

CABINET COUNCIL MEETING – 25 AUGUST 2021

Report by the Chief Executive

AYRSHIRE MULTI-AGENCY RISK ASSESSMENT CONFERENCE PROPOSAL

PURPOSE OF REPORT

1. To provide the Cabinet with information about the development of MARAC in Ayrshire along with the operational, resource and governance requirements for its operation following recent agreement of the proposal by Ayrshire Chief Officers.

RECOMMENDATIONS

2. The Cabinet is asked to:
 - (i) Approve the Ayrshire MARAC proposal as detailed in Option 4;
 - (ii) Approve the proposed Ayrshire MARAC Chairing and hosting arrangements;
 - (iii) Approve the proposed costings for the Ayrshire MARAC;
 - (iv) Note the proposed implementation plan and governance arrangements; and
 - (v) Otherwise, to note the contents of the report.

EXECUTIVE SUMMARY

3. North, East and South Ayrshire Councils, alongside NHS Ayrshire & Arran, Police Scotland, Women's Aid and ASSIST undertook a multi-agency scoping exercise as mandated by the Ayrshire Chief Officer Groups to identify how a Multi-Agency Risk Assessment Conference (MARAC) would operate in Ayrshire.
4. This paper presents the options identified, detailing the pros and cons of each option considered and includes the financial implications of developing an Ayrshire MARAC.
5. The paper has been approved by a specially convened Ayrshire Chief Officer Group in July 2021. Ayrshire Chief Officers approved Option 4 which is the development of an Ayrshire MARAC along with the associated costs, hosting and implementation arrangements.

BACKGROUND

6. Domestic abuse accounts for nearly a quarter of all violent crime. Research suggests that one in four women will suffer domestic abuse at some stage in their lives and that two people are unlawfully killed by their partners or ex-partners in the UK every week.

7. A Multi-Agency Risk Assessment Conference (MARAC) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which agencies agree actions to reduce risk and increase safety.
8. 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.
9. There are 32 MARACs operating in 29 local authorities across Scotland ¹ with Ayrshire now being the only area without it. National evaluation and support is available through Safe Lives and the Safe Lives Coordinator has supported the Scoping Group with this exercise.
10. Safe Lives have determined that there are approximately 9,100 high-risk referrals made to MARACs per year in Scotland. This equates to 40 referrals per 10,000 of the local adult female population.
11. It is estimated that for every £1 spent on MARACs, at least £6 of public money can be saved annually. The potential 'beneficiaries' of this saving across Ayrshire are all of the existing organisations, public and voluntary sector, who currently contribute to multi-agency responses and support for women at significant risk of harm.
12. The need for an 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 at the present time 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.

CURRENT ARRANGEMENTS

13. Across Ayrshire, there are significant existing investments and arrangements to support violence against women. It is important to acknowledge that MARAC would build on and integrate across these existing arrangements whilst also providing something new and very specific to support women at risk of significant harm.
14. Ayrshire local authorities, Police Scotland, NHS Ayrshire & Arran and our third sector partners currently provide a wide range of support. These include an extensive range of commissioned and in-house VAW services which are funded through all three local authorities as well as voluntary sector VAW services across Ayrshire which are funded

¹ <https://safelives.org.uk/sites/default/files/resources/SafeLives%20Scotland%20Maracs%20National%20Overview.pdf>

through Scottish Government and independent sources. These also include comprehensive Violence Against Women Partnerships arrangements and active membership across each area. In North Ayrshire, council investment in MADART within the local police concern hub has ensured swift access to multi-agency services for women experiencing domestic abuse.

15. In NHS Ayrshire & Arran, the response to gender based violence has been comprehensive and Routine Enquiry has been rolled out across all priority settings with robust pathways developed for both patients and staff.
16. Police Scotland have well established internal arrangements there are other mechanisms such as Disclosure Scheme for Abuse Scotland (DSDAS) and Multi-Agency Tasking and Coordinating (MATAC) partnership arrangements which focus on prevention/intervention and perpetrator behaviour.
17. The MARAC framework, with its specific focus on very high risk victims and perpetrators, offers something different, but complimentary to the existing support arrangements across Ayrshire.

AIMS & OPERATION OF MARAC

18. 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.

19. The responsibility to take appropriate action rests with the individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate action to be taken to support victims and increase public safety.

20. Each agency / organisation involved must appoint a MARAC representative who will be the most appropriate senior member of the agency and have a coordinating and authorising role in order that resources can be committed during the MARAC. Each agency should also appoint a deputy to carry out the MARAC role in the event of the absence of the main representative.

21. MARAC accepts referrals for victims over the age of 16 who are experiencing domestic abuse and who are assessed as being at high risk of serious injury or death.

22. The MARAC response to high risk domestic abuse in Scotland continues to develop, with examples of good practice in many local authority areas. However, for the model to be

developed and implemented across Ayrshire, there requires to be a strong and sustained commitment from each of the local authorities, Police Scotland, NHS Ayrshire & Arran, the Health and Social Care Partnerships and other multi-agency partners.

AYRSHIRE SCOPING GROUP ACTIVITY

- 23.** The Ayrshire MARAC Scoping Group formed and commenced activity in September 2020.
- 24.** As part of the scoping activity, the three Ayrshire local authorities along with NHS Ayrshire and Arran, Police Scotland, ASSIST and Women's Aid, undertook a data collection exercise for victims of domestic abuse to identify the level of high-risk victims presenting to services across Ayrshire (see Appendix 1). The data exercise ran for 3 months from November 2020 to January 2021 and analysis was undertaken by the Scoping Group.
- 25.** During the 3 month period, a total of 215 women who met the MARAC criteria were identified across Ayrshire, a summary of which is detailed below. Whilst the level of cases within South Ayrshire appears lower, this is due to some key health information being unavailable at the time of compiling the information. It is anticipated that should these figures be added, the data for South Ayrshire would be broadly similar to those of North and East Ayrshire.

Table 1: High Risk Victims Meeting MARAC Criteria

	Total	East Ayrshire	North Ayrshire	South Ayrshire
November 2020	73	25	26	22
December 2020	73	29	34	10
January 2021	69	30	26	13

- 26.** Currently across Ayrshire there are recognised single agency processes in place to manage the risk of those experiencing domestic abuse. However, the levels of women identified as being at serious risk of harm clearly demonstrates the need for an inter-agency MARAC in Ayrshire.
- 27.** In order to understand the various models in operation across the country, the Scoping Group also shadowed the work of a number of MARACs, and spoke to a number of MARAC Coordinators. This allowed the group to identify emerging best practice.
- 28.** Across Scotland where MARACs have been implemented successfully, operational management and delivery is undertaken by MARAC Coordinators. Coordinators have responsibility for the introduction, management and implementation of the MARAC process and, once established, the co-ordination of all MARAC core business including key learning and development programmes. Effective MARAC coordinators are supported by administrators as there are significant business support and case management tasks associated with MARAC delivery.
- 29.** The Scoping Group discovered that in addition to dedicated staffing resources, consistent and skilled MARAC Chairpersons are required and that, in most areas across Scotland, this is provided by Police Scotland with support from ASSIST.

30. There are a range of partners who will need to be involved in the implementation of the MARAC process including North, East and South Ayrshire Councils, Police Scotland, NHS Ayrshire and Arran, Women's Aid, ASSIST and other agencies (based on individual cases and need).

OPTIONS FOR MARAC IN AYRSHIRE

31. The Scoping Group identified four options for the delivery of MARAC in Ayrshire (see Appendix 2):
- *Option 1:* Continue to manage MARAC level risk in the current way in a single agency format
 - *Option 2:* Develop a separate MARAC within each local authority area
 - *Option 3:* Develop a single Ayrshire MARAC with coordination and meetings hosted centrally for all local authorities
 - *Option 4:* Develop a single Ayrshire MARAC with coordination managed centrally and meetings hosted on a local authority basis
32. The options appraisal in Appendix 2 details the comparative merits and implications of each option. Estimated staffing costs are based on NHS Agenda for Change pay grades and estimated start-up costs are included in Year 1.
33. Having determined the need for an Ayrshire MARAC based on the level of women at significant risk of harm as detailed within Table 1, the Scoping Group determined that Option 1 is not viable and Option 2 is financially prohibitive with the risks outweighing the benefits as it does not support cohesive pan-Ayrshire multi-agency working.
34. The most significant variation between Options 3 and 4 is the duration of MARAC meetings, with Option 3 increasing the risk of a reduced focus on high-risk women due to the volume of cases which would need to be presented at each MARAC meeting.
35. Option 4 operates effectively in NHS Lanarkshire. This option enables the development of localised MARAC meetings without losing the consistency of pan-Ayrshire coordination which simultaneously meets the needs of pan-Ayrshire agencies like NHS Ayrshire & Arran and Police Scotland as well as the three local authorities.
36. The delivery of Options 3 and 4 would require the same level of funding.
37. The Scoping Group have identified that Option 4 presents the best value for money, whilst mitigating a level of risk in relation to capacity and volume of MARAC meetings, therefore having the potential to provide the best outcomes for vulnerable women.

PROPOSED AYRSHIRE HOSTING & GOVERNANCE ARRANGEMENTS

38. The Scoping Group also identified preferred hosting and chairing arrangements for the Ayrshire MARAC.
39. It is proposed that Police Scotland provide the Professional Chairperson for MARAC meetings and that NHS Ayrshire & Arran host the MARAC Coordination Team.

- 40.** In relation to the chairing of MARAC, the Scoping Group identified that Police Scotland lead on this role in almost all areas with built in support through the local ASSIST / Independent Domestic Abuse Advocacy services. For the Ayrshire MARAC it is proposed that this would be the resource contribution 'in kind' from Police Scotland. Indicative costings for this contribution have been provided by Police Scotland for a Chair and research / support resources at £25k per year. Police Scotland have already drawn on some of this additional resource to support the local MARAC research and infrastructure support.
- 41.** It is proposed that NHS Ayrshire & Arran act as the host agency for the Ayrshire MARAC Coordination Team. This would provide consistency in relation to the governance and support of the MARAC process and would benefit multi-agency collaboration across NHS, HSCPs, Police Scotland, local authority and third sector agencies, particularly for those organisations with an Ayrshire wide remit.
- 42.** Support in relation to the governance for implementation and delivery with NHS Ayrshire & Arran acting as host would be from the creation of an Ayrshire MARAC Governance Group. This group would include multi-agency senior management representation from all relevant agencies and would support the development of all processes and procedures for MARAC.
- 43.** Key to the implementation and governance for the Ayrshire MARAC will be the development of a local outcomes framework and multi-agency minimum data set. This will be developed through the MARAC Governance Group (pulling on work from other local MARACs in Scotland). This will also, in the longer-term, enable progression to data analysis and the local profiling of risk and need in relation to high risk victims (and perpetrators). This will support the wider aims of the Ayrshire Violence Against Women Partnerships and the Equally Safe Strategy.
- 44.** It is proposed that the MARAC Coordination Team would ideally be hosted within the NHS Ayrshire & Arran Public Protection function working alongside Child Protection, Adult Support & Protection and MAPPAs colleagues with direct links to the NHS GBV Lead Officer.
- 45.** MARAC across Scotland is hosted within various agencies e.g. Police Scotland, Women's Aid services, Local Authorities and NHS Boards. NHS Highland host the MARAC for all local partner agencies in the Highland and Island region. Discussion with the MARAC Co-ordinator from NHS Highland identified clear benefits, this included Standardised Information Sharing Agreements, shared funding & governance arrangements and consistency in training and processes for staff groups referring to MARAC across the Highland region. The MARAC co-ordinator is supported by both the local MARAC Steering Group and the MARAC Chairperson who provides both technical and professional support.
- 46.** Hosting MARAC within NHS Ayrshire & Arran would provide the basis for building a strong and sustainable MARAC from the onset with all statutory and third sector agencies afforded consistency in training, information sharing, data analysis, protocols and processes which would link seamlessly into the existing public protection functions across all agencies.

COSTS

47. Based on Option 4, the costs to establish and implement the MARAC in Ayrshire are estimated as below:

Item	Detail	Year 1 Cost 2022-23	Recurring Annual Cost* from 2023-24
Coordination	2 x part-time Coordinator posts (plus on-costs)	£73k	£73k
Administration	1 x full-time Administration post (plus on-costs)	£33k	£33k
Management / hosting costs	Based on 8% staffing costs	£8.5k	£8.5k
Start-up costs	Includes MARAC Oasis database procurement at £5k	£25k	
Annual running costs	Includes annual license fee for MARAC Oasis database		£10.2
TOTAL		£139.5k	£124.7k*

*Does not include annual uplift estimated at 3%

48. Staffing costs are based on existing NHS Agenda for Change bandings. Costs are indicative at this stage and based on the level and grading of similar posts in other MARAC teams. Job descriptions and person specifications would be developed by the Scoping Group and would require to go through the NHS job evaluation process for consistency and quality control purposes. It is possible, therefore, that the proposed gradings, and therefore costs, may change / reduce.

49. If an equal payment distribution was agreed based on the above, the cost to each Local Authority and NHS Ayrshire & Arran would be **£34.8k** in the first year (2022-23) and thereafter **£31k** per year, plus an annual uplift estimated at 3%.

50. It is important to note that all relevant agencies are expected to contribute support 'in kind' for MARAC in relation to attendance at MARAC meetings and all related support activities. This is an expectation above and beyond the specific MARAC Coordination Team and MARAC Chairing costs identified in this paper.

PROPOSED IMPLEMENTATION TIMELINE

51. If the Ayrshire MARAC is approved, the following draft implementation timeline is proposed:

Date	Implementation Task	Details
August / September 2021	Achieve local agency approval	Proposal to go to all relevant Executive Leadership Teams and local COGs
September 2021	Data sharing agreements and arrangements approved	Led by Police Scotland
September 2021	Contract / SLA in place	with NHS Ayrshire & Arran for hosting and governance arrangements
September 2021	Identify NHS A&A organisational lead	

September 2021	Scoping Group deliver communication plan for Ayrshire MARAC	Engagement through Scoping Group with all VAWP across Ayrshire
October 2021	Establish Ayrshire MARAC Governance Group	Identify chair and secretariat support
October 2021	Scoping Group develop Implementation Plan	Implementation Plan to Governance Group for approval
October 2021	Determine MARAC data system requirements	Agree need for MARAC Oasis database or AYRshare
October 2021	Sign of Job Descriptions & Person Specifications	NHS A&A organisational lead to conclude
November / December 2021	Commence MARAC Coordination Team recruitment	
January 2022	Scoping Group draft Ayrshire MARAC handbook and Learning & Development plan	Handbook and L&D Plan to Governance Group for approval
February 2022	MARAC Coordination Team multi-agency induction and orientation	Multi-agency involvement
March 2022	MARAC Coordination Team commence training and implementation plan	
March-August 2022	MARAC systems and processes designed and local MARAC meeting schedule designed & tested	All implementation tasks approved and supported by Governance Group
August 2022	Ayrshire MARAC goes live	

POLICY/ COMMUNITY PLANNING IMPLICATIONS

52. Safeguarding people at risk of harm from domestic abuse aligns to improvements in local outcomes, as per the East Ayrshire Community Plan.

LEGAL IMPLICATIONS

53. The policy and legal implications are outlined in the paper. MARAC is not currently a statutory public protection function, however, recent national consultation has indicated that MARAC may become a statutory duty.

54. The paper contains information demonstrating the level of need and potential risk of failure to effectively protect those at high risk of serious harm. The MARAC process is well-established, effective and embedded in all local public protection partnerships across Scotland apart from Ayrshire at this time. An Ayrshire MARAC would significantly mitigate such risks.

HUMAN RESOURCES IMPLICATIONS

55. Three new posts are proposed to support the delivery of the Ayrshire MARAC – two part-time MARAC Coordinators and an Administrator. It is proposed that these posts are hosted within a single agency – NHS Ayrshire & Arran – as part of wider protection processes e.g.

Child Protection, Adult, Support and Protection. These hosting arrangements would require the development of job descriptions, recruitment activity and longer-term line management arrangements to be agreed. There are no direct Human Resource implications for East Ayrshire Council.

EQUALITY IMPACT IMPLICATIONS

56. The establishment and implementation of the Ayrshire MARAC is anticipated to have a positive effect on a wide cohort of people, mainly women, at risk of harm (including serious harm and death) as a result of domestic abuse.

FINANCIAL IMPLICATIONS

57. The cost of setting up a pan Ayrshire MARAC is £139.5k in Year 1 and £124.7k from Year 2 onwards. It is proposed that these costs be shared across North, South & East Ayrshire Councils and NHS Ayrshire & Arran, therefore there is an annual cost of £31k (plus 3% annual uplift) for East Ayrshire Council.

58. Police Scotland's financial contribution is proposed to be 'in kind' to the estimated value of £25k per year through the provision of the Ayrshire MARAC Chair and associated support for the Chair.

TRANSFORMATION STRATEGY

59. The paper sets out proposals to support an estimated 860 MARAC referrals in Ayrshire per year (based on recent data scoping exercise) for people who are at high risk of serious harm or murder as a result of domestic abuse.

NET ZERO IMPLICATIONS

60. It is not anticipated that the proposal for an Ayrshire MARAC will have an impact on the Council's Net Zero ambitions.

CONCLUSIONS

61. The Ayrshire Chief Officer Group:

- (i) Approved the Ayrshire MARAC proposal as detailed in Option 4
- (ii) Approved the proposed Ayrshire MARAC Chairing and hosting arrangements
- (iii) Approved the proposed costings for the Ayrshire MARAC
- (iv) Noted the proposed implementation plan and governance arrangements

Report authored by officers in the Ayrshire MARAC Scoping Group:

Amanda McHarg	Police Scotland
Sharon Hardie	NHS Ayrshire & Arran
Dale Meller	East Ayrshire Council
Linda Warwick	South Ayrshire Council
Janeine Barrett	North Ayrshire Council

APPENDICES

Appendix 1 – Ayrshire MARAC Data Scoping Exercise

Appendix 2 – Ayrshire MARAC Options Appraisal

Person to Contact:	Dale Meller – Senior Manager Public Protection, EAHSCP
Implementation Officer:	Dale Meller – Senior Manager Public Protection, EAHSCP

Ayrshire Multi-Agency Risk Assessment Conference (MARAC) Scoping Group MARAC Data Report February 2021

Purpose of Report

This data exercise has been undertaken as part of the current scoping work for establishing MARAC in Ayrshire under the leadership of the MARAC Scoping Group. The purpose of collecting local data over 3 months was to gauge the potential demand for MARAC. As such it is part of the wider scoping exercise currently underway and should only be used for that purpose. MARAC is a multi-agency risk management process for women who are a risk of significant harm or death as a result of domestic abuse.

Methodology

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

Social work services were not approached separately for data during the scoping exercise as there was an assumption made that the other agencies identified would have picked up on all potential referrals. This was revisited after the data collection period and adult protection referrals were screened against domestic abuse identifiers. Domestic abuse is not yet routinely captured within adult at risk referrals into social work services, however, this screening identified a further ten potential MARAC referrals. This would need to be revisited in the future based on the outcomes of this exercise.

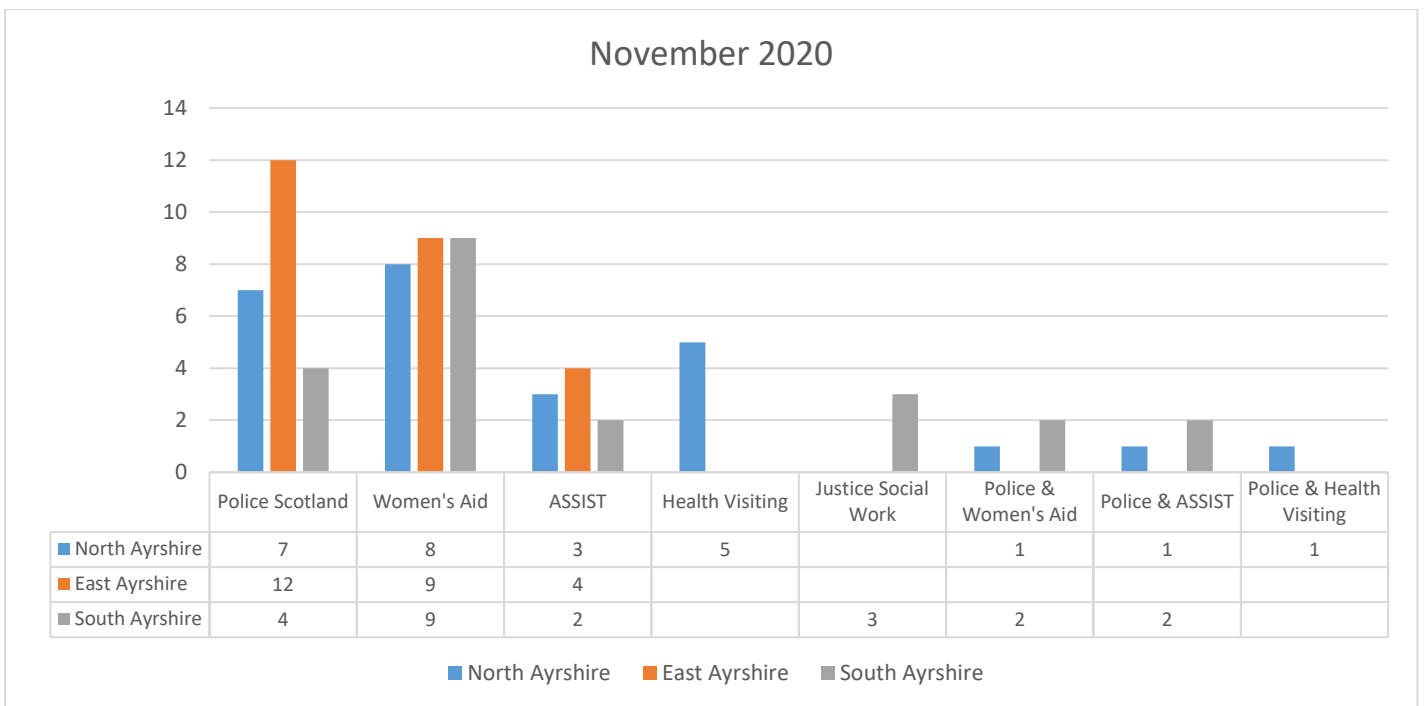
Data from the individual agencies listed above was collected confidentially by designated scoping group members who then met to identify the potential referrals who had been identified by more than one agency (to prevent double counting).

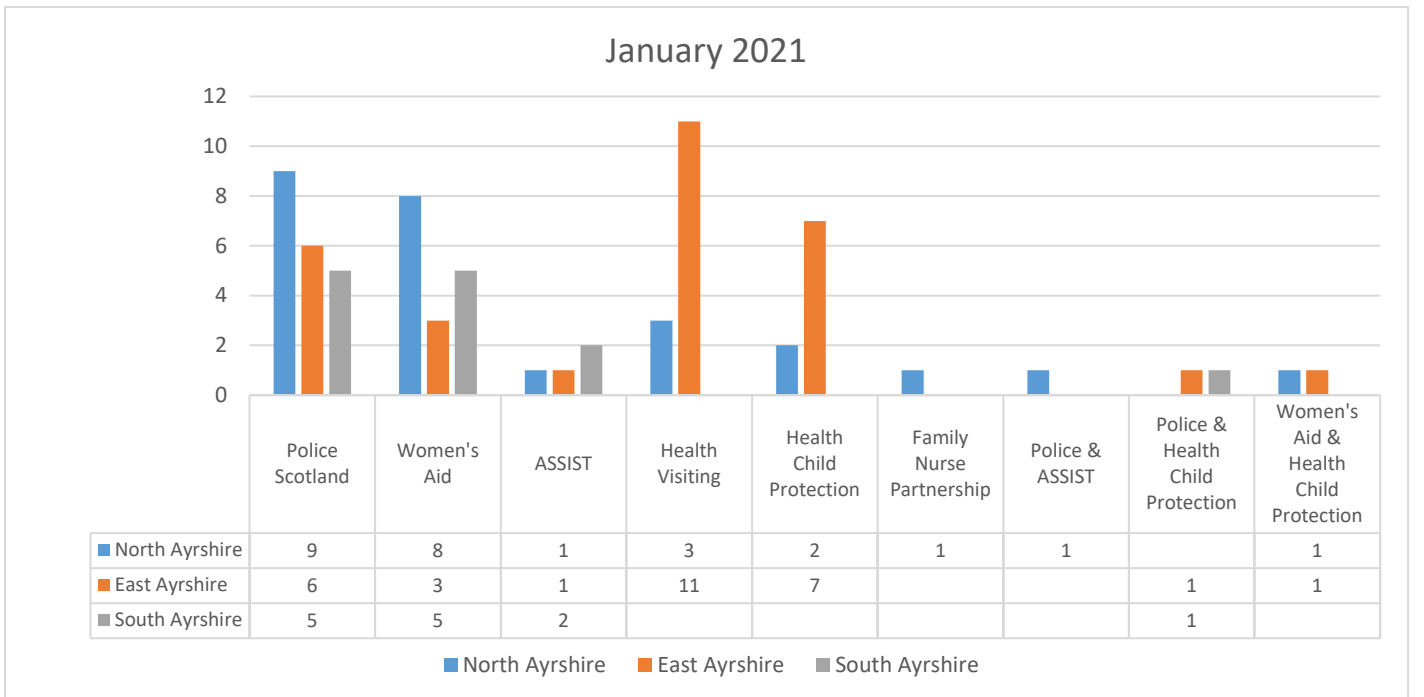
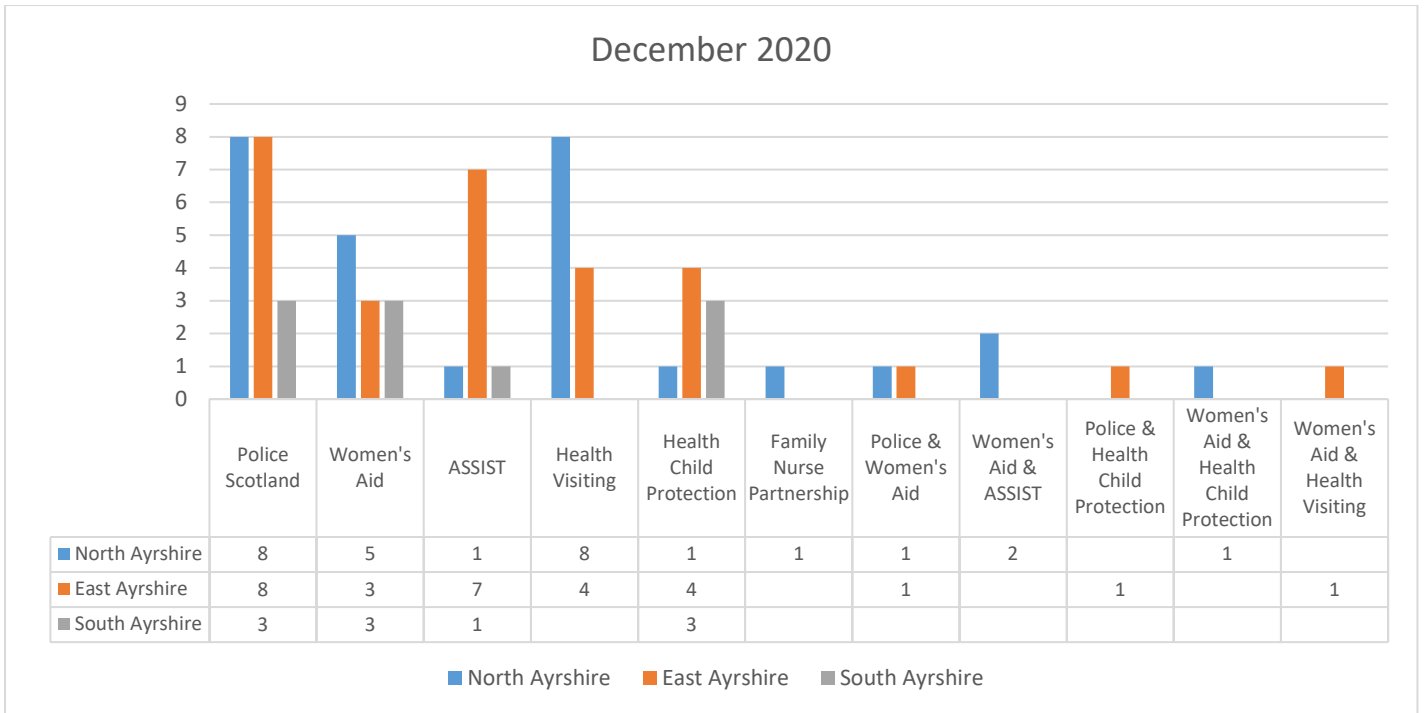
Results

The detailed results of the data scoping exercise are shown in the tables below. Across the three month period (November 2020 to January 2021), a total of 215 potential referrals into MARAC across Ayrshire were identified, split across the months as follows:

	Total	East	North	South
November 2020	73	25	26	22
December 2020	73	29	34	10
January 2021	69	30	26	13

This shows a notable consistency in numbers across the three months. The tables below show the single and multiple agency aspect of potential referrals along with the split between East, North and South Ayrshire.





Initial Analysis

1. Police Scotland have identified most potential MARAC referrals during the data capture period
2. There were less multi-agency referrals identified than anticipated – the group had anticipated much higher rates of overlap
3. The apparent percentage split between North, East and South Ayrshire is consistent with other public protection reporting more generally
4. There is evidence of more confident reporting for some of the agencies linked to staff training and competence in relation to tools used to identify MARAC levels of risk (this would appear to be core business for Police, ASSIST and Women's Aid)

5. There are potential differences in the way that different agencies are assessing risk (this was not analysed further during the data capture period)
6. The DASH-RISK is an effective tool for assessing risk

Data Limitations

There are some limitations and caveats around this data collection exercise, which means that these results need to be treated with a degree of caution. Without applying a consistent method of identifying MARAC level risk, like the DASH-RISK, some of the health referral data may be over or under-estimated as it is based on professional judgement. Similarly, management action taken by health colleagues in December to update relevant staff about the data exercise led to an increase in the identified referrals. As described above, no data was collected from social work services and this is a significant gap.

Summary and Conclusions

The data exercise was designed to support the MARAC scoping work and, as such, it has been effective in identifying baseline levels of need for MARAC. The data clearly demonstrates the need for MARAC and raises immediate concerns about what support the women identified are currently receiving through multi-agency services across Ayrshire. The exercise has also raised a number of questions which are really useful in relation to the MARAC scoping work. Thus, for example, establishing consistent and effective methods of identifying high levels of risk would be essential. Additionally, the exercise points to the need for quality assurance to be built in as part of the governance structure around MARAC in Ayrshire. That there was a level of consistency in the volume of potential referrals across the 3-month period 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.

**Dale Meller – Senior Manager Protection & Learning
March 2021**

Appendix 2 – Options Appraisal

	Option 1 Continue to manage risk as we do just now in a single agency format	Option 2 Develop a MARAC within each local authority	Option 3 Develop a single Ayrshire MARAC delivered centrally	Option 4 Develop an Ayrshire MARAC with meetings hosted on a local authority basis
Operating arrangements	Single agency response to domestic violence	Three separate MARACs operated on a geographic basis	One MARAC with meetings attended by all pan Ayrshire partners	One MARAC, three meetings held on a locality basis
Pro's	No Additional Resource required	Formal multi-agency agreement in place per Local Authority	Formal pan Ayrshire multi-agency agreement in place	Formal pan Ayrshire multi-agency agreement in place
		Shared partner process to identify risk and support on a single authority basis	Shared process to identify risk and support	Shared process to identify risk and support
		High risk women agreed and appropriate support and safety planning	Ability to share information across organisational and geographical boundaries via MARAC Coordinator enabling an understanding of perpetrator patterns of behaviour	Ability to share information across organisational and geographical boundaries via MARAC coordinator enabling an understanding of perpetrator patterns of behaviour
		Links directly with H&SC partnership boundaries and resources	High risk women identified and appropriate support and safety planning	High risk women identified and appropriate support and safety planning
		Fewer cases to review will allow time to fully review cases	No duplication in resources and shared financial commitment	Shared pan-Ayrshire financial commitment
			Pan-Ayrshire assessment framework	Pan-Ayrshire assessment framework
			Shared MARAC co-ordinator would have overarching view of processes and build relationships with all organisations	Shared MARAC co-ordinator would have overarching view of processes and build relationships with all organisations
			Those organisations with an Ayrshire wide remit only need to attend one meeting. Should enable consistent attendance from pan-Ayrshire organisations	Meetings will be less time consuming as they will only identify and discuss cases on a LA basis. Therefore, there should be sufficient time to fully examine each case
Cons/Risk	No formal multi-agency working	Three separate assessment frameworks make result in disparity in	Meetings will be very time consuming	More resource intensive for pan-Ayrshire agencies, who might not be able to provide consistent attendance

		measuring and responding to risk within each LA					
	No process to identify additional support from multi-agency working	More resource intensive for pan-Ayrshire agencies, who might not be able to provide consistent attendance		May not be sufficient time available for full discussion of each case			
	No multi-agency information sharing to help to identify perpetrator patterns	Three coordinators and administrators will require additional financial resources		Co-ordination more time consuming/cumbersome and potentially resource intensive			
	High risk – women are not identified for multi-agency support and safety planning	Less opportunity for cross boundary information sharing and identifying perpetrator patterns or emerging themes around cases and women’s experiences.		May be a waste of time for pan-Ayrshire agencies as they will have to participate in case discussions of no relevance to them			
	May result in duplication of resource to support women rather than identifying the most appropriate support	May be difficult to ensure consistency of support for people moving between LA’s.		Risk of unnecessary information sharing			
	Reputational & political damage –exposing all agencies LA/Police /NHS to risk						
	Pan –Ayrshire inability to understand perpetrator risk						
	Lack of integrated assessment of risk						
Financial Implications identified to date based on use of the AYRSHIRE data system.	No additional Resource	Coordination	£252k	Coordination	£73k	Coordination	£73k
		Administration	£129k	Administration	£33k	Administration	£33k
		Set up Costs	£60k	Set up Costs	£25k	Set up Costs	£25k
		Running Costs	£30k	Running Costs	£18.7k	Running Costs	£18.7k
		Year One Costs	£471k	Year One Costs	£139.5k	Year One Costs	£139.5k
		Annual Costs	£411k	Annual Costs	£124.7k	Annual Costs	£124.7k