

**The Highland Council**  
**Communities and Partnerships Committee**  
**10 December 2015**

Agenda Item	<b>11</b>
Report No	<b>CP 08/15</b>

## **Violence Against Women**

### **Report by Director of Care and Learning**

#### **Summary**

This report details actions achieved over the last year in the Violence Against Women (VAW) work plan and outlines other areas of work being taken forward in the next year.

## **1. Background**

1.1 The Violence Against Women Partnership (VAWP) continues to work to complete the 2013-2016 work plan. The plans intermediate outcomes include:

- Women affected by VAW receive services which meet their needs
- Children and Young People affected by VAW receive services which meet their needs
- Perpetrators are tackled about their behaviour
- Reduced acceptance of VAW
- Healthier gender relationships

1.2 In order to work towards meeting these outcomes, a number of key deliverables for 2013-16 have been set by the VAWP. These are:

- Improve safety for those affected by VAW
- Improve services for those affected by VAW
- Take steps to prevent future VAW
- Deal effectively with perpetrators of VAW

1.3 The VAMP continues to focus on these key deliverables which are reflective of the Scottish Government and COSLAs joint strategy in tackling Violence Against Women and Girls, "Equally Safe" published in 2014

## **2. Priorities for 2015**

2.1 The VAWPs priorities for 2015 were:

- Two new training programmes: Children and Adult Experiences of Domestic Abuse and White Ribbon Speaker training (Men Working to End Violence Against Women).
- Developing an exit strategy for women involved in prostitution.
- Supporting the progression of Cedar (Working with children, young people and their mothers recovering from domestic abuse)
- Developing a 'Safe Contact' approach in Highland (for children who have lived with domestic abuse)

### **3. VAW Training**

- 3.1 Uptake on training continues to be positive with 410 people trained over the course of February 2014 – December 2014. A wide range of short courses are offered and cover themes, such as what Violence Against Women is, why it happens, the impact of child sexual abuse and good practice in responding to child and adult survivors, MARAC, harmful traditional practices (such as FGM and Forced Marriage), and commercial sexual exploitation. 204 people were trained on the set training programme, with the additional 206 trained following requests from staff, particularly from children's services in relation to MARAC.
- 3.2 The VAWP is now also offering training on children's experiences of domestic abuse as part of the regular training calendar.
- 3.3 A number of men attended White Ribbon Speaker Training in Highland over 2015. An associated programme of awareness raising of Violence Against Women issues in Highland through White Ribbon is now being organised. It is anticipated that Highland will become a "White Ribbon" area over the next year or so. A programme of work has been developed to ensure that this can happen.

### **4. Women Involved in Prostitution**

- 4.1. A two stage process to develop an exit strategy for women involved in prostitution is being developed. An initial consultation phase with staff who regularly work with women has been undertaken to gain staff views on what an exit strategy could look like. Staff in homelessness, substance misuse, sexual health and VAW services are particularly likely to be aware of women currently involved in prostitution. Through these services we are now consulting with women through the completion of a survey, which is fully supported by staff in these settings. It is anticipated that a draft exit strategy will be available for consultation by the end of the year.

### **5. CEDAR**

- 5.1 Plans have been drawn up to conduct a scoping exercise to identify the level of likely uptake for CEDAR, the group work programme for children who have been affected by domestic abuse.. Unfortunately, owing to other priorities staff have been unable to complete this. The VAWP has agreed to seek funding for this piece of work to be conducted, although, in other parts of the country where CEDAR already exists they noted that the scoping exercises did not reveal the true extent of demand and that it is difficult to gauge when CEDAR is suitable for a child or young person without actually conducting the CEDAR assessment with the family. CEDAR remains a priority for the VAWP and it is hoped to progress the establishment of CEDAR in Highland over 2016.

### **6. Safe Contact**

- 6.1 Concerns about how contact between a man with a history of domestic abuse and his children/step children, following a relationship breakdown have been raised with the Violence Against Women Partnership over a number of years. A significant body of research in relation to child contact (and child deaths) highlights that domestic abuse following separation is a particularly risky time for both women and children and that child contact, and the process of gaining child contact, are often used as ways to further abuse a women and/or her children

- 6.2 The Highland Violence Against Women Partnership has scoped the views of staff from a number of sectors in relation to contact. Issues raised have included some that can be resolved locally, such as:
- ensuring that former couples remained separate when arriving at and leaving court
  - the lack of information for those attending court
  - putting the views of the child at the centre of the proceedings
  - evidencing the impact of domestic abuse, particularly the elements of emotional abuse on children
  - training for staff on domestic abuse and the impact on children (a new training course is being piloted over 2015 focusing on the impact on children, with support from the Child Protection Committee.
- 6.3 These issues will form the first part of the VAWP work in ensuring children and young people (and their mothers) are safe during contact and the court process. Some issues, however, will only be resolved nationally and the Highland VAWP is working alongside other VAWPs on this. This includes:
- The legal context – navigating between the rights of fathers (particularly new developments applicable to unmarried dads), the responsibility to protect children, and children's views can make the decision making process in relation to contact complex
  - Financial impact of court proceedings on women
  - Difficulties in evidencing when contact may be unsafe for a child and the lack of training and awareness for Sheriffs and solicitors nationally

## **7. MARAC(Multi Agency Risk Assessment Conferences)**

- 7.1 The MARAC Outcomes report was presented at the Safer Highland Meeting on the 1<sup>st</sup> December and is attached as **Appendix 1**.

## **8. Further Activity by VAWP in 2015**

- 8.1. **Female Genital Mutilation (FGM):** The Highland Protocol on Responding to Women and Girls who have Experienced FGM or who are at risk of FGM was developed by the Violence Against Women Partnership with support from the Child Protection Committee. The protocol was distributed widely in April 2015. We currently offer basic awareness training on FGM and the protocol and are seeking to source more clinical based training for staff who may come across women affected by FGM, such as staff based in gynaecology, urology, obstetrics, midwifery and sexual health.
- 8.2 **Psychological Trauma:** The Highland Violence Against Women Partnership and the Trauma Group (involving staff mostly from Mental Health Services and the voluntary sector) hosted an event in May 2015 focusing on trauma and the impact it has on individuals and service providers. Plans are in place to ensure equality of access to therapeutic services across Highland and to implement the Phased Based Intervention approach to trauma across services (a three stage approach that recognises the contribution that a range of voluntary and statutory services make to the recovery of individuals from trauma)

## 9. Plans for 2016

- 9.1 **Forced Marriage** - A draft protocol on Forced Marriage has been distributed to staff for consultation. It is anticipated that the content will be agreed by the VAWP in early 2016. It is expected to include brief information on what Forced Marriage is, who is at increased risk of a forced marriage and show the process which staff would be expected to follow in the event of becoming aware that a Forced Marriage had or was about to take place. Additional guidance for staff about Forced Marriage was updated by the Scottish Government in 2014 following the legislation criminalising forcing someone to marry.
- 9.2 **Training Review** - During 2016 there are plans to review all the VAWP training and a short term task group has been established to do this. The group will ensure links to work force development within NHS Highland and The Highland Council are strengthened, ensuring that we are translating the delivery of training into positive practice, and maintaining the relevance of training for staff and improving responses to survivors of VAW.
- 9.3 **Sexual Violence** - The new policy for staff on responding to sexual violence will be distributed in early 2016. This includes information for staff on a wide range of sexual violence issues, such as child sexual abuse, rape and sexual assault and commercial sexual exploitation. It offers staff clear guidance on how to respond and aims to assure that everyone doesn't need to be 'an expert' to be able to offer a service sensitive to survivors needs. This policy will supersede the current joint NHSH and THC policy on Supporting Survivors of Child Sexual Abuse. A further phase of service development, in relation to supporting those affected by trauma (a potential outcome of experiencing child sexual abuse), is underway.

## 10. Implications

- 10.1 **Resources:** The development of Violence Against Women Services is undertaken within existing resources.
- 10.2 **Legal:** The development of MARAC supports the legal process in prosecuting crimes of Violence Against Women.
- 10.3 **Equality:** Actions to prevent Violence Against Women focus on assisting to reduce the harm suffered by women and children and changing the behaviour and managing the risk of perpetrators. An Equality Impact Assessment was undertaken as part of the strategy and current work plan development. Training was undertaken on the needs of women with learning disabilities. Services are person centred and can meet the needs of BME, older and younger women.
- 10.4 There are no **Risk, Climate Change/Carbon Clever, Rural** or **Gaelic** implications.

## 11. Recommendation

- 11.1 Members are asked to note the actions achieved in the work plan and the areas of work for the next year.

Designation: Director of Care and Learning

Date: 1 December 2015

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## **Report for Safer Highland from the VAWP Safety Group – MARAC Outcomes**

### **Introduction**

This report for Safer Highland provides an update on a range of multi agency work to evaluate Multi Agency Risk Assessment Conference (MARAC) outcomes with the aim of

- increasing the safety, health and wellbeing of victims (and their children, if they have any)
- reducing repeat victimisation
- improving agency coordination and accountability
- improving safety and support for staff involved in high risk domestic abuse cases

Although this work is ongoing, it is clear that since the introduction of MARAC in Highland in 2013, the safety of high risk victims of domestic abuse and their children has been enhanced by the introduction of a robust, structured operating protocol and increased effective multi agency working.

### **Background**

MARACs are regular local meetings where information about high risk domestic abuse victims (those at risk serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by an Independent Domestic Abuse Advocate (IDAA), a risk focused, co-ordinated safety plan can be drawn up to support the victim.

The MARAC is attended by representatives from a range of agencies including Police Scotland, NHS Highland, Highland Council, Women's Aid, Victim Support Scotland and a range of specialist services from the statutory and third sectors including Education, Social Work, Criminal Justice, Housing, Mental Health Services, Substance Misuse Services, Fire Scotland and the Scottish Prison Service. During the meeting, relevant and proportionate information is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children. The MARAC then creates a multi agency action plan to address the identified risks and increase the safety and wellbeing of all those at risk.

The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other multi-agency meetings and processes to safeguard children, vulnerable adults and manage the behaviour of the perpetrator.

MARAC was introduced in Highland in January 2013 and is now well established in three geographic areas, providing a standardised and coordinated approach to reducing the risk of serious harm to those assessed to be of high risk of domestic abuse.

To date, the MARAC in Highland has discussed over 1,200 high risk victims of domestic abuse and generated more than 5,400 multi agency actions.

The MARAC Operating Model developed in Highland is now recognised as best practice in Scotland and a number of other local authority areas have been supported to adopt our

model for implementation in their areas. This national interest in the Highland model is ongoing with new interest from Lanarkshire and Glasgow.

The VAWP Safety Group tasked a Short Life Working Group to develop a means to measure outcomes from MARAC with the aim of;

- **increasing the safety, health and wellbeing of victims (and their children, if they have any)**
- **reducing repeat victimisation**
- **improving agency coordination and accountability**
- **improving safety and support for staff involved in high risk domestic abuse cases**

The following paragraphs summarise the ongoing work to record and analyse MARAC outcomes in pursuance of the above aims.

**Aim: Increasing the safety, health and wellbeing of victims (and their children, if they have any) - Quality of Life Analysis**

Women's Aid developed a means to evaluate the effectiveness of increasing the safety, health and wellbeing of victims (and their children, if they have any) by staff utilising the 'Quality of Life' tool to assess how the MARAC may have made a difference to a woman's life and her sense of safety. This 'Quality of Life Assessment' was carried out with victims at point of referral to Women's Aid and repeated 3 to 4 months later.

Analysis of outcomes from these cases (sample of 6) was:

- All women had increased the number of people they had spoken to about the abuse since their initial referral
- That for the majority of women (5 of the 6), there was a reduction in violent assaults and injuries. One woman saw no change in this (but she was still living with her partner).
- There was a continuation of the use of controlling behaviours and the need for contact with agencies as a result of this.
- That for the majority of women (5 of the 6), there was a reduction in the impact of these controlling behaviours as women reported a reduction in the stress symptoms they experienced in the preceding months. This appears to be as a result of them having someone to speak to, feeling listened to and being supported with these issues by various agencies.

This is a very small sample and Women's Aid only began the process of collecting this data in March. There were a further 2 women who did not wish to revisit the assessment 3 to 4 months after completing the original one as they felt they had moved on. There are other women who have completed the original assessment, but where 3 months has not yet passed in order to conduct the follow up assessment.

As a representative example, Ross-shire Women's Aid provided 2,978 hours of support to women referred via MARAC between 01/01/15 and 31/10/15. This included 791 1:1 sessions; 1,963 telephone calls; 252 third party telephone calls and 53 group sessions.

The following case studies are examples of the multi agency work undertaken by MARAC to increase the safety and reduce the risk to those who are at high risk of serious harm from domestic abuse in Highland:

- *A woman who had been in a very violent relationship was re-referred to MARAC by the police after she reported contact which was against bail conditions from the perpetrator. At the MARAC meeting it was reported that the perpetrator was on licence and was subject to continued input for Criminal Justice Social Workers. They had reported that they had serious concerns of his recent disengagement with services and increasing consumption of alcohol. They had instructed their own staff not to go to his premises as his mental health state was of such concern that they feared for their own protection. He had threatened to also cause harm to others. It was agreed that the Criminal Justice Social Workers would undertake an urgent review of his licence due to his current presentation and his recent breach of bail contacting the woman. Within a matter of a day his licence was revoked and he was returned to prison to ensure the safety of all involved. WA continue to support her and her son.*
- *An early case through the MARAC process was referred in by WA. The young woman had been known to SW as a child and to the police as a young adult. She had 4 children taken into care. She used heroin and struggled to break free from a criminal past. She had a history of abusive and violent relationships. She had spent most of her life in chaotic and violent situations so she minimised the abuse and felt it was part of everyday life. Through consistent referrals to MARAC she remained visible to all services. This meant all relevant services were pro-active in both their support but also consistent in their joined up approach. After many years this woman now lives with her two youngest children. The latest perpetrator is no longer with her and she finally found the courage and strength to live alone. She has, through the partnership support of agencies, gained confidence and is reported as being a “very good mother” to her children. She has finally made a future for herself and her children.*
- *A young woman lived with her child and the children of the perpetrator. She was heavily pregnant and sought support via school as this was the only opportunity she had to talk when the perpetrator was not present. WA were able to meet her in school and she said she wanted to leave. She reported the perpetrator as being very violent and extremely controlling to her and the children. WA made a MARAC referral which led to a multi-agency approach to plan her escape. WA continued to meet and feed into her the plans, SW were on standby to provide ongoing support to the family. WA arranged for her to be housed at a refuge outwith the area. When the day came to leave, SW were able to meet her at the WA refuge and take her away from the area. Whilst she was technically alone with the perpetrator and the children most times, there was a good invisible network of support in place. This allowed for good planning for her to leave to take place as well as having an informed plan of action should the situation become an emergency. Whilst the woman eventually returned to the perpetrator as she was missing contact with the other children, SW have been fully involved with the family and WA have offered ongoing support. She has since moved into her own accommodation, has managed to put boundaries in place and has regular SW input.*

- *A woman was referred to Women's Aid by the Young Mum's Group that she was attending. She arrived with bruising to her face and told WA that he had been abused physically, emotionally, sexually and financially throughout her marriage. He rarely allowed her to go out on her own and tracked her on 'find my I-phone' She got into trouble if she tried to disable this. He had convinced her over the years that she was an un-fit mum and could not cope with the children on her own. Being isolated, she had little support from her family. She felt he was heavy handed with the children and often battered the pet dog. Women's aid immediately referred the woman to MARAC as they were concerned as to her welfare and that of the children. The other agency partners quickly acted upon the information. Initially it was tough. As the perpetrator was still in the family home, the children were temporarily removed for their safety. However, working together the agencies ensured that the woman was supported and this enabled her to have the confidence to ask him to leave. The partners in MARAC made her safe by undertaking safety checks, issuing her with an alarm, providing alternative accommodation for her husband and putting a Perpetrator Management programme in place locally. The woman felt encouraged to work with Social Work and Women's Aid to learn how to manage on her own, to build her confidence & self-worth and to have the determination to move on with her life. She is now doing well. Life is not perfect and learning to be on your own and to parent 3 small children when you have felt worthless and helpless for years can be very challenging. However, with a continued multi-agency approach, she and her children are now safe which allows them the space to make their own choices.*

What some women referred to MARAC have said:

- *"I feel safe- less stressed and more relaxed in my home"*
- *"with him out of the house...there is less pressure"*
- *"MARAC has enabled me to keep up to date with safety advice. They encouraged me to seek housing advice and to make a police statement"*

#### **Aim: Reducing Repeat Victimisation**

In 2015 the MARAC Coordinator undertook an analysis of randomly selected cases (men and women) from across the three Highland MARAC's in 2014. This analysis examined 50 cases and sought to establish the number of victims who engaged with a support service, the number of cases re-referred to MARAC and the number of victims who experienced a subsequent Police call out to a domestic incident. The outcome of this analysis tended to evidence an increased willingness by victims to seek the support of the Police and other agencies once they had accessed multi agency support via MARAC.

#### **Aim: Improving the safety and support for staff involved in high risk domestic abuse cases**

In October 2015 the MARAC Coordinator developed a multi agency staff survey which has been sent to over 200 practitioners in a wide range of agencies. Although all survey results have not yet been completed or analysed, early indications show the following:

- 22 out of 27 respondents think that the frequency of MARAC meetings is about right (3 don't know )



- 18 out of 27 respondents think that the number of cases discussed at an average MARAC meeting is about right (6 don't know)
- 23 out of 26 respondents think that the MARAC completely or mostly demonstrates that it is a process which is structured to deliver equality of outcomes for all (3 don't know)
- 24 out of 26 respondents think that MARAC actions always or most of the time reflect the risks and needs identified at the meeting (2 don't know)
- 23 out of 26 recipients think that where appropriate, MARAC always or most of the time makes links to other protection procedures for adults and children (2 don't know)
- 23 out of 24 respondents think that MARAC meetings always or mostly identify risks for the victim (1 don't know)
- 23 out of 24 respondents think that MARAC meetings always or mostly identify risks for the children, where appropriate (1 don't know)
- 24 out of 24 of respondents think that the MARAC is always or most of the time coordinated effectively
- 22 out of 25 of respondents think that they are always or most of the time supported by their agency to participate in the MARAC process (1 don't know)
- 23 out of 24 respondents think that MARAC very effectively or fairly effectively enhances information sharing (1 don't know)
- 22 out of 24 respondents think that MARAC completely or mostly improves awareness raising of domestic abuse amongst partner agencies

Full analysis and evaluation of this survey will be reported in due course and will form the basis of an action plan to improve service delivery.

### **Aim: Improving Agency Coordination and Accountability**

As part of the continual improvement plan, Highland MARAC embarked on a Supported Self Assessment programme in 2013, facilitated by CAADA (Coordinated Action Against Domestic Abuse). This supported self assessment was a nationally accredited process, benchmarking practices in Highland against national UK standards. Although our MARAC was at an early stage of development in 2013, the external assessment element by CAADA was positive resulting in the following comments:

- 'There were a number of good practices observed during the MARAC meeting with some good relationships and strong teamwork from those attending'
- 'There is obviously a strong commitment locally to get this process right and this was evident during the participation of representatives from all three Highland MARAC's at the workshop'
- 'CAADA observed that those agencies present did share information freely and that information was largely focused on risk'
- 'CAADA observed that the action plans addressed the risks and considered all parties'

The self assessment programme led to the development of Highland MARAC Action Plan which formed the basis of work by the VAW Safety Group over the following year.

A quarterly data / performance report is prepared by the MARAC Coordinator for the VAWP Safety Group, providing management information for MARAC strategic lead officers. A copy of the most recent quarterly report (July to September 2015) is appended to this document.

### **Areas for Improvement**

The Highland Violence Against Women Partnership is achieving the expected outcomes for MARAC. As part of the evaluation process we have also identified areas that could be improved. We have noted a number of issues, which will be considered by the Violence Against Women Safety Group, which, when resolved, will further develop the MARAC process in Highland and, therefore, increase the safety of, and reduce the risk to, those experiencing domestic abuse in our area.

#### **Aim: to increase the safety, health and well being of victims (and their children, if they have any)**

- There are concerns in relation to the sustainability of the essential MARAC IDAA (support) service, delivered through Women's Aid and Victim Support, which is already funded at a much reduced level as to what was recommended in the CAADA (now 'SafeLives') report in 2013. Funding is granted through Highland Council and agreed on an annual basis and it is due to end in March 2016 – this may also be a national issue
- MARAC does not have a focus in terms of direct intervention with perpetrators and in order to further reduce the impact of domestic abuse consideration to how this could be done in other settings out with, but connected to the MARAC process, needs to be considered

#### **Aim: to reduce repeat victimisation**

- More work needs to be done within organisations to ensure that we are highlighting repeat cases
- Recording and the sharing of relevant and proportionate information post MARAC are key and this involves embedding MARAC into current policy and practice in service specific settings (already achieved in some sectors, e.g. Housing and Maternity services)

#### **Aim: to improve agency coordination and accountability**

- There are some significant gaps in terms of service involvement in MARAC, most notably from primary care in NHS (GPs in particular)
- There remains a lack of consistency of agency representation across the different MARACs in Highland
- Whilst MARAC is well understood in most service areas, there are concerns that some decisions, particularly in the criminal justice system, jeopardise the achievement of positive outcomes for some women – awareness within the system of MARAC and its potential impact is generally low

- MARAC has developed in different ways across Scotland (there is no one process that can be uniformly followed) and there is a lack of national agreement on the best way to progress. However the recent appointment of a National MARAC Co-ordinator may promote a level of standardisation across the country

**Aim: to improve safety and support for staff involved in high risk domestic abuse cases**

- In order to increase referrals from agencies other than Women's Aid services and the Police, Managers within the Council and NHS need to be promoting MARAC. This will ensure that staff carry out MARAC risk assessments where appropriate; that staff are aware of the effectiveness of MARAC, and information is shared post meeting with referrers to ensure that actions are carried out in a timely manner.



# Highland VAWP Safety Group

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## Data Report

1<sup>st</sup> July to 30<sup>th</sup> September 2015

## 1. INTRODUCTION

This is the third quarterly data performance report for 2015 and is submitted for the information of the VAWP Safety Group. The report will include data from each MARAC area:

- Ross, Lochaber & Skye
- Inverness, Badenoch, Strathspey & Nairn
- Caithness & Sutherland

For ease of reference, data reproduced in this report is separated by MARAC area and then summarised as Highland MARAC totals for the three month review period. Cumulative data from the start of the MARAC process in January 2013 is also included.

## 2. SAFE LIVES DATA

CAADA has recently rebranded to 'Safe Lives' ([www.safelives.org.uk](http://www.safelives.org.uk)). To access national MARAC data, including information from the three Highland MARAC's and other domestic abuse resources, please log onto [www.safelives.org.uk](http://www.safelives.org.uk) and create a user account.

The following chart includes relevant local and national MARAC data for the period **April 2014 to March 2015**:

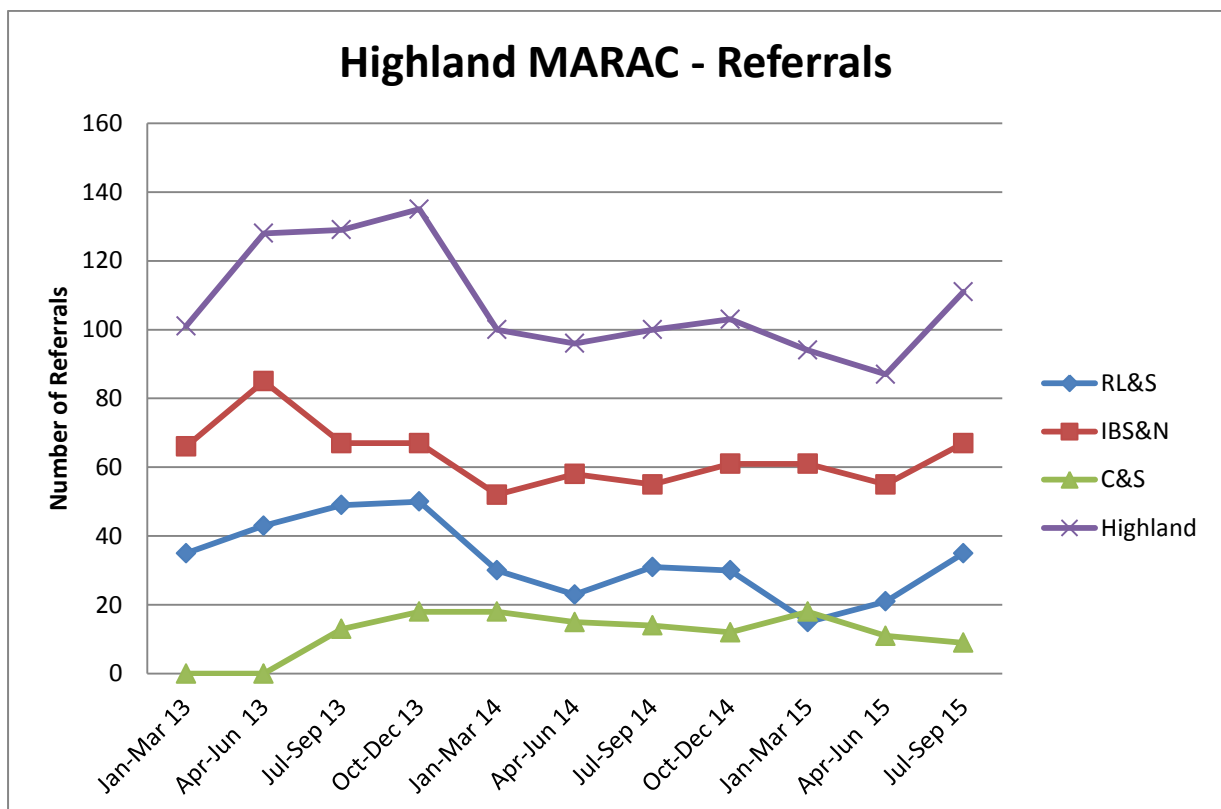
Indicator	National Figure	SafeLives recommends	Caithness & Sutherland	Inverness, Badenoch, Strathspey & Nairn	Ross-shire, Lochaber & Skye	Highland Total
No. of MARAC's	287	-	1	1	1	3
Cases discussed	78,144	-	59	236	99	394
Recommended cases	100,000	N/A	70	170	140	380
Cases per 10,000 population	32	40	36	57	28	-
Children in household	99,625	N/A	57	288	116	461
Year on year change in cases	17%	N/A	N/A	-7%	-37%	-
Repeat cases	24%	28% - 40%	29%	35%	25%	-
Police referrals	63%	60% - 75%	80%	78%	74%	-
Referrals from partner agencies	37%	25%-40%	20%	22%	26%	-
BME	14.9%	5%	0	8.5%	2%	-
LGBT	0.9%	5%+	0	1.3%	0	-
Males	4.5%	4% -10%	3.4%	4.2%	3%	-
Victims aged 16-17	1,431	-	3	3	3	9
Cases where victims aged 16-17	1.8%	-	5.1%	1.3%	3%	-
No. harming other aged 17 or below	794	-	1	1	1	3

<b>Points to consider</b>	
<b>Number of cases discussed</b>	Based on the expected level of 40 cases per 10,000 of the adult female population. This has been established from work carried out by SafeLives, combined with police reporting rates and what we know about the likelihood of high-risk victims of domestic abuse reporting to the police.
<b>Cases per 10,000 adult female population</b>	The expected level of 40 cases per 10,000 of the adult female population has been established from analysis carried out by SafeLives in analysing the prevalence of high risk victims including both those who report and do not report to the police. When reviewing the different levels across Maracs, local factors such as population density, deprivation and range of referral agencies should be considered.
<b>Number of children</b>	This is the total number of children involved in cases referred to your Marac. Reflects the demographic breakdown of the local population as a proportion of the number of cases.
<b>% referrals from partner agencies</b>	Expected figures are between 25-40%. Points that could be considered when reviewing these figures include the local level of police reporting (where above 6% is high and below 2.5% is low) effectiveness of the health response of identifying victims of domestic abuse and levels of deprivation.
<b>% referrals from police</b>	Expected figures are between 60-75%. Points that could be considered when reviewing these figures include the local level of police reporting (where above 6% is high and below 2.5% is low) effectiveness of the health response of identifying victims of domestic abuse and levels of deprivation.
<b>% repeat referrals</b>	There are some concerns that the national average does not reflect the true level of repeats. For an established Marac the expected level would be in the range of 28-40%.
<b>% BME referrals</b>	This figure reflects the percentage of referrals of victims who are non-white British. The percentage of the local population which is BME is taken from the latest census information and refers to the usual resident population. We would expect referrals to the Marac to be representative of the local BME population.
<b>% LGBT referrals</b>	The national average is lower than the expected 5-7% (or above) which is partly due to barriers in reporting. This figure is a UK government estimate prepared for the final regulatory impact assessment of the Civil Partnership Act (2004), which does not include transgender people.
<b>% referrals with a male victim</b>	Expected to be between the national average and 10%. This reflects the current understanding of the difference experiences of domestic abuse by gender e.g. Hester, M. (2009) Who Does What to Whom? Gender and Domestic Violence Perpetrators, Bristol: University of Bristol in association with the Northern Rock Foundation. Lower levels may be partly due to barriers in reporting.
<b>Number of victims aged 16-17</b>	This figure is the number of victims aged 16 – 17 discussed at the Marac. This data reflects the change to cross-government definition of domestic abuse which took place on the 31st March 2013. This data was first collected in October 2013 by all Marac, so figures will only reflect cases discussed at Marac from the 1st October 2013, and no cases discussed prior to this date.
<b>% victims aged 16-17</b>	This figure is the percentage of cases discussed at Marac where the victim was aged 16 – 17 years old. This data was first collected in October 2013 by all Maracs, so figures will only reflect cases discussed at Marac from the 1st October 2013, and no cases discussed prior to this date.
<b>Number of young people causing harm</b>	This is the number of people causing harm aged 17 or below in relation to a victim discussed at Marac. This data was first collected in October 2013 by all Maracs, so figures will only reflect cases discussed at Marac from the 1st October 2013, and no cases discussed prior to this date.

### 3. REFERRALS

The following table shows the number of referrals submitted to Highland MARAC for the period 1<sup>st</sup> July to 30<sup>th</sup> September 2015.

Agency	Ross, Lochaber & Skye MARAC	Percentage of cases referred	Inverness, Badenoch, Strathspey & Nairn MARAC	Percentage of cases referred	Caithness & Sutherland MARAC	Percentage of cases referred	Highland MARAC total	Percentage of total cases referred
Police	23	66%	43.5	65%	5	56%	71.5	65%
Women's Aid	11	31%	18.5	28%	4	44%	33.5	30%
Other Agency	1	3%	5	7%	0	0	6	5%
Total Cases referred	35		67		9		111	



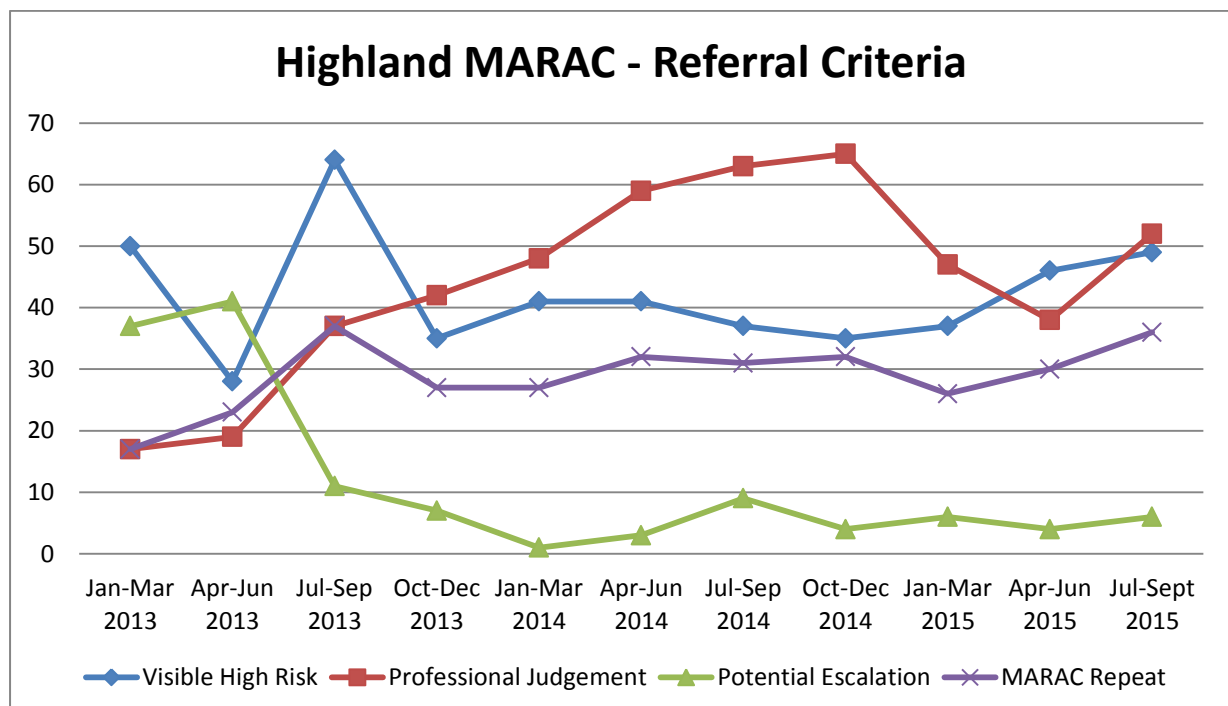
#### 4. REFERRAL CRITERIA

The table below shows the ratio of the various referral criteria during the period under review. It should be noted that cases are often referred on the basis of more than one criterion.

**Referral Criteria (01/07/15 to 30/09/15)**

Referral Criterion	Ross, Lochaber & Skye MARAC	Percentage of referrals which include this referral criterion	Inverness, Badenoch, Strathspey & Nairn MARAC	Percentage of referrals which include this referral criterion	Cairnness & Sutherland MARAC	Percentage of referrals which include this referral criterion	Highland MARAC total	Percentage of total referrals which include this referral criterion
Visible high risk	17	49%	30	45%	2	22%	49	44%
Potential escalation	1	3%	3	4%	2	22%	6	5%
Professional judgement	15	43%	32	48%	5	56%	52	47%
MARAC repeat	11	31%	22	33%	3	33%	36	32%

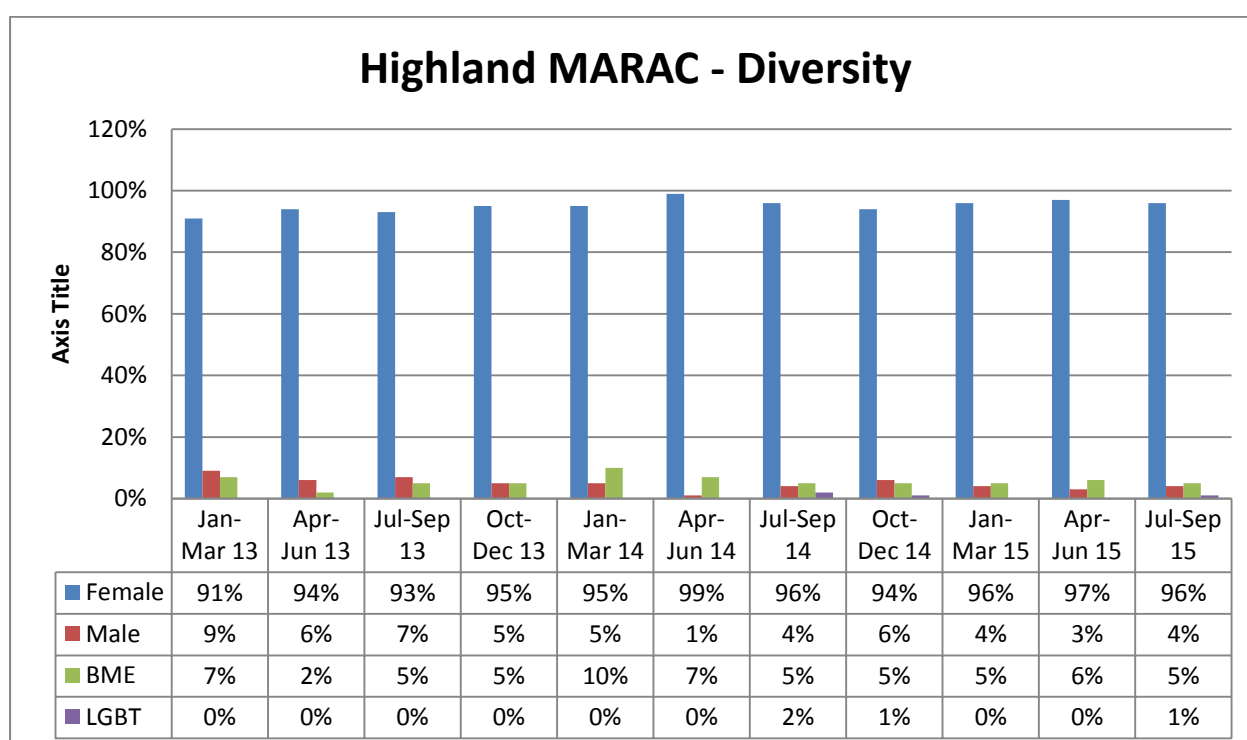
The following chart shows the variation in referral criteria per quarter. It should be noted that the 'Potential Escalation' criterion was increased from 3 to 5 'Domestic Incidents' recorded by the Police from June 2013. Police Scotland also introduced enhanced quality assurance controls for 'Professional Judgement' referrals in the first quarter of 2015.





## 5. DIVERSITY<sup>1</sup> (01/07/15 TO 30/09/15)

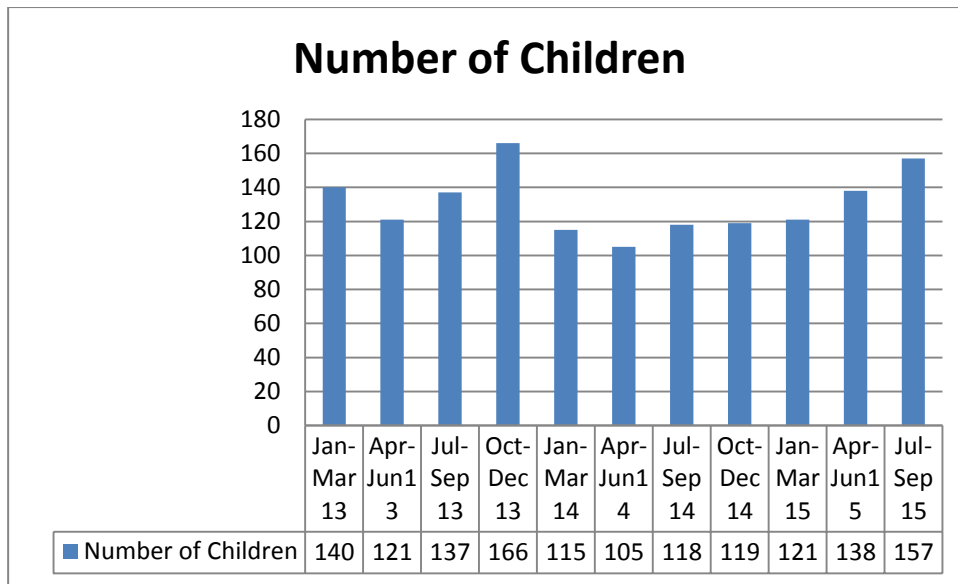
Diversity	Ross, Lochaber & Skye MARAC	Percentage of referrals	Inverness, Badenoch, Strathspey & Nairn MARAC	Percentage of referrals	Caithness & Sutherland MARAC	Percentage of Referrals	Highland MARAC total	Percentage of total referrals
Female Victim	<b>33</b>	<b>94%</b>	<b>65</b>	<b>97%</b>	<b>9</b>	<b>100%</b>	<b>107</b>	<b>96%</b>
Male Victim	<b>2</b>	<b>6%</b>	<b>2</b>	<b>3%</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4%</b>
BME Victim	<b>4</b>	<b>11%</b>	<b>2</b>	<b>3%</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>5%</b>
LGBT Victim	<b>0</b>	<b>0</b>	<b>1</b>	<b>1%</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1%</b>



## 6. NUMBER OF CHILDREN IN HOUSEHOLD OF REFERRED CASES

MARAC	Number of children in household of referred cases (01/07/15 to 30/09/15)
Ross, Lochaber & Skye	<b>41</b>
Inverness	<b>106</b>
Caithness & Sutherland	<b>10</b>
<b>Total</b>	<b>157</b>

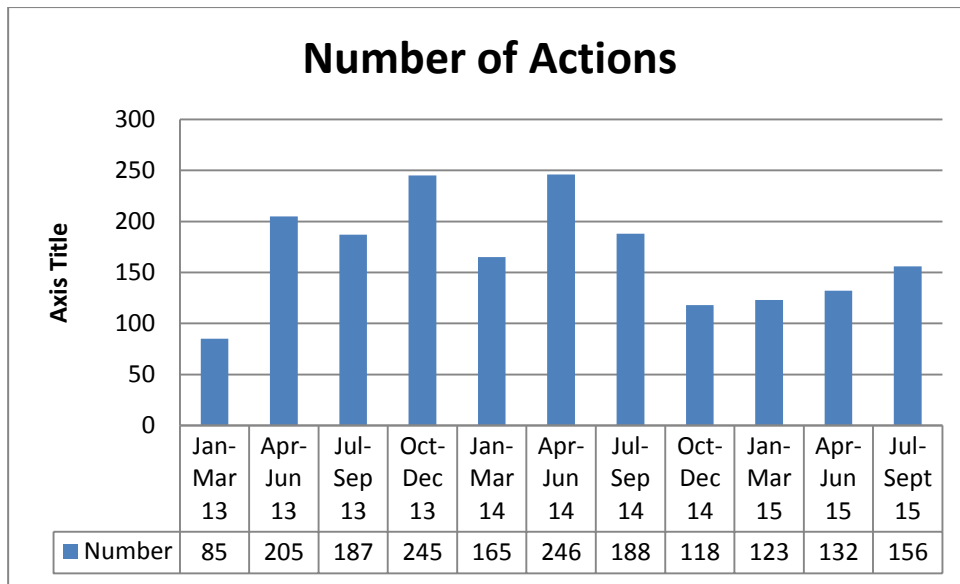
<sup>1</sup> For the purposes of data collection for SafeLives and the Highland MARAC, any victim referred to MARAC who is not White/British is defined as being from a Minority Ethnic Community



## 7. ACTIONS

The following table shows the number of actions allocated to each agency, excluding generic multi agency actions e.g. flagging of systems.

Number of actions allocated (01/07/15 to 30/09/15)			
Agency	Ross, Lochaber & Skye	Inverness, Badenoch, Strathspey & Nairn	Caithness & Sutherland
Police	16	39	8
Women's Aid	9	13	2
HC Housing	3	6	1
Criminal Justice Social Work	0	2	1
Social Work Family Team	3	13	2
NHSH	1	12	2
VSS	0	0	0
RSL	1	4	1
MARAC Coordinator	2	11	2
SPS	0	1	0
<b>Area total</b>	<b>35</b>	<b>101</b>	<b>20</b>
<b>Highland MARAC total</b>	<b>156</b>		



**Gordon Greenlees**  
**MARAC Co-ordinator**  
**30<sup>th</sup> September 2015**