

Guidance for multi-agency forums: Disabled clients

What does the data tell us?

Disabled people are 'hidden' from Domestic Abuse services & Marac

- Studies have shown that disabled women are twice as likely to experience domestic abuse as those without a disability, and also twice as likely to suffer assault and rape.
- Our Marac data (April 2015 – March 2016) shows that nationally 3.9% of Marac referrals were for disabled victim/survivors. This is significantly lower than the SafeLives recommendation of 16% or higher. Only 4% of Maracs nationally reach SafeLives recommendation, and 18% of Maracs are not recording any referrals for disabled people.

Disabled people are more likely to be experiencing abuse after support

- Our national Insights data shows that disabled clients are twice as likely to be living with the perpetrator of their abuse at exit (16% vs 9%), which significantly impacts on their feelings of safety at exit.
- Despite having high complex needs and continuing to experience a higher level of abuse at case closure, only 9% of disabled clients are receiving support from Adult Social Care.
- After receiving support, disabled clients were more likely to still be experiencing abuse (20% physical and 7% sexual). A lower proportion (50%) reported that the abuse had stopped, compared with 58% of non-disabled clients.
- The percentage reduction in abuse when comparing abuse experience at intake and at exit was less significant for disabled clients compared with non-disabled clients.

Intersectionality

- Disabled clients were more likely to feel less safe at exit if they had additional complex needs and vulnerabilities
- Disabled clients who are older are less likely to feel safer after receiving support compared to younger disabled clients

How can Maracs ensure that disabled victims/survivors get effective help sooner?

Get the right people around the table

- **Adult Social Care** – now a recommended core agency at Marac following the introduction of the Care Act 2014 and our findings from a previous scrutiny panel. They will often hold vital information about the individual's care and support needs, care packages, capacity concerns in addition to being able to offer actions including assessments. See our [guidance](#) for Adult Social Care reps.
- **Health agencies including Mental Health Service** – as a core Marac agency, and the GP – these agencies can share information, where relevant and proportionate; about regular appointments, medication and how this is administered, any recent hospital admissions, diagnosis and cognitive ability.
- **Housing providers** – the victim/survivor and, possibly, the abuser may require adapted or supported housing.

- **Core agencies should attend for all cases even where the victim/survivor and perpetrator are not known.** Their expertise will often be important even if they are not working on a particular case and it may well be that a threshold has been met and they would not be aware of it unless, and until, they attend the Marac and hear the contributions of other participants.
- Marac governance groups should consider how they can use **institutional advocacy** in getting all core agencies including Adult Social Care to play a full role at the Marac.
- **Specialist input** from disability organisations – make the links with these organisations and think about how to share Marac information with them when this is appropriate – build this in to the local Marac Operating and Information Sharing Protocols.

Victim/survivor voice and tailoring support to the needs of the individual

- Consider that for someone who has a disability and is also being controlled or coerced in a relationship, the importance of supporting agencies **working with them**, not for them, is vital.
- **Listen to the victim/survivor** and ask them what they need. Work with them to identify any **access and communication needs** that will enable them to engage with support. Consider access to interpreters, use of text/email/messaging instead of voice communication, considering the font and colours used in written materials and the setting of any face to face support including, where it is safe to do so, home visits.
- People with a disability are likely to have more complex needs, to have experienced abuse for a longer period of time before accessing support and to find it more difficult to build trust with a new support worker. It is therefore important that wherever possible a disabled person has access to **longer term support**, ideally from the same worker. See our **guidance** for managing cases with complex needs at Marac.
- **Ask questions** that help understand the specific risks, for example; does the abuser do things that cause the disability to get worse? Do the effects of the disability change and is this predictable? How do these changes impact on safety? How does the abuser talk about the disability? Do they use the disability to make the person feel bad? Are there situations and circumstances where abuse is more likely to occur? Does the abuser withhold, destroy or manipulate aids and equipment, access to communication, medication, personal care, meals and transportation?
- Identify **support that empowers** the person to take back control of their lives. This may include working with the local authority to arrange for the person to manage their own direct payments.
- Consider holding a **professionals meeting** prior to the Marac to share information and action plan for any immediate risks, to consider who is an appropriate single point of contact for the individual. (This may be the Idva but it may be more appropriate to be a support worker from a specialist service or a member of a health profession or Social Care) and to identify if there are any additional agencies who could contribute to the Marac through sharing information and action planning.
- Be mindful that a **fear of institutionalisation** can present a barrier for people to engage with support services including Adult Social Care and can lead to people minimising the risks.

Gather a full picture of all the risks

- Identify the **specific behaviours of the perpetrator** in terms of how they exert control
- Find out about the **housing situation for the perpetrator** and understand whether this is contributing to victim/survivor being 'targeted' to provide the accommodation needs.
- **Are there multiple abusers?** Disabled people are more likely to be experiencing abuse from more than one person.
- Consider risks of **coercion and control that may be hidden** through apparent 'care'
- **If the perpetrator also has a disability**, bear in mind this will present additional challenges – the disabled community of which the victim/survivor and perpetrator are a part may be quite small and closed, leading to similar defensiveness and protectiveness around the abuser as you might expect to see in other minority communities.
- Consider risk through **financial abuse** especially if the abuser is controlling finances in relation to care
- Are there concerns that the perpetrator may be 'targeting' people who are in a vulnerable situation and that they may therefore **pose a risk to other people?**
- Consider if there are risks around **sexual abuse**
- Are **children** living in the home or linked with the family? - ensure that any risk to them has been assessed.
- **Removal of children** is very common in cases of poly-vulnerability, particularly where someone has learning difficulties and is in an abusive situation. If a parent is dealing with the removal of

children there may be additional risks to consider in terms of lack of trust in services and the impact on their mental health.

Creative action planning

- Consider action to **reduce isolation** – linking in with local disability organisations, checking for the availability of a local mentoring or befriending service, to increase the diversity of support someone has and reduce reliance on their abuser.
- Ensure actions are identified to **deal with the perpetrator's behaviour**. See our [guidance](#) for addressing abusive behaviours of perpetrators at Marac. Consider use of targeted behaviour management such as Integrated Offender Management.
- **Flagging GP records** to ensure repeat incidents experienced by the victim/survivor are more likely to be identified. If the victim/survivor attends their annual health check (offered to people with a Learning difficulty and those with chronic conditions) alone and it is safe to do so, the GP should use this opportunity to discuss what's happening at home, in conjunction with a specialist domestic abuse advocate.
- Consider use of the **Domestic Violence Disclosure Scheme (DVDS)** so the victim/survivor is informed about the past behaviour of the perpetrator.
- **Identify who has safe access to the home** – for example health workers, carers, maintenance staff, gas safety, fire safety – and whether there may be risks posed to them that need to be managed or whether it might be appropriate to engage their help in monitoring risks.
- Helping the victim/survivor to register, if they aren't already, with www.emergencysms.org.uk this will help them get **999 help in an emergency without having to speak or hear**. This is not exclusively relevant for deaf victim/survivors – individuals with learning disabilities or poor mental health may also find it hard to speak and listen in times of emergency and distress.
- Local authorities have a duty, under the Care Act, to **carry out an assessment** where a person with care and support needs is identified at Marac. Consider how this can be used to push for more effective engagement and action in situations where Adult Social Care are not meeting the baseline legal provision. Breaches of the Act should be clearly articulated and recorded.
- In circumstances where the relationship is ongoing, ensure that actions are considered that enable to **victim/survivor to manage the risks through safety planning**.
- Consider actions that provide **support for the victim to navigate the criminal justice system** – Link in with Witness Care to ensure outcomes of court actions are communicated effectively with the victim, travel to attend court, special measures, appropriate interpreting services have been arranged.

... And outside the Marac

- **Idva services may need to be creative** in order to break down the barriers for disabled victims/survivors to access support. Close knowledge gaps through training and consider seeking advice from disability organisations to review accessibility of publicity and other communication such as websites.
- Consider **reciprocal training between Local specialist domestic abuse services and disability organisations**
- Ensure that Idvas have a good working knowledge of **the Care Act 2014** (link to Marac guidance)
- Invite local **disability specialists and/or disabled people to be part of local Domestic Abuse strategic groups**
- Ensure multi-agency domestic abuse training includes responses for victims/survivors with a disability
- Disability is not synonymous with high risk. However, you will need to look at the whole risk to an individual, and take into account whether their disability is a factor the perpetrator is using against them, and act accordingly. Referral to Marac is the subject of **professional judgement** of all these circumstances, as well as completion of a formal risk assessment
- **Consult with disabled people and/or disability organisations** when reviewing policy and developing services
- Ensure that Marac Coordinators are familiar with the SafeLives [guidance](#) for identifying and recording disabled victim/survivors at Marac so that records are accurate