Supporting high-risk victims of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs)

Nerissa Steel, Laura Blakeborough and Sian Nicholas

The strategic narrative on Violence Against Women and Girls (VAWG) published in November 2010 announced that a review of MARACs would be undertaken in order to improve understanding of how MARACs are working and potential areas of development, including considering the case for putting MARACs on a statutory basis. This report presents the key findings of that review.[1]

Background

Multi-agency risk assessment conferences are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of domestic abuse in order to produce a co-ordinated action plan to increase victim safety. The agencies that attend MARACs will vary but are likely to include, for example: the Police, Probation, Independent Domestic Violence Advisers (IDVAs), Children's Services, health and housing. There are approximately 250 MARACs currently in operation across England and Wales.

This report brings together evidence from a range of sources in order to explore:

- existing evidence for effectiveness and cost effectiveness of MARACs;

- how the MARAC model currently operates within the wider response to domestic violence;

- variation in current practice amongst MARACs; and

- potential areas for future development.

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1   The strategic narrative can be accessed at http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/

Keywords

Domestic violence

Domestic abuse

MARAC

Personalised information sharing

Multi-agency initiatives

High-risk victims

Risk assessment

Public protection

Safety planning

The views expressed in this report are those of the authors, not necessarily those of the Home Office (nor do they reflect Government policy).

Methodology

The review draws together findings from a range of sources.

- An analysis of existing literature relating to the effectiveness of MARACs, and of the wider co-ordinated community responses to domestic violence or multi-agency responses to domestic violence.

- Analysis of data collected by the national charity Co-ordinated Action Against Domestic Abuse (CAADA) including:

  i) performance monitoring data from over 200 MARACs

  ii) quality assurance assessment (QA) data from the 83 MARACs who had completed the quality assurance process at the time of drafting.

- A national survey of MARAC Chairs, MARAC/DV co-ordinators and IDVA/specialist domestic abuse support services (at least one response was received from over 90 per cent of known MARACs).

- Structured interviews with 13 members of the National MARAC Steering Group (NMSG).

- Structured interviews with 47 representatives from a range of agencies involved in four purposefully selected case study sites.

No single data source provides a full and accurate depiction of MARACs and there are limitations to each. For example, the survey achieved a very high response rate but selectively targeted specific MARAC roles and cannot therefore be considered as representative of all MARAC agencies. Qualitative interviews provide in-depth data on the perspectives of a wider range of agency representatives but the smaller sample means that findings cannot be considered representative of all MARAC practitioners. Given these limitations, and to draw more accurate conclusions in relation to each of the above topics, the report attempts to triangulate findings across the various data sources.

Findings

Effectiveness and cost effectiveness of MARACs
A review of existing literature on the effectiveness of MARACs, supplemented with analysis of NMSG interviews, found the following.

- Existing research indicates that MARACs (and IDVAs) have the potential to improve victim safety and reduce re-victimisation and therefore may be a highly cost-effective measure. However, as the available evidence on MARAC outcomes is relatively weak, a more robust evaluation would be required to strengthen these findings.

- The three areas which NMSG interviewees perceived as core to a MARACs' effectiveness are enhanced information sharing; appropriate agency representation; and the role of the IDVA in representing and engaging the victim in the process.

- Factors which were seen as supporting effective practice included having: strong partnership links (including a commitment from agencies to tackle domestic violence in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator); and the availability of training and induction.

Current practice
Findings from the responses to the national survey supplemented with analysis of data collected through the CAADA MARAC quality assurance process suggest the following.

- The vast majority of MARACs do follow the ten guidance principles for an effective MARAC, as defined by CAADA; however, there is evidence of variance in practice and performance within this overarching model.

- Of the ten principles, the four which appear to most frequently present challenges for MARACs are 'identification', 'representation', 'volume' and 'action planning'.

- Balancing the need to maintain a workable caseload against a wish to increase referrals to MARAC from a wider range of agencies will be important for MARACs going forward.

- Case study practitioners reported that having a degree of flexibility within the CAADA practice model was useful as it enabled them to adapt their approach to their local circumstances.

Potential areas for future development

Practitioners and stakeholders identified a number of potential areas for the future development of MARACs. Key findings included the following.

- Increasing the number of non-police referrals and improving agency representation were the most commonly identified priority areas for future development for MARACs. These link to the CAADA principles of 'identification' and 'representation' mentioned above.

- There is a desire for further clarity around how MARACs and other multi-agency procedures working with victims of domestic abuse (i.e. safeguarding children and vulnerable adult procedures) interlink, both to help avoid duplication and to support practitioners in prioritising actions across arrangements.

- The importance of developing the links between MARACs and services which are aimed at addressing the perpetrators behaviour (e.g. Multi-Agency Public Protection Arrangements and perpetrator programmes) were emphasised.

- Improved monitoring of MARACs was highlighted as an area for development to both build a better evidence base for MARAC effectiveness and to better understand outcomes measures such as repeat victimisation rates.

- Linked to the finding above, separate analysis of current performance monitoring data on repeat victimisation rates for MARACs (which is based on the number of repeat referrals they receive) shows that the quality of these data varies across MARACs and a question still remains around what a comparatively 'good' repeat rate should be. This suggests that further work is required to improve the quality and understanding of these data.

- Further work may be required to ensure that MARACs are reflective of the communities they serve. This could involve supporting and encouraging representation from organisations which represent minority communities such as Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender organisations.

- The perceived benefits of training and induction for MARAC representatives were emphasised, alongside the potential value of training for wider practitioners around understanding the role of MARACs or being aware of signs pointing to domestic violence. This highlights the perceived value of an ongoing programme of training at either a local or national level.

The review also sought practitioner and stakeholder views on the potential advantages and disadvantages of placing MARACs on a statutory footing and found the following.

- The vast majority of respondents to the national survey of MARACs (targeted at MARAC Chairs; IDVAs; and DV/MARAC co-ordinators) support the view that it would be beneficial to place MARACs on a statutory footing. However, views from members of the national MARAC steering group were more mixed, primarily due to concerns around the extent to which the potential advantages would be realised in practice.

- Key perceived advantages of placing MARACs on a statutory footing included: better agency representation; stronger accountability; and improved continuity and consistency. Where disadvantages were perceived these included: increased bureaucracy; greater burden on agencies; and concern that victim's views may be lost or victim engagement would decline.

This review was commissioned to inform the development of the supporting action plan for the implementation of the Governments 'Call to End Violence Against Women and Girls'. The action plan was launched on 8 March 2011 and includes a range of actions related to MARACs which were informed by the review. The findings of the review will also, where appropriate, be used to inform the delivery of those actions particularly in relation to the Home Office's commitment to work with colleagues on the NMSG to review the guidance and training for MARACs, including strengthening the links with other multi-agency arrangements and continuing to raise awareness of MARACs.[2]

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2   The complete action plan can be accessed at http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan

Supporting high-risk victims of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs)

Nerissa Steel, Laura Blakeborough and Sian Nicholas

Introduction

Multi-agency risk assessment conferences (MARACs) are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of domestic violence in order to produce a co-ordinated action plan to increase victim safety. They operate as one element of a wider infrastructure designed to protect and support victims of domestic violence which also includes, for example, Specialist Domestic Violence Courts (SDVCs)[1] and Independent Domestic Violence Adviser services. [2]

The MARAC model was first developed in Cardiff, in 2003, in response to the lack of systematic risk assessment amongst agencies responding to domestic violence and the need for a forum for local agencies to share information about victims experiencing extremely serious levels of abuse (Robinson & Tredigda, 2005). There are approximately 250[3] MARACs currently in operation across England and Wales which, in the 12 months to September 2010, discussed around 45,000 cases (including repeat cases).[4]

The agencies that attend MARACs will vary but are likely to include: the Police, Probation, IDVAs, Children's Services, health and housing as well as a range of other adult and child focused services. Any agency may refer a case to MARAC based on their assessment of risk. Further details on the MARAC model, including the referral criteria, can be found at Annex A.

Context, aims and objectives of the research

Since 2008, the Home Office has provided funding towards MARACs for administrator/co-ordinator posts, training, and quality assurance. In the current financial year (2011/12) the total contributed is £1.4 million. The strategic narrative on Violence Against Women and Girls (VAWG) published in November 2010 – 'The Call to End Violence Against Women and Girls'[5] – announced that a review of MARACs would be undertaken in order to improve understanding of how MARACs are working and potential areas of development, including considering the case for putting MARACs on a statutory basis.[6]

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1 The SDVC programme promotes a combined approach to tackling domestic violence by the police, the Crown Prosecution Service (CPS), magistrates, courts and probation together with specialist support services for victims, which situates the court and the criminal justice system as part of a community-wide response to domestic violence.
2 IDVAs are professional advisors who work alongside high-risk victims of domestic violence to assess their level of risk, discuss suitable options and develop safety plans. They play a key role in MARACs acting as a representative of the victim at the meeting and being the primary point of contact for victims.
3 Based on performance monitoring data collected by CAADA and responses to the national survey as part of this review.
4 Estimate based on analysis of performance monitoring data collected by the national charity Co-ordinated Action Against Domestic Abuse (CAADA) (see methods section of this report for further details on data source).
5 The Welsh Assembly Government has its own domestic violence strategy 'The Right to be Safe' and associated implementation plans which can be accessed at http://wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en
6 The complete action plan can be accessed at http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan

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Home Office

The review was commissioned to inform the development of actions to support the strategic narrative and brings together evidence from a range of sources in order to explore:

● the effectiveness and cost effectiveness of MARACs;

● how the MARAC model operates within the wider response to domestic violence;

● variation in current practice amongst MARACs; and

● potential areas for future development.

It was beyond the scope of the review to conduct a full outcome evaluation of MARACs. Instead, the review aims to explore the topics above by drawing on a range of data sources and findings from both qualitative and quantitative research. It includes a small-scale review of the literature on MARACs, an analysis of two pre-existing data sources (MARAC quality assurance and performance monitoring data), and findings from three new strands of research: a survey of MARAC representatives from across England and Wales; qualitative interviews with members of the National MARAC Steering Group (NMSG); and qualitative interviews with MARAC representatives at four purposively selected case study sites.

It should be noted that no single data source provides a full and accurate depiction of MARACs and there are limitations to each. For example, the survey achieved a very high response rate[7] but selectively targeted specific MARAC roles and cannot therefore be considered as representative of all MARAC agencies. Qualitative interviews provide in-depth data on the perspectives of a wider range of agency representatives but the smaller sample means that findings cannot be considered representative of all MARAC practitioners. Given these limitations, and to draw more accurate conclusions in relation to each of the above topics,[8] the report attempts to triangulate findings across the various data sources.

Report structure

This report is structured in five sections. The first section provides an overview of the methodology used for the review. The second section outlines findings from a small scale literature review looking at the existing evidence for the effectiveness of MARACs as well as stakeholders' views on what it is that makes a MARAC effective. Estimations of the cost-effectiveness of MARACs are also discussed in this section. The third section looks at how MARACs are operating in practice and the extent of any variation across MARACs with regards to the practice models adopted. The fourth section outlines some of the potential future areas for development identified within the review, including considering the case for placing MARACs on a statutory footing. The final section summarises the overall findings of the review and details relevant actions in the 'Call to End Violence Against Women and Girls' action plan.

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7   Over 90 per cent of known MARACs were represented by at least one respondent – see Section A for further detail of how the response rate was calculated
8   Specifically, when considering the effectiveness of MARACs in reducing re-victimisation rates and increasing victim safety, this review relies upon previous attempts to assess the effectiveness of MARACs in the current literature which, as will be discussed in more detail in Section C, are limited in number and quality

Section A: Methodology

The review sought to bring together evidence from a range of sources. These are outlined below, alongside the key issues to consider when interpreting the findings from each source. A more detailed methodology is provided at Annex B.

- **A small-scale review of existing literature** relating to the effectiveness of MARACs, and of the wider co-ordinated community responses to domestic violence and/or multi-agency responses to domestic violence. This was carried out by Home Office researchers and searches were conducted of UK and international literature. When considering the findings it should be noted that much of the relevant literature on wider multi-agency working to support domestic violence victims originates from the United States of America.

- **Analyses of data** collected by the national charity Co-ordinated Action Against Domestic Abuse (CAADA) including the following:[9]

  i) **Performance monitoring data** which is submitted quarterly by individual MARACs and includes a range of measures such as: the number of cases discussed; the number of repeat cases; and the number of referrals made by agency type. For the purposes of this analysis, only data from the 208 MARACs which had provided complete data for the 12-month period to September 2010 (the most recent 12 months data available at the time of drafting) were included.[10]

  ii) **Quality assurance assessment (QA) data** from the 83 MARACs who had completed the quality assurance process at the time of drafting. The QA process assesses MARACs performance against a set of ten principles which aim to outline the essential components of an effective MARAC. [11] Participation in the QA process is voluntary and MARACs are invited to take part based on their participation in earlier stages of CAADA's MARAC Implementation Programme. Therefore, the sample group is likely to include those MARACs which have been established for longer periods and is to some degree self-selecting.

  Analyses were undertaken by Home Office researchers.

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9 CAADA is a national charity which works to support a strong multi-agency response to domestic abuse and their work includes providing practical tools, training, guidance, quality assurance (e.g. IDVA Leading Lights), policy and data insight see www.caada.org.uk. The Home Office funds CAADA to provide training and quality assurance for MARACs.

10 Around 240 MARACs submit data, only those with complete data (208) for the period were included in the analysis to prevent issues arising from missing data.

11 See section C for further detail on these ten principles.

- **A national survey of MARAC Chairs, MARAC/DV co-ordinators and IDVA/specialist domestic abuse support services.** The survey was designed (in conjunction with Home Office researchers) administered and analysed by an independent research company (Cordis Bright). Details of the survey including breakdowns of overall responses for each question are included in Annex D. Cordis Bright's full report containing the detailed analysis of responses is available as a technical annex to this report.

  Whilst a comprehensive list of MARACs in operation is not available,[12] efforts were made to invite representatives from all MARACs across England and Wales to participate in the survey.[13] The survey was also advertised via national stakeholders namely CAADA, Women's Aid Federation England and Welsh Women's Aid. The survey was live between 10 December 2010 and 3 January 2011. Over 600 responses were received and, whilst it is not possible to calculate an exact response rate due to the lack of a comprehensive list of MARACs, over 90 per cent of **known** MARACs were represented in the survey by at least one respondent.[14]

  Where survey respondents attended more than one MARAC they were asked to base their responses on the last MARAC they attended, therefore where percentages of survey respondents are reported it should be noted that these are not equivalent to percentages of MARACs overall. In addition, as the survey was targeted at specific roles within the MARAC, the responses should not be considered as representative of all agencies involved in MARACs.[15]

- **Qualitative case studies.** These consisted of structured interviews with 47 representatives from a range of agencies involved in the MARACs across four case study sites. The sites were purposively selected to include a range of practice (i.e. varying caseloads, meeting frequencies, repeat rates) based on performance monitoring data and local intelligence gathered from regional advisers in the former Government Offices. The interviews and analysis were completed by an independent research company (Cordis Bright). Interviews took place between December 2010 and January 2011. This element of the review was designed to complement the national survey by exploring similar issues in more depth and by including the views of those other agencies which play a key role in MARACs but which are not represented in the survey. However, as the findings are from a small number of MARACs (4) they should not be considered representative of all MARACs. Cordis Bright's full report containing their analysis of findings is available as a technical annex to this report.

- **Structured interviews with 13 members of the National MARAC Steering Group.** The NMSG oversees the roll out of MARACs, provides support and guidance to help deliver a consistent standard of service and reviews data on the performance of MARACs. Seventeen members of the steering group were contacted for interview[16] with 13 interviews conducted between September and November 2010 and written feedback provided by one additional member. The sample included representatives from a range of the key agencies involved in MARACs, for example health, housing, police, and support services. Analysis was conducted using a thematic matrix based on the interview guide. The interviews and analysis were carried out by Home Office researchers.

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12 Although most MARACs will be known to the national charity CAADA – see footnote below – or to the former Government Offices, there is no central register of MARACs and MARACs may merge/divide to form new MARACs over time.

13 These included MARACs known to CAADA through their data collection, training and quality assurance role and MARACs known to regional advisers in the former Government Offices.

14 The number of known MARACs was calculated by comparing the MARACs named in responses to the survey to the list of MARACs providing quarterly performance monitoring data to CAADA. This provided an estimate of between 245-254 MARACs in operation at the time of the survey; however it is possible that a small number of additional MARACs that did not respond to the survey or submit data to CAADA may also be in operation. For this reason response rates for all MARACs cannot be calculated exactly.

15 Given time and resource constraints the survey was limited to these three key stakeholders as they were accessible and were perceived to have a detailed knowledge of the operation of their MARAC .

16 This includes all representatives on the MARAC National Steering Group in October 2010 excluding the representatives from Northern Ireland as the review focuses on England and Wales.

Section B: Effectiveness and cost effectiveness of MARACs

This section uses papers drawn from a review of literature to explore the existing published research in relation to MARACs and multi-agency working to support victims of domestic violence, including evidence in relation to the cost effectiveness of MARACs. Perceptions of the effectiveness of MARACs and perceived drivers of effectiveness from qualitative NMSG and case study interviews are also discussed.

Key findings:

- Existing research indicates that MARACs (and IDVAs) have the potential to improve victim safety and reduce re-victimisation and therefore may be a highly cost effective measure. However, as the available evidence on MARAC outcomes is relatively weak, a more robust evaluation would be required to strengthen these findings.
- The three areas that are seen as core to a MARAC's effectiveness are enhanced information sharing; appropriate agency representation; and the role of the IDVA in representing and engaging the victim in the process.
- Factors which were seen as supporting effective practice included having: strong partnership links (including a commitment from agencies to tackle domestic violence in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator).

B1. Existing research

Whilst there is a substantial body of research on multi-agency working to support domestic violence victims, evaluations of MARACs, and more specifically impact evaluations looking at outcomes are limited. The literature review found just one outcome study, an evaluation of the original Cardiff MARAC (Robinson, 2004; Robinson & Tregidga, 2005).

The Robinson study indicates that MARACs can improve victim safety by enabling agencies to assist victims more efficiently, primarily through enhanced information sharing. An examination of rates of re-victimisation for cases heard at the Cardiff MARAC, found that approximately six in ten victims reported a complete cessation of abuse in the six months following a MARAC, and approximately four in ten victims remained abuse free after 12 months[17]. In addition, the agencies involved in the MARAC perceived the process as helping to improve awareness and to strengthen the links between key agencies (Robinson, 2004; Robinson & Tregidga, 2005).

Whilst this study was subject to limitations,[18] the findings suggest that MARACs may have a positive impact and an analysis of administrative data from MARACs carried out by CAADA lends support to these findings. CAADA's analysis suggested that mature MARACs – and an IDVA – can achieve up to a 60 per cent reduction in violence reducing to 43 per cent if adjusted to account for serial perpetrators and cases where the abuse would have stopped regardless of the MARAC intervention (CAADA, 2010).[19]

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17 Based on police incident and call-out data supplemented with interviews from a sub-sample of victims.
18 The study lacked a control group (making it impossible to say what would have happened to victims in the absence of the MARAC); had small sample sizes (102 victims with 27 followed up for interview); and there was also a recognition of a strong culture of multi-agency working prior to the MARAC.
19 In this context serial perpetrators are those who go on to abuse a different victim. Full details of the original analysis can be accessed at: http://www.caada.org.uk/Research/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf

Wider research on multi-agency working to support domestic violence victims highlights some of the ways in which multi-agency approaches may contribute to improving outcomes for victims[20] [21]. These include through improved:

- understanding and identification of domestic violence across agencies;

- information sharing between agencies, enhancing risk assessment and safety planning;

- referral mechanisms between agencies, facilitating access to the range of services available in order to address the complex and varied needs of victims of domestic violence; and

- consistency and accountability across agencies, achieved through shared policies and procedures.

B2. Perceptions of effectiveness

The findings from practitioners and stakeholders surveyed/interviewed as part of this review show that MARACs are also perceived to be effective – the vast majority of respondents to the national survey (97%) reported that, in their opinion, the MARAC they attend is either 'very effective' or 'fairly effective' at improving the outcomes for victims of domestic violence in their area[22]. Whilst the survey was targeted at IDVAs, MARAC Chairs and DV/MARAC co-ordinators, and therefore cannot be considered representative of all agencies involved in MARAC, similar responses were found amongst NMSG members and case study interviewees, which incorporated representatives from a wider range of agencies.

Analysis of interviews with NMSG members highlights three main features of the MARAC process that are seen as contributing to this effectiveness – enhanced information sharing, appropriate representation of relevant agencies, and the role of the IDVA. These are discussed in turn below.

Information sharing

The potential benefits of information sharing have been widely documented (Shepherd 2005; Diamond, Charles & Allen 2004; Hall & Wright 2003; Hague 2000). Agencies often have access to different information related to a case and sharing this information in a co-ordinated way can create a fuller account of the facts and circumstances of each client's situation. This enables more comprehensive risk identification and better informed decision-making which in turn can lead to more effective safety planning and intervention. MARACs provide a forum for information sharing and the evaluation of the first MARAC in Cardiff indicated that this enhanced information sharing process was a key contributing factor to the observed reduction in repeat victimisation (Robinson, 2006). Complementing these findings, 84 per cent of respondents to the national survey reported that, in their opinion, their MARAC was very effective at enhancing information sharing.

Agency representation

Linked to the above, appropriate representation of the relevant statutory agencies, specialist domestic violence services and voluntary and community organisations is seen as an important feature of an effective MARAC as each agency will typically bring specific information which contributes to an effective information sharing process. In addition, each agency will be able to offer different types of support/intervention for a case as well as different knowledge and expertise around the options that may be available to victims and their families supporting the action/safety planning process.

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20 See for example: Allen, 2006; Allen, Bybee & Sullivan 2004; Diamond, Charles & Allen 2004; Donovan, Griffiths & Groves 2010; Hague 2000; Hall & Wright, 2003; Howarth, Stimpson, Barran & Robinson 2009; Klevens, Baker, Shelley & Ingram 2008; Shepard 2005; Steel, Ward & Diamond 2010; Zweig & Burt, 2006.
21 See also Berry, Briggs, Erol & van Staden 2011 for a rapid evidence assessment on the effectiveness of partnership working in a crime and disorder context http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/horr52/horr52-summary?view=Binary
22 In addition, a recent Home Office survey of Community Safety Partnerships (CSPs) in relation to information sharing arrangements aimed at tackling violent crime similarly found that the majority (over 70%) of respondents perceived the MARACs in their area to be working well or very well and that the information shared through the MARAC was used effectively or very effectively (Steel, Ward & Diamond 2009).

Best practice guidance (CAADA, 2010) suggests that, as a minimum, there are six core agencies which should consistently attend MARACs, namely; police, probation, IDVAs, housing, children services and health. Findings from the national survey[23] and both the NMSG and case study interviews suggest that there is broad agreement that these are the core agencies whose representation is needed for an effective MARAC. Outside of these six agencies, views on whether and which other agencies should be considered as core were more mixed, with mental health services, education services, substance misuse workers and vulnerable adults services most frequently mentioned as being useful to attend regularly.

Whilst having the right mix of agencies around the table was seen as key, it was also emphasised that for MARACs to work effectively agency representatives must do more than just attend the meetings but ensure that they bring the relevant information on cases to the meeting and actively participate in both the development and delivery of action plans. To facilitate this, the most effective MARACs were perceived as those which had an inclusive atmosphere that really encouraged multi-agency working across all the agencies participating:

"the MARACs that are effective are the ones where there's a strong sense of equality in terms of representation." (NMSG interviewee)

Independent Domestic Violence Advisers.

Having a dedicated specialist domestic abuse support service was seen as crucial to the success of MARACs. As discussed in more detail in Section C, this support is usually provided by an IDVA service. IDVAs both make referrals to and receive referrals from the MARAC. They act as the representative for the victim at MARAC meetings and are usually the victims' primary point of contact. It is also often the IDVA who is responsible for the ongoing case-management of MARAC cases (CAADA, 2010; Coy & Kelly, 2011).[24] The pivotal role in the MARAC process played by such specialist domestic abuse support services was highlighted in the evaluation of the first Cardiff MARAC (Robinson, 2004) as well as in other research exploring the work of IDVAs (Howarth et al, 2009; Coy & Kelly, 2011; Robinson, 2009).[25]

Interviews with both NMSG members and the case study sites for this review similarly highlighted how important a role IDVAs are perceived to play in the MARAC process:

"I think the outcomes for women who have no IDVA service, no good frontline women's support service, are probably not as good, and I think ... probably the effectiveness of MARACs is hugely undermined by not having [an IDVA]." (NMSG interviewee).

IDVAs were seen as key in gaining the engagement of victims in the MARAC process which interviewees from both the NMSG and case study sites reported to be crucial in effectively supporting victims.

The national roll-out of MARACs followed a Government recommended approach to tackling domestic violence known as the Co-ordinated Community Response (CCR) model, which also included IDVAs, alongside Specialist Domestic Violence Courts (SDVCs).[26] IDVAs and MARACs were therefore intended to operate alongside each other providing support for the highest risk cases of domestic violence. IDVAs can be seen to offer a clear single point of contact for

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23 More than 80 per cent of respondents to the national survey reported that they thought it was important that these six agencies attended all MARAC meetings (Police 99%; IDVA 97%; housing (Local Authority) 88%; health representative 88%; Children & Young People's Services 87%; and Probation 83%).

24 The victim will not be supported by an IDVA in all MARAC cases, for example where there is no IDVA capacity within an area or where a victim chooses not to engage with the IDVA. Victims may also be supported by other non-IDVA support services.

25 In the Robinson study of the Cardiff MARAC support for victims was provided through the Cardiff Women's Safety Unit which was operating a 'one-stop-shop' model offering victims advice, advocacy, specialist counselling services, legal services, housing services, refuge provision, target hardening and evidence collecting (Robinson, 2004).

26 See Home Office National Domestic Violence Delivery plan 2007/08. The CCR model originated in Duluth Minnesota and typically involves police, prosecutors, probation officers, victim advocates and courts in developing and implementing policies and procedures that improve interagency co-ordination and lead to more uniform responses to domestic violence cases. In England and Wales, as part of the CCR and following the development of SDVCs, MARACs and IDVAs were placed as the 'central focus for action to address domestic violence' in the Home Office National Domestic Delivery Plan, Annual progress report 2006/07.

the MARACs in relation to victim representation, although it should be noted that other support services may also be working with victims and involved in the MARAC process. Whilst there has been some debate about the relative impact of MARACs and IDVAs on victim safety (Coy & Kelly, 2011[27]) it is clear that these services play an essential role within the process.

Other factors facilitating effective practice

Whilst enhanced information sharing, agency representation and involvement of IDVAs were seen as core to the effectiveness of MARACs, a range of other features were described by NMSG and case study interviewees as important to delivering a successful MARAC. Firstly, having strong leadership of the MARAC, through a good Chair, was described as important. The role of the MARAC Chair was perceived to be to ensure all agencies attended with the right information and that meetings are used for action planning and not just 'talking shops'. Having a Chair that could keep discussions focused and to time was also perceived to facilitate consistent attendance from representatives who may find committing the time required to attend MARACs challenging.

Secondly, a good co-ordinator was also seen as important to delivering a successful MARAC and has been highlighted in other studies (e.g. Coy & Kelly, 2011). Their role was seen to be: to ensure the agenda goes out before the meeting in sufficient time so that agencies could be prepared at meetings; to follow up on actions agreed at the meeting; and to ensure that bureaucracy is minimised (i.e. the right amount of information is shared) and that confidentiality is maintained when handling data.

The two factors described above are linked to the operation of the MARAC itself, however not all characteristics of an effective MARAC expressed by interviewees were specific to the MARAC process. Having a strong partnership approach to tackling domestic violence more widely was seen as highly beneficial to MARACs. This included a willingness to work together and a commitment from agencies to tackle domestic violence upstream, with interviewees reporting that a lot of work outside meetings was required to ensure that procedures and policies were in place to allow actions to be taken:

> "its no good a local authority or housing representative saying we'll do x, y, and z when they haven't got procedures in place." (NMSG member).

Having a strong domestic violence infrastructure has also been highlighted as an indicator of effective multi-agency working in other research (Donovan et al, 2010).

Practitioners from the case study sites similarly commented that approaches to working more collaboratively are beneficial, giving partners a sense that work undertaken in and outside of the MARAC is 'a part of people's day jobs'. Increased integration of working practices locally was seen as having the potential to facilitate this. For example, one area reported having a co-located multi-agency public protection team which most MARAC representatives were based within. The development of this team was perceived to have facilitated improved information sharing and working relationships which in turn positively impacted on the MARAC.

B3. Cost effectiveness of MARACs

As previously discussed, whilst the current evidence base for MARACs highlights the potential for positive outcomes, it is limited due to the lack of an existing evaluation including a control group. Estimations of the cost-effectiveness of MARACs are therefore weakened by the lack of availability of strong evidence particularly in relation to: a) the level of abuse experienced by individuals pre-intervention (pre-MARAC) b) the degree to which the abuse experienced would change over time regardless of any intervention (the counterfactual) and c) the reduction in abuse caused by the intervention itself. In addition, stronger evidence in relation to the potential for any displacement effect (i.e. perpetrators who go on to abuse a different victim) would be needed for a fully valid estimate of cost-effectiveness to be made.

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27 As part of a study which explored the effectiveness of four London based IDVA services it has been suggested that the actions of the IDVA may have a greater impact on the safety of the victim than MARACs themselves. However, the study also acknowledges a recognition by the projects involved that, at the time of the research, they were part of new developments and subject to 'teething' problems. (Coy & Kelly, 2011)

Whilst the evidence in these areas is currently limited, some estimations of the cost effectiveness of MARACs have been completed based on the research available. For example, in the report 'Saving lives, saving money: MARACs and high-risk domestic abuse' (CAADA, 2010) CAADA carry out an analysis which suggests that for every one pound spent on MARACs, at least six pounds of public money could be saved annually on direct costs of domestic abuse to agencies such as the police and health services. Acknowledging the uncertainty of the evidence base, the analysis applies a reasonably conservative estimate of the reduction in re-victimisation[28] and includes cashable benefits only.[29] It also assumes that MARACs' impact lasts for three years.

Home Office analysts, using the CAADA analysis as a base, carried out additional analysis to see how sensitive the overall result is to changes in these estimates and assumptions.[30] This similarly revealed that, even using the most negative assumptions, MARACs are still likely to be cost-effective and, under most scenarios, the return on investment is likely to be at least as big as that suggested by CAADA.

B4. Summary

Overall, evidence from the literature review suggests that MARACs (and IDVAs) have the potential to have a positive impact on victim safety and highlights some of the factors that may contribute to these positive outcomes. There is some evidence that MARACs also have the potential to be highly cost-effective. However, the existing evidence base is weak and a more robust evaluation of MARACs would be required to strengthen these findings.

Practitioners interviewed for this review identified three areas which were perceived to be key to explaining MARACs potential effectiveness: information sharing; agency representation; and the role of the IDVA (or a support worker representing the interests of the victim and engaging them in the process). Strong partnership links (including a commitment from agencies to tackle domestic violence in general), strong leadership (through the MARAC Chair) and good co-ordination (through a MARAC co-ordinator) were also highlighted as key enablers to successful MARAC operation.

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28 This analysis applies a repeat victimisation rate which has been adjusted for the effect of serial perpetrators (perpetrators who go on to abuse a different victim) and to account for the lack of a 'counterfactual' (for full details see http://www.caada.org.uk/Research/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf),

29 This means that the analysis does not include the costs to victims (e.g. physical or emotional) or any knock-on effects to children

30 For example, self-reported baseline levels of offending were compared to levels of domestic violence reported in the British Crime Survey and an artificial counterfactual was constructed from available evidence estimating the degree to which levels of abuse may change over time regardless of any intervention.

Section C – Current practice

The previous section examined the evidence in relation to the effectiveness of the MARAC model and practitioner and stakeholder perceptions of what it is that makes a MARAC work effectively. This section looks in more detail at indicators of how MARACs are currently operating in practice.

> **Key findings:**
>
> - Findings suggest that the vast majority of MARACs do follow the ten guidance principles for an effective MARAC, as defined by CAADA, however there is evidence of variance in practice and performance within this overarching model.
>
> - Findings indicate there are four principles that appear to most frequently present challenges for MARACs: identification; representation; volume and action planning.
>
> - Balancing the need to maintain a workable caseload against a wish to increase referrals to MARAC from a wider range of agencies will be important for MARACs going forward.
>
> - Case study practitioners reported that having a degree of flexibility within the CAADA practice model was useful as it enabled them to adapt their approach to their local circumstances.

C1. The ten principles of an effective MARAC

The national charity CAADA have developed a set of ten guidance principles for MARACs (See Box 1) which are accompanied by a range of toolkits and guidance to help MARACs to put these principles into practice. The principles can be seen to offer a clear practice model for MARACs which suggests, among other things, that a 'typical' MARAC meeting should last half a day and discuss around 15 to 20 high-risk cases with a very brief and focused information sharing process. This is followed by a simple multi-agency action plan being put into place to support the victim and to make links with other public protection procedures, particularly safeguarding children, vulnerable adults and the management of perpetrators (CAADA, 2010).

Box 1: Ten principles of an effective MARAC

1. **Identification** – all agencies have protocols and systems for identifying and referring high-risk cases to MARAC in a timely way.

2. **Referral criteria** – the MARAC has clear and transparent referral criteria that include visible high risk, professional judgment and escalation.

3. **Representation** – the relevant statutory agencies, specialist domestic violence services and voluntary and community organisations are appropriately represented at MARAC.

4. **Engagement with the victim** – the victim is at the centre of the process. An effective advocate, most commonly the IDVA, is identified to represent and support the victim within the MARAC process.

5. **Research and information Sharing** – all agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed.

6. **Action planning** – comprehensive, SMART action plans are developed which address the risks identified at the meeting.

7. **Volume** – the volume of cases referred to the MARAC should be commensurate with the local population.

8. **Administration** – the administration of the MARAC promotes safety, efficiency and accountability.

9. **Strategy and governance** – the MARAC process is embedded in key local partnerships to promote sustainability.

10. **Equality** – the MARAC demonstrates that it is a process which is structured to deliver equality of outcomes to all.

Source: CAADA, 2010.

One of the aims of this review was to explore the extent to which MARACs are operating according to this model and to look at any indicators of variation in practice across MARACs. In order to explore this, the national survey asked respondents a series of questions around the extent to which they perceived that the MARAC they attend follows the ten principles. These responses are based on individual's self-assessment of their MARAC which means they may be subject to bias. To supplement these findings, an analysis of performance data from the CAADA MARAC quality assurance process was undertaken. This provides some indication of how well MARACs are performing against the ten principles based on a defined criteria for assessment but covers a smaller number of MARACs than the survey. Participation in the QA process is also voluntary and therefore it cannot be assumed that those MARACs who agreed to participate are representative of all MARACs[31] (See Annex B for further discussion and a more detailed summary of responses from both the survey and the QA analysis).

Overall, when asked their opinion about the extent to which the MARAC they attend follows CAADA's ten principles almost all respondents to the national survey (97%) reported that their MARAC either followed all, or most of the ten principles.[32] This suggests a general adherence to the overarching model outlined by CAADA, however more detailed analysis of QA ratings and survey responses around the individual principles highlights some variation in both practice and performance across these principles as well as across MARACs. These are discussed in more detail below.

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31 The QA analysis is based on data relating to 83 MARACs that had voluntarily completed the QA process at the time of drafting – these data provide an insight into MARACs performance against the ten priniciples but should not be considered representative of all MARACs – see Annex B for further detail. Further detail on the MARAC QA process can be found at: http://www.caada.org.uk/qualityassurance_accreditation/quality_assurance.html

32 Where respondents attend more than one MARAC they were asked to base their responses on the MARAC they most recently attended.

Areas of relative strength

The two principles where MARACs were rated highly in the QA analysis and which the national survey also suggests are working well were as follows.

- **Administration:** The administration of the MARAC promotes safety, efficiency and accountability.

- **Research and Information Sharing:** All agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed.

These were the two most consistently achieved principles (rated green or amber) in the MARAC QA process. In addition, the national survey found that 'administration' was the principle which the greatest proportion of respondents perceived their MARAC to **completely** follow (81%). Whilst a smaller proportion of survey respondents reported that their MARAC completely followed the 'Research and Information Sharing' principle (61%) a further 37 per cent reported that their MARAC **mostly follows** the principle.

In addition, 91 per cent of respondents to the national survey reported that the agencies at their MARAC do research all cases 'all of the time' (45%) or 'most of the time' (46%) further suggesting that, for the most part, information sharing is working well. These findings can be seen as particularly important given that, as highlighted in section B, having an enhanced information sharing process is seen as a key contributing factor to the effectiveness of a MARAC and both practitioners and national stakeholders highlighted in interviews that where information sharing does not work it can act as a significant barrier to the effectiveness of MARACs.

Areas of relative weakness and/or variation from the CAADA principles

Whilst findings from the national survey responses and the QA analysis in relation to the areas where MARACs are performing relatively well were largely consistent, the areas of relative weakness or variation from the CAADA principles appear less clear-cut.

Responses to the national survey show that across all ten principles the majority (at least 80%) of survey respondents perceived that their MARAC either **mostly** or **completely** follows each of the principles, suggesting that MARACs are adopting each consistently. However, when just looking at the proportion who report they **completely** follow them, there are some differences across the principles with 'volume', 'identification' and 'representation' being those which respondents were least likely to report that their MARAC **completely** follows.[33]

Analysis of the QA data however shows that, compared to the ratings achieved for other principles, the overall ratings achieved for these principles were neither predominantly low nor high. According to the QA data the principle that MARACs appear to consistently perform less well against is 'action planning'.[34] However survey responses on a range of questions related to action planning were more positive.

In order to explore this further relevant findings from the analysis of performance monitoring data, qualitative case studies and NMSG interviews in relation to these four principles were reviewed. These are discussed in more detail below.

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33 Less than half (41%) reported that they completely follow the 'volume' principle, and approximately half reported that they completely follow the 'identification' and 'representation' principles (51% and 52% respectively). See Annex C for further detail.
34 This was the principle received the highest number of 'red' ratings across all intakes compared to other principles.

Representation

As discussed in Section B, having the right mix of agencies around the table is seen as key to the effectiveness of the MARAC and there is broad consensus regarding the core agencies that should, as a minimum, be represented at MARAC. The national survey asked respondents how often different agencies attended their MARAC and the responses suggest that attendance levels amongst the core agencies (i.e. police, IDVA, health, probation, housing and children's services) are higher than other agencies. (Figure 1)

The agencies whose attendance at MARAC appears most consistent are the Police and IDVAs (99% and 92% of respondents reported that they 'always attended' their MARAC respectively). Attendance from other core agencies was also reportedly higher than amongst non-core agencies, but is potentially more inconsistent. Over 80 per cent of respondents reported that these agencies (probation, health, housing and children's services) attended at least the majority of meetings however, they were less likely to report that these individual agencies 'always attend' – ranging from 52 per cent for children and young peoples services to 67 per cent for health services. Overall though, attendance from the core agencies appears much higher than for other non-core agencies.

Figure 1: National survey response to the question 'how regularly does a representative attend MARAC? (Percentage (%) of respondents).
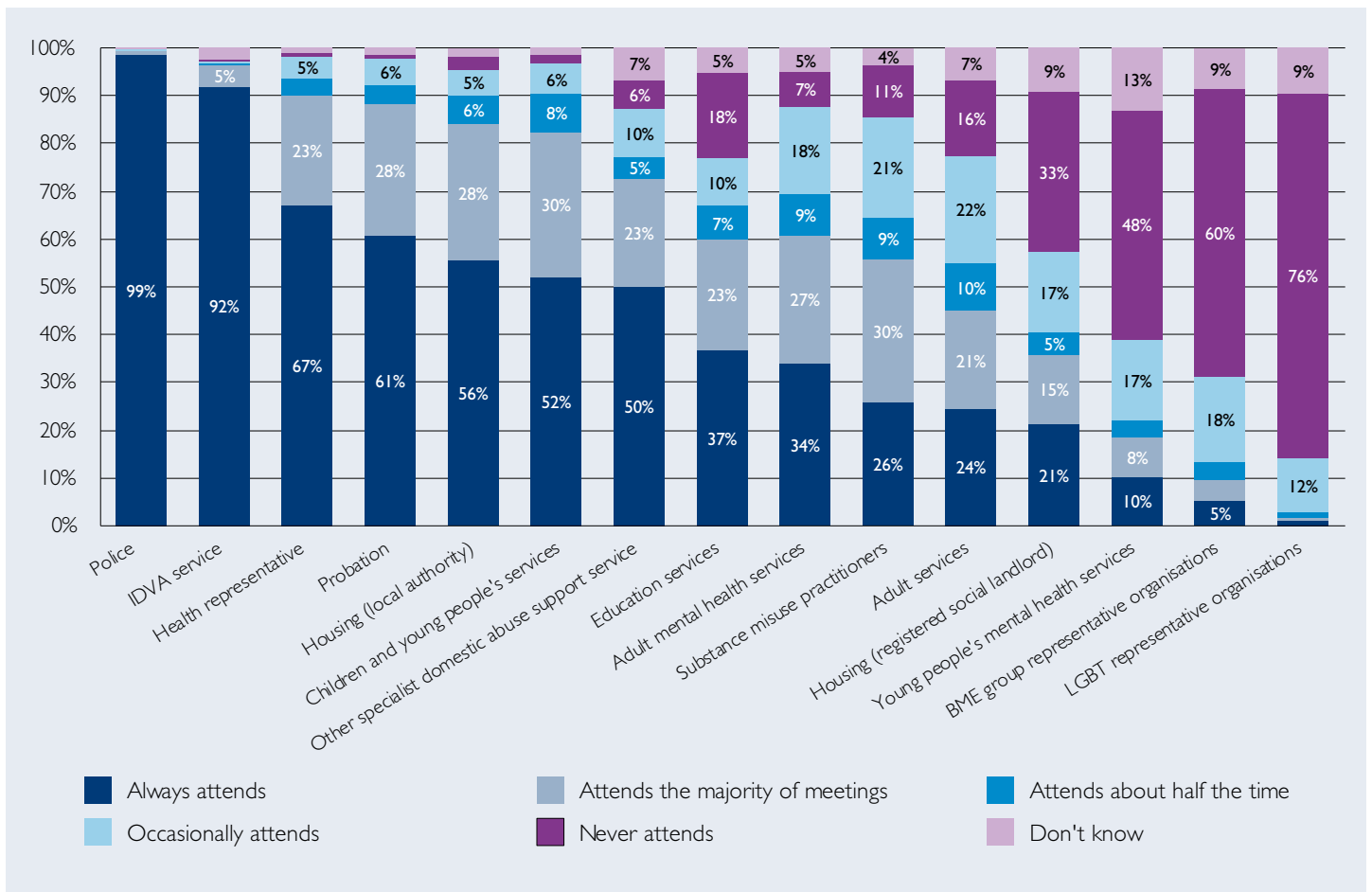
Amongst the other 'non-core' agencies reported attendance levels varied widely. For example, less than five per cent of respondents reported that a Lesbian Gay Bi-sexual and Transgender (LGBT) representative organisation attended their MARAC at least half of the time, compared to 69 per cent of respondents in relation to adult mental health services. Accounts from both NMSG and case study interviewees provide further insight into this. Interviewees reported that whilst they recognised that even where an agency was not working directly with a case, their professional expertise in an area could be useful, there was also a need to balance this against the resource commitment of attending MARAC.

Overall, there appeared to be general agreement amongst interviewees that the remaining 'non-core' attendance lists should be fluid, i.e. that individual representatives should be invited as and when cases required them, or to fit with the availability of local services. Responses from the national survey also suggest that this approach is currently being applied in practice. Fourty-four per cent of respondents reported that the representation at their MARAC changed depending on the cases being discussed at the meeting 'sometimes' and a further 34 per cent reported that representation 'always' changed.

These findings indicate that core agencies levels of attendance at MARAC are relatively high (if potentially inconsistent amongst some agencies) and that whilst attendance from non-core agencies varies widely, in some cases this is perceived to be appropriate.[35] However it should be noted that these findings relate to attendance levels and, as discussed in Section B, effective representation involves more than just attending the MARAC but includes active involvement in the process. Furthermore, improving key agency representation was identified by survey respondents as one of their top priority areas for future development of their MARAC. (See section D for further discussion).

Providing a more in-depth assessment, findings from qualitative case studies and NMSG interviews have highlighted a number of other challenges in relation to representation at MARAC. These challenges were predominantly linked to the time and resources involved in attending MARACs, both in terms of the time spent at meetings and the preparation required beforehand. This resource commitment was seen as presenting particular difficulties for individuals acting as representatives for a number of people within an organisation, e.g. one housing representative or one social worker covering an entire organisation and for agency representatives who attend more than one MARAC (especially so in more rural areas where meetings may be more geographically dispersed).[36]

In addition to having the available resources to enable active participation in MARACs, identifying who the right representative from an organisation should be, in terms of both seniority and role, was reported to present difficulties by both the NMSG and case study interviews. For example, best practice guidance suggests that agency representatives attending MARAC need to be of an appropriate level of seniority so that they can commit to actions on behalf of their agency (CAADA, 2010). However, balancing the need for seniority against the relative capacity of more senior members of organisations was reported to be difficult for practitioners.

The challenge of identifying the appropriate role(s) to represent an agency at MARAC was also seen as difficult, particularly when organisations have a number of roles which require individuals to work with victims of domestic violence and who may therefore be appropriate to attend MARAC. For example, in the context of health representatives, safeguarding nurses, midwives and general practitioners would all have useful contributions to MARAC meetings yet it may be resource intensive for all of the roles to attend.[37] Case study interviewees reported that further clarification on representation would be beneficial, particularly in the area of health, as it was perceived that having the right mix of health professionals involved in the process could have a profound impact on outcomes for victims.

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35 It should be noted that the survey did not explore whether each of the different agencies had been invited to attend the MARAC, so where respondents reported that agencies do not attend MARAC the authors cannot say whether this is because they chose not to or had not been given the opportunity, or whether non-attendance was linked to a lack of availability/capacity of services in an area. This may be useful to consider in future research.

36 As an indication, more than one in three (38%) national survey respondents reportedly worked across more than one MARAC. However, as the survey was targeted at MARAC Chairs, DV/MARAC co-ordinators and IDVAs it cannot be assumed that this is representative of all agencies.

37 Research suggests that this may be an issue for other multi-agency initiatives with a recent evaluation of arrangements for effective operation of Local Safeguarding Children's Boards (the statutory mechanism for the safeguarding and protection of the welfare of children whose core membership includes Local Authorities, health bodies, the Police and others) highlighting similar issues with regard to uncertainty about who should represent 'health' on the Board and how feedback and communication should be managed (France, Munro & Waring, 2010).

Identification

The principle of 'identification' relates to ensuring that all agencies have protocols and systems for identifying
and referring high-risk cases to MARAC in a timely way. This is important as it is known that victims of domestic violence
often have multiple, complex and varying needs and may therefore present at a number of agencies other
than the police where abuse may be disclosed or identified (Howarth, Stimpson, Barran & Robinson 2009; Zweig & Burt,
2006; Allen, Bybee & Sullivan 2004; Taket, Beringer, Irvine & Garfield, 2004; Department for Communities and
Local Government, 2006).

Best practice guidance in relation to identification states that all agencies at the MARAC should have procedures in place
to 'systematically screen for domestic violence at appropriate times, and where abuse is disclosed by an adult either
complete a risk identification checklist or refer to a specialist who can do this on their behalf' (CAADA, 2010).

Whilst the majority of respondents to the national survey perceive the referral process at their MARAC to be clear,[38]
analysis of performance monitoring data shows that relatively few referrals to MARACs are made by agencies other than
the IDVA or the police. (See Table 1)

Table 1:   MARAC case referral sources (percentage of all referrals)

Referral source	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010
Police	66%	68%	67%	64%
IDVA	15%	15%	14%	15%
Other	19%	17%	19%	20%

Whilst it is possible that some agencies are referring cases to MARAC through other services (e.g. referring a case to an
IDVA to complete the risk assessment and if appropriate make a MARAC referral), the majority of referrals (around two
thirds) are still being made by the police and yet it is known that the Police only come to know about a small proportion
of incidents of domestic violence.[39]

This suggests that MARACs may be experiencing some challenges in terms of the identification principle, which was
emphasised in responses to the national survey regarding barriers to effectiveness whereby increasing the number
of non-police referrals was most commonly identified by respondents as one of their top priority areas for future
development of their MARAC (see section D for further discussion of this issue).

Volume

The 'volume' principle suggests that the volume of cases referred to the MARAC should be commensurate with the
local population, with guidance suggesting that MARACs should be working with approximately the top ten per cent
of all victims in an area in terms of risk profile (CAADA, 2010). Performance monitoring data show that the caseload
of MARACs varies widely, with some MARACs discussing less than five cases per meeting and others more than 25.[40]
Whilst this variation will be influenced by factors such as the frequency of meetings and the population of the area
covered by the MARAC, NMSG and case study interviews suggest that other aspects may also play a part.

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38 The majority of respondents agreed to the following statements about their MARAC: the referral criteria are clear (92%); the referral pathways
are clear (89%); all agencies use a standardised referral form (87%) and risk thresholds are clear in terms of deciding whether to refer cases to
the MARAC (84%)

39 The British Crime Survey (2008/09) found that around 16 per cent of victims reported the abuse to the Police; they also came to know about a
further four per cent of victims in another way (e.g. someone else telling them) (Smith et al, 2010).

40 Performance monitoring data shows MARACs most commonly discuss between 11 and 15 cases per meeting and a mean average of 49 cases
per quarter (modal average 37).

Firstly, in addition to concerns regarding the lack of non-police referrals described above, some concerns were raised in relation to the quality of risk assessment undertaken across all agencies that refer to MARACs. This could impact on volume in two ways as it may result in either cases that do not reach the threshold criteria being referred to a MARAC or very high-risk cases not being referred.[41] NMSG interviewees suggested that this could point to a need to either improve training or access to training, or that some double checking of cases is required. For instance, one interviewee reported that some police forces dip sampled their risk assessment to see if there were any underlying problems.

Secondly, practitioners in the case study sites indicated that one of the key concerns for MARACs in relation to volume was linked to capacity, that is achieving a balance between having sufficient time available to examine and review all cases appropriately and prioritising the highest risk cases. Linked to this there is some evidence to suggest that a minority of MARACs have recently increased the threshold for referral in order to manage the volume of cases being heard at MARAC. Approximately one in five respondents to the national survey[42] reported that the threshold at their MARAC had been increased in the last 12 months. Whilst in some cases – where the reasons for the change were reported – this was to bring their MARACs in line with best practice, respondents also commonly reported that the criteria had changed in order to manage the volume of cases coming to MARAC due to capacity issues, a finding that was echoed in the case study sites.

This second issue, related to the capacity of MARACs, needs to be considered against the perceived need to improve referrals from other agencies identified previously, which may lead to increased volumes of cases for MARACs. This suggests that achieving a balance between these two areas will be key for MARACs going forward.

Action planning

Based on the assessments of the CAADA QA data the principle that appears to be consistently challenging is 'Action Planning'.[43] Inspection of the ratings suggest that this was mostly related to problems around completing actions before the next meeting; action plans not reflecting the risks and needs identified during the information sharing process; and ensuring records are kept when actions cannot be achieved.

Findings from the national survey around the quality of action planning were however more positive, with three-quarters of respondents reporting that the action plans at their MARAC always reflect the risks and needs identified at the meeting, and a further 23 per cent reporting that they perceived this to take place most of the time. Agreeing actions that are SMART (Specific, Measurable, Achievable, Realistic and Timely) and identifying opportunities to co-ordinate actions with other partners were less likely to be reported as always taking place (53% and 58% of respondents respectively). However, over 80 per cent of respondents still reported that they perceived that this happened at least most of the time.

The findings discussed above relate to those principles which data suggest MARACs are currently performing relatively well against as well as those which findings suggest may present a particular challenge for MARACs. It is also useful to consider performance indicators in relation to those areas which, as highlighted in section B, were perceived to be the key contributing factors in explaining MARACs potential effectiveness. Two of these factors, namely enhanced information sharing and appropriate agency representation are discussed above. The third, the role of the IDVA, is discussed in more detail below.

41 This issue was also highlighted in the national survey – one in five respondents reported that not all cases that were referred to the MARAC went on to be discussed at the MARAC. Where detailed, a common reason given for this was where a case had been referred to MARAC but was not considered to meet the referral threshold which some respondents suggested was a result of some individuals not accurately assessing risk.
42 One in five survey respondents is not equivalent to one in five MARACs (see methods section).
43 This was the principle that was most frequently rated as 'red' across all QA intakes (See Annex C).

IDVAs

As described earlier, given their focus on high-risk victims IDVAs play a key role in MARACs acting as the representative for the victim at meetings, engaging with the victim and often managing the ongoing case management of cases.

In order to explore the role of the IDVA in more detail the national survey included a series of questions focused on this area. This section of the survey was targeted specifically at IDVAs and other non-IDVA specialist domestic abuse support services (as it is recognised that these services may also represent victims at MARAC)[44] to respondents identifying themselves as 'other domestic abuse specialist support services'. The focus of this section of the report is however on the IDVA role as the majority of responses received to these questions were from IDVAs (164 of 248).[45]

When asked about the proportion of MARAC cases that had been referred to them prior to a meeting, 71 per cent of respondents identifying themselves as IDVAs reported that 'all' (41%) or 'over three-quarters' (30%) of cases had been referred to them prior to the MARAC meeting, highlighting the high proportion of MARAC referrals that are also supported by an IDVA. Over 80 per cent of IDVAs responding to the survey reported that they always had the opportunity to present information on behalf of the victim at meetings, with a further 14 per cent reporting that this happened at most meetings.

IDVAs responding to the survey also reported that as well as participating in the discussions and action planning for the vast majority of cases where the victim is known to them or their organisation (97%), the majority (81%) also participate in cases where the victim is receiving support from an organisation other than his/her own, or in cases where the victim is not currently being supported (84%), indicating that the role of the IDVA at the MARAC extends beyond involvement in their own cases.

C2. Variation – case study examples

As illustrated above, when looking across principles, findings indicate a degree of variation in performance against the ten principles of an effective MARAC. In addition, performance monitoring data indicate variation across MARACs in terms of practice models (e.g. meeting caseloads). Analysis of the case study sites suggest that a variety of models of practice (with regard to length and frequency of meetings, number of cases discussed and agency attendance) can be encompassed within the CAADA principles. All four case study sites reported to follow the CAADA principles, even though they were purposively sampled to reflect a variety of models of practice (as indicated by the MARAC performance management data).[46] Findings from across the case study sites suggest that having flexibility within the principles can be helpful and one of the perceived advantages of working to the CAADA principles was that they were easy to follow and apply to local circumstances. For example, varying frequency in meetings between sites was found to reflect differences in the MARACs caseload levels and approach to the management of meetings.

C3. Summary

In summary, the vast majority of MARACs do reportedly follow the ten guidance principles identified by CAADA. However, findings also suggest that there is a degree of variation in practice within this overarching model. Having flexibility within the model was perceived as valuable as it allows MARACs to adapt to local circumstances and working practices.

Overall, findings indicate that there are some areas in which MARACs are currently working particularly well – i.e. the principles of 'administration' and 'research and information sharing'. There are also areas which appear to present challenges for MARACs, notably the principles of identification; representation; volume and action planning. Findings suggest that balancing the need to maintain a workable caseload against a wish to increase referrals to MARAC from a wider range of agencies will be important for MARACs going forward.

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44 Support may be provided in addition to or separate from IDVA support.
45 This is the number of respondents identifying themselves as IDVAs/domestic abuse specialist support service representatives for the purposes of survey routing.
46 See Section B for further details on the sampling of the case study sites.

Section D – Potential areas for future development

This section provides an overview of potential areas of future development for MARACs as identified by practitioners and other key stakeholders surveyed/interviewed during the review. In addition, views on the potential advantages and disadvantages of placing MARACs on a statutory footing are considered.

> ## Key findings:
>
> - Increasing the number of non-police referrals and improving agency representation were the most commonly identified priority areas for future development for MARACs by national survey respondents
>
> - There was a perceived need for further clarity around how MARACs and other multi-agency procedures working with victims of domestic violence (i.e. safeguarding children and vulnerable adult procedures) interlink, both to help avoid duplication and to support practitioners in prioritising actions across arrangements.
>
> - The importance of strengthening the existing links between MARACs and services which are aimed at addressing the perpetrators behaviour (e.g. Multi-Agency Public Protection Arrangements and perpetrator programmes) were emphasised.
>
> - Improved monitoring of MARACs was highlighted as an area for development to both build a better evidence base for MARAC effectiveness and to better understand outcome measures such as repeat victimisation rates.
>
> - Further work may be required to ensure that MARACs are reflective of the communities they serve. This could involve supporting and encouraging representation from organisations which represent minority communities such as Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender organisations.
>
> - The benefits of training, induction and knowledge building for MARAC representatives were emphasised, highlighting the perceived value of an ongoing programme of training at either a local or national level.
>
> - The vast majority of respondents to the national survey of MARACs (targeted at MARAC Chairs; IDVAs; and DV/MARAC co-ordinators) support the view that it would be beneficial to place MARACs on a statutory footing. However, views from members of the NMSG were more mixed, primarily due to concerns around the extent to which the potential advantages would be realised in practice.

D1. Potential areas for future development

Analysis of findings from the national survey responses and practitioner/stakeholder interviews highlight seven broad areas for the potential future development of MARACs. Increasing non-police referrals and improving agency representation were most commonly identified as priority areas for development by respondents to the national survey. In addition, qualitative case study and NMSG interviews highlighted the importance of developing the links to other statutory and non-statutory multi-agency arrangements and services addressing the perpetrators behaviour. Findings also highlight a perceived need to increase representation from minority group organisations in MARACs and emphasised the perceived value of an ongoing programme of training around MARACs and improved monitoring and review of MARACs. These are discussed in more detail below.

Increasing non-police referrals

The national survey sought respondents' views on a range of potential barriers to the effectiveness of MARACs and how these ranked in terms of priority areas for development.[47] The most common perceived priority area of development related to increasing referrals to MARAC from non-police agencies. As highlighted earlier, the majority (approximately two-thirds) of MARAC referrals are made by the police, despite the fact that many victims will not report their abuse to the police. (See section C for further discussion on current practice and potential challenges experienced by MARACs in relation to effective identification of cases eligible for MARAC).

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47 Respondents were asked to review the barriers listed and identify up to three key barriers experienced by their MARAC ranked according to the order they would prioritise them as an area for development. Of those that provided a response to this question 59 per cent (or 39 per cent of all respondents) identified this as a priority area for development in their MARAC. (the list of potential barriers was based on those identified in the NMSG interviews and literature review).

Qualitative findings from both the NMSG and case study interviews suggest that a range of factors may contribute to the lack of referrals from other agencies, including: varying levels of agency attendance at MARAC; lack of confidence in sharing information; and a lack of understanding and awareness within agencies about MARACs or domestic violence issues in general.

In addition MARACs are usually a police-led process (for example 93% of respondents to the national survey who identified themselves as a MARAC Chair were based in the Police) and some interviewees felt that this may contribute to a lack of referrals from other agencies. For example, there was a view amongst non-police partners interviewed in the case study sites that within MARACs there may be too great a focus on the offence rather than the impacts/outcomes for victims which it was perceived may deter referrals. Interviewees suggested that being clearer about the MARACs aims and objectives and raising the profile of MARACs amongst partner agencies may encourage non-police referrals and could reassure partners that MARACs are not only focused on criminal justice outcomes.

Improving agency representation

Whilst survey responses discussed previously indicate that the representation from core agencies is comparatively high, they also indicate that attendance amongst agencies other than the Police and IDVAs may be less consistent (see Section C). The second most common priority area of development identified by national survey respondents was the need to improve key agency representation at meetings suggesting that securing appropriate representation remains a key issue for MARACs.[48]

The importance of having a breadth of appropriate representation at meetings and some of the challenges faced by agencies with regard to participating in MARACs were discussed in earlier sections of this report. Some of the ways in which these challenges may be lessened, i.e. strong leadership from the MARAC Chair and good co-ordination of the MARAC were also discussed. However, the findings of the review have also highlighted a number of benefits for representatives involved in MARAC which are outlined below. Whilst recognising the challenges of involvement in MARAC, being clear about the potential benefits for representatives involved in the process may encourage participation from agencies.

One of the benefits most frequently mentioned by NMSG interviewees was that enhanced information sharing brought new dimensions to individual agencies understanding of a case, enabling them to provide a more effective response to their clients, for example by improving identification of risks. This was also perceived as having knock-on effects for their own workload – for example it may lead them to adopt or discount a particular way of approaching a case enabling them to resolve issues more efficiently.

Another frequently cited benefit was that attending the MARAC could help individuals to build up more effective professional networks. Interviewees felt that the links made at MARACs assisted in ensuring actions on MARAC cases happened i.e. they could pull in resources when required and share responsibility for the case. They also reported that the benefit of these links often extended beyond MARAC cases, as they became more aware of who could and could not contribute to the management of individuals in agencies more generally and had stronger links within agencies, helping them to provide a better tailored and co-ordinated response to their clients needs.

Both these factors, alongside associated MARAC training, were perceived as having a wider benefit in terms of the potential to assist practitioners' development of their professional skills and to build individuals' confidence and competence in dealing with domestic violence cases.

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48 See footnote 47, of those that provided a response to this question 52 per cent (or 35 per cent of all respondents) identified 'key agencies/ organisation do not attend meetings when required' as a priority area for development in their MARAC.

Links to other statutory and non-statutory multi-agency public protection arrangements working with victims and their families

There are a number of other multi-agency procedures which domestic violence victims, offenders and their families may also become involved with, for example vulnerable adult and safeguarding children procedures. When asked about their perceptions of the links between their MARAC and Local Safeguarding Children's Boards (LSCBs) and safeguarding vulnerable adults boards almost 80 per cent of respondents to the national survey reported that links between their MARAC and LSCB were either very effective (42%) or fairly effective (38%). The responses in relation to safeguarding vulnerable adults boards were slightly less positive, although around 64 per cent of respondents still perceived the links to be either very effective (29%) or fairly effective (35%).

Whilst these responses indicate that links between MARACs and vulnerable adult and safeguarding children procedures have been developed, interviewees in the case study sites reported that these links were generally more informal than formal[49] and views on how effective they may be were more mixed. Similar to the survey respondents, case study interviewees perceived the links to LSCB to be more advanced than those for vulnerable adult arrangements.

Some concerns were raised amongst NMSG interviewees around the potential for duplication between MARACs and these other procedures, for example as one interviewee reported:

"I think there's a danger of duplication and I think that danger is in the interface of vulnerable adult conferences and child protection conferences." (NMSG interviewee)

Case study site respondents from Health and Social Services also identified some issues arising from the need to follow their own vulnerable adult/children safeguarding procedures, as well as those of the MARAC, which could lead to bottlenecks in the referral process and duplication of work. The need for clarity on how these procedures should link up – both to avoid duplication and delays and to support practitioners in prioritising actions arising from different procedures, were mentioned.

Strengthening links with perpetrator services, including Multi-Agency Public Protection Arrangements (MAPPA)

The MARAC process is centred around the victim, however interviewees from the NMSG and the qualitative case studies both emphasised the importance of having clear links between MARACs and arrangements aimed at addressing/managing perpetrators' behaviour. Both MAPPA and perpetrator programmes were highlighted.

MAPPA are the statutory arrangements for managing sexual and violent offenders. MAPPA guidance refers specifically to the links between MARAC and MAPPA and suggests that where the police or the probation are actively managing the offender, they should use the information provided by the MARAC to reassess the level of risk the offender presents to assist them in the effective management of the case. The extent to which this is happening on the ground and the proportion of referrals to a MARAC that involve an offender subject to MAPPA is unknown. However, three in four respondents to the national survey reported that they perceived the links between their MARAC and MAPPA to be either very effective (37%) or fairly effective (38%), suggesting that many MARACs are linked in with MAPPA in their areas although there may still be room for improvement.

Whilst MAPPA are focused on managing risk in relation to offenders, perpetrator programmes focus on addressing the individuals' violent and abusive behaviour (Respect, 2010). In a recent study seeking to identify what constitutes success in perpetrator programmes funders and commissioners emphasised the contribution programmes could make to multi-agency risk management plans citing the example of MARACs. In particular, it was suggested that detailed information on perpetrators had the potential to widen the focus from the victim and increase the emphasis on addressing the risks posed by the perpetrator (Westmarland, Kelly and Chandler Mills, 2010).

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49 For example where a member of an agency sat on both the MARAC and the LSCB.

Interviewees in the case study sites reported that they were keen to develop a more holistic approach to understanding the processes and interventions used in dealing with perpetrators and suggested that this is an area that could be developed further. It is important to note however that findings from the national survey suggest that practitioners do perceive that MARACs are currently contributing to the response to perpetrators, with 45% of respondents perceiving their MARAC to be 'very effective' at improving the response to dealing with perpetrators and a further 42% reporting that their MARAC was 'fairly effective' in this respect. However, the responses also show that more than one in ten respondents do not perceive their MARAC to be effective at improving the response to dealing with perpetrators.

Review and monitoring

Another suggested area for potential improvement, which was identified by both NMSG and case study interviews, related to improving the monitoring of MARACs – both for individual MARACs and MARACs more widely. Interviewees felt that gaining a better understanding of the types of cases reaching MARAC, and the range of outcomes achieved through MARAC, could have the potential to both improve safety planning for victims and strengthen the case for allocating resources towards MARACs going forward.

To date, performance monitoring of MARACs has tended to focus on repeat victimisation rates calculated using performance monitoring data submitted to CAADA. In these data, repeat victimisation is defined as a repeat episode of domestic violence within 12 months following a case being referred to a MARAC. Performance monitoring data suggests that the average repeat rate of MARACs in the 12 months to September 2009 was 22 per cent.[50]

However, the quality of these data is a concern and varies considerably across MARACs (ranging from three to sixty-four per cent). The number of repeat cases referred to a MARAC will be influenced by the quality of agencies' systems for the tracking and identification of cases. For example, one MARAC may be fastidious about recording violent incidents from a wide range of data sources and so have a high repeat rate, whilst another may not and therefore have a lower rate. In addition, as with other administrative data, it is difficult to attribute any changes in the rates directly to the MARAC intervention.

As a result it is difficult to interpret and compare repeat victimisation rates between MARACs, or to be sure that the overall rate of repeat victimisation across all MARACs is accurate. Therefore a question remains around what a comparatively 'good' repeat rate should be and further work is required to improve the quality and understanding of these data. Efforts to collect this data in a standardised way could help MARACs to more effectively demonstrate the outcomes for victims involved in the process.

In addition to monitoring data, some interviewees in the case study sites suggested that incorporating more regular reviews of practice within individual MARACs could also have the potential to improve working practices. The perceived value of involving victims in the process, for example through user groups, was also raised. As well as enhancing areas understanding of the potential impacts of MARAC, incorporating victims' views may help MARACs to understand the extent to which they are effectively engaging with victims.

Improving representation from minority groups

Another issue raised by a number of interviewees in the case study sites related to a concern about the extent to which MARACs were reflective of the communities they serve. CAADA quality assurance data similarly suggests that MARACs tend to perform relatively less well in relation to the principle of equality (ensuring that the MARAC is accessible to all communities).[51] Interviewees from both the case study sites and NMSG raised concerns that there was a lack of representation amongst Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) agencies – a finding that was supported by responses to the national survey.[52] Findings from the NMSG interviews suggest these, often small organisations, may struggle to find the capacity to attend, or in some cases may simply not have been invited to attend the MARAC. Supporting the involvement of

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50 Data based on the sample of 208 MARACs for the 12 months to the end of September 2010.
51 See Annex B for a full breakdown of QA ratings for each of CAADAs ten principles of an effective MARAC.
52 National survey respondents were most likely to report that BME and LGBT agencies never attended their MARAC (60% and 76% of respondents respectively).

such organisations in the MARAC process was seen as one way in which referrals for victims from within these communities may be increased[53].

Training and knowledge building

Training and knowledge building was mentioned by several NMSG interviewees with regard to improving MARACS. For some this related to training for wider practitioners around understanding the role of MARACs, or being aware of signs pointing to domestic violence. For others it was about building capability and confidence to make referrals to MARAC and also ensuring consistent use of risk assessment tools.

The importance of having specialist knowledge and expertise at meetings so the issues faced by victims could be better understood was highlighted. It was also perceived as important that individuals in agencies developed a good understanding around domestic violence in order to be able to identify and refer victims to appropriate services. An example was given of registered social landlords being alert to signs, such as a repeatedly broken door, and making the connection to domestic violence.

Interviewees from the case study sites similarly highlighted the benefits of effective training and induction, and felt that this was often a contributory factor in gaining commitment from partners. Where partners identified that induction and training had taken place they reported feeling far more confident about their roles and responsibilities as a result. This highlights the perceived value of an ongoing programme of training which may be delivered at either a local or national level.

D2. Statutory footing

One of the aims of this review was to consider the case for placing MARACs on a statutory footing. A number of potential advantages and disadvantages were raised, with views on the overall benefits being mixed between practitioners and national representatives involved in the review.

The vast majority of respondents to the national survey of MARAC Chairs, IDVAs and DV/MARAC co-ordinators (83%) supported the view that it would be beneficial to place MARACs on a statutory footing. The most common advantage cited was that it would improve agency representation.

Findings from NMSG members and case study interviews similarly suggest that placing MARACs on a statutory footing would give the arrangements 'more weight' providing a stronger justification for agencies in allocating resources to MARAC participation. This can be seen as important as approximately one in four respondents to the national survey perceived that local efficiency challenges may have a significant negative impact on agencies capacity to participate in MARAC.

Linked to the perception that placing MARACs on a statutory footing would give MARACs 'more weight' was the suggestion that it could lead to improved accountability which in turn could improve agency attendance and facilitate the successful follow-up of actions by making it easier to challenge agencies that were not participating fully. NMSG and case study interviewees felt that placing MARACs on a statutory footing may also improve continuity of service through helping to secure ongoing funding for MARAC (and IDVAs) as well as improving the consistency of services delivered across areas.[54]

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53 A recent study which was jointly funded by the Gateshead Domestic Violence Partnership and the University of Sunderland has explored the barriers to making referrals of LGBT victim/survivors to the MARAC in more depth and made a series of recommendations for improvement (Donovan, 2010). This can be accessed at http://www.sunderland.ac.uk/images/LGBT_Referrals_to_MARAC__Final_Report.pdf

54 It should be noted that less than one in four respondents to the national survey reported that they perceived that local efficiency challenges would significantly negatively impact on the capacity or sustainability of MARACs. However, more than a third thought there would be a significant negative impact on the capacity of the IDVA/specialist support provider.

However, whilst NMSG interviewees identified many of the same potential advantages of placing MARAC on a statutory footing as practitioners in the survey or case study sites, their overall views on the potential benefit of placing MARACs on a statutory footing were more mixed, primarily due to a concern about the extent to which the potential benefits would be realised in practice. For example, it was suggested that whilst placing MARACs on a statutory footing may increase attendance levels it would not necessarily lead to people buying into the process but rather 'just doing it because they have to'. There is some research evidence to support these concerns – a recent study evaluating arrangements for effective operation of Local Safeguarding Children's Boards (LSCBs) found that although the core statutory agencies in LSCBs were meeting their membership obligations, the level and type of participation secured was variable, highlighting that membership alone is insufficient and consistency and engagement are important (France, Munro & Waring, 2010).[55]

Some concerns were also raised amongst NMSG interviewees regarding any potential additional burden on agencies resources that may arise from placing MARACs on a statutory footing (and any related requirements around attendance, preparation or follow-up). This was seen as a particular concern given the efficiency challenges many agencies reported experiencing at the time of the interviews. They suggested that if agencies were unable to free up the resources required to enable active participation in MARACs 'it simply wouldn't work'. Some survey respondents also raised concerns that placing MARACs on a statutory footing may lead to the process becoming 'too bureaucratic' and the potential for the victims views to become lost.

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55 Local Safeguarding Children's Boards were established in 2006 as the statutory mechanism for the safeguarding and protection of the welfare of children. The core membership of LSCBs is set out in the Children Act 2004 and includes Local Authorities, health bodies, the police and others.

Section E: Summary and conclusions

The original aims of this review were to explore the evidence from a range of sources in order to examine:

● existing evidence for effectiveness and cost effectiveness of MARACs;

● how the MARAC model currently operates within the wider response to domestic violence;

● variation in current practice amongst MARACs; and

● future areas for development

Conclusions drawn from findings in relation to these topics are discussed below.

Findings drawn from the existing evidence base indicate that MARACs (and IDVAs) have the potential to improve victim safety and reduce re-victimisation therefore may be a highly cost-effective measure. However, the available evidence on MARAC outcomes is limited, and a more robust evaluation would be required to strengthen this conclusion.

The findings in this report together show that MARACs operate as one element of a wider co-ordinated response to domestic violence. In particular, specialist domestic abuse support services – predominantly IDVAs (whose services are also targeted at high-risk victims) play a pivotal role in MARACs. By acting as the representative of the victim, IDVAs can play an essential part in engaging the victim in the process in addition to their involvement in the development and delivery of safe and effective action plans. These conclusions highlight the importance of considering the availability and capacity of specialist support providers when commissioning MARACs.

Findings suggest that the vast majority of MARACs do follow the best practice model of operation underpinned by the ten guidance principles identified by CAADA. The findings reveal that there remains a degree of variation in practice within this overarching model but, importantly, that having a degree of flexibility within the model can be beneficial for MARACs since it enables them to adapt to fit with local practices. Of the ten principles, the four that appear to present some challenges for MARACs, and which may therefore benefit from ongoing training and guidance, are 'identification', 'representation', 'volume' and 'action planning'. Findings also indicate that a key challenge for MARACs going forward is to balance the need to maintain a workable caseload against a wish to increase the referrals from a wider range of agencies.

Practitioners and stakeholders also identified a number of potential areas for future development, including improving agency representation and increasing non-police referrals to MARACs, which are linked to the principles of 'identification' and 'representation' mentioned above. In addition, the importance of developing the links between MARACs and other statutory and non-statutory multi-agency arrangements and perpetrator services were also emphasised. These may include, for example, safeguarding vulnerable children/adults procedures but also arrangements aimed at addressing the perpetrator's behaviour such as MAPPA or other perpetrator programmes.

Improving review and monitoring mechanisms was also identified as an area that could be improved. Findings suggest that further work may be required to improve the quality and understanding of monitoring data, particularly in relation to data on repeat victimisation. In addition, local areas may benefit from support in relation to establishing or developing their own review processes. Practitioners in the case study sites also emphasised a need to consider how the views of the victim may be more effectively considered as part of these processes.

Case study interviewees reported that attending training and inductions had been beneficial in terms of understanding the MARAC process and their role within it. Members of the NMSG similarly highlighted the benefits of training – and involvement in MARAC more generally – in terms of enhancing representatives' understanding and awareness of domestic violence more generally. In addition, the potential value of training for wider practitioners around understanding the role of MARACs or being aware of signs pointing to domestic violence were raised. This highlights the perceived value of an ongoing programme of training which may be delivered at either a local or national level.

Increasing representation within MARACs from minority groups (both in terms of agency representation and caseload) was also put forward as an area for development by both NMSG and case study interviewees.

Finally, the review sought practitioners and stakeholders views on the potential advantages and disadvantages of placing MARACs on a statutory footing. The vast majority of survey respondents felt that the advantages would outweigh the disadvantages. However, in-depth interviews with members of the NMSG revealed more mixed views: while potential advantages were acknowledged, concerns were raised around the extent to which these would actually be realised in practice. For example, making agency representation compulsory at meetings might improve attendance but would not necessarily ensure improved participation.

Review outcomes

This review was commissioned to inform the development of the supporting action plan for the implementation of the Governments 'Call to End Violence Against Women and Girls'. The action plan was launched on the 08 March 2011 and includes a range of actions related to MARACs which were informed by the review. (See Box 2 for a summary of all MARAC related actions). The findings of the review will also, where appropriate, be used to inform the delivery of those actions particularly in relation to the Home Office's commitment to work with colleagues on the NMSG to review the guidance and training for MARACs, including strengthening the links with other multi-agency arrangements and continuing to raise awareness of MARACs.[56]

> **Box 2: Summary of actions relevant to MARACs from the Government's 'Call to End Violence Against Women and Girls: Action Plan' (2010)**
>
> - Action 36 – the Home Office to provide £3.3m in every year up to 2015 for IDVAs and MARAC co-ordinators
>
> - Action 37 – the Home Office to provide funding over the Spending Review period for continued training and quality assurance for MARACs, to continue to invest in the training and quality assurance process for MARACs to assist in ensuring levels of consistency across the country and help disseminate good practice.
>
> - Action 48 – the National Offender Management Service (NOMS) to review and update guidance on the operation of Multi Agency Public Protection Arrangements (MAPPAs) including in relation to how well it fits with the MARAC system to ensure effective links are made.
>
> - Action 84 – ensure that local areas are fully equipped to continue to operate MARACs as part of their wider response to tackling domestic violence by working with colleagues on the NMSG to review the guidance and training for MARACs, including strengthening the links with other multi-agency arrangements and continuing to raise awareness of MARACs.
>
> - Action 85 – the Home Office to consider whether MARACs could be used to identify and support high-risk victims of rape and sexual assault.
>
> The complete action plan can be accessed at:
> http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan

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56 The Welsh Assembly Government has its own domestic abuse strategy 'The Right to be Safe' and associated implementation plans which can be accessed at http://wales.gov.uk/topics/housingandcommunity/safety/domesticabuse/publications/besafe/?lang=en

References

Allen, N. (2006) 'An Examination of the Effectiveness of Domestic Violence Coordinating Councils', Violence Against Women, Vol. 12, No. 1, pp 46-67 USA: Sage Publications.

Allen, N., Bybee, D. & Sullivan, C. (2004) 'Battered Women's Multitude of Needs: Evidence Supporting the Need for Comprehensive Advocacy', Violence Against Women, Vol.10, No. 9, pp1015-1035. USA: Sage Publications.

CAADA (2010) 'Saving lives, Saving money: MARACs and high risk domestic abuse'. Bristol: CAADA.

CAADA (2010) 'The MARAC Guide 2010 – From Principles to Practice'. Bristol: CAADA.

Coy, M. & Kelly, L. (2011) 'Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes'. London: London Metropolitan University Child and Women Abuse Studies Unit.

Diamond, A., Charles, C. & Allen, T. (2004) 'Domestic violence and Crime and Disorder Reduction Partnerships: findings from a self-completion questionnaire'. Home Office Online Report 56/04. London: Home Office.

Donovan, C., Griffiths, S. & Groves, N. (2010) 'Evaluation of Early Intervention Models for Change in Domestic Violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004–2009'. Sunderland: University of Sunderland.

Douglas, N., Lilley, S., Kooper, L. & Diamond, A. (2004) 'Safety and justice: sharing personal information in the context of domestic violence – an overview'. Home Office Development & Practice Report 30. London: Home Office.

France, A., Munro, E., & Waring, A. (2010) 'The Evaluation of Arrangements for Effective Operation of the New Local Safeguarding Children Boards in England – Final Report'. London: Department for Education.

Hague, G. (2000) 'Reducing domestic violence…what works? Multi agency fora'. One of a pack of 12 briefing notes. Crime Reduction Research Series No. 4. London: Home Office.

Hall, T. & Wright, S. (2003) 'Making It Count: A Practical Guide to Collecting and Managing Domestic Violence Data'. London: NACRO.

Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009) 'Safety in Numbers A Multi-site Evaluation of Independent Domestic Violence Advisor Services'. The Hestia Fund, The Sigrid Rausing Trust & The Henry Smith Charity.

Klevens, J., Baker. C., Shelley, G. & Ingram, E. (2008) 'Exploring the Links Between Components of Coordinated Community Responses and Their Impact on Contact With Intimate Partner Violence Services', Violence Against Women, Vol. 14 No. 3 pp 346-358.

Robinson, A. (2009), 'Independent Domestic Violence Advisors: a process evaluation', Cardiff: Cardiff University.

Robinson, A. (2006) 'Reducing Repeat Victimization Among High-Risk Victims of Domestic Violence: The Benefits of a Coordinated Community Response in Cardiff, Wales', Violence Against Women, Vol. 12 No. 8 pp761-788. USA: Sage Publications.

Robinson, A. (2004), 'Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation'. Cardiff: Cardiff University.

Robinson, A. & Tregidga, J. (2005) 'Domestic Violence MARACs for Very High-Risk Victims in Cardiff, Wales: Views from the Victims'. Cardiff: Cardiff University.

Shepherd, M (2005) 'Twenty Years of Progress in Addressing Domestic Violence An Agenda for the Next 10', Journal of Interpersonal Violence, Vol. 20 No. 4, pp436-441. USA: Sage Publications.

Steel, N., Ward, L. & Diamond, A. (2010) 'Information sharing aimed at reducing violent crime: A survey of Community Safety Partnerships'. London: Home Office.

Westmarland, N., Kelly, L. and Chalder-Mills, J. (2010) 'What Counts as Success?' London: Respect.

Zweig, J. & Burt, M. (2006) 'Predicting Case Outcomes and Women's Perceptions of the Legal System's Response to Domestic Violence and Sexual Assault – Does Interaction Between Community Agencies Matter?', Criminal Justice Policy Review, Vol. 17, No. 2, pp 202-233. USA: Sage Publications.

Additional Resources

Co-ordinated Action Against Domestic Abuse (CAADA) MARACs in England and Wales – toolkits and resources
http://www.caada.org.uk/practitioner_resources/MARACresources.htm

Annex A : Overview of the MARAC model

MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of domestic violence in order to produce a co-ordinated action plan to increase victim safety.

CAADA guidance suggests that a 'typical' MARAC meeting should last half a day and discuss 15 to 20 high-risk cases with a very brief and focused information sharing process. This is followed by a simple multi-agency action plan being put into place to support the victim and to make links with other public protection procedures, particularly safeguarding children, vulnerable adults and the management of perpetrators (CAADA, 2010). Box A1 provides an overview of the types of actions that may be agreed in a MARAC.

MARACs are targeted at very high-risk cases of domestic violence. Guidance (CAADA, 2010) suggests that a referral to MARAC should be made in cases:

  a) that reach a threshold level of risk, determined through the use of a standard risk assessment tool[57];

  b) where there is a serious concern about the victim's situation based on the professional judgement of the referrer; or

  c) where there is evidence of potential escalation of abuse (i.e. an increased number of police call outs).

Any agency can make a referral to the MARAC, however, as discussed in more detail in Section 4 of this report, in practice the majority of referrals are currently made by the police.

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57 The 'CAADA-DASH Risk Identification Checklist' http://www.caada.org.uk/practitioner_resources/riskresources.htm .

Box A1: Typical actions occurring as a result of safety planning at MARAC

Whilst every case is different, typical actions, which often fall within the normal day-to-day remit of the agency representatives, might include:

All agencies: Flagging high-risk victims on files so they can provide an enhanced and responsive service in the event of an incident.

Police: Taking further action against the perpetrator if required; target hardening; providing panic alarms.

Health: Ensuring that the victim is separated from the perpetrator upon presentation so that he/she is attended by health care workers alone; heightened awareness around injuries sustained.

IDVA: Feeding back MARAC actions to the victim where safe; providing ongoing support to the victim; attending appointments with victims; assisting victim with finding new housing and education; ongoing co-ordination and communication between all agencies; continued risk assessment; feeding back on repeat victimisation to the MARAC; and assisting victims with seeking legal assistance.

Children and Young People's Services (CYPS): Agreeing to undertake an initial assessment of children involved in MARAC cases as appropriate; give additional support to the family; making referrals to children and adolescent mental health services.

Housing: Assisting with finding alternative accommodation; supporting applications for housing benefit and homelessness; implementing safety devices on the home property.

Education: Sharing information with appropriate staff to support children effectively; monitoring school performance and behavioural issues.

Probation: Using information from MARAC for pre-sentence report writing.

Adult services: Making referrals to vulnerable adults team and/or voluntary sector support, for example Age Concern.

Refuge: Providing refuge accommodation; providing ongoing support to the victim.

Drug and Alcohol team: Fast tracking access to specialist services and support.

Source: Adapted from CAADA, 2010

Annex B: Methodology

The review was designed to provide a broad overview of the evidence in relation to MARACs in order to support the development of the supporting action plan for the implementation of the Governments 'Call to End Violence Against Women and Girls'. A full outcome evaluation was not within the scope of this project.

Data were collected from a range of sources, which are detailed below, and data collection took place between September 2010 and January 2011.

Literature review

Searches were conducted by Home Office researchers on electronic databases Swetswise and CSA Illumina using 'high level' search terms associated with domestic violence; multi-agency or co-ordinated responses; and (for the CSA search) evaluation. The searches were designed to uncover evidence around: the effectiveness of MARACs; the effectiveness of wider co-ordinated community responses to domestic violence; and more general literature on multi-agency responses to domestic violence. The majority of the literature located through the searches was US-based so to try and ensure that relevant UK studies were included the authors supplemented their search with citation searches and by consulting experts.

Performance monitoring data

Home Office researchers conducted an analysis of basic performance monitoring data submitted by MARACs. These data were originally collected as part of the monitoring requirements for the former National Indicator Set for Local Authorities and Local Authority Partnerships – NI32 on repeat incidents of domestic violence and do not cover all MARACs. MARACs are requested to submit quarterly data, via CAADA, on a number of key performance measures including the following.

- No. of cases discussed

- No. of repeat cases

- No. of children in the household

- Referring agency

- No. of cases where the victim is from a Black, Asian or Minority Ethnic group

- No. of cases where the victim is lesbian, gay, bisexual or transgender

- No. of cases where the victim is male

Analysis was undertaken using data collected in the 12-month period to September 2010 (the most recent data available at the time of drafting). Approximately 240 MARACs submitted data during this period, however only data from the 208 MARACs which had submitted complete data for the period were included in the analysis to prevent issues arising from missing data. Recent independent quality assurance checks have highlighted some variation in the quality of data collection across MARACs, and the results should therefore be treated with a degree of caution. Nevertheless, they provide a useful indication of trends in practice across MARACs.

Quality Assurance data

Data collected through the CAADA Quality Assurance (QA) process were analysed by Home Office researchers. The QA process assesses MARACs performance against a set of ten principles which aim to define the essential components of an effective MARAC. MARACs performance against each principle (and related sub-principles) are rated using a simple 'red', 'amber', 'green' rating system. At time of drafting, 83 MARACs had been through the QA process in three tranches. (See Annex B for further detail about the QA process)

When interpreting the findings from this analysis it should be noted that MARACs are invited to participate in the QA process based on their participation in earlier stages of the MARAC Implementation Programme and are therefore likely to include those MARACs which have been established for longer periods. The QA process has also developed over time so data are presented by tranche with overall trends presented where comparable. Finally, the QA process is voluntary and therefore the sample completing the QA process can be seen as self-selecting.

National Survey of IDVAs; MARAC Chairs and MARAC/DV co-ordinators

An independent research company was commissioned to carry out an online survey targeted at three key MARAC stakeholder groups, namely; IDVAs (or other specialist domestic violence support services representing victims at MARAC); MARAC Chairs and MARAC/DV co-ordinators.[58] Respondents were asked a series of questions related to the aims of the review and asked to respond thinking specifically about the MARAC that they attend. Where respondents attend more than one MARAC they were asked to respond thinking about the most recent MARAC they attended. The survey explored the following topic areas.

- Characteristics of the MARAC

- Understanding multi agency contributions of MARAC partners

- The involvement of IDVAs and victim involvement

- Agency attendance at MARACs

- The MARAC operating model

- Referrals and caseload levels

- Working practices

- Barriers and levers to achieving an effective MARAC

- Links to other local public protection arrangements

- Impacts of future funding on MARACs

- Whether MARACs should be on a statutory footing

Details of the survey questions, including breakdowns of overall responses, are included in Annex D. Cordis Bright's full report containing the detailed analysis of responses is available as a technical annex to this report.

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58 Given time and resource constraints the survey was limited to these three key stakeholders as they were accessible and were perceived to have a detailed knowledge of the operation of their MARAC.

Whilst a comprehensive list of MARACs in operation is not available, efforts were made to invite representatives from all MARACs across England and Wales to participate in the survey. The survey was also advertised via national stakeholders namely CAADA, Women's Aid Federation England and Welsh Women's Aid.[59] The survey was live between 10 December 2010 and 3 January 2011. Over 600 responses were received and, whilst it is not possible to calculate an exact response rate due to the lack of a comprehensive list of MARACs, over 90 per cent of known MARACs were represented in the survey by at least one respondent.[60]

Table B1 illustrates the proportion of known MARACs that were represented by at least one respondent by respondent type.

Table B1: Proportion (%) of known MARACs with at least one respondent by respondent type

Respondent Type	% of known MARACs
MARAC Chair	61%
MARAC/DV Co-ordinator	67%
IDVA/Other specialist domestic abuse support service	76%

It should be noted that the survey was targeted at IDVAs, MARAC Chairs and MARAC/DV co-ordinators. However it is recognised that a range of other agencies participate in MARACs and therefore the findings from the MARAC national survey should not be considered as representative of all MARAC stakeholders.

Qualitative Case Studies

To supplement the findings of the national survey, the independent research organisation, Cordis Bright, was also commissioned to carry out qualitative interviews with representatives from four MARAC case study sites. Purposive sampling was employed to select MARACs with differing characteristics as indicated by their performance monitoring data (i.e. varying caseloads, repeat rates, frequency of meetings etc) and to obtain a geographical spread of MARACs. Table B2 overleaf provides further detail on each of the case study sites.

All agencies in the MARACs were invited to participate in the research and interviews were conducted wherever representatives were both willing and available to participate in the research which took place between December 2010 and January 2011. A mixture of telephone and face-to-face interviews were conducted each lasting between 45 minutes to an hour and exploring respondent's views in relation to the following.

● Their role and responsibilities;

● The local MARAC operating model in relation to the 10 CAADA principles of an effective MARAC;

● Agency attendance levels;

● Referral and caseload levels;

● Local MARAC action planning processes;

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59 These included MARACs known to CAADA through their data collection, training and quality assurance role and MARACs known to regional advisers in the former Government Offices.

60 The number of known MARACs was calculated by comparing the MARACs named in responses to the survey to the list of MARACs providing quarterly performance monitoring data to CAADA. This provided an estimate of between 245-254 MARACs in operation at the time of the survey, however it is possible that a small number of additional MARACs that did not respond to the survey or submit data to CAADA may also be in operation. For this reason response rates for all MARACs cannot be calculated exactly.

● Perceptions on how effectively the MARAC is working and related barriers and levers;

● Views on whether MARACs should be placed on a statutory footing and any areas for future development/ improvement;

● Views on engaging with the victim.

Cordis Bright used an analytical approach similar to grounded theory to analyse the qualitative research findings. This involved interrogating the data robustly until it was saturated through the use of a thematic grid. The research team met at regular intervals for the duration of the research to interpret data, code data, compare and 'reality-check' findings. The analyses focus on similarities and differences reported by the respondents across the four sites.

The findings represent the views of MARAC respondents who took part in the research and have not been independently verified. The findings provide a more in depth understanding of some of the issues raised by practitioners in the national survey, including the views of those other agencies which play a key role in MARACs but which are not represented in the survey. However, the findings are from a small number of MARACs (four) and therefore should not be considered representative of all MARACs.

Interviews with national MARAC steering group (NMSG) members

Home Office researchers conducted qualitative interviews with members of the national MARAC steering group. The steering group oversees the roll-out of MARACs; provides support and guidance to help deliver a consistent standard of service and reviews data on the performance of MARACs. Seventeen members of the steering group were contacted for interview[61] with 13 interviews conducted between September and November 2010. Written feedback was provided by one additional member. The sample included representatives from all of the key agencies involved in MARACs.

A mixture of face-to-face and telephone interviews were conducted dependent on the preference of the interviewee. A structured questionnaire was used as a topic guide and interviews generally lasted 30-45 minutes. The interviews explored the following topic areas.

● The role of MARACs in the wider response to domestic violence

● Barriers and levers to the effectiveness of MARACs

● Agency representation at MARAC

● Caseload of MARACs

● Advantages/disadvantages of placing MARACs on a statutory footing

Interviews were digitally recorded and transcribed to provide verbatim records which were then analysed using a thematic matrix based on the interview guide. Verbatim quotes are sometimes used in the report to illustrate responses from interviewees. All data have been anonymised.

When interpreting these findings it should be noted that responses are based on interviewees own experience, many of which come from a more strategic viewpoint. In addition, the interviews took place prior to the Government's announcement of continued funding for MARACs and IDVAs and therefore in a period of relative uncertainty.

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61 This includes all representatives on the MARAC national steering group in October 2010 excluding the representatives from Northern Ireland as the review focuses on England and Wales.

Table B2: Profile of qualitative case study sites

	Case Study 1	Case Study 2	Case Study 3	Case Study 4
Agencies interviewed	Twelve participants • MARAC Chair (Police) • MARAC co-ordinator • Police officer • Probation (x2) • Health (x2) • Housing (Housing Association) • Housing (LA) • IDVA • Social care – children's services • Specialist Domestic Abuse Support Service	Fourteen participants • MARAC Chair (Police) • MARAC co-ordinator • Probation • Mental Health (Mental Health Trust) • Drugs & Alcohol service (Independent provider) • Education • ASB team (LA) • Social care – children's services (x2) • Social care – adult services • IDVA • Children's Centre • Housing (LA) • Women's Aid – Refuge Manager	Nine participants • MARAC Chair (Probation) • MARAC co-ordinator • Police • Social care – children's services • Social care – adults services • Housing (LA) • IDVA • Substance misuse service • Mental health (Mental Health Trust)	Twelve participants • MARAC Chair (Police) • MARAC co-ordinator • Health (x3) • Mental Health • Social care – children's services (x2) • Education • Housing Options (LA) • IDVA • Early years and childcare (LA)
Frequency of MARAC	Once a fortnight	Once a fortnight	Every three weeks	Monthly
Length of MARAC	Approx 2 hours	Approx 3-4 hours	Approx 2-3 hours	Approx 2 hours
Caseload (per MARAC)	5-10 cases (average 6)	10-12 cases	15-20 cases	13-14
Unitary/two tier authority	Two tier Authority	Unitary Authority	Unitary Authority	Unitary Authority
Referral criteria	As per CAADA guidance (CAADA DASH risk assessment 17+ ticks or professional judgement)	As per CAADA guidance but with risk threshold for CAADA DASH risk assessment tool raised to 17+ ticks (All cases with 10+ ticks reviewed by IDVAs)	As per CAADA guidance but with risk threshold for CAADA DASH risk assessment tool raised to 16+ ticks	As per CAADA guidance but with risk threshold for CAADA DASH risk assessment tool raised to 17+ ticks

Table B2: Profile of qualitative case study sites *continued*

	Case Study 1	Case Study 2	Case Study 3	Case Study 4
Other key features	• Supported by a co-located multi-agency public protection team • Area has a central referral point for all DA cases (helpline number) which can be used to make referrals to MARAC • MODUS (case management IT system for MARACs) used by IDVAs and Specialist Domestic Abuse Support Service	• Co-ordination of MARAC by an independent specialist domestic abuse charity • Use MODUS (case management IT system for MARACs)	• Co-ordination of MARAC by an independent specialist domestic abuse charity	• Use MODUS (case management IT system for MARACs)

Note: Table based on information collated in the interviews

Annex C: Overview of CAADA Quality Assurance data and responses to the national survey in relation to the extent to which MARACs follow CAADA's ten principles of an effective MARAC

CAADA QA data

CAADA runs a Quality Assurance process which assesses MARACs' performance against a set of ten principles (See Box 2). This process is the final stage of CAADA's MARAC Implementation Programme[62] and therefore takes place after an area has received a first stage multi-agency training day and a second stage observation visit including a report with recommendations on improving practice.

At the time of drafting there had been three tranches of MARACs undertaking the quality assurance process, with a total of 83 MARACs having completed the process. MARACs are assessed against a range of sub-components for each principle and then provided with an overall rating per principle as detailed below.[63]

- Green – An area **meets all** key aspects of the standard of practice outlined in the Principle

- Amber – An area **meets most** key aspects of the standard of practice outlined in the Principle

- Red – An area **does not meet** the key aspects of the standard of practice outlined in the Principle

Exploration of the ratings achieved for individual principles across intakes can contribute to the understanding of the variance in MARACs performance. Figures A1-A3 overleaf illustrate the breakdown of ratings per principle by MARAC intake.[64] Intakes are presented separately because the assessment criteria were amended between intakes and therefore the results are not directly comparable.[65] Notably, in Intake 1 'Research' and 'Information sharing' were treated as separate principles.

In addition, 'Victim Engagement' was referred to as 'The IDVA service (Engaging the Victim)'. Although the related sub-principles did not significantly change between intakes the scoring system was amended and therefore particular caution should be applied when looking at the scores for this principle across intakes.

It should be noted that because MARACs are invited to participate in the QA process based on their participation in earlier stages of the MARAC Implementation Programme, those completing the QA process are likely to include those MARACs which have been established for longer periods. In addition, the QA process is voluntary and therefore the sample completing the QA process can be seen as self-selecting.

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62 Further details of the implementation programme can be accessed at: http://www.caada.org.uk/training/MARAC_implementation_training.htm
63 Assessments are made using a range of qualitative and quantitative data including for example, responses to a multi-agency questionnaire; observations of meetings; and reviews of MARAC minutes amongst other measures.
64 In Intake 3 a very small number of MARACs did not provide enough information to enable assessment against all principles, therefore numbers of ratings for 'Identification' and 'Strategy' do not equal the total number of MARACs.
65 It is likely that the assessment criteria will change between future intakes also.

Figure C1: Ratings per principle Intake 1 (20 MARACs)
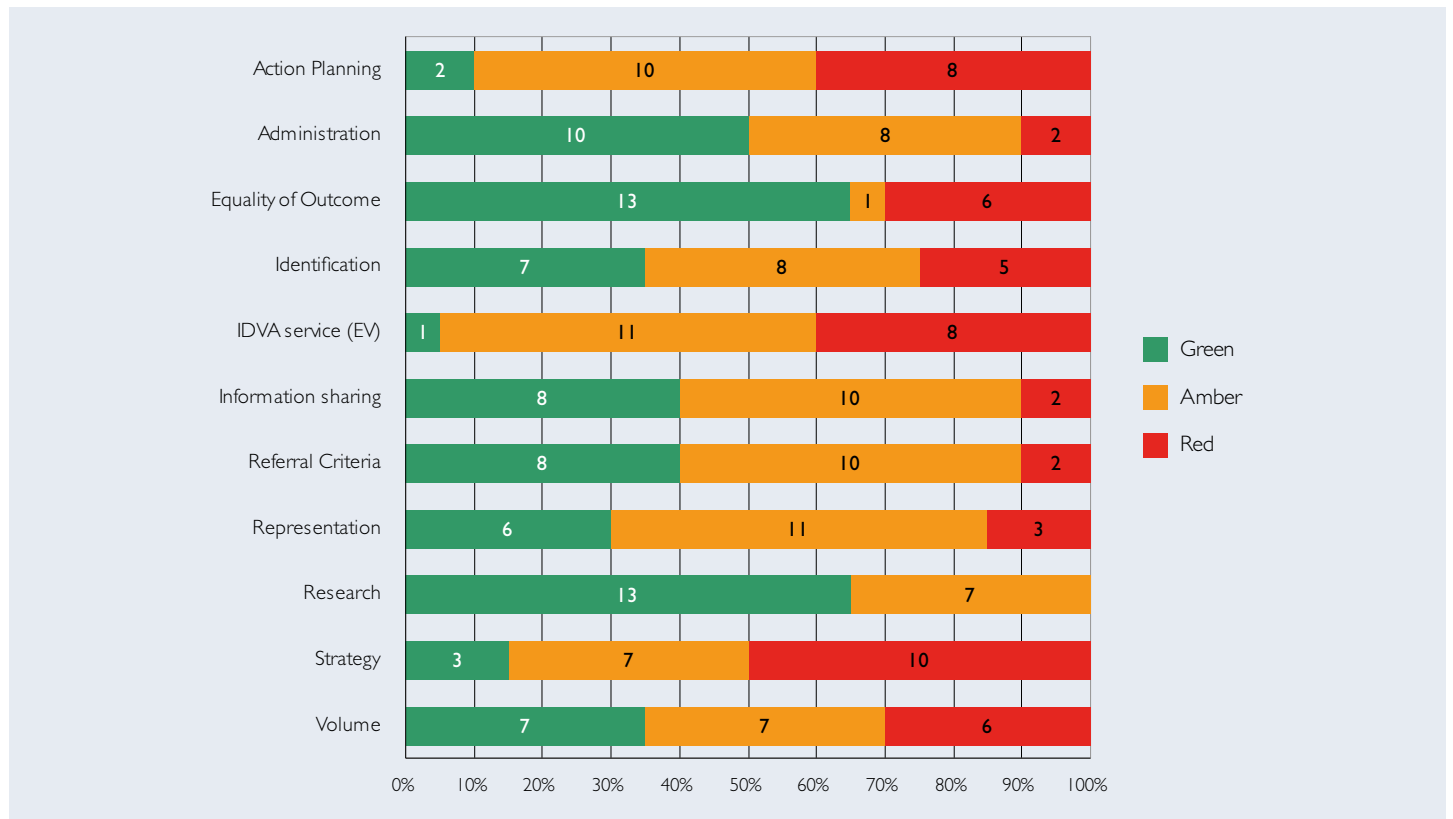
Figure C2: Ratings per principle Intake 2 (28 MARACs)
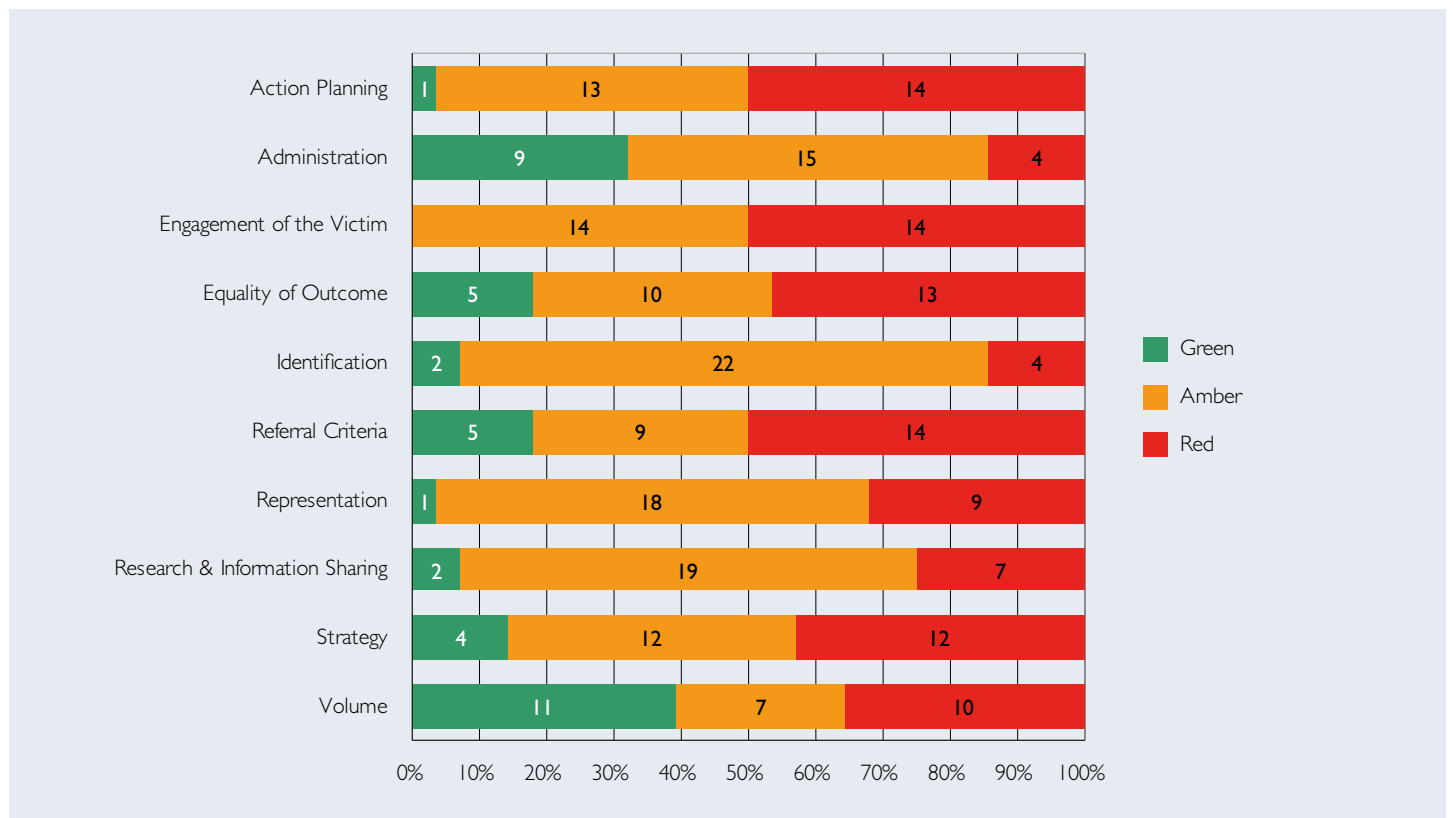
Figure C3: Ratings per principle Intake 3 (35 MARACs)
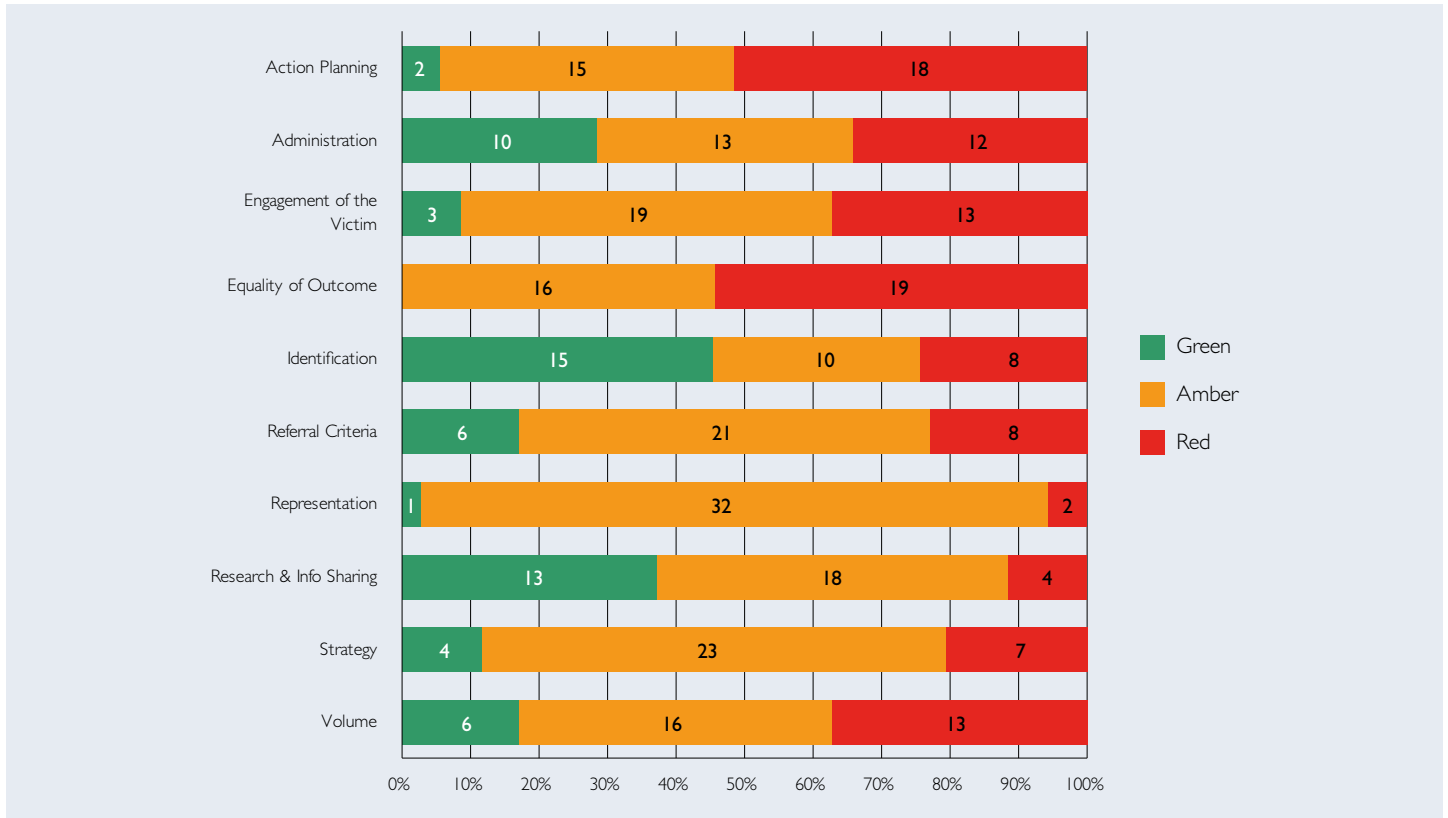
National survey responses on CAADAs 10 principles of an effective MARAC

The majority (88%) of respondents to the national survey were either 'familiar' or 'very familiar' with CAADAs ten principles of an effective MARAC. The vast majority (98%) of respondents also reported that, in their opinion, their MARAC either followed all, or most of the ten principles.

Respondents were then asked about the extent to which their MARAC followed each individual principle. Figure B4 illustrates the responses. It can be seen that although 80 per cent or more of respondents 'completely follow' or 'mostly follow' all of the principles there was variation between those principles that are completely followed.

Figure C4: Percentage of respondents responding to the national survey who reported that their MARAC 'completely follows the CAADA principles (by principle)
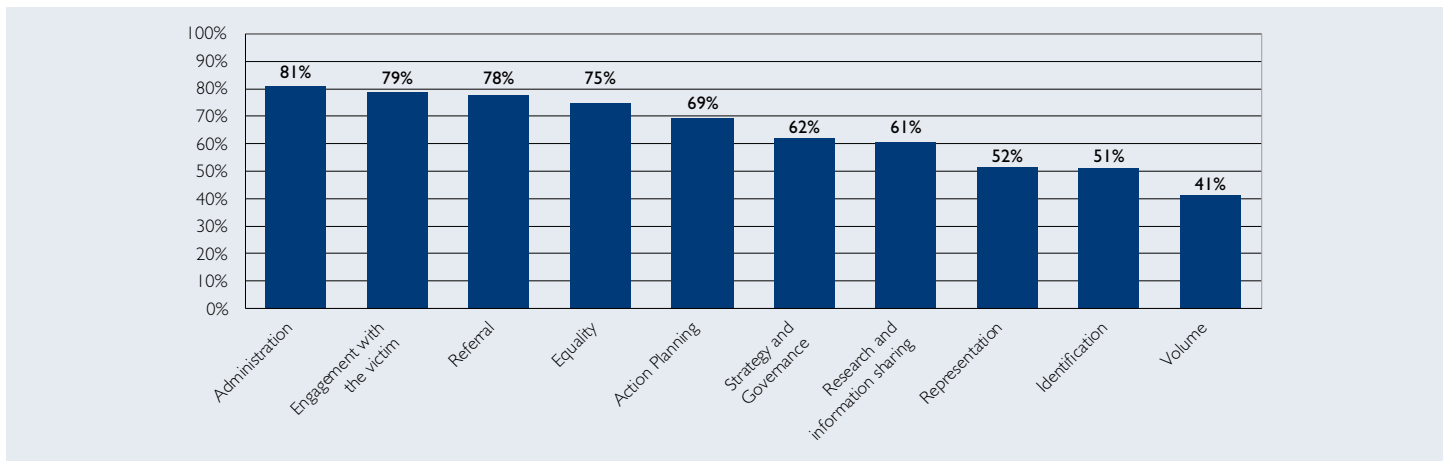
Annex D: Survey responses

This annex details the questions included in the survey and the overall breakdown of responses. Questions are listed in the same order as they were presented in the survey and the exact wording from the original survey has been included. All survey questions are included. Where a response was free text, this is identified alongside the number of respondents who provided an answer to the question.

The survey was carried out by an independent research company, Cordis Bright. The questions and tables in this annex are provided for illustration only and a more detailed analysis of the responses, including details of free text/qualitative responses, and analyses by respondent type can be accessed in Cordis Bright's final report. This is available as a technical annex to this report.

Survey Section: Characteristics of your MARAC

Table D1 Question: 'Do you work across/attend more than one MARAC?'

	Response count	Response per cent
Yes	238	38%
No	394	62%

Base 632

Question: 'Please insert the name of your MARAC(s)?'

(Free text response)

Table D2 Question: 'Do all the MARACs you support operate in the same way?'

(NB: Only those respondents who indicated that they attend more than one MARAC were routed to this question)

	Response count	Response per cent
Yes, they all operate using the same model	138	64%
Yes, but there are some minor differences between them	49	23%
No, they operate differently	9	4%
Don't know	19	9%

Base 215

NB: Where respondents indicated that they attended more than one MARAC they were asked to answer the remainder of the questionnaire thinking about the MARAC which they last attended.

39

Table D3 Question: 'On average, how often does your MARAC meet?'

	Response count	Response per cent
Weekly	8	1%
Fortnightly	183	31%
Every 3 weeks	17	3%
Monthly	367	63%
Every 5 weeks	0	0%
Every 5 weeks	6	1%
Less frequently than every 6 weeks	2	0%

Base 583

Table D4 Question: 'Do you think these MARAC meetings take place:'

	Response count	Response per cent
Too often	12	2%
Just about right	507	87%
Not often enough	65	11%

Base 584

Table D5 Question: 'On average, how long do your MARAC meetings last:'

	Response count	Response per cent
Up to 1 hour	3	1%
Between 1 and 2 hours	83	14%
Between 2 and 3 hours	185	32%
Between 3 and 4 hours	151	26%
More than 4 hours	164	28%

Base 586

Table D6 Question: 'In your opinion, are your MARAC meetings:'

	Response count	Response per cent
Too long	151	26%
About right	422	73%
Too short	9	2%

Base 582

Table D7 Question: 'Thinking about your MARAC meetings, on average how many cases are discussed?'

	Response count	Response per cent
1-5	19	3%
6-10	119	20%
11-15	156	27%
16-20	131	22%
21-25	108	19%
26+	51	9%

Base 584

Table D8 Question: 'Thinking about the caseload at your MARAC, do you feel the number of cases discussed at an average meeting is:'

	Response count	Response per cent
Not enough	49	8%
About right	379	65%
Too many	152	26%

Base 580

Survey section: 'MARAC roles and responsibilities'

Table D9 Question: 'Which of the following roles do you perform in your MARAC? (please tick all that apply)'

	Response count	Response per cent
Domestic violence co-ordinator	69	12%
MARAC co-ordinator / administrator	118	21%
MARAC chair	126	22%
The independent domestic violence advisor (IDVA)	166	29%
Domestic abuse specialist support provider	62	11%
Other representative from a statutory agency	60	11%
Other representative from a non statutory agency	23	4%

Base 568

Table D10 Question: 'Which agency organisation do you represent /are you based in?'

	Response count	Response per cent
Police	204	36%
Health	18	3%
Probation	10	2%
Local Authority	88	16%
IDVA / Specialist Service Provider	183	32%
Other (please specify)	61	11%

Base 564

Table D11 Question: 'Is there a protocol for your MARAC, e.g. a guide to how your MARAC is operated and run?'

	Response count	Response per cent
Yes	513	90%
No	25	4%
Don't know	30	5%

Base 568

Table D12 Question: 'Is there an information sharing protocol for your MARAC?'

	Response count	Response per cent
Yes	541	95%
No	15	3%
Don't know	12	2%

Base 568

Table D13 Question: 'Does your MARAC have any specific training for agency representatives before they attend MARAC meetings other than Co-ordinated Action Against Domestic Abuse (CAADA) training?'

	Response count	Response per cent
Yes	242	43%
No	222	39%
Don't know	103	18%

Base 567

Survey Section: IDVA/Domestic abuse

Table D14 Question: 'Excluding the time spent attending the meeting, on average how much time do you spend on preparation and/or follow up work per MARAC meeting?'

	Response count	Response per cent
Less than an hour	49	9%
1-2 hours	103	18%
3-4 hours	88	16%
5-6 hours	25	4%
Around a day (7-8 hours)	60	11%
Between one and two days	82	15%
More than two days	156	28%

Base 563

(NB: only those respondents identifying themselves as an IDVA/ Domestic abuse specialist support provider were routed to these questions)[66][67]

Table D15 Question: 'Have you completed the Co-ordinated Action Against Domestic Abuse (CAADA) Independent Domestic Violence Adviser training?'

	Response count	Response per cent
Yes	166	66%
Currently undergoing the training	19	8%
No	43	17%
Don't know	1	0%
No, but I have been on other training	22	9%

Base 251

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66 Please note, respondents to the survey could answer whether they were an IDVA or a specialist support service provider in two sections of the survey. The first question asked respondents what their role was. 228 respondents identified themselves an IDVA specialist support provider in this question. Later on in the survey a question asked respondents to tick if they were an IDVA /DASSP. If respondents ticked this answer they were then routed to a section asking them specific IDVA / DASSP related questions. 248 respondents ticked this answer

67 Where figures are included in the main body of the report that separate responses between IDVAs and specialist support services these breakdowns are based on the original question asking respondents for their role. This means that the total number of IDVA respondents included in the analysis broken down by role is 164 and specialist support service respondents is 58. This is smaller than the total number of respondents in the following tables which present overall responses because it excludes responses where the respondents selected multiple categories and 20 cases where the respondents did not answer that they were an IDVA or a DASSP in the question on roles but still selected they were either an IDVA or DASSP in the question routing them to this section of the survey.

Table D16 Question: 'Thinking about a typical meeting for your MARAC, what proportion of cases have been referred to you prior to the meeting?'

	Response count	Response per cent
None	10	4%
Less than a quarter	38	15%
Between a quarter and a half	25	10%
Half to three quarters	22	9%
Over three quarters	61	24%
All	96	38%

Base 252

Table D17 Question: 'Thinking about your MARAC, on average, how often do you have the opportunity to present information on behalf of the victim at the meeting?'

	Response count	Response per cent
All meetings	183	73%
Most meetings	37	15%
Some meetings	26	10%
Never	4	2%

Base 250

Table D18 Question: 'In which MARAC cases do you participate in the discussions and action planning? Please tick all that apply'

	Response count	Response per cent
Cases where the victim is known to me/my organisation	240	97%
Cases where the victim is receiving specialist support from an organisation other than my own	184	75%
Cases where the victim is not currently being supported	190	77%

Base 247

Table D19 Question: 'Thinking about a typical MARAC meeting, what proportion of cases heard at the MARAC are you involved in, in terms of discussions and action planning?'

Answer options	Response count	Response per cent
None	2	1%
Less than a quarter	30	12%
Between a quarter and a half	16	6%
Half to three quarters	26	10%
Over three quarters	43	17%
All	133	53%

Base 250

Table D20 Question: 'Thinking about the agencies in your local area, how regularly does a representative attend the MARAC?'

	Never attends		Occasionally attends		Attends about half the time		Attends the majority of meetings		Always attends		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Police (Base 547)	1	0%	1	0%	1	0%	4	1%	539	99%	1	0%
Health representative (e.g. PCT, health visitor, community nurse) (Base 542)	4	1%	26	5%	18	3%	126	23%	363	67%	5	1%
Probation (Base 543)	4	1%	31	6%	20	4%	150	28%	330	61%	8	1%
Substance misuse practitioners (Base 542)	59	11%	114	21%	48	9%	161	30%	140	26%	20	4%
Children and young people's services (Base 542)	11	2%	34	6%	44	8%	164	30%	282	52%	7	1%
Young people's mental health services (Base 529)	253	48%	90	17%	20	4%	43	8%	54	10%	69	13%
Housing (local authority) (Base 542)	16	3%	29	5%	32	6%	154	28%	302	56%	9	2%
Housing (residential social landlord) (Base 533)	177	33%	91	17%	25	5%	78	15%	113	21%	49	9%

Table D20 Question: 'Thinking about the agencies in your local area, how regularly does a representative attend the MARAC?' *continued*

	Never attends		Occasionally attends		Attends about half the time		Attends the majority of meetings		Always attends		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Adult services (Base 528)	83	16%	118	22%	53	10%	109	21%	129	24%	36	7%
Adult mental health services (Base 533)	39	7%	97	18%	46	9%	143	27%	181	34%	27	5%
Independent Domestic Violence Advisor service (Base 544)	3	1%	2	0%	1	0%	26	5%	499	92%	13	2%
Other specialist domestic abuse support service (Base 524)	31	6%	51	10%	25	5%	119	23%	262	50%	36	7%
Education services (Base 532)	95	18%	53	10%	38	7%	122	23%	196	37%	28	5%
Black and Minority Ethnic group representative organisations (Base 537)	324	60%	94	18%	21	4%	23	4%	29	5%	46	9%
Lesbian, Gay, Bisexual and Transgender representative organisations (Base 539)	411	76%	62	12%	6	1%	4	1%	5	1%	51	9%

Table D21 Question: 'Are there any other agencies that attend meetings at your MARAC?'

	Response count	Response per cent
Yes	233	47%
No	193	39%
Don't know	70	14%

Base 496

Table D22 Question: 'At your MARAC meeting, does agency representation at the meeting change depending on the cases being discussed at the meeting (for example, if a victim has a substance misuse issue and you do not regularly have a representative from substance misuse services present, would a representative be invited along to the meeting)?'

	Response count	Response per cent
Yes, always	184	34%
Yes, sometimes	242	44%
No	92	17%
Don't know	30	6%

Base 548

Table D23 Question: 'If you answered YES to the above question, who decides which additional representatives should be asked to attend? Please tick all that apply'

	Response count	Response per cent
MARAC chair	211	50%
Domestic violence co-ordinator	84	20%
MARAC co-ordinator/ administrator	277	65%
Other	85	20%

Base 425

Table D24 Question: 'Thinking about the agencies in your MARAC area, in your opinion, how important is it that they attend MARAC meetings?

	Important that they attend all meetings		Important to attend when there are relevant cases		Does not need to attend		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Police (Base 547)	543	99%	4	1%	0	0%	0	0%
Health representative (e.g. PCT, health visitor, community nurse) (Base 548)	481	88%	65	12%	1	0%	1	0%
Probation (Base 545)	455	83%	90	17%	0	0%	0	0%
Substance misuse practitioners (Base 545)	276	51%	262	48%	4	1%	3	1%
Children and young people's services (Base 545)	473	87%	71	13%	0	0%	1	0%
Young people's mental health services (Base 541)	176	33%	346	64%	11	2%	8	1%
Housing (local authority) (Base 544)	479	88%	63	12%	0	0%	2	0%
Housing (residential social landlord) (Base 533)	217	41%	276	52%	21	4%	19	4%
Adult services (Base 543)	384	71%	152	28%	1	0%	6	1%
Adult mental health services (Base 545)	365	67%	178	33%	1	0%	1	0%
Independent Domestic Violence Advisor service (Base 546)	532	97%	13	2%	0	0%	1	0%
Other specialist domestic abuse support service (Base 535)	383	72%	136	25%	4	1%	12	2%
Education services (Base 539)	357	66%	167	31%	7	1%	8	1%
Black and Minority Ethnic group representative organisations (Base 540)	121	22%	373	69%	17	3%	29	5%
Lesbian, Gay, Bisexual and Transgender representative organisations (Base 540)	87	16%	405	75%	18	3%	30	6%

Survey section: CAADA principles of an effective MARAC

Table D25 Question: 'Are there any agencies that you think should regularly attend MARAC meetings which currently do not?'

	Response count	Response per cent
Yes	257	50%
No	257	50%

Base 514

Table D26 Question: 'Co-ordinated Action Against Domestic Abuse (CAADA) have developed 10 principles of an effective MARAC, how familiar are you with these principles?'

	Response count	Response per cent
Very familiar	269	50%
Familiar	207	38%
Not that familiar	51	9%
Never heard of the 10 principles	14	3%

Base 541

Table D27 Question: ' How closely do you think your MARAC follows the 10 CAADA principles?'

	Response count	Response per cent
All 10 principles are followed	269	52%
Most principles are followed but not all	236	46%
A few principles are followed	12	2%
The 10 principles are not followed at all	1	0%

Base 518

Table D28 Question: 'Now thinking about the CAADA principles in more detail, how far does your MARAC follow the 10 CAADA principles (outlined below)?'

	Completely follow		Mostly follow		Do not follow		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
1) IDENTIFICATION – All agencies have protocols and systems for identifying and referring high-risk cases to MARAC in a timely way (Base 536)	274	51%	238	44%	12	2%	12	2%
2) REFERRAL – The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment and escalation (Base 532)	415	78%	107	20%	9	2%	1	0%
3) REPRESENTATION – The relevant statutory agencies, specialist domestic violence services and voluntary and community organisations are appropriately represented at MARAC (Base 533)	276	52%	241	45%	15	3%	1	0%
4) ENGAGEMENT WITH THE VICTIM – The victim is at the centre of the process. An advocate, most commonly the IDVA, is identified to represent and support the victim within the MARAC process (Base 537)	423	79%	107	20%	5	1%	2	0%
5) RESEARCH AND INFORMATION SHARING – All agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed (Base 537)	326	61%	198	37%	7	1%	6	1%

Table D28 Question: 'Now thinking about the CAADA principles in more detail, how far does your MARAC follow the 10 CAADA principles (outlined below)?' *continued*

	Completely follow		Mostly follow		Do not follow		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
6) ACTION PLANNING – Comprehensive, SMART action plans are developed which address the risks identified at the meeting (Base 537)	373	69%	154	29%	7	1%	3	1%
7) VOLUME – The volume of cases referred to the MARAC should be commensurate with your local population (Base 534)	220	41%	209	39%	66	12%	39	7%
8) ADMINISTRATION – The administration of the MARAC promotes safety, efficiency and accountability (Base 531)	430	81%	88	17%	10	2%	3	1%
9) STRATEGY AND GOVERNANCE – The MARAC process is embedded in key local partnerships to promote sustainability (Base 533)	331	62%	157	29%	25	5%	20	4%
10) EQUALITY – The MARAC demonstrates that it is a process which is structured to deliver equality of outcomes to all (Base 535)	401	75%	119	22%	8	1%	7	1%

Table D29 Question: 'Do you agree with the following statements concerning the referral procedures at your MARAC?'

	Agree		Disagree		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
The referral criteria are clear (Base 527)	487	92%	37	7%	3	1%
All agencies use a standardised referral form (Base 533)	465	87%	44	8%	24	5%
Risk threshold levels are clear in terms of deciding whether to refer cases to the MARAC (Base 528)	445	84%	74	14%	9	2%
The referral pathways are clear (Base 529)	473	89%	44	8%	12	2%

Table D30 Question: 'Which of the following parameters do you use to determine which cases go to the MARAC in your local area? (please tick all that apply)'

	Response count	Response per cent
CAADA (DASH) risk threshold guidance	412	77%
ACPO (DASH) assessment	228	43%
Locally designed risk assessment process	87	16%
Professionals judgement	392	74%
Number of recorded incidents (repeat victimisation) of domestic abuse	288	54%
Don't know	7	1%
Other	31	6%

Base 533

Question: 'If you answered "CAADA (DASH) risk assessment" in the above question, how many "ticks" trigger a referral to your MARAC?

Free text response – 333 responses received

Table D31: Question: 'If you are unsure of the exact number of ticks required to trigger a referral "CAADA (DASH) risk assessment" please could you specify a range:'

	Response count	Response per cent
0-6	7	4%
7-13	39	21%
14-16	103	56%
17-20	7	4%
20+	2	1%
Don't know	25	14%

Base 183

Survey section: Action planning & follow-up

Table D32 Question: 'Has this referral threshold changed within the last 12 months?'

	Response count	Response per cent
No, it has remained the same	300	62%
Yes, it has been increased	96	20%
Yes, it has been decreased	20	4%
Don't know	71	15%

Base 487

Table D33 Question: 'Are ALL cases that are referred by agencies to the MARAC discussed at a MARAC meeting?'

	Response count	Response per cent
Yes	384	72%
No	107	20%
Don't know	44	8%

Base 535

Question: 'If "no" to the question above, in what circumstances would a case that has been referred by an agency to the MARAC not be discussed at MARAC?'

Free text response – 117 responses received

Table D34 Question: 'Who is responsible for keeping track of and confirming that actions from MARAC meetings have been completed? Please tick all that apply'

	Response count	Response per cent
MARAC chair	187	36%
MARAC co-ordinator	427	81%
Domestic violence co-ordinator	28	5%
Other specialist domestic abuse support providers	13	3%
IDVA	50	10%
Don't know	4	1%
No specific person identified	9	2%
Other	59	11%

Base 526

Table D35 Question: 'Thinking about your MARACs action planning process, how often do the following take place?'

	Always		Most of the time		Sometimes		Never		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
MARAC action plans reflect the risks and needs identified at the meeting (Base 531)	396	75%	120	23%	9	2%	0	0%	6	1%
Actions agreed are SMART (i.e. Specific, Measurable, Achievable, Relevant and Timebound) (Base 528)	282	53%	194	37%	44	8%	3	1%	5	1%
Partner agencies identify opportunities to co-ordinate actions with other partners (Base 529)	308	58%	166	31%	50	9%	3	1%	2	0%
Attendees confirm that in their opinion the proposed actions are as safe as possible (Base 528)	349	66%	124	23%	39	7%	10	2%	6	1%
When agencies are "tasked" with actions their capacity to deliver is taken into account (Base 526)	340	65%	120	23%	42	8%	12	2%	12	2%
Where appropriate, links are made to other safeguarding procedures for children and vulnerable adults (Base 529)	431	81%	73	14%	21	4%	0	0%	4	1%
Where appropriate, links are made to perpetrator focused services, e.g. MAPPA (Base 529)	360	68%	96	18%	49	9%	7	1%	17	3%
A lead partner is identified to liaise with the victim after the meeting (Base 526)	397	75%	86	16%	26	5%	8	2%	9	2%

	Always		Most of the time		Sometimes		Never		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
There is a clear follow-up process that all partners understand (Base 526)	357	68%	125	24%	21	4%	4	1%	19	4%
Actions from the previous meeting are reviewed (Base 530)	328	62%	61	12%	76	14%	58	11%	7	1%
The process of following up actions outside the meeting is transparent and understood by all partners (Base 529)	336	64%	112	21%	38	7%	11	2%	32	6%
The IDVA/specialist DA support provider is kept informed of all relevant information (Base 527)	296	56%	156	30%	43	8%	5	1%	27	5%
The IDVA/specialist DA support provider keeps the victim informed of the plan where safe to do so (Base 531)	423	80%	73	14%	12	2%	1	0%	22	4%
The IDVA/specialist DA support provider service liaises with partner agencies to co-ordinate the action plan (Base 526)	321	61%	111	21%	54	10%	15	3%	25	5%

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Table D37 Question: 'To what extent are partner agencies held accountable for actions agreed at MARAC meetings?'

	Response count	Response per cent
All of the time	306	58%
Most of the time	123	23%
Sometimes	29	6%
Rarely	27	5%
Never	9	2%
Don't know	35	7%

Base 526

Survey Section: Measuring success

Table D38 Question: 'Thinking about your MARAC, do the following take place?'

	Always		Most of the time		Sometimes		Never		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Meetings are task oriented with clear actions (Base 524)	371	71%	137	26%	13	2%	1	0%	2	0%
All agencies receive a meeting agenda prior to the MARAC meeting (Base 524)	479	91%	32	6%	4	1%	7	1%	2	0%
All agencies research all cases on the agenda (Base 523)	236	45%	239	46%	31	6%	2	0%	15	3%
Representatives at meetings are at the right level (decision makers) (Base 523)	236	45%	231	44%	48	9%	1	0%	7	1%
Attendees have received training in relation to MARAC and domestic violence issues (Base 523)	150	29%	200	38%	65	12%	5	1%	103	20%
MARAC meetings identify risks for the victim (Base 523)	465	89%	55	11%	3	1%	0	0%	0	0%
MARAC meetings identify risks for children, when appropriate (Base 523)	468	89%	48	9%	7	1%	0	0%	0	0%
MARAC meetings identify risks for the perpetrator (Base 521)	287	55%	116	22%	82	16%	19	4%	17	3%
MARAC meetings identify risks for agency staff (Base 522)	335	64%	105	20%	60	11%	12	2%	10	2%
There is strong leadership from the MARAC chair (Base 521)	389	75%	102	20%	24	5%	1	0%	5	1%

Table D38 Question: 'Thinking about your MARAC, do the following take place?' *continued*

	Always		Most of the time		Sometimes		Never		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
There is regular review and evaluation of how well the MARAC is running (Base 521)	224	43%	119	23%	85	16%	19	4%	74	14%
Levels of repeat cases are recorded accurately (Base 521)	404	78%	71	14%	12	2%	0	0%	34	7%
The MARAC is co-ordinated effectively (Base 525)	398	76%	103	20%	18	3%	2	0%	4	1%

Table D39 Question: 'How effective do you think your MARAC is at the following?'

	Very effective		Fairly effective		Not very effective	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Enhancing information sharing (Base 522)	436	84%	85	16%	1	0%
Improving awareness of domestic abuse amongst partner agencies (Base 522)	398	76%	108	21%	16	3%
Strengthening links between partner agencies (Base 521)	417	80%	96	18%	8	2%
Increasing successful prosecutions for domestic abuse incidents (Base 514)	177	34%	283	55%	54	11%
Improving identification of domestic abuse cases amongst partner agencies (Base 520)	352	68%	154	30%	14	3%
Increasing victim take-up of support services (Base 519)	283	55%	218	42%	18	3%
Improving victims safety from domestic abuse (Base 515)	396	77%	113	22%	6	1%
Improving response to dealing with perpetrators (e.g. more linkage to perpetrator programmes, and more informed risk assessment) (Base 516)	230	45%	215	42%	71	14%
Improving the consistency of risk assessment across agencies (Base 518)	330	64%	166	32%	22	4%
Reducing repeat victimisation (Base 515)	252	49%	240	47%	23	4%

Table D40 Question: 'Are there any of the following barriers to effectiveness experienced by your MARAC? If so, please rank up to 3 in order of priority as areas of development (please note you will only be able to select one answer for your first priority, one for your second priority and one for the third priority).'

	First priority		Second priority		Third priority	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Agencies are not open to sharing relevant information	14	3%	16	4%	16	4%
Meetings are not task orientated with clear actions	3	1%	7	2%	5	1%
Individuals are not held accountable for completing their actions	37	9%	34	8%	48	11%
Key agencies/organisations do not attend meetings when required	129	30%	57	13%	35	8%
Representatives are not at the appropriate level to be able to make decisions	13	3%	27	6%	20	5%
Representatives do not have the capacity to – attend, prepare for meetings and complete their actions	33	8%	54	13%	30	7%
The MARAC does not have strong leadership from the chair	4	1%	7	2%	13	3%
Actions are too focused on criminal justice responses e.g. to focused on enforcement and prosecution and do not support victims not pursuing these options	16	4%	12	3%	16	4%
Lack of IDVA/ Domestic abuse specialist provision within the local area	38	9%	21	5%	8	2%
Poor administration of meetings e.g. agendas not sent out in time	6	1%	6	1%	4	1%
Lack of referrals from non police agencies	90	21%	87	20%	72	17%
Unclear pathways for referral	8	2%	11	3%	9	2%
Other	20	5%	12	3%	8	2%

Base 425

Table D41 Question: 'Overall, how effective do you feel that your MARAC has been at improving outcomes for and the lives of victims of domestic abuse in your local area?'

	Response count	Response per cent
Very effective	307	59%
Fairly effective	195	38%
Not that effective	14	3%
Not at all effective	1	0%

Base 517

Survey section: The future

Table D42 Question: 'How effective are the LINKS between the MARAC you specified and other fora at which either victims or perpetrators in a case may be discussed?'

	Links are very effective		Links are fairly effective		Links are not that effective		Links are not at all effective		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
MAPPA (Base 508)	189	37%	192	38%	43	8%	12	2%	72	14%
Local safeguarding children's boards (Base 509)	214	42%	191	38%	43	8%	8	2%	53	10%
Safeguarding vulnerable adults boards (Base 507)	147	29%	176	35%	95	19%	19	4%	70	14%

Table D43 Question: Many local areas are faced with efficiency challenges at a local level. Do you feel there is likely to be any impact on the following aspects of you MARAC in light of future challenges?

	Significant negative impact		Some negative impact		No impact		Some positive impact		Significant positive impact		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Sustainability of the MARAC (Base 504)	119	24%	215	43%	70	14%	7	1%	17	3%	76	15%
Availability of individuals and agencies to prepare for MARAC meetings (Base 502)	131	26%	251	50%	43	9%	4	1%	13	3%	60	12%
Availability of individuals and agencies to attend the MARAC meetings (Base 504)	143	28%	252	50%	32	6%	5	1%	12	2%	60	12%

Table D43 Question: Many local areas are faced with efficiency challenges at a local level. Do you feel there is likely to be any impact on the following aspects of you MARAC in light of future challenges? *continued*

	Significant negative impact		Some negative impact		No impact		Some positive impact		Significant positive impact		Don't know	
	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent	Response count	Response per cent
Availability of individuals and agencies to complete agreed actions arising from the MARAC meeting (Base 500)	121	24%	241	48%	58	12%	5	1%	12	2%	63	13%
The capacity of the IDVA or specialist support service provider (Base 503)	179	36%	157	31%	73	15%	4	1%	19	4%	71	14%
Capacity of MARACs (e.g. meeting length / frequency, caseload volume / thresholds etc) (Base 503)	108	21%	219	44%	89	18%	7	1%	13	3%	67	13%

Question: 'In your opinion, please state up to 3 main advantages of placing MARACs on a statutory footing?'

Free text response – 428 responses received

Question: In your opinion, please state up to 3 main disadvantages of placing MARACs on a statutory footing?

Free text response – 266 responses received

Table D44 Question: 'Based on your experiences of MARACs, do you think they should be placed on a statutory footing?'

	Response count	Response per cent
Yes, advantages outweigh disadvantages	405	83%
Unsure, as the advantages and disadvantages are balanced	37	8%
No, disadvantages outweigh advantages	12	3%
Don't know	34	7%

Base 488

Question: 'Finally, do you have any further views on whether MARACs should be placed on a statutory footing?'

Free text response – 134 responses received