University of Suffolk

Professionals' perceptions of MARACs and barriers to attendance: Headline findings from the 'Are MARACs still fit for purpose?' survey

Dr Olumide Adisa

July 2020

Briefing paper

DISCLAIMER

While every effort has been made to ensure that the information contained in this draft report is accurate and up-to-date, the author cannot accept legal responsibility or liability for any actions taken by readers as a result of any errors or omissions.

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University of Suffolk
Waterfront Building
Ipswich
Suffolk
IP4 1QJ

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Background to the research

The seed for this independent research originated from the Multi Agency Risk Assessment Conference (MARAC) CPD accreditation event organised by Norfolk and Suffolk Constabulary's DCI Ben Clarke in Nov 2018. The researcher was invited to present on the available evidence (albeit lacking) on MARACs and its social value[2]. It was clear based on this quick literature review and the discussions at this event that there were ongoing challenges with the sustainability of MARACs, particularly given the development of multi-agency safeguarding hubs which focus on similar objectives.

At the time, the key suspicion was that MARACs may not be fit for purpose in meeting the aims for which they were set up by CAADA (now known as SafeLives)[3] because they were plagued by challenges and inefficiencies.

Verbal assertions received from Suffolk and Norfolk professionals regarding the challenges that they were experiencing in engaging with their MARACs were initially captured by the researcher and used to inform the questions of a brief survey, following the Nov 2018 MARAC CPD conference. The researcher was keen to understand whether these were local issues or pertained to MARACs in general. More importantly, from the perspective of professionals attending MARACs, what improvements were needed?

Interestingly, these conversations coincided with the publication of a similar independent survey undertaken to assess the views of 132 professionals based in London about MARACs (see Acheampong, 2018[4]). Acheampong's ambitious study attempted to evidence the effectiveness of London-based MARACs by assessing to what extent that they were fulfilling SafeLives' well-laid out principles.

MARACs are important because in some localities they remain the primary route for responding to high-risk cases of domestic abuse cases (typically, involving victims who face the threat of very serious harm). These voluntary, confidential meetings are attended largely by local authorities, police and health services. This report contributes to understanding the views of multi-agency professionals based outside London on the barriers to participation and perceptions of MARACs. The aim of the research was not to ask whether MARACs were effective or not, as this would require a more prolonged study (for example, see Whinney, 2014[5]).

The anonymous survey aimed to engage with a wider pool of professionals to get a better sense of the underlying issues being faced by MARACs both in the East of

[2] Adisa O. (2018). MARACs What Works? What does success look like?. Conference presentation, MARAC CPD. Suffolk.
[3] MARAC principles and procedures were developed by Coordinated Action Against Domestic Abuse (CAADA). CAADA is now known as SafeLives.
[4] Acheampong N. (2018), An examination of MARACs and their effectiveness. Track my MARAC. London.
[5] Whinney A. (2014). A descriptive analysis of Multi-Agency Risk Assessment Conferences (MARACs) for reducing the future harm of domestic abuse in Suffolk. Unpublished Masters thesis.

England (EoE) and beyond and to widen the net of professionals as much as possible to allow for more engagement[6].

1.1 About the MARAC survey

The questions in the anonymous survey focused on identifying three areas as perceived by professionals: 'purpose/function', challenges/issues, and recommendations.

The survey included questions about the need for MARACs and the barriers to participating in a MARAC.

The research adopted a brief survey of professionals based in various locations across the UK[7] to address the aims of the research, assessing MARACs role in supporting victims. The survey was open for online self-completion using SurveyMonkey from July to August 2019. The survey was promoted mostly through emails and social media. A total of 118 people engaged with the survey, with everyone submitting valid responses, comprising of 99 women (84%) and 18 men (15%)[8]. Age group (in years) information on participants were as follows: 4% (18-24), 22% (25-34), 23% (35-44), 36% (45-54), 15% (55-64).

Nonetheless to identify those professionals working in EoE more conveniently, the survey asked professionals to select one of the region's four counties [Suffolk, Norfolk, Essex, and Cambridge], or otherwise to say if they were completing from outside the EoE. 57% of participants that completed the survey were based outside the region.

Given the importance of professionals' buy-in to the process of effective MARACs, it made sense to focus the research on capturing professionals' perceptions as to whether MARACs are still fit for purpose, as well as the challenges faced in engaging with MARACs.

[6] A roundtable discussion on MARAC was planned as part of the University of Suffolk's domestic abuse conference, which was postponed due to the Covid-19 pandemic.
[7] Acheampong N. (2018), An examination of MARACs and their effectiveness. Track my MARAC. London.
[8] Whinney A. (2014). A descriptive analysis of Multi-Agency Risk Assessment Conferences (MARACs) for reducing the future harm of domestic abuse in Suffolk. Unpublished Masters thesis.

Brief evidence review summary on MARACs

Key Evidence Review Findings

- MARACs emerged in South Wales in 2003 in response to a lack of opportunities for structured information sharing and risk assessment among agencies working with high risk domestic abuse victims (Robinson & Tredidga, 2005). MARACs began to be rolled out nationally in 2007, as part of the Government's recommended Coordinated Community Response to domestic abuse (House of Commons Home Affairs Committee, 2008)
- Early outcome evaluations suggested MARACs facilitate information sharing and safety planning, resulting in reduced re-victimisations at 12 months follow up (Robinson & Tredidga, 2005). Recent research by Whinney (2015) problematises the causal attributions made by earlier MARAC evaluators (e.g. Robinson & Tredidga, 2005) and suggests future directions for research to establish impacts
- A 2010 cost benefit analysis (CAADA/SafeLives) found that every £1 invested in MARACs yields a return of £6. This study was undertaken a decade ago and would benefit from updating in line with current knowledge on MARACs. There are still uncertainties in defining and measuring 'success'. MARACs are mostly police-led, so many victims remain hidden (Steel *et al*, 2011).
- Improving information sharing between agencies is a central function of MARACs and is crucial for effective multi-agency planning and activity. As different agencies have different pieces of the puzzle, only by putting all the pieces together can services get a full picture of a victim's situation (Robinson & Tredidga, 2005; Howarth *et al*, 2009; Steel *et al*, 2011)
- Recent research suggests that the system is overloaded with inadequate case reviews and monitoring. MARACs have been associated with a heavy – and often unacknowledged – workload for practitioners, with a high volume of cases per meeting, as well as high demands on time, resources and emotions (McLaughlin *et al*, 2014; Acheampong, 2018). Additionally, there are challenges for compliance at a local level as MARACs lack a statutory footing, similar to the multi-agency public protection arrangements (MAPPA) for perpetrators (Sisters for Change, 2018).

Recommendations from existing evidence:

- Given that it may not be feasible to place MARACs on a statutory footing (Steel *et al,* 2011; Acheampong, 2018), the strengths of MARACs with respect to information sharing should be harnessed into more locally driven solutions. A coordinated community response to tackling domestic abuse is likely to be more effective. For example, in one locality, MARACs are now being reshaped to link better with behaviour change programmes for men.
- To encourage buy-in from agencies, local commissioning arrangements should make allocations to specialist services to accommodate the staffing implications and to provide consistent funding to resource MARACs (Howarth *et a*l, 2009; CAADA/SafeLives, 2010) as part of the violence against women and girls, men and boys strategies
- Recognition/accommodation of the workload involved in MARAC participation (McLaughlin *et al*, 2014)
- Build knowledge and capacity – training for Chairs and agency representatives, clarify key objectives of MARACs (Steel et al, 2011; McLaughlin *et al*, 2014)
- Encourage referrals and participation by a range of agencies (Howarth *et al*, 2009)
- Enhanced monitoring regarding outcomes, create channels for agency and survivor feedback (McLaughlin *et al*, 2014; Acheampong, 2018).

2.1 Overview of MARACs

MARACs arose in South Wales in the early 2000s in response to a "lack of systematic risk assessment amongst agencies responding to domestic abuse and [the need for] a formal process by which local agencies could share information about victims experiencing extremely serious levels of abuse" (Howarth *et al*, 2009).

Attended by a range of statutory and voluntary agencies, best practice guidance indicates that, at a minimum, MARACs should be attended by six core agencies: police, probation, independent domestic violence advocates (IDVAs), health representatives, housing and children's services (Steel *et al*, 2011). They provide a forum for coordinating safety planning and assigning actions within a clearly defined timeframe, to reduce the risks of future harm to high-risk victims and their children.

MARACs are designed to facilitate a more joined-up approach, enabling practitioners to collaboratively achieve a number of core aims:

- to reduce domestic abuse (an outcome which is generally operationalised/measured via recorded crime incidents)
- to reduce repeat re-victimisation
- to establish a risk management plan
- to share information
- to promote agency accountability.

However, as key findings from this review demonstrate, there are still uncertainties regarding MARACs' effectiveness in achieving their aims, as well as underlying issues with defining and measuring 'success' in this context.

From 2006, MARACs were adopted into the Home Office's policy agenda, forming part of a Government-recommended approach to tackling domestic abuse known as the Coordinated Community Response. MARACs were rolled out nationally in 2007 with an investment estimated at £1.85 million, facilitating more uniform and informed service responses to domestic abuse (House of Commons Home Affairs Committee, 2008: 114). Prior research suggests that MARACs are generally police-led (Steel *et al*, 2011), with meeting duration and numbers of cases heard varying according to locality (McLaughlin, 2014). Research suggests that typically, around 10 minutes is allocated to discuss each case (McLaughlin *et al*, 2014; Acheampong, 2018).

Following the MARAC process' introduction (Cardiff, April 2003), several research teams have conducted evaluations in order to understand their outcomes, underlying mechanisms of change and contextual barriers to their function and effectiveness.

Robinson (2004) and Robinson & Tredigda (2005) conducted a two-phase process and outcome evaluation of MARACs in South Wales between October 2003-April 2005. Researchers interviewed agency participants and observed six, monthly MARACs in order to create an explanatory model for how MARACs utilise agency knowledge and capacities to develop harm reduction strategies for victims. To

assess outcomes and demonstrate what the MARACs are able to accomplish, researchers collated several forms of data, including police call-out and incident records and telephone interviews with a sub-sample of victims. Key findings from police data and victim interviews showed significant early impacts, demonstrating that "the majority of victims (about 6 in 10) had not been re-victimised since the MARAC. Second, respondents made it clear that MARACs facilitated the accomplishment of many key objectives, including information-sharing between agencies, contributing to victims' safety, identifying key contacts within agencies, and raising awareness about the impact of domestic violence on children" (Robinson & Tredigda 2005: 4).

As the initial phase of the evaluation was undertaken shortly after MARACs were first introduced, the researchers flagged changes to the process that had occurred during this period in response to emerging challenges; for example, a shift to fortnightly meetings to accommodate the heavy workload and to keep individual meetings to a manageable timeframe (Robinson & Tredigda, 2005: 4-5).

The second phase of the evaluation was designed to provide a 'longitudinal account' of MARAC outcomes, by following up with victims from the initial phase of the evaluation and collecting and analysing police data regarding any further incidents of abuse perpetrated against them (Robinson & Tredigda, 2005: 4). Robinson and Tredigda found that 12 months down the line, a substantial proportion of victims – "more than 4 in 10" – reported no further incidents of violence, which was a significant finding given their prior assessment as 'high-risk' victims with extensive histories of abuse (Robinson & Tredigda, 2005: 3).

Strikingly, qualitative evidence from victims interviewed during this period reflects the researcher's 2019 survey findings regarding barriers in relation to accountability and attendance: "Holding participating agencies accountable for their attendance and performance in the MARACs is an on-going issue noted by some victims" (Robinson & Tredigda, 2005: 3). Negative comments also highlighted poor evidence collection by police and not being kept informed about decisions in their case, e.g. regarding custody, bail or adjournments (Robinson & Tredigda, 2005: ibid).

Howarth *et al* (2009) conducted a study to measure the impacts of seven IDVA services operating across urban, suburban and rural locations in England and Wales. The authors note that the UK evidence base on 'what works' in addressing DVA was at that time 'generally underdeveloped', with a particular dearth of multi-site evaluations that could capture national trends (Howarth *et al*, 2009: 6).

This was the first large scale, multi-site evaluation of IDVA services. It included an analysis of IDVAs' role within the MARAC process, as well as victim feedback on their experiences of MARACs. Notably, IDVAs reported that MARACs were mobilised as part of the suite of interventions in only 34% (*n*=426) of their cases, even though it was likely that a high proportion of cases would have met the threshold for inclusion (all victims included in the sample had been deemed high-risk). It was inferred that this option may have been 'limited by capacity' (Howarth *et al*, 2009: 10) This result is concerning as it "suggests that there are not the resources available to deliver this enhanced level of multi-agency intervention to all that need it,

and this finding may focus attention on the need to capacity build in this area in order to ensure that this type of response is available to all victims assessed as being at risk of significant harm or homicide" (Howarth *et al*, 2009: 57). This chimes with Steel *et al's* (2011) findings regarding a lack of referrals from non-police agencies.

Qualitative evidence from victims whose cases were included at MARACs revealed positive experiences, with one woman describing it as a "lifeline": "She was surprised at how all the agencies suddenly 'came out of the woodwork' for her and did their bit to keep her safe" (Howarth *et al*, 2009, 34). Drawing on Robinson's earlier research, researchers note that, as a multi-agency forum, MARACs provide a crucial opportunity for hidden discrepancies and gaps in knowledge between agencies to be identified and closed (Howarth *et al*, 2009: 35). Howarth *et al* posit that MARACs also "provide a mechanism by which to hold agencies to account in instances where they fail to respond effectively to keep victims safe" (Howarth *et al*, 2009: 35).

In 2010, Coordinated Action Against Domestic Abuse (now SafeLives) conducted a cost benefit analysis which found that "For every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies, such as the police and health services" (CAADA, 2010: 8). With such a favourable cost-benefit ratio, MARACs would only need to prove 'successful' in 16% of cases to recoup public investment. However, in order to maximise effectiveness and increase agency representation, they argue that IDVAs and specialist services should receive the consistent, sustainable funding they need, and that MARACs should be embedded through legislation.

Following the publication of the Coalition Government's strategic narrative on Violence Against Women and Girls in November 2010, Steel *et al* (2011) were commissioned to conduct a review of the "effectiveness and cost effectiveness of MARACs; how the MARAC model currently operates within the wider response to domestic violence [and] variation in current practice amongst MARACs", as well as exploring areas for future development (Steel *et al*, 2011: i). In addition to reviewing available research evidence, the researchers collected survey data from over 600 MARAC Chairs, coordinators and IDVAs nationally, analysed existing performance and quality assessment data shared by Coordinated Action Against Domestic Abuse (as was), and conducted structured interviews with 13 members of the National MARAC Steering Group and a purposeful sample of 47 agency representatives.

Steel *et al* found that existing evidence in relation to MARAC outcomes was relatively weak, with more improved monitoring procedures and rigorous evaluations needed to strengthen the evidence base. Agency perspectives on effectiveness were generally positive, with 97% of survey respondents identifying the MARAC they attended as either "very effective" or "fairly effective" for improving outcomes for victims in the area. As found in Robinson & Tredidga's original evaluation (2005), one major mechanism of MARACs' effectiveness seems to lie in their ability to prevent informational silos: "Agencies often have access to different information related to a case and sharing this information in a coordinated way can create a fuller account of the facts and circumstances of each client's situation. This enables more comprehensive risk identification and better-informed decision-making which in

turn can lead to more effective safety planning and intervention" (Steel *et al*, 2011: 6). However, for this causal sequence to unfold, adequate representation by a range of statutory and voluntary services is essential. Perhaps for this reason, an overwhelming majority of agency participants were in favour of placing MARACs on a statutory footing, as well as making greater representation of specialist services and IDVAs a future priority. Another major area for change was the recommendation to increase the proportion of non-police referrals: MARAC data showed that "approximately two-thirds of referrals" were made by the police, despite the fact that many victims will not report their abuse to law enforcement. Recommendations included risk management, building knowledge and capacity to increase referrals from other agencies is crucial (Steel *et al*, 2011: 18).

McLaughlin *et al* (2014) conducted a National Institute for Health Research-funded case study in Manchester. The study was designed to assess the effectiveness of social care's contribution to the development of MARACs and the safeguarding of adults experiencing DA. McLaughlin *et al* employed a multi-methods approach, "attending MARACs; interviewing agency representatives who attend MARACs (plus some who did not) and adult social workers; focus groups with survivors of domestic violence, and practitioners who specialise in domestic violence support" (McLaughlin *et al*, 2014: 4). Participants comprised 24 agency representatives and 13 survivors whose cases had been heard at MARACs. Six months after the first phase of data collection, when the 13 service users were initially recruited and interviewed, the researchers re-interviewed four of these participants.

Findings from survivor interviews highlighted the theme of control: "many service users [felt] were done 'to' rather than 'with' and that MARAC was not an inclusive process as service users' wishes and voice got lost" (McLaughlin *et al*, 2014: 3). While recognising that there was a lot of support and activity by services during the initial 'crisis', survivors re-interviewed at six months felt that this "tailed off" subsequently (McLaughlin *et al*, 2014: 3). Agency perspectives showed that while many participants felt that the MARAC process was important, and all were committed to working with survivors, there were a range of views on the primary purpose of attendance (e.g. to facilitate more in-depth case discussion versus a more targeted focus on "information sharing, resource allocation and reducing risk" (McLaughlin *et al*, 2014: 4).

Participants reported emotional, resource and time barriers to involvement. MARACs were felt to be an emotionally demanding 'add on' to routine work responsibilities, with a lack of acknowledgement for the 'emotional impact' of the work (ibid). Some agency representatives reported that the volume of cases heard per MARAC posed a barrier to full engagement: "Attendees remarked that they heard so many cases at the one meeting they were not always able to differentiate between cases or remember which case was being discussed" (ibid).

Reflecting other study findings regarding a lack of built-in, routinised opportunities for monitoring and reflexivity (e.g. Acheampong, 2018) researchers observed that "once agreed actions had been implemented there was no system to assess the intended and unintended consequences" (ibid). Similarly, adult social care interviewees expressed a "wide variation in understanding" of DA and MARACs (ibid), suggesting a need for standardised training.

Whinney (2015) conducted a quantitative matched cohort study of Suffolk-based DA victims "where a sample of victims referred to MARACs in Suffolk over a two year period were matched with domestic abuse victims not referred to MARACs over the same period across a range of factors" (Whinney, 2015: 2). This research design enabled Whinney to disentangle the impacts attributable to a case being heard at MARAC – and any subsequent actions taken – from other causal mechanisms operating during the same period. For example, Robinson and Tredigda's evaluation found a significant reduction in reported DA incidents 12 months after MARAC (Robinson & Tredigda, 2005).

Whinney's findings suggest that a similar or greater reduction in 'crime harm' may occur during the same timeframe for similarly-situated[9] individuals whose cases are not referred to MARAC: "Changes in both groups were compared using difference-of-differences analysis [and Whinney found that] whilst significant reductions in crime harm are associated with MARAC referral, reductions are also seen in the cases where victims were not referred to MARAC", suggesting that a 'regression to the mean' effect may be contributing to apparent impacts given the higher 'baseline' of those referred to MARAC (Whinney, 2015: 2). Further analyses were carried out to address this effect, using a subset of the sample in which pairs were selected for comparison due to minimal differences in total prior harms at baseline. Concerningly, among this subset of individuals, MARAC referrals preceded an increase in crime harm during the study period. Due to the observational research design, one cannot draw robust causal inferences based on these findings so Whinney recommends further research to investigate the MARACs' effectiveness in achieving their stated aims.

Acheampong (2018) conducted a mixed methods study examining the views of London-based practitioners and survivors who had engaged with the MARAC process. Between September to November 2018, 132 participants completed an online survey, and the researcher conducted anonymous follow-up telephone interviews with 20 survey respondents. Acheampong's survey findings suggested a lack of clarity in relation to MARAC's key objectives: over 32% of participants failed to accurately identify the wider range of functions MARACs are designed to accomplish, (Acheampong, 2018: 17).

Further, while the majority of survey respondents felt that MARACs consistently achieved effective identification of risk (nearly 59%) and information sharing (nearly 60%), less than 15% of respondents agreed that MARACs consistently enabled good representation and support of the victim (11%) or heard the recommended number of cases (11%) (Acheampong, 2018: 25). Qualitative findings from practitioners and survivors revealed similarly mixed views on MARAC's efficacy across all objectives. While it was generally agreed that MARACs succeed in facilitating information sharing and risk mitigation, some participants described variability between MARACs. One described MARACs as "having great potential, but only when consistent. One participant described MARACs as having the potential of being effective, but only in

[9] Efforts were taken to achieve as close a match as feasible between MARAC and non-MARAC referred individuals across a range of dimensions including gender, district, age, date of precipitating incident etc. The between-group match for some factors, such as gender and district, were identical, while there were statistically but not practically distinct differences between factors such as age and date of precipitating incident (Whinney, 2015: 49-50).

the presence of a successful chair" (Acheampong, 2018: 26). These concerns about consistency may have been linked to the chronic under-attendance reported by an "overwhelming majority" of participants, which they felt negatively impacted on action planning and contributed to a sense that agencies "are not taking it seriously" (Acheampong, 2018: 31).

Participants from agencies that were often under-represented at MARACs (including specialist DA and mental health services) attributed this shortfall in attendance to austerity cuts and competing demands on time and resources: "A lot of health professionals make referrals, but we don't have time to go to MARAC meetings because of the austerity cuts. We are already stretched thin as it is" (Acheampong, 2018: 32). A further barrier to encouraging adequate agency representation and involvement flagged by participants – and reflected in this researcher's survey findings – was the lack of accountability, particularly in the absence of a decisive and proactive Chair. As in Howarth *et al's* findings, some participants reported issues around outcomes not being communicated to survivors, and a lack of any grievance procedures to make these issues known.

In light of these findings, Acheampong made a number of recommendations, including clarifying MARAC key objectives; making MARAC attendance for all agencies a statutory obligation; ensuring that all MARAC service providers receive training in culturally sensitive issues to facilitate more tailored support for survivors; universal training for all Chairs to promote effective facilitation; ensuring that specialist support services are afforded the opportunity to attend regularly; enhanced monitoring procedures, including retaining minutes for review, and introducing feedback processes for practitioners and survivors.

Survey Findings - snapshot

- 118 professionals responded to the MARAC Survey, including 99 women and 18 men. One person preferred not to provide this information on their sex. Age group (in years) information on participants were as follows: 4% (18-24), 22% (25-34), 23% (35-44), 36% (45-54), 15% (55-64); 43% of our respondents were based in the East of England region, and 57% attended MARACs in other parts of the country.

Figure 1: Breakdown of area that professionals are based

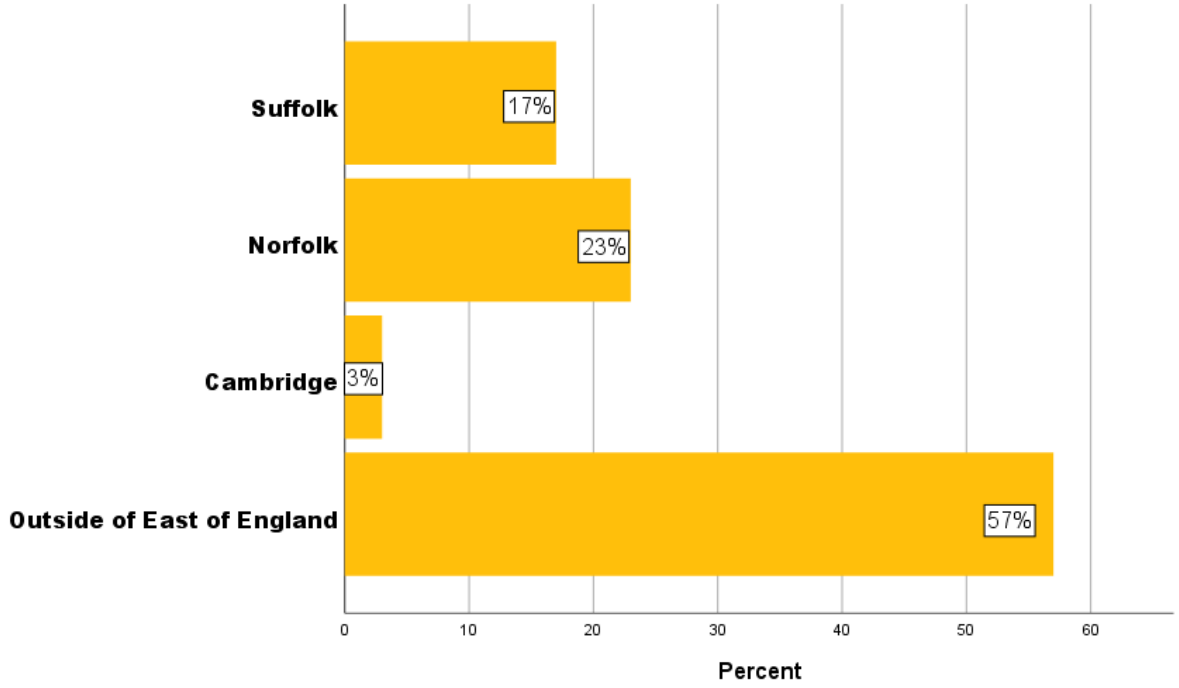


Figure 2: Percentage distribution of organisations represented in the survey

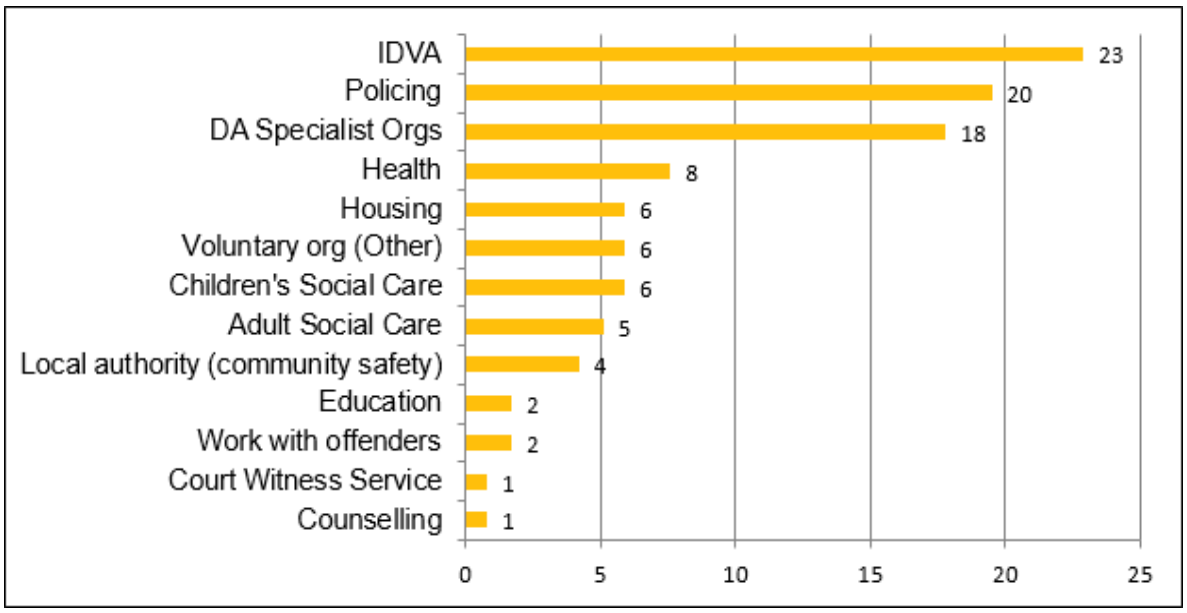
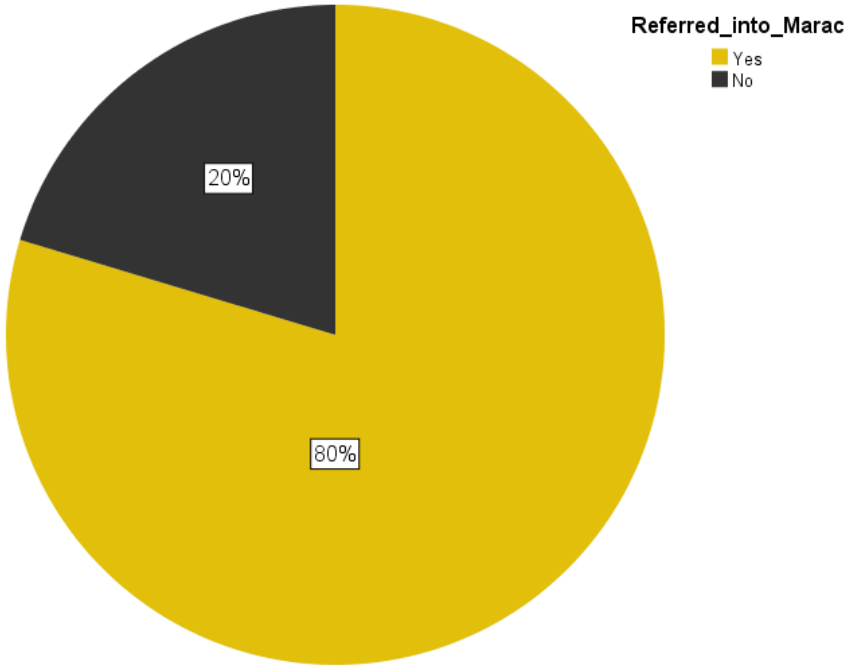


Figure 3: Have you ever referred to a MARAC before?



- 113 people responded to this question. 80% (90 respondents) stated that they had referred into MARAC. This question was to identify those that were experienced at referring, based on an understanding of the MARAC process.

Figure 4: Percentage frequency of attending MARAC

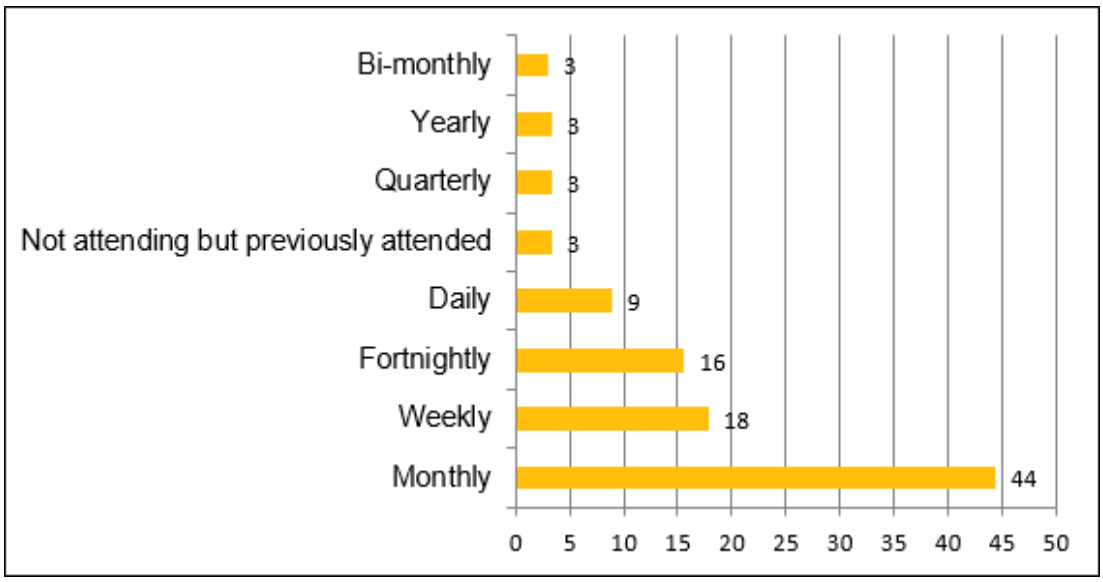
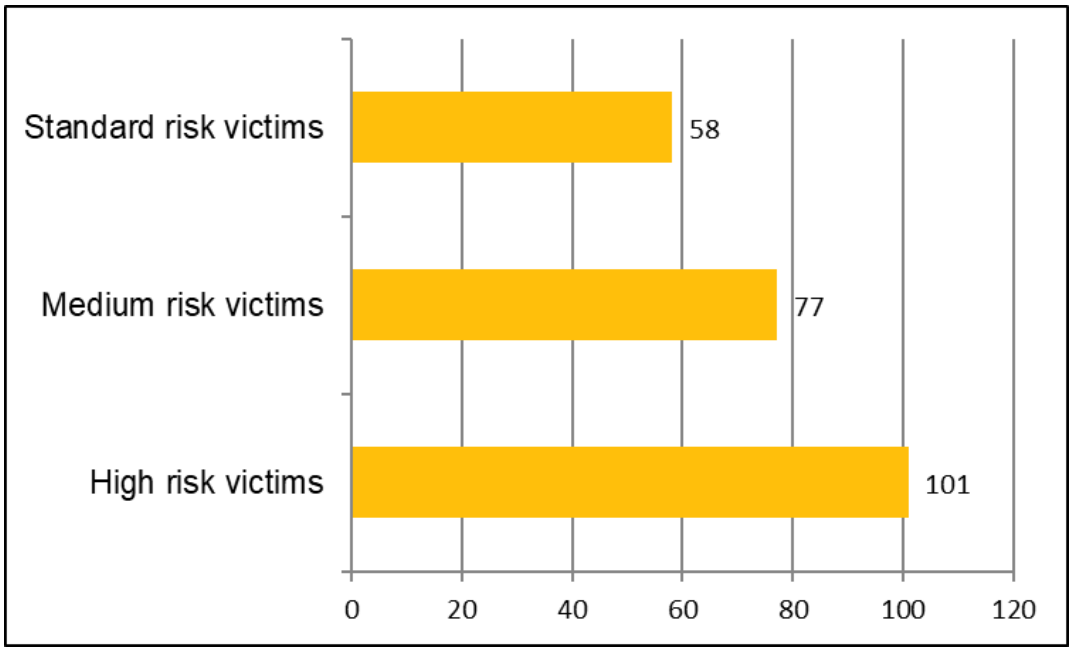


Figure 5: Type of victims being supported by number of professionals who refer into MARACs



- 75 professionals responded to this question and 33 percent of respondents (*n*=25) in the survey who attend MARACs identified facing a number of barriers
- The barriers that emerged as the two most significant barriers [10] are agencies being reluctant to attend or accept responsibility for actions (88%) and a lack of

[10] Responses that achieved over 50% have been taken as significant

accountability and leadership (92%). 64% of professionals thought that MARACs were redundant and 52% thought that they cases were allotted limited time and in many cases that they felt rushed.

Figure 6: Barriers to attending MARAC

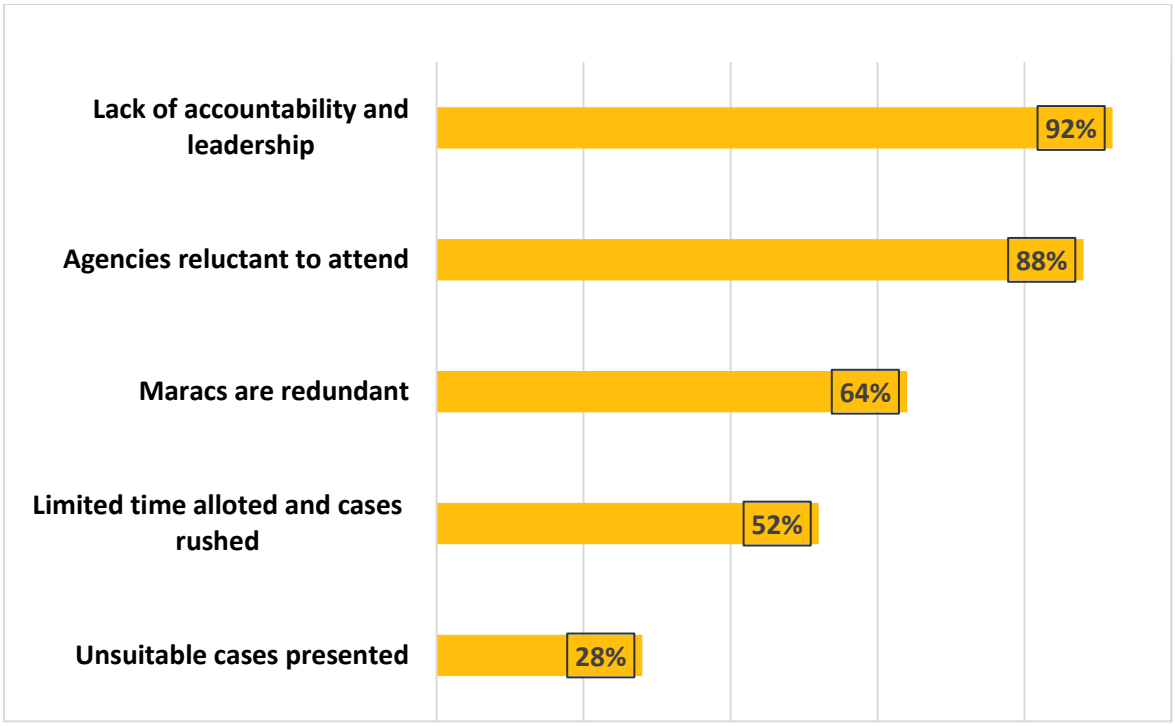
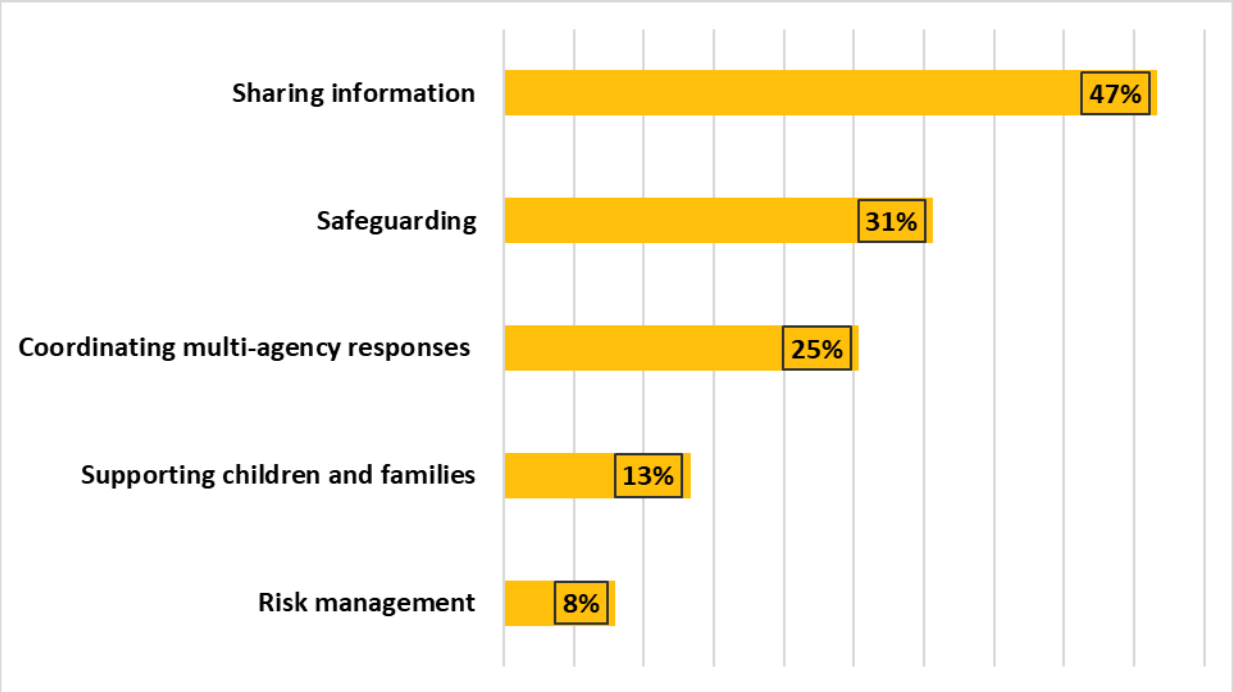


Figure 7: Professionals' perceptions of the role and value of MARACs



Other challenges identified from the qualitative feedback:

Barriers:

- Lack of accountability/no statutory obligation to attend
- Lack of clarity regarding objectives and obligations
- Lack of monitoring and reflection – few opportunities to discuss the intended and unintended consequences of completed actions.

Facilitators:

- Strong leadership by Chairs
- Attendance by a wide variety of services
- IDVA involvement to advocate for victim.

''MARACs are really disjointed, and voluntary sector not included enough. Not being aware of what services are out there. They will say that 'some victims with complex needs won't engage' but actually if they spoke to us, they would realise they do engage.''

"Sometimes responses aren't timely enough, multi-agency response isn't as good as it needs to be."

"MARACs have issues around filtering cases that are referred; at present there is no secondary filtering going."

The survey findings in this report aligns with the evidence summary findings in that the barriers that were identified from the literature on MARACs were also similar to those shared by survey respondents. However, this survey also provides new insights from professionals on the potential solutions to these problems. These proffered solutions have been expressed as recommendations below.

Recommended solutions offered by professionals in the survey

In June and July 2020, the research team shared the emerging findings from this report with six professionals who are involved in MARACs for their views on solutions to some of these challenges identified in this report. These comments, survey findings, and the evidence summary in this summary report have helped to shape the following recommendations:

- Improving public authority responses to high risk victims of domestic abuse by aligning MARACs closer to perpetrator programmes. In one locality, they are looking at options to make their MARAC more perpetrator-focused
- Some areas do not have MARACs and instead have a multi-agency safeguarding hub (MASH), while some areas have both. Assessing MARACs in depth at the local level is recommended as what works for one setting may not necessarily work for another. At the time of writing, some areas were reviewing their MARACs and this evidence base needs to be better coordinated to further understand how the impact of MARACs can be improved
- Provide staff referring into MARACs with domestic abuse training to reduce the number of inappropriate referrals. One locality uses a 'professional challenge' approach which is helping to mitigate the issue of unsuitable referrals (for instance, standard and medium risk cases which can be dealt with through other channels)
- Explore funding to cover the staff time that voluntary and community organisations spend to participate in a MARAC. It would be useful for SafeLives to capture this staffing element as part of its ongoing monitoring of MARACs.
- Improve the evaluation of MARACs to continuously improve issues such as accountability and leadership issues identified in this report
- Professionals felt that MARACs should focus on the victim's safety and the safety of the children, rather than raising victims' past prosecutions or discussing their ability to parent their children

- The issue of ‘dumping risk’ (where the person that made the referral is not often the person that dials in to the meeting) was mentioned as a key challenge to effectiveness. One recommendation is to improve buy-in of the agencies referring into MARACs by making it clear at the time of the referral the expectations of referring organisations
- Provide funding to support the plans to improve MARACs being undertaken at the local level in some areas. At present, funding for MARACs is coming from policing budgets and no other agency is contributing funds.

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