

EQUALITY IMPACT ASSESSMENT

This is a legal document stating you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission

If you require advice on the completion of this EQIA, contact elaine.savory@aapct.scot.nhs.uk

‘Policy’ is used as a generic term covering policies, strategies, functions, service changes, guidance documents, other

Name of Policy	Multi-agency risk assessment conference (MARAC)		
Names and role of Review Team:	Ann McArthur, Adult Support & Protection Lead Sharon Hardie, GBV Lead Laura Parker, Business Manager Elaine Savory, Equality & Diversity Advisor	Date(s) of assessment:	January 2022

SECTION ONE AIMS OF THE POLICY

1.1. Is this a new or existing Policy : New

Please state which: Policy Strategy Function Service Change Guidance Other

1.2 What is the scope of this EQIA?

NHS A&A wide Service specific Discipline specific Other (please detail) _____

1.3a. What is the aim? MARAC is a new process to be implemented in Ayrshire which will involve the bringing together of multi-agency representatives to share information about high risk domestic abuse cases in order that risk management and safety planning can be coordinated in an effort to prevent and safeguard against harm. Domestic abuse (as Gender-Based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends).

The 4 key aims of MARAC:

- To safeguard adult victims;
- Make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults;
- Safeguard agency staff; and
- Address the behaviour of the perpetrator.

1.3b. What is the objectives? The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other processes and agencies to safeguard children and manage the behaviour of the perpetrator. At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but that all may have insights that are crucial to their safety. Ensuring that the victim is supported throughout, and their needs represented, the MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

1.3c. What is the intended outcomes?

Once implemented the aims of a MARAC are to:

- share information to increase the safety, health and wellbeing of high-risk domestic abuse victims and their children
- determine whether the perpetrator poses a significant risk to any individual or to the general community
- construct jointly and implement a risk management plan that provides professional support to those at risk which reduces the risk of harm
- reduce repeat victimization
- improve agency accountability
- improve support for staff involved in high-risk domestic abuse cases
- identify those situations that indicate a need for Child Protection or Adult Support and Protection procedures to be initiated.

1.4. Who is this policy intended to benefit or affect? In what way? Who are the stakeholders?

NHS Ayrshire & Arran
 Police Scotland
 Women's Aid
 All 3 local authorities
 VAW Partnerships
 Assist

Any potential victims over the age of 16, living in the Ayrshire area who are experiencing domestic abuse and who are assessed as being at high risk of serious injury or death.

By working together the MARAC aims to improve the life chances of those who are / potentially could be at risk of serious injury or death.

1.5. How have the stakeholders been involved in the development of this policy?

Ayrshire MARAC was considered by the Ayrshire Violence Against Women Lead Officers Group, NHS GBV Operational Lead, Police Scotland, Assist, Women's Aid and NHS Associate Nurse Director for Children and Families at a meeting held in December 2019. Following this meeting a paper was tabled at each of the Violence Against Women Partnerships and agreement was received to present the paper to the Chief Officer Groups. The COGs agreed that there are no formal processes in place such as MARAC to ensure the safety of high-risk victims and that a Scoping Group should be set up to consider how this could be developed.

1.6 Examination of Available Data and Consultation - Data could include: consultations, surveys, databases, focus groups, in-depth interviews, pilot projects, reviews of complaints made, user feedback, academic or professional publications, reports etc)

The MARAC Scoping Group agreed in October 2020 that the potential demand across Ayrshire needed to be quantified to support the development of options to deliver MARAC. It was initially agreed to scope for one month, however, on reviewing the data in December, the group agreed to extend the data exercise to cover a 3 month period. As MARAC does not currently exist in Ayrshire, the measures used for identifying women who met MARAC referral criteria as part of the data scoping were:

1. DASH-RISK Score of 14 or over
2. Repeated serious incidents
3. Escalation in severity of incidents
4. Professional judgement

The agencies approached to collect data across Ayrshire were:

- Police Scotland
- ASSIST
- Women's Aid
- Women and children's health teams

The data gathering exercise was designed to support the MARAC scoping work and was effective in identifying baseline levels of need for MARAC. The data clearly demonstrated the need for MARAC and raised immediate concerns about what support the women identified are currently receiving through multi-agency services across Ayrshire.

There was a level of consistency in the volume of potential referrals across the 3-month period which is helpful, however, given the limitations of the data, this may have been coincidental. The data certainly raises a number of questions which the scoping group consider that MARAC itself would address.

It is estimated that using the above criteria 860 referrals could be made to Ayrshire MARAC per year.

Name any experts or relevant groups / bodies you should approach (or have approached) to explore their views on the issues.

All key stakeholders and partners (as already mentioned) have been approached and provided views on the positive development of an Ayrshire MARAC.

What do we know from existing in-house quantitative and qualitative data, research, consultations, focus groups and analysis?

The data gathered by the scoping group could be considered in-house and is specific to Ayrshire. More information on the scoping activity can be found in the embedded MARAC proposal paper for Chief Officers.



MARAC scoping
paper 2021.pdf

What do we know from existing external quantitative and qualitative data, research, consultations, focus groups and analysis?

Ayrshire is the final geographical health board area to introduce MARAC as is the 3 associated H&SCP's. SafeLives National Update Report 2020 states that for the past 15 years MARAC has transformed the multiagency response to domestic abuse across Scotland. In Equally Safe1 the Scottish Government committed to developing and building a national framework for MARACs in Scotland and funded SafeLives to support this through the Scottish MARAC Development Programme (MDP). Through the MDP, SafeLives have been committed to supporting and optimising the operation and accessibility of Scottish MARACs since 2015. Their aim is to ensure that all victims at high risk of serious harm as a result of domestic abuse in Scotland can access support from their local MARAC.

1.7. What resource implications are linked to this policy?

With the implementation of Ayrshire MARAC a dedicated resource is required. This includes MARAC coordinator x 2 and MARAC business support worker x 1 as well as initial start-up costs. The funding for this has been approved and recurring costs will be laid out within a formal contract between NHS A&A and South, east and North H&SCP's.

SECTION TWO	IMPACT ASSESSMENT
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Complete the following table, giving reasons or comments where:

The Programme could have a positive impact by contributing to the general duty by –

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Promoting relations within the equality group

The Programme could have an adverse impact by disadvantaging any of the equality groups. Particular attention should be given to unlawful direct and indirect discrimination.

If any potential impact on any of these groups has been identified, please give details - including if impact is anticipated to be positive or negative.

If negative impacts are identified, the action plan template in Appendix C must be completed.

Equality Target Groups – please note, this could also refer to staff

	Positive impact	Adverse impact	Neutral impact	Reason or comment for impact rating
2.1. Age <ul style="list-style-type: none"> • Children and young people • Adults • Older People 	Yes			<p>This service will be available to anyone over the age of 16, and MARAC will have a focus on reducing risk and safeguarding the adult victim. However the relevant child protection processes will be triggered when children are exposed to situations of domestic abuse and concerns exist on the impact this is having on child(ren) witnesses.</p> <p>Safe Lives research found 39.4% of those suffering abuse reported that children were living in the household during the most recent incident. For 63.7% of these cases, the children were present or nearby at the time of the most recent incident. Almost two thirds of children exposed to domestic abuse also experience physical or emotional abuse or are neglected.</p> <p>Younger adults are more likely to be subject to interpersonal violence. The majority of high risk victims are in their 20s or 30s. Those under 25 are the most likely to suffer interpersonal violence.</p>

<p>2.2. Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment, mental health)</p>	<p>Yes</p>			<p>Research identifies that disabled people are more at risk of domestic abuse and staff need to be aware and recognise this increased vulnerability. The research found that around 12% of those accessing support services had a disability. It is likely that, in line with the research, a high number of referrals for Ayrshire MARAC will for include individuals who have a disability.</p> <p>Where a disability is identified appropriate supports will be put in place to assist the individual. Where someone is a BSL user, existing organisational processes will be implemented to support clear communication with the MARAC.</p>
<p>2.3. Gender Reassignment</p>	<p>Yes</p>			<p>Domestic abuse is about power and control and is prevalent within all groups including individuals who have undergone or are undergoing gender reassignment. The MARAC process positively impacts by managing risk, improving and maintaining safety, and reducing repeat victimisation.</p>
<p>2.4 Marriage and Civil partnership</p>	<p>Yes</p>			<p>Domestic abuse occurs within all forms of intimate partner relationships. Although most situations involve a female victim and male perpetrator it is acknowledged that abusive situations do occur when the victim is male and the female is the perpetrator and also within same sex relationships.</p>
<p>2.5 Pregnancy and Maternity</p>	<p>Yes</p>			<p>The risks of experiencing violence increase during pregnancy and we work closely with maternity services to establish clear working protocols and actions to address this already. Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant</p> <p>MARAC will be another forum to consider risk management for pregnant women.</p>

2.6 Race/Ethnicity	Yes			<p>The NHS A&A GBV action plan recognises the role of race/ethnicity on domestic abuse and training for our workforce includes the need to support all victims of domestic abuse, regardless of their ethnic background.</p> <p>Where someone's first language is not English, existing organisational processes will be implemented to support clear communication with the MARAC. Consideration will also be given to the sex of the victim and any support required for this.</p>
2.7 Religion/Faith	Yes			<p>The NHS A&A GBV action plan recognises the key role of faith/religion and interlinked attitudes about the acceptability of VAW. This is addressed with a focus on prevention and support on topics such as forced marriage, honour based killings and FGM. MARAC will be a forum for the risk assessment and safety planning for victims of these crimes.</p>
2.8 Sex (male/female)	Yes			<p>The majority of high risk domestic abuse victims are women. The MARAC process reduces risk and repeat victimisation improving women's safety. However, we are mindful that whilst most situations involve a female victim and male perpetrator it is acknowledged that abusive situations do occur when the victim is male and the female is the perpetrator. It is also recognised that abuse within non-binary and same sex relationships occurs and all forms of domestic abuse will be dealt with appropriately through the MARAC.</p>
2.9 Sexual Orientation <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexuals 	Yes			<p>MARACs and domestic abuse services should expect to see more than 2.5% of referrals from LGBT+ people. The limited available research also suggests that some LGBT+ people experience domestic abuse at a higher rate than non-LGBT+ people. 38% of LGBT people in a UK study had experienced domestic abuse.</p> <p>This appears to be particularly the case for bisexual women and those who identify as trans or non-binary. It is likely that many LGBT+ victims and survivors remain 'hidden' from services. It is hoped the MARAC process will support individuals to come forward and report and thus for this group becomes less 'hidden'.</p>

2.10 Carers	Yes			<p>Those who provide care and those who are in receipt of care may also experience domestic abuse. This area is not well researched and domestic abuse may be under reported due to it not being recognised as such. Data is not routinely collected for people over the age of 75 for example resulting in likely low reporting and recognition of the issue.</p> <p>The MARAC process is intended to reduce risk and improve safety for anyone in a high risk domestic abuse situation and therefore carers, as a distinct group, should positively benefit from the implementation of the process</p>
2.11 Homeless	Yes			<p>A report from Safe Lives indicates that government statistics in England, Wales and Scotland highlight that domestic abuse accounts for at least one in ten people who require local authority support for homelessness.</p> <p>These figures are likely to be much higher, especially for women, who are both disproportionately affected by domestic abuse and often 'hidden' from official homelessness statistics. Homelessness charity St. Mungo's report that 32% of the women they work with, and 8% of men, said domestic abuse contributed to their homelessness. The MARAC process will allow information to be shared with multi-agency partners including housing services. Developing relevant protection plans is central to the MARAC and actions recorded. Services can offer a range of actions designed to reduce risk and the overall impact of MARAC will be monitored.</p>

<p>2.12 Involved in criminal justice system</p>	<p>Yes</p>			<p>Police Scotland responds to a domestic abuse call, on average, every nine minutes. Responding to reports of domestic abuse is a priority and every report received is looked at and investigated. Police Scotland are committed to tackling domestic abuse and treating victims in a fair, sensitive, respectful and ethical manner.</p> <p>The Disclosure Scheme for Domestic Abuse Scotland (DSDAS) aims to stop domestic abuse. It gives people the right to ask about the background of their partner. It also gives relatives and friends the chance to ask about someone's partner if they are concerned they've been abusive in the past. Where the police have information that a person may be at harm of domestic abuse by their partner, they have the power to tell them. DSDAS allows people to make the choice on whether to remain in the relationship.</p> <p>The justice system has an important role in the enforcement of the law and prevention of violence against women and girls. Prosecution is important for survivors because it addresses the crime they have experienced, and can help their recovery by acknowledging their status as survivors. But there are still barriers to prosecution; these range from the reluctance of victims to report, through to the length of time each stage of the criminal and civil justice process can take.</p> <p>Domestically and internationally, there is growing consensus that prosecution alone is not enough to eradicate the problem of violence against women and girls. Where appropriate, perpetrators must be supported to change their behaviour and they must be identified early.</p> <p>The MARAC process positively impacts by managing risk, improving and maintaining safety, and reducing repeat victimisation.</p> <p>The SafeLives Strategy 2020 emphasises the need to build evidence and understanding to develop approaches that stop abuse before it occurs. It also emphasises the need to identify and stop harmful behaviours as soon as they do occur, and use emerging evidence and practice to increase and improve the responses that challenge harmful behaviour. Identifying and stopping harmful behaviours is a strategic priority for SafeLives Scotland. Recognising the need to deliver long term sustainable change and reduce the number of victims the Drive</p>
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2.13 Literacy	Yes			<p>Any relevant material and resources designed for general public use in relation to MARAC will be produced in a variety of formats to ensure accessibility.</p>
2.14 Rural Areas	Yes			<p>For women in remote and rural parts of Scotland, the reality of dealing with domestic abuse presents various challenges such as difficulties with transport to access support services, a higher level of control leading to social isolation and smaller communities making it harder to disclose. Research indicates that rurality can be used to the benefit of the perpetrator and the more rural the higher risk. Support services are generally scarcer and with the challenges of accessing support a rural data bias can compound the issue of a lack of services. In Ayrshire there is a mix of both largely populated and rural areas and the MARAC process will consider the impact of this as part of the risk management and safety planning for victims of domestic abuse.</p>

<p>2.15 Staff</p> <ul style="list-style-type: none"> • Working conditions • Knowledge, skills and learning required • Location • Any other relevant factors 	Yes			<p>Staff will be offered relevant training in relation to MARAC to complement the existing training framework for domestic abuse and Gender Based Violence. The MARAC process will provide an additional source of support and provide a forum for risk management and safety planning thus sharing responsibility and ownership of individual cases which are causing most concern for multi-agency practitioners.</p> <p>Those experiencing high risk domestic abuse and who are also staff employed by partner agencies will benefit from the implementation of MARAC as their case will be considered, risks identified and protection planning implemented.</p>
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2.16. What is the socio-economic impact of this policy / service change? (The [Fairer Scotland Duty](#) places responsibility on Health Boards to actively consider how they can reduce inequalities of outcomes caused by socio-economic disadvantage when making strategic decisions)

	Positive	Adverse	Neutral	Rationale/Evidence
Low income / poverty	Yes			<p>Poverty is a risk factor for domestic abuse and leaving a relationship as a result of domestic abuse can lead to or increase poverty and financial and social exclusion. Whilst victims and perpetrators are not confined to a single socioeconomic grouping, certain stressors such as debt and poverty can escalate domestic abuse. Safe Lives research indicates that women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of over £20,000. Low income/poverty will be taken into account during the MARAC process and considering measures to reduce risk and promote safety.</p>
Living in deprived areas	Yes			<p>Ayrshire MARAC will improve victim identification and reflect victim diversity in the local population, the associated training for multi-agency professionals will increase good understanding of domestic abuse and improve outcomes for victims and survivors across the full range of areas including deprived communities.</p>

Living in deprived communities of interest	Yes			<p>Communities of interest can refer to groups of people who share an experience. For example, consideration of the impact on people who have experienced homelessness or the care system may help develop a deeper understanding of possible socio-economic impacts. Those who share one or more of the protected characteristics listed in the Equality Act 2010 can also be considered communities of interest. Those who share an identity – for example, lone parents can also be classed as a community of interest.</p> <p>The data gathered following implementation of Ayrshire MARAC will highlight if there are common themes or issues in relation to particular communities of interest allowing for a targeted approach to training or awareness raising.</p>
Employment (paid or unpaid)	Yes			<p>Safe Lives research found that fewer than one in three of victims seeking support are in paid employment, with 18% struggling to pay for essentials and 34% just covering the bills, with nothing left over.</p> <p>Women do not currently have the same life chances as men – there are a number of reasons for this, including institutional sexism and disproportionate levels of economic dependence. To help address these issues, the Scottish Government launched an extensive programme of work aimed at increasing employability, addressing the gender pay gap, improving the flexibility of work and reducing occupational segregation.</p> <p>Ayrshire MARAC will improve opportunities for survivors to escape domestic abuse situations and employability programmes will have a role to play in recovery and achieving positive outcomes in the longer term.</p>

SECTION THREE

CROSSCUTTING ISSUES

What impact will the proposal have on lifestyles? For example, will the changes affect:

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
3.1 Diet and nutrition?	Yes			<p>Domestic abuse is a major health issue, sensitive and appropriate intervention could improve the long-term health and wellbeing of the victim. The mental and physical impact on health may have a negative outcome on diet and nutrition due to, for example, loss of appetite, anxiety or poor access to healthy and nutritious food.</p> <p>As the aim of the MARAC is to reduce risk and manage safety the potential improved outcomes may have influence on the overall health and well-being of the survivor.</p>
3.2 Exercise and physical activity?	Yes			Please see comment above.
3.3 Substance use: tobacco, alcohol or drugs?	Yes			<p>There is a strong link between domestic abuse and alcohol or drug use. This is in relation to both perpetrators and victims. Safe Lives research estimated that around 5% of victims living in domestic abuse situations have drug misuse problems and 8% an alcohol problem.</p> <p>Substance use and appropriate actions will be considered routinely as part of the Ayrshire MARAC.</p>
3.4 Risk taking behaviour?	Yes			Ayrshire MARAC will consider and endeavour to understand underlying causes of risk taking behaviour and promote early intervention to support improved outcomes.

SECTION FOUR

CROSSCUTTING ISSUES

Will the proposal have an impact on the physical environment? For example, will there be impacts on:

	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
4.1 Living conditions?	Yes			Potentially an outcome for people referred to the Ayrshire MARAC will be support to safe accommodation or other measures which improve the person's safety and therefore positively impacting on their living conditions.
4.2 Working conditions?	Yes			Please see comment above on employability (2.16)
4.3 Pollution or climate change?			Yes	The MARAC will not have any disproportionate impact on pollution or climate change.
Will the proposal affect access to and experience of services? For example:				
	Positive impact	Adverse impact	No impact	Reason or comment for impact rating
Health care	Yes			Ayrshire MARAC is a multi-agency process bringing together representatives from several statutory and non-statutory organisations. This includes health and social care services, education and housing. Staff from across all agencies will be offered relevant training on the MARAC process, when and how to refer, routine enquiry and risk assessment. Anyone can refer when the threshold for MARAC is met resulting in improved accessibility to high level support. The coordination and information sharing across agencies will improve the experience of services for practitioners and service users.
Social Services	Yes			See comment above
Education	Yes			See comment above
Transport			Yes	The MARAC will not have any disproportionate impact on transport services.
Housing	Yes			See comment above (healthcare)

SECTION FIVE**MONITORING****How will the outcomes be monitored?**

A data set will be agreed in line with guidance from Safe Lives and with the addition of local measures. This will capture key data which can subsequently be analysed for patterns and trends with a specific focus on determining the impact of the process on individuals.

What monitoring arrangements are in place?

Performance and data will be overseen by the Ayrshire MARAC Steering group. This group will be set up, meet regularly and report to Chief Officers.

Who will monitor?

See comment above

What criteria will you use to measure progress towards the outcomes?

The data set will be determined in the first instance by that recommended by Safe Lives. Thereafter local data capture may be added. The Steering Group will benchmark data from other areas as well as set criteria for expected performance such as number of referrals, involvement of all agencies and characteristics of cases.

PUBLICATION

Public bodies covered by equalities legislation must be able to show that they have paid due regard to meeting the Public Sector Equality Duty (PSED). This should be set out clearly and accessibly, and signed off by an appropriate member of the organisation.

Once completed, send this completed EQIA to the **Equality & Diversity Adviser**

Authorised by**Title****Signature****Date****Identified Negative Impact Assessment Action Plan****Name of EQIA:**

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date:

