



Spotlight 2: Episode 1

Podcast Transcript

Emma: [Introduction] Welcome to Spotlight, the podcast for the domestic abuse sector. I'm Emma and this is the first podcast in our series on domestic abuse and disabled people. This week I spoke to Thien Nguyen Phan, Marac Coordinator at Standing Together Against Domestic Abuse, a charity that works with different services to make sure that local systems truly keep victims safe, hold abusers to account and prevent domestic abuse. We talked about how Maracs work, what happens when vital expertise is missing from the table, and how to accurately record data to make sure disabled people are kept safe from domestic abuse.

[Intro music]

Emma: So I've come down to London today to meet with Thien, who is the Marac Team Manager with an organisation called Standing Together. And we've come to look at what sort of things Thien and her team have been doing to try and make sure victims with a disability are referred to Marac and are supported affectively once they have been referred. Good morning, Thien. Can you tell me a little bit, first of all, about your role and how your team work in terms of coordinating Maracs in some of the London boroughs?

Thien: So, Standing Together Against Domestic Violence is an independent charity based in west London, in Hammersmith and Fulham to be exact, and that is where our work has traditionally been. So we coordinate the tri-borough Maracs in London which is Westminster, Hammersmith and Fulham, Kensington and Chelsea, and we have been asked more recently by two other boroughs to coordinate their Maracs. So that's Haringey and Ealing, since 2013.

Emma: So you have experience across quite a lot of Maracs, so hopefully a lot of things we can learn from you and your team. So what sort of things have you done across your Maracs to try and increase your referral rates for people with disabilities?

Thien: I think one of the things that we always do very consistently across the different Maracs is offering Marac briefings and trainings to a range of frontline practitioners including Adult Social Care and Mental Health Services. So that is where we really go out to different teams and talk to them about the Marac process and how they can refer their patients or service users to the local Maracs. We do offer free quarterly Marac workshops, which run for half a day, where we really go into more detail of the Marac process-how does the Marac work for people with disabilities.

Emma: One of the things that we noticed across the country, and we even noticed within the Maracs that you coordinate, that there is still some variance in terms of the number of referrals in terms of people with disabilities. So, have you got any thoughts about that? Is that about one particular agency engaging really well and referring in a particular area, or are there other things that you've noticed or can reflect on in terms of why that might be?

Thien: I think that across the board, we could do with definitely more referrals from Mental Health, Substance Misuse and Adult Social Care agencies. So that's definitely something that we have noticed and that is why we have reached out to those agencies and offered briefings to them, and to increase awareness about the Maracs. I think one of the things that we do try to do is really to look at how we record data more accurately around disability. So we use the guidance that SafeLives provided on recording disability quite carefully. And one of the things that we have noticed in particular is that when we - so we do have a section in our referral form asking about disability, but also in that section we provide the definition of disability, because a lot of times when survivors are asked if they have a disability or a registered a disability they do not think that they actually do. Whereas, if we really use the definition they may fall under that category. And then what we do then really, after the Marac meeting,

is we go back and sort of cross-check information shared at the Marac meeting with our disability data because a lot of the times when people fill in the referral forms they check 'no' to the disability question and it turns out that there are disabilities that they are not aware of that are shared by other agencies at the meeting. Or they just have not recorded that properly themselves in the referral. For instance, when we started doing that with the Westminster Marac, we can see that the disability rate really went up. And it's all about going back and really painstakingly checking the data as well. But yes, I do think that it's part of awareness raising work that we can try and reach out to more people. I think that there are specialist agencies, such as the Idva service who refer quite a lot of cases and a lot of those victim-survivors and perpetrators with disabilities, and I think as long as you have a range of services that can really capture those referrals, at least that information can be shared at the Marac and action planned accordingly.

Emma: So let's move onto that Thien. In terms of action planning at the Marac, what do you think are sort of the challenges for the Maracs to be able to develop effective action plans particularly to manage the risks for people who've got disabilities?

Thien: I think one of the challenges is around having consistency in the attendants' representation and information sharing at the Marac. So at our Maracs, in accordance with SafeLives best practice, we have Mental Health Services, Substance Misuse Services are definitely core Marac member agencies. Adult Social Care has always been considered as a core Marac agency at our Maracs, so when we talk to them about attendance, we emphasize the fact that they are a core Marac agency and that's why we try to encourage them to attend. Having those agencies consistently attending with a consistent representative who has enough seniority in their role to offer actions and share information I think is the biggest challenge really. Because a lot of the times what we notice is that when Mental Health Services can't attend for instance, they may share information through us, but without them being there you can clearly see that there is a gap in expertise and in actions being suggested or being offered. So I think one of the biggest challenges is to have these agencies attending regularly, having done their research consistently, and actually being mindful of what actions they can offer. That is, I think, the first challenge. Adult Social Care has not always consistently attended the Marac and that is when we really see the gap. Because agencies around the table may have made a lot of safeguarding referrals, they may have tried to contact Adult Social Care, and sometimes they come to the meeting and say they really want to have some information from Adult Social Care's perspective-they really want to know what Adult Social Care can offer and when that expertise is missing around the table, it's quite difficult to action plan.

Emma: And do you involve any specialist organisations to sort of help with that information sharing and action planning within your Maracs?

Thien: Yeah, so when we receive a referral from a service, that indicates that that victim-survivor has a particular disability, such as let's say, hearing impairment, then we will definitely link in with services such as Deaf Hope, to see if they are supporting the victim-survivor, if they can attend the meeting to share their expertise and offer actions. Or at the Marac meeting, if we are aware of a specialist service that could potentially offer support around a certain disability, then we would suggest that as a possible action for people to think about. And we regularly keep updated with services that are available in order to remind agencies. We have met with Deaf Hope for instance to talk about the Marac, we have invited them to the different Marac meetings when they have had involvement with cases. And we really try to remind agencies around the table of services that may be available.

Emma: Do you get many referrals from those specialist organisations? Or is it more that you contact them once you've had a referral from another organisation, to bring in their expertise into the Marac, or are those agencies actually referring themselves?

Thien: We have received referrals for instance from Deaf Hope to our Maracs. So they are definitely aware of the different Maracs that we coordinate. So we definitely have had referrals from them. And I think in the tri-borough for instance, our Idva service now is within a big umbrella called the Angelo Partnership, so there are several specialist services working within that partnership specialising in supporting people with experience in sexual violence, or people from certain communities, certain hard to reach communities. And those agencies will be able to fit in to how they can offer support to people from certain communities, including people with disabilities.

Emma: And would you say that the referral rates for people with disabilities, not referral rates but referral numbers, are from any particular organisation or are they spread in the same way that the rest

of your victims referred into Marac are? So for example, do you see more referrals from Adult Social Care for example for people with disabilities, or is it just still a spread and quite a lot from the police.

Thien: So I do think that when we do see referrals come from Adult Social Care or Mental Health Services, there is a clear disability there, but we do have a lot of referrals from police, a lot of referrals from Idva services and other voluntary services including specialist services such as [inaudible]. So a lot of those cases will present some sort of disability and then it is at the Marac meeting that we are able to see whether or not Mental Health Services or Adult Social Care are also involved in those cases. But we do see a lot of referrals from other agencies such as housing providers as well. So in Westminster we have a lot of services like hostels for rough sleeping people, we have hostel projects that refer quite a lot into the Westminster Marac. And chances are, many of those cases will have victim-survivors or perpetrators having some mental health issues or some sort of disabilities. I think we see a spread. I think we would be interested and would like to see more referrals coming directly from Adult Social care, just due to seeing whether or not they really are asking the questions and identifying high risk.

Emma: Well Thien, that's been really interesting, thank you very much for your time. We're going to end the podcast here, but we've got some more podcasts coming along later. So keep listening.

[Outro music]

Emma: Thanks for listening to Spotlight, we'll be uploading podcasts over the next six weeks, specifically looking at domestic abuse and disabled people. You can find more on this spotlight via our website at SafeLives.org.uk.