

STANDING TOGETHER

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MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

What does ‘Good’ look like? Pan-London MARAC Review

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Glossary of terms

AFH	Adult Family Homicides
AFV	Adult Family Violence
By and For services	A service whose staff team reflect their client group and is shaped out of the experiences and voices of their clients.
CCG	Clinical Commissioning Group
CCR	Coordinated Community Response
DA	Domestic Abuse
DAHA	Domestic Abuse Housing Alliance
DASH RIC	Domestic Abuse Stalking and Honour Based Violence Risk Identification Checklist
DHR	Domestic Homicide Review
DVPN/DVPO	Domestic Violence Protection Orders/Domestic Violence Protection Notices
FGM	Female Genital Mutilation
IDVA	Independent Domestic Violence Adviser (or Advocate)
IGVA	Independent Gender-based Violence Adviser (or Advocate)
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
MASH	Multi Agency Safeguarding Hubs
MARAC	Multi Agency Risk Assessment Conference
RIC	Risk Identification Checklist
VCS	Voluntary and Community Sector
VAWG	Violence Against Women and Girls
V/S	Victim / Survivor
SafeLives 10 Principles	SafeLives set out 10 principles that underpin an effective MARAC

Disclaimer

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Lastly, we give thanks to those living with and recovering from domestic abuse.

In memory of those we have lost due to domestic abuse either through murder or suicide

Executive Summary

Background to the review

The Mayor's Office for Policing and Crime (MOPAC) commissioned a review of London MARACs seeking to obtain an overview of the following:

- The performance of London MARACs and the partner agencies involved in the MARAC to understand their effectiveness and determine what 'good' looks like;
- How they are resourced, and any limitations boroughs and partners face in delivering a good service;
- The relationship with wider Voluntary and Community Sector (VCS) organisations;
- How MARACs and partners assess and manage perpetrators whilst balancing the requirement to keep victims safe;
- How effective communication is between children's safeguarding agencies and DA practitioners;
- Children's safeguarding agencies and DA practitioners including identifying child to parent violence work and how they respond in this dynamic;
- Additional research required on adult family violence (AFV).

The review was commissioned to Standing Together Against Domestic Abuse (ST) in collaboration with the Centre for Abuse Research (CARE) at the University of Suffolk (UOS). The project started in July 2021 and research concluded in September 2021.

Aims and Objectives of the review

The review sought to consider the SafeLives 10 principles of an effective MARAC across London. The principles are as follows:

1. Identification: That professionals recognise domestic abuse, risk assess and identify high-risk cases
2. Referral to MARAC: That professionals recognise domestic abuse; risk assess and identify high-risk cases based on the referral criteria for MARAC
3. Multi-agency engagement: That agencies that can contribute to safeguarding high-risk survivors, associated children and vulnerable adults attend the MARAC
4. Independent representation and support for survivors: That all high-risk survivors are offered the support of an IDVA; their views and needs are represented at MARAC
5. Information sharing: That MARAC representatives share relevant, proportionate, and risk-focused information
6. Action planning: That multiagency action plans address the risk to the survivor, safeguard children and adults at risk, and manage perpetrator behaviour
7. Number of cases: That the MARAC hears the recommended volume of cases
8. Equality: That the MARAC addresses the unique needs of survivors with protected characteristics
9. Operational support: That there is sufficient support and resources to support effective functioning of the MARAC

10. Governance: That there is effective strategic support and leadership of the MARAC and IDVA/specialist DA response, and agencies work together effectively

What we did?

This review adopted a mixed method approach, combining surveys, interviews, and desktop reviews.

A desktop review and observation was conducted among London MARACs, focusing on reviewing MARAC operating protocols and/or procedures, referral forms; anonymised MARAC minutes; performance data between 2018 and June 2021; and observation of one MARAC meeting by the project team¹. Due to the time constraints of the project, it was not possible to carry out a desktop review and observation for all thirty-two boroughs. A review tool was created to consider the MARACs in line with the SafeLives 10 Principles of an effective MARAC. The request for participation in this activity was sent to all London MARAC Coordinators via email to garner interest and volunteers. The initial email specified ten MARACs that had been selected across different areas of London and with different frequencies of meetings to get a representative sample. **Of these ten, five consented to take part in this desktop review and observations. A further four volunteered to take part and two agreed to observations of their meetings resulting in a convenience sample. Sixteen MARACs gave consent for the review to access the SafeLives performance data.**

Two online surveys were developed for professionals involved with MARACs across 32 London boroughs; one designed for MARAC Chairs, Coordinators, and partner agencies and one for professionals from specialist services. Links to the surveys were disseminated via professional networks and MOPAC themselves to ensure as many professionals as possible had the opportunity to participate. **Overall, the two surveys attracted 257 participants.**

Twenty-nine semi-structured interviews were conducted, via Microsoft Teams, with MARAC coordinators and chairs across different boroughs in London. An interview schedule was developed collaboratively by the researchers, with a focus on addressing the aims of this review. That said, interview questions aimed at exploring participants' views of the challenges and gaps faced by MARAC, their perceptions of its performance and effectiveness, and their experiences within their role at MARAC.

¹ *The observation time varied.*

Summary and key findings

This summary below has been linked specifically to the SafeLives Ten Principles, data sources and findings:

Principle/Finding	Data sources	Finding
<p>Principle 1 & 2: Identification & Referral to MARAC</p>	<p>Desktop review Surveys Interviews</p>	<p>Frequency of MARAC meetings varied across borough, both pre- and post-pandemic. In most cases, frequency of meetings was reflective of the caseload (e.g., high volume of referrals) and the need to keep partners engaged. The most common frequency of meetings was fortnightly, monthly, and weekly.</p> <p>Most participants from both surveys felt that their MARAC employed clear referral criteria and had a clear pathway for referrals. However, lack of uniformity and standardisation in MARAC delivery across boroughs (e.g., referral forms, MARAC frequency) was perceived to impose challenges in situations of ‘cross-borough’ intervention. The main MARAC referral criteria across London were: Visible High Risk (14+ ticks on SafeLives DASH-RIC); professional judgement; potential escalation; and repeat victimisation within a 12 month period. There are inconsistencies in how these criteria are applied by boroughs for the number of incidents associated with potential escalation. Furthermore, 19% of MARACs had additional criteria on their referral forms including honour-based abuse, forced marriage and child to parent violence. Further inconsistencies were found in the way that MARACs dealt with and processed MARAC transfers outside of the SafeLives recommendations with some areas not hearing them or having them as a mention only. Inconsistencies can lead to survivors being missed by the MARAC process.</p> <p>The need for uniform referral forms and procedures was put forward as a recommendation for improvement, to facilitate information sharing and engagement from partner agencies intervening in more than one borough.</p>

<p>Principle 3. Multi-agency engagement</p>	<p>Desktop review</p> <p>Surveys</p> <p>Interviews</p>	<p>MARACs who participated in the observation were noted to have an overall good attendance from a range of core agencies. Specialist DA/IDVA services, police, children’s social services and housing were identified as regular MARAC attendees by an overwhelming majority of survey participants. However, irregular attendance, and a lack of engagement and ownership, by some agencies – including “core agencies” such as probation, mental health and children’s social services – were described as major challenges. There was good practice seen in the observations around how to involve GPs and health partners who cannot attend the meeting as well as good examples of education involvement at MARAC. There were examples of how the input of registered social landlords (RSL) are linked to positive actions for survivors. There were inconsistencies noted in how housing agencies participated at MARAC as well as mental health and adult social care. It was seen across all research activities, that a lack of research and preparation is an ongoing issue for some agencies which not only limits the effectiveness of participation but has adverse impacts on the MARAC process. Other barriers to multi-agency working arose from difficulties in identifying, engaging, and communicating with the relevant people at partner agencies, as well as a lack of accountability or ‘ownership’ among some agencies. Lack of attendance from certain groups can have a negative impact on ensuring not only multiagency collaboration, but equally an intersectional approach to domestic abuse. It cannot be ignored, though, that this may be linked to the nature of representatives’ involvement with MARAC. Interviewees highlighted that MARAC was an ‘add-on’ or ‘side’ job, which meant representatives are overworked, at capacity, and not always necessarily prioritise MARAC.</p>
<p>Principle 4. Independent</p>	<p>Desktop review</p> <p>Surveys</p>	<p>There was a widespread belief that survivors’ voices should be placed at centre-stage within the MARAC, guiding action-planning and multi-</p>

<p>representation and support for survivors</p>	<p>Interviews</p>	<p>agency collaboration. Participants shared that survivors' voices were mostly represented through the specialist domestic abuse service, these being responsible for advocating for both what the survivor wants and needs for themselves and from the MARAC process. In the observations, all cases had been referred to a specialist domestic abuse service prior to the meeting who had made attempts to contact cases prior to the meeting. The survivor's voice and wishes were heard in most cases. However, difficulties arose when the survivor had either declined to engage, or the specialist domestic abuse service had not been successful in establishing contact.</p> <p>Participants highlighted the need for effective coordinating and chairing to ensure that information is presented efficiently, and that survivors' stories and experiences come through during the meeting. The importance of building relationships with VCS organisations was even more pertinent for those supporting survivors with protected characteristics. Not all MARACs were able to provide strong evidence on the participation with 'by and for' organisations (see principle 8).</p> <p>Specialist organisations were asked about the survivor's experience of MARAC and just under half felt that the survivor had a positive experience of MARAC. The responses evoke a mixed picture of survivors' experiences of MARAC; one where survivors' safety is at the forefront but where their voices may go unheard, and where the process revolves around the survivor but does not directly involve them. There was a call for a more structured collection of feedback from survivors on the impact of the MARAC process, given that most MARACs did not appear to have processes in place to gather this information. Participants put forward suggestions to ensure survivors' voices are put at the forefront of the MARAC process, including training, engagement and awareness-raising with communities and local authorities,</p>
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		and tackling barriers for domestic abuse reporting.
Principle 5. Information sharing	Desktop review Surveys Interviews	<p>The chairs played a key role in ensuring the smooth running of the meeting and where there was little structure to information sharing it did lengthen the time spent on a case. Difficulties were noted around information sharing and timings (e.g., repeat information, lack of concise and succinct contributions), which compromise the effectiveness of MARAC meetings.</p> <p>There had been changes to the process of information sharing for some MARACs who are requesting research from agencies in advance of the meeting to the coordinator; the coordinator then collates the draft minutes document and circulates to agencies prior to the meeting. Some participants cited that research being sent prior had improved the efficiency of the meeting and minute writing process for coordinators. However, it was noted in the desktop review that some information shared by agencies in research for minutes was unnecessarily lengthy and may fall short of GDPR standards. There is an argument that the information shared in research ahead of time is not always relevant and proportionate as there is not opportunity for representatives to see hear/view what else has been shared by other agencies when sharing their own. Oversharing of information was also observed in meetings with some agencies sharing details that could have been summarised more succinctly and to the point rather than providing a chronological history of incidents.</p> <p>In some meetings, agencies were present but did not contribute so whilst attendance on paper may have improved since the pandemic, this did not necessarily equate to engagement.</p>
Principle 6. Action planning	Desktop review Surveys Interviews	In the observations of MARACs, most actions related to the survivor's wishes and safety. Inconsistencies were noted across the meetings for police actions with thresholds for

		<p>certain safety measures being unclear. There were further variations in how actions were recorded with some not being given timed deadlines or assigned to an agency. This can lead to ambiguity on their urgency and impact accountability from agencies.</p> <p>Perpetrators' management and engagement was also mentioned as one of the gaps not only as a limitation in terms of MARAC, but equally and more broadly with regards to the response to domestic abuse. Some participants cited a lack of attention to managing perpetrators' behaviour, sometimes accompanied by a hyper focus on, and responsabilisation of, survivors. As mentioned, the participation of National Probation Service (NPS) was inconsistent across the boroughs and this negatively impacted the risk management options available to the survivors, particularly for perpetrator management.</p> <p>Survey findings regarding links to children's safeguarding arrangements, and the presence of children's voices and perspectives in the MARAC process, suggest that, as with adult survivors, there can be a disconnect between the focus on safety and wider concerns about agency and lived experience. Both sets of survey participants broadly agreed that their MARAC enjoyed positive links with Children Safeguarding arrangements. However, others identified issues as a barrier were related to communication, internal processes differing expectations, knowledge levels and thresholds for referrals. Overall, the survey findings suggest that both sets of participants have mixed perceptions regarding the efficacy of the MARAC process in relation to advancing children's interests.</p>
<p>Principle 7. Number of cases</p>	<p>Desktop review Surveys Interviews</p>	<p>It is fair to conclude that most MARACs had seen an increase in volume in 2020 when compared with 2019 with an average 20% increase. From the sample, 88% of MARACs were seeing over the recommended volume of cases. In terms of referring agencies, most</p>

		<p>MARACs had police as the top referring agency in 2020 accounting for 9% to 46% of all referrals. In 2020, the remaining MARACs had IDVAs as the top referring agency accounting for 31% to 47% of referrals. This was a slight increase on 2019, whereby IDVAs accounted for 31% of all referrals into MARAC. Other top referrers were noted to be Children’s Services (CSC), the voluntary sector and other (MARAC transfers and non-core agencies). Some boroughs had increased frequency of MARAC meetings during the pandemic to cope with the demand whereas others noted the length of the meeting increasing with some continuing late into the evening or split across two days which had an impact on resourcing for the coordinators, chairs, and partners.</p>
<p>Principle 8. Equality</p>	<p>Desktop review Surveys Interviews</p>	<p>Intersectionality was explored across all research areas by examining the diversity of survivor’s voices within the MARAC and ensuring all communities are represented and that their needs are attended to. Several barriers were identified in ensuring diversity and representation of certain groups at MARAC, such as inaccurate recording of diversity data (e.g., disability, sexual orientation). Interviews and surveys revealed that diversity of survivor’s requires knowledge of the dynamics of domestic abuse affecting those exposed to multiple sources of disadvantage (e.g., LGBTQ+, migrants with no recourse to public funds, those with disabilities), particularly through the input of specialist agencies. Trauma-informed practice when engaging with survivors facing multiple disadvantage emerged as a further area where further training and awareness may be warranted. Responsibilisation of survivors emerged as a harmful pattern of behaviour within some MARACs, which directly conflicts with basic principles of trauma-informed practice. The most common method of ensuring there is adequate representation from marginalised communities was from the inclusion of by and for specialist services as guest or core agencies. In the observations, it was noted that</p>

		<p>very few MARACs had representation from ‘by and for’ specialist services as a ‘core’ agency and where they were present, it was in a guest capacity but when present their input enriched discussions and action planning. Throughout the observations, there were a handful of cases that involved harmful practices (HP). Responses to these cases in observations varied and this is thought to be in part to the lack of ‘by and for’ services. There were some boroughs within the in-depth review sample who specifically included HP as a referral criteria. Further work is required to consider whether the inclusion of these criteria for MARAC increases identification of cases when coupled with specialist training on HP and what longer term impacts are seen. Coordinators and chairs shared different ways in which they addressed issues of representativeness within the MARAC, as well as further strategies to ensure that survivors have access to support and that their voices are not being silenced</p>
<p>Principle 9. Operational support</p>	<p>Desktop review Surveys Interviews</p>	<p>When reflecting on the barriers to effective partnership working resources, capacity, funding, and communication between agencies were most cited. This pervasive under-resourcing has profound implications for professionals’ ability to dedicate the requisite time and attention to MARAC-related tasks. Many coordinators cited they did not have sufficient administrative support for their role. This was further impacted by caseloads and frequency in meetings. This was due to the specialist skills that are required to carry out some of the tasks such as processing referrals, understanding the makeup of the local agencies and managing relationships. The need for administrative support was highlighted by many coordinators which would allow them to focus on building relationships and facilitating the collaborative approach required by MARAC. The lack of administrative support was related to issues of funding and its seemingly inevitable short-term nature. Subsequently, many stated they could not take annual leave or sickness</p>

		<p>without being concerned about workload on return.</p> <p>Difficulties around chairing were also put forward as a challenge in MARAC delivery, particularly regarding the lack of consistency around chairing brought about by quick staff turnover and lack of training. There was an understanding that quick staff turnover in such a fundamental role created unnecessary inconsistencies around MARAC meetings and often undermined long-lasting relationships between chairs and representatives. Ultimately, lack of consistency and training has implications on the ability to maintain a collaborative approach between agencies and the MARAC. Participants highlighted the importance of training and support for chairs prior to beginning their role within MARAC to guarantee there is an understanding of the role and its value.</p>
<p>Principle 10. Governance</p>	<p>Desktop review Surveys Interviews</p>	<p>Most survey respondents reported that their local MARAC has a steering group to monitor the governance and performance of the process as were some of the in-depth samples. However, some MARACs were reported not to have a steering group or participants were not sure, indicating a need for greater clarity and visibility around the role of MARAC steering groups. It is recommended that all MARACs have a group who have oversight over the process and support from senior management to actualise real and long-term changes in practice.</p> <p>Although not discussed extensively, the lack of statutory footing underpinning the MARAC process was mentioned as a challenge, for example, in terms of ensuring participation and engagement, as well as resourcing and prioritising of MARAC.</p> <p>Inconsistencies in how MARACs were run across boroughs was noted as an issue. A collaborative approach to establishing the</p>

		<p>pillars of MARAC performance is required to ensure a certain level of consistency is achieved which allows for cooperation and sharing between boroughs, without compromising the often 'individualised' structure it requires to address specific needs of one borough.</p>
<p>Finding 11. Impact of Covid-19</p>	<p>Interviews Surveys</p>	<p>Several changes to the way MARAC is delivered and run were brought about by the Covid-19 pandemic, with MARACs meeting moving to an online platform. One of the most noticeable changes was the need to change to virtual working and move MARAC meetings to an online platform. Inevitably, this resulted in several changes in the delivery of MARAC meetings, information sharing, and general interaction with partner agencies</p> <p>Most interviewees identified an increase in the workload and the number of referrals made to their MARAC, which put added pressures to already limited resources (particularly in terms of time and funding). Better attendance from partner agencies was consistently identified as one of the main improvements. Online meetings were said to be more accessible and often less time consuming for each representative. However, as was noted by some survey participants as well as interviewees, more attendance does not always equate to more participation. Other issues included logistical issues (e.g., 'clunky' system making it difficult for representatives to intervene effectively, less natural or flowing interaction), managing participation, and establishing rapport with partner agencies. As previously discussed, increased MARAC referrals from partner agencies and subsequently high caseloads seemingly reflected the increase in domestic abuse cases throughout the pandemic, particularly during periods of national lockdown resulting in some areas increasing the frequency of their meetings.</p>

<p>Finding 12. Trust and confidence in policing</p>	<p>Survey</p>	<p>73% of participants from the MARAC Chair, Coordinator and partner agency survey felt agencies had trust and confidence in policing where MARAC cases are involved. Some participants stated they had experienced effective communication and a good working relationship between police and agencies. However, other participants expressed a more equivocal view on the levels of trust and collaboration, describing issues with communication, misaligned expectations, or a lack of confidence in police’s ability to deliver just outcomes for survivors. Several cited high caseloads and a lack of corresponding resources as a major barrier for police. Specialist organisations mostly agreed that agencies had trust and confidence in policing but participants reported more mixed attitudes towards police, or described inconsistent or “variable” practice by frontline officers</p>
<p>Finding 13. An ‘ideal’ MARAC?</p>	<p>Interviews</p>	<p>Throughout the interviews, chairs and coordinators put forward suggestions to improve MARAC provision, from increasing communication to ensuring uniformity across boroughs. Some of the recommendations reflect strategies already in place to address challenges within MARAC. These include adjusting the frequency of MARACs, controlling timings, and managing information sharing and representatives’ contributions at the meeting (to ensure proportionate interventions).</p> <p>Common themes for an ‘ideal’ MARAC were good action planning, good attendance from partner agencies, good representation at MARAC meetings reflecting the needs of the borough, good relationships between partner agencies and representatives, good research, efficient information sharing, and sufficient time to discuss cases, incorporating offender management, good chairing, a structured and streamlined process at MARAC, among others.</p>

Limitations summary

Time constraints: The review was set to take place across a six-month period. Due to the time constraints of the project, it was not possible to carry out both a desktop review and observations for all thirty-two boroughs and this should be considered.

Participation: All 32 London MARACs were contacted at the beginning of July 2021 and asked to participate in the research that would take place across August and September 2021. Some MARACs were unable to participate in the interview citing limitations on resources and this should be considered when reading this report. The coordination of MARACs was largely delivered by an employee from the local authority. However, some local authorities have commissioned the MARAC coordination service to the voluntary sector or police. It should be noted that none of the MARACs coordinated by the police were able to be interviewed.

Interviews: Some interviews occurred with chairs and coordinators simultaneously and that might have obscured some issues with regards to perceptions of coordinating and or chairing.

Analysis: As the two sets of survey participants responded to two survey questionnaires with largely overlapping, but non-identical sets of questions, and some participants chose not to answer all questions, researchers determined that conducting a descriptive analysis of each set of answers would be most appropriate. **However, it is important to note that, in the majority of cases where respondents answered the same questions, they exhibited similar patterns of answers.** Where responses from MARAC Coordinator, Chair and partner agency participants and specialist organisations are presented separately, this reflects the data collection and analysis processes, rather than to suggest that there was a clear divide or demarcation between groups of participants.

Recommendations

Recommendation 1: *It is crucial that all London MARACs have a clear operating protocol and terms of reference so that there is a clear process and structure which is monitored by a local MARAC Steering Group. MOPAC may wish to consider a London wide MARAC steering group.*

Recommendation 2: *Core agencies as set out by SafeLives must ensure they participate in the MARAC process both operationally and strategically.*

Recommendation 3: *London MARACs must ensure they are following the SafeLives 10 Principles for an effective MARAC and any developments SafeLives make. They should be reviewing performance against this regularly at their local steering groups.*

Recommendation 4: *All partners involved in MARAC must attend training before participating in the MARAC process. To ensure this, there needs to be regular MARAC training available to chairs and representatives which includes but is not limited to roles and responsibilities of partners in the MARAC process, issues of intersectionality, trauma informed practices, cultural competency and harmful practices.*

Recommendation 5: A standardised MARAC performance assessment to be in place across London and collected by MOPAC or London Councils. This can be developed through a multiagency collaborative approach that considers the uniqueness of each MARAC and the needs of each borough, to avoid a 'one-size-fits-all' approach to the MARAC process. This performance can be monitored on a regional basis by the aforementioned London wide MARAC steering group.

Recommendation 6: Further research is required by MOPAC on the effectiveness of different models of MARACs operating in terms of frequency, performance, and coordination delivery.

Recommendation 7a: Local Authorities to convene and ensure there is a common referral criteria across London MARACs and consider the wider context of VAWG specifically the inclusion of Adult Family Violence and Harmful Practices as additional criteria.

Recommendation 7b: The addition of Harmful Practices as a referral criteria across some boroughs is an area that requires more exploration and research in how it impacts the response to this group of survivors.

Recommendation 7c: Research is required to understand how MARACs respond to Adult Family Violence (AFV) cases.

Recommendation 8: The MARAC meeting should be structured to ensure the survivor's voice is at the heart of the discussion and ensure feedback to survivors is part of the action planning process. MARACs can do this by having the specialist domestic abuse service present their updates after the referring agent or, in the event they are not directly involved, the agency who has strongest relationship with the survivor. This will allow the discussion to be survivor focused and led.

Recommendation 9: Local authorities must ensure they have robust survivor feedback loop for the MARAC process.

Recommendation 10: MOPAC to create an intersectional framework for funding and resourcing for MARACs. MOPAC should meet with regional partners to explore how funding can be sustainable and lobby for national change.

Recommendation 11: It is imperative that London MARACs have representation that reflects their local diverse communities. Local Authorities must ensure that equality is at the core of their MARAC operating protocols by including representation of by and for organisations. As part of this recommendation, it is important that an ongoing dialogue be established by Local Authorities with 'by and for' organisations on how to ensure effective participation and funding so that engagement is collaborative endeavour as against only featuring at MARAC in a guesting capacity.

Recommendation 12a: MARACs need to operate alongside effective perpetrator management. This will involve ensuring perpetrator management is discussed at MARAC as part of the safety planning and support options.

Recommendation 12b: *Local Authorities must establish better perpetrator management options locally.*

Introduction

Context and Background

MOPAC commissioned a review of how London MARACs operate across the 32 London boroughs to Standing Together Against Domestic Abuse (ST) in collaboration with the Centre for Abuse Research (CARE) at the University of Suffolk (UOS). The project started in July 2021 and research concluded in September 2021.

The MARAC aims to reduce the risk to those survivors of domestic abuse who are assessed to be at high risk of serious harm or homicide. Central to our methodology is the belief that MARAC is not a just meeting but is a multi-agency process. No single agency has a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. The MARAC enables agencies to share these insights with other local services and to develop a joined-up safety plan. The quality of the collaborative working between agencies and how MARAC is understood by partners is the key to its success.

ST's played a pioneering role in the development and implementation of MARACs founding the MARAC in Hammersmith & Fulham in September 2007 and currently coordinate five London MARACs. ST's approach is underpinned by the Coordinated Community Response (CCR) model. Standing Together believe that a Coordinated Community Response is vital to ensure local systems truly keep survivors and any dependents safe, hold abusers to account, and ultimately, prevent domestic abuse. Poor communication and gaps between services put survivors at risk. The CCR brings a wide range of services together to address prevention, early intervention, crisis, and long-term recovery and safety, through improved pathways, systems, and shared policies. This model of a coordinated local partnership to tackle and ultimately prevent domestic abuse is now widely accepted as best practice. Risk cannot be managed by one agency alone. Working as a collective, agencies can help keep survivors and their children safe whilst holding perpetrators behaviour to account. Working with CARE ensured that we worked within confines of good quality research practices, ensuring that we draw on the independence and expertise of Dr Olumide Adisa and her team throughout the research.

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. p.24). Unlike other multi-agency safeguarding panels, MARACs do not have statutory footing but were recommended by the Home Office as a coordinate community response to domestic abuse. SafeLives (2017) set out ten principles that underpin an effective MARAC acting as a blueprint for best practice. The principles are as follows:

1. **“Identification:** Professionals recognise domestic abuse; risk assess and identify high-risk cases.

2. **Referral to MARAC:** Professionals recognise domestic abuse; risk assess and identify high-risk cases based on the referral criteria for MARAC
3. **Multi-agency engagement:** Agencies that can contribute to safeguarding high-risk survivors, associated children and vulnerable adults attend the MARAC
4. **Independent representation and support for survivors:** All high-risk survivors are offered the support of an IDVA; their views and needs are represented at MARAC
5. **Information sharing:** MARAC representatives share relevant, proportionate, and risk-focused information.
6. **Action planning:** Multiagency action plans address the risk to the survivor, safeguard children and adults at risk, and manage perpetrator behaviour
7. **Number of cases:** The MARAC hears the recommended volume of cases
8. **Equality:** The MARAC addresses the unique needs of survivors with protected characteristics
9. **Operational support:** There is sufficient support and resources to support effective functioning of the MARAC.
10. **Governance:** There is effective strategic support and leadership of the MARAC and IDVA/specialist DA response, and agencies work together effectively”

In March 2020, the UK Government announced lockdown restrictions in response to the worldwide Covid-19 pandemic. The landscape of MARACs had changed as a result. MARACs had to adapt and adjust their processes to ensure they continued without disruption, and this has seen further variation across London in process. SafeLives (2020) survey of MARACs in the Covid-19 pandemic found that areas were quick to adjust and adapt to a virtual way of working but there were some challenges. Standing Together (2020) London MARAC and Covid-19 review paper found several different practices across 15 London MARACs some of which pre-dated the pandemic.

As of October 2021, SafeLives reported that there are approximately 290 MARACs across the UK whom they collect data from on a quarterly basis. SafeLives has published the national data sets for MARACs by region for each financial year (FY) since 2018. On reviewing this data nationally, MARACs were hearing **110%** of the expected volume of cases in FY 2020-21. This was a **9%** increase on the previous FY 2019-2020 indicating a slight increase in MARAC cases nationally during the pandemic. When the MARAC data is reviewed for London (excluding City of London), MARACs were hearing 119% of the expected volume across FY 2020-2021. This is an increase of **22%** when compared to the previous FY2019-2020. This increase is notable as the previous increase from FY18/19 to FY19/20 was only **4%** in London. This indicates that London MARACs were dealing with a significant increase in referrals during the pandemic.

To give context to this review, it is important to note the different models of MARAC across London as seen in figure 1.

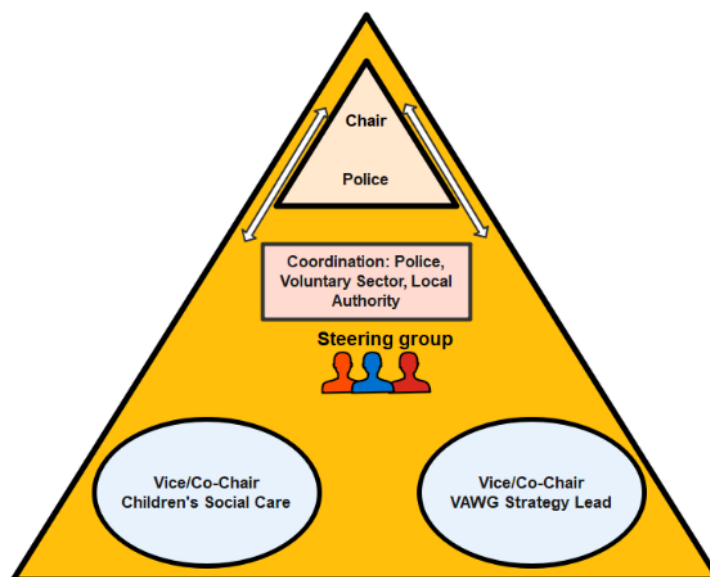


Figure 1: Common models of MARAC governance in London

Frequency of MARAC meetings varies across London with several models being used, as seen in table 1. Additionally, MARAC coordination delivery varies across London with the majority being delivered by coordinators employed by the local authority, others coordinated by the police and the voluntary sector. The breakdown for London can be seen in Table 2. **Little research has been carried out on the differences between different models both in terms of frequency and coordination delivery.** There is further variation in chairing of MARAC meetings in London with the majority being police, but a handful VAWG leads or other statutory services as vice-chairs or co-chairs.

Table 1. Frequency of London MARACs in 2021

Frequency	% of MARACS
Daily	6
Weekly	16
Every 2 weeks	38
Every 3 weeks	9
Every 4 weeks	6
Monthly	25

Table 2. Delivery of MARAC Coordination Service for London MARACs in 2021

Coordination Service Delivery	Number of MARACs
Voluntary and Community Sector	8
Local authority	20
Police coordination	4

Methodology

A mixed-methods research approach was adopted, combining both quantitative – surveys – and qualitative – interviews, observations, and open-ended survey responses – data collection and analysis as well as a desktop review of operating procedures and protocols. All research materials were approved for use by the University of Suffolk Ethics Committee. These are described below in more detail. Standing Together has extensive expertise in the delivery of MARACs and our experience further informed this review.

Desktop Review

London MARACs² were asked to take part in a desktop review and observation. A review tool was created to consider the MARACs in line with the SafeLives 10 Principles of an effective MARAC. The tool looked at the following areas:

- MARAC operating protocols, procedures, referral forms and anonymised MARAC minutes.
- SafeLives performance data between 2018 and June 2021.
- Observation of one MARAC meeting by the project team. The observation time varied depending on caseload.

The request for participation in this activity was sent to all London MARAC Coordinators via email to garner interest and volunteers. The initial email specified 10 MARACs that had been selected across different areas of London and with different frequencies of meetings to get a representative sample.

A further review of MARAC referral criteria was conducted on 31 London MARACs as one MARAC referral form could not be sourced online.

Surveys

Researchers developed two online survey questionnaires for professionals involved with MARACs across 32 London boroughs; one designed for MARAC Chairs, Coordinators, and partner agencies and one for professionals from specialist services. Each survey was intended to capture information regarding:

- Participant demographic
- Participant role

² Due to the time constraints of the project, it was not possible to carry out a desktop review and observation for all 32 boroughs.

- MARAC structure and functioning in participant's borough (frequency, steering group, shared vision, aims and principles, and effectiveness)
- Partnership working
- Referral pathways and criteria
- Stakeholder engagement
- Managing perpetrator behaviour
- Representing diverse survivors (including marginalised, racially minoritised and multiply disadvantaged survivors, and children)
- Barriers, successes and areas of good practice
- Level of confidence and trust in policing locally

Links to the surveys were disseminated via professional networks and MOPAC themselves to ensure as many professionals as possible had the opportunity to participate.

Information on how the survey data was analysed can be found in appendix 1.

Interviews

Semi-structured interviews were conducted with MARAC coordinators and chairs across different boroughs in London. An interview schedule was developed collaboratively by the researchers, with a focus on addressing the aims of this review. That said, interview questions aimed at exploring participants' views of the challenges and gaps faced by MARAC, their perceptions of its performance and effectiveness, and their experiences within their role at MARAC.

Information on how the interview data was analysed can be found in appendix 1.

Participation

Table 3 provides a summary of the research activities and participants across the areas of London. The boroughs involved have been sorted by the Metropolitan Police Service (2018) Borough Command Units. (See appendix 5 for breakdown by borough).

Table 3. Summary of participation in research and areas in London

Research Activity	Participants (n)	Area of London
Desktop Review: <i>Observations</i>	11	South East Area, South West Area, South Area, North Area, Central North, Central East
<i>Full Review Tool</i>	9	South East Area, South West Area, South Area, North Area, Central North
<i>SafeLives Performance Data</i>	16	Central East, Central North, Central South, Central West, East Area, North Area, North East Area, North West Area, South East Area, South Area, South West Area, West Area

Referral Forms	31	Central East, Central North, Central South, Central West, South Area, East Area, West Area, North Area, North East Area, North West Area, South East Area, South West Area
Survey	Partner Agencies: 184	Central East, Central North, Central South, Central West, South Area, East Area, West Area, North Area, North East Area, North West Area, South East Area, South West Area
	Specialist Services: 73	Central East, Central North, Central South, Central West, South Area, East Area, West Area, North Area, North East, North West Area, South East Area, South West Area
Interviews	Coordinators: 22	Central East, Central North, Central South, Central West, East Area, North Area, North West Area, South East Area, South Area, South West Area, West Area
	Chairs: 15	Central East, Central North, Central West, East Area, North Area, South East Area, South West Area, West Area

**Full breakdown can be seen in Appendix 4.*

Desktop Review

Of the initial sample selected, 5 MARACs consented to take part in the desktop review and observations. A further 4 volunteered and 2 agreed to observation only of their meetings resulting in a convenience sample. The breakdown per area in the sample can be seen in table 4. As can be seen in table 5, all types of frequency were included in this sample. Only 1 MARAC was coordinated by a voluntary sector organisation in this sample. The remainder were coordinated by a local authority.

Table 4. Breakdown by area for desktop reviews and observations

Area of London	Number of MARACS
South East Area	2
South West Area	2
South Area	2
North Area	1
Central North	2
Central East	2

Table 5. Breakdown of participating MARACs and frequency in desktop review

Frequency	Number of MARACS
Daily	1
Weekly	1
Every 2 weeks	4
Every 3 weeks	2
Monthly	3

In total, 16 MARACs gave consent for the review to access the SafeLives performance data. The breakdown per area can be seen in table 6.

Table 6. London MARACs by area included in SafeLives Performance Data Review

Area of London	Number of MARACS
Central East	1
Central North	2
Central South	0
Central West	3
East Area	2
North Area	1
North East Area	0
North West Area	0
South East Area	2
South Area	2
South West Area	2
West Area	1
Total	16

Surveys

Overall, the two surveys attracted 257 participants with 184 MARAC Chair, Coordinator and partner agencies and 73 specialist organisations. Respondents for both the MARAC Chair, Coordinator and partner agency survey and the specialist organisation survey shared similar demographic characteristics. Most notably, the clear majority were female (see appendix 2 further detail). This may in part be attributable to the professions of some of those surveyed, which are typically disproportionately female – for example, recent statistics show that, on 30 September 2018, 86% of children and family social workers were female (Department for Education, 2019). Additionally, research on survey participation suggests that women are more likely to take part in surveys than men (Curtin *et al*, 2000; Smith, 2008). This finding also aligns with similar MARAC study undertaken by one of the authors, where 84% of survey participants were women (see Adisa, 2020). As DA remains a gendered issue which disproportionately impacts women, women may also be more likely to choose to contribute to research on this topic.

81% of MARAC Chair, Coordinator and partner agency participants identified themselves as female, and 91% were aged between 25-64.

Most participants were White British (54%), Black African (8%) or Black Caribbean (6%), and just 7% considered themselves to be disabled. 60% of participants worked in Health, Housing, as a MARAC Coordinator, or in Children's or Adult Social Services.

Among specialist organisation participants, the gender disparity was even more pronounced, with 90% of participants identifying themselves as female. This likely reflects the fact that 80% of participants were either IDVAs or worked in specialist DA services. Given the historical emergence of DA refuges and other services as part of a grassroots feminist response to gender-based violence (see Hague, 2021), and the gendered nature of DA, professionals who work in these roles remain predominantly female.

A lower proportion of specialist organisation participants identified as White British (38%) than respondents from the other survey, and there was a higher percentage of Indian (11%), Bangladeshi (7%), and Pakistani (5%) participants. A similar proportion of respondents identified as Black African (8%).

Interviews

Overall, twenty-nine interviews were conducted and recorded via Microsoft Teams. Most interviews were conducted individually, except on occasions where both the MARAC coordinator and chair for the same borough were interviewed together. Two MARACs had more than one chair and would either rotate or share the chairing role. Three MARAC chairs had responsibility for chairing in more than one borough.

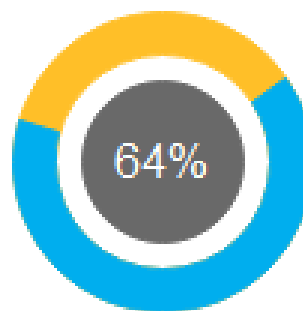
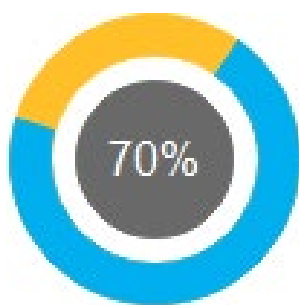
Table 7. Geographical breakdown of interviews with MARAC Coordinators and Chairs

Area of London	Coordinator	Chair
Central East	2	2
Central North	1	2
Central South	2	0
Central West	3	3
East Area	2	2
North Area	1	1
North East Area	0	0
North West Area	1	0
South East Area	3	2
South Area	2	0
South West Area	4	2
West Area	1	1
Total	22	15

Emerging findings from the review

The review focused on the SafeLives Ten Principles of an Effective MARAC, and we will discuss the findings in relation to each of these principles.

70% of MARAC Chair, Coordinator and Partner agency survey participants agreed that their MARAC had a shared vision to which all agencies were committed, and which performance was measured against. Meanwhile, 64% of specialist organisations felt that there was a shared vision



Principles 1 & 2: Identification and Referral to MARAC – “Professionals recognise domestic abuse; risk assess and identify high-risk cases based on the referral criteria for MARAC”

The first two principles are closely linked and have been examined together. Key indicators for these principles include presence of clear process and referral criteria; appropriateness of cases discussed at MARAC; good identification of repeat victimisation; and timely referrals into the meeting.

All survey respondents were asked whether their MARAC embodies SafeLives ten principles for an effective MARAC and the findings regarding each principle will introduce each section.

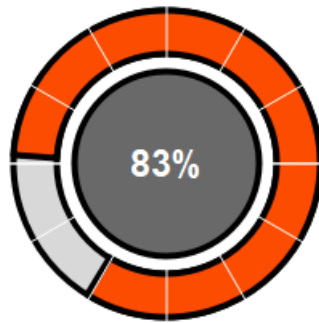
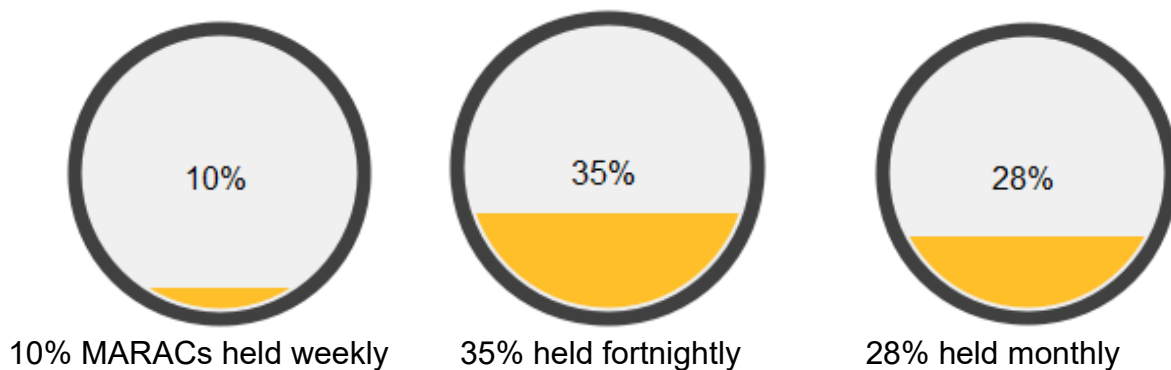


Figure 2: SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Clear risk identification

More than 83% of participants felt that their MARAC fulfilled the SafeLives principle of clear risk identification.

MARAC frequency

In the survey, the highest single proportion of participants reported that their local MARAC was convened fortnightly, while just over a quarter of participants attended monthly MARACs. 10% reported they had weekly MARACs.



Frequency of MARAC meetings varied across boroughs, as is seen in table 1, both pre and post-pandemic, with some advocating more regular meetings and other rejecting such approach. In most cases, frequency of meetings was reflective of the caseload (e.g., high volume of referrals) and the need to keep partners engaged.

MARAC Referral Criteria

A review was carried out by the project team on referral forms for all London MARACs to ascertain criteria and thresholds for London MARACs. Out of the 32 boroughs, 1 referral form could not be sourced online and as such, the criteria are listed unknown. 1 referral form did not list criteria. The review considered the criteria set out for London MARACs and findings can be seen below in table 8.

Table 8. MARAC Referral Criteria Breakdown

Referral Criteria	% of MARACS
Potential Escalation *	94%
Visible High Risk (14+ on DASH RIC)	94%
Professional Judgement	94%
Repeat (within 12 months)	81%
Repeat not listed as criteria but asked if case has been discussed in past 12 months on referral forms	9%
Clare's Law Disclosure request	6%
Other criteria	19%
Unknown	3%

* Number of incidents broken down in table 9.

Recommendations for MARAC referral criteria have been set out by SafeLives (2021) and states that responsibility falls to the local MARAC to decide on the specifics. SafeLives recommends the following criteria: professional judgement; 'Visible High Risk' whereby there are 14 or more ticks on the actuarial SafeLives-DASH Risk Identification Checklist (RIC); potential for escalation; and repeat victimisation. SafeLives defines repeat victimisation as any incident of domestic abuse between the same survivor and perpetrator within 12 months of the case being discussed at MARAC.

19% of MARACs had additional criteria on their referral forms:

- *“Survivor stated they feel at risk of serious harm or death”*
- *“Adult child to parent violence - There have been five or more domestic abuse incidents or three or more domestic abuse crimes by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency”*
- *“Suspected Honour Based Violence”*
- *“It is Honour Based Violence, Forced Marriage, Female Genital Mutilation, Teenage Pregnancy”*
- *“Forced Marriage / Honour Based Violence - all cases of Honour Based Violence should be automatically referred to the MARAC.*

The addition of criteria for honour-based abuse and forced marriage is supported by SafeLives Spotlight Report (2017) whereby 68% of survivors in the sample experiencing honour-based abuse were at high risk of serious harm or homicide. There was slight variation on whether additional harmful practices were present in the referral form criteria such as forced marriage and Female Genital Mutilation (FGM). An interesting addition was teenage pregnancy for one MARAC. Furthermore, the survivor's perception of danger is crucial when assessing risk and inclusion as a criterion is an example of positive practice.

The addition of a criteria identifying adult child to parent violence was interesting. As noted in the London DHR Case Analysis and Review (2019), there is a lack of research into Adult Family Homicides (AFH) when compared to Intimate Partner Homicides (IPH). The DHR case analysis looked at 25 AFH and found 28% of cases were not risk assessed or referred to MARAC even though they were high risk cases. In 60% of cases, there was a lack of

understanding within agencies of the dynamics of DA/VAWG in AFH cases and its impacts. Therefore, the addition of Adult Family Violence (AFV) as MARAC criteria is an example of good practice ensuring that agencies recognise and respond to AFV cases appropriately. However, further work is required to understand how MARACs respond to these cases.

The inclusion of Domestic Violence Disclosure Scheme (DVDS), also known as Clare’s Law, is problematic. A request for a disclosure can be made by any individual to the police regardless of risk levels being faced by the survivor. In our experience, MARAC can consider the DVDS as an action should it be appropriate. However, it is imperative that only high-risk survivors are referred into MARAC. As discussed by SafeLives in their guidance around DVDS, there are legal constraints in respect of information sharing and UK GDPR 2018. Furthermore, the submission of these requests to MARAC are not an appropriate use of MARAC resources and may delay disclosure to the survivor.

The current SafeLives definition of potential for escalation considers the frequency and/or severity of the domestic abuse. It goes on to say this is commonly associated with three or more incidents. The specific number of incidents is expected to be set locally based on local reporting rates. In our review of referral forms, 44% of MARACs explicitly stated that the incidents would be either police calls or police crimes (i.e., three or more police callouts/crimes) whereas 50% did not specify police crimes and referred to ‘domestic abuse incidents’. The breakdown can be seen in Table 9. Previous SafeLives documentation had alluded to three or more incidents reported to the police. Caution is given in the report by Robinson et al (2016) where discrepancies were observed in the recording of domestic abuse crimes within the police. A review of this criteria demonstrates inconsistencies across MARAC thresholds around escalation (see below) which can cause issues for agencies working across multiples areas and their understanding of this criteria. Inclusion of police callouts/crimes could result in survivors not being referred to MARAC by professionals despite there being an escalation in abuse. We know that not all survivors are necessarily reporting the abuse to the police (HMIC, 2014), and by limiting the referral criteria to callouts/crimes, there is potential for survivors to be missed. We recognise that professionals could rely on their professional judgement but without appropriate training may not be aware they are able to.

Table 9. Potential Escalation Referral Criteria Breakdown

Potential Escalation - Number of incidents	Number of MARACS (%)
3 incidents or more	19%
4 incidents or more	31%
5 incidents or more	9%
SafeLives definition of potential escalation (recommendation of 3 or more incidents)	9%
3 crimes or 7 non-crime domestics	6%
Number of incidents not specified on form	19%
Not included as criteria	3%
Unknown	3%

There was an additional referral form submitted to this review that was used by officers across three boroughs in the South East. This has not been included in the tables above and was

considered separately. This referral form was created for police to use and existed alongside an 'all agency' referral form. The context for the creation of this referral form was to ensure there was consistency for officers referring to MARAC in the local area. Variations in the MARAC criteria are noted when compared to the 'all agency' MARAC referral form and have been highlighted. The criteria were:

- 1) *Professional judgement*
- 2) *Escalation*
- 3) *Repeat victim*
- 4) **Claire's Law authorisation**
- 5) **Risk to victim based on F124D SPECSS and other risk factors: Standard/ Medium/ High**

Interestingly, the criteria for escalation does not assign a number of incidents which is perhaps surprising given the number of London MARACs specifying number of police callouts/crimes. The inclusion of Claire's Law authorisation remains problematic as discussed above. The actuarial risk assessment varies to the SafeLives DASH risk assessment and it is unclear whether survivors assessed at standard or medium would still be meeting the criteria.

The London DHR case analysis and review (2019) recommended agencies are aware of their MARAC lead and how to refer to MARAC. However, the findings from this desktop review demonstrate inconsistencies across London MARACs when it comes to criteria for referring. This can impact agency's understanding of MARAC and could result in survivors not being referred in despite there being elements of high risk of serious harm or homicide leaving them at further risk.

It was noted that all MARACs who participated in the desktop reviews included the recommended four criteria set by SafeLives (visible high risk, professional judgement, potential escalation and repeat victimisation). However, as previously discussed in the referral review for 31 MARACs, there were variations on the number of domestic incidents for potential escalation. In this sample it varied between three to five incidents whereas two boroughs did not specify a number. Three MARACs had additional criteria on their referral forms as seen below:

- *"Survivor stated they feel at risk of serious harm or death"*
- *"Adult child to parent violence - There have been five or more domestic abuse incidents or three or more domestic abuse crimes by the same perpetrator on the same victim/survivor in the last 12 months and they are increasing in severity or frequency"*
- *"Suspected Honour Based Violence"*
- *"Forced Marriage / Honour Based Violence - all cases of Honour Based Violence should be automatically referred to the MARAC."*

The inclusion of adult family violence cases as a criteria in one MARAC was seen as an example of good practice, as mentioned in the referral form review. The same is noted for the inclusion of the survivor's perception of risk.

During the observations, it was felt that **most cases brought to the MARAC meeting were appropriate and had met the thresholds**. There were a small handful of cases that it was

not possible to determine if it had met threshold largely due to **lack of information provided by referring agency or difficulties in establishing contact with the survivor prior to the meeting**. This was noted to impact on action planning discussion.

Accessibility of referral pathway and criteria

Most participants from both surveys felt that their MARAC employed clear referral criteria and had a clear pathway for referrals.



- 87% of **partner agency, MARAC Coordinator or Chair** participants felt their MARAC had a clear referral pathway
- 86% felt their MARAC had clear referral criteria
- 93% of **specialist organisation** participants felt that their MARAC had a clear referral pathway
- 95% felt their MARAC had clear referral criteria

When asked about the referral criteria used by their MARAC, visible high risk (defined as 14 score + on SafeLives DASH Risk Assessment) was cited by the highest proportion of survey participants – 87% and 95%, respectively (see figure 3 and 4 below). Given recent research findings on the predictive accuracy of DASH, which suggest that “each element of the DASH questionnaire is, at best, weakly predictive of revictimisation [and] officer risk predictions based on DASH are little better than random”, its status as the most widely used criterion for MARAC referrals raises questions as to whether high risk ‘false negatives’ may be slipping through the net (Turner *et al*, 2019: 1013). However, use of professional judgement followed a similar pattern, which is perhaps reassuring in mitigating potential challenges raised by the predominant use of DASH scores.

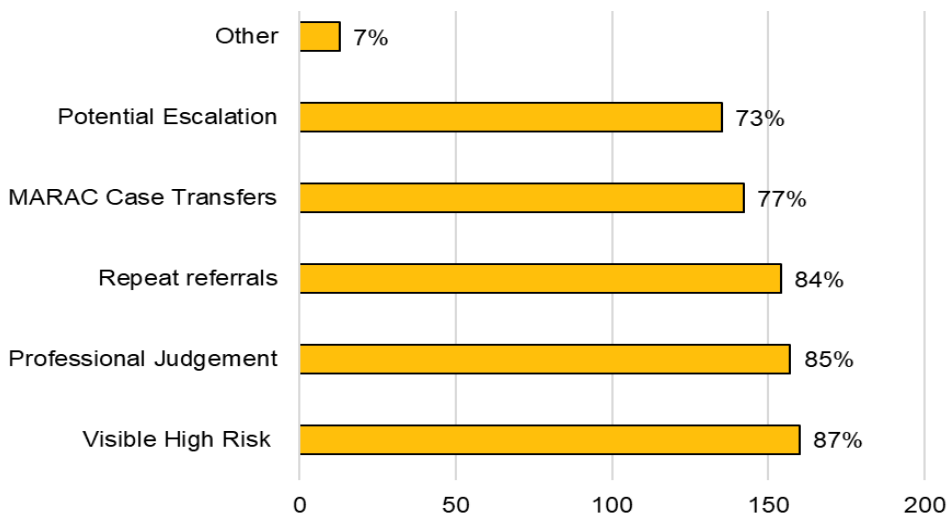


Figure 3. MARAC Coordinator, Chair & partner agency survey: Which MARAC referral criteria does your MARAC use? Tick all that apply.

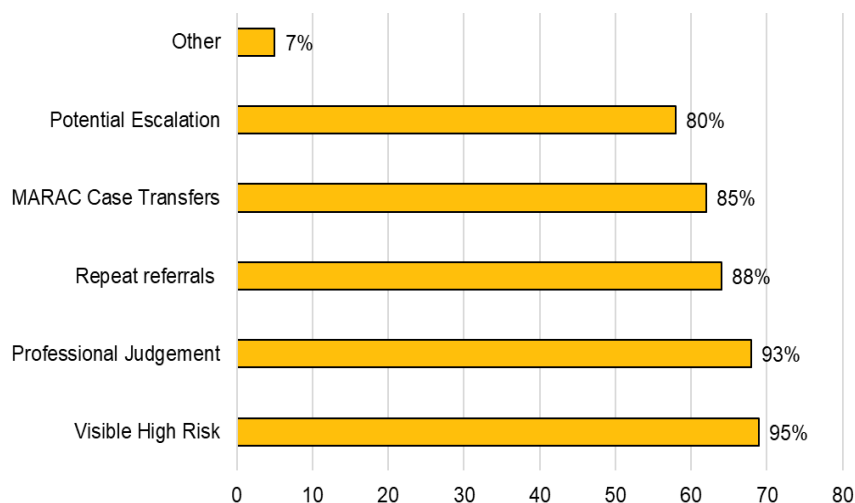


Figure 4. Specialist organisation survey: Which MARAC referral criteria does your MARAC use? Tick all that apply.

The process around MARAC-to-MARAC transfers was inconsistent. **This was also noted in observations and interviews.** A MARAC-to-MARAC transfer is recommended when a MARAC survivor moves out of the area in which they were heard. Some MARACs had listed MARAC transfers into their borough for mention only to assist with case load numbers during the meeting. The case was considered for full case discussion following consultation with the specialist domestic abuse service. Other MARACs noted that they did not routinely list cases where the survivor was in a refuge and had been transferred unless there was a specific reason. By contrast, other MARACs listed all transfers for full case discussion. Consistency around this process was noted by coordinators during the interviews and cited as a concern. An issue around how areas interpret the transfer process was raised, for cases where a survivor would be temporarily staying in another borough (i.e., at a relative's address for a week or across a weekend). In these cases, coordinators had found it to be premature to transfer across when the survivor would be returning to their own address thereafter. Due to

the frequency of the MARAC meeting, it was likely that the survivor had returned to their address before the case had been discussed at the meeting. There is a need for a more standardised approach to transfers across London to ensure there is consistency and appropriate risk management for survivors who are moving in and out of areas.

Repeat Victimization

16 London MARACs gave consent for their SafeLives performance data to be reviewed from 2018 – June 2021. Within principle 1 and 2, repeat victimisation is considered. The expected level set by SafeLives expects that repeat victimisation referrals would be in the range of 28-40% across a 12-month period. Of the 16 MARACs, only 5 MARACs had met this expected range of referrals in 2020. Overall, the average repeat referral rate was 26% for this sample. Figure 5 demonstrates that half of the MARACs had met the repeat victimisation rate in 2021 indicating some improvement. It is the responsibility of partners agencies to ensure they have robust and safe processes to recognise and address cases of repeat victimisation and re-refer back into the MARAC process.

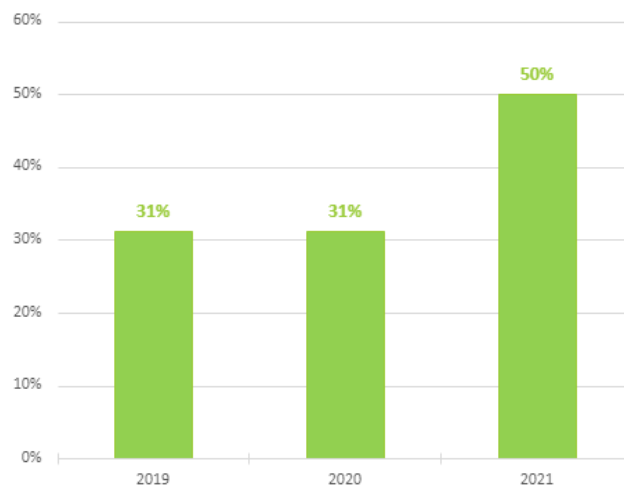


Figure 5. Percentage of boroughs meeting SafeLives recommended values for repeat victimisation (28%-40%)

For those included in the desktop review, repeat victimisation was identified in line with the SafeLives recommendation that a case will return to MARAC should there be a further incident within 12 months of the original case discussion. The expected level set by SafeLives expects that repeat victimisation referrals would be in the range of 28-40% across a 12-month period. As of June 2021, 4 of the MARACs were meeting this expected level. 1 MARAC had exceeded this and was seeing 51% of cases as repeats. Those remaining 4 MARACs who had not met the SafeLives recommendation had a repeat referral rate between 18% and 26%.

Principle 3: Multiagency engagement – “Agencies that can contribute to safeguarding high risk victims, associated children and vulnerable adults attend the MARAC”

This principle focuses on the involvement of agencies in the MARAC process. This was demonstrated by ‘core’ representatives consistently and meaningfully engaging. ‘Core’ representatives include police, specialist domestic abuse services, housing, children’s services, probation, health, mental health, substance misuse services and adult social care. This principle further considers the engagement of other agencies in the MARAC process. All representatives should have the appropriate skills to direct and provide expertise on their agency and be able to commit to use of resources.

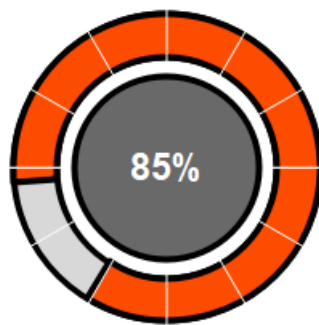


Figure 6. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Multiagency engagement

Survey findings showed that 85% of survey participants felt that their MARAC fulfilled this principle.

Stakeholder attendance and engagement

MARACs who participated in the observations were noted to have an overall good attendance from a range of core agencies. **There was particularly good practice seen around how to involve GPs and health partners such as local emergency departments in the MARAC process in some boroughs who had established links with the local Clinical Commissioning Groups, safeguarding lead or GP surgeries directly.** Whilst these agencies did not attend, there was research sent in advance of the meeting to inform the discussion and action planning.

The role of housing at MARAC was varied in terms of contribution. For the many MARACs the local authority housing representative provided valuable contributions to the meeting in terms of the specific cases and general advice around options for survivors and perpetrators. It was observed in some MARACs they would give brief updates when prompted or there was not representative present. In one area, there were five registered social landlords in attendance. They had meaningful updates to share and support around actions. Housing’s involvement within domestic abuse is seen as best practice and demonstrated by Domestic Abuse Housing Alliance’s (DAHA) which seeks to improve the housing sector’s response to domestic abuse through the introduction and adoption of an established set of

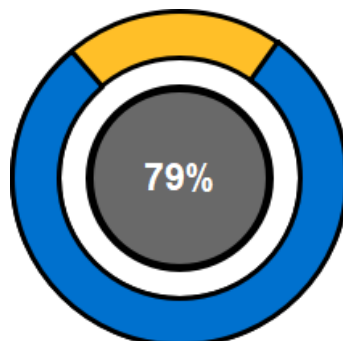
standards and an accreditation process. **The RSL's input at the MARAC was linked to positive actions for survivor safety and accommodation needs.**

Themes from the interviews and survey revealed that the National Probation Service were inconsistent in their approach to MARACs in this review. Some boroughs had an assigned representative who would attend for duration of the meeting. When they were in attendance, they played a key role around action planning for perpetrator management. Representatives were observed to be collaborative and proactive in their participation in the MARAC process. However, in most boroughs, they were either invited as a guest and would attend for a time slot or did not attend at all. **Probation is a key agency at MARAC as risk management will also require focus on the perpetrator, the risks they may pose and options for perpetrator management.** Where they are not present, this negatively impacts the risk management options available to the survivors.

Some MARACs had representation from education demonstrating how they can meaningfully be involved in the process. These representatives were mostly from the local authority although some boroughs also had representation from children centres. **Their involvement and participation enriched the MARAC discussions and options around support to the child and families were frequently offered.** Furthermore, they provided a link to schools who would be given appropriate updates on the risk management plans.

The response from mental health and adult social care was noted to be inconsistent across some boroughs whereas their participation in others was strong. Coordinators shared that inconsistency in attendance and engagement with the MARAC had a detrimental impact on the quality of information shared by these agencies and lead to difficulties in partnership working.

An area that was raised by this sample as a positive was the ability to have more guest agencies in attendance at the meeting due to the virtual platforms and addition of time slots.



79% of **both** MARAC Chair, Coordinator or partner agency and specialist organisation survey participants stated that their MARAC was regularly attended by all invited partner agencies.

Specialist DA/IDVA services, police, children's social services and housing were identified as regular MARAC attendees by an overwhelming majority of survey participants:

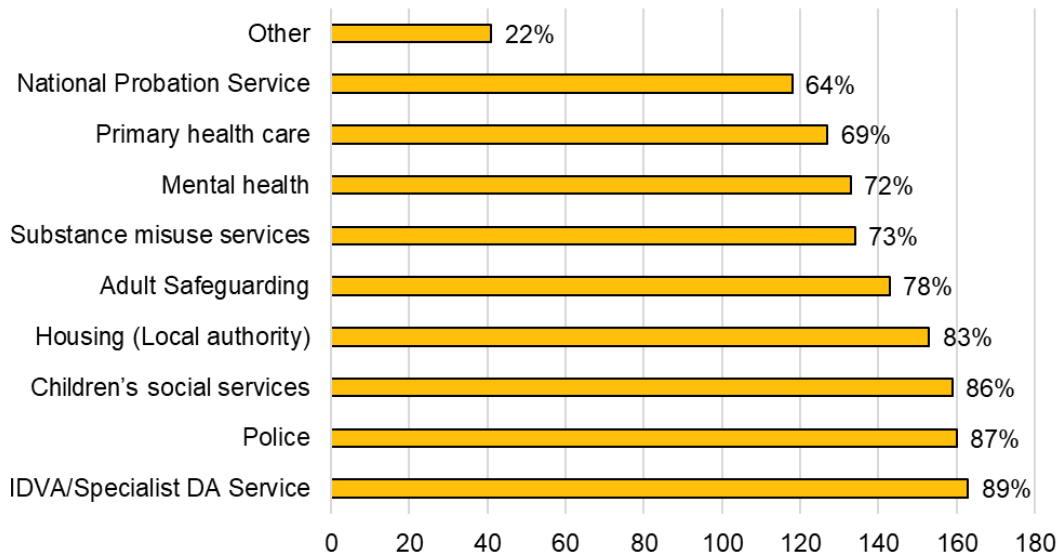


Figure 7: MARAC Coordinator, Chair & partner agency survey: Which agencies attend your MARAC regularly?

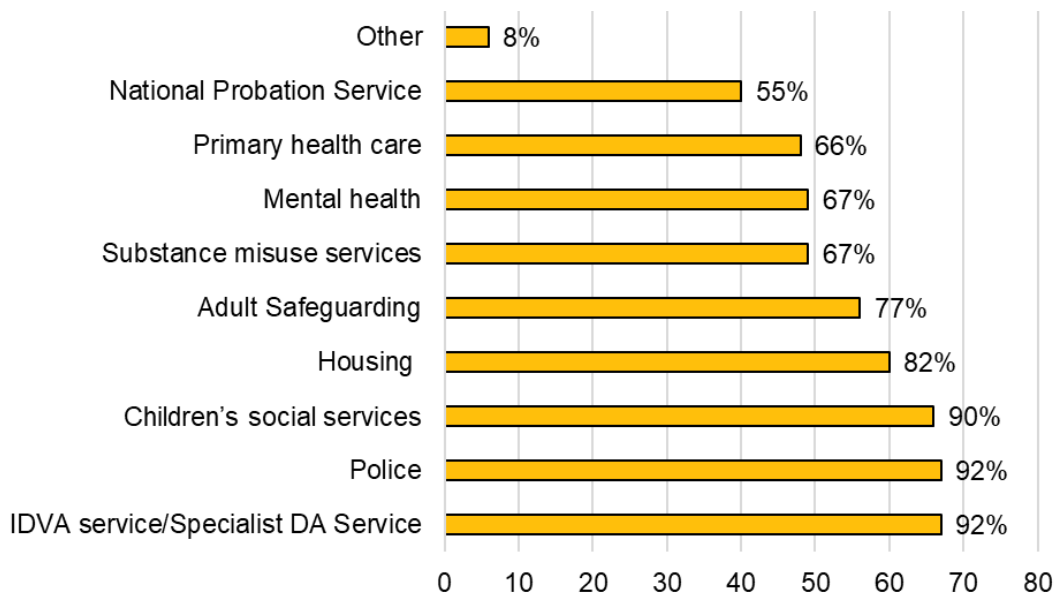


Figure 8: Specialist organisation survey: Which partner agencies attend your MARAC regularly?

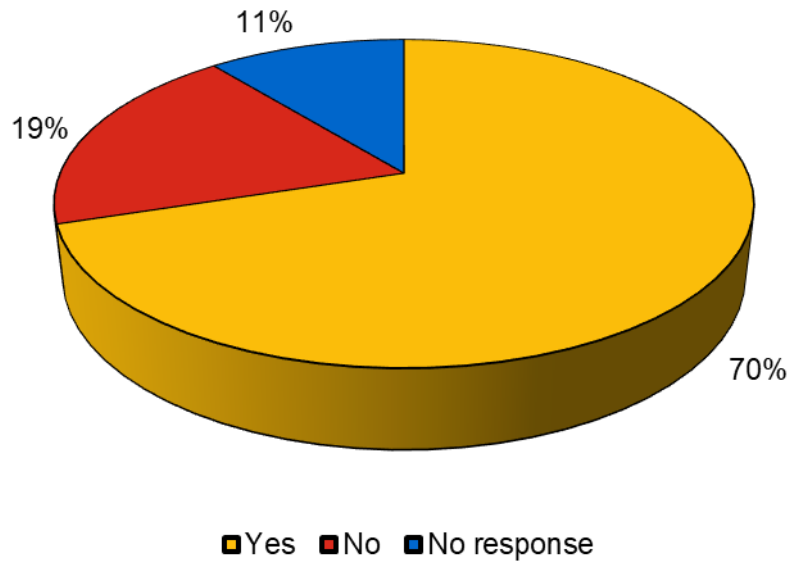


Figure 9. MARAC Coordinator, Chair & partner agency survey: Do you feel that all agencies meaningfully participate in the MARAC meeting and process?

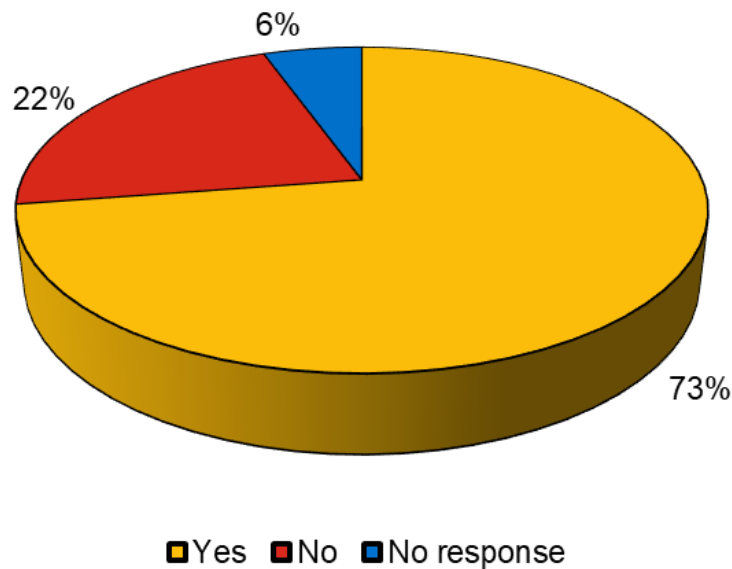
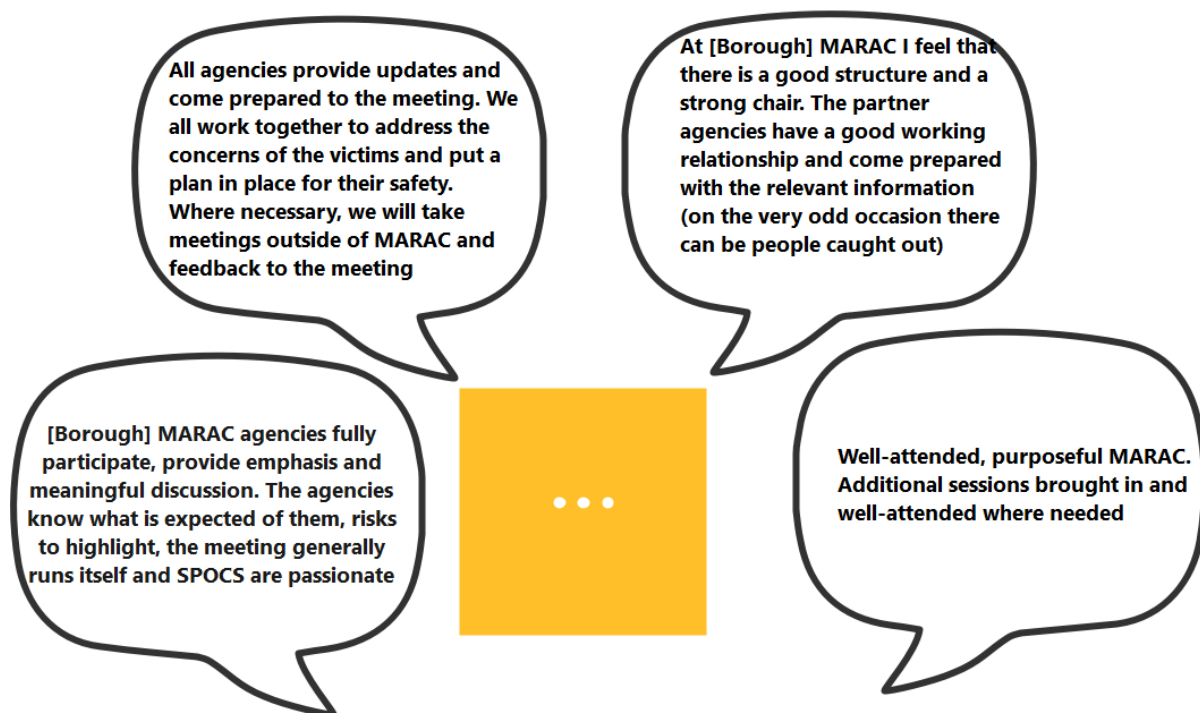


Figure 10. Specialist organisations survey: Do you feel that all agencies meaningfully participate in the MARAC meeting and process?

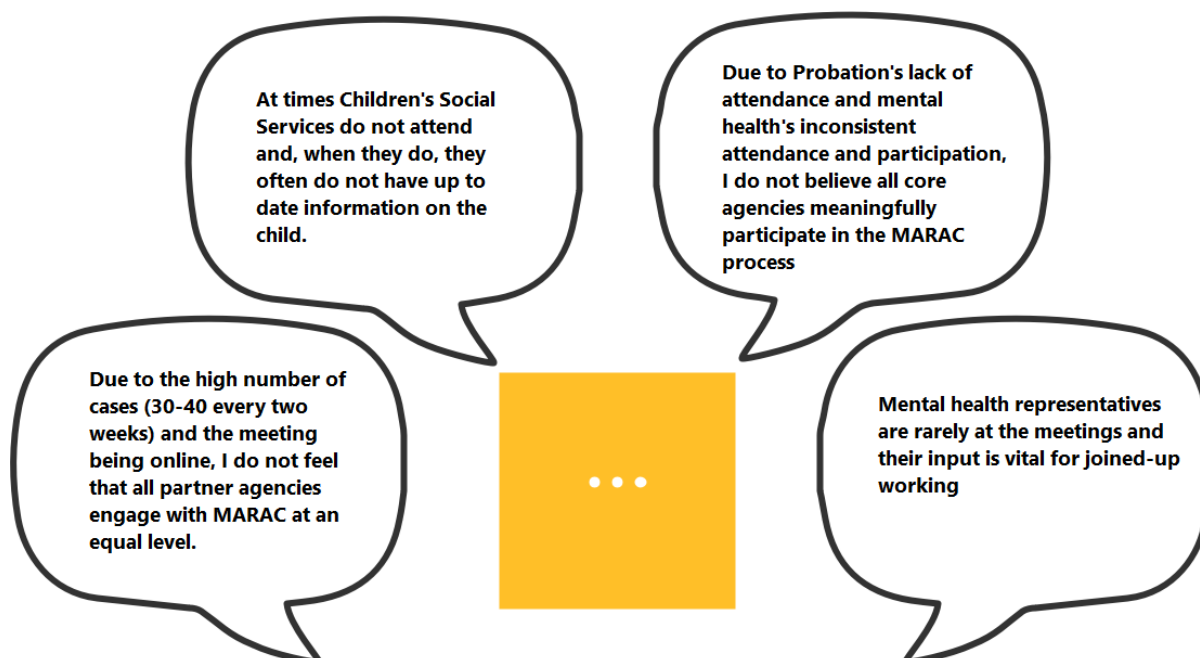
Overall, the quantitative findings suggest that the majority of participants feel that all agencies meaningfully engage with the MARAC process, at 70% of MARAC Coordinator, Chair and partner agency participants and 73% of specialist organisation participants.

The 91 open-ended responses to this question broadly support this finding but afford a more nuanced view of agency participation (79 responses from MARAC Coordinator, Chair and partner agency participants, 12 from specialist organisation participants).

33 of the responses from MARAC Coordinator, Chair and partner agency participants, and four from specialist organisation respondents, describe effective preparation and participation by attendees:



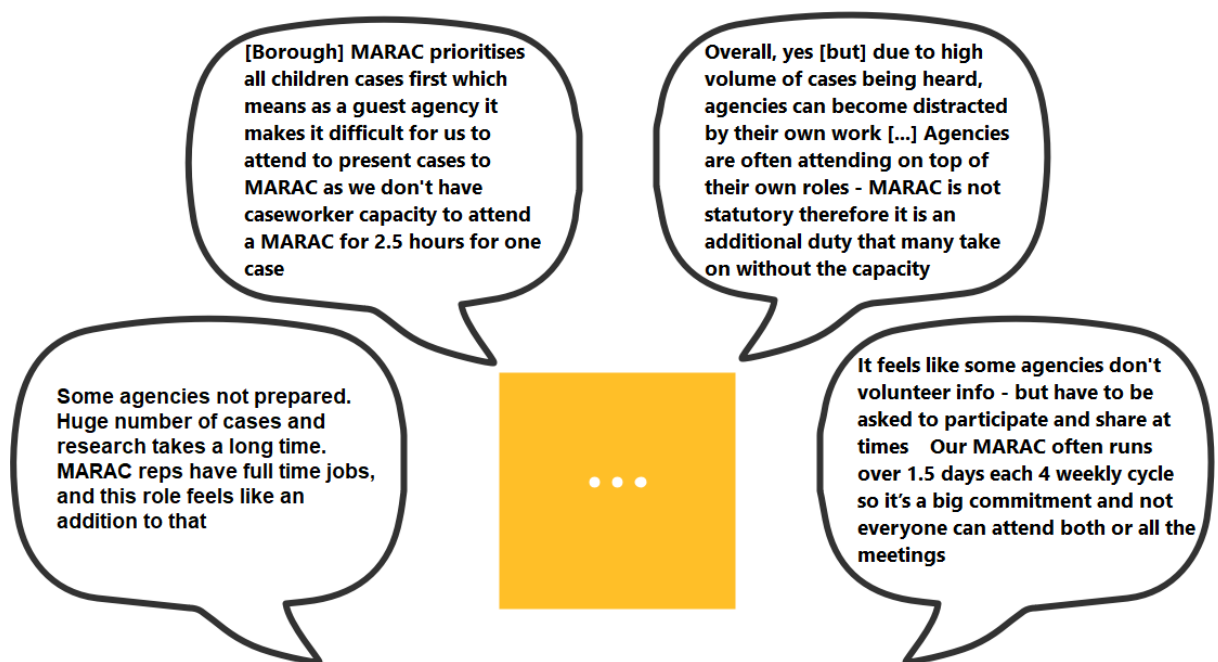
However, irregular attendance, and a lack of engagement and ownership, by some agencies – including “*core agencies*” such as probation, mental health and children’s social services – were described as major challenges by other participants:



Other participants (9 MARAC Coordinator, Chair and partner agency participants; two specialist organisation participants) identified a lack of research and preparation as an ongoing issue which not only limits the effectiveness of participation by some agencies, but has adverse impacts on the MARAC process as a whole:



A further finding among open-ended responses from MARAC Coordinator, Chair and partner agency participants which may account for some of the issues with attendance and preparedness are the interlinked perceptions that 1. MARAC meetings are prohibitively time consuming and 2. Already time-poor professionals do not have the additional capacity to adequately prepare for MARAC meetings:



As several of these responses suggest, the pandemic, an accompanying increase in many professionals' caseload and a shift to remote meetings may also have steepened barriers to

participation and reduced a sense of individual/organisational accountability among attendees.

One respondent highlighted that, even when agencies are eager to contribute meaningfully to the MARAC process and develop processes to facilitate this, capacity and funding issues can prove proscriptive:

This is really hard. Health has been overwhelmed during the pandemic so providing research even for the monthly MARACS is challenging, and this is mainly done for Maternity. We piloted information sharing from the main Trust in contrast to two other daily MARACs ([Borough] and [City] to see if this was feasible and if it made a difference. It became unsustainable [...] The team were not able to provide clear evidence of the impact our contribution from the acute Trust made, but if I am honest, I feel this is down to manpower. I think it would be something that needs investment from the LA, to look clearly at all the cases during the pilot, reviewing the information we shared and how it did/did not affect the safety planning [...] The team are upset that this has stopped as they were very clear on the difference it made

Open-ended responses to this survey question make it clear that many participants feel that there are significant disparities in attendance, initiative, and accountability between partner agencies, with several participants flagging particular issues with attendance and engagement by Probation. This is concerning, given that perpetrator management is a core aim of the MARAC process.

The responses also go some way to identifying underlying reasons for this lack of engagement by some agencies, pointing to pervasive issues with workload and resourcing, as well as more immediate challenges associated with the pandemic and remote working.

One participant's experiences also underline the barriers to participation even for 'willing' partner agencies who are keen to contribute, with a wider lack of funding and "*manpower*" posing issues when agencies are asked to evidence the benefits of investing time in the MARAC process.

Relational and communicative challenges

Another significant theme emerged regarding inter-organisational and system-level challenges.

Participants in both surveys described issues with communication, attendance and engagement when asked to reflect on the biggest obstacles to partner working.

MARAC Chair, coordinator and partner agency survey participants cited difficulties in identifying, engaging and communicating with the relevant people at partner agencies, as well as a lack of accountability or 'ownership' among some agencies:



Engagement and 'buy-in' from partner agencies

While interviewees were satisfied and praised the engagement of their partner agencies, some agencies were said to be limited in their involvement and engagement with MARAC meetings, communication, and actions. As has been seen in the survey and observations, probation, particularly, was consistently identified as 'one of the biggest misses from MARAC' (**MARAC Chair A**)

"We've had significant sort of communication breakdown with probation service. They used to be Separate Services CRC and NPS. NPS have always pretty much been on board. They provide their research, complete their actions, so we've not had that much trouble with NPS in terms of trying to be active partners within the MARAC, but CRC we've had regular changes in staffing and when someone leaves, they haven't sort of updated us. We've had to keep chasing up actions and they've been short staffed, but they've occasionally like sort of forgotten that they are key partners within MARAC." (MARAC Coordinator C)

"Consistency of agency attendance and engagement. So, because of different pressures and different agencies, we haven't always had a consistent, either consistent representation by an agency at all, so particularly probation services and mental health services locally." (MARAC Chair D)

"I think National Probation Service. Just because they don't want to respond, and I know like agencies had issues with capacity and stuff, but it's more difficult when"

you don't get a response to know whether that agency is doing something to try and engage with your MARAC. Is it being looked at? I guess there's some housing associations, which are just... they're on and off. It's a struggle, and luckily I was able to re-engage the [registered social landlord], which is one of our core agencies back into MARAC, and their attendance and engagement has improved since the last quarter. So that was good and that was, I guess, just starting that conversation with their rep and then just being quite honest about what is going on and then trying to sort that issue out, so that was good. That was a good start because it didn't escalate to anything, they sorted it out as soon as it was mentioned. So that was sorted out.” (MARAC Coordinator G)

“In terms of other challenges, I think the usual perennial thing is probation. When it was split between NPS and the CRC, attendance was limited, although I know some people have been trying to attend. And historically, we had somebody who was sort of turning up and sort of... Well, when they weren't supposed to.” (MARAC Chair G)

*“At the moment, **probation is the biggest challenge to get representation, because I kind of understand, they might only have input on one case. But, you know, that input is often the input that we really need. And they're not there. They're not there. And I mean, we used to get input from the when they were CRC and probation, we'd get we'd get CRC representation. And now that they've come back together, that same person is there to represent probation. But if they're on holiday or they've got another meeting. I don't get anything I don't even get feedback on the case summary... Nothing. So that is, the way we would tackle that is, and the way we will tackle it is... I mean, initially, even myself or the chair would write to a senior manager in probation and then if it's not dealt with, it will be taken to the VAWG steering group and raised.” (MARAC coordinator M)***

Other interviewees identified, although less emphatically, gaps with regards to mental health services and children's services in their boroughs.

Lack of attendance from certain groups can have a negative impact on ensuring not only multiagency collaboration, but equally an intersectional approach to domestic abuse. Domestic abuse is characterised by its complexity and often the intersection of multiple sources of vulnerability (e.g., unemployment, mental health). Although this is explored in more detail below (see *Diversity of Survivors' Voices in the MARAC*), it is important to question to what extent lack of capacity and representation from agencies compromises not only survivors' voices within the MARAC process, but equally a holistic approach to their needs.

It cannot be ignored, though, that this may be linked to the nature of representatives' involvement with MARAC. Interviewees highlighted that MARAC was an 'add-on' or 'side' job, which meant representatives are overworked, at capacity, and not always necessarily prioritise MARAC. Consequently, this was seen as impacting their ability to establish quality relationships and participate adequately.

*“**But I think just key to the MARAC for it being effective is just people being on board, people being trained, people having the time to come to the meeting, because we're conscious that people have got full time jobs and they're quite often taken a day out of that week when they probably don't get that time back anyway. They're just***

having to squeeze it in. So, I know people do what they can, but I think that side of it is an issue” (MARAC Coordinator A)

“I think a good buy in from local agencies is what is missing, I mean, apart from the stuff that we know about funding, but I think just having reps who are invested or at least passionate or interested about domestic abuse and trying to reduce the risk of multiple people. That’s something that I feel is missing and I... I feel like that, you can see that across all other MARACs as well because, you know... Again, whether that is linked to resourcing or when you hear about other MARACs and what they’re doing, how their minutes look, how... So, essentially, the minutes reflect the conversation that goes on in that meeting, and when you see, basically nothing, sometimes, it is concerning. So I think... Just having an interest and a care for the work that we do, does, I think, make a difference and... I feel at times as coordinators, we have to try so hard to sort of engaged partners in MARACs, especially those core agencies, but also keeping them interested and invested because it’s for their benefit as well, that we hold these meetings.” (MARAC Coordinator G)

As partnership working and multiagency is at the centre of MARAC and its provision, if engagement and participation from partner agencies is compromised then the effectiveness of MARAC is equally undermined, and an intersectional approach is hindered. Nonetheless, all interviewees described positive relationships and good buy-in from most partner agencies within their borough. As seen in the examples below, this was identified as one of the core elements of an ‘ideal’ MARAC:

*“Now, the importance and understanding why, you know, we have the MARAC, everyone to feel the same. So, you know, all partners have their eyes or workload and, you know, priorities, et cetera. But, uh, their engagement and their passion towards, sort of, victims, perpetrators, the outlook on it to be similar. **For management to prioritise their staff being able to take part in the MARAC and give them enough time to like sort of prep and even after the MARAC to do actions, et cetera.**” (MARAC Coordinator C)*

*“**But we need to also create a safe space for partner agencies.** And it can be challenging sometimes. And to be honest with you, I would take lack of research. No, I would take a safe platform for partner agencies over lack of research any time of the day, because that’s the only way we can have partner agencies to come back and push and also talk about MARAC and push for other agencies to come on board, because **there’s a lot of agencies out there that could be partner in our meetings that could come to our meetings and it’s either lack of awareness about MARAC or bad experience about MARAC.**” (MARAC Coordinator E)*

*“I would consider it to be a MARAC which was well attended by people were experienced and knowledgeable enough to be able to represent their agency, to be well grounded in their own agency, **both in the sense of having the authority or the means to leverage the authority to actually galvanize their agency to accomplish whatever actions they agree to and to feel empowered enough to be able to accept or decline those actions on part of their agency**” (MARAC Chair E)*

It is important to note that, aside from engagement, the need for understanding of MARAC and vested interest on domestic abuse was emphasised. Awareness and training for agencies were put forward as strategies to address these issues. Both general training on MARACs and what is required from agencies, as well as specialised training on the value of intersectionality were highlighted (see *Diversity of Survivors' Voices within MARAC*).

“I would really benefit from a good quality version of would be training for agencies, basically. I know that [at borough], the coordinator, who was in a full-time role and that was her only job, delivered training to all agencies around how to do MARAC referrals, when it's appropriate, how to fill out the form, and all those sorts of basics. And that was hugely beneficial because we were having buy-in from literally top to bottom of agencies. It was really, really useful. We don't have anything like that at [borough]. I know that my team deliver some training and the IDVAs deliver some training to the police, but I'm not sure whether that goes on outside of the police. And I suspect it probably doesn't because I think if we were to, as I say, I have only been in post in this role since February, so I haven't had a full cycle yet. (...) But if there was some good quality training produced for agencies around what the MARAC process is, what it's for, what the point of it is, when to recognise a case, how to do the referral, then that would be hugely beneficial because we could run that a couple of times a year, you know, to cover staff turnover issues. And it would make, and it would ensure that we were getting the message out, basically, effectively and consistently to all agencies, so that would be a really great, for me.” (MARAC Coordinator C)

“But I think training, I think there is a need for training when it comes to specialist intervention, specialist services and having an intersectional approach. I'm sorry, I'm going to continue going back to intersectional approach, but just taken on from for example, last MARAC, 20 odd cases came from a BAME background. And half of those cases we couldn't do anything because there was no reporting and if there's no reporting, we've missed half of those cases and we can't safeguard those clients or survivors. So there is a gap in knowledge, there is a gap in awareness, and there is a gap between theory and practise and society and the community. So there... It's multi-layered and domestic violence is already complex. But then domestic violence looks different to each community and individual woman and their all experiences are different. I might have the courage to report it, someone else might not have the courage to report it. And we need to take that into consideration. And I think that is missed out and that awareness, that education and knowledge needs to be highlighted. So I think the right training from the right people to the right agency, because a lot of times we are missing the training coming from the right people and that is key, absolutely key to make sure that we have not just statistics, but we have cases to showcase as to why certain things need to be carried out in a certain way and be willing to try things.” (MARAC Coordinator E)

“The other thing is, as I say, is making sure that all those that are referring to MARAC, are fully aware of where they can get training with regards to making referrals to MARAC, and dealing with victims of domestic abuse. Our VAWG service does provide free training. So, you know, I'm sort of regularly make sure I'm sending out information that, because, again, particularly agencies like Children's Services, social workers are

changing every two minutes. And, you know, sometimes you're getting referrals and you think this person doesn't know what MARAC is for because they referring a child and, you know, what have you. And no, they need training. So then, you know, it's time to send another reminder that training can be arranged. So, make sure that there's adequate training in place and it takes place on a regular basis.” (MARAC Coordinator M)

***Principle 4. Independent representation and support for survivors –
“All high-risk survivors are offered the support of an IDVA; their views and needs are represented at MARAC”***

This principle examines the independent support for survivors at the MARAC ensuring that their needs and safety are clearly advocated for.

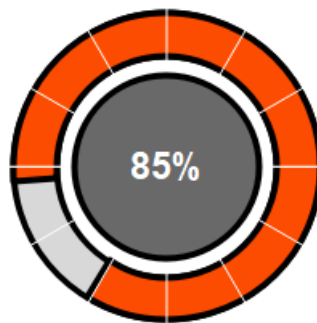


Figure 11. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: DVA/Specialist Support

Survey findings showed that 85% of survey participants felt that their MARAC fulfilled this principle.

Specialist representation for survivors

Across all MARACs in the in-depth review, the referrals had been sent to the specialist domestic abuse service within the borough within 48 hours of receipt. The specialist service had made attempts to contact cases prior to the meeting. The survivor’s voice and wishes were heard in most cases. However, **difficulties arose when the survivor had either declined to engage, or the specialist domestic abuse service had not been successful in establishing contact.** Some specialist services were noted to be more proactive than others at establishing alternate routes to support through the MARAC partnership or setting up ‘three-way meetings’ with the lead agency involved. There were some specialist services who continued to offer professional expertise in cases they were not actively involved in demonstrating a commitment to ensuring high quality support at MARAC for survivors.

There was a variation in how minutes displayed if a survivor was aware of the MARAC referral and if they had consented to the referral. This information would have been helpful to consider as it informs agencies interactions with the survivor after the meeting.

Coordinators shared they had good working relationships with their specialist domestic abuse service and cited this an important element to the effectiveness of the MARAC process.

Feedback to a survivor post meeting was not always discussed at MARAC meetings observed. Several MARACs did not set this a specific action, but discussions had been held about how the specialist domestic abuse service would discuss certain issues with the survivor, whereas some did not mention it at all. One MARAC was noted to assign it as an action in each case and it was only not assigned where it was not deemed appropriate. **It is important that the survivor is given feedback after the meeting and is one of the recommendations in this principle.**

When asked about the survivor’s experience of MARAC, 49% of specialist organisation respondents felt that the survivor had a mostly positive experience.

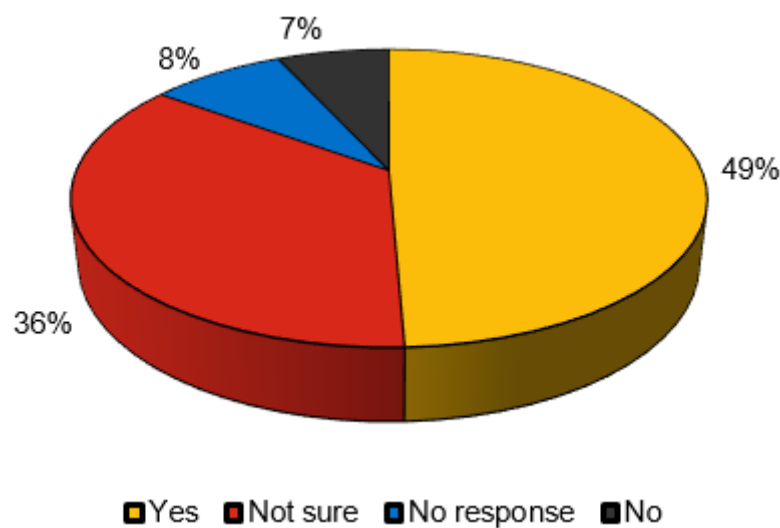
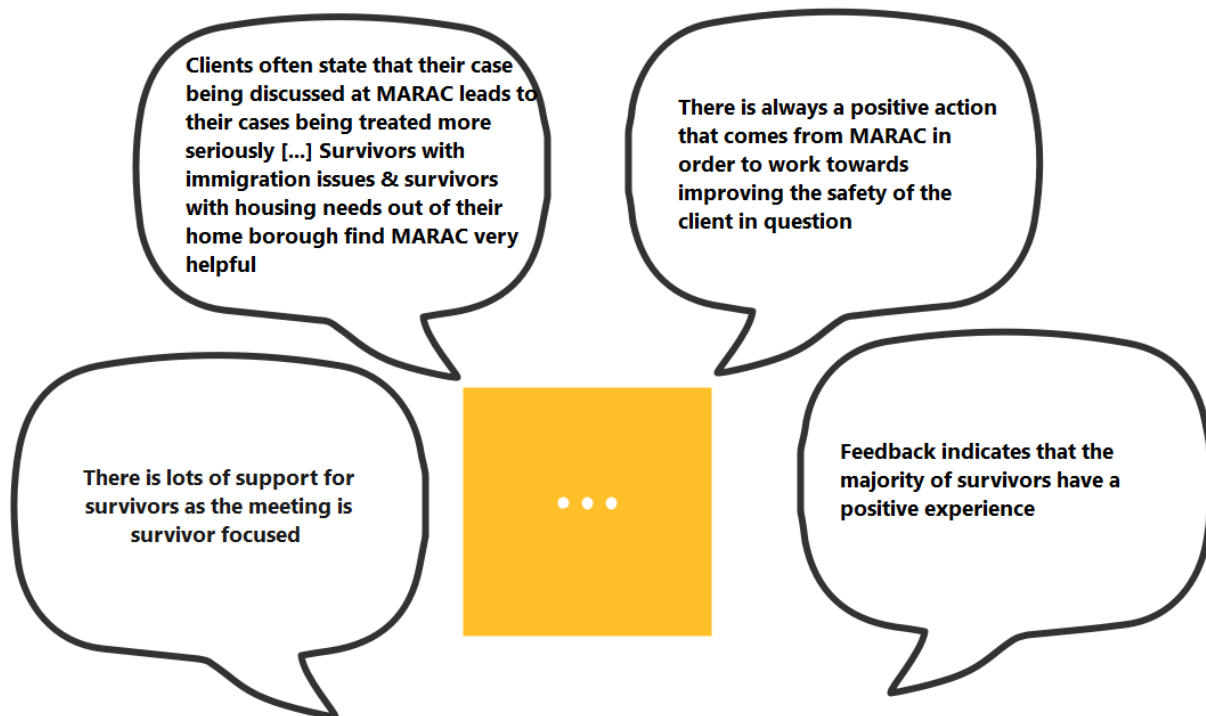


Figure 12. Specialist organisation survey: Do you feel that the majority of survivor’s you work with have a positive experience of the MARAC process?

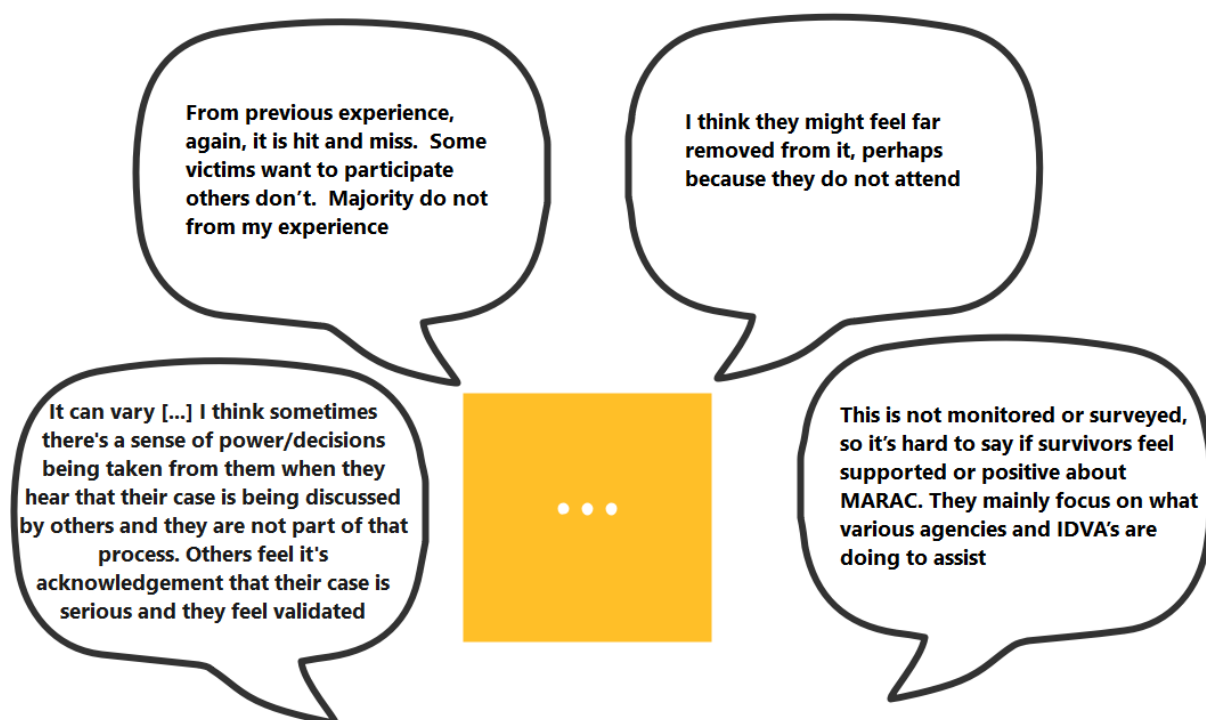
When asked to give context regarding their perception of survivors’ experiences of the MARAC process, 27 participants provided open-ended answers³.

Five participants characterised the process as positive for survivors, particularly due to the tangible outcomes it yields:

³ One participant provided an open-ended response stating that they do not work directly with survivors.



18 were unsure, describing a more “*hit and miss*” reception, particularly among survivors experiencing multiple disadvantage who may feel fearful or reluctant to engage with the MARAC process. Several participants also expressed uncertainty about how survivors feel about the process, in part because of a lack of involvement or consultation:



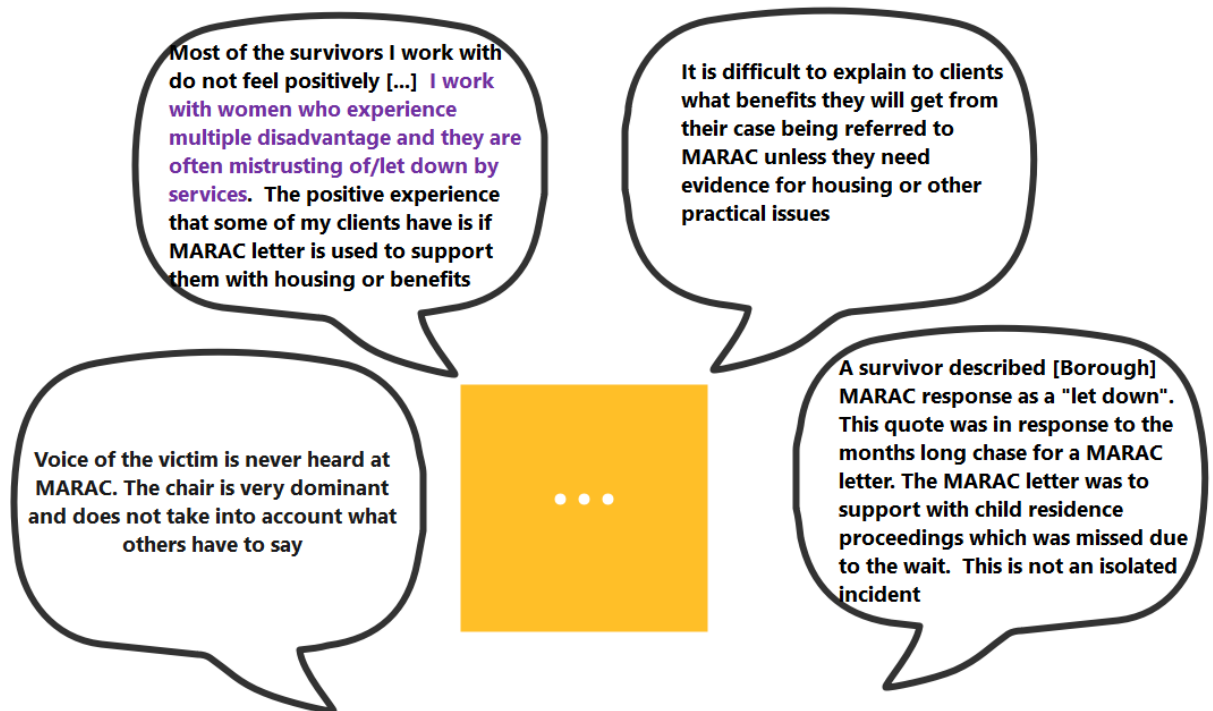
Another participant felt that it could be difficult for survivors to perceive the benefits of their case being heard at MARAC, because of poor or non-existent outcomes:

Some survivors fail to understand the importance as they don't see any tangible improvement in their situation (failures to act on breaches, failures to update victims, no follow up for other services etc.)

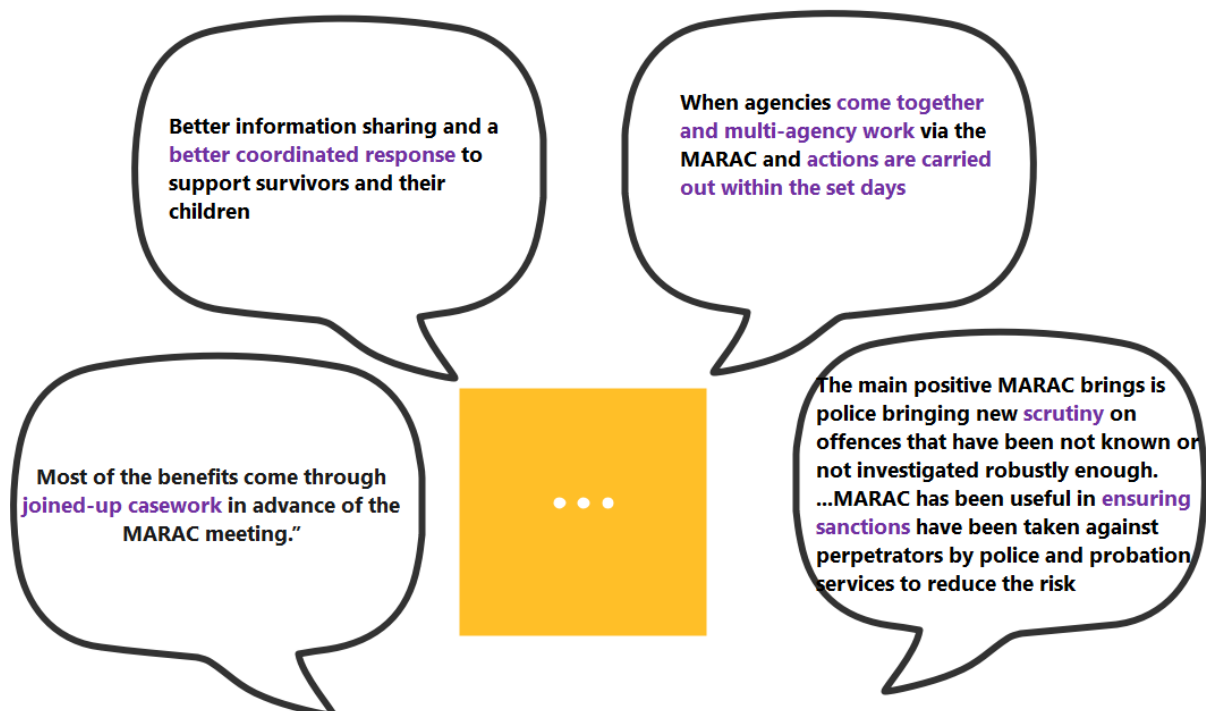
One participant detected differences in effectiveness between their current MARAC and those in other boroughs, with impacts for survivors:

“Some [survivors] wished more could be done with support for accommodation. Supporting letters from MARAC have not been as effective as they have been in other boroughs (in my experience)

Four participants felt that the majority of survivors did not have positive experiences of the MARAC process, whether due to fear of the perpetrator, “*mistrust*” of services or a lack of meaningful outcomes:



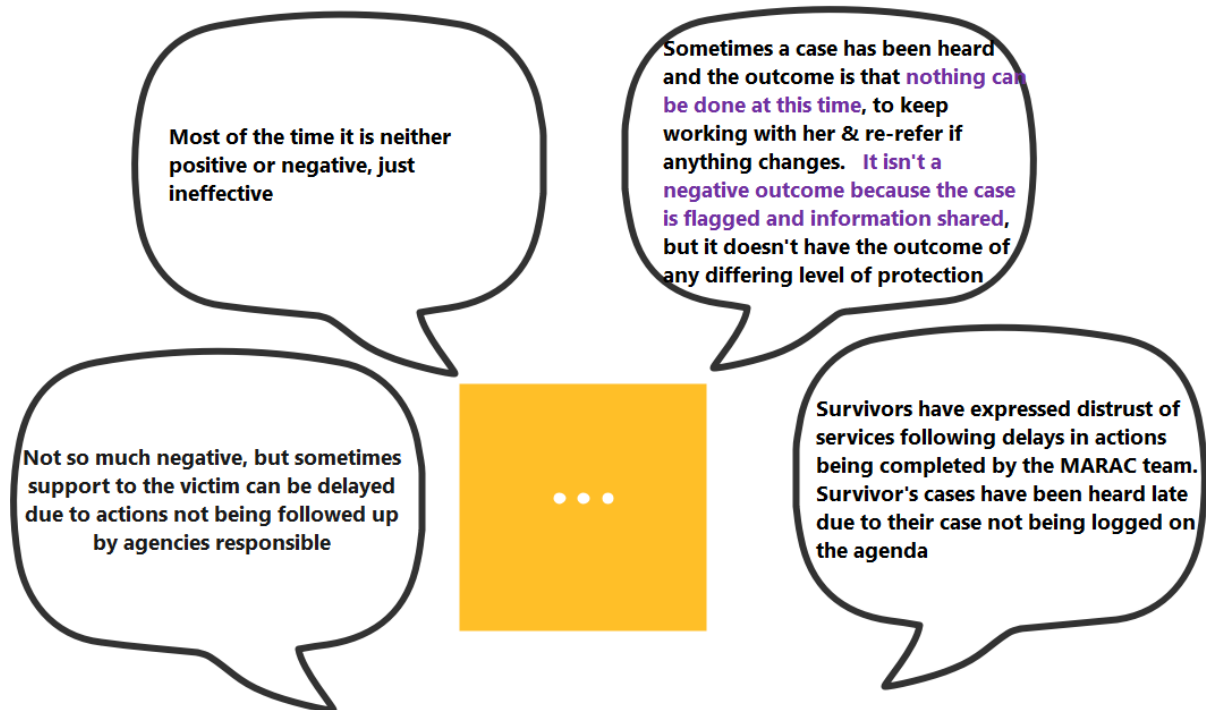
When asked for examples of positive outcomes for survivors they had seen as a result of the MARAC process, specialist organisation respondents cited housing support and security measures such as MARAC support letters, panic alarms and moves for survivors. Other respondents noted that multi-agency working was key and resulted in positive outcomes for survivors.



When asked for examples of negative outcomes, three significant clusters of responses emerged. Among the 67 specialist organisation participants who provided open-ended

responses, 31 indicated that they had not seen any examples of negative outcomes as a result of the MARAC process.

13 participants felt that, rather than experiencing negative outcomes, survivors could often be faced with an anticlimactic *lack* of outcome or progress, whether due to delays, agencies determining that there were insufficient grounds for taking action, or “*ineffective*” practice:



Meanwhile, six participants referenced practice and/or decision-making that disregarded or disempowered survivors, such as taking actions the survivor disagreed with or had not been consulted about, dismissing cases based on “*personal opinions*”, or failing to keep survivors informed:



These responses evoke a mixed or contradictory picture of survivors' experiences of MARAC; one where survivors' safety is at the forefront but where their voices may go unheard, and where the process revolves around the survivor but does not directly involve them. Equally, while delays and inaction were perceived as barriers by some respondents, others cited major positive outcomes such as the ability to access safe housing, increased scrutiny of perpetrators and enhanced access to support.

There was a widespread belief, among interviewees, that survivors' voices should be placed at centre-stage within the MARAC, guiding action-planning and multi-agency collaboration. Interviewees shared that survivors' voices were mostly represented through the IDVA service, these being responsible for advocating for both what the survivor wants and needs for themselves and from the MARAC process. As one chair explained:

"The IDVA is very much the person relied upon, I'd say, most... Or whoever is presenting, if they have a secure relationship with partners because they've been finding the service good. But, generally, through the IDVA is how we will hear the voice of the survivor."
(MARAC Chair E)

Inevitably, there are often challenges in ensuring survivor's voices are heard (see also *Diversity of survivors' voices within MARAC*), particularly if IDVAs are unable to establish contact or if the survivor is not able to be engaged with the process.

"You know, we sadly get lots and lots of cases whereby either nobody's working with the victim and the IDVA has not been able to get in touch, and so their voices aren't heard and represented at the meeting. But sadly, that's the nature of the game, if you will. The, you know, the people we're dealing with are, in the main, adults, and as a result, they have autonomy as to whether they want to work with us or not. So, we have to we have to accept when somebody either isn't ready to or doesn't want to work with us." **(MARAC Chair B)**

This can be further complicated by representatives' lack of understanding of the purpose of MARAC, as survivors' must rely on others 'speaking on their behalf'.

“Potentially, because obviously somebody's speaking on their behalf. I think some agencies who don't regularly attend MARAC aren't quite sure of the process. There was one yesterday and she was... It seemed like she was very unsure of what the meeting was for, what she had to do, what we did... Do you know what I mean? She didn't really seem to know what we wanted to hear from her. So I suppose that's not great, because the person referring and the person attending the meeting should have an understanding of what it's all about and the purpose of it. But that's in the minority, I'd say in the main, obviously, the regular people at the meeting making referrals, deliver the information appropriately in too much detail, I would say. So I do feel that the survivor's voice does get heard.” (MARAC Chair F)

However, interviewees believed that survivors' interests and views are at the heart of MARAC discussion and actioning. To ensure this, interviewees highlighted the need for effective coordinating and chairing to ensure that information is presented efficiently, and that survivors' stories and experiences come through during the meeting.

“So, I think a good MARAC is where the chair, you know, chairs the meeting effectively, you know, so that all the relevant information is shared precisely and concisely. And then it's managed, you know, it's managed where you can see the story or the experience of the survivor and the perpetrator, kind of almost like in a sequence with all the information that's being shared by the partner agencies. Yeah, and, you know, obviously the victim's voice has to be at the centre of that.” (MARAC Coordinator F)

“Yeah, I think it's as a coordinator is very important to highlight during the meeting, and as, for example, IDVAs or agencies start discussing the cases to bring the survivors' voice at the forefront to make sure that we are talking about the survivors' circumstances and how we can help and safeguard them.” (MARAC Coordinator E)

Reflecting on the inclusion and representation of survivors' voices within MARAC, interviewees were also asked about survivors' feedback. Once again, most interviewees argued that this was collected through the IDVA service and, in certain cases, other agencies working closely with the survivor.

“In terms of survivor feedback as the MARAC, that would be a no, I think. I am quite lucky to have a good relationship with the IDVAs, where they will provide those updates on, like, good news, or if they are having issues with agencies, then that's another way that I in a sense get feedback and try to support them in what they're trying to achieve. So it's a yes and no.” (MARAC Coordinator G)

“So, in terms of feedback we'll have the reps' feedback, who then feedback to us about whether the victim will then engage or go on to be engaged with a service. But there's nothing really in place for us to collect specific actions. So, if we are looking in specific specifically for like tailoring certain actions or tailoring support, certain services, we don't really have that in place at the minute.” (MARAC Coordinator H)

There was a call for a more structured collection of feedback from survivors on the impact of the MARAC process, given that most MARACs did not appear to have processes in place to gather this information. Moreover, the restrictions imposed by the Covid-19 pandemic meant that some of the strategies in place to collect this feedback could no longer be implemented (e.g., focus groups).

*"I think also something that we don't particularly have is victims' feedback on the MARAC itself. So, I know other MARAC do that, but we've never done that, and so... We're doing a SafeLives review of our MARAC scene, and so hopefully that's something we're going to look into. **But I think that's really vital as well, because we need to know that the MARAC is actually working for the people it's for. So, separately, if you have any like anything on that, that would be really useful, um, sort of outside this.**" (MARAC Coordinator B)*

*"Well, recently we had our communications team work with the domestic abuse [service] in [Borough] for survivor voices. And we got that feedback recently in terms of how the service which MARAC sits under performed in terms, you know, and the responses from some of the victims. But it was a very small sample. So, whether some of those victim-survivors were MARAC cases, I don't know. **So, I think that's something that we could probably be better at in capturing, you know, after the fact how effective the MARAC has been for victim-survivors. Certainly, during the MARAC, we have the IDVA services represented. So, you know, they bring the voice of the victim-survivors to the MARAC. But it will be interesting to hear how the MARAC serves them, you know, after they've gone through everything and what the outcomes are, the effectiveness of it.**" (MARAC Coordinator F)*

*"So, we do get some survivor feedback, obviously, for our contract with Victim Support and our performance management with them, we do get feedback from survivors as part of that contract monitoring. (...) **So, I think we do get some survivor feedback, but we mainly get that via our IDVAs. And we don't get it every single time, but we can go back to them and say, can you give us some feedback? What did it mean for the victims? That's something we could do if needed.**" (MARAC Coordinator L)*

*"We, the actual local authority, doesn't have anything in place to collect survivors' feedback. Our VAWG service does, we commission our, you know, outside. Our VAWG service is Refuge, actually. **So, our VAWG service does. I would say pre pandemic, it was a lot better than it is now. And they and they would regularly have a focus group that they did it an awful lot, but as with everybody else, they're working a lot from home now. And I don't know when that's going to end. But, you know, those sorts of things don't happen as much.**" (MARAC Coordinator M)*

*"Well, that's something we've talked about. Certainly, the survivor feedback is something we have discussed, that it's very difficult for the MARAC itself to collect survivor feedback. **We have been discussing this as something that it could be something that our frontline domestic abuse service could be getting, because I've previously done that in another role.**" (MARAC Coordinator N)*

These issues are further discussed. However, it is important to highlight that interviewees put forward suggestions to ensure survivors' voices are put at the forefront of the MARAC process,

including training, engagement and awareness-raising with communities and local authorities, and tackling barriers for domestic abuse reporting.

Principle 5. Information sharing - “MARAC representatives share relevant, proportionate, and risk-focused information”

This principle considers how information sharing takes place in the MARAC process. Information sharing must be relevant and proportionate to the risks involved and agencies are researching cases ahead of the meeting in order to provide this update in the meeting. Information related to MARAC must be stored in a secured way.

Information Sharing

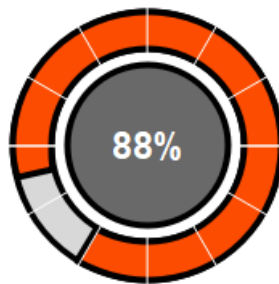


Figure 13. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Information sharing.

Survey findings show that an overwhelming majority of participants across both surveys (**88%** of MARAC Coordinator, Chair and partner agency and **89%** of specialist organisation participants) felt that representatives at their MARAC embody the SafeLives principle of salient, proportionate and risk-focused information sharing. From the observations, there was variation as to how the meetings were conducted following the Covid-19 pandemic. All MARACs had moved to a virtual platform (MS Teams or Google Meets). There had been changes to the process of information sharing for some MARACs who are requesting research from agencies in advance of the meeting to the coordinator; the coordinator then collates the draft minutes document and circulates to agencies prior to the meeting; the meeting then sees agencies summarising their research and focusing on action planning discussion. In contrast, some MARACs did not request research in advance and there was full case discussion and action planning. It was noted in interviews that research being sent prior had improved the efficiency of the meeting and minute writing process for coordinators. However, it was noted that **some information shared in research for minutes was unnecessarily lengthy and may fall short of GDPR standards**. There would be concerns that information shared in research is not always relevant and proportionate as there is not opportunity for representatives to see hear/view what else has been shared by other agencies when sharing their own. Oversharing of information was also observed in meetings where research had not been requested in advance and some agencies (police) sharing details that could have been summarised more succinctly and to the point rather than providing a chronological history of incidents. All agencies need to ensure the information shared must be relevant, proportionate & necessary to share as it would be within the face-to-face meeting. This was seen by most agencies in the observations.

Ordering of cases and discussion varied across the boroughs. Some MARACs heard guest cases first, pregnant survivors, those with children and those without whereas others had not assigned a specific ordering. There was also a variation in how information was presented and shared at the meeting. The majority of boroughs had the referring agency start the presentation; the specialist domestic abuse service to capture the survivor's voice; police and then other agencies. The way in which agencies contributed varied with some chairs requesting updates and others requesting that the 'hands up' feature was used on the virtual platform. **The chairs played a key role in ensuring the smooth running of the meeting and where there was little structure to information sharing it did lengthen the time spent on a case.** A suggestion would be for chairs to introduce a clear structure to ensure succinct information sharing and action planning discussions take place.

Preparation was key to the smooth running of the meeting. Whereas most agencies had prepared their research prior to the meeting, there were some agencies that had not prepared their research for the meeting and were researching during the call. This significantly impacted the flow of the meeting and would likely impact the strength of partnerships with agencies. **This was echoed in interviews with coordinators and chairs who shared frustrations with agencies who did not meaningfully engage with the process or prepare.** This was sometimes put down to lack of resource being allocated to representatives to attend the meeting but at times, the buy in from the individual or agencies. **In some meetings, agencies were present but did not contribute so whilst attendance on paper may have improved since the pandemic, this did not necessarily equate to engagement.** The information sharing process was often led by either the Chair or Coordinator to guide the discussions.

Another area that was noted was the variation in how the information shared and actions were translated into minutes documents. There had also been note of the minutes not necessarily reflecting the discussions that took place where research already given. Only one meeting was observed to be recorded for the purpose of minutes. Other minutes are seen to be very brief and others more specific about what was shared. It is important that the minutes are a true reflection of the discussions held.

From a more practical perspective, with regards to managing the MARAC meeting, interviewees identified challenges in the way information was shared prior to or at the meeting.

***"Keeping it streamlined, really, and people focusing on managing that risk going forward and not so much on the history and separating that opinion from fact. That's the biggest barrier. I think one of the biggest barriers, people... It's great that they want to contribute but, you know, people need to stick to their particular agency representation and their facts as opposed to offering an opinion on something that has not necessarily anything to do with their role."* (MARAC Chair A)**

***"We could get better at concise information sharing, relevant information sharing. I think where, you know, we have agencies that in particular that do not regularly attend the MARAC, then in terms of their learning and what is expected from them, I think that could be a little bit a little bit better."* (MARAC Chair F)**

"It for me is the repetition of information, which we constantly ask people to only keep the information to what is relevant, to not repeat. But it does happen a lot. And I think that might be because people only tune in to the bits that they need to tune

into or feel that they need to tune into. So, they're not listening to the whole thing. So, they may pitch in, but they're actually just repeating what the person before them has said. And there's some strong characters on the [borough] MARAC who are very, very good, very knowledgeable, very experienced, but fighting for... Fighting for their voices to be heard over each other quite a lot.” (MARAC Chair F)

Both chairs and coordinators mentioned how concise and succinct information sharing is central for MARAC meetings to run efficiently, particularly considering the high number of referrals discussed at each meeting. Most interviewees mentioned aiming to keep case discussions at ten minutes for case (with the exception of very complex cases requiring a longer discussion), a timeframe that was often difficult to enforce.

“OK, biggest challenge at [borough] MARAC was timing of cases and going way over the allocated time. As I said, some MARACs we wouldn't finish until seven in the evening. A lot of the MARACs, especially the [borough] MARAC has been going over into two days. And what my concern with that is, is that if it continues going to two days, we lose agencies attending, whether it be through... morale, knowing that they could do two days of MARACs, whether that could be workload and they physically can't afford to give up two days” (MARAC Chair C)

Curiously, there was seemingly an understanding that MARAC meetings must be fast paced to guarantee its effectiveness. It can be questioned, however, whether an increase in human resources and otherwise would result in longer discussions times and indeed longer MARACs and what the implications in terms of outcomes for survivors.

Most interviewees mentioned having regular contact with partner agencies outside of MARAC meetings. Overall, interviewees were seemingly satisfied with the level of communication with partner agencies, describing good relationships with representatives across the borough:

“So like, people who, like, MARAC partners...? Yeah, I'd say all the time. So yeah. An email, phone... Yeah, we definitely have a very good working relationship with all our partners. Police, especially, I think we've got a... What's good for us is that we have like a police base IDVA, who's like stationed at the police station. So we, she's got all the good, like she's got a very good working relationship with them obviously. (...)” (MARAC Coordinator D)

“How do I liaise with them? I mean, pretty much daily. All the time! Yeah, they're probably sick of me. Yeah. All the time. I'll just email them, I'll call them, obviously working virtually that's the only two things I can do. When needed, we'll have someone set up a Teams call especially to do things like if I'm showing them... like, doing little workshops on Mosaic and that kind of stuff. But I'm always chasing actions, I'm always... And I'm kind of a point of, like a centre point for them, so if they don't know something, if they need someone else's email, if they need something escalated, if they are struggling with something, they tend to come to me and then I can escalate it or I can be, you know, that kind of, you know, just having contacts and... or I might know someone who might know someone they need to get in contact with. So yeah. Pretty much daily.” (MARAC Coordinator J)

Level of communication varied across boroughs, with some interviewees referring to daily or weekly informal contacts with representatives (occurring via e-mail or phone) to follow up on actions or answer queries, while others mentioned communicating through formal structures (e.g., steering groups). Once again, some practitioners highlighted difficulties brought about by Covid-19 and the consequent increase in caseloads. For instance, one coordinator said:

“It’s been difficult, I find myself harassing everyone, to be honest. I don’t know whether it’s just a busy period for everyone, but it has been slightly difficult to get partner agencies together and just to have a conversation or rather an introduction, given how new I am, to have a better understanding of their thoughts and objectives for MARAC from their perspective, and then how I can interlink MARAC’s and [organisation’s] objective with theirs and kind of build that bridge together. I think has been very difficult to correspond with them, regardless of how many emails you send. I don’t know whether they’re ending up in the draft or junk inbox. I don’t know. So, it has been difficult. Emails is the main source of correspondence or method of correspondence at the minute, given that we are virtual.” (MARAC Coordinator E)

Importantly, they reflected on the need to implement strategies for building good relationships with partners in an era where face-to-face contact is limited. Spontaneous meetings or ‘coffee-mornings’ were no longer possible, and alternatives must be considered to facilitate relationship and trust building outside of MARAC meetings.

Regarding communication between partner agencies, it was not always possible for coordinators and chairs to assess this. Nonetheless, as seen in the examples below, interactions between representatives within MARAC meetings were often revealing of levels of communication outside of meetings:

“It’s hard to... It’s hard for me to judge that. I mean, one measure would be the rate at which actions, the actions that are dependent on two partners getting together, for example, an action that they held at a case conference perhaps in relation to a case, whether those of discharge could be one measure. I mean, I can only gauge from a police perspective, I think the MARAC is beneficial in terms of consolidating sort of trust between agencies, whether that happens in others...? Anecdotally, I think during the meeting, there’s often reference to communications that have occurred outside of the meeting, either before or after. So, I think it does beget, it creates a network which can be tapped into at any time if problems arise. And I’ve have dealt myself with that.” (MARAC Chair G)

“It’s quite a good thing to see when you get to MARAC and you see that agencies have already started working on a case or with the victim survivor outside of the meetings, so before the meeting. And you just get to the meeting and they’re like, ‘oh, well, professionals’ meetings has already happened and all of this stuff is in place and this is all have agreed’. You’re like, ‘oh’, and they’re like, ‘yeah, we don’t need anything in MARAC anymore. We’re good’. That would be, like, awesome. So that is all... When you’re at a meeting in terms of my planning for the meeting, going through the referral and trying to sort of figure out what plans or actions can we offer to that person, we get to the meeting and it’s like, ‘no, no, everything’s done, it’s OK, we’ve got everything sorted. This is in place’. I’m quite pleased to see that. I always think that’s a good

***thing and to be honest, people should be... reps should be attending a meeting with, I guess, the issues that they really can't get past, and that's the place, I guess we can try to solve them or try to offer a different plan and the action planning shouldn't be starting in the meeting because that's a whole three weeks without someone not receiving support or any safety measures being in place."* (MARAC Coordinator G)**

Communication between representatives outside of MARAC meetings seemingly varied, depending on the agencies involved. As one coordinator mentioned:

***"There definitely are certain agency that are more challenging than others and more difficult to kind of establish those talks with. I'd say with the IDVA services, they're very good, I think the IDVA services that we have in [borough] are really supportive. And they are very aware of MARAC and they know kind of how that process works. But I would say with more kind of the core agencies in terms of, as I was saying before, like mental health, I think that dialogue and that space for engagement and support has kind of been lost a little bit in the last few meetings and months. So, it will be interesting to see how that develops and if that can continue. But yeah, with certain agencies it's definitely clear kind of which ones are more open to having a dialogue outside of MARAC and which ones aren't at the minute."* (MARAC Coordinator H)**

Nonetheless, most interviewees believed representatives communicated effectively outside of MARAC meetings, that being reflected in the efficiency of the MARAC. A network of communication outside of meetings (see MARAC Chair G's quote above) can facilitate intervention with survivors and implementation of actions. Undoubtedly, MARAC meetings are designed to facilitate information sharing and multiagency intervention to better support survivors. It is important that this multi-agency and cooperation transpires and continues outside of MARAC meetings for its purpose to be fulfilled.

Principle 6. Action planning – “Multi-agency action plans address the risk to the survivor, safeguard children and adults at risk, and manage perpetrator behaviour”

This principle examines the way in which the MARAC addresses all risks being faced by the survivor. It is important that MARACs consider actions related to the survivor, children and adults at risk and perpetrator behaviour is held to account.

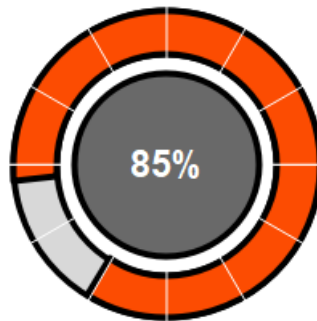


Figure 14. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Action planning.

Among survey participants, more than 85% agreed that their MARAC delivers on this SafeLives principle.

Survivor Related Action Planning

In the observations of MARACs, the majority of actions related to the survivor’s wishes and safety highlighting the important role of the specialist domestic abuse service at MARAC who relayed this information.

Inconsistencies were noted across the meetings for the offers of police actions with thresholds for certain safety measures being unclear. For example, a request for special schemes being refused in one area and not in another despite the cases both being classed as high risk of serious harm or homicide. A special scheme is put on the CAD system to highlight a particular address, with a person or venue, who is believed to be at risk. A further inconsistency was seen in the offer of panic alarms and/or TecSOS-enabled mobile devices that are issued by police to survivors and allows for speed alerts to be sent to the police. The panic alarm is generally installed within a house whereas the TecSOS device is portable. There is likely to be some improvement with the issuing of the TecSOS as there is a roll out of the mobile phone application that can be installed. However, the differences seen across areas is of concern and can lead to survivors having very different experiences.

Action Planning Discussions

On the review of minutes and action plans, there were some inconsistencies in how actions were recorded. The majority were assigned to an agency and given a specified timescale which is best practice. However, some were noted to not have a timescale which can lead to ambiguity around the urgency and accountability. Some MARACs associated the action with

the specific risk factors identified which is best practice and demonstrates how each risk is being addressed. Outstanding actions noted to be an issue in some MARACs when discussed at interviews and coordinators were heavily involved in the follow up with agencies.

For some MARACs, the action discussions were led by the MARAC chairs and/or coordinators and agencies required prompting to offer or suggest further actions. This was particularly seen in cases where the survivor had not been contactable prior to the meeting and there had been little direction as to what would be appropriate to assign. In contrast, other MARACs had productive and unprompted discussions around the action planning and options available with a variety of agencies participating in the discussion. **The coordinators across all MARACs played a key part in the action planning discussions** with some clearly reading the referrals and research ahead of the meeting and identifying what actions were required when agencies did not volunteer them.

Flagging of a survivor's file/case post MARAC was not routinely added as an action on cases. Some MARACs had this as an explicit action, and this was noted in the minutes whereas others did not and some only had this on occasion. It is unclear why there was inconsistency around this. Flagging of survivor's cases can assist the identification of cases that require repeat referrals into MARAC but can also inform the professionals working with the survivor and enhance the support they receive.

There was some inconsistency in how the action planning discussion ended as some MARACs summarised the actions at the end of the discussion, but other MARACs did not. It would be best proactive to summarise the actions at the end to ensure that all agencies agree with the wording and that no actions are missed. On occasions there had been actions that had been mentioned or offered during information sharing but without summarising at the end, it was difficult to know if this was issued despite being agreed.

Safeguarding children and considering the voice of the child

Survey findings regarding links to children's safeguarding arrangements show that both sets of survey participants broadly agreed that their MARAC enjoyed positive links with Children Safeguarding arrangements (79% of MARAC Coordinator, Chair and partner agency respondents and 78% of specialist organisation participants).

Meanwhile, around 65% of MARAC Coordinator, Chair and partner agency respondents and 52% of specialist organisation participants believed that their MARAC considers the voice of the child.

As with some of the other survey questions, open-ended responses add dimension and context to these quantitative findings suggesting that, as with adult survivors, there can be a disconnect between the focus on safety and wider concerns about agency and lived experience.

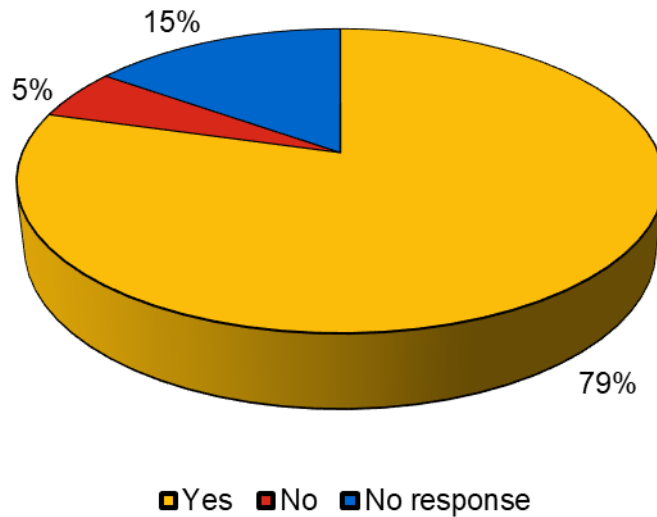


Figure 15. MARAC Coordinator, Chair & partner agency survey: Do you feel that your MARAC has positive links with Children Safeguarding arrangements?

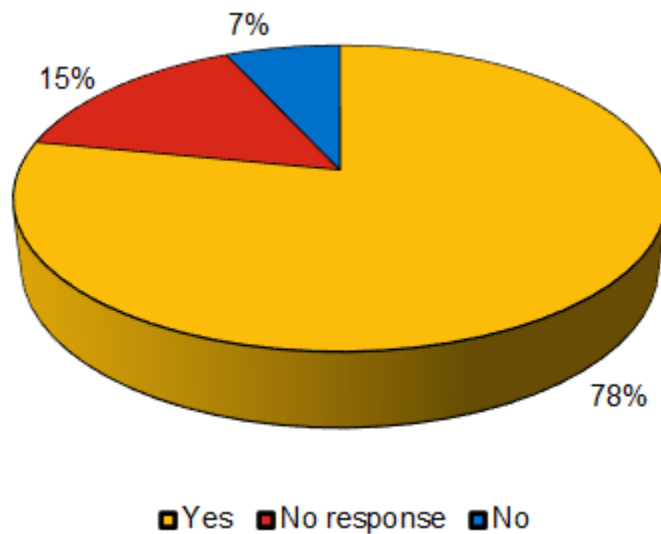
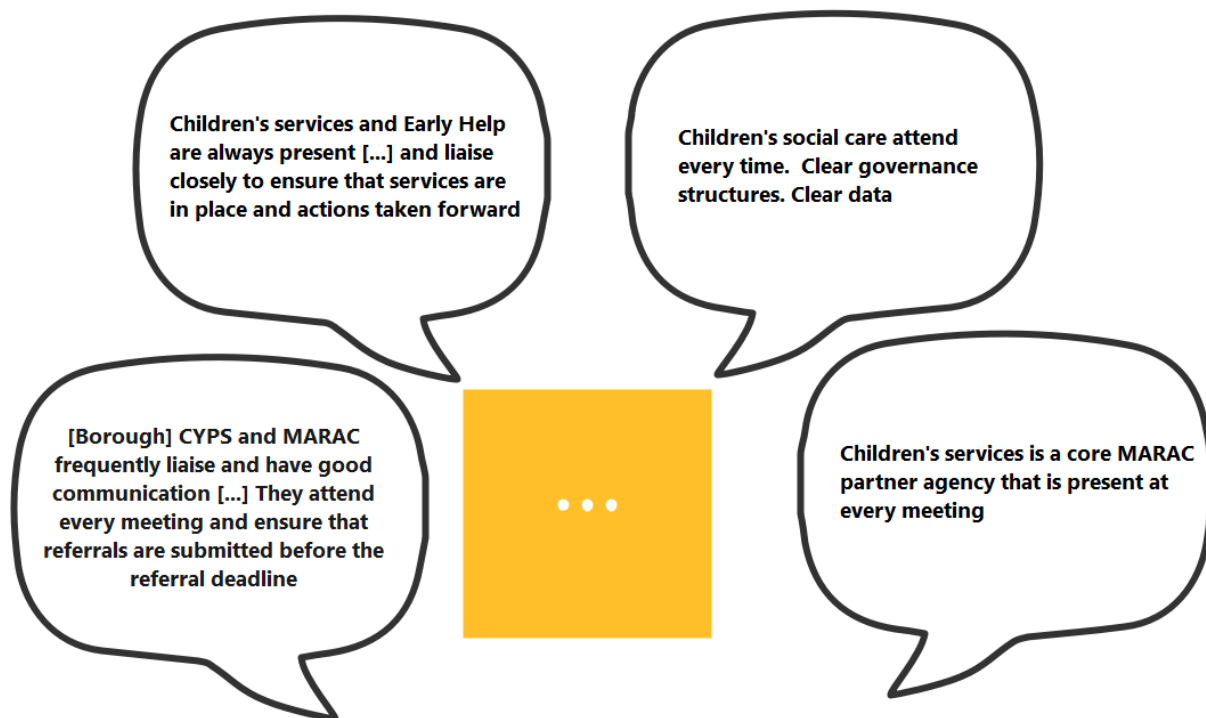


Figure 16. Specialist organisation survey: Do you feel that your MARAC has positive links with Children Safeguarding arrangements?

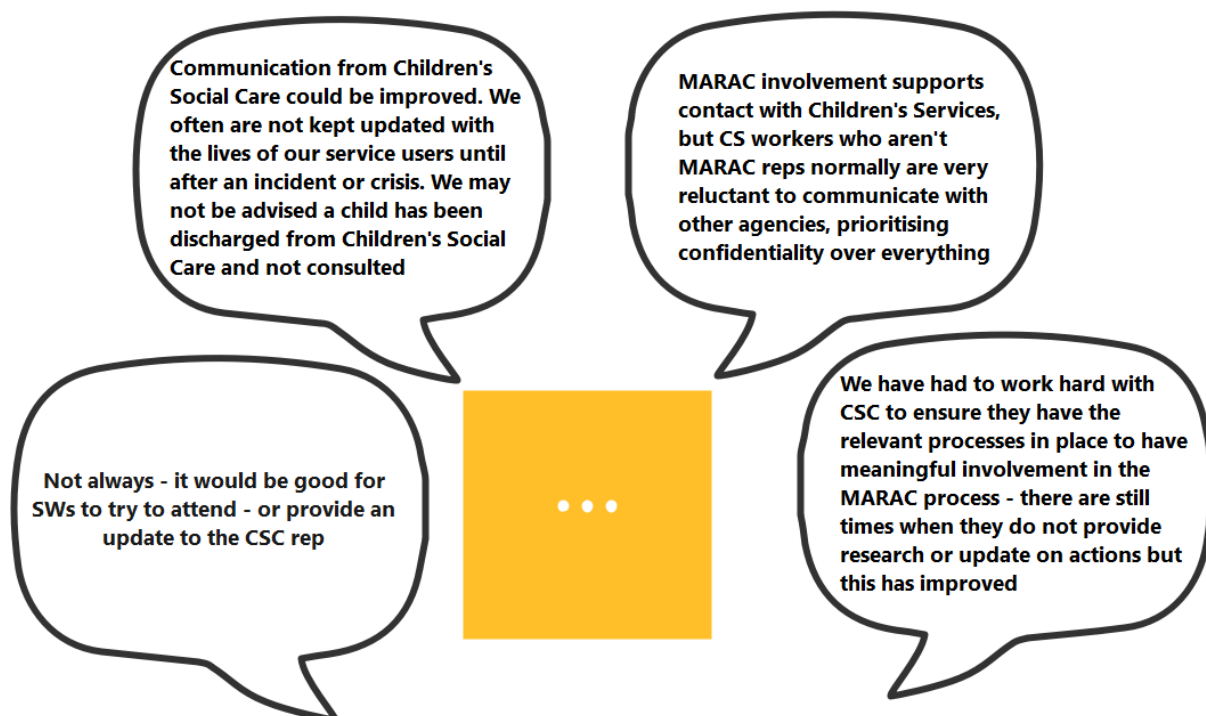
The open-ended responses to this question shed further light on the varying roles child social care professionals play across different MARACs.

MARAC Coordinator, Chair and partner agency survey participants provided 61 open-ended responses when asked to give context for their answer.

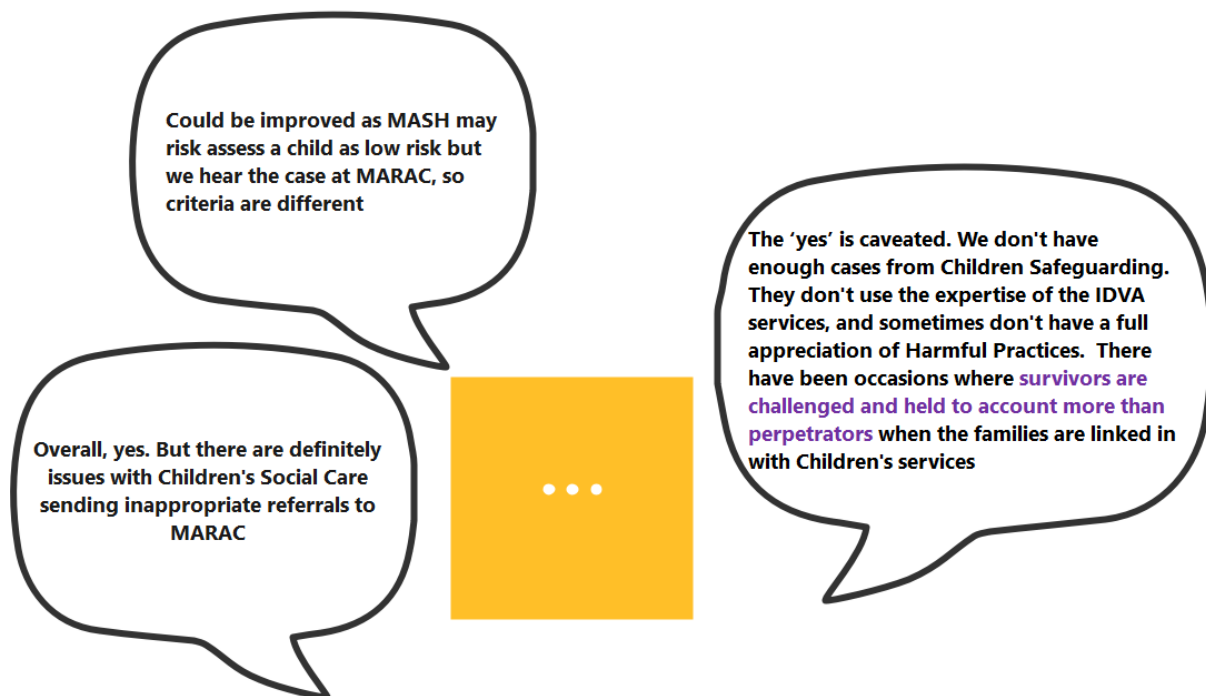
The majority (n = 43) felt that children’s social services were an informed, consistent and positive presence in MARAC taking a proactive role:



However, others identified issues in relation to communication and internal processes:

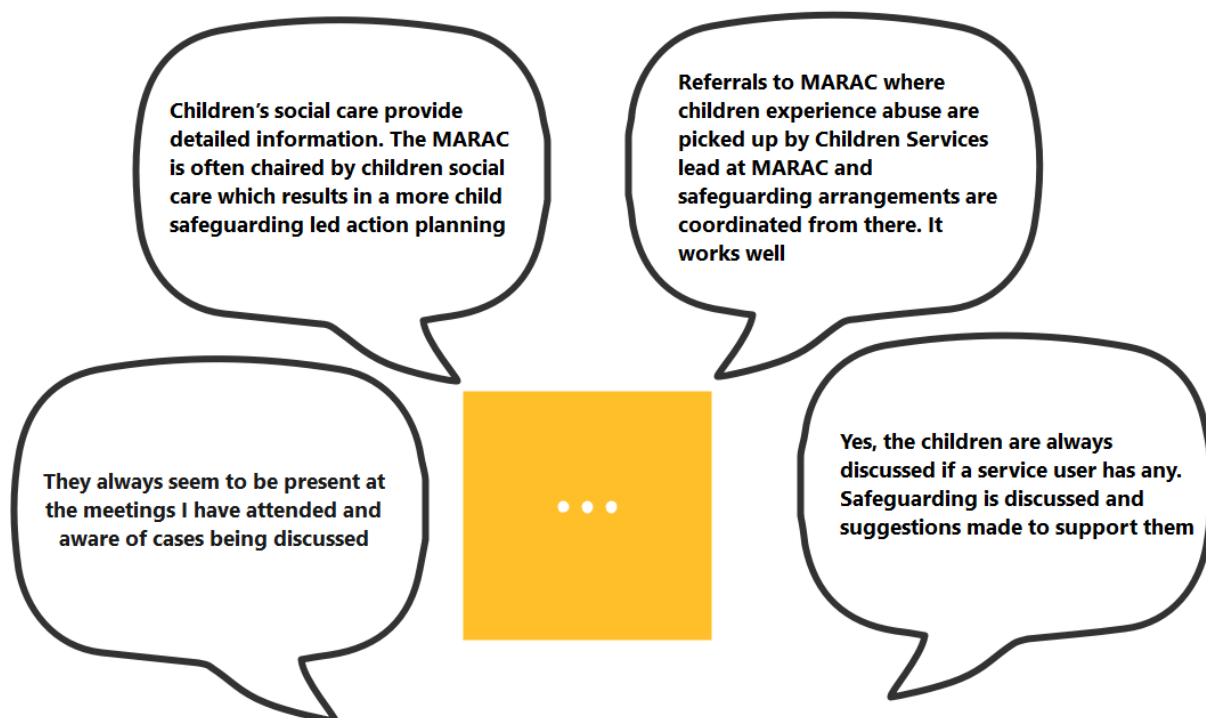


Differing expectations, knowledge levels and thresholds for referral were also cited as a barrier:



The 16 open-ended responses from specialist organisation survey participants showed a similar range of perspectives.

Ten participants characterised children's social care as occupying an active and effective role in MARAC:



Others described inconsistent communication, delays in picking up referrals and limited (and, at times, last minute) engagement:

Children's safeguarding don't automatically pick up MARAC referrals as MASH referrals and don't do checks until close to the MARAC. If the survivor isn't engaging with any services, the incident referred into MARAC may not have been picked up by MASH if the original referrer didn't make a MASH referral.

MASH consider it other agencies' responsibility to make MASH referrals, which is true, but do not proactively check/liase with referrers about whether a MASH referral has been/will be made. It's worth noting that all [Borough] MARAC referrals are sent in full to partner agencies when received, they don't just receive the agenda.

This means that sometimes cases aren't known to CSS until the day of the MARAC meeting, and then MASH will ask other agencies (often the IDVA service, even if we weren't the referrers) to make the referrals. Information shared by CSS at MARAC is limited - the CSS representative feels it's the responsibility of all social workers to attend MARAC to present the case, which can be beneficial, but they don't arrange this which means info is missed. When the CSS rep contributes its essentially 'they're on a CP plan'; 'it's an open case'; 'open to early help', and that's all"

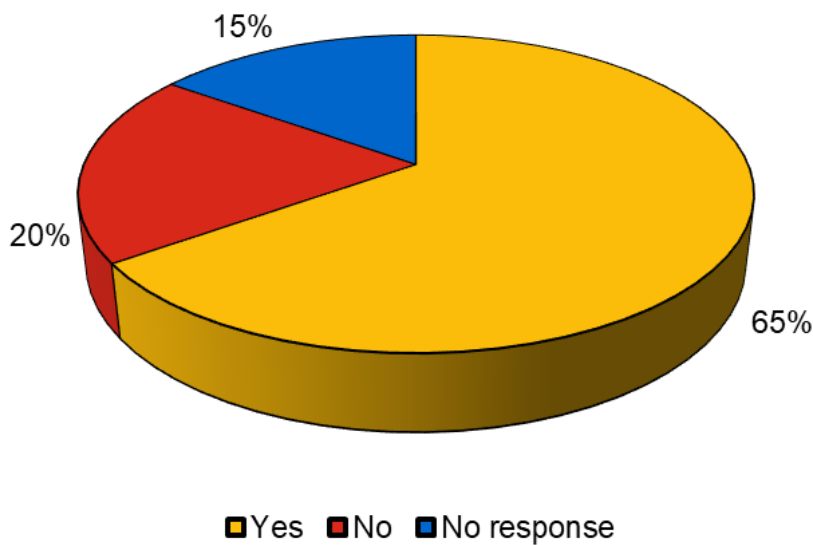


Figure 17. MARAC Coordinator, Chair & partner agency survey: Do your MARAC meetings consider the voice of the child?

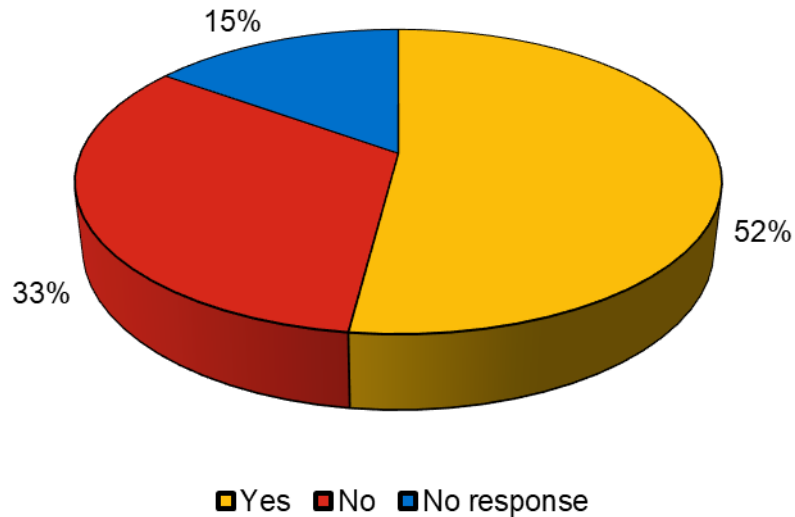
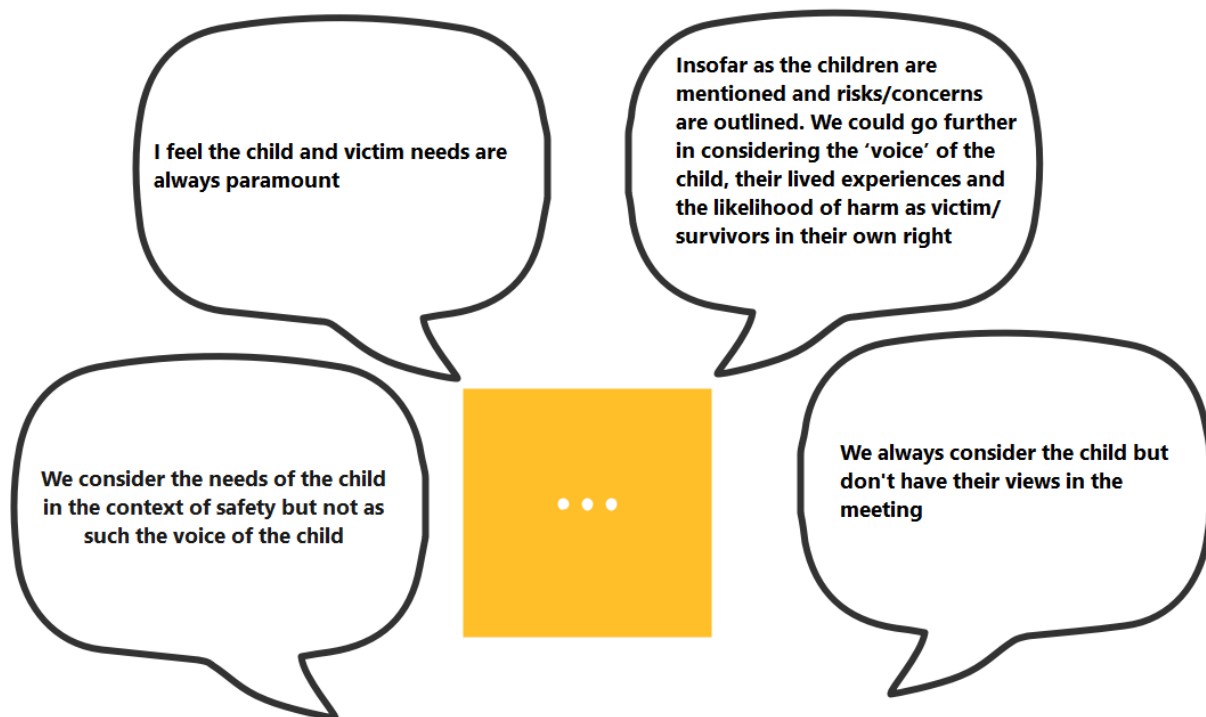


Figure 18. Specialist organisations survey: Do your MARAC meetings consider the voice of the child?

Both sets of survey participants exhibited more divided opinions when asked whether their MARAC considers the voice of the child, with 65% of MARAC Chair, Coordinator and partner agency participants and just 52% of specialist organisation participants answering ‘Yes’. Among the 75 open-ended responses to this question from MARAC Coordinator, Chair and partner agency survey participants, 36 felt that the voice of the child was heard at their MARAC meeting through advocacy from professionals:



Other responses emphasised that children’s safety and basic needs are considered “*paramount*”. However, as some of these responses also note, this does not necessarily mean that children’s voice and perspective are included:



One participant highlighted an instance of good practice in this area in their borough:

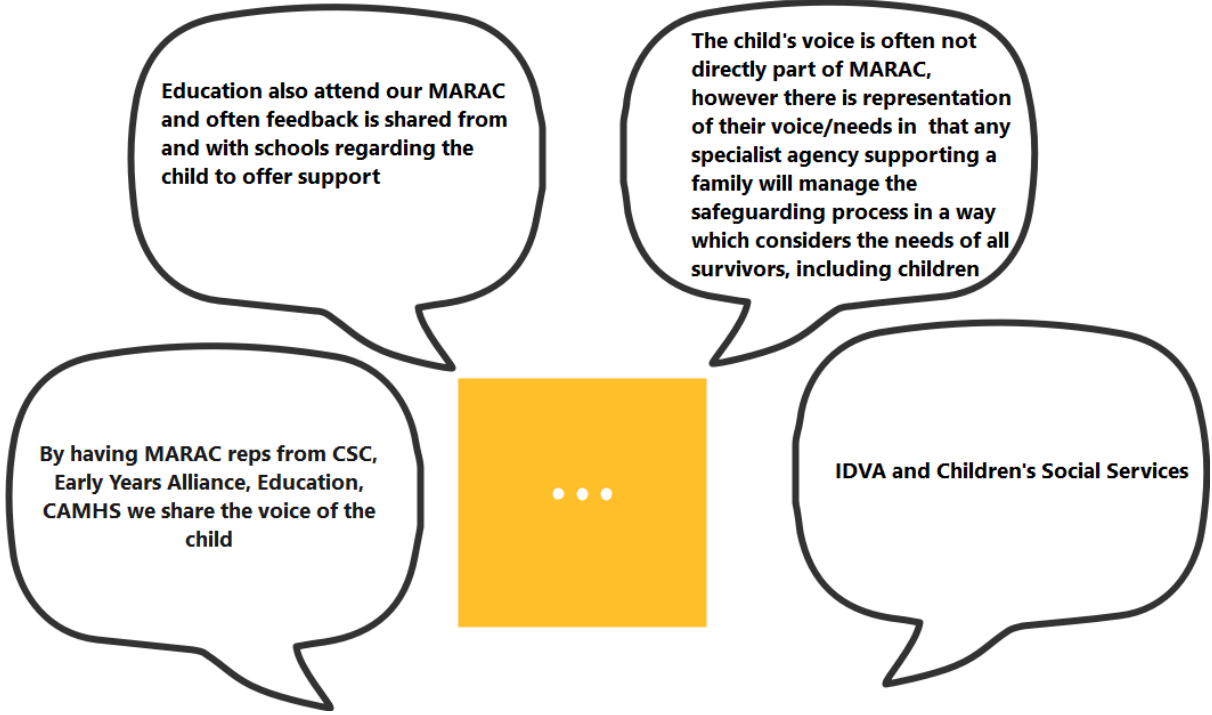
We have added additional child questions to the DASH [risk assessment] specifically around the experiences of children and their wishes

Another felt that children's distinctive needs as survivors should be reappraised and centred as part of the MARAC process:

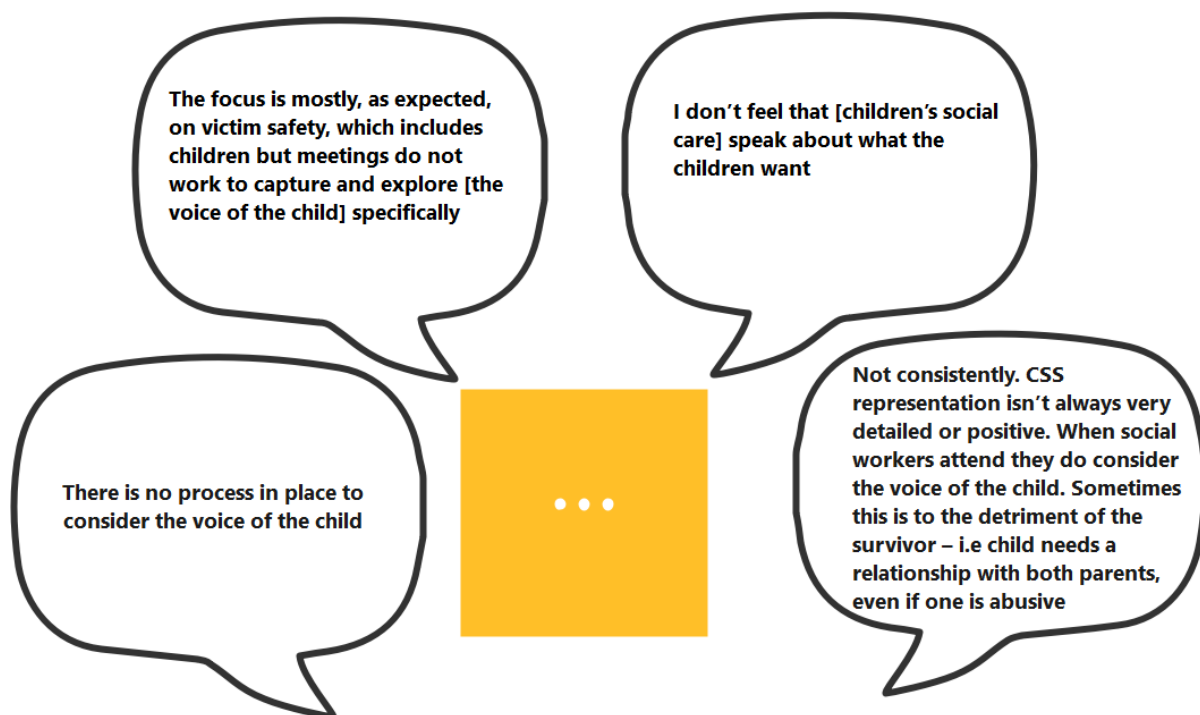
Although I do think that we somewhat need to re-evaluate and centerise how we handle cases where the V/S or perp have children (whether separately or together) in line with the new DA bill. This could help us prevent children growing up as perps - perhaps referrals to Solace's summer club groups for children who are the right age group should become compulsory

24 specialist organisation participants provided open-ended responses to this question.

As with the MARAC Coordinator, Chair and partner agency respondents, some specialist organisation participants (n = 8) felt that children's voices were present in the MARAC process by proxy, through the representation of professionals:



14 participants felt that MARACs do not consistently amplify or attend to children's voice and perspectives. Interestingly, one participant felt that, on occasions when the child's voice is considered by professionals, their perceived wants or interests can be at odds with those of the survivor.



Survey findings suggest that both sets of participants have mixed perceptions regarding the efficacy of the MARAC process in relation to advancing children’s interests. As with the questions relating to adult survivors, there was broad consensus that the MARAC is effective in its primary aim of safeguarding those at risk. However, there was far less certainty regarding the extent to which most MARACs succeed in listening and attending to discussed individuals as subjects as well as objects of discussion/action-planning.

Perpetrator management and the use of prevention orders

In the observations, it was noted that there were **limitations on the number of actions assigned to perpetrator management and options available depending on the local area and commissioning**. There were some boroughs that had a separate panel where some perpetrators were referred to be discussed further who posed high harm. This panel would focus on disruption behaviours as well as options for programmes for perpetrators to address their behaviour. The panel takes a multi-agency approach much like the MARAC and appeared to be an effective tool for risk management. Other areas did not have access to this provision, and this is likely to be due to local commissioning.

When asked about the use of prevention orders, only 43% of specialist organisation survey participants felt that their MARAC demonstrated effective use of these orders to safeguard survivors and manage risk from perpetrators.

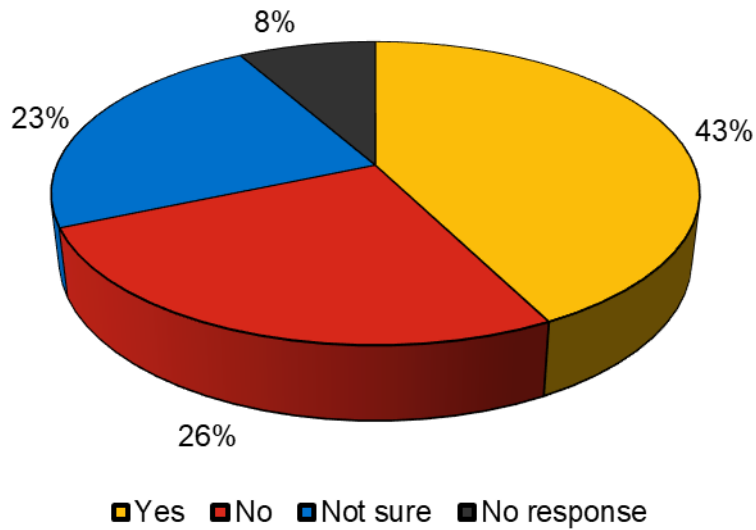


Figure 19. Specialist organisation survey: Do you feel that your MARAC demonstrates an effective use of prevention orders (e.g. Domestic Violence Protection Orders/Domestic Violence Protection Notices /Stalking Protection Orders)?

In relation to perpetrator management more broadly, only 44% of MARAC Chair, Coordinator and partner agency participants, and 32% of specialist organisation participants, believed that their MARAC effectively manages perpetrators' behaviour.

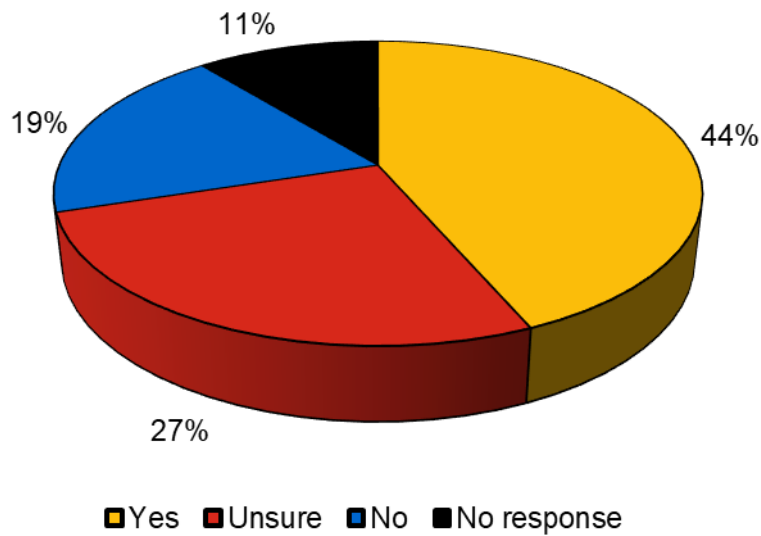


Figure 20. Coordinator, Chair & partner agency survey: Do you feel that your MARAC meetings adequately manage perpetrator behaviour?

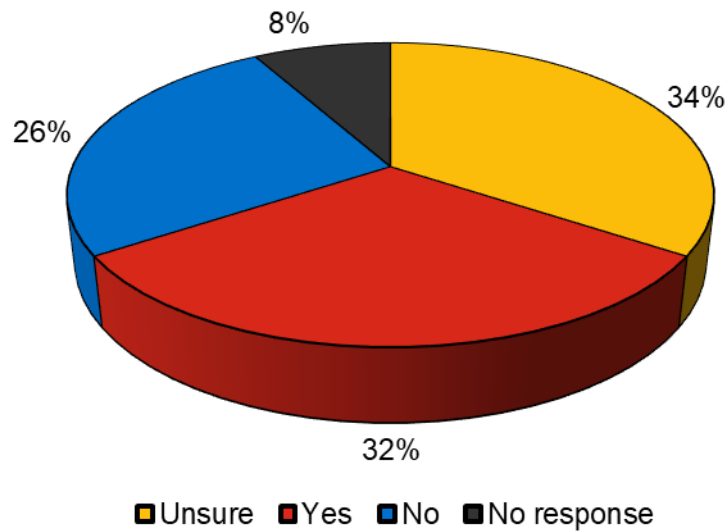


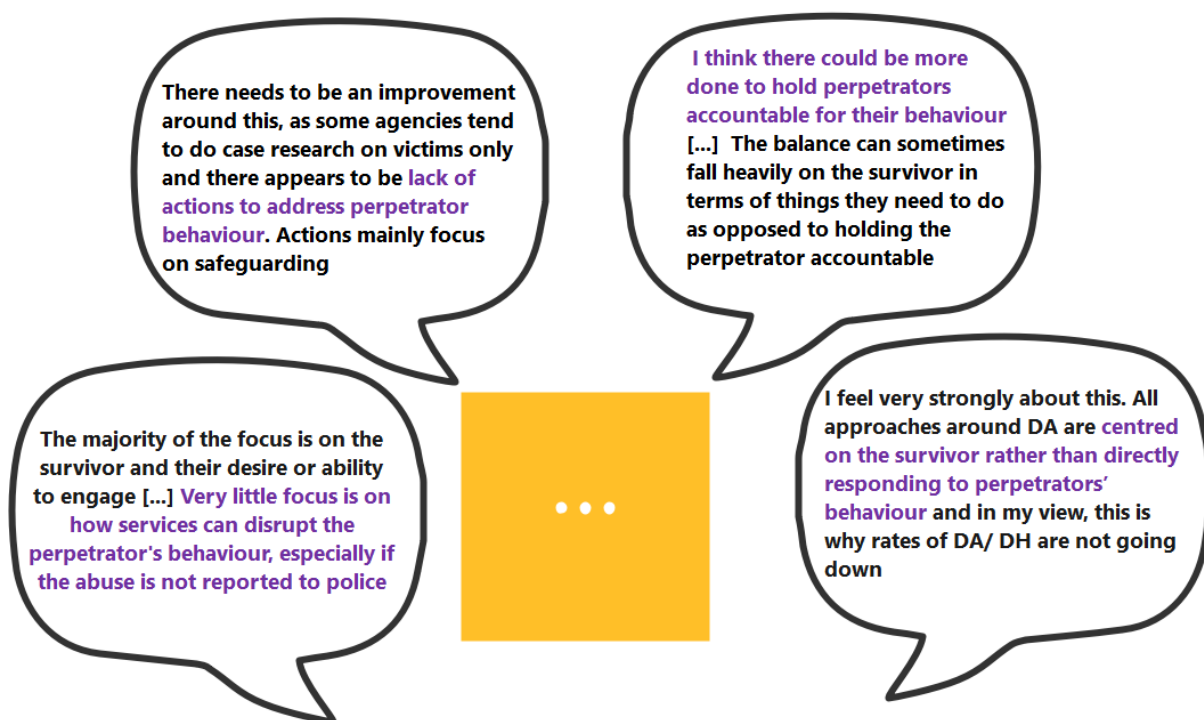
Figure 21. Specialist organisation survey: Do you feel that your MARAC meetings adequately manage perpetrator behaviour?

When asked to provide context for their answers, MARAC Chair, Coordinator and partner agency participants provided 91 open-ended responses.

Twenty participants felt that their MARAC placed appropriate time and emphasis on managing perpetrator behaviour, and used the resources available to them to do so, for example by making referrals to domestic abuse perpetrator programmes (DAPP):



Several participants cited a lack of attention to managing perpetrators' behaviour, sometimes accompanied by a hyper focus on, and responsabilisation of, survivors:



Perpetrators' management and engagement was also mentioned during the interviews as one of the gaps in MARAC provision. A large number of coordinators and chairs referred to this not only as a limitation in terms of MARAC, but equally and more broadly with regards to the response to domestic abuse.

"I am trying to think, other than the outcome... I mean, at the moment we don't really, I mean, we sometimes have a bit of a discussion about the perpetrator, but that's not really... We mainly do focus on the survivor. So, I guess that is missing a bit." (MARAC Coordinator O)

"And I'd also like to see more really constructive, proactive things, you know? Like, we talk a lot about, when we talk about perpetrator management. Yeah, we want to manage them, but we also want to give them a way out and we want to give them a way to say, here's how you can turn things around, here's how you can make a more positive change in your life. Give them at least the opportunity to take a different path and maybe not stigmatize them constantly, but to say, especially to some of the lower, maybe that's not realistic with the higher risk ones, but maybe some of the lower risk ones that are starting out their abusive behaviours, start to change their patterns and understand what will reach them and make them, um, you know. So, I think, again, that's something that MOPAC could need is more initiatives." (MARAC Coordinator P)

That said, holding perpetrators accountable was put forward as an important issue to attend to, with some interviewees claimed steps have been taken toward this goal:

“And I think what we’ve got better at doing as well in [borough] is disrupting, you know, finding ways to disrupt, engage perpetrators where we can. You know, and in [borough] there’s a dedicated domestic abuse perpetrator program. So that’s been a great addition over the years, you know, where we have that... So that, you know, perpetrators, if they consent, if they consent to behavioural change, that they can actually do that, um... Yes, I think, you know, taking all of those things into account, that’s what will make a good MARAC.” (MARAC Coordinator F)

“One of the things that we’re trying to do is incorporate managing perpetrators’ behaviours within our MARAC. So, we do set action plans around that. I guess if there was, you know, if it was streamlined and it was the same in every borough, then it’s easier for partners to understand and to be... Yes, that’s about, that’s a new thing about MARAC is that we’re focussing on victim survivors, but all MARACs also focus on perpetrators as well and holding them to account.” (MARAC Coordinator C)

Others, however, believed this was particularly challenging within the MARAC (e.g., due to perpetrators not engaging with services or not being identified within different boroughs).

“For me, I say it’s holding perpetrators to account. I find the most difficult thing to do at MARAC, because of various reasons, such as them not being known in our boroughs or them not engaging in services. I’d say, well, or they’re not being any agencies who can, I guess, assess, or support perpetrators, and trying to change their behaviours. So, in terms of, like, if we’re talking about the core principles of a MARAC, holding perpetrators to account is the one that I find the most difficult and still trying to find a way around that. How can we try to engage with perpetrators? And I know that, in terms of sort of some sort of like MARACs and partnership working, there is a lot of work that goes on outside of the MARAC, in terms of trying to disrupt perpetrators as such, but also whilst in the meeting there’s times when new agencies are thinking outside the box and how, OK, how can we try to engage this person? If it is housing that is, you know, the first priority, how can we try to engage them with housing and actually working with those outreach services, such as St Mungo’s, which is quite good because they have a good referral pathway in terms of assisting. So that’s been a new thing that’s sort of has started to come out as well within the MARAC. But yeah... I can’t think of anything else. That has always been my biggest, as a coordinator, the biggest thing. Are we fully fulfilling the ten principles of MARAC, by also ensuring that we are holding perpetrators to account and are we trying to disrupt them?” (MARAC Coordinator G)

Importantly, this relates to the need to ensure not only that MARAC is a 'survivor-led' process, but that survivors are not disproportionately experiencing the burden of MARAC intervention (or more broadly, any intervention toward domestic abuse).

“But the approach I’ve always taken is, it’s... It is a... forum that’s built to victims and victims’ voice is important, but really it should be very focused on the perpetrator’s behaviour and actions that need to be taken to stop that behaviour. Because if it wasn’t for that, we wouldn’t be talking about the victims.” (MARAC Chair D)

*“And I think that there is an awful lot of focus on victims having to move, and victims have to upheaval their lives. How about we move the perpetrator out and we give the perpetrator somewhere to go? You know, I'm very much of... **We are supposed to be a victim-led process, and we are a victim-led process... but it's always at the victim's detriment. That's how I feel.**” (MARAC Coordinator I)*

Principle 7. Number of cases – “The MARAC hears the recommended volume of cases”

This principle states that the volume of cases being heard at the MARAC should be at least 80% of SafeLives' recommended value which equates to 40 cases per 10,000 of the female population. This recommendation will vary by borough depending on population size.

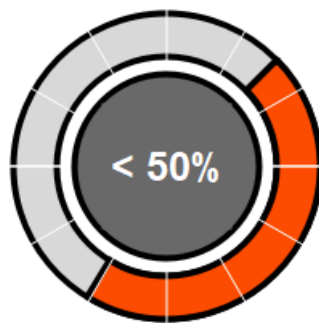


Figure 22. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC.

Survey findings show that less than half of survey participants felt that their MARAC fulfils this principle (38% of specialist organisation participants and 46% of MARAC Coordinator, Chair and partner agency participants)

Volume & Referring Agencies

A request was put to all 32 London MARACs to obtain their consent to access the SafeLives performance data submissions from 2018 to June 2021. 16 MARACs consented to their data being reviewed and compared to the recommendations set out by SafeLives.

Volume: SafeLives (2021) recommend that there should be 40 cases per 10,000 of the population based on their estimate of the prevalence of high-risk domestic abuse and that MARACs should see 80-100% of this volume per year. It is important to note that the current volume is measured by the Office of National Statistics Census (2011). Population size and make up will likely be different once the findings of the 2021 Census are published in 2022. In this sample, 6% were seeing under their recommended volume, 31% within recommendation, and 63% over their recommended volume in 2019. This figure increased in 2020, with 6% seeing under their recommended volume, 6% seeing their recommended volume and 88% over their recommended volume of cases (see figure x). It is fair to conclude that most MARACs saw an increase in volume of cases in 2020 as compared with 2019, with an average 20% increase. This was echoed in the interviews with coordinators and chairs as was discussed in principle 3. Only two MARACs in this sample had a decrease in volume ranging between 17% and 3% in 2020 when compared to 2019. This is seen below in figures 23 and 24. When comparing the period January 2020 to June 2020 with the first six months

of 2021, all MARACs except one show an increase ranging between 3% to 49%, indicating that caseloads have continued to rise during the Covid-19 pandemic and will continue to do so throughout 2021.



Figure 23. Percentage of recommended volume of cases by area

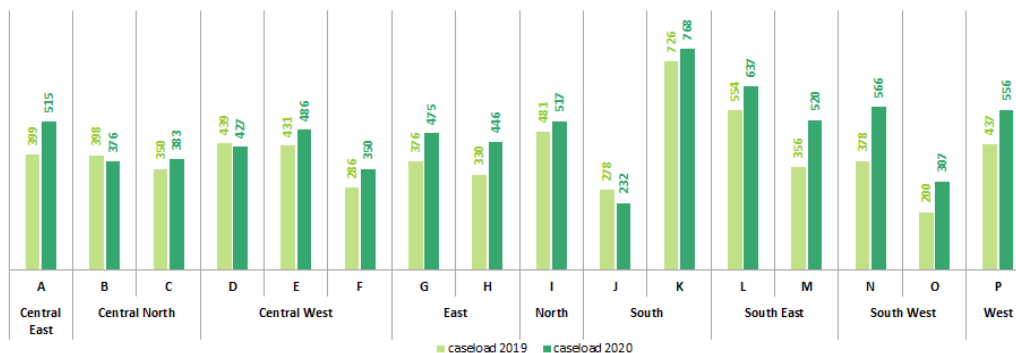


Figure 24. MARAC Caseloads compared between 2019 and 2020.

Referring Agency: SafeLives recommends that the top referrer is likely to be the police, who are expected to account for 60-75% of all referrals into MARAC. However, this was not seen across the sample (see figure 25 below). 75% of the MARACs had police as the top referring agency in 2020 which accounted for 9% to 46% of all referrals. This is an increase from 2019 whereby police were the top referring agency for 69% of MARACs.

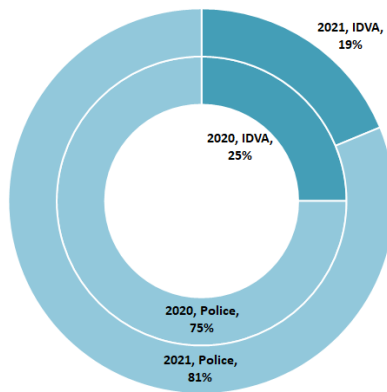


Figure 25. Percentage of boroughs where the top referrer is the police or IDVA service in 2020 and 2021

In 2020, the remaining 25% of MARACs had IDVAs as the top referring agency accounting for 31% to 47% of referrals. This was a slight increase on 2019, whereby IDVAs accounted for 31% of all referrals into MARAC. As is seen in figure 26, other top referrers were noted to be Children’s Services (CSC), the voluntary sector and other. ‘Other’ accounts for agencies not listed as a core agency and MARAC transfers. All boroughs were noted to have a range of agencies referring into their meetings.

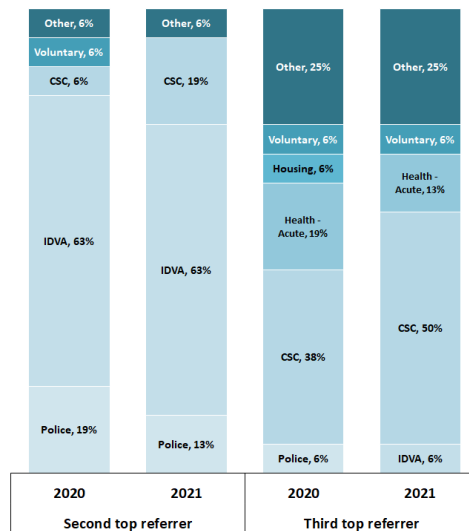


Figure 26. Second and third top referrers by percentage of boroughs across 2020 and 2021

From the in-depth review sample, all MARACs, except one, were hearing the recommended volume of cases as set by SafeLives (between 80-100%) in 2020. The borough that is hearing below the recommendation is hearing 73% in 2020. From the sample, 78% were hearing above their recommended volume in 2020, with the highest being 172%. Most reported increases in caseload over the last year and this was cited by some coordinators and chairs as the greatest challenge. One MARAC had seen an increase of 54% in 2020 when compared

to 2019. However, 2 MARACs had not seen an increase when SafeLives data was reviewed with the highest decrease being 17% when 2020 was compared to 2019.

Across 5 boroughs in 2020, the top referring agency was the police varying between 22% and 45% of all referrals into MARAC. There had been no significant increases in referrals from police in 2020 when compared to 2019 and the referral rate from police was consistent. The other top referring agency was the IDVA/specialist DA service who accounted for 16% to 45% of referrals into the MARAC.

From interviews it was noted that some had increased the frequency of MARACs during the pandemic to cope with the demand, whereas others noted the length of the meeting increasing, with some continuing late into the evening or split across two days. This had an impact on resourcing for the coordinators, chairs, and partners.

As mentioned in principle one, some MARACs had listed MARAC transfers in their meetings as a mention only to assist with caseload during the meeting. The case was considered for full case discussion following consultation with the specialist domestic abuse service. Other MARACs noted that they did not routinely list cases where the survivor was in a refuge and had been transferred unless there was a specific reason.

Principle 8. Equality - “The MARAC addresses the unique needs of survivors with protected characteristics”

This principle focuses on the ability of the MARAC to adequately support the needs of survivors with protected characteristics. This principle was used to examine intersectionality across MARACs.

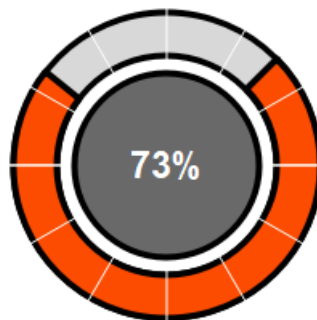


Figure 27. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Equal power

Survey findings demonstrate that a clear majority of participants feel confident that their MARAC is meeting this principle, with 73% of specialist organisation respondents and 79% of MARAC Coordinator, Chair and partner agency respondents.

Protected Characteristics

All MARACs in the data review were assessed on the protected characteristics recommendations by SafeLives and the results can be seen in figure 15.

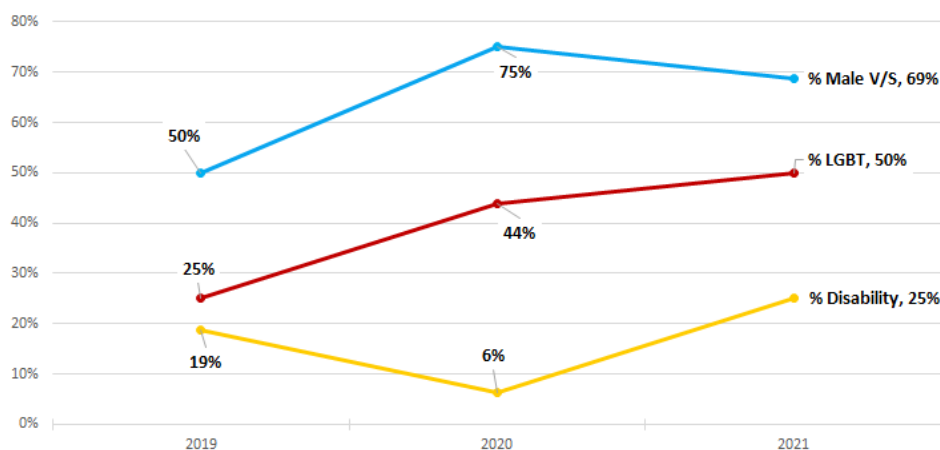


Figure 28. Percentage of boroughs meeting SafeLives Recommendations for male, LGBT+ survivors and survivors with a disability.

44% of MARACs were meeting SafeLives best practice for LGBT+ survivor referrals into the meeting in 2020 (expected to be between 2.5% and 5.8% or above). This increased to 50% for 2021. However, this is exceptionally low, a finding supported by the report by Magić & Kelly (2019) on LGBT+ survivors experiences of domestic abuse and services. Whilst all MARACs had recordings of some LGBT+ cases, the majority are falling behind the recommended values and further work is required to establish why.

In 2020, 75% of MARACs were meeting SafeLives best practice for referrals for male survivors which is expected to be between 5-10%.

1 MARAC was meeting SafeLives best practice for referrals for survivors with a disability (expected to be 19% or above). It is important to note that this information may not always be recorded on a referral form and therefore may not reflect the true picture of survivors referred into these MARACs.

In terms of data recorded for Black, Asian, and other racially minoritised groups, this yielded an average of 41% of cases referred into the 16 MARACs. SafeLives (2021) requests that data on this group reflects the percentage of referrals of survivors of domestic abuse who are non-white British. In 2020, 81% of MARACs in this sample were hearing Black, Asian and other racially minoritised groups in line with the local population for 2011. This is an increase from 2019, whereby 63% of the MARACs were seeing cases reflected in their local populations. It is important to note that the figures may vary once the outcomes of the 2021 Census are published.

For those MARACs involved in the in-depth review, only 4 out of 9 MARACs were meeting SafeLives best practice for LGBT+ survivor referrals into the MARAC (expected to be between 2.5% and 5.8% or above) for the first six months of 2021; 5 MARACs were meeting SafeLives best practice for referrals for male survivors (expected to be between 5-10%); and 2 MARACs were meeting SafeLives best practice for referrals for survivors with a disability (expected to be 19% or above). These finds support the points raised by MARAC coordinators in their interviews around there being gaps in their MARACs. It is important to note that this information may not always be recorded on a referral form and therefore may not reflect the true picture of survivors referred into these MARACs. In terms of data recorded for Black,

Asian, and other racially minoritised groups, this yielded an average of 39% of cases referred into the 9 MARACs.

Specialist Representation

Protected characteristics were often asked in referral forms but not routinely displayed on minutes/case lists nor discussed during the meeting which is a missed opportunity. As was discussed in Standing Together's 'In Search of Excellence (ISOE)' Report 2020, an intersectional approach is needed to recognise how historic and ongoing experiences of discrimination impact on a survivor's experience with service providers. It was noted that very few MARACs in the in-depth review had representation from 'by and for' specialist services and where they were present, this was in a guest capacity.

Some MARACs had specialist services for Black, Asian, and other racially minoritised groups attend as guests for cases and there were good examples of collaborative working between these guests and the agencies. Some coordinators shared this was something they wanted to improve and had reached out to these services to try and increase awareness of MARAC and discussions around how to work together. Other coordinators had noted the benefit of a virtual platform as a way to ensure there was more representation of 'by and for' services who operate on fewer resources or across wider geographical areas as they could dial in to the meeting without losing their day to travel. They noted the positive impact their presence had on the quality of case discussions and action planning.

For two MARACs, there was a specialist IDVA working with 'complex needs' survivors who had experienced multiple disadvantages and a third MARAC had a specialist service Black, Asian, and other racially minoritised survivors as one of the core commissioned services. In some MARACs, there was a suggestion for a survivor to be referred to a specialist 'by and for' service but this had not been routinely carried out prior to MARAC. This will largely be as a result of local commissioning and resource. ISOE (2020) noted that there had been an increased recognition in recent years that the core services of IDVA, Refuge and Outreach do not meet the needs of many survivors. Research shows that survivors experiencing multiple disadvantages, Black, Asian, and other racially minoritised women, LGB&T+ survivors, disabled survivors and older survivors have significant barriers to accessing mainstream specialist services, or would prefer to access specialised 'by and for' agencies (SafeLives, 2016; SafeLives, 2017; Ava, 2019; IMKAAN, 2019; Magić & Kelley, 2019). It is important that local areas consider the recommendations made in ISOE on intersectionality to ensure that a coordinated community response to domestic abuse includes all relevant agencies.

Diversity of survivors' voices within MARAC

The responses to questions about marginalised groups from both sets of survey participants illustrate a lack of confidence or clarity among the majority of respondents regarding whether their MARAC is successfully representing the local community. Less than half of either MARAC Coordinator, Chair and partner agency participants or specialist organisation participants felt able to answer 'Yes' to this question (44% and 43% respectively), while around one-third indicated that they were unsure (35% and 32% respectively). 13% of MARAC Coordinator, Chair and partner agency participants and 18% of specialist organisation participants felt that their MARAC did not adequately represent marginalised groups.

When asked how their MARAC ensures that marginalised groups are represented, the most common method was via attendance of specialist 'by and for' agencies, with open-ended responses highlighting the contributions of organisations such as Ashiana, Galop, Southall Black Sisters, Al-Hasaniya and IKWRO.

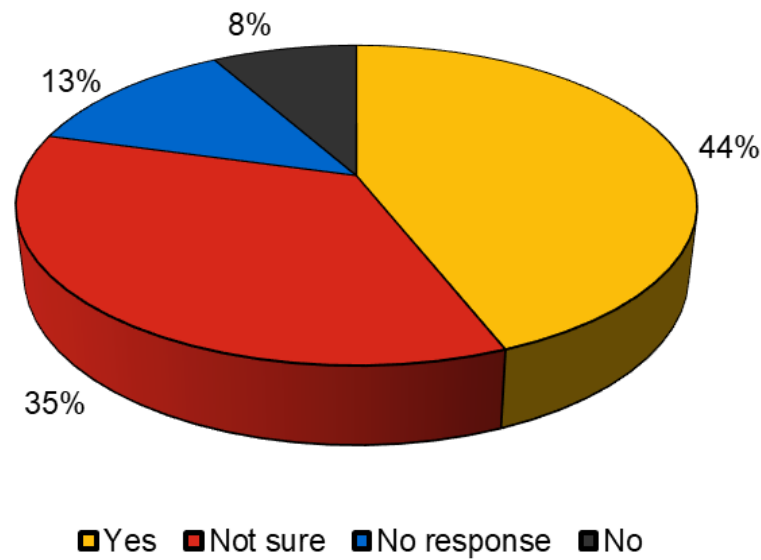


Figure 29. MARAC Coordinator, Chair and partner agency survey: Does your MARAC adequately represent the local community by including marginalised groups?

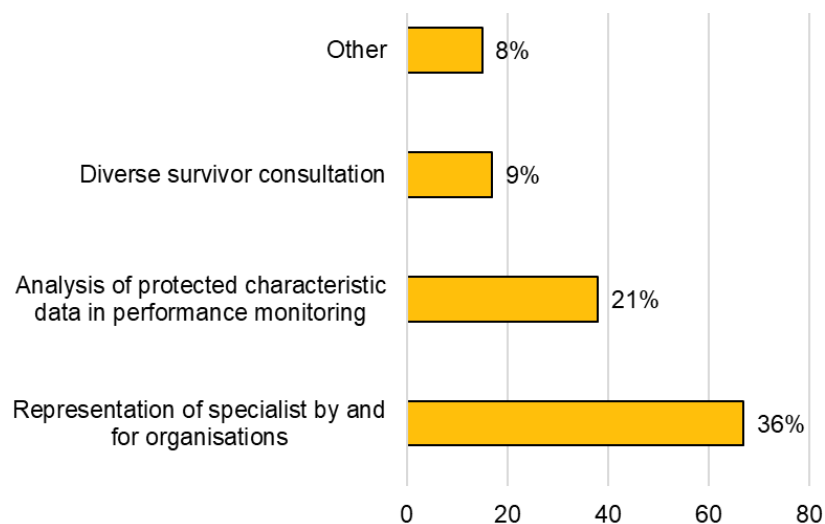


Figure 30. MARAC Coordinator, Chair and partner agency survey: How does the MARAC represent the voices of marginalised communities?

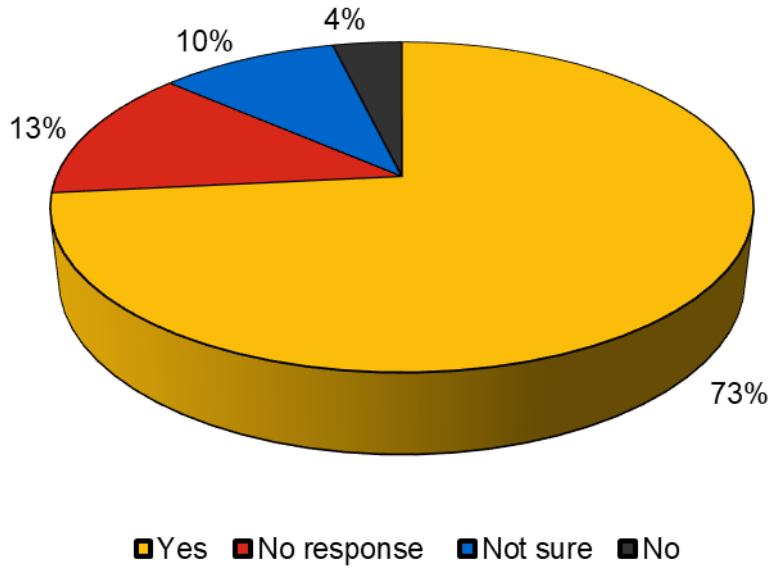


Figure 31. MARAC Coordinator, Chair and partner agency survey: Does your MARAC adequately represent the voices of survivors who are facing multiple disadvantage (homelessness, substance misuse, mental health)?

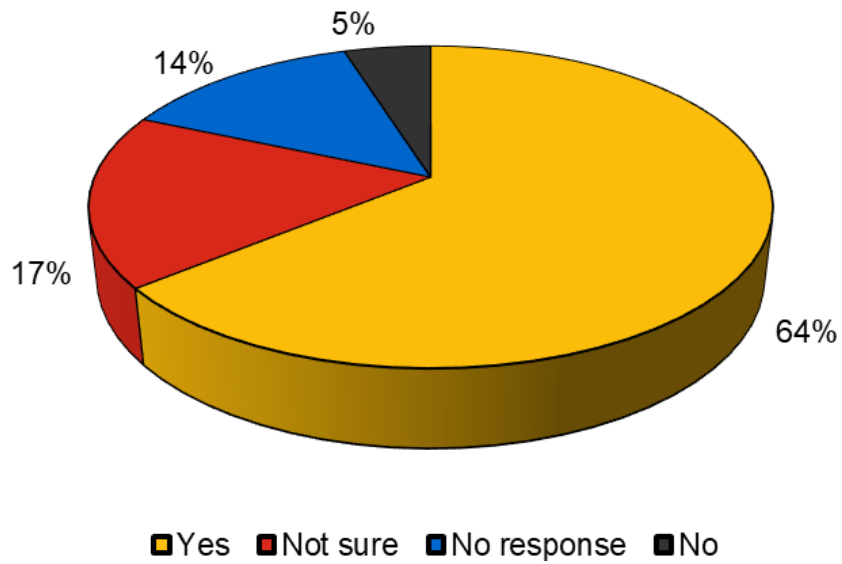


Figure 32. MARAC Coordinator, Chair and partner agency survey: Does your MARAC adequately represent and supports the voices of survivors who have no recourse to public funds or insecure immigration status?

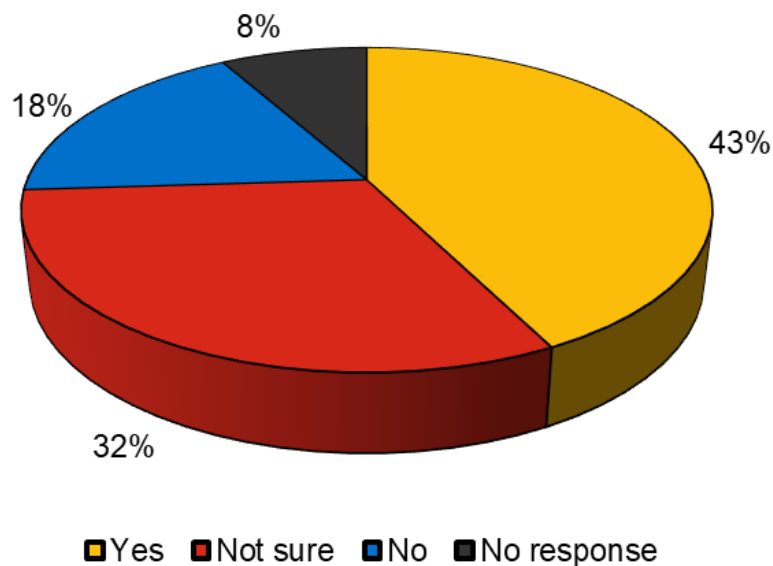


Figure 33. Specialist organisation survey: Does your MARAC adequately represent the local community by including marginalised groups?

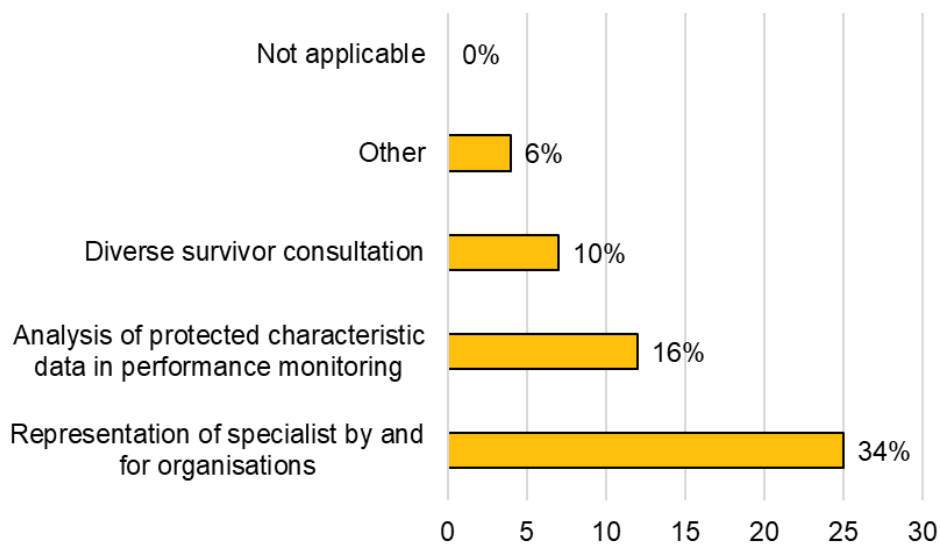


Figure 34. Specialist organisation survey: How does the MARAC represent the voices of marginalised communities?

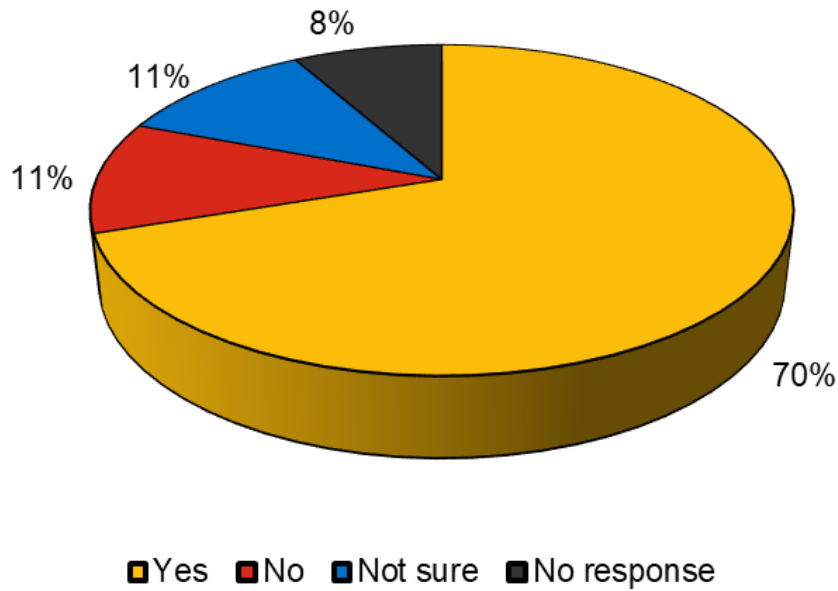


Figure 35. Specialist organisation survey: Does your MARAC adequately represent the voices of survivors who are facing multiple disadvantage (homelessness, substance misuse, mental health)?

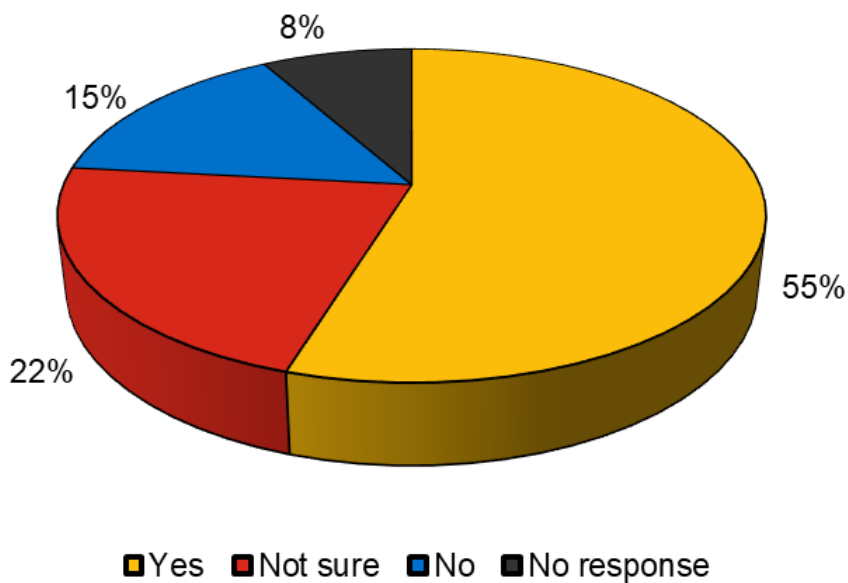


Figure 36. Specialist organisation survey: Does your MARAC adequately represent and supports the voices of survivors who have no recourse to public funds or insecure immigration status?

In the interviews, when asked about the representation of diverse survivors’ voices within the MARAC, participants offered varied responses. Their views of ‘diversity’ seemingly reflected their understandings of the gaps in MARAC provision, as well as broader challenges with regards to survivors’ access to domestic abuse support.

Some interviewees did not perceive themselves as having a role in ensuring diversity at the MARAC. For instance, two MARAC chairs felt they had no control over who or what cases are referred to MARAC and hence could not actively ensure diversity:

“OK, so I don’t really have any oversight of what comes to MARAC until it gets to the MARAC. So, there is no way for me to have an input on what we hear because it’s judged by the MARAC officers, they each... Well, for both MARACs I have, basically all the cases, I only see them on the day or the day before” (MARAC Chair A)

“Well, I don’t I don’t determine which cases are heard.” (MARAC Chair F)

The majority, however, assumed a more reflective approach. Both coordinators and chairs discussed the representation of different groups or communities within their MARACs and their potential contribution to ensuring diversity. Survivors from LGBTQ+ communities were more frequently mentioned as underrepresented. For instance, one coordinator commented:

“I think we’ve noticed, like across London, we’re not getting many LGBTQ cases. And because we’ve noticed that over a number of years, I’m talking with Galop at the moment around when do they refer cases in? How do they refer cases in? And, you know, I’m sharing some good practise with their IDVAs around, even if it doesn’t score high you can go in on professional judgement, you know, come and have a chat with us if you’ve got a case, because we’re quite conscious that our BME kind of level is kind of average in terms of the cases we hear. But I am conscious, that kind of same sex couple, we’re just not hearing those cases. And so I think there is there is more work to do. I think that with any kind of MARAC or any IDVA service. But I think we’re quite good at identifying where we’ve got a gap and try and work with others. So, yes, that’s kind of rolling at the moment, is to try and identify the LGBTQ kind of cases coming into MARAC.” (MARAC Coordinator L)

Most interviewees argued that survivors’ voices were represented within MARAC through the intervention of Independent Domestic Violence Advisors (IDVAs), who play a fundamental role in conveying both the needs and will of survivors. However, several barriers were identified in ensuring diversity and representation of certain groups at MARAC, such as inaccurate recording of diversity data (e.g., disability, sexual orientation).

“I think that’s something I... don’t think we focus on enough. And I am slightly concerned by it, essentially. (...) I think we get referrals that I think some agencies might assume sexuality or not directly ask the victim and just, for example, if someone’s in a heterosexual relationship, not question if they’re anything other than heterosexual, whereas obviously there could be bisexual or anything. And I think... I’m not sure if that’s like reducing our numbers... So, I’m not sure if there are like assumptions from agencies, but... So, yeah, we recently signed up Galop and then in the MARAC trainings that we run, I’ve started essentially giving some training on sort of ensuring that we’re asking the right questions and, you know, engaging with people like that. People... what do I mean? That’s not what I mean... Making sure that we’re asking the questions and actually, for example, if we’re getting a referral form in, we’re not just assuming someone’s sexuality is correct. And just making just including that in our trainings as well.” (MARAC Coordinator B)

“And something I've picked up on as well and something that I want to work on, which is something that I have in mind, is how we improve the collection of disability data, because I don't think we're capturing disability data as well as we could be in that people are not recognizing that if someone's got something for 12 months and it's long term, i.e. bipolar, emotionally unstable personality disorder, that is not being ticked as a disability. And therefore, I don't believe we're capturing our disability data in the best way that we can. So, I am going to be thinking about ways that we can improve that, possibly making changes to the online forms so it says click disability, yes, and then it flags up the options. Is it physical? Is it mental health? Is it an impairment? To try and better capture the disability data. So, yeah, and then potentially that can cause a barrier, can't it?” (MARAC Coordinator I)

Poor recording of diversity data can have a negative impact on agencies' ability to deliver an intersectional approach to survivors, as the particularities of their cases might be overlooked. For instance, lack of understanding of survivors' cultural contexts might undermine their engagement with support. That said, one chair argued that one of the barriers to diversity within the MARAC could stem from representatives' lack of understanding of certain cultural aspects characterising a particular group:

“Um, barriers... I suppose a barrier could sometimes be cultural, and I mean that in the widest sense, I don't just mean that in a sort of narrow racial or national sense, but if there is a particular, say with the LGBT referral, if there's a particular dynamic at play in a relationship, but which you would pick up on if you have a real cultural understanding of that community, then I think that's, you know, are there... Do we sometimes get it in the MARAC in exactly the same way? Is there something which is only...? I suppose the question is, if we have someone from that community sitting around the table and they heard a particular phrase, is this, or was, sort of situation around, you know... I don't know, I'm just making things up. But, you know, if they heard, like, 'Oh', you know, 'the mother-in-law said this' and would that, woosh, go over our heads. Whereas if someone from that community was sitting at a table, around the table, and would say, 'Hold on! If they're saying that, that means that X, Y, Z is involved. And that's a problem for these reasons'. So, it's that, the kind of, this absolute wider context that we might we might be missing.” (MARAC Chair E)

However, more frequently, the challenges identified by interviewees related to broader issues concerning survivors' access to domestic abuse support, rather than the MARAC itself. Issues such as non-disclosure and lack of engagement from survivors, associated to cultural aspects or even immigration-related concerns, were seen as barriers to allowing for more representativeness of certain groups at MARACs.

“OK, so I think... Yeah, I think I mean, it wouldn't come to MARAC if we didn't tackle the barriers outside of MARAC. So, we have the understanding of culture, for example, or an intersectional approach to service users having a broader understanding of honour-based abuse, forced marriages...” (MARAC Coordinator E)

“That's a great question. So I... I think firstly, it's if victims feel comfortable to actually disclose the abuse. I feel like this the initial issue, but as well as that, once

the abuse has been sort of disclosed, if they then want to disclose their sexuality or anything else, for example, I think... I think like, for example, LGBT people, like, they face a lot of, you know, discrimination and... issues isn't the right word, but I can't think of another word... Um, like challenges in their day-to-day life anyway, you know, they may not of disclose their sexuality to friends, to family. And so the fact they would then potentially disclose that to an agency or person that they don't then know, you know, I'm not sure if people would feel comfortable doing that.” (MARAC Coordinator B)

“I think our biggest issue, another big issue is no recourse to public funds. You know, we can hear their voices, but we can't do a lot for them, um, if they're not on a spousal visa. And, you know, that's very tricky sometimes. And it's a shame because it's almost shutting their voice down because we can't give them what they need. And I don't like that idea, you know, but we are where we are with that. Yes, we've got Southall Black Sisters. Yes, we've got, you know, Ashiana, and we've got these services, but they're still limited on what they can do when they're not on a spousal visa, which unfortunately wasn't picked up in the domestic abuse act either, so, I don't really see how we're going to resolve that.” (MARAC Coordinator I)

“I think a lot of time it's engagement through no fault of the survivors own choice. I mean, there's a lot of barriers to stop them engaging with services. And it's always really tricky. And I know that for certain specific issues such as immigration, it can be really more even more challenging to get survivor to engage because they're fearful of what can happen to them if they're going to be deported and exposed to the Home Office or whatever it may be. So I think there is a gap there in trying to get that engagement for those small groups. In terms of what can be done, it's a tricky one. I think there needs to be more support or specific support services, I think, in boroughs, for these kind of niche groups that we are seeing, these kind of specific groups that we are seeing. And maybe if survivors are finding they aren't able to access certain funds or certain services because of where they live, depending if they're high, medium or low risk, tailoring that to them and being like, 'OK, well, this isn't available, but you can also do this'. So, I think a lot more work needs to be done maybe internally within local authorities in the boroughs to establish what support services are available.” (MARAC Coordinator H)

“I think because we have got a very high Bengali community, there's a lot of cultural issues, there's a lot of kind of barriers for those victims to come forward because they're very well known in the community, not just within their families. So, I think it's about building the trust with local cultures. And that's not just done through MARAC, that's done through being a local authority and police as well. They do a lot of work of trying to put the trust in local residents of reporting incidents of all kinds of crimes. So, it is something that we are, as a borough, very familiar on, and it is very led by the Council for the Diversity.” (MARAC Coordinator Q)

There was therefore an understanding that broader issues regarding disclosure could impact survivors' access to MARAC. As seen in the examples above, awareness-raising at community-level regarding not only the challenges these survivors face in help-seeking, but also concerning what services and support might be available to them, is fundamental to address these gaps. Increased awareness and knowledge around the particular experiences of certain groups is essential to ensure an intersectional approach to domestic abuse victimisation and guarantee a holistic response that tackles survivors' needs.

Nonetheless, coordinators and chairs shared different ways in which they addressed issues of representativeness within the MARAC, as well as further strategies to ensure that survivors have access to support and that their voices are not being silenced. For example, through training of representatives, awareness-raising within MARAC (e.g., by proposing appropriate and sensitive actions), and supporting and encouraging involvement from specialist agencies:

"I guess through our trainings, our workshops and inductions and briefings that we might assign together, ensuring that we're capturing a lot of diverse agencies and ensuring that they, I guess the packages, or at least what we're telling them, tries to capture as much of a wide range of survivors, but also, I guess, being in touch with a lot of the specialist agencies that we may come across during our meetings as well and help and support them to feel comfortable in partaking in MARAC, you know, engaging with the MARAC so that we can try to support a diverse range of victim survivors." (MARAC Coordinator G)

"I think when we look at the actions or when we are hearing certain cases, um, I tend to think kind of with my frontline work I had before I was coordinator, so, if there is a case maybe of the victim who has no recourse to public funds, thinking of certain specialist agencies and support services that they can have access to; or kind of multiple disadvantaged vulnerable women, and think about what there is in the borough for them. Sometimes I'll do a bit of my own research and just Google what services are available in the borough, um, to see what can be offered as an action if the Reps maybe don't know about it in the meeting. But yeah, I think it's also raising awareness of it in the meeting as well. So, if there is multiple disadvantages, but it's not quite highlighted saying, 'oh, I think the survivor would benefit from this' and kind of asking all the other reps to share information if they know of other agencies as well, to really target those diverse groups and specific victim survivors." (MARAC Coordinator H)

Additionally, interviewees highlighted the need to seek input from specialist agencies to ensure understanding and sensitive support, this being the most common practice among interviewees. It was, however, acknowledged that specialist agencies are often under-funded and at capacity, which might compromise their ability to participate.

"I guess that's one of the things that we need to sort of work at in terms of trying to reach certain services that may not be making enough referrals to the MARAC. When we are with that, someone's engaging in with a specialist service such as maybe Galop, we will invite their keyworkers. So, we will try and work out who their closest school worker is so that we can hear their voice. And the IDVAs or the key workers, usually before MARAC, will contact survivors to let them know that the case is being

heard at MARAC, and try and find out what they want, how they feel about it and things.”
(MARAC Coordinator C)

“So obviously, we do our monitoring quarterly reports, and we identify kind of a number of different ranges of diversity, and we always make sure and at the steering group meetings, we discuss any gaps in service provision that we have as a MARAC member. Like, recently we identified we got low referrals from the LGBT community, from disability. So, we did a piece of work where I kind of would make some partnership links with those services in and out of the Pan-London. So, yeah, we identify gaps and low referrals from certain communities, which we will try and kind of task to try and get people on board and make them aware of the [borough] MARAC. So that's one of the mechanisms that we use.” **(MARAC Coordinator Q)**

“Yeah, I think it's as a coordinator is very important to highlight during the meeting, and as, for example, IDVAs or agencies start discussing the cases to bring the survivors voice at the forefront to make sure that we are talking about the survivors' circumstances and how we can help and safeguard them. When there are situations with survivors from other backgrounds, such as... That requires, for example, HBV toolkits to make sure that that is highlighted. I have noticed that sometimes that is forgotten or missed out, depending on which agency it's coming from or which agency is present in the meeting. If we don't have the special intervention from special agencies at the meeting, unfortunately, it can be forgotten.” **(MARAC Coordinator E)**

“So for me, I mean, I would always make sure that any cases that come to MARAC, regardless of any of the backgrounds or diversity they've got towards them, they would have the same amount of input. if there's a specific need, like LGBT cases, then we would invite Galop to attend the meeting so they can contribute, because they would have a better insight. And IKWRO as well, is another one we invite as well. So I take you've heard of IKWRO? So, sometimes they come, and they represent a really niche diverse culture who have domestic issues. And when we have cases for those, I make sure that they are invited as well to contribute.” **(MARAC Chair A)**

Overall, there was agreement that survivor's voices must be placed at the centre of MARAC and steps must be taken to guarantee that these 'voices' guide the process and the actions proposed. As one MARAC chair claimed:

“ I think we always, I always as a chair try to give precedence to the voice of the victim. So, if it's not the victim presenting the case, in the first instance, whoever's representing the victim, and I will overtly say so during the meeting, that I'm referring to this person to hear the voice of the victim, because I think that's key to MARAC and it's somebody who's obviously can't be at the meetings, but their wishes need to be heard (...)”
(MARAC Chair G)

Harmful Practices & MARAC

Throughout the observations, there were a handful of cases that involved harmful practices (HP). Responses to these cases in observations varied and this is thought to be in part to the lack of 'by and for' services. Further work is required to establish if partner agencies have received cultural competency training and training on HP. HP covers a broad range of abuse, there are three specific practices that are commonly identified: female genital mutilation (FGM), honour-based abuse, and forced marriage (FM). Adisa, Ferreira, & Willis (2021) specifically considered the role of MARAC and harmful practices (HP) and the role of by and for agencies at the meeting. **It was noted that in the boroughs concerned, specialist training had been delivered by a 'by and for' agency and this led to an increase in identification of HP cases supporting the idea that their involvement is crucial for a Coordinated Community Response.** As noted by Adisa, Ferreira, & Willis (2021), there is research to demonstrate the effectiveness of multi-agency information sharing in HP cases, but there is a lack of research on the specific role MARAC can play. **There were some boroughs within this sample who specifically included HP as a referral criteria for MARAC** as they had recognised the high risk nature of these cases. As mentioned in the review of referral forms, the addition of criteria for honour-based abuse, FGM and forced marriage is supported by SafeLives Spotlight Report (2017) whereby 68% of survivors in the sample experiencing honour-based abuse were at high risk of serious harm or homicide. **Further work is required to consider whether the inclusion of these criteria for MARAC increases identification of cases when coupled with specialist training on HP and what longer term impacts are seen as a result.**

Trauma-informed practice

Survey participants were asked whether the MARAC showed a trauma informed practice. 55% of MARAC Coordinator, Chair and partner agency participants and 51% of specialist organisation participants agreed that there was but 26-27% were not sure indicating further work is required:

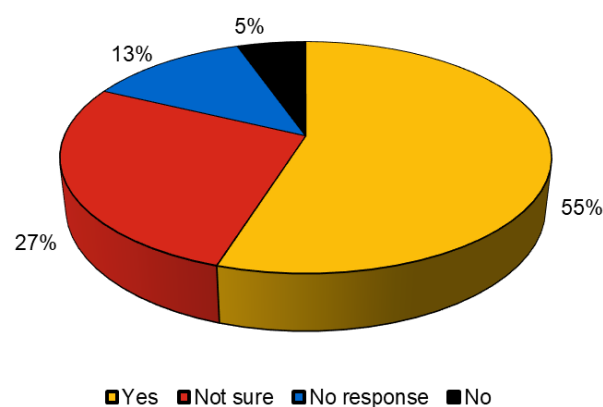


Figure 37. MARAC Coordinator, Chair & partner agency survey: Does your MARAC show an awareness of trauma-informed practice wherever possible?

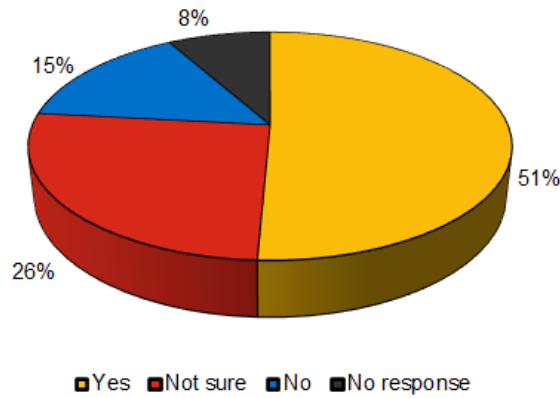


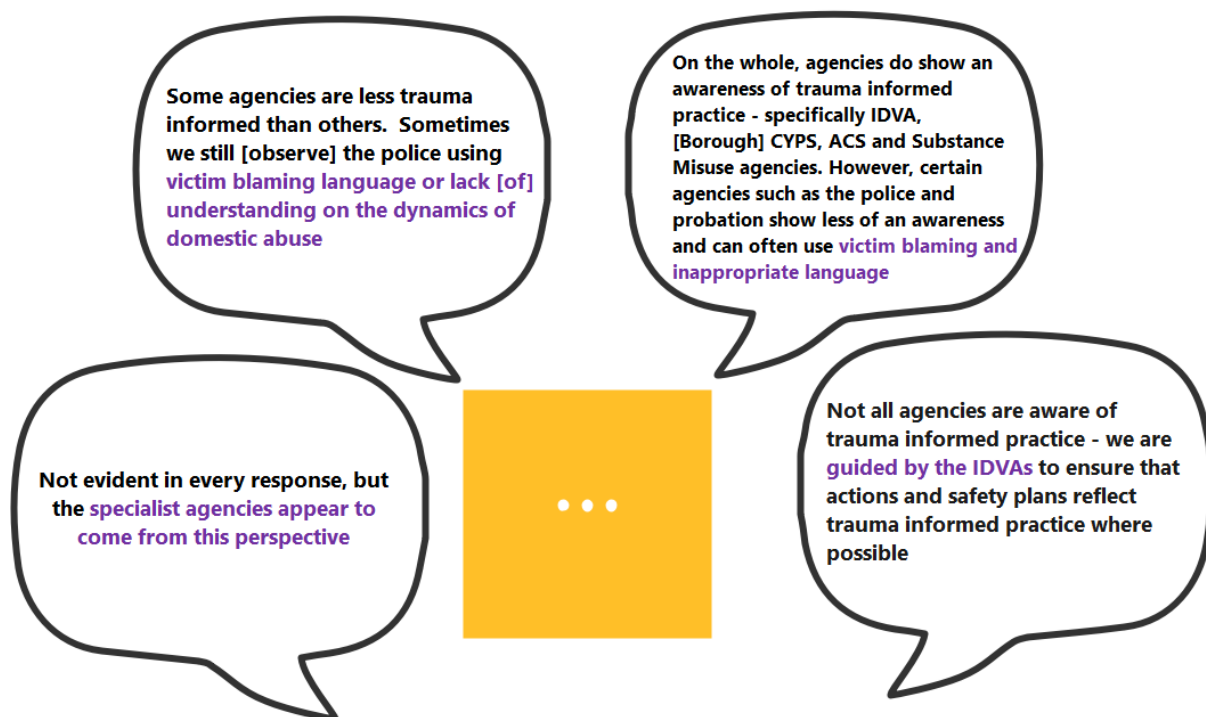
Figure 38. Specialist organisation survey: Does your MARAC show an awareness of trauma-informed practice wherever possible?

The 80 open-ended responses (56 from MARAC Coordinator, Chair and partner agency participants; 24 from specialist organisations) to this question provide context for these findings.

27 participants from across both surveys felt that their MARAC exhibits trauma-informed practice wherever possible:



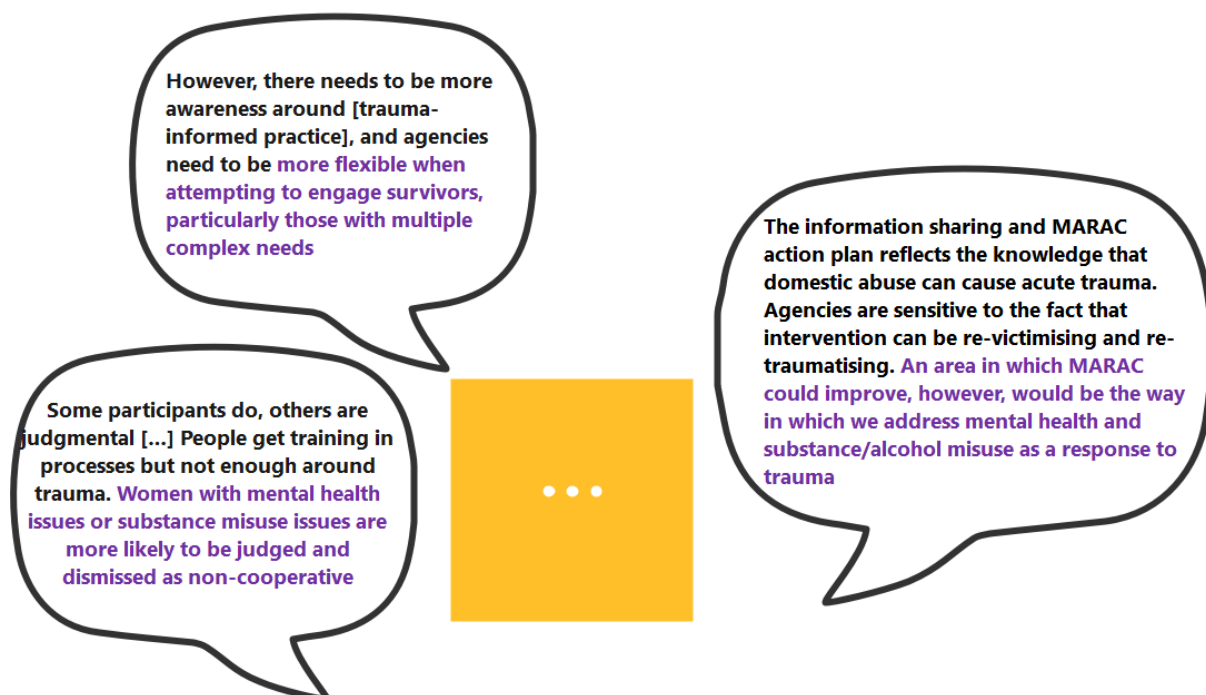
Others felt that this varied significantly by agency, with some organisations – particularly voluntary sector and specialist organisations and IDVAs – displaying good knowledge and competence in trauma-informed practice while others lacked a similar level of awareness:



Responsibilisation of survivors emerged as a harmful pattern of behaviour within some MARACs, which directly conflicts with basic principles of trauma-informed practice:



Trauma-informed practice when engaging with survivors facing multiple disadvantage emerged as another area where further training and awareness may be warranted:



One MARAC Chair, Coordinator and partner agency survey participant argued that a central aim of the MARAC process is to safeguard survivors, and this may sometimes be in conflict with embodying the core principles of trauma-informed practice, such as non-coercive methods and respect for agency:

MARAC partners are always considerate of the survivors needs and take care to ensure their wishes are heard in the meeting. They recognise that often, some actions will not be beneficial unless the survivor wants to collaborate, ie. putting in place panic alarms at survivor's home that will then not be used.

However, at the same time the MARAC will do what is necessary to safeguard the victim/survivor and will discuss cases regardless of their consent. The MARAC process can never be truly trauma informed, as this would take away the ability of professionals to safeguard the survivors. It seems futile to consider this, when we have to discuss cases where survivors have not given consent and put actions in place that they do not consent to"

The quantitative findings to this question indicate that just over half of survey participants felt that their MARAC showed an awareness of trauma-informed practice where possible.

The open-ended responses to this question are illuminating, suggesting that there are significant differences in knowledge and practice between boroughs, agencies and individuals when it comes to embodying a trauma-informed approach.

A recurrent and concerning theme was the perception among respondents that police in particular lack an awareness of trauma-informed practice and engage in victim-blaming.

Another concerning finding was the impression among some participants that survivors with complex needs were more likely to be subject to judgement, or that agencies displayed insufficient awareness or flexibility when engaging with these survivors.

Both findings recall criminological research on the concept of the “ideal victim”, a set of culturally ingrained norms or expectations about what constitutes a “legitimate” victim and how they should behave (Christie, 1986:18). This ‘ideal victim’ has historically shaped community and police responses to survivors of gender-based violence and resulted in adverse outcomes for those whose demeanour, character or behaviour fails to conform to this archetype; for example, domestic abuse survivors who do not want to, or do not feel safe/able to, end their relationship with the perpetrator may be wrongly perceived as responsible for further abuse that they or their children experience (HMIC, 2014). This perception is at odds both with the statistics on domestic homicides (which show that leaving a relationship does not necessarily reduce the risk of harm) and with a trauma-informed approach to engaging with survivors, which recognises that “the nature and impact of domestic abuse [often] *lessens* a victim’s ability to seek help” (Duggan, 2018:160)

Equally, judgement of survivors with problematic alcohol or substance use suggests a lack of awareness regarding the relationship between experiences of trauma and substance use, which shows that “abuse of substances [can develop] as a means of managing the pain of living with domestic violence” (Humphreys et al, 2005: 11).

The suggestion by one participant that this lack of sensitivity to survivors’ trauma by some professionals may be the result of “*compassion fatigue*” also speaks to issues of capacity and sustainability raised by participants when asked to reflect on the barriers to effective partnership working. When professionals are expected to take on the complex, sensitive and potentially emotionally draining work associated with the MARAC process in addition to their other duties, sufficient training and resourcing is crucial.

As another participant argued, at times the MARAC process’ primary objectives of safeguarding survivors and children may also be seen to conflict with principles of trauma-informed practice. Given the inevitability that (genuine or perceived) conflicts of this kind will arise, in-depth and specialised training in trauma-informed practice may present one method of equipping MARACs to deal with such conflicts sensitively and in the best interests of survivors and their children.

Principle 9. Operational support - “There is sufficient support and resources to support effective functioning of the MARAC”

This principle considers the support and resources available are sufficient to the MARAC needs. This includes having a dedicated coordinator; dedicated administrative support and clear routes for addressing issues.

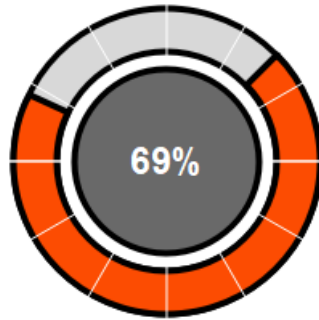


Figure 39. SafeLives advise on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Operational support

Survey findings show that around two-thirds of participants felt that their MARAC meets this principle (69% of MARAC Coordinator, Chair and partner agency respondents and 64% of specialist organisation respondents).

Coordination Models

The majority of survey participants reported that their MARAC was coordinated by a MARAC Coordinator employed by the local authority, with 56% of MARAC Coordinator, Chair and partner agency respondents and 66% of specialist organisations selecting this option (see figures 35 and 36 below).

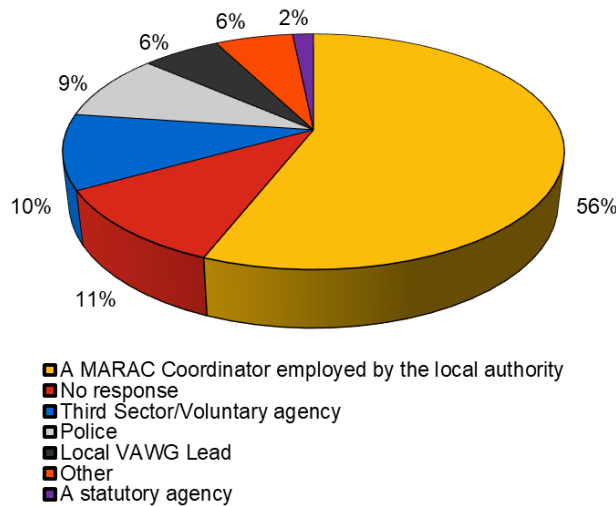


Figure 40. MARAC Coordinator, Chair & partner agency survey: Who coordinates your local MARAC?

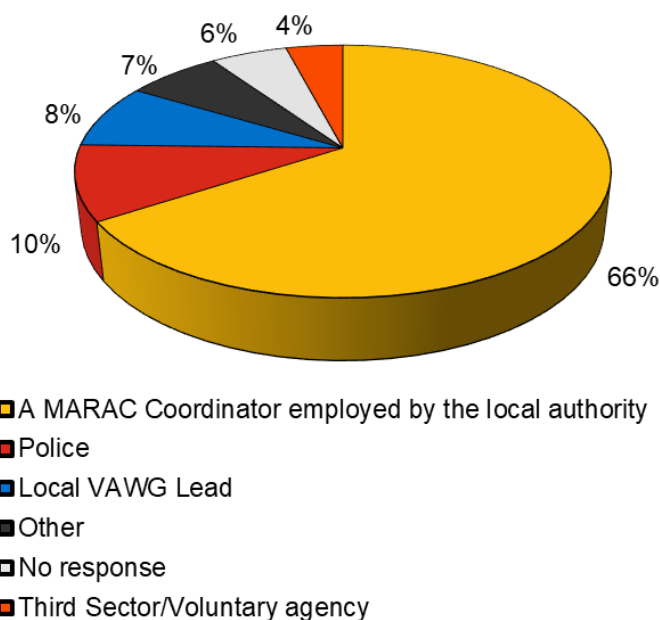


Figure 41. Specialist organisations survey: Who coordinates your local MARAC?

Of the MARACs that took part in the in-depth review, **10 were coordinated by an employee from the local authority and 1 MARAC was coordinated by a domestic abuse charity commissioned by the local authority**. Most coordinators cited they did not have sufficient administrative support for the day-to-day tasks in their role. This was impacted by caseloads and frequency of meetings. This was due to the specialist skills that are required to carry out some of the tasks such as processing referrals, understanding the makeup of the local agencies and managing relationships. Subsequently, many found they could not take annual leave or sickness without being concerned about what would greet them on their return. Some coordinators stated that the dearth in administrative support impacted on their ability to build and focus on partnership working or training. Some coordinators had part time administrative support or were in the process of obtaining this. It was noted that for some coordinators, they held multiple job roles alongside the MARAC. It is important that sufficient resources are allocated to support the smooth coordination of the MARAC and regularly reviewed intervals to ensure it is meeting the needs and supporting the coordinators as employers run the risk of staff burn out. Due to the restricted sample, it is not possible to examine the different models of coordination (police, local authority, VCS).

Barriers and challenges

During preliminary thematic analysis of open-ended survey responses, several patterns of closely-interlinked codes emerged as immediately salient.

When MARAC Chairs, coordinators and partner agencies were invited to reflect on the barriers to effective partnership working in their MARAC **time/resources, funding and communication between agencies** were most commonly cited by both sets of participants. These findings are also in line with previous research (see Acheampong, 2018; Adisa, 2020). Specialist organisation respondents were **more likely to identify a lack of leadership as a barrier**, with 11% of these participants citing this as an obstacle versus just 4% of MARAC Chair, coordinator, and partner agency participants. The open-ended responses, discussed in

the following section, shed further light on participants' views regarding working with partner agencies, and the barriers they face to effective partnership working.

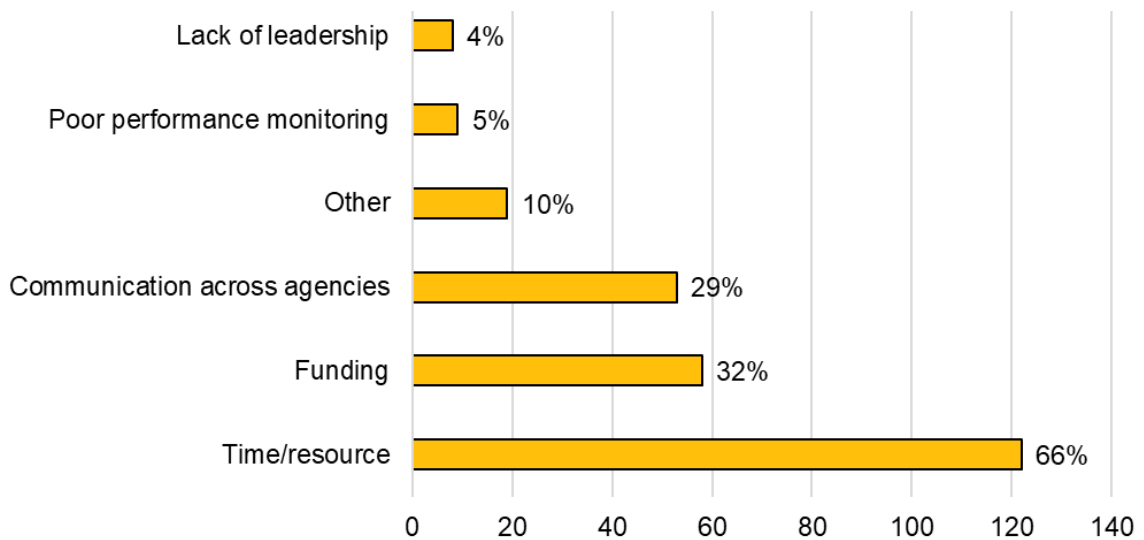


Figure 42. MARAC Coordinator, Chair & partner agency survey: What are the biggest challenges to partnership working in your local area?

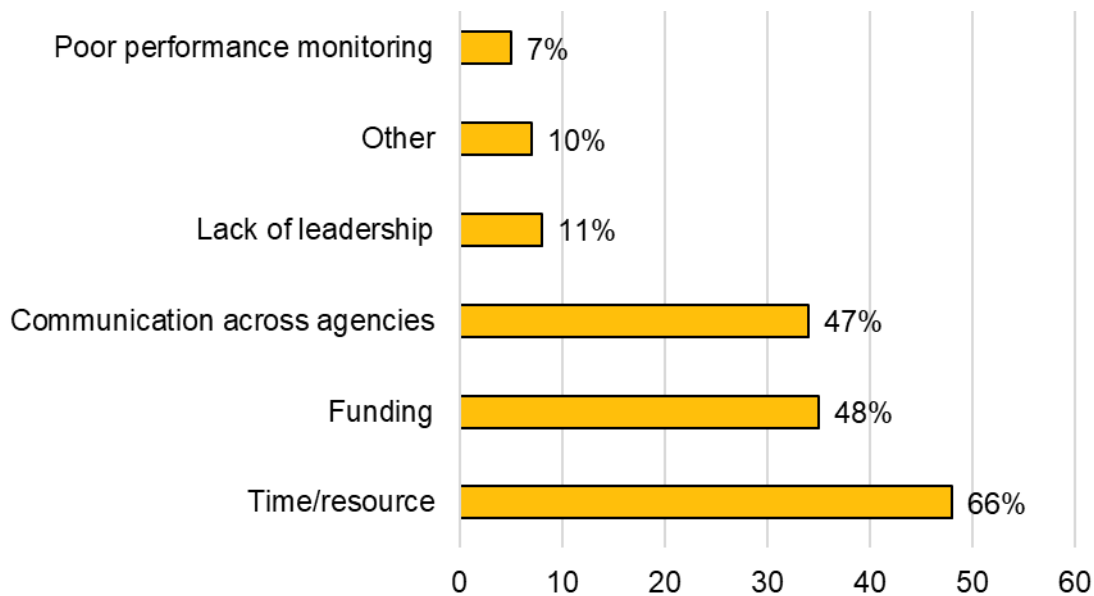
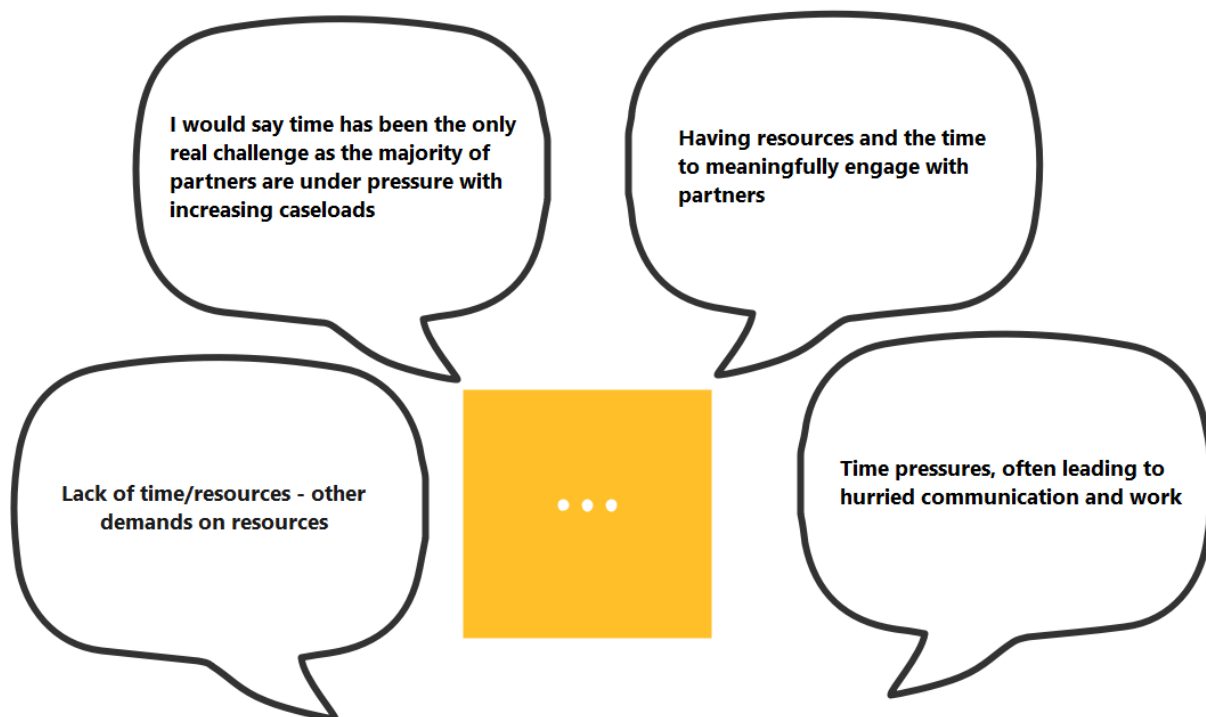


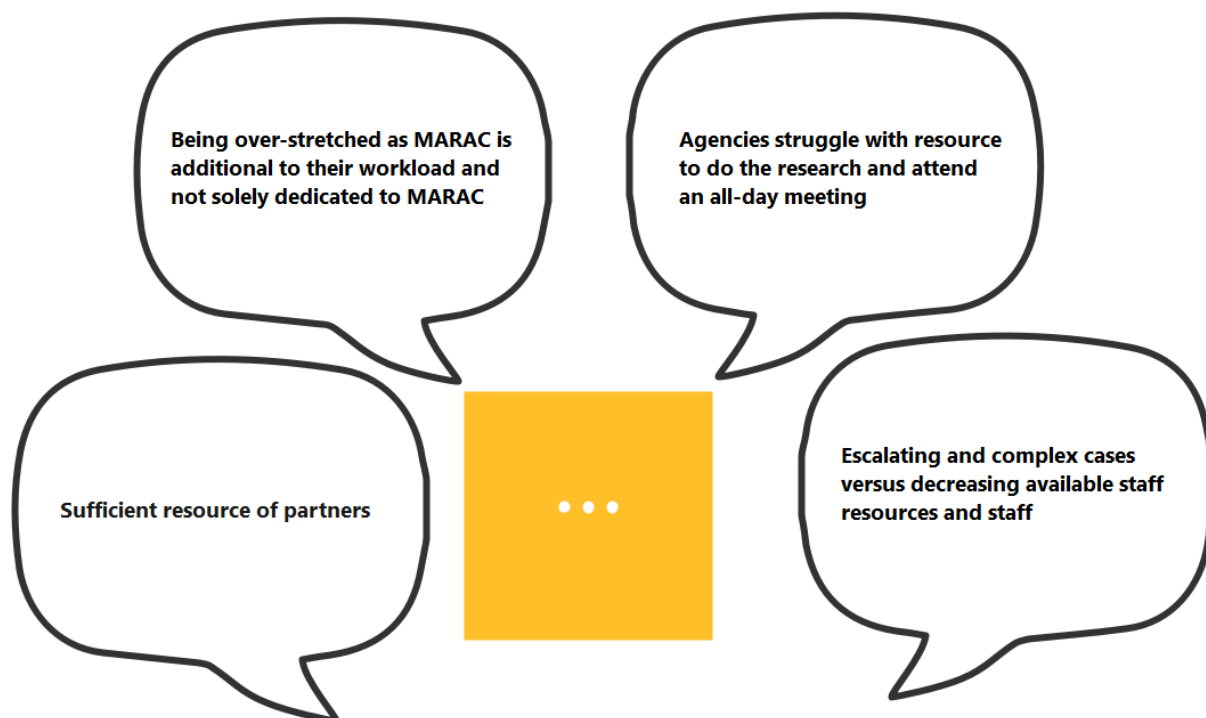
Figure 43. Specialist organisation survey: What are the biggest challenges to partnership working in your local area?

Time and resources

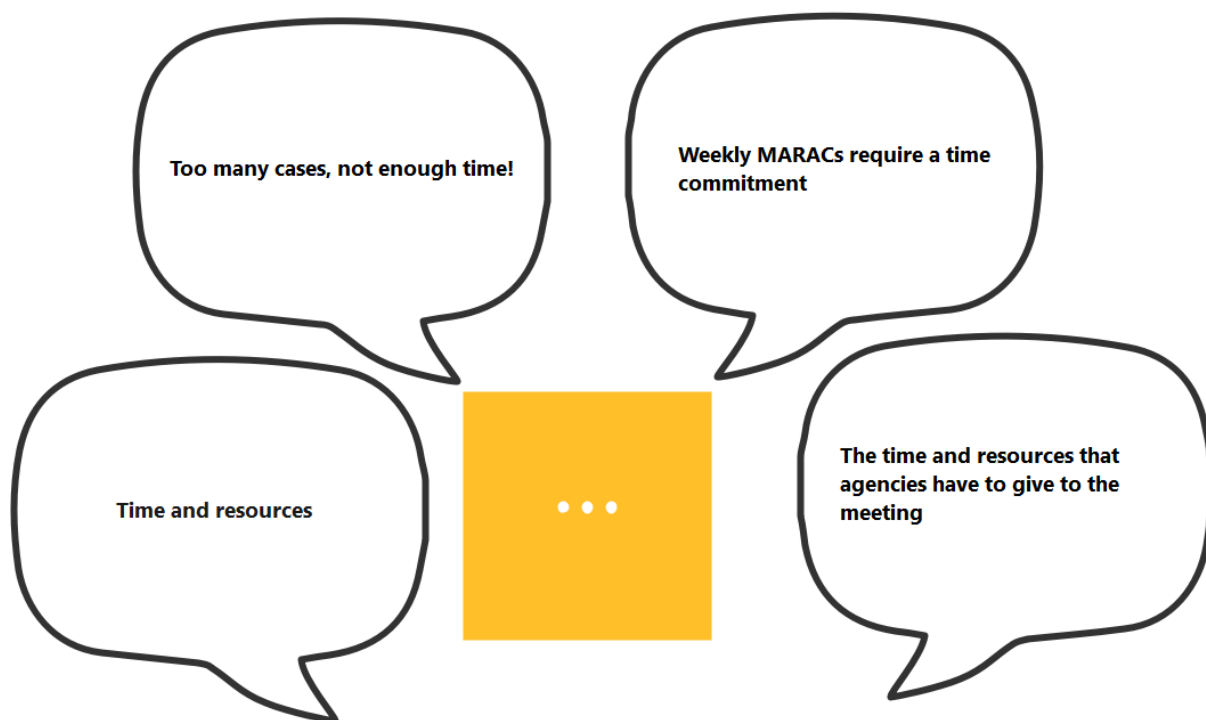
The multiple and competing demands on agency professionals' time was a frequently cited barrier, with 11 MARAC Chair, coordinator and partner agency survey respondents identifying lack of time as a primary obstacle to engaging with local partners:



Similarly, 12 MARAC Chair, coordinator and partner agency survey participants identified scarce resources as one of the biggest challenges to partnership working, reporting that partners were less able to fully and effectively contribute to the MARAC process due to being under-resourced and “over-stretched”:



Six survey respondents from specialist organisations also described time as one of, or the most significant, barriers to engaging with partner agencies, while five cited a lack of resources:



Since emerging in the early 2000s, MARACs have established themselves as one of the central mechanisms through which professionals can work together to safeguard survivors and address perpetration (Howarth *et al*, 2009). Regular MARAC attendance and engagement now forms a core part of many statutory and voluntary sector professionals' work. However, participants' responses suggest that resourcing across many partner agencies has failed to keep pace with demand, a finding which aligns with the wider literature on austerity's impacts on statutory and voluntary services and its disproportionate effects on survivors (Wakefield, 2019; Women's Aid, 2021). As the survey responses indicate, this pervasive under-resourcing has profound implications for professionals' ability to dedicate the requisite time and attention to MARAC-related tasks.

Several challenges were identified in interviews which affected MARAC delivery and provision, often compromising its effectiveness. Interviewees pointed to structural, relational, and capacity-related barriers or difficulties in the exercise of their role and the delivery of MARAC, equally impacting partner agencies involved.

Capacity was put forward as one of the most prominent challenges within MARAC in the interviews. The high rates of MARAC referrals, further escalated by the Covid-19 pandemic (see below *Impact of Covid-19*), put strain on the already limited capacity of MARAC coordinators, chairs, and representatives from partner agencies at MARAC.

"I just think, currently, it just feels like capacity. I just don't feel like I have capacity to do everything that I want to do. I think I'm really lucky that I have the MARAC administrator three days a week. I think if I didn't have her, I would just... You know, I would barely be able to get all of the documentation out in time for the meetings, let alone also run trainings and, you know, even like data compiling and having relationships with the different agencies. I just think... Yeah, I think capacity is the real issue at the minute, we just... there aren't enough time, money, resources." (MARAC coordinator B)

"I mean, in terms of sort of referrals coming into the ISDVA services, um, the team roles have changed, so we've got less IDVAs than we used to. So, people are getting more cases. (...) And so, yeah, so the more referrals we get, obviously, it will sort, you know, it does it impact... The heavier the caseload is." (MARAC coordinator C)

Linked to concerns over capacity, the issue of resourcing was highlighted. For MARAC coordinators, the overwhelming amount of administrative work they were required to do prevented them from focusing on the central aspects of their role, such as facilitating multi-agency.

*"I think I should be spending more time building relationships with agencies and sort of tackling the issues, like, for example, if we don't have research from a particular agency for, you know, a MARAC or two MARACs running, then I would want to, like, talk to them and address that. Whereas, um... Or, you know, same as actual attendance at the MARAC. Whereas I feel like a lot of my time is spent doing administrative work. Which I'm hoping is the same everywhere. So, yeah, I just... It's... I think it would be easy to just be called like MARAC administrator part 2, you know? To some extent. And it's not, I guess, it's not fully what I expected. Whereas when you look at the job description, it's very much like, about building relationships, running trainings and, you know, having discussions with management if there are issues with representatives. **I just actually don't have time to do it, really. I just don't know how to fix it.**" (MARAC coordinator B)*

"As adequate resources across the borough, I don't think I have adequate resources to carry out my role because there is so much for me to do. My role is amalgamated. I personally think it's a three people job." (MARAC Coordinator I)

That said, interviewees highlighted the need for administrative support, that would allow coordinators and chairs to focus on building relationships and facilitating the collaborative approach required by MARAC. This was related to issues of funding and its seemingly inevitable short-term nature. When coordinators were able to receive administrative support, this was often for a short period of time. Similarly, both coordinators and chairs expressed their concerns over having their role 'covered' if they needed to go on leave.

Lack of funding and resources, particularly time and staff, was also perceived as a major challenge for partner agencies and a barrier to their engagement.

*"I think what I'm seeing from other partners is they're time short, they don't have enough time in their day. A lot of people do feel the pressure kind of having to do that research and send it in within a couple of days. **And I think when you've got kind of staff shortages or there's not enough in the team, I think for us that's the biggest challenge, is keeping those partners on board and engaged and kind of support them because they're struggling.** I think that's the biggest thing I find. I have a number of agencies that are kind of 'I can't get the MARAC research to you, you know, until Friday rather than Thursday'. And even though it's so frustrating because it holds me up, actually to allow them every now and then to kind of be off time scale, I think just gives them the breathing space that they need. And it kind of shows them that we're happy to work together rather than be quite regimental with them. **But I think that's the biggest, you know, resources. I think we're all kind of... Very busy. Not enough time, not***

enough staff. I think is the biggest. You know, partners want to be involved. They want to engage. It's their time that they struggle with. (MARAC Coordinator L)

Interestingly, one interviewee reflected on the impact of limited capacity following steep increases in caseload (e.g., referrals), even before the 'rise' brought about by the Covid-19 pandemic. This coordinator shared their concerns over the lack of appropriate development or evolution of the MARAC process to meet the ever-evolving demands of domestic abuse (e.g., increase number of referrals).

"I think what we do is very, very good. I think our concern there is that MARAC has maybe not developed enough as a process to match the current context that we now work in the whole world. I think when it started back in like 2007, in [borough], things were very different. You know, what people needed, what agencies needed from a forum like MARAC was very different. We had way fewer cases, so the meeting went completely differently. I don't think it was ever set up to deal with as many cases as it does now. So, I think from our point of view, whilst we were also very strong in what we do according to the current guidelines, I think that the whole process maybe doesn't do what it needs to do for victims. Like, I'm not entirely sure how much of a difference we're making for victims, how much of an impact it has on their lives" (MARAC Coordinator J)

This coordinator raised questions over the need to reflect on the 'vision of the future' for MARAC, and what is required to best respond to the needs of survivors. This relates to the discussion over the lack of statutory footing for MARAC, which is addressed further below. Perhaps more immediately, however, it is fundamental that one acknowledges the impact of limited resources (human resources and otherwise) not only on MARAC coordinators, chairs, and partners, but ultimately on the people it is deemed to support.

Research and support in the delivery of MARAC meetings

Networking with other coordinators and chairs was seen as a positive in the desktop review with many linking into London forums, such as the MARAC Coordinator or MARAC chairs forums, or creating local meetings with their neighbouring boroughs to offer peer support and share practice issues.

Interviewees were asked whether they drew on any research or support in how they run the MARAC. The majority said they did not necessarily rely on any research (particularly given the lack of time to engage with such) but described seeking for support among colleagues within MARACs across London or their own teams, with some advocating for increased contact and sharing of expertise across boroughs.

"Well, I suppose... So... I've got a bit of a network of people whom I know also share MARACs and I've got a good working relationship with the people I've previously worked on MARACs with, so especially, as I said, down at [borough]. So, I'm in contact with those people, not really regularly, but as and when." (MARAC Chair B)

“Well, like, I always just kind of like speak to everyone, see if there's anything they want to change, something they want me to do that they think... I feel like, it's a very open and honest group of people that if there was any problems, any issues, we will speak our minds to be like, what can we do to make it better? And I'm always there to listen and be like: 'OK, we can do that'. I will do that. I will change the way it's done.” (MARAC Coordinator D)

“Safe Lives, I liaise a lot with the [borough] coordinator and the [borough] one. We've got a really good working relationship as well, and I do, I love to speak to both of them, especially like [colleague] at [borough], because she's got so much experience. She's been doing MARAC a long time as well.” (MARAC Coordinator O)

Platforms such as steering groups or coordinators' forums were seen as environments conducive to sharing of experience and expertise, even for those who had never attended.

“I think being part of the coordinators' meeting has helped because you can, you know, bounce best practice off of them as well” (MARAC Coordinator L)

“Unfortunately, I've never gone to the Coordinators Forum. It was always so far away and you just, it's like, you know, a day just going there, going back. But now there's an East London one, which is the first meeting I'll miss. So I'm just waiting, I think the second one was cancelled. So I'm waiting for the third one. So, I'm kind of thinking that that will really be beneficial because then obviously that's the forum to share ideas and see what other MARACs do, because like I said, I'm always open to ideas of how to make it run better and... Definitely, definitely, and I like I said, anybody that attends our MARACs if they've got any ideas... it's... I'm always open to that.” (MARAC Coordinator M)

“So, it would be interesting to link with my counterparts in different areas just to see, because you get quite a lot of learning from that. One of the things, because the role is so busy, is making time for myself to actually do my own research and to do my own learning, you know, via the Standing Together website or via Save Lives website or any other resources. So, I recently spoke to my manager about that. So he was very supportive and willing to get what I do covered for a morning or an afternoon when I just want to take some time to do some self-learning. So that is something that I would be doing a bit more regularly.”(MARAC Coordinator F)

It is important to note that the Covid-19 pandemic brought about challenges in running these meetings considering the limitations imposed in terms of group gatherings, which might have brought additional challenges in information sharing among coordinators and chairs.

Aside from support from colleagues, interviewees also referred to Safe Lives and Standing Together guidance. Training was also mentioned, although several interviewees mentioned starting the role before accessing any training and being ‘thrown into it’. This is perhaps revealing of the impact of lack of capacity across MARACs, with the need for immediate support (e.g., from chairs) surpassing training and preparation for the role.

Consistency around chairing

Consistency around chairing was noted to be a particular issue in the desktop review. 10 MARACs were chaired by the local Detective Inspector from the Safeguarding team within the

Metropolitan Police Service (MPS), although in one MARAC, the chair could not attend, and no replacement was identified resulting in the coordinator chairing the meeting. One MARAC was chaired by the VAWG Strategy and Commissioning Manager. It was noted that one MARAC was chaired quarterly by a senior manager within Children and Family Services. On occasion, one of the other MARACs had a VAWG lead who would step in as chair on occasions that the MPS were unable to do so. Whilst most MARACs observed had consistent chairs, some had experienced multiple changes and some within short time periods which had impacted agency participation in the meeting negatively and impacted on the coordinator's role. This frustration was also noted by chairs in interview who had not all received MARAC chair training until quite recently, feeling at times out of their depth. Some noted that chairs were regularly were moved around to different posts and the impact this had on partnership working. The impact of chairing on a MARAC is supported by Acheampong (2018) where it was noted that chairing was most effective when consistent.

A majority of survey participants (around two-thirds from each set of participants) reported that their local MARAC meeting was chaired by police, with 68% of MARAC Coordinator, Chair and partner agency respondents and 69% of specialist organisation respondents. DA Coordinators and local VAWG Leads were the next most frequently selected option among both groups, but were far less common, collectively making up just 14% of local Chairs.

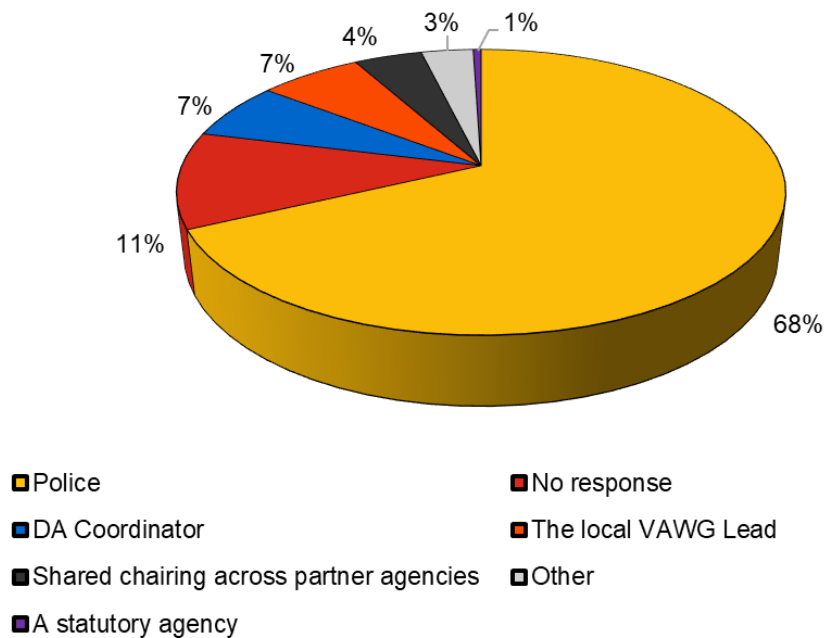


Figure 44. MARAC Coordinator, Chair & partner agency survey: Who chairs your local MARAC meeting?

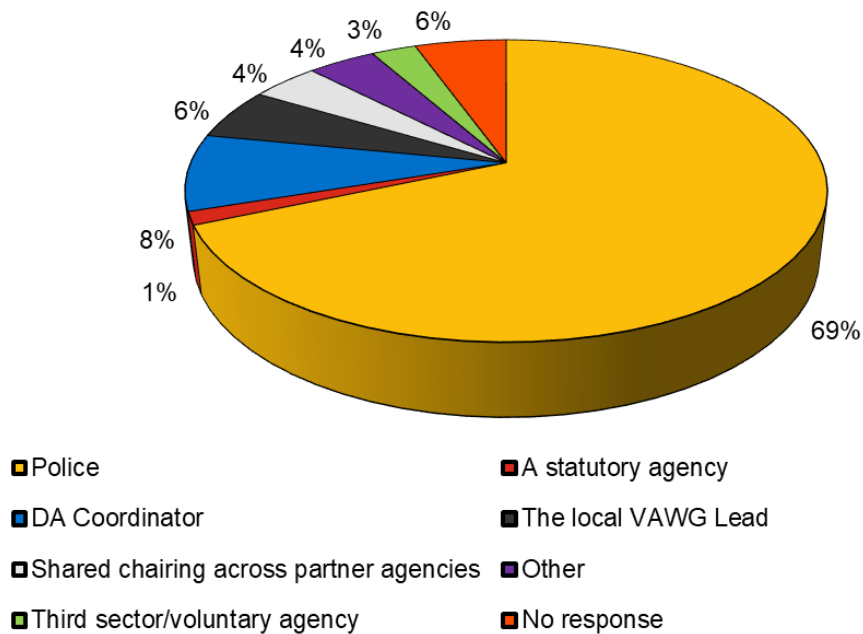


Figure 45. Specialist organisations survey: Who chairs your local MARAC meeting?

Difficulties around chairing were also put forward as a challenge in MARAC delivery, particularly regarding the lack of consistency around chairing brought about by quick staff turnover and lack of training.

*“I don't always feel that the chairs that we are basically told we've got to have are suitable for the role, i.e. they're not necessarily trained or have, you know, we'll get told, 'oh, you're getting a new police chair' and they've never chaired a MARAC before and they're expected to come into the next meeting. **And it's like, how do you you know, how can we remain effective when you've got unskilled, untrained, effectively unskilled, untrained in that field - because it is a specialist field - to come in and chair such, to us is an important meeting.** Um, it is an important meeting, but I feel that other agencies is just another thing in there, you know, whatever they've got going on. So it's not their focus, whereas this is my absolute focus. It's my job. So, yeah, I think that's probably our biggest issue is the chair.” (MARAC Coordinator A)*

“I think, as well, in [borough], specifically chairing has been a bit of an issue in terms of a consistent approach to chairing. So I know that there was a new chair, who started when I first started as well, and... It seems that maybe there's a couple of issues in terms of supporting myself as a coordinator, but also kind of challenging reps and keeping that meeting going in terms of engagement and talking. And that doesn't always happen, unfortunately. So I think there needs to be some better approach or wider conversations about why that is happening and what can be done about it, because ultimately it's not down to the coordinator to chair. But I do feel that that has been the case with certain meetings. (MARAC Coordinator H)

Other coordinators shared positive experiences around chairing and the delivery of MARAC meetings. However, there was an understanding that quick staff turnover in such a fundamental role created unnecessary inconsistencies around MARAC meetings and often undermined long-lasting relationships between chairs and representatives. Ultimately, lack of

consistency and training has implications on the ability to maintain a collaborative approach between agencies and the MARAC. Interviewees highlighted the importance of training and support for chairs prior to beginning their role within MARAC to guarantee there is an understanding of the role and its value:

“Um. It’s a tricky one, but effective chairing and some kind of... So, [colleague] will do training with the MARAC chairs to sort of show what she expects, and we’ll give them a checklist, like an action checklist to try and prompt them. But some sort of like standard that sort of shows what a chair should be qualified to be. I know there isn’t such a thing, but yeah, I think it just needs to be sort of recognised that actually it’s quite a very important role and we’re just getting people into it that have no experience or no knowledge, and it just seems like a crazy, crazy, dangerous thing to be doing, to be perfectly honest.” (MARAC Coordinator A)

Principle 10. Governance – “There is effective strategic support and leadership of the MARAC and IDVA response, and agencies work together effectively”

This principle expects MARACs to have a clear governance structure in place, which provides leadership and accountability for the MARAC. This is demonstrated by clear operating and information sharing protocols and a steering group.

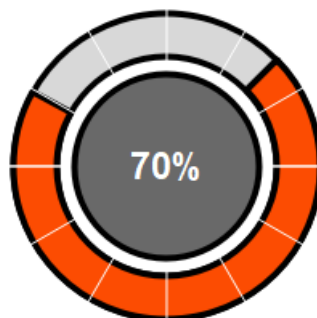


Figure 46. SafeLives advises on ten principles for an effective MARAC. Tick all that you feel apply to your MARAC: Governance

The majority of survey participants agreed that their MARAC conforms to this principle, with around 70% of specialist organisation participants and 78% of MARAC Coordinator, Chair and partner agency respondents indicating that their MARAC demonstrates effective governance.

MARAC performance

Coordinators and chairs were asked to rate the performance of their MARACs. Most coordinators and chairs rated the performance of their MARAC very highly, at seven and eight out of ten. They believed that, overall, their MARAC performed well within their boroughs, addressing referrals, and delivering actions as efficiently as possible with the resources available.

Importantly, interviewees referred to different performance indicators when assessing their MARAC. Good engagement from partner agencies was most commonly mentioned as a main indicator of good performance, as well as good relationships between coordinators, chairs and representatives. As discussed above, aside from some gaps in participation from certain agencies, coordinators and chairs viewed their relationships with representatives positively and believed their agencies engaged positively and adequately (once again, within the limitations imposed by funding and resourcing).

Additionally, interviewees mentioned outstanding actions and repeat cases as measures of performance:

“That’s really difficult for me to say, in terms that I can comment on how the meeting is run, but in terms of how the actions have progressed, I wouldn’t be able to comment on how effective we are in terms of... (...) It depends on all those actions between various different agencies. So, I can comment on the police actions because, I mean, I asked [colleague] yesterday and I know out of the outstanding actions, we’ve only got 22 from the police out of 300. So that’s quite good. I can say, from that, that the police are effective in our actions. But I... That... It does concern me that there is a number of outstanding actions. However, I think a lot of that might be administrative in that partner agencies are completing the actions we just aren’t necessarily updating and completing admin to say that we’ve done it.” (MARAC Chair H)

“It’s hard to describe. I would say everyone contributes, that side of the performance is great, you know? And the changes that I’ve made in particular have done really well and people know what they’re supposed to do and everyone does what they’re supposed to do. But that doesn’t necessarily stop certain couples coming back to MARAC over and over and over again. So... I don’t know how we fix those problems. That’s just so frustrating!” (MARAC Chair A)

It was seemingly the case, however, that there was an absence of formal assessment of MARAC performance and some challenges can be anticipated in measuring performance, particularly given the lack of uniformity in the MARAC process across different boroughs.

Operating Protocols

From the in-depth review, **not all MARACs appeared to have a MARAC Operating Protocol (MOP) which is of concern.** Some MARACs that did have MOP had clearly stated the roles and responsibilities of the agencies involved, the nature of information sharing and security of this information. The protocol should outline the key roles and responsibilities agencies have when participating in the MARAC and sets out how information will be shared in line with the GDPR regulations 2018. It was noted that some MARACs did not have a steering group. A handful of MARACs had operating protocols that required updates but had been delayed due to the pandemic. The updates to these protocols were noted to be in progress. It is imperative that all MARACs have a clear operating protocol and terms of references so there is a clear process and structure.

Some MOPs noted there was a MARAC Steering Group with senior representatives for each MARAC agency who meet on a quarterly basis and identify any issues arising. In some MOPs, the terms of reference for these groups were included in the main MOP. This is best practice, and it is recommended that all MARACs have a group who have oversight over this process and support from senior management. ISOE noted that creating a governance structure that works together effectively to actualise real and long-term changes in practice is essential.

All MARACs were noted to submit quarterly data to SafeLives. Coordinators noted in their interviews that they would use this information to inform their performance and often this was presented to senior management boards for review on a quarterly report. Feedback from survivors was often sought by the local specialist support service and factored into these reports.

Steering groups

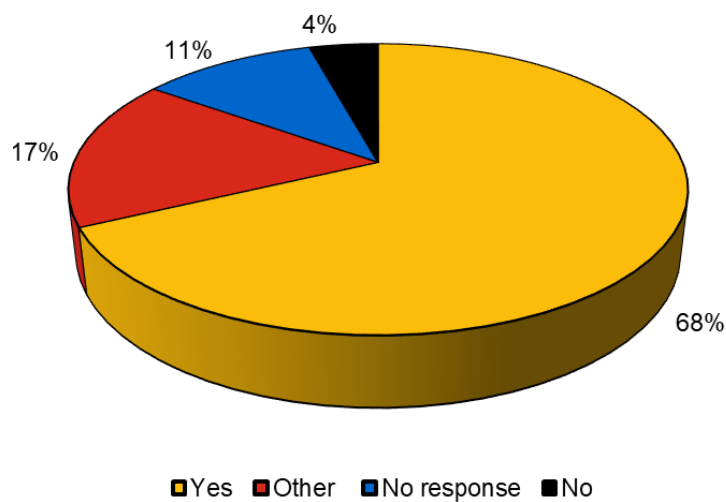


Figure 47. MARAC Coordinator, Chair & partner agency survey: Does your MARAC have a steering group that monitors the running and effectiveness of the process within your borough?

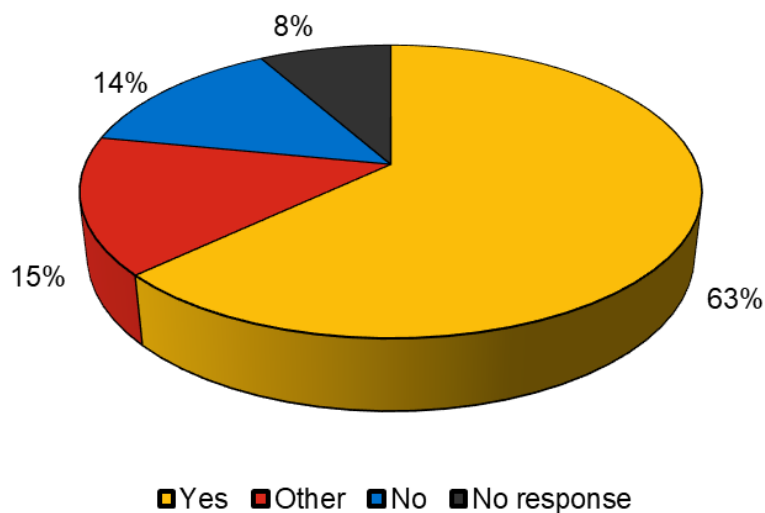


Figure 48. Specialist organisations survey: Does your MARAC have a steering group that monitors the running and effectiveness of the process within your borough?

The majority of survey respondents reported that their local MARAC has a steering group to monitor the governance and performance of the process, with 68% of MARAC Coordinator, Chair and partner agency respondents and 63% of specialist organisation participants answering 'Yes' to this question.

This is an encouraging finding which suggests that the majority of surveyed MARACs are adhering to SafeLives and STADA recommendations for effective MARAC governance, which emphasise that there should be a "stable, visible, governance structure in place that provides leadership for the MARAC" (SafeLives, 2017: 11).

Among participants who responded 'Other' and provided context for their response, open-ended responses suggest that the majority were unsure of whether or not their local MARAC has a steering group (81% of the open-ended responses from partner agency respondents and 91% of the specialist organisation participants). This may indicate a need for greater clarity and visibility around the role of MARAC steering groups.

Uniformity and consistency within and across MARACs

Another gap identified by interviewees was the lack of uniformity and consistency across MARACs in different boroughs, particularly regarding referral forms and other practices within MARAC (e.g., frequency of MARAC).

"Uniformity, for me. Having... because I do two, and I see all these MARAC to MARACs that come across from all across London, one of the biggest barriers is uniformity and that having that consistency." (MARAC Chair A)

"(...) because, you know, even things like having different referral forms, you know... Or having, you know, some boroughs having some partner agencies and then other partners of the borough not having the same partner agencies, you know, it's hard for partners to remember the criteria. So, although referring into MARAC the criteria are the same, but when you're holding mini-MARACs and you're holding daily MARACs and, you know... People do forget when a case is going to be heard, how quickly... It's just what's going to happen. Because daily MARACs it can then, you know, if someone's having a daily MARAC, it can go on to a full discussion at a later MARAC, but then does someone get, you know, actions to do X, Y and Z today and do you see, you know, safety measures and things like that happening today or do you wait until a week when the actual MARAC takes place?" (MARAC Coordinator C)

Interviewees suggested adopting uniform strategies when running MARAC, to facilitate information sharing and engagement from partner agencies intervening in more than one borough.

"And I think generally if MARACs were run in the same way in all boroughs, it is, I guess, easier. Yeah, it's easier to know what everyone's doing, for example, [borough], their MARACs are very, very different to [borough]. So, it's sometimes hard to remember when to have the professionals meeting or when something's in MARAC. And then partners, because [borough] and [borough] usually share say, for example, mental health services or police. And then it can be it can become quite confusing for

partners knowing how [borough] runs in comparison to how [borough] runs. So, if, you know, all London boroughs work the same way, I think it would just be a lot easier.” (MARAC Coordinator C)

“Um, I think there's probably a need to maybe standardise things perhaps across the Met, because I know there is that variation in some regards. I mean, sometimes it's healthy to have that sort of diversity of offer because that's the environment in which new ideas come to the fore and where everything is uniform that tends to quash that. But... Yeah, I suppose there's a balance to be struck there, so.” (MARAC Chair G)

As MARAC Chair G argued, a balance must be struck between the uniformity which would open way for cross-borough collaboration, and the flexibility required to allow MARAC to evolve and adapt. A collaborative approach to establishing the pillars of MARAC performance is required to ensure a certain level of consistency is achieved which allows for cooperation and collaboration between boroughs, without compromising the often 'individualised' structure it requires to address the specific needs of one borough.

No statutory footing

Although not discussed extensively, the lack of statutory footing underpinning the MARAC process was mentioned as a challenge, for example, in terms of ensuring participation and engagement, as well as resourcing and prioritising of MARAC.

“(...) unfortunately, it's not a statutory process. But, you know, in my personal opinion, it should be. And if you if you have it's as a statutory process, then like, again, I do believe that every agency that is involved in MARAC or even would even come into contact with survivors should have like a designated MARAC person to make referrals, to quality assure them, to attend meetings. Again, MARAC is, I think so important and the response to domestic abuse and there's much more, again...” (MARAC Coordinator R)

“I find that strange, because what would be in place if we didn't have it? I mean, obviously, you'd have professionals' meetings and stuff like that, but I think you need one. I think it should be statutory. So I don't know if that's something that could be captured, that it should be statutory.” (MARAC Coordinator O)

“Well, the greatest challenge... I think well, unlike MAPA, MARAC has no statutory footing and everybody is there as a volunteer. And I think in the current context of covid and the extra strain that puts on attendees and agencies, I think ensuring continuity of attendance is probably an issue.” (MARAC Chair G)

Nonetheless, one coordinator argued that the lack of statutory footing allowed for more flexibility in shaping the process and allowing for it to evolve alongside the needs of domestic abuse survivors across the borough. As mentioned above, this coordinator shared concerns over the lack of development within MARAC, and the fact that it seemingly did not accompany the evolution of the domestic abuse provision panorama.

“It’s quite lucky that we’re able to be flexible in what we can make it be. I think we’re thinking about how we amend that process and what we want it to be in order to ensure that it actually makes a difference. And it’s not just a meeting that makes professionals feel better, that they’ve, you know, shared information and said, ‘yes, done that’.” (MARAC Coordinator J)

Additional Areas For Consideration

There were several areas that were highlighted across the research that fall outside of the SafeLives 10 Principles and this section provides the key findings.

Impact of Covid-19

Interviewees identified several changes imposed by the Covid-19 pandemic and the need to adapt to sudden restrictions. One of the most noticeable changes was the need to change to virtual working and move MARAC meetings to an online platform (Microsoft Teams/Google Meets). Inevitably, this resulted in several changes in the delivery of MARAC meetings, information sharing, and general interaction with partner agencies.

Most interviewees mentioned both advantages and disadvantages of holding MARAC meetings on an online platform. Better attendance from partner agencies was consistently identified as one of the main improvements facilitated by virtual meetings, with one coordinator claiming this improved probation’s involvement, even if slightly. While for in-person meetings agency representatives were often required to travel across London, online meetings were said to be more accessible and often less time consuming for each representative. For instance, one chair described introducing a ‘time-slot’ system allowing representatives to attend the MARAC meeting in their allocated time frame, therefore improving attendance and engagement for those presenting or discussing referrals. Reflecting on the benefits of virtual MARAC meetings, interviewees said:

*“I think we’re getting a lot better engagement with virtual MARACs. I think people are engaging a lot better and aware of what they’re showing, especially when that comes to, like, the high risk and the prominent risk factors. I think this is why we’re getting better attendance, especially with guest agencies as pre pandemic. I mean, I know from my days of frontline working, you would travel to one borough for one case a lot of the time, which is 10 minutes, and you would just leave. So, **I think virtually they can just sign on whenever their slot is and that’s a lot better in terms of making a referral, make sure that they’re engaged in that process, and then actions are set that they can carry out with the survivor.**” (MARAC Coordinator H)*

*“Everybody’s willing to work, work together. I’m working, working remotely as well. So, if there’s any issues, we’re able to deal with them then and there. And then if there’s anything, you know, people aren’t have to disappear off, you know, and speak to people and then come back. It’s all been resolved very, very quickly and it seems to be working, working well. **I think the partner agencies, I think they’re liking it as well because they can dip in and out.** Certainly, when we’ve got 30, 35 cases, obviously, we can’t give them a time when their case will be heard. **So, I think it’s good for them that they***

know that they can get on with their day job and that they can come in when we need them and then they can dip out again. And it's working well.” (MARAC Chair H)

*“And it was only this morning myself and [colleague] were saying about whether we keep the online going for a little bit longer. And because it does seem to be working, you know, we can have even though it's been a challenge, we can have agencies dip in and out. **People can do real time checks while they sit in the meeting. So even though there's been challenges, I think it has improved how we work.” (MARAC Coordinator L)***

“The first one mainly being that I think more people are able to attend more consistently because it's easier for them to just go and jump on a computer on the day of the meeting rather than travelling to wherever, in London, to attend.” (MARAC Coordinator R)

*“And then with the virtual actions meeting, I feel like because there's more people attending, not that we ever had a massive problem of attendance, with touch with [borough] been really good to people like buying in. **I feel like people attend and they're like really present because it's like a two-hour meeting, two and a half sometimes. And people come up with really good ideas for actions. I just feel like there's a lot of pluses around it.” (MARAC Coordinator O)***

It was not always certain, however, among three interviewees, whether an increased attendance was accompanied by increased engagement.

“I've seen an increase in, I guess, participation at the meeting or attendance in the meetings, which is good, but also does that reflect on the agency engagement at the meeting? There is a mix. I feel like there's a mixed response.

Are we being fully engaged in the meeting in terms of people's, like, awareness or like, you know, being present in the meeting? Is that also translating? But I've seen a lot of good partnership working within that meeting and some good ideas and good thinking outside the box, which gives me some hope that we are trying to perform to the best of our abilities in this situation.” (MARAC coordinator G)

Nonetheless, a few interviewees also alluded to the challenges and disadvantages of online MARAC meetings. These included logistical issues (e.g., 'clunky' system making it difficult for representatives to intervene effectively, less natural or flowing interaction), managing participation, and establishing rapport with partner agencies.

Apart from the practical changes implemented, participants identified broader changes brought about by the impact of Covid-19 on domestic abuse. That said, increased MARAC referrals from partner agencies and subsequently high caseloads seemingly reflected the increase in domestic abuse cases throughout the pandemic, particularly during periods of national lockdown. For example, one MARAC coordinator mentioned that their referrals had increased in 39% during the pandemic, with expected higher rates for the current year of 2021. In some boroughs, participants described increasing the frequency of MARAC meetings to respond to the high volume of referrals. For example, one coordinator said:

“I know previous to the pandemic, I think... I feel like - I can't remember - I thought like their MARACs were either monthly or... I felt like it was monthly and then it went to every two weeks. And then like at the height of the pandemic when the referrals were really high, it changed to being every week.” (MARAC Coordinator A)

As mentioned in principle 1 findings, frequency of MARAC meetings varied across borough, both pre- and post-pandemic, with some advocating more regular meetings and others rejecting such approach. In most cases, frequency of meetings was reflective of the caseload (e.g., high volume of referrals) and the need to keep partners engaged.

Trust and confidence in policing

Survey participants were asked questions about trust and confidence in policing in respect of MARAC cases.

As discussed in further detail below, the quantitative findings show that **a majority of participants agreed that agencies have trust in policing** where MARAC cases are involved. The open-ended responses to this question shed further light on why a minority of participants believed that there could be a lack of confidence in police among some agencies.

73% of participants from the MARAC Chair, Coordinator and partner agency survey felt agencies had trust and confidence in policing where MARAC cases are involved.

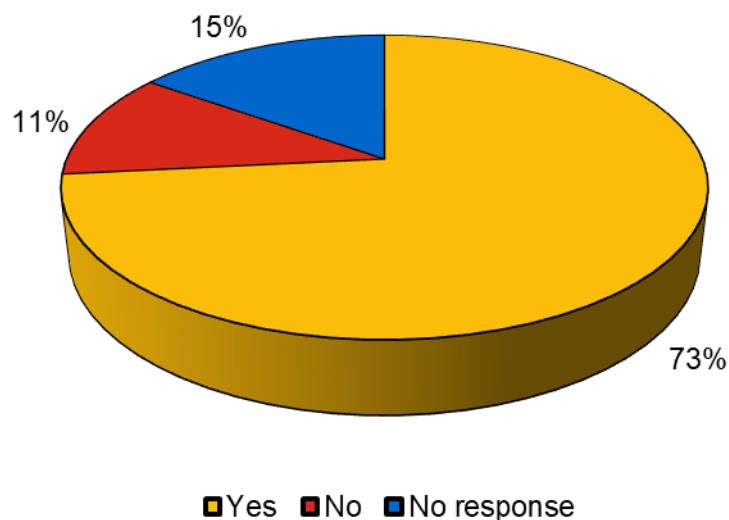
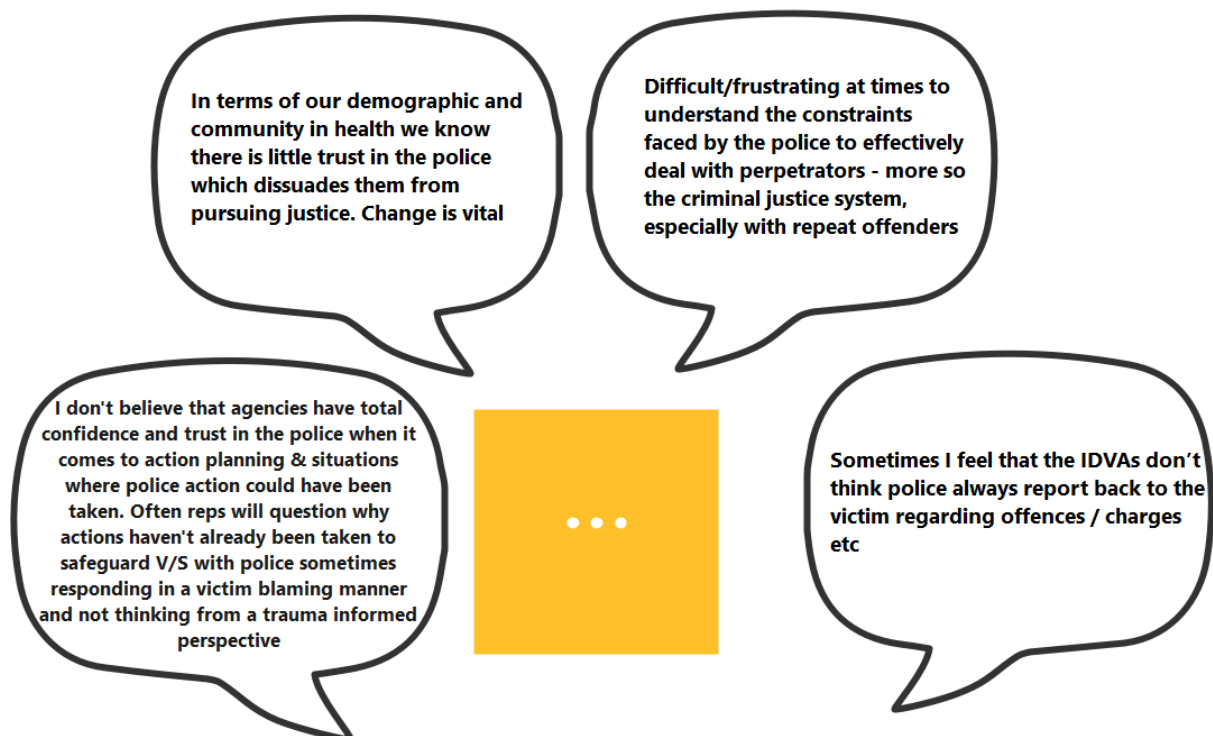


Figure 49. Coordinator, Chair & partner agency survey: Do you feel that agencies have trust and confidence in policing where MARAC cases are involved? Please provide context for your answer.

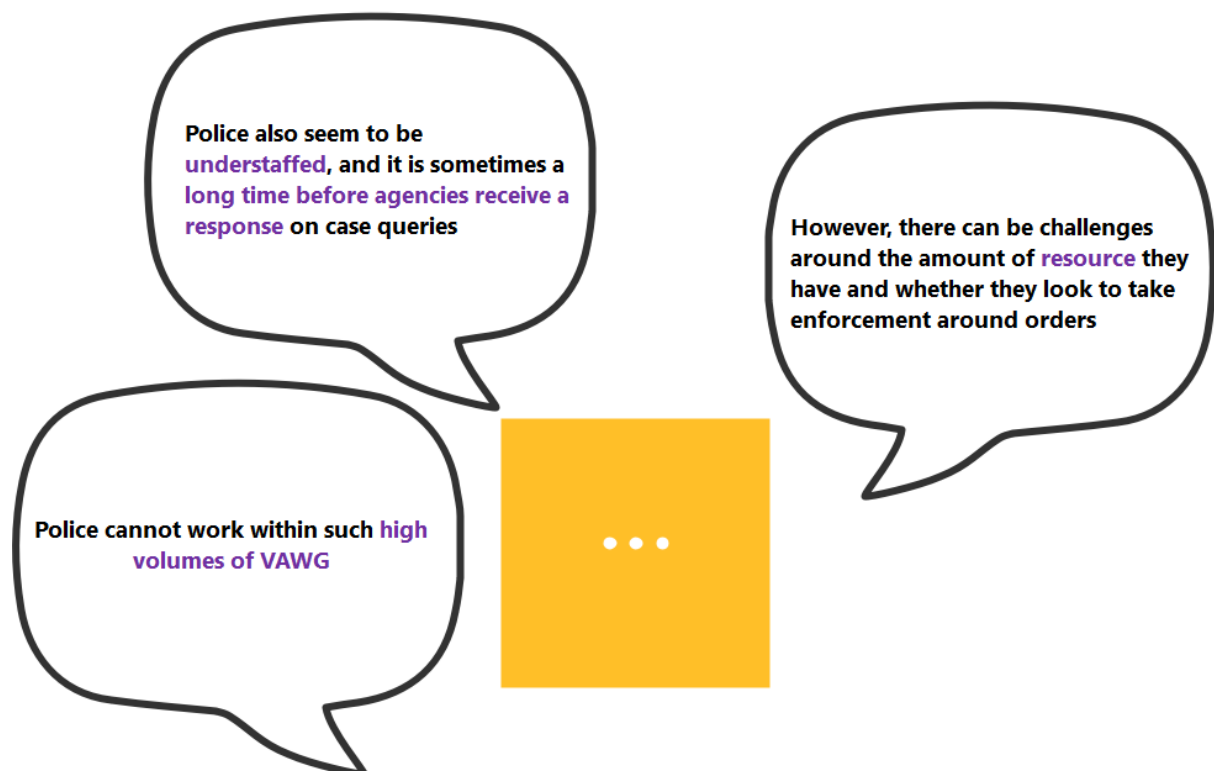
MARAC Chair, Coordinator and partner agency survey participants provided 55 open-ended responses to this question. **13 responses described effective communication and a good working relationship between police and agencies**, with one respondent also citing a high level of institutional accountability and integrity in cases involving officers:



Other participants expressed a more equivocal view on the levels of trust and collaboration, describing issues with communication, misaligned expectations, or a lack of confidence in police's ability to deliver just outcomes for survivors.



As with participants' responses regarding their own capacity to participate in the MARAC process, several cited high caseloads and a lack of corresponding resources as a major barrier for police:



Another source of diminished trust was the perception that police failed to focus on survivors' needs or engaged in victim-blaming:

Complete trust and confidence cannot be given to the police when there have been cases where survivors have not been **linked into for support, victim blamed or dealt with the case in unprofessional way. On occasions the police do not act in the best interest of survivor and can be seen to be pushing forward their own agenda. In addition, there have been a few MARAC cases where survivors are arrested and penalised as opposed to removing and dealing with the perpetrator. This breaks confidence and reassurance that the police would be able to have continued trust with such cases**

Not enough action to address perpetrator behaviour. Onus and responsibility on survivor's actions to prevent further harm

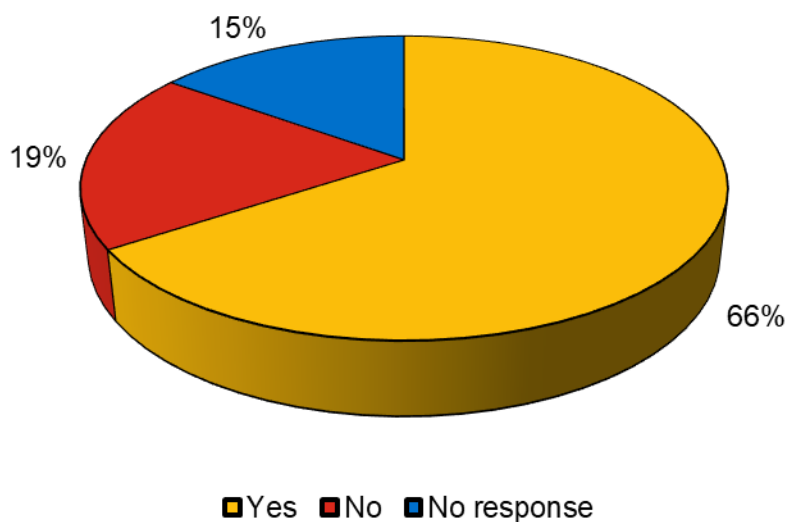


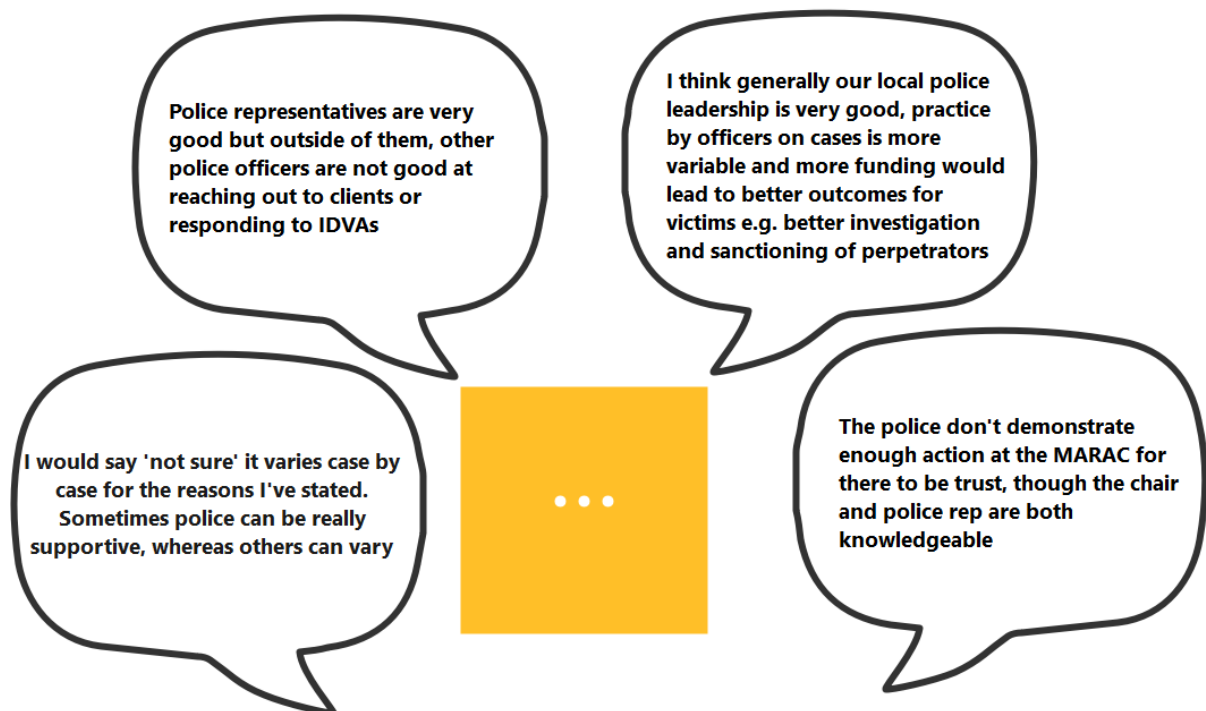
Figure 50. Specialist organisation survey: Do you feel that agencies have trust and confidence in policing where MARAC cases are involved? Please provide context for your answer.

66% of specialist organisation participants felt that agencies had trust and confidence in policing where MARAC cases were involved. On this question, 13 provided open-ended responses to this question providing more context to their answer.

4 responses described a positive working relationship between police and other agencies, with police fulfilling an “*integral*” role in their local MARAC:



Seven participants reported more mixed attitudes towards police, or described inconsistent or “*variable*” practice by frontline officers:



Three participants described significant issues with local police responses to DA, which had significantly impacted on trust:



An 'ideal' MARAC? Recommendations for improvement

Throughout the interviews, chairs and coordinators put forward suggestions to improve MARAC provision, from increasing communication to ensuring uniformity across boroughs. Note that, some of these recommendations reflect strategies already in place to address challenges within MARAC, and these have been discussed throughout this section. These include, for instance, adjusting the frequency of MARACs, controlling timings, and managing information sharing and representatives' contributions at the meeting (to ensure proportionate interventions).

Among other suggestions made, improving communications between MARACs and standardising MARAC process were emphasised. This was arguably linked to a desire for more frequent information sharing platforms, such as coordinators' forums and chairs' meetings:

"I suppose it would be nice if there was, I don't know, maybe like twice a year MARAC chair meeting, like... Within the police, we have a domestic abuse DI meeting, whereby we get together and discuss what policy changes are happening, good practice in all of our performance, and who's doing what to sort of improve their performance. So, for example, if I was doing something to increase our Clare's Law disclosures, other BCU DIs would be able to sort of pick

my brains about it in that meeting. We would be able to look at each other's performance and go, 'Oh, that person is doing quite well, what are you doing around that?'. Something like that would be helpful for MARACs, basically, because I know that there are lots and lots of different models being tested across the UK and certainly within London. And I would certainly be really, really interested to hear how other boroughs are doing things and how they're managing their teams, and how they're managing their coordination process and all that sort stuff. I'm sure there's a huge amount of learning out there that we're just not sharing, basically. That would be terrific.” (MARAC Chair B)

Interviewees reflected on what they believed was required to deliver an 'ideal' MARAC. Different elements were mentioned, such as:

- good action planning,
- good attendance from partner agencies,
- good representation at MARAC meetings reflecting the needs of the borough,
- good relationships between partner agencies and representatives,
- good research, efficient information sharing, and sufficient time to discuss cases,
- incorporating offender management,
- good chairing,
- a structured and streamlined process at MARAC, among others.

More importantly, however, interviewees believed an ideal MARAC process must have the engagement of partner agencies. As one chair explained:

“I think for MARAC to work efficiently, you need that response from everyone as well. It's not just coordinator, it's not just chair, it's all of the reps. It's all of the guest agencies as well. It's everyone adhering to what they and what is expected of them by attending MARAC as well. And actually displaying those actions as well, taking accountability and responsibility, and kind of all the things that they were encompassed within that.” (MARAC Coordinator H)

Above all, MARAC must be guided by survivors' voices: their risk, their needs, and their safety. Interviewees believed an ideal MARAC should be reflective, in its actions and the engagement and intervention of its members, of survivors and their needs.

“It should always be victim-survivor focused in terms of the actions, in terms of if they're engaging with the IDVA service and what they want to see from that process. And ultimately, all the action should always be reflective of that.” (MARAC Coordinator H)

“A good MARAC should obviously consider the victims, what the victim wants before anything else and the victim's safety.” (MARAC Coordinator M)

Conclusions and recommendations

The review considered the elements required for an 'ideal' MARAC. This should include good action planning, representation at MARAC meetings reflecting the needs and diversity of the borough, positive relationships between partner agencies and representatives, efficient information sharing, and sufficient time to discuss cases, incorporating offender management, effective chairing, a structured and streamlined process at MARAC. We will explore these points further and put forward recommendations.

Issues around consistency across MARACs in processes and procedure was observed in this review. For example, not all MARACs appeared to have a MARAC Operating Protocol (MOP), and there were inconsistencies in chairing and leadership of MARACs. The Coordinated Community Response (CCR) brings a wide range of services together to address prevention, early intervention, crisis, and long-term recovery and safety, through improved pathways, systems, and shared policies and procedures. The quality of the collaborative working between agencies and how MARAC is understood by partners is the key to its success. ***MARAC is not a just meeting and is fundamentally a multi-agency process.*** MARAC meetings are designed to facilitate information sharing and multiagency intervention to better support survivors and children and hold perpetrators to account. It is important that this multi-agency cooperation transpires and continues outside of MARAC meetings for its purpose to be fulfilled. A network of communication prior to the meeting can facilitate intervention for survivors, implementation of actions and disruption of perpetrator behaviour and should underpin the MARAC process.

'Core' representatives at MARAC should include specialist domestic abuse services⁴, police, housing, children's services, probation, health, mental health, substance misuse services and adult social care as stated in the SafeLives ten principles for an effective MARAC. The review found that inconsistency in attendance and engagement from core agencies had a detrimental impact on the quality of information shared by agencies and led to difficulties in partnership working, which not only limits the effectiveness of participation by some agencies but has adverse impacts on the MARAC process as a whole. A collaborative approach to establishing the pillars of MARAC performance is required to ensure a certain level of consistency is achieved which allows for cooperation and sharing between boroughs, without compromising the often 'individualised' structure it requires to address specific needs of one borough.

Recommendation 1: It is crucial that all London MARACs have a clear operating protocol and terms of reference so that there is a clear process and structure which is monitored by a local MARAC Steering Group. MOPAC may wish to consider a London wide MARAC steering group.

⁴ This is wider than just those services commissioned by the London borough and MARAC representation should reflect the local communities.

Recommendation 2: Core agencies as set out by SafeLives must ensure they participate in the MARAC process both operationally and strategically.

Recommendation 3: London MARACs must ensure they are following the SafeLives 10 Principles for an effective MARAC and any developments SafeLives make. They should be reviewing performance against this regularly at their local steering groups.

It is clear from this review that the pervasive under-resourcing has profound implications for professionals' ability to dedicate the requisite time and attention to MARAC-related tasks both for professionals participating in the process and MARAC coordination. This issue of resourcing has plagued MARACs over the years and is reflective of the wider challenges in the sector. One approach to tackling this issue is to use more creative and innovative approaches drawing on identified good practice to ensure that resourcing challenges do not continue to impede the effectiveness of MARACs. For example, the addition of Adult Family Violence (AFV) as MARAC criteria is an example of good practice ensuring that agencies recognise and respond to AFV cases appropriately. **However, further work is required to understand how MARACs respond to these cases.** Covid-19 continues to challenge frontline staff working in specialist DA organisations. The wrap-around support for MARAC Coordinators differed depending on whether they were part of a Voluntary and Community Sector (VCS) organisation or had administrative support. However, only one VCS organisation (ST) has been included in this review, so more assessment is required to see whether this 'added value' benefit is consistent in other VCS organisations that coordinate MARACs either in London or in other areas.

As previously mentioned, consistency around chairing was another area that was identified in this review. This is not a new issue and has been identified in previous research. The majority of London MARACs are chaired by the Metropolitan Police Service and issues have been noted around high turnover of chairing impacting on the effectiveness of the meeting, lack of available training for MARAC chairs due to high turnover as well as confidence in policing which appeared to impact the effectiveness of police at MARAC. There is a mixed view of trust in policing across London. A smaller number of MARACs were chaired by a local VAWG lead or shared across agencies. Further work is required to look at the effectiveness of shared chairing responsibility which, anecdotally, was seen to have a positive impact on the discussions held at MARAC in this review. As seen with MARAC chairs, high turnover of staff from agencies participating in the MARAC process impacted the effectiveness of the meeting and relationships between agencies. The need for an understanding of MARAC and vested interest in domestic abuse are key components of a good MARAC representative. Awareness raising and training for agencies can be strategies to address these issues. This should include both general training on MARACs around what is required from agencies, as well as specialised training on issues of intersectionality, trauma informed practices, culture competency and harmful practices.

Recommendation 4: All partners involved in MARAC must attend training before participating in the MARAC process. To ensure this, there needs to be regular MARAC training available to chairs and representatives which includes but is not limited to roles and responsibilities of partners in the MARAC process, issues of intersectionality, trauma informed practices, cultural competency and harmful practices.

Recommendation 5: *A standardised MARAC performance assessment to be in place across London and collected by MOPAC or London Councils. This can be developed through a multiagency collaborative approach that considers the uniqueness of each MARAC and the needs of each borough, to avoid a ‘one-size-fits-all’ approach to the MARAC process. This performance can be monitored on a regional basis by the aforementioned London wide MARAC steering group.*

Recommendation 6: *Further research is required by MOPAC on the effectiveness of different models of MARACs operating in terms of frequency, performance, and coordination delivery.*

Inconsistencies were observed in how MARAC referral criteria were applied by boroughs for the number of incidents associated with potential escalation. Lack of uniformity and standardisation in MARAC delivery across boroughs in relation to referral form criteria and MARAC frequency was perceived to impose challenges in situations of ‘cross-borough’ intervention. Further inconsistencies were found in the way that MARACs dealt with and processed MARAC transfers outside of the SafeLives recommendations with some areas not hearing them or having them as a mention only. Recommendations for MARAC referral criteria have been set out by SafeLives (2021) which states that responsibility falls to the local MARAC to decide on the specifics. A common language for referral criteria across London should rectify these issues as inconsistencies can lead to survivors being missed by the MARAC process.

Responsibilisation of survivors emerged as a harmful pattern of behaviour within some MARACs, which directly conflicts with basic principles of trauma-informed practice.

The review evoked a mixed picture of survivors’ experiences of MARAC; one where survivors’ safety is at the forefront but where their voices may go unheard, and where the process revolves around the survivor but does not directly involve them. Survivor’s voices should be placed centre-stage within the MARAC process, guiding action-planning and multi-agency collaboration. The survivors’ voices were mostly represented through the specialist domestic abuse service, these being responsible for advocating for both what the survivor wants and needs for themselves and from the MARAC process. However, under half of specialist organisations felt that the survivor had a positive experience of MARAC. There is a call in this review for a more structured collection of feedback from survivors on the impact of the MARAC process, given that most MARACs did not appear to have processes in place to gather this information. The MARAC meeting should be structured to ensure the survivor’s voice is at the heart of the discussion and ensure feedback to survivors is part of the action planning process. MARACs can do this by having the specialist domestic abuse service present their updates after the referring agent or, in the event they are not directly involved, the agency who has strongest relationship with the survivor. This will allow the discussion to be survivor focused and led.

The review found weak evidence that MARACs were adequately addressing the unique needs of victims/survivors with protected characteristics. In some MARACs, by and for specialist organisation were involved in the MARAC process but only as ‘guests’ which may be limiting the extent to which their knowledge and expertise is being valued. **An area that was flagged as a potential limitation was resourcing for by and for organisations. This needs to be adequate for them to effectively participate in the MARAC process.** It is vital that intersectional approach is taken and seen as a priority via consultation with by and for

organisations and local communities. Awareness-raising at community-level regarding not only the challenges these survivors face in help-seeking, but also concerning what services and support might be available to them, is fundamental to address these gaps. Increased awareness and knowledge around the particular experiences of certain groups is essential to ensure an intersectional approach to domestic abuse victimisation and guarantee a holistic response that tackles survivors' needs.

Further research is required to examine the effectiveness of MARACs in Harmful Practices (HP) cases. The review found inconsistencies in how these cases were responded to across the sample which may be impacted by the lack of consistent representation of by and for agencies who could offer expertise. The addition of HP as a referral criteria across some boroughs is an area that requires more exploration in how it impacts the response to this group of survivors.

Recommendation 7a: Local Authorities to convene and ensure there is a common referral criteria across London MARACs and consider the wider context of VAWG specifically the inclusion of Adult Family Violence and Harmful Practices as additional criteria.

Recommendation 7b: The addition of Harmful Practices as a referral criteria across some boroughs is an area that requires more exploration and research in how it impacts the response to this group of survivors.

Recommendation 7c: Research is required to understand how MARACs respond to Adult Family Violence (AFV) cases.

Recommendation 8: The MARAC meeting should be structured to ensure the survivor's voice is at the heart of the discussion and ensure feedback to survivors is part of the action planning process. MARACs can do this by having the specialist domestic abuse service present their updates after the referring agent or, in the event they are not directly involved, the agency who has strongest relationship with the survivor. This will allow the discussion to be survivor focused and led.

Recommendation 9: Local authorities must ensure they have robust survivor feedback loop for the MARAC process.

Recommendation 10: MOPAC to create an intersectional framework for funding and resourcing for MARACs. MOPAC should meet with regional partners to explore how funding can be sustainable and lobby for national change.

Recommendation 11: It is imperative that London MARACs have representation that reflects their local diverse communities. Local Authorities must ensure that equality is at the core of their MARAC operating protocols by including representation of by and for organisations. As part of this recommendation, it is important that an ongoing dialogue be established by Local Authorities with 'by and for' organisations on how to ensure effective participation and funding so that engagement is collaborative endeavour as against only featuring at MARAC in a guesting capacity.

Perpetrators' management and engagement was mentioned as one of the gaps not only as a limitation in terms of MARAC, but equally and more broadly with regards to the response to domestic abuse. ***A Coordinated Community Response (CCR) to domestic abuse must include holding perpetrators to account for their behaviour and offering options to manage their behaviour.*** Perpetrator management was identified as one of the gaps in MARAC provision across all research areas. Some participants cited a lack of attention to managing perpetrators' behaviour, sometimes accompanied by a hyper focus on, and responsabilisation of, survivors. There is a need to engage perpetrators of domestic abuse and hold them accountable to ensure that the 'survivor-led' process does not occur in detriment of the survivor. In the observations, the provision for perpetrator services was varied and this impacted on the action planning discussions around perpetrator management. National Probation Service (NPS) involvement at MARAC was observed to be inconsistent across all areas of the review. When they were in attendance in the observed meetings, they played a key role around action planning for perpetrator management. However, in most boroughs, they were either invited as a guest and would attend for a time slot or did not attend at all. Probation is a key agency at MARAC as risk management will also require focus on the perpetrator, the risks they may pose and options for perpetrator management. Where they are not present, this negatively impacts the risk management options available to the survivors. As per recommendation 2, it is essential that Probation participate in the MARAC process both operationally and strategically. Discussions were held about existing legislations, Domestic Violence Protection Orders/Domestic Violence Protection Notices (DVPO/DVPNs) and enforcement of bail conditions however, these measures would seek only to resolve the immediate issues and a longer-term solutions are required. Some boroughs were noted to have perpetrator panels, such as Drive, that seek to challenge and support perpetrators to change whilst working with partner agencies to disrupt abusive behaviour. This enriched the discussions. There is a need for a better evidence base on perpetrator management options and provisions for services across London to ensure there is a coordinated community response to domestic abuse through MARACs. To our knowledge, we are aware of seven boroughs with perpetrator interventions at the time of writing this report. We are aware that the Domestic Abuse Commissioner's Office is currently undertaking some national mapping work on perpetrator interventions, and this may yet yield new information about other interventions, particularly in light of ongoing commissioning funded by the Home Office.

Recommendation 12a: MARACs need to operate alongside effective perpetrator management. This will involve ensuring perpetrator management is discussed at MARAC as part of the safety planning and support options.

Recommendation 12b: Local Authorities must establish better perpetrator management options locally.

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Appendices

Appendix 1 - Data analysis

Surveys

Researchers conducted a descriptive analysis of the quantitative survey findings using Microsoft Excel, in order to identify patterns in participant makeup, views and feedback.

Open ended survey responses were reviewed and coded using data analysis software, employing an inductive or data-driven thematic analysis approach (Braun & Clarke, 2006). Following preliminary coding of each dataset (1. MARAC Chair, Coordinators and partner agencies 2. Specialist organisations), researchers analysed codes to assess commonalities and differences between and within the two participant groups, and to identify recurring or significant clusters of codes that could indicate emerging themes.

Interviews

The analysis of interview data began with transcription using speech-to-text software, Trint. The transcription process was accompanied by note-taking to allow familiarisation with the data and reflection on initial themes.

Once final transcripts were obtained and read, the analytical process continued with the coding of each interview (Patton, 2002). This was done using data analysis software, NVivo. From the analysis of the first interview, a set of initial themes and codes was obtained (e.g., impact of Covid-19, challenges, strategies) which was then used as a starting point for the analysis of subsequent interviews. This approach allowed for continuous comparison and confrontation of the data within each theme/code.

Appendix 2. Participant profiles from Survey

Findings show that respondents for both the MARAC Chair, Coordinator and partner agency survey and the specialist organisation survey shared similar demographic characteristics. Most notably, the clear majority were female.

Partner agencies – 184 participants (when incomplete responses removed)

81% of MARAC Chair, Coordinator and partner agency participants identified themselves as female, and 91% were aged between 25-64.

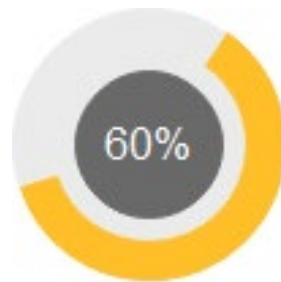
The majority of participants were White British (54%), Black African (8%) or Black Caribbean (6%), and just 7% considered themselves to be disabled.



81% female



91% aged between 25-64



60% of participants worked in Health, Housing, as a MARAC Coordinator, or in Children's or Adult social services.

Less than one in ten (around 7%) considered themselves to be disabled



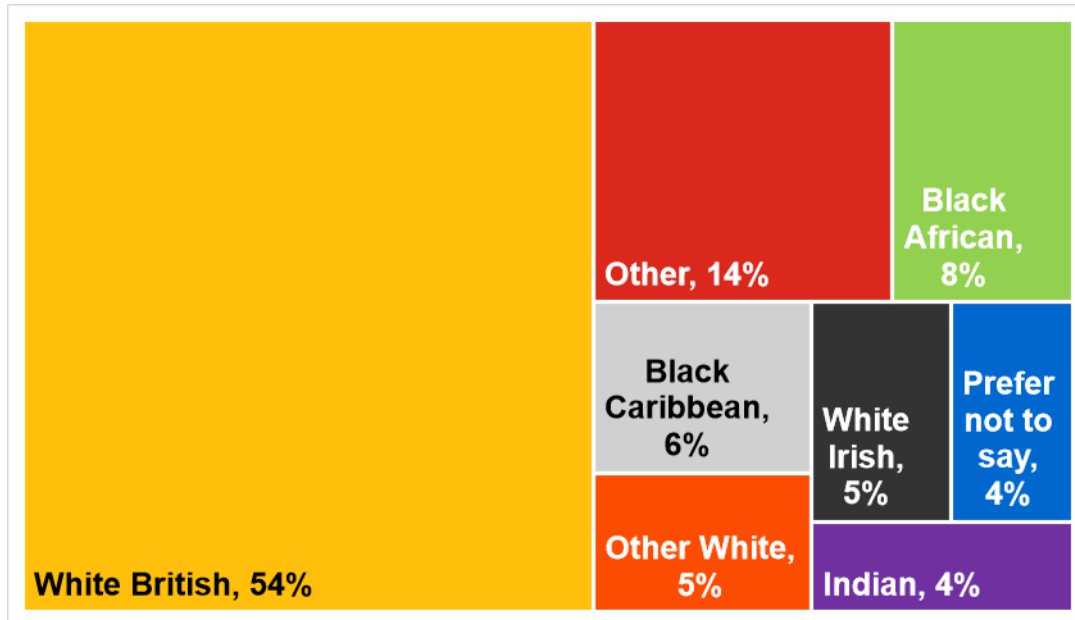


Figure 51. MARAC Coordinator, Chair & partner agency survey: What is your ethnicity?

Participants predominantly identified as White British, Black African or Black Caribbean (see Technical Appendix for full breakdown).

Specialist DA organisations – 73 participants (when incomplete responses removed)

Among specialist organisation participants, the gender disparity was even more pronounced, with 90% of participants identifying themselves as female. This likely reflects the fact that 80% of participants were either IDVAs or worked in specialist DA services. Given the historical emergence of DA refuges and other services as part of a grassroots feminist response to gender-based violence (see Hague, 2021), and the gendered nature of DA, professionals who work in these roles remain predominantly female.

Regarding age, a similar proportion were aged between 25-64. Approximately 12% considered themselves to be disabled.

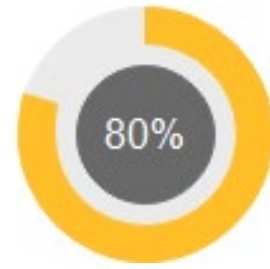
A lower proportion of specialist organisation participants identified as White British (38%) than respondents from the other survey, and there was a higher percentage of Indian (11%), Bangladeshi (7%) and Pakistani (5%) participants. A similar proportion of respondents identified as Black African (8%).



90% female



97% aged between 25-64



80% IDVAs or DA service

Around 1 in 10 considers themselves to be disabled (12%)

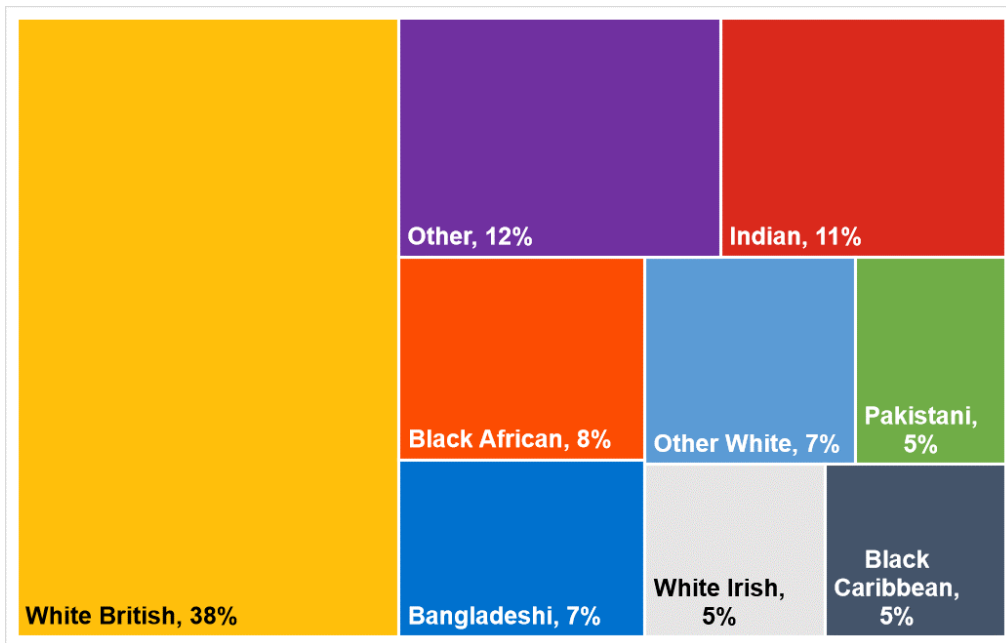


Figure 52. Specialist organisation survey: What is your ethnicity?

Predominantly identified as White British, Indian, Black African, Bangladeshi or Other White

Appendix 3. Views on MARAC aims

A clear majority of MARAC Chair, Coordinator and partner agency participants felt that their MARAC fulfilled the SafeLives aims of safeguarding high-risk survivors (88%) and fostering links between other public protection arrangements (87%).

However, just over two-thirds (68%) believed that their MARAC worked to address the behaviour of perpetrators, while only 58% agreed that their MARAC safeguarded agency staff. 1% stated that they did not believe their MARAC served any of these aims.

% of MARAC Chairs, Coordinators and partner agency participants who feel that the following SafeLives aims apply to their MARAC:

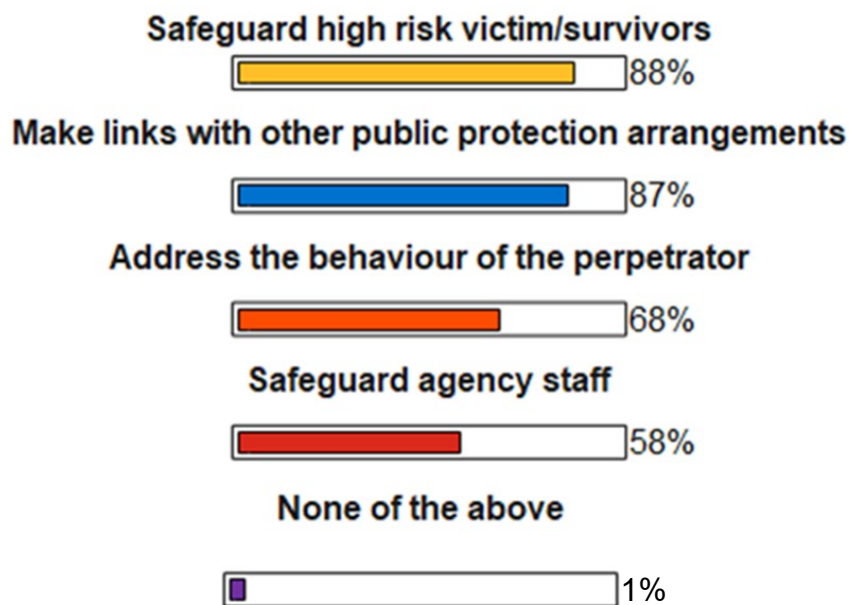


Figure 53. MARAC Coordinator, Chair & partner agency survey: SafeLives set out four aims of MARAC. Do you feel these apply to your MARAC? Tick all that you feel apply to your MARAC

Among specialist organisation survey participants, an even higher proportion agreed that their MARAC fulfilled the aim of safeguarding high-risk survivors (92%). However, when compared to the other group of respondents, fewer specialist organisation survey participants felt that the remaining three aims applied to their MARAC, and (4%) believed that their MARAC fulfilled none of the core four SafeLives aims.

% of specialist DA organisation participants who feel that the following SafeLives aims apply to their MARAC:

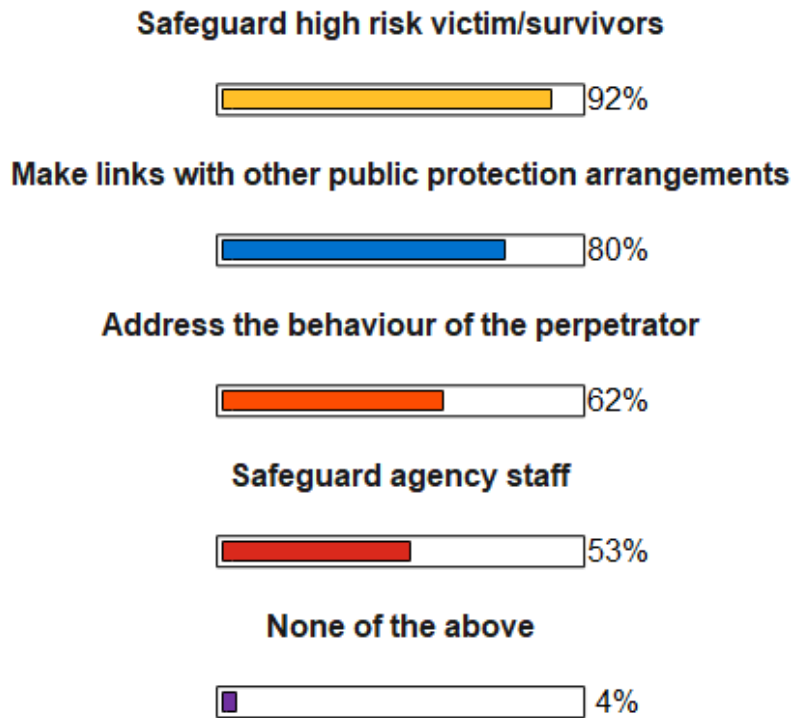


Figure 54. Specialist organisation survey: SafeLives set out four aims of MARAC. Do you feel these apply to your MARAC? Tick all that you feel apply to your MARAC

Appendix 4. Participation

Table 3. Geographical breakdown of interviews with MARAC Coordinators and Chairs

Area of London	Coordinator	Chair
Central East	2	2
Central North	1	2
Central South	2	0
Central West	3	3
East Area	2	2
North Area	1	1
North East Area	0	0
North West Area	1	0
South East Area	3	2
South Area	2	0
South West Area	4	2
West Area	1	1
Total	22	15

Table 4. Breakdown by area for desktop reviews and observations

Area of London	Number of MARACS
South East Area	2
South West Area	2
South Area	2
North Area	1
Central North	2
Central East	2

Table 5. Breakdown of participating MARACs and frequency in desktop review

Frequency	Number of MARACS
Daily	1
Weekly	1
Every 2 weeks	4
Every 3 weeks	2
Monthly	3

Table 6. Delivery of MARAC Coordination Service for London MARACs in 2021

Coordination Service Delivery	Number of MARACs (N=32)	Participation in Interviews and Desktop Review
Voluntary Sector	8	6
Local authority	20	17
Police	4	0

Table 9. London MARACs by area included in SafeLives Performance Data Review

Area of London	Number of MARACs
Central East	1
Central North	2
Central South	0
Central West	3
East Area	2
North Area	1
North East Area	0
North West Area	0
South East Area	2
South Area	2
South West Area	2
West Area	1
Total	16

Appendix 5. Metropolitan Police Borough Command Units

Table 10. Metropolitan Police Borough Command Units

Area of London	London Boroughs
Central East	Hackney Tower Hamlets
Central North	Camden Islington
Central South	Lambeth Southwark
Central West	Hammersmith & Fulham Kensington & Chelsea Westminster
East Area	Havering Barking and Dagenham Redbridge
North Area	Enfield Haringey
North East Area	Newham Waltham Forest
North West Area	Barnet Brent Harrow
South East Area	Bexley Greenwich Lewisham
South Area	Bromley Croydon Sutton
South West Area	Kingston Merton Richmond Wandsworth
West Area	Ealing Hillingdon Hounslow

Taken from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2018/july_2018/information-rights-unit---mps-borough-map-including-identifier-codes