a co-ordinated community response model. The service review has been driven by consideration of the following three categories that the services fall into:

- Core – a service which is essential for the protection of individuals.
- Supporting – a service which is necessary to support one of the core services.
- Supplementary – a service that while valuable is not essential to protecting individuals or preventing immediate harm.

Core Services

Independent Domestic and Sexual Violence Advocacy (IDSV) community based service

The Independent Domestic and Sexual Violence Advocacy Service provides crisis and emergency support to all low, medium and high risk victims of domestic violence. This service provides specialist advice and support to victims ensuring that they access services including: housing, benefits, criminal justice services, education for children, employment and health services. Their role is to discuss the range of suitable options and develop safety plans with the victims. They are pro-active in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions.

Refuge supported accommodation for women and children fleeing domestic abuse

Refuge places for women and their children are co-ordinated through the National Domestic Violence Helpline (which is run by Women's Aid and Refuge). The general premise is that women are placed outside of their borough to avoid the risk of future victimisation by the perpetrator or extended family and friends. This means that boroughs fund provision in their own borough on the assumption that their residents will be able to access other boroughs' provisions.

Locally there are two refuges that can offer medium to long term accommodation support to 13 victims of domestic violence and their children. The Refuges are able to offer a raft of intensive support provided by experienced specialist staff who work with victims and their children throughout their stay to address emotional and practical needs. Support is provided with the following: benefits, housing, counseling, legal advice, registering with a GP and schools etc, support with education, training and employment.

Supporting services

Multi-agency risk assessment conferences (MARAC)

Multi-agency risk assessment conferences (MARAC) are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of

domestic abuse in order to produce a co-ordinated action plan to increase victim safety. The agencies that attend MARAC include: police, probation, IDSVAs, children's services, health and housing.

Barking and Dagenham received funding from the Mayor's Office For Policing and Crime (MOPAC) to conduct a review of the MARAC process; in essence to evaluate and assess the current process with a view to establish new, innovative and effective ways of working. The recommendations from the review will be part of the overall recommendations as part of this review.

The number of repeat victims that are discussed at MARAC is monitored locally.

The local target set by Safelives is 28-40%. The target is based on the level of domestic violence in the borough and rate of referral to MARAC. This is because domestic violence is rarely a one off incident. It is a pattern of behaviour that escalates over time. Therefore, for high risk cases even where a support plan has been put into action it would be normal for other incidents of domestic violence to occur. So in order to manage high risk cases, if another incident occurs within a 12 month period, the case should be referred back to MARAC and is counted as a repeat. Where MARACs are not receiving the recommended levels of repeat referrals Safelives recommend that the MARAC review information flows from partnership services to the MARAC to ensure MARAC is well informed about all incidents and developments in the case, that these changes are being assessed and that the victims are receiving ongoing support. Locally it is reported that 23% of MARAC cases are repeat victims.

Sanctuary project

Sanctuary is a service for domestic violence survivors who wish to remain in their own homes. Sanctuary is one aspect of the borough's safer homes project which provides more secure homes.

Supplementary services

White Ribbon day

The Community Safety Partnership is an active supporter of the White Ribbon Campaign UK working to involve men in opposing violence against women and is set up to co-operate with work done by Womankind Worldwide.

The ASCENT Consortium

Ascent is a pan – London consortium of 22 women's services funded by London Councils to deliver advice, advocacy and counselling services. Ashiana have provided counselling to women once a week for the last three years. They support victims with complex needs including those that have experienced forced marriage, honour based violence, female genital mutilation and serious sexual assaults.

Children's Domestic Violence Service

The service delivers a cycle of 12 week domestic abuse programmes for children and their mothers. The programme aims to reduce the harm caused by Domestic Abuse.

Participants receive support from an Integrative Child Psychotherapist and monthly support group, Time for Me.

Time for Me is a peer support group for mothers who have completed the programme and was established in 2015. Since the introduction of the programme the mothers who have taken part have reported an increased level of confidence. 7 participants have secured employment, adult education or have taken up voluntary work. Each month there is a different theme around self empowerment and barriers to life choices.

ARC theatre

ARC theatre's OUT OF SCHOOL Forum performances were designed in 2015/16, in order to raise awareness and tackle the issue of Child Sexual Exploitation in the borough.

ARC Theatre has continued with its successful RAISED VOICES project, which is aimed at addressing gender inequality by reducing the risks young women and girls face of being abused by intimate partners or peers, through performance and direct engagement.

Women's Trust

The Women's Trust delivers counselling and therapeutic services within the borough.

Gaps in service provision

Perpetrator work is a noticeable gap area for the borough. Currently the borough does not commission any perpetrator work and only those perpetrators within the criminal justice system are referred to a mandated perpetrator intervention. The Mirabal Research, led by Durham and London Metropolitan universities in 2015, suggests that domestic violence perpetrator programmes play an important role in the quest to end domestic violence. Measurements of success include: changes in respectful communication, safety and freedom from violence and abuse for women and children; safe, positive and shared parenting; awareness of self and others; safer, healthier childhoods.

There are a variety of programmes for perpetrators that are available and running in neighboring boroughs.

Improved training and referral pathways. The noticeable lack of referrals into IDSVA service and the MARAC highlight the lack of identification of victims by many services. This could be improved by developing a training strategy and improved referral pathways across the borough. This would improve the identification of victims including those with additional vulnerabilities including younger victims.

Expansion of prevention work. Although some prevention work is delivered in the borough there is a need to map this and improve its coordination.

Domestic abuse support within the Multi Agency Safeguarding Hub. Existing provision within the commissioned IDSVA service does not allow for a full time practitioner to support the team working within the MASH. This is essential for working with victims coming through the MASH and providing advice and safety planning.

More provision for supporting children that are in the family home where domestic abuse continues is required. There is a children's post within the IDSVA service that can work with the children in terms of doing joint visits. The IDSVA will be able to do safety planning with the children to ensure they know what to do to keep themselves safe in the event of an

incident. Therapeutic work is also essential to enable the children to develop coping skills to ensure they do not become future victims or perpetrators.

Conclusion and recommendations

The review of services for those affected by domestic violence has identified that the borough has in place a range of services that support and safeguard vulnerable women and children who experience domestic violence.

The high incidence and prevalence of domestic violence in this borough means that there is still work to do to reduce the need for these specialist services and to also improve the quality of existing services. The following recommendations should be considered:

- (i) The existing IDSVA service provided by Victim Support, could benefit from expansion. This would ensure that more specialist support could be provided and it would also give more resources to outreach the underserved cohorts.
- (ii) Commissioners should ensure that pathways between substance misuse and domestic abuse are better linked and that there is provision to work with perpetrators within substance misuse services.
- (iii) External training for front line staff should be commissioned to give front line staff the tools to work with families experiencing domestic abuse. This may prevent more children being removed from the family home.
- (iv) Robust referral pathways into specialist domestic violence services are required in order for front line services to be confident in making repeat referrals. This includes pathways for services that work with adults at risk and LGBT support services.
- (v) Engage Health services including GPs in the coordinated response to domestic abuse to improve early identification of cases. To consider commissioning a pilot of the IRIS Project with GPs to improve identification and response to those affected by domestic abuse.
- (vi) To improve early identification of domestic abuse including those young people coming through the criminal justice system, accessing substance misuse services and those young people whose behaviour at school raise concerns.
- (vii) To have sufficient support packages in place for those young people identified as at risk of domestic abuse to prevent them from becoming the next generation of either victim or perpetrator.
- (viii) A recent Domestic Homicide Review has been undertaken and the recommendations from the published document should be implemented and continuously reviewed.

Recommendations from the MARAC review:

- (i) Steering Group re instated with clear terms of reference. The terms of reference and operating protocols need to be revisited, aims re-affirmed and improved links with strategic and operational issues made;
- (ii) Accountability needs clarifying. Develop partner agreement on what defines success;
- (iii) Develop monitoring and evaluation framework/systems to provide valid evidence of risk;
- (iv) Training in information sharing, data management and qualitative analysis;
- (v) SMART outcomes and evaluation processes put in place so progress can be actually measured;
- (vi) Partners need training in risk assessment and their MARAC role and responsibilities to improve the case assessment and action plans;
- (vii) Work with partners to improve data collection, analysis, feedback and use;
- (viii) Pre-screening and MARAC case management software need to be formally introduced to improve data collection, risk assessment and case action plans;
- (ix) Formal MARAC meetings should only consider the high risk cases– informal MARAC decision making outside of the meeting should be discouraged; and
- (x) See the MARAC as a basis for learning

