

Guidance for Maracs

Managing cases involving complex needs

Building on the basics

Introduction

Marac 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, so having a rigorous and consistent approach is essential.

This guidance explores the basic principles of Marac and how they relate to cases involving substance misuse and/or mental health issues. It offers tips for researching cases and sharing information and action planning at the meeting. It also provides advice for commissioners and strategic groups.

About this guidance

This guidance has been created by the national Marac scrutiny panel. The panel gathers together experts from all Marac agencies to reflect on anonymised cases, with the aim of troubleshooting common issues. The national Marac scrutiny panel is chaired by the Home Office.

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

What are the basics?

A single point of contact with a trusted professional

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 they need help with.

Attendance from core agencies at every meeting, with consistent representatives

The core Marac agencies are the police, the Idva service, housing, children's services, probation, health, mental health and substance misuse services. Complex needs cases may also benefit from the input of other services, such as safeguarding adults (particularly in light of the Care Act 2014), sexual health, Camhs and troubled families.

The behaviour of the perpetrator is also addressed

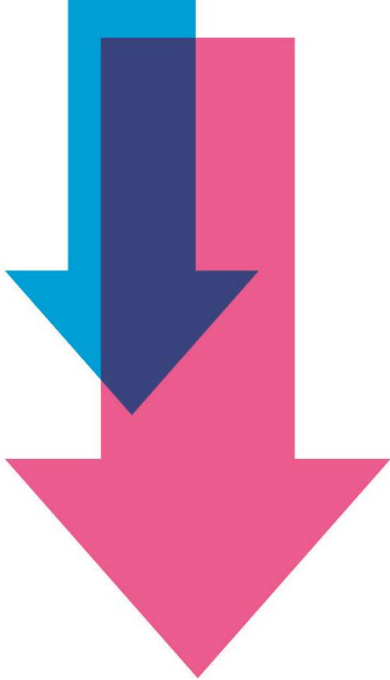
While the victim is the focus of the Marac, their safety can only be achieved if the perpetrator is also addressed, either by diverting and/or disrupting their behaviour. This is especially important in complex needs cases where a victim may be unable to engage with agencies. Read our guidance for more tips and advice.

The needs of children, and whether these are being met, are considered at all times

Children's safeguarding 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 has been held, so that the information shared at the meeting can be included in child safeguarding decisions.

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

They may 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](#).



What's different about complex needs cases?

Engagement with services

Victims may be reluctant to engage with services through fear of the police (particularly if there are substance misuse issues), from fear of being stigmatised, or from fear of having their ability as a parent questioned.

Any Marac action plan should address these fears. Agencies should think creatively and be persistent about how they engage victims with complex needs. Make links with any agency who has already established a trusting relationship with the victim and consider inviting them to the Marac if they don't already attend. It's also important to ensure specialist local substance misuses and mental health agencies attend Marac on a regular basis.

Victims are more likely to be in a relationship and leaving is not an 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.

The role of troubled families teams

Local troubled families teams have worked with families affected by domestic abuse since the government programme began in 2012, with some of these cases being referred to Marac. From April 2015 the programme is being expanded to reach families with a broader range of problems – particularly those affected by domestic abuse. [Find out more about the expanded troubled families programme.](#)

Researching case files and information sharing

The following are useful prompts when researching case files for individuals with complex needs. Sharing this type of information appropriately will enable Maracs to create an action plan which addresses the family's needs, as well as their risks.

Substance misuse

- ✓ What substance(s) does the individual misuse?
- ✓ 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?
- ✓ What is the impact of the individual on other family members?
- ✓ What ongoing treatment or support are they currently receiving?
- ✓ 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?

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?
- ✓ What is the impact of the individual on other family members?
- ✓ Does the individual have a history of violence towards others, including professionals?

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 Marac, 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 co-ordinated with advice from any substance misuse and/or mental health professionals that are involved.
- **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

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 Marac.

Consideration should also be given to whether the young person is at risk of or already involved in child sexual exploitation.

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 Marac meeting

If you're part of a Marac's 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.