Research into Multi-Agency Risk Assessment Conferences (MARACs)

July 2011

CordisBright
Consulting

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Executive Summary

Background

This report presents the findings of research into Multi-Agency Risk Assessment Conferences (MARACs).

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

The role of the MARAC is to provide a forum for effective information sharing and partnership working amongst a diverse range of adult and child focussed services in order to enhance the safety of *high risk victims and their children.*

There are currently around 250 MARACs in operation across England and Wales. This study was commissioned by the Home Office as part of a wider review of MARACs which aimed to improve understanding of how MARACs are working and potential areas of development, including the case for putting MARACs on a statutory basis. The full review can be accessed at http://www.homeoffice.gov.uk/science-research/research-statistics/publications/home-office-research-reports/ (Home Office Research Report 55 "Supporting high risk victims of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs)")

Methodological approach

The findings of this report are based on an online survey of MARAC chairs, MARAC coordinators and Independent Domestic Violence Advisors (IDVAs) across all known MARACs in England and Wales. The survey findings in this report are based on the responses of 636 survey respondents (for more about the characteristics of the respondents, see Annex A).

The survey achieved responses, from at least one representative, from over 90% of all known MARACs across England and Wales.

As well as this national survey, the findings in this report are informed by in-depth qualitative case studies of four MARACs where in-depth interviews were conducted with 47 MARAC stakeholders.

Further details about the research methodology are presented in section two of this report.

Overview of findings

The following presents a summary of key findings from both the national survey and qualitative case study research.

Which agencies lead MARACs? Do stakeholders work across more than one MARAC?

- The research suggests that MARACs are mainly Police led. Findings from the survey show that 93% of MARAC chairs who responded reported that they were from the Police. 55% of Domestic Violence (DV) coordinators and/or MARAC administrators are from the Police. Findings from the case study research also show that stakeholders view MARACs as being predominantly Police led.

- The research shows that MARAC stakeholders may work across more than one MARAC, and the likelihood of this being the case depends on the respondents' role. Around one in three (38%) survey respondents work across more than one MARAC; with 45% of IDVAs reporting this (out of all MARAC roles IDVAs most commonly reported working across more than one MARAC).

How often do MARACs meet and how long do their meetings last?

- The survey research shows that MARACs generally meet monthly or more frequently. 99% of survey respondents reported this was the case.

- 87% of survey respondents reported that the frequency of meetings is just about right. This finding was confirmed in the case study research where stakeholders also reported that the frequency of their meetings was about right.

- 72% of survey respondents reported that their MARAC meetings take less than four hours.

- 28% of survey respondents stated that their meetings last more than four hours. 47% of this group felt that their meetings were too long.

- Case study respondents reported that on average their MARAC meetings lasted between two and four hours. This was dependent on the volume and complexity of referrals/cases. The majority of case study respondents stated that around two hours was a reasonable amount of time to commit to MARAC meetings.

How are referrals made to MARACs?

- The majority of survey respondents felt that the referral process at their MARAC is clear. Over 80% of respondents agreed that at their MARAC:

  ○ The referral criteria are clear (92% of respondents agree).
  ○ The referral pathways are clear (89% of respondents agree).
  ○ All agencies use a standardised referral form (87% of respondents agree).
  ○ Risk threshold levels are clear in terms of deciding whether to refer cases to the MARAC (84% of respondents agree).

- 65% of survey respondents reported that their MARAC uses the Coordinated Action Against Domestic Abuse[1] (CAADA) (DASH[2]) risk threshold guidance to determine which cases go to their MARAC. Among these respondents, 80% report that 14 to 16 ticks on the assessment are required to trigger a referral[3].

- The majority of respondents (61%) reported that the referral threshold has remained the same over the last 12 months. 20% of respondents reported that it has increased while 4% reported that it has decreased.

- 72% of respondents reported that all cases referred by an agency are discussed at the MARAC, although 20% report they are not all discussed. Reasons for not discussing all cases include; the referral threshold not being met (34 respondents stated this as a reason) and the case not being high risk or an imminent risk (23 respondents stated this).

- Respondents in all case study sites reported that over 80% of referrals to their MARAC were from the Police. They commented that there is work to be done to raise the profile of MARACs across both statutory and non-statutory agencies to ensure referrals are being made across the range of agencies involved in their MARAC.

- Some concerns were identified by respondents from Health and Social Services because of the need to follow their own vulnerable adult / safeguarding procedures, as well as those of the MARAC, which can lead to bottlenecks in the referral process and duplication of work.

- Some respondents in the case study research raised concerns as to whether or not referrals reflected the wider community as they felt there was some under representation from Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities.

Do MARACs have operational and information-sharing protocols?

- The majority of survey respondents stated that their MARAC has an operational protocol (90%) and an information sharing protocol (95%).

- In the case study research, the majority of respondents agreed that there were appropriate procedures and protocols in places to support their MARAC.

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[1] For more about CAADA, see: http://www.caada.org.uk/

[2] Domestic Abuse, Stalking and Honour Based Violence. For more information about the checklist, see http://www.caada.org.uk/practitioner_resources/RIC%20with%20Quick%20Start%20Guidance%20%20Disclaimer%2021052009.pdf

[3] This refers to the number of ticks on the CAADA (DASH) risk threshold guidance that are required for the MARAC to accept a referral.

How many cases are discussed at MARAC meetings?

- 70% of survey respondents reported discussing between six and 20 cases at their MARAC. 27% reported discussing 21 or more cases at their MARAC meetings.

- 65% of survey respondents reported that the number of cases discussed at their MARAC is about right. However, 26% reported that too many cases are discussed at their MARAC. Those respondents who stated that their MARAC discusses over 21 cases were more likely to report this.

- Case study respondents stated that at their MARAC caseloads ranged from between eight and 18 cases. This was dependent on the approach their MARAC used concerning risk thresholds. Most case study respondents reported, on average, case levels of between seven and 12 and most felt that levels were about right.

- Case study respondents also reported a mix of cases including those involving young teenage girls and honour based violence. More generally, respondents suggested that cases discussed are a mixture involving those with and without children, those suffering substance misuse issues, those in same sex adult relationships and those involving violence between adults and children.

What is the time commitment for MARAC stakeholders in relation to preparation and follow-up work for their MARAC?

- There is great variation in the amount of time survey respondents reported spending on preparation and follow up work for MARAC meetings. This variation is accounted for by the respondent's role. For instance:

  - 72% of Domestic Violence coordinators/MARAC coordinators, 45% of IDVAs/Domestic Abuse Specialist Support Providers and 52% of respondents who reported having multiple roles at their MARAC stated that they spent a day or more preparing or undertaking follow-up work for their MARAC.
  - In contrast, 74% of MARAC chairs and 65% of respondents from other statutory or non-statutory agencies (i.e. who did not occupy one of the 3 main MARAC roles) reported spending less than 4 hours preparing or undertaking follow-up work for their MARAC.

- Respondents in the case study interviews commented that without supporting resources (i.e. to organise MARAC meetings, process referrals and risk assessments, prepare agendas and manage the actions that come out of MARACs) it would be very difficult to effectively and efficiently run their MARAC.

Which agencies attend MARAC meetings and how important is it that they attend?

- 99% of survey respondents reported that representatives from the Police 'always attended' MARACs. 92% reported that Independent Domestic Violence Advisors (IDVAs) 'always attended' MARACs followed by 67% and 61% reporting that Health representatives and Probation 'always attend' respectively.

- Over 90% of survey respondents stated that it is important that representatives from the Police and IDVAs attend all MARAC meetings. Over 80% of respondents reported that it was important that representatives from Housing, Health, Children and Young People's Services and Probation attend all MARAC meetings.

- Respondents to the survey were asked two main questions about agency attendance at MARACs. The first asked whether a range of agencies attend MARACs and the second asked how important it is that different agencies attend MARACs. A greater percentage of survey respondents stated that it is 'important that they (an agency) always attend' MARAC meetings than report that an agency 'always attends' for all agencies. The greatest difference occurs for the following agencies:

  - **Adult Services:** 71% of survey respondents reported that it is important that a representative from Adult Services 'always' attends their MARAC meeting, but only 24% reported a representative actually 'always attends' their MARAC meeting.
  - **Children and Young People's Services:** 87% of survey respondents reported that it is important that a representative from Children and Young People's Services 'always' attends their MARAC meeting, but only 52% of respondents reported that a representative from Children and Young People's services 'always attends' their MARAC meeting.
  - **Adult Mental Health Services:** 67% of survey respondents reported that it is important that a representative from Adult Mental Health Services 'always' attends their MARAC meeting, but only 34% reported that a representative 'always attends' their MARAC meeting.

- The majority of respondents in the case study research felt that attendance from core agencies (i.e. Police, IDVA, PCT and/or Acute Trust, Probation, Housing and Children's Services) was relatively consistent and this was seen as a key success factor to MARACs operating effectively.

- 78% of survey respondents reported that agency representation 'always' or 'sometimes' changes depending on the cases being discussed at their MARAC. Nearly two thirds of respondents (65%) reported that it is the MARAC coordinator who decides which agencies are invited to attend MARAC

meetings, with 50% reporting it is the MARAC chair[4]. Case study respondents reported that it is the MARAC chair that is most likely to decide which additional representatives should be invited to meetings.

- Case study respondents from two tier areas identified that Health representatives were under pressure to find capacity to attend meetings at a number of MARACs in the areas that they cover.

- Ensuring commitment from partners to MARACs was seen by case study respondents as crucial in reducing incidents of domestic violence. Factors suggested as facilitating commitment included: effective communication, offering briefings and additional training to support partners with MARAC, effective time management of the meeting, induction, training, information sharing and a focus on outcomes for victims.

Do MARACs follow the 10 CAADA principles of an effective MARAC?

This section focuses on respondents' answers relating to the 10 principles of an effective MARAC developed by CAADA. These principles relate to (1) identification, (2) referral, (3) representation, (4) engagement with the victim, (5) research and information sharing, (6) action planning, (7) volume, (8) administration, (9) strategy and governance and (10) equality[5]. Findings include:

- 88% of survey respondents are either 'very familiar' or 'familiar' with the 10 CAADA principles.

- 98% of survey respondents reported that in their MARAC either 'all 10 principles are followed' or 'most of the principles are followed'.

- In terms of individual principles, over 95% of respondents reported that their MARAC either 'completely' or 'mostly' follow each of the 10 principles, apart from principle 7 on volume of cases for which 12% of respondents reported that their MARAC 'does not follow' the principle.

- The highest proportion of respondents reported that their MARAC 'completely follows' the following CAADA principles:

  ○ Administration (81% reported that their MARAC 'completely follows' this principle).
  ○ Engagement with the victim (79% reported that their MARAC 'completely follows' this principle).

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[4] Please note respondents could select multiple responses to this question. This finding suggests that it is likely that in some MARACs chairs and coordinators share responsibility for deciding which additional representatives should be invited to meetings.

[5] For more information on CAADA's 10 principles of an effective MARAC, please see:
http://www.caada.org.uk/qualityassurance_accreditation/MARAC%20_quality_assurance.htm

- ○ Referral (78% reported that their MARAC 'completely follows' this principle).

- The lowest proportion of respondents reported that their MARAC 'completely follows' the following principles: Volume (41% reported this), Identification (51%) and Representation (52%).

- There was a perception from respondents in the case study research that non-core partners were not as aware of CAADA itself, although they were aware of the 10 CAADA principles of an effective MARAC.

What is the nature of IDVA involvement? Are victims engaged in the process?

This section relates solely to answers from respondents that stated they were either an IDVA or Domestic Abuse Specialist Support Provider (DASSP). There were 248[6] respondents that stated that they performed one of these roles. Findings include:

- Nearly two thirds (62%) of respondent IDVAs/DASSPs reported that more than three quarters of MARAC cases are referred to them prior to their MARAC meeting. However, 71% of respondent IDVAs have 'all' or 'over 3 quarters' of cases referred to them prior to the meeting but only 45% of respondent DASSPs reported this was the case.

- Over two thirds of respondents IDVAs/DASSPs (67%) have completed CAADA IDVA training. 16% have not been on the training or have not completed this training. By role, 81% of respondent IDVAs have completed CAADA training, whilst 47% of respondent DASSPs have done so.

- Nearly three quarters of respondent IDVAs/DASSPs (74%) report they have the opportunity to present information on behalf of the victim at 'all meetings'. However, 81% of respondent IDVAs report that they have the opportunity to present information at 'all meetings' compared to 55% of respondent DASSPs.

- In terms of discussion and action planning in relation to cases discussed at their MARAC, over two thirds of respondent IDVAs/DASSPs (71%) are involved in over 'three quarters' or 'all' cases heard at their MARAC.

- However, there is variation by role in terms of involvement in action planning and discussion. Over 80% of respondent IDVAs report they are involved in terms of discussions and action planning in either 'all' or 'over three quarters' of cases compared with only 59% of respondent DASSPs.

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[6] Please note, respondents to the survey could answer whether they were an IDVA or a DASSP in 2 sections of the survey. The first question asked respondents what their role was. 228 respondents identified themselves as an IDVA / DASSP 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.

- IDVAs / DASSPs were asked about the extent to which they are involved in cases where the victim is known to them, where the victim is receiving support from a different organisation or where the victim is currently not being supported. Over 90% of respondent IDVAs/DASSPs are involved in MARAC case discussions and action planning where the victim is known to them.

- This number drops to 73% of respondent IDVAs/DASSPs reporting involvement in cases where the victim is receiving specialist support from other organisations and to 75% where the victim is not currently being supported.

- Responses varied between roles for IDVAs/DASSPs. 81% of respondent IDVAs reported they participate in cases where the victim is receiving specialist support from an organisation other than theirs, compared to 57% of respondent DASSPs. 84% of respondent IDVAs reported they participate in cases where the victim is not currently being supported, compared to 64% of respondent DASSPs.

- Case study respondents reported that IDVAs are a fundamental resource in supporting and engaging the victim in the MARAC process. Respondents felt that they are often the key to successful outcomes for victims. However, they are often overstretched which can limit their capacity to conduct their important education and prevention work.

- Case study respondents stated that evaluating the views and outcomes for victims in relation to their interaction with the MARAC is an area for significant development. More needs to be done to improve engagement with the MARAC process and the victim. Some sites are considering a victims group that would feed into the work of the MARAC.

Who takes responsibility to ensure MARAC actions are achieved? How does the MARAC accountability process work?

- 81% of survey respondents reported that it is the responsibility of MARAC coordinators to keep track of and confirm that actions from MARAC meetings have been completed, while 36% report it is the MARAC chairs responsibility[7]. In the case study research, all respondents interviewed stated that the MARAC coordinator is responsible for tracking and confirming actions.

- Responses suggest that effective action planning does take place as part of the MARAC process. Respondents most commonly reported that the following aspects of action planning 'always' take place:

  ○ Where appropriate, links are made to other safeguarding procedures for children and vulnerable adults (81% reported this 'always' occurs).

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[7] Please note, respondents could select multiple responses, so some respondents will have ticked this responsibility falls to both MARAC chairs and MARAC coordinators.

- ○ A lead partner is identified to liaise with the victim after the meeting (75% reported this 'always' occurs).
  - ○ MARAC action plans reflect the risks and needs identified at the meeting (75% reported this 'always' occurs).

- Respondents were least likely to report that the following aspects of action planning 'always' take place:

  - ○ Actions agreed are SMART[8] (53% reported this 'always' occurs).
  - ○ Partner agencies identify opportunities to coordinate actions with other partners (58% reported this 'always' occurs).
  - ○ When agencies are 'tasked' with an action their capacity to deliver is taken into account (65% reported this 'always' occurs).

- Respondents in the case study research commented that action planning is generally consistent and done some or all of the time, but that there is no formal accountability for non compliance.

- Regarding MARAC meeting follow up actions:

  - ○ 80% of respondents reported that the IDVA/DASSP 'always' keeps the victim informed of the plan where safe to do so.
  - ○ 68% of respondents stated that there is 'always' a clear follow up process that all partners understand.
  - ○ 63% of respondents stated that the process of following up actions outside the meeting is 'always' transparent and understood by all partners.
  - ○ 62% reported that actions from the previous meeting are 'always' reviewed.
  - ○ 61% reported that the IDVA/DASSP 'always; liaises with partner agencies to coordinate the action plan.
  - ○ 56% reported that the IDVA/DASSP is 'always' kept informed of all relevant information.

- 82% of survey respondents reported that partner agencies are held accountable for actions agreed at MARAC meetings 'all' or 'most of the time'.

- Case study respondents across all four sites reported that evaluation of success is poor and is an area requiring further development and capacity. Partners need to understand how effective MARACs are in reducing incidents of domestic violence and reducing repeat victimisation. There is need for evaluation to cover throughput, impact, outcomes, sustainability and value for money.

- Case study respondents also commented that repeat cases are a concern and, as there is little evaluation of what works well and what does not, it is difficult to know how to develop practice further. Respondents recognised that there is more to do concerning evaluation.

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[8] Specific, Measurable, Achievable, Realistic and Timely

What are the main barriers and levers to operating a successful MARAC?

Findings include:

- Over 65% of respondents reported that the following aspects of running their MARAC takes place 'always' or 'most of the time':

  ○ There is regular review and evaluation of how well the MARAC is running.
  ○ MARAC meetings identify risks for the perpetrator.
  ○ MARAC meetings identify risks for agency staff.
  ○ Attendees have received training in relation to MARAC and domestic violence issues.
  ○ Representatives at meetings are at the right level (decision makers).
  ○ All agencies research all cases on the agenda.
  ○ There is strong leadership from the MARAC chair.
  ○ The MARAC is coordinated effectively.
  ○ Meetings are task oriented with clear actions.
  ○ Levels of repeat cases are recorded accurately.
  ○ All agencies receive a meeting agenda prior to the MARAC meeting.
  ○ MARAC meetings identify risk for children when appropriate.
  ○ MARAC meetings identify risk for the victim.

- Areas where respondents reported that the above items take place only 'sometimes' or 'never' are:

  ○ There is regular review and evaluation of how well the MARAC is running (20% of respondents report that this takes place 'sometimes' or 'never').
  ○ MARAC meetings identify risks for the perpetrator (19% of respondents report that this takes place 'sometimes' or 'never').
  ○ MARAC meeting identify risks for agency staff (14% of respondents reported that this takes place 'sometimes' or 'never').

- Survey respondents suggest that MARACs could be more effective by:

  ○ Increasing successful prosecutions for domestic abuse incidents (11% of respondents report their MARAC is 'not very effective' at this).
  ○ Improving responses to dealing with perpetrators (14% of respondents report their MARAC is 'not very effective' at this).

- Respondents identified the following as existing barriers to their MARACs that they would prioritise for development:

  ○ Lack of referrals from non-Police agencies (39% of respondents reported this as one of their top three priorities for improvement).
  ○ Key agencies/organisations do not attend meetings when required (35% of respondents reported this as one of their top three priorities for improvement).

- Case study respondents reported that the following were barriers to their MARACs operating effectively:

  - Partners not bringing the appropriate information to the MARAC which can lead to an inefficiency and delay, sometimes frustrating colleagues.
  - Poor timekeeping by a MARAC chair can alienate partners who would attend more regularly.
  - MARACs are unclear as to the role of Health and who within Health should be involved in the MARAC. Further clarification would be beneficial as the right mix of Health professionals can have a profound positive impact on outcomes for victims.
  - There should be the right level of seniority to ensure actions can be taken forward in the most efficient and effective way.
  - More attention should be given to the evaluation of impacts of the work of MARACs in order to improve effectiveness of working practices.

- Case study respondents reported that the following were levers to operating an effective MARAC:

  - Good steering and direction from the MARAC chair is vital to keeping focus in meetings and ensuring that actions are followed through appropriately.
  - The MARAC should be clear in its aims and objectives and raise its profile within partner agencies to encourage referrals and avoid partners feeling that it is a Police led process.
  - MARACs are more effective when more focus is on the impacts of the offence on victims and less focused on the offence itself.
  - Effective coordination of the MARAC is very helpful – timely information is sharing, and quick turnaround on agreed actions makes a positive difference.
  - 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. Further integration of working practices locally would facilitate this.
  - Flexibility in applying a risk threshold within a locality is key. This ensures that MARACs can focus on the highest risk cases.
  - Funding for IDVAs is critical to supporting the victim and the MARAC process.
  - Flexibility in attendance for non-core agencies is critical to ensuring consistent and value led contributions.

- 97% of respondents reported that their MARAC is 'very effective' or 'fairly effective' at improving outcomes for and the lives of victims of domestic abuse.

How effective are the links between MARACs and other forums?

- The majority of survey respondents reported that links with Local Safeguarding Children's Boards (LSCBs), Multi-agency Public Protection Arrangements (MAPPA), and Safeguarding Vulnerable Adults Boards were at least 'fairly effective'.

- 80% of respondents reported that links between their MARAC and LSCB were 'very effective' (42%) or 'fairly effective' (37%).

- Three in four survey respondents reported that they perceived the links between their MARAC and MAPPA to be either 'very effective' (37%) or 'fairly effective' (38%).

- Responses in relation to Safeguarding Vulnerable Adults Boards were slightly less positive - nearly a quarter (22%) of respondents reported that links are 'not that effective' or 'not at all effective' - although over 60% of respondents still perceived the links to be either 'very effective' (29%) or 'fairly effective' (35%).

- Respondents in the case study research suggested that links between their MARAC and other local safeguarding and multi-agency arrangements were generally more informal rather than formal. Respondents had mixed views in relation to how effective they were. However, respondents did state that links to MAPPA and the LSCB were more advanced than those for vulnerable adults' arrangements confirming the findings from survey respondents.

What are the challenges of the current funding climate to MARACs?

- Over 60% of survey respondents identified a 'significant negative' or 'some negative' impact from efficiency challenges in the following areas:

  - Availability of individuals/agencies to attend MARAC meetings (28% reported a 'significant negative' and 50% 'some negative' impact from efficiency challenges).
  - Availability of individuals/agencies to prepare for MARAC meetings (26% reported a 'significant negative' and 50% 'some negative' impact from efficiency challenges).
  - Availability of individuals/agencies to complete agreed actions (24% reported a 'significant negative' and 48% 'some negative' impact from efficiency challenges).
  - Capacity of IDVA or specialist support service providers (36% reported a 'significant negative' and 32% 'some negative' impact from efficiency challenges).
  - Sustainability of the MARAC (24% reported a 'significant negative' and 43% 'some negative' impact from efficiency challenges).
  - Capacity of the MARAC (21% reported a 'significant negative' and 44% 'some negative' impact from efficiency challenges).

- Case study respondents commented that funding generally for MARACs will be a challenge going forward. In particular, they felt funding for IDVAs was going to be the most significant challenge.

Should MARACs be on a statutory footing?

- 83% of survey respondents reported that the advantages of putting MARACs on a statutory footing outweigh the disadvantages. Only 3% of respondents reported the disadvantages outweigh the benefits.

- Survey respondents were most likely to identify the following as the main advantages of putting MARACs on a statutory footing:

  - It ensures that agencies attend/participate in the meetings (165 respondents).
  - Ensures victims/survivors and/or their children are safeguarded (118 respondents).
  - Ensures agencies are held accountable (98 respondents).
  - Gives more weight/attention/priority to MARACs (87 respondents).
  - Makes funding for MARACs more accessible/secure (85 respondents).

- Respondents were most likely to identify the following as the main disadvantages to putting MARACs on a statutory footing:

  - Do not see any disadvantages to this proposal (81 respondents).
  - It would make the process too bureaucratic (42 respondents).
  - Victim's views/engagement may be lost (40 respondents).

- There was a strong consensus among case study respondents that MARAC should be placed on a statutory footing and that the advantages of doing so outweigh the disadvantages.

1   Introduction

1.1   Background

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

The role of the MARAC is to provide a forum for effective information sharing and partnership working amongst a diverse range of adult and child focussed services in order to enhance the safety of *high risk victims and their children.* There are currently around 250 MARACs in operation across England and Wales.

This study was commissioned by the Home Office as part of a wider review of MARACs which aimed to improve understanding of how MARACs are working and potential areas of development, including the case for putting MARACs on a statutory basis. The full review can be accessed at http://www.homeoffice.gov.uk/science-research/research-statistics/publications/home-office-research-reports/ (Home Office Research Report 55 "Supporting high risk victims of domestic violence: a review of Multi-Agency Risk Assessment Conferences (MARACs)")

This report presents:

- Findings from the national survey of MARACs.

- A summary of key findings from the case study research.

More about this research is presented in the following sections.

1.2   National survey research objectives

The Home Office Violent and Youth Crime Prevention Unit and the Research and Analysis Unit commissioned Cordis Bright in December 2010 to design and host an online survey of all MARACs across England and Wales covering three principle MARAC roles:

- MARAC chairs.

- MARAC/Domestic Violence (DV) coordinators.

- Independent Domestic Advisor (IDVA) representatives.

The research questions and tools were designed to better understand how MARACs function and perform and to explore in more detail variance in practice across MARACs in England and Wales.

This included exploring respondent's perceptions of the extent to which the MARACs they attend follow the Co-ordinated Action Against Domestic Abuse (CAADA) 10 principles of an effective MARAC[9].

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.

1.3 Case study research objectives

In addition to the national survey, Cordis Bright was commissioned to conduct detailed qualitative research with four case study MARACs.

The aim of this research was to enhance understanding about local practices and contexts in relation to MARACs and to cover the full range of agencies involved in MARACs in those areas.

The qualitative analysis explored respondent's views in relation to:

- Their role and responsibilities.

- The local MARAC operating model in relation to the 10 CAADA principles of an effective MARAC.

- Stakeholder attendance levels.

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[9] See http://www.caada.org.uk/qualityassurance_accreditation/MARAC%20_quality_assurance.htm

- Referral and caseload levels.

- Local MARAC action planning processes.

- 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.

1.4   Report structure

The remainder of this report is structured as follows:

- **Section 2** reports the methodology taken in both the survey research and the case study research.

- **Section 3** presents the findings of the national survey of key MARAC partners.

- **Section 4** presents a summary of findings of the in-depth, qualitative research taken in the 4 MARAC case study sites.

2 Methodology

The following presents the survey and case study approaches taken to achieve the research.

2.1 National survey methodology

Overview

Cordis Bright, in collaboration with the Home Office researchers, designed an online survey that was distributed to key MARAC stakeholders across England and Wales. The national survey was live between 10th December 2010 and 3rd January 2011. The survey focussed on achieving responses from the following three key MARAC stakeholders:

- MARAC chair.

- MARAC co-ordinator and/or Domestic Violence co-ordinator.

- Independent Domestic Violence Advisor (or other Specialist Domestic Abuse Support Service representatives).

The online survey captured the views of 636 MARAC stakeholders.

Overall, it is estimated that the research has heard from at least one of the above key stakeholders from over 90% of known MARACs in England and Wales.

Designing the national questionnaire

When designing the questionnaire Cordis Bright and members of the Home Office team were conscious that a balance needed to be struck between not overburdening MARAC stakeholders with a long questionnaire, but at the same time collecting information to answer the objectives of the research.

The questionnaire was designed to complement other aspects of the wider Home Office review which was commissioned as one part of the work undertaken to inform the development of the Government's plans to tackle violence against women and girls (for further information see: 'http://www.homeoffice.gov.uk/crime/violence-against-women-girls/).

Sampling and encouraging a high response rate

In order to encourage a high response rate a pre-survey letter was sent to MARAC chairs, MARAC co-ordinators and IDVAs notifying them of the survey and encouraging responses. This was organised by the Home Office. In addition the survey was advertised by CAADA, Women's Aid Federation England and Welsh Women's Aid using their own contact lists.

The Home Office then provided names and email addresses of named contacts from MARACs to Cordis Bright. Cordis Bright verified each contact by telephoning each MARAC. This process included up-dating the spreadsheet provided by the Home Office and in some cases adding new contacts. Using this information, an email containing a link to the questionnaire was sent to MARAC stakeholders, i.e. MARAC chair, MARAC co-ordinator and IDVA. This email outlined the purpose of the survey and instructions for completing it. The email made it clear that responses to the questionnaire were confidential.

Cordis Bright tracked which MARACs responded to the questionnaire and which of the three roles within each were responding. This allowed Cordis Bright to send targeted email reminders and also to offer stakeholders telephone support to encourage them to take part.

Sample and response rates

A key challenge to the research was not having a clear idea of how many MARACs there are, or how many stakeholders there are in the three key roles that were the subject of the research.

Using information provided by the Home Office and based on the survey it is possible to estimate response rates by each role using the estimated number of MARACs as a denominator.

Based on information provided by the Home Office RAU, the number of *known* MARACs can be estimated at either 254 or 245[10]. The figure below presents estimated response rates by role and overall in terms of the number of MARACs reached. It can be seen that the response rates can be considered to be high. However, a caveat is that in the survey MARAC stakeholders may cover more than one of the key roles and also work across a number of MARACs. This was captured in the survey, but was also addressed by asking respondents to report about the MARAC they last attended. This meant we received feedback about a particular MARAC from each respondent rather than all the MARACs they may attend.

It should also be noted that the survey captured 77 responses from partners solely from other statutory and non-statutory agencies who were not also occupying key MARAC roles. These included respondents from Domestic Violence charities or voluntary organisations, i.e. women's aid etc. When interpreting the results this fact should be kept in mind.

Figure 1 provides a useful estimate of the coverage of the survey across MARACs and the three key roles. More about the sample that responded to the survey can be seen in Annex A.

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[10] 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 providing 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 may also be in operation.

Figure 1: Response rate

Role	Number of MARACs reached/where role reached	Response rate (using 254 MARACs as a baseline)	Response rate (using 245 MARACs as a baseline)
MARACs reached	232	91%	95%
MARAC Chairs	156	61%	64%
IDVAs	170	67%	69%
MARAC or DV co-ordinator	193	76%	79%
Other role	84	33%	34%

Hosting the questionnaire

The questionnaire was hosted online using SurveyMonkey (see www.surveymonkey.com). An online questionnaire was chosen as this represented a cost effective, efficient and easy-to-use method for collecting the information required.

Piloting the questionnaire

Before being emailed to MARAC stakeholders in England and Wales the questionnaire was piloted with a small number of MARAC representatives these included MARAC chairs, co-ordinators and IDVAs. Their comments, along with feedback from the Home Office team were incorporated into the final questionnaire design.

Cordis Bright and the Home Office then agreed the process for managing the survey publication.

Missing data

For most questions, there are some missing responses, although most questions were answered by at least 519 (82%) of the research participants. Where this is not the case, we state this in the analysis that follows. This report treats missing responses as missing. No estimations have been undertaken where missing responses occur.

Analysis

The analysis that follows was undertaken using a combination of Excel and SPSS software packages. Analysis was undertaken using a range of descriptive statistics including univariate and bivariate techniques. The analysis is based on information that has been self-reported by MARAC respondents.

The analysis was conducted for all respondents and also by role. In the report we present findings by all respondents and also those findings that are of interest by role, i.e. we have reported findings by role where there appears to be an interesting variance.

Limitations

As stated the national survey was not distributed to all MARAC stakeholders, rather it was aimed at three key stakeholder roles, i.e. MARAC chair, MARAC coordinator and IDVA. This means that the survey results cannot be considered as representative of all stakeholders involved in MARACs across England and Wales.

In addition, the findings of the survey data are based on the responses of, and therefore individual perceptions and experiences of individual respondents. There has been no independent verification of MARAC survey respondents self-reports.

2.2 Case study methodology

This section outlines the qualitative case study methodology used in this research.

Selecting case study sites

Four case study sites were selected by the Home Office. Purposive sampling was employed to select MARACs with differing characteristics as indicated by their performance monitoring data (e.g. caseloads, repeat rates, frequency of meetings) and to obtain a geographical spread of MARACs. All agencies in the MARACs were invited to participate in the research and interviews were conducted with all representatives that were both willing and available to participate in the research.

Designing case study research tools

Cordis Bright in collaboration with the Home Office RAU team designed the semi-structured interview templates for recording each individual interview. The questions were grouped by theme:

- Roles and responsibilities.

- Attendance at MARAC.

- Local delivery model.

- Referrals and caseload levels.

- Working practices.

- Engaging the victim.

- Barriers and levers to effective operation of MARACs.

- Future developments.

Piloting the research questions

The interview template questions were piloted with two participants and changes were made to questions as a result to ensure they were clear and concise and easy to understand. The template was also piloted with Home Office and Cordis Bright researchers before use in the field.

Conducting the interviews

The Cordis Bright research team set up interviews with 47 stakeholders across all four sites. Invitations to participate were drafted by Cordis Bright and initial agreement to participate was obtained by the Home Office through conversations with the MARAC chairs and/or coordinators.

Cordis Bright researchers conducted interviews face to face and via the telephone over a six week period during December 2010 to January 2011. On average interviews took forty five minutes. Respondents were advised of the objective of the study and its related context, as well as confidentiality and data security at the start of the interview.

Analytical approach

Interview notes were recorded via an Excel spreadsheet by researchers. The Cordis Bright research team met at regular intervals for the duration of the research to interpret data, code data, compare and "reality-check" findings.

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 analysis in the report focuses 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. Their views have not been independently verified.

Limitations

There were limitations on the number of case studies that could be included in the review. The reason for this was the short timescales in which the research needed to be completed and the number of interviews that needed to be covered.

The case study evidence in this research provides more 'in-depth' evidence that complements the findings in the quantitative research and vice versa. Caution should be applied, as with most qualitative research, to making generalisations to all MARACs across England and Wales based on this evidence.

3 National survey findings

3.1 Introduction

This section of the report presents an analysis of the national survey that was sent to key MARAC stakeholders. This survey was principally targeted at:

- MARAC chairs.

- MARAC co-ordinators.

- Independent Domestic Violence Advisors.

However, the survey was also answered by a number of MARAC representatives from other statutory and non-statutory organisations including from a range of Domestic Violence organisations and other Voluntary Sector organisations. Findings should, therefore, be interpreted with this in mind.

The analysis that follows presents:

- Overall headline findings.

- Analysis of between role differences.

The section is structured as follows:

- Characteristics of MARAC.

- Understanding multi agency contributions.

- IDVA and Victim involvement.

- Agency attendance at MARACs.

- CAADA's 10 principles of an effective MARAC.

- Referrals and caseload levels.

- Working practices.

- Barriers and levers to effective MARACs.

- Links to other local public protection arrangements.

- Funding.

- Statutory footing.

3.2 Characteristics of MARAC

Summary

This section illustrates the background characteristics of respondents to the questionnaire and the MARACs that they were responding about. Findings include:

- 55% of respondent Domestic Violence (DV) coordinators and/or MARAC coordinators/administrators and 93% of respondent MARAC chairs are from the police suggesting MARACs are mainly police led (for more information see Appendix A).

- 38% of respondents reported working across more than one MARAC. This varies from 30% among IDVA/domestic abuse specialist support providers to 45% among respondent DV coordinators and/or MARAC coordinators/administrators (for more information see Appendix A).

- 99% of respondents reported that their MARAC meets monthly or more frequently, with 87% reporting that the frequency between meetings is 'just about right'.

- 70% of survey respondents reported discussing between six and 20 cases at their MARAC. Over a quarter (27%) reported discussing 21 or more cases at meetings.

- 72% of survey respondents reported that their MARAC meetings take less than four hours. 28% stated that their meetings take more than four hours. 47% of this group felt that their meetings were 'too long' (see Figure 4 more information).

- Around two thirds of respondents (65%) reported the number of cases discussed at their MARAC is about right. Whilst 26% reported that too many cases are discussed at their MARAC. Those respondents who stated that their MARAC discusses over 21 cases were more likely to report that too many cases are discussed.

How often do respondents' MARACs meet?

Figure 2 shows that the majority of respondents' (63%) MARACs meet on a monthly basis, while 31% of respondents reported that their MARAC meets fortnightly. Only 1% of respondents' MARACs meet less frequently than monthly.

Figure 2: On average how often does your MARAC meet? (Percentage (%) of respondents)
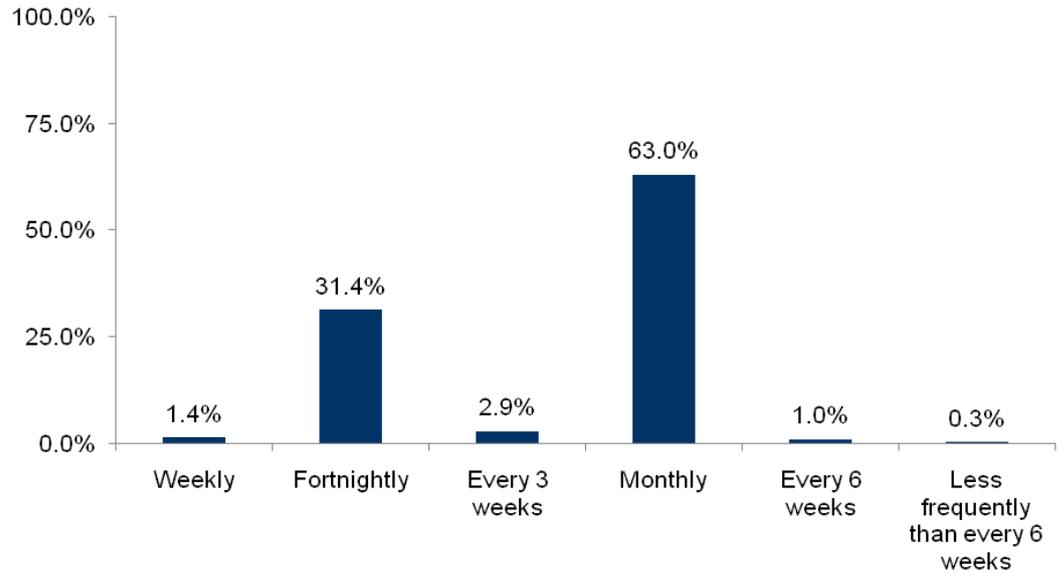
Note: N = 583

Do respondents' MARACs meet too often or not enough?

Figure 3 shows that 87% of respondents reported that their MARACs meet at 'just about the right' frequency. 11% of respondents feel that their MARAC does not meet often enough.

Figure 3: Opinion on frequency of MARAC meetings. (Percentage (%) of respondents)
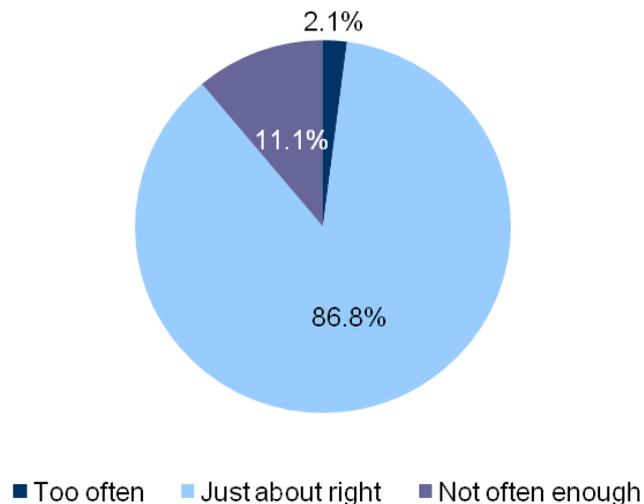
Note: N = 542

How long do respondents' MARAC meetings last?

Figure 4 shows that 32% of respondents reported that their meetings last between two and three hours. This was the most common response. Additionally, over half of respondents reported that MARAC meetings last three or more hours. For example, 26% reported that their MARAC meetings last between three and four hours and 28% reported that their meetings last more than four hours.

Figure 4 shows that nearly three quarters of respondents (73%) felt that the length of their MARAC meetings is 'about right'. However, over a quarter of respondents (26%) reported that their MARAC meetings are 'too long'. Among these 26% of respondents, Figure 4 shows that as would be expected, a higher proportion reported their meetings last longer. In particular:

- 47% of respondents who feel their meetings are 'too long' attend meetings that last more than four hours.

- 31% of respondents who feel their meetings are 'too long' attend meetings that last between three and four hours.

Figure 4 On average, how long do your MARAC meetings last? (Percentage (%) of respondents)

In your opinion, are your MARAC meetings too long, about right or too short?

1.5%

25.9%

72.5%

■ Too long ■ About right ■ Too short

Note: N = 582

On average, how long are your MARAC meetings?

	Up to 1 hour	Between 1 and 2 hours	Between 2 and 3 hours	Between 3 and 4 hours	More than 4 hours
All respondents	0.5%	14.2%	31.6%	25.8%	28.0%
Respondents who say meetings are too long	0.0%	3.3%	19.2%	30.5%	47.0%

■ All respondents ■ Respondents who say meetings are too long

Note: N = 586 (all respondents), N=151 (Respondents who say meetings are too long)

How many cases are discussed at MARAC meetings?

Figure 5 shows that around 70% of survey respondents reported discussing between six and 20 cases at their MARAC meetings. Over a quarter (27%) reported discussing 21 or more cases at their MARAC meetings. The figure also shows that nearly two thirds (65%) of respondents feel that their caseloads are 'about right'. However, over a quarter of respondents (27%) feel that the number of cases discussed at an average MARAC is too high. Those respondents that reported that the number of cases discussed at their MARAC is too high are also more likely to report that their MARAC has a heavier caseload. Specifically:

- 36% of respondents who stated that too many cases are discussed at their MARAC meeting discuss between 21-25 cases per meeting.

- 26% of respondents who stated that too many cases are discussed at their MARAC meeting discuss 26 or more cases.

Figure 5 Thinking about your MARAC, how many cases are discussed? (Percentage (%) of respondents)

Thinking about the caseload at your MARAC, do you feel the number of cases discussed at an average MARAC meeting is not enough, about right or too many?

■ Not enough ■ About right ■ Too many
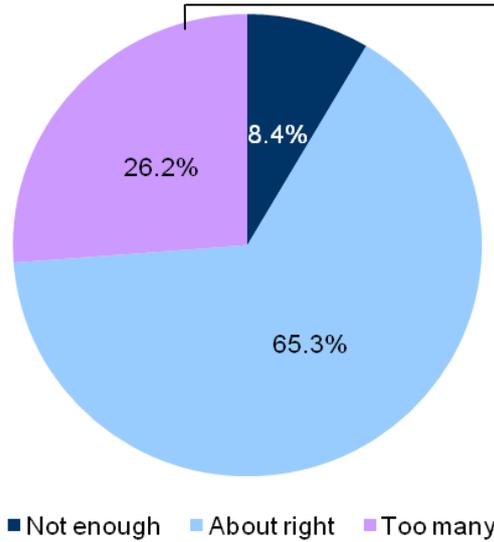
Note: N = 580

Thinking about your MARAC meetings, on average how many cases are discussed?

■ All respondents   ■ Respondents who say too many cases are discussed
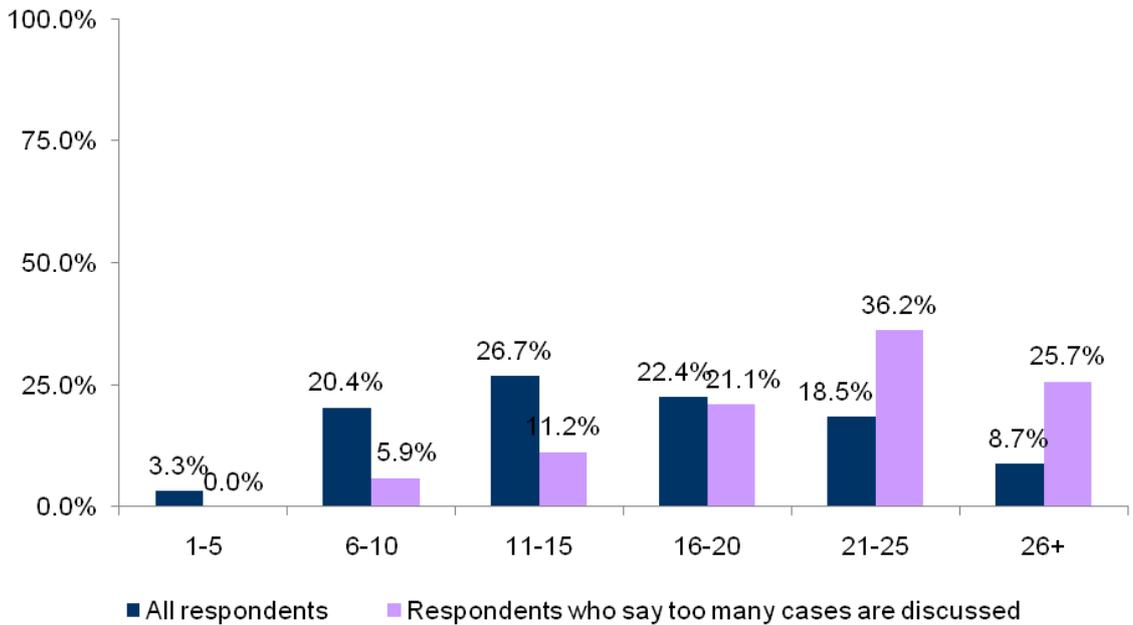
Note: N = 584 (all respondents), N=49 (Respondents who say meetings are too long)

3.3 Understanding multi agency contributions

Summary

This section covers respondent's views on their understanding of multi-agency contributions. In particular, it examines whether MARACs have information sharing and operational protocols in place and the amount of time it takes to prepare for and follow up after MARAC meetings. Findings include:

- The majority of respondents stated that their MARAC has an operational protocol (90%) and an information sharing protocol (95%).

- There is great variation in the amount of time survey respondents reported spending on preparation and follow up work for MARAC meetings. This variation is accounted for by the respondent's role. For instance:

  o 72% of Domestic Violence coordinators/MARAC coordinators, 45% of IDVAs/Domestic Abuse Specialist Support Providers and 52% of respondents who reported having multiple roles at their MARAC stated that they spent a day or more preparing or undertaking follow-up work for their MARAC.
  o In contrast, 74% of MARAC chairs and 65% of respondents from other statutory or non-statutory agencies (i.e. who did not occupy one of the three main MARAC roles) reported spending less than four hours preparing or undertaking follow-up work for their MARAC.

Do MARACs have protocols?

Figure 6 shows that the majority of respondents stated that their MARAC has an operational protocol (90%) and an information sharing protocol (95%).

Figure 6: Protocols in MARACs

Issue	% Yes	% No	% Don't know	Number of respondents
Is there a protocol for your MARAC e.g. a guide to how your MARAC is operated and run?	90.3%	4.4%	5.3%	568
Is there an information sharing protocol for your MARAC?	95.2%	2.6%	2.1%	568

Time spent preparing and following-up MARAC meetings

Figure 7 shows how much time respondents reported spending on preparation and follow-up work (excluding the time that they spend in MARAC meetings) for MARAC meetings. It shows that:

- The greatest percentage of respondents spends more than two days on preparation or follow-up work for MARACs (28%).

- However, 18% of respondents reported spending between one and two hours on preparation and/or follow up work.

- The lowest percentage of respondents spends between five and six hours on preparation and/or follow up work (4%).

Figure 7 How much time do you spend on preparation and/or follow up work per MARAC meeting? (Percentage (%) of respondents)
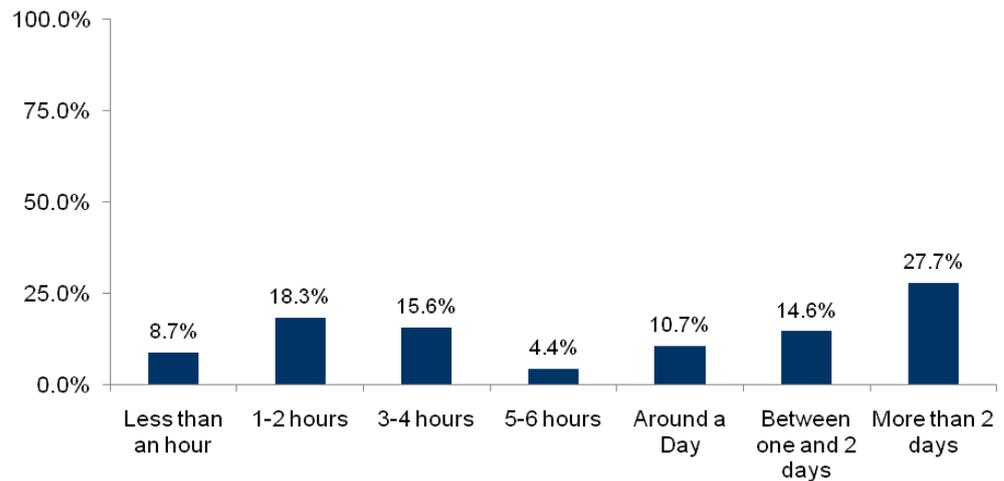
Note: N = 563

Figure 8 shows the differences in the amount of time that respondents take preparing for and following up after MARAC meetings is due to their different roles. In particular:

- 61% of DV coordinator and/or MARAC coordinators/administrators reported spending more than two days on preparation or follow-up work for MARAC meetings compared to 28% of all respondents.

- In contrast, the greatest percentage of MARAC chairs and respondents in 'other' roles spend between one and two hours on these tasks (33% and 34% respectively compared to 18% of all respondents).

Figure 8: How much time do you spend on preparation and/or follow up work per MARAC meeting? (Percentage (%) of respondents)

Role	Less than an hour	1-2 hours	3-4 hours	5-6 hours	Around a day	Between 1 and 2 days	More than 2 days	Total (%)	Number of. respondents
DV coordinator/MARAC coordinator	9.0%	7.6%	3.5%	1.4%	6.3%	11.1%	61.1%	100%	144
MARAC chair	13.0%	33.3%	27.8%	3.7%	10.2%	7.4%	4.6%	100%	108
IDVA/domestic abuse specialist support provider	5.0%	11.9%	16.9%	6.0%	14.9%	21.4%	23.9%	100%	201
Other (statutory or non statutory)	13.2%	34.2%	17.1%	7.9%	9.2%	9.2%	9.2%	100%	76
Multiple role	3.2%	16.1%	19.4%	0.0%	9.7%	25.8%	25.8%	100%	31

Note: N = 560

3.4 Independent Domestic Violence Advisor (IDVA) and victim involvement

Summary

This section relates solely to answers from respondents that stated they were either an IDVA or Domestic Abuse Specialist Support Provider (DASSP). There were 248[11] respondents that state that they performed one of these roles. Findings include:

- Nearly two thirds (62%) of respondent IDVAs/DASSPs reported that more than three quarters of MARAC cases are referred to them prior to their MARAC meeting. However, 71% of respondent IDVAs have 'all' or 'over 3 quarters' of cases referred to them prior to the meeting but only 45% of respondent DASSPs reported this was the case.

- Over two thirds of respondents IDVAs/DASSPs (67%) have completed CAADA IDVA training. 16% have not been on the training or have not completed this training. By role, 81% of respondent IDVAs have completed CAADA training, whilst 47% of respondent DASSPs have done so.

- Nearly three quarters of respondent IDVAs/DASSPs (74%) reported they have the opportunity to present information on behalf of the victim at all meetings. However, 81% of respondent IDVAs reported that they have the opportunity to present information at 'all meetings' compared to 55% of respondent DASSPs who report this.

- In terms of discussion and action planning in relation to cases discussed at MARAC, over two thirds of respondent IDVAs/DASSPs (71%) are involved in over three quarters or all cases heard at their MARAC.

- However, there is variation by role in terms of involvement in action planning and discussion. Over 80% of respondent IDVAs reported that they are involved in terms of discussions and action planning in either 'all' or 'over three quarters' of cases compared with only 59% of respondent DASSPs.

- IDVAs/DASSPs were asked about the extent to which they are involved in cases where the victim is known to them, where the victim is receiving support from a different organisation or where the victim is currently not being supported. Over 90% of respondent IDVAs/DASSPs are involved in MARAC case discussions and action planning where the victim is known to them. This number drops to 73% for cases where the victim is receiving specialist support from other organisations and to 75% where the victim is not currently being supported.

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[11] Please note, respondents to the survey could answer whether they were an IDVA or a DASSP in two sections of the survey. The first question asked respondents what their role was. 228 respondents identified themselves an IDVA / DASSP 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.

- Responses varied between roles for IDVAs/DASSPs. 81% of respondent IDVAs reported they participate in cases where the victim is receiving specialist support from an organisation other than theirs, compared to 57% of respondent DASSPs. 84% of respondent IDVAs reported they participate in cases where the victim is not currently being supported, compared to 64% of respondent DASSPs.

What percentage of cases are referred to respondent IDVAs/DASSPs prior to MARAC meetings?

Figure 9 shows that the majority of respondent IDVAs/DASSPs have more than three quarters of cases referred to them prior to the MARAC meeting. Specifically:

- Over a third (37%) stated that all the cases have been referred to them prior to their MARAC meeting.

- 25% stated that over 75% are referred prior to the meeting.

Figure 9: Thinking about a typical meeting for your MARAC, what proportion of cases have been referred to you prior to the meeting? (Percentage (%) of respondents)
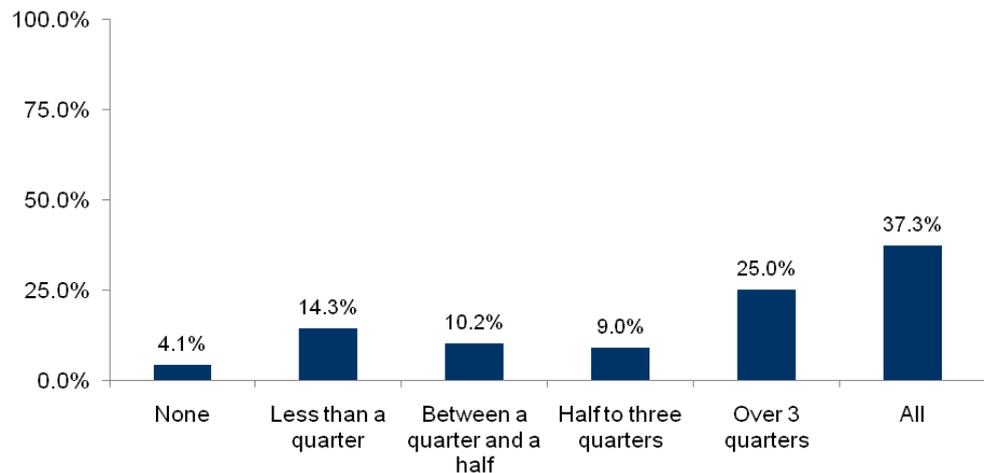
Note: N = 244

Figure 10 shows the breakdown by respondents who identified themselves as an IDVA and those who identified themselves as a DASSP[12]. It shows that 71% of respondent IDVAs have 'all' or 'over 3 quarters' of cases referred to them prior to the MARAC meeting but only 45% of respondent DASSPs do so. Additionally, 36% of respondent DASSPs reported that 'less than a quarter' of cases are referred to them compared with 6% of respondent IDVAs prior to the MARAC meeting.

Figure 10: Thinking about a typical meeting in your MARAC, what proportion of cases have been referred to you prior to the meeting? By role (Percentage (%) of respondents).
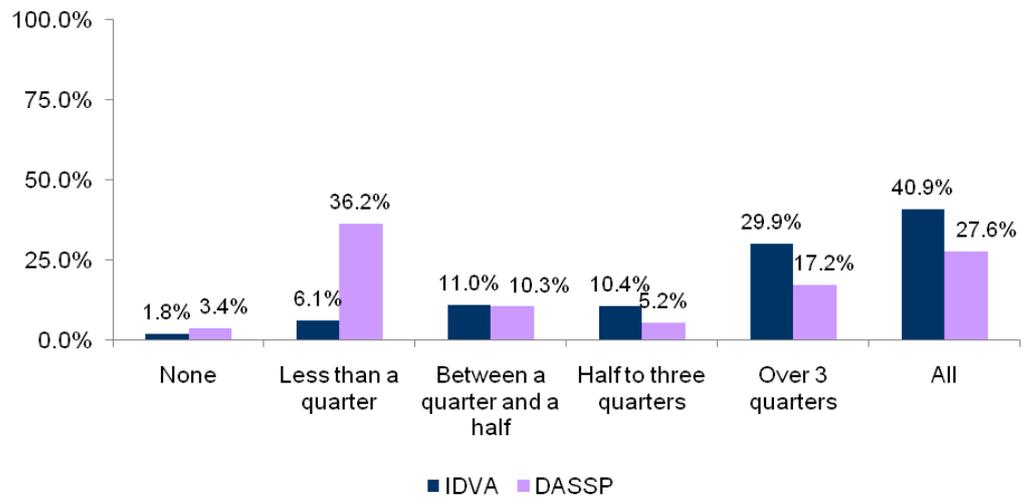
Note: N = 164 (IDVAs) and N = 58 (DASSPs)

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[12] Please note, this is based on the question asking respondents for their role. Respondents could select multiple categories and as such could be both an IDVA and a DASSP. Additionally, in 20 cases 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.

Have IDVAs/DASSPs undergone CAADA IDVA training?

Figure 11 shows the majority of respondent IDVAs/ DASSPs have completed (67%) or are undergoing the CAADA IDVA training (8%). However, 16% have not been on the training or have not completed this training. 8% reported having been on other training.

Figure 11: Have you completed the Co-ordinated Action Against Domestic Abuse (CAADA) IDVA training? (Percentage (%) of respondents)
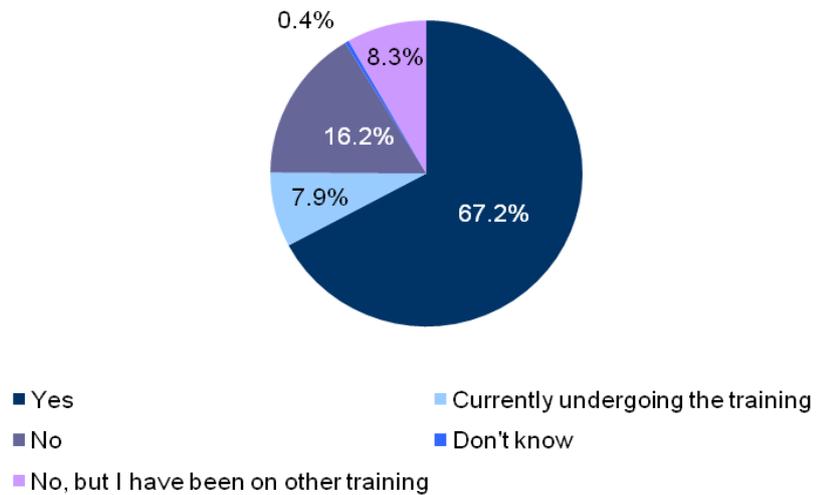
Note: N = 241.

Figure 12 shows the breakdown by role for IDVAs/DASSPs who report completing CAADA training. It shows that 81% of respondent IDVAs have completed CAADA training but less than half (47%) of respondent DASSPs have done so. Over a quarter of respondent DASSPs (45%) have not completed CAADA training, which may be expected given that these respondents have not identified themselves as IDVAs. Over half (61%) of these respondents indicated that they had been on other training.

Figure 12: Have you completed the Co-ordinated Action Against Domestic Abuse (CAADA) IDVA training? By role (Percentage (%) of respondents).
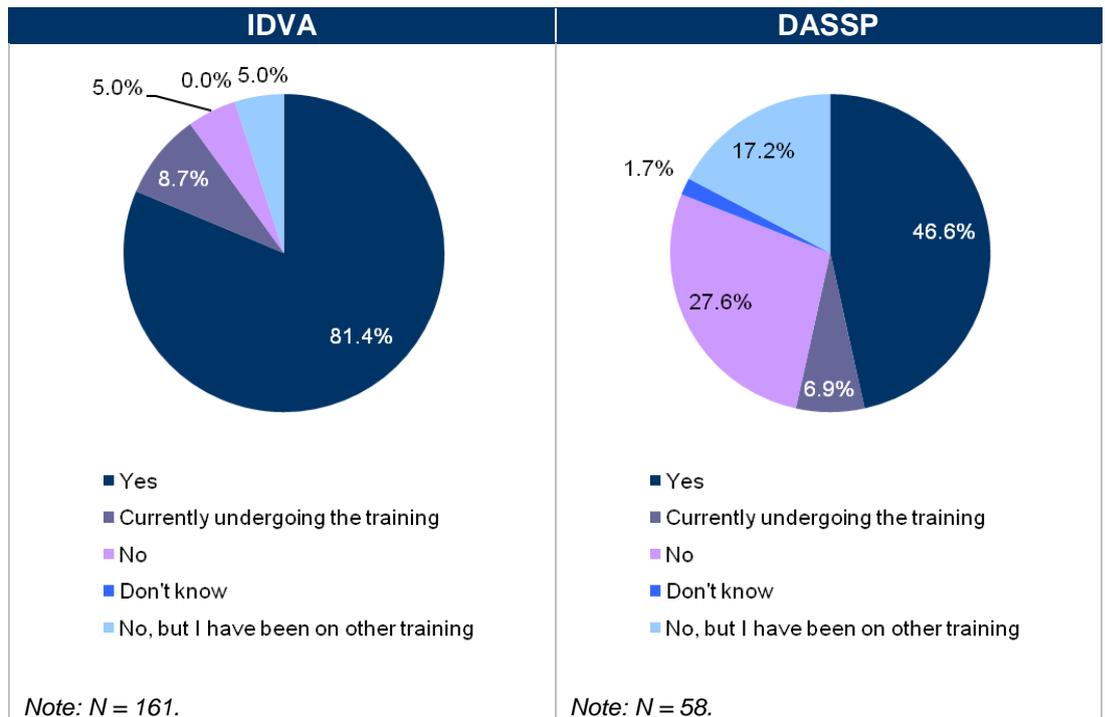
Do IDVAs/DASSPs have opportunities to present information on behalf of the victim at MARAC meetings?

Figure 13 shows that almost three quarters of respondents (74%) feel they have the opportunity to present information on behalf of the victim at all MARAC meetings. Only 2% stated that they are never given this opportunity.

Figure 13: Thinking about your MARAC, on average, how often do you have the opportunity to present information on behalf of the victim at the meeting? (Percentage (%) of respondents)
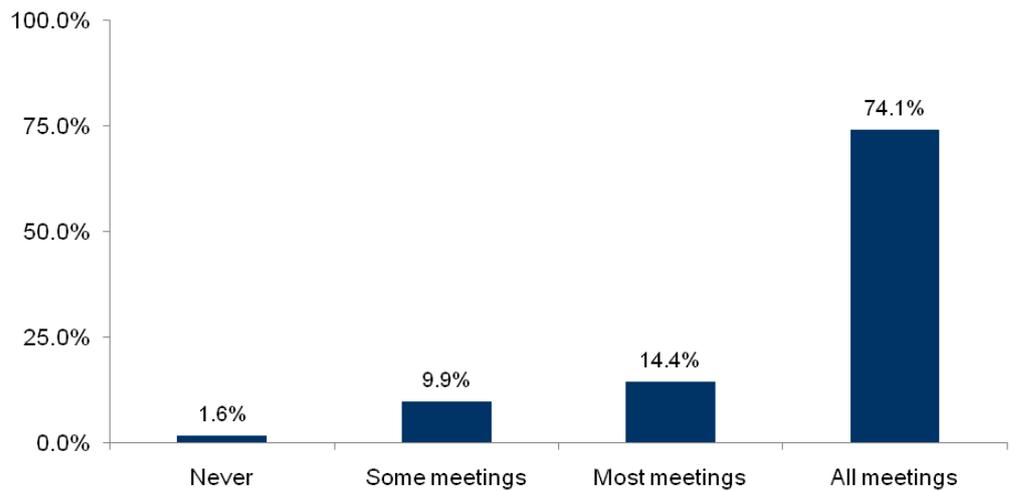
Note: N = 243.

Figure 14 shows that 81% of respondent IDVAs reported that they have the opportunity to present information at 'all meetings' compared to 55% of respondent DASSPs.

Figure 14: Thinking about your MARAC, on average, how often do you have the opportunity to present information on behalf of the victim at the meeting? By role. (Percentage (%) of respondents)
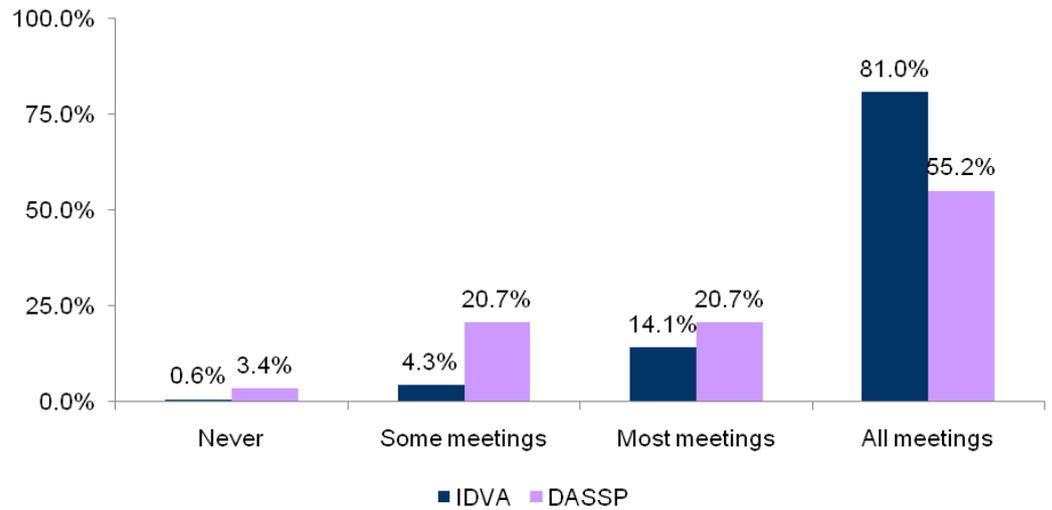
Note: N = 163 (IDVAs) and N = 58 (DASSPs)

IDVA/DASSP participation and involvement in discussions and action planning

Figure 15 shows that over 90% of respondent IDVAs/DASSPs are involved in MARAC case discussions and action planning where the victim is known to them. However, this number drops to 76% or below for cases where the victim is receiving specialist support from other organisations (73%) or is not supported (75%).

Analysis by role shows that over 80% of respondent IDVAs report that they participate in cases where the victim is receiving specialist support from an organisation other than theirs (81%) or where the victim is not currently being supported (83%) compared with less than 65% of respondent DASSPs.

Figure 15: In which MARAC cases do you participate in the discussions and action planning? (Percentage (%) of respondents)[13]

In which MARAC cases do you participate in the discussions and action planning?[14]	IDVAs (%)	DASSPs (%)	Total (%)
Cases where the victim is known to me/my organisation	97.0%	98.3%	94.8%[15]
Cases where the victim is receiving specialist support from an organisation other than my own	81.1%	56.9%	73.0%
Cases where the victim is not currently being supported	83.5%	63.8%	75.4%

Note: N = 248 (of which 164 are IDVAs and 58 are DASSPs).

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[13] Percentages for both roles can be higher than the total

[14] Respondents ticked all that apply so will not total 100%

[15] The reason this total is higher than individual totals for IDVAs / DASSPs is because the total percentage figure includes 20 respondents who did not identify themselves as an IDVA / DASSP in the question on roles in the survey. Also, there is overlap between those identifying themselves as IDVA / DASSPs.

Figure 16 shows that over 50% of respondent IDVA/DASSPs are involved in discussions and action planning for all cases heard at the MARAC. It also shows that over 70% of IDVA/DASSPs are involved in discussions and action planning for over half of the cases discussed at their MARAC. Less than 1% of respondents stated that they took part in no cases in terms of discussion and action planning at their typical MARAC meeting.

Figure 16: Thinking about a typical MARAC meeting, what proportion of cases heard at the MARAC are you involved in terms of discussions and action planning? (Percentage (%) of respondents)
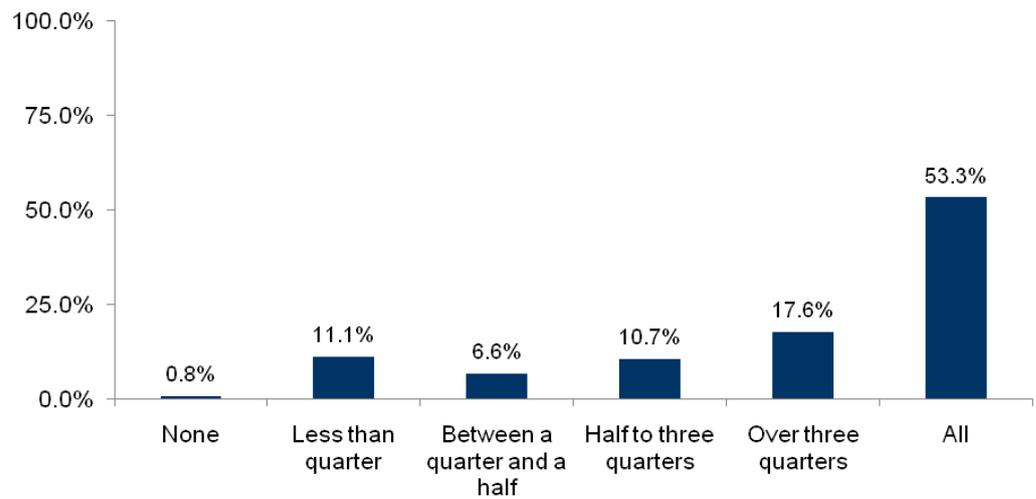
Note: N = 244.

Figure 17 shows that over 80% of respondent IDVAs report they are involved in terms of discussions and action planning in either 'all' or 'over three quarters' of cases compared with only 59% of respondent DASSPs.

Figure 17: Thinking about a typical MARAC meeting, what proportion of cases heard at the MARAC are you involved in terms of discussions and action planning? By role (Percentage (%) of respondents).
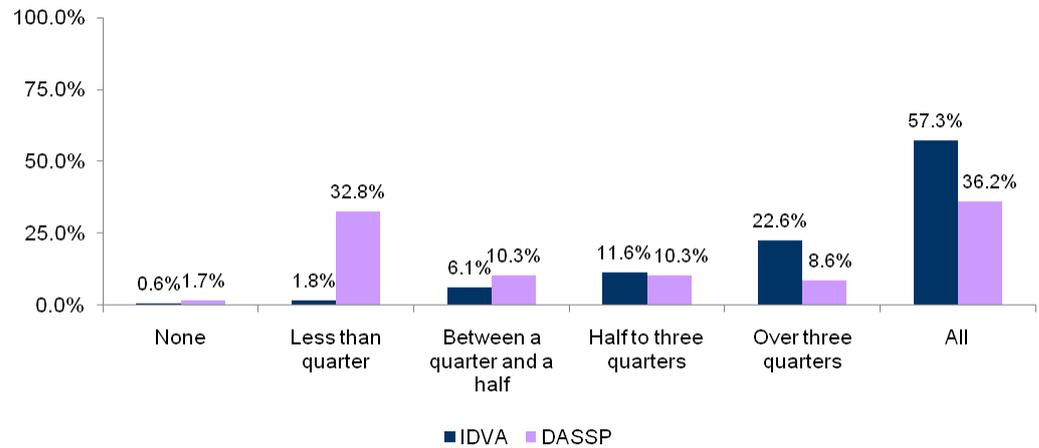
Note: N = 164 (IDVAs) and N = 58 (DASSPs)

3.5   Agency attendance at MARACs

Summary

This section looks at which agencies attend MARAC meetings and respondents' opinions on who should attend. Findings include:

- Respondents were most likely to report that the police and IDVA service 'always attend' MARAC meetings (99% and 92% respectively). Attendance from other key agencies including Health Probation, Housing and Children's Services was also reportedly high although potentially more inconsistent.

- Over 90% of survey respondents stated that it is important that representatives from the police and IDVAs attend all MARAC meetings. Over 80% of respondents reported that it was important that representatives from Housing, Health, Children and Young People's Services and Probation attend all MARAC meetings.

- Respondents to the survey were asked two main questions about agency attendance at MARACs. The first was whether agencies attend MARACs and the second asked how important it is that different agencies attend MARACs. A greater percentage of survey respondents stated that it is 'important that they (an agency) always attend' MARAC meetings than report that an agency 'always attends' for all agencies. The greatest difference occurred for the following agencies:

  - **Adult Services:** 71% of survey respondents reported that it is important that a representative from Adult Services always attends their MARAC meeting, but only 24% reported a representative actually 'always attends' their MARAC meeting.
  - **Children and Young People's Services:** 87% of survey respondents reported that it is important that a representative from Children and Young People's Services always attends their MARAC meeting, but only 52% of respondents reported that a representative from Children and Young People's services 'always attends' their MARAC meeting.
  - **Adult Mental Health Services:** 67% of survey respondents reported that it is important that a representative from Adult Mental Health Services 'always attends' their MARAC meeting, but only 34% reported that a representative 'always attends' their MARAC meeting.

- 39% of respondents provided information about other agencies that attend their MARAC meetings. 40 or more respondents report the following other agencies attending MARAC meetings; fire service, A&E, victim support and maternity/midwifery services.

- 78% of respondents report that agency representation 'always' or 'sometimes' changes depending on the cases being discussed. Nearly two

thirds of these respondents (65%) report that it is the MARAC co-ordinator who decides which agencies are invited to attend MARAC meetings.

How regularly do different agencies attend MARACs?

Figure 18 shows that:

- 99% of respondents stated that the police are 'always' represented at their MARAC.

- 92% of respondents stated that IDVAs are 'always' in attendance at their MARAC.

- 67% of respondents stated that a Health representative is 'always' in attendance at their MARAC.

How important is it that representatives from different agencies attend MARACs?

Figure 19 shows that:

- 99% of respondents reported that it is important that police attend all their MARAC meetings.

- 97% of respondents reported that it is important that IDVAs attend all their MARAC meetings.

- 88% of respondents reported that it is important that Housing (local authority) attend all their MARAC meetings.

- 88% of respondents reported that it is important that a Health representative attends all their MARAC meetings.

Figure 18: How regularly does a representative attend MARAC? (Percentage (%) of respondents). N = 550

■ Always attends   ■ Attends the majority of meetings   ■ Attends about half the time   ■ Occasionally attends   ■ Never attends   ■ Don't know
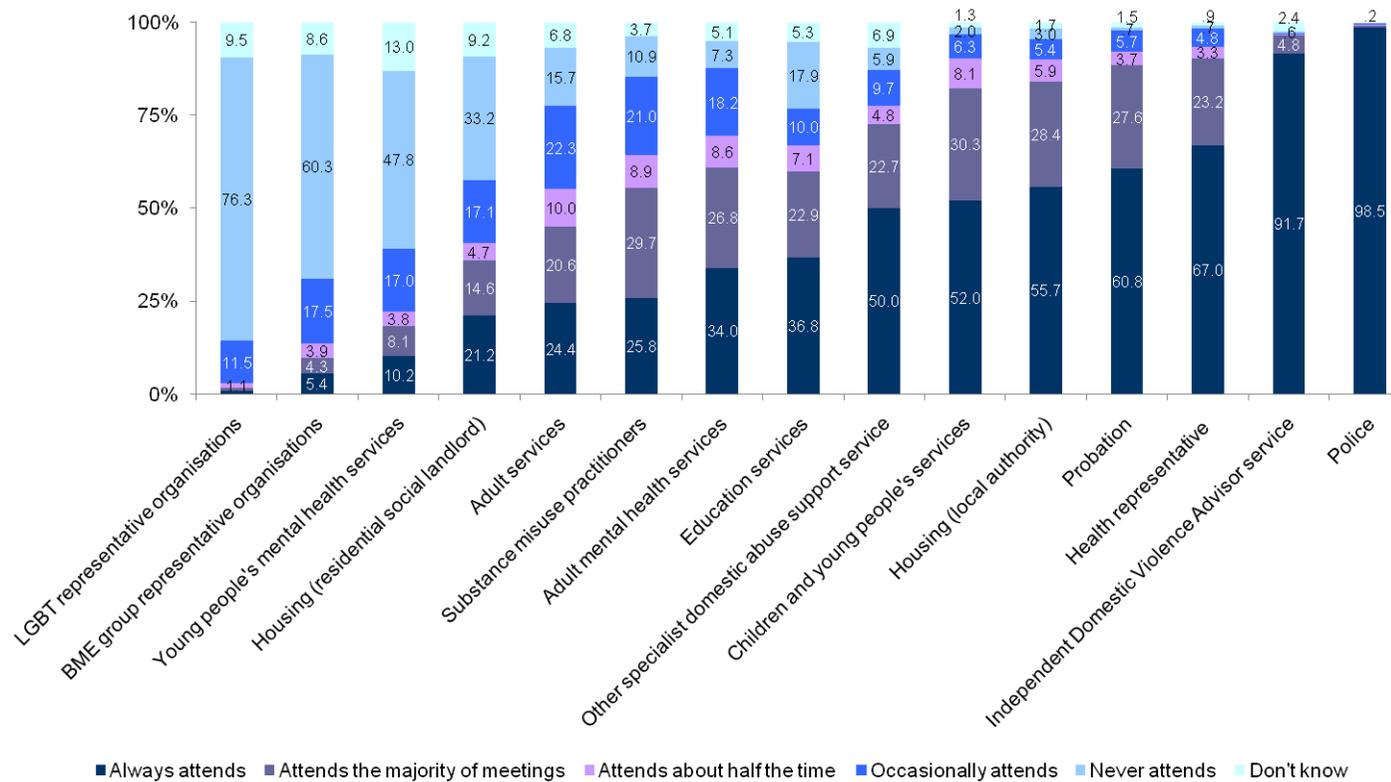
Figure 19: How important is it that they attend MARAC meetings? (Percentage (%) of respondents). N = 548

Legend:
- Important that they attend all meetings
- Important to attend when there are relevant cases
- Does not need to attend
- Don't know
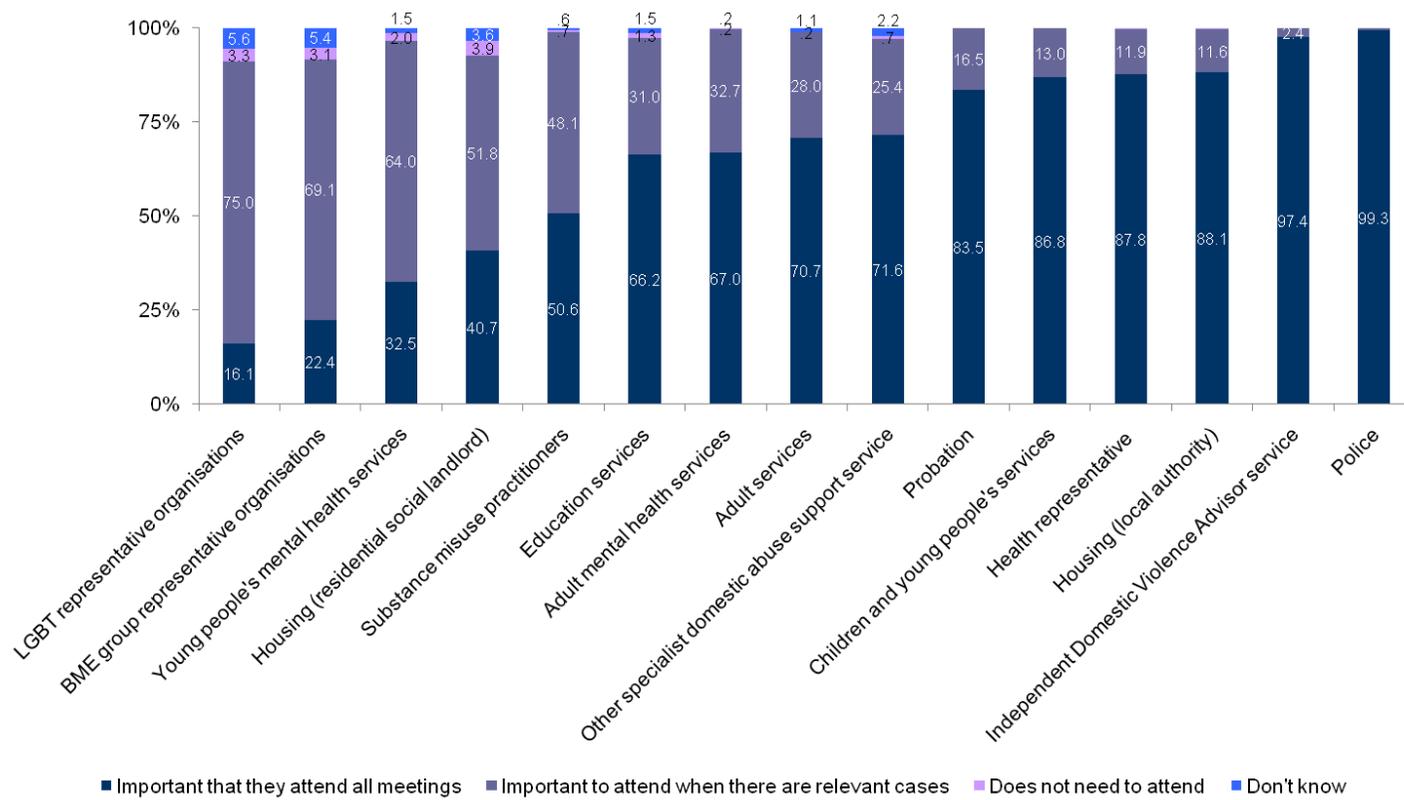
Comparing respondents' views on which agencies should attend MARACs with whether those agencies actually attend

Figure 20 shows the percentage of respondents who report each agency 'always attends' MARAC meetings alongside the percentage of respondents who feel it is 'important that they always attend'. It shows that a greater percentage of respondents report it is 'important that they always attend' than report that an agency 'always attends' for all agencies. The greatest difference occurs for the following agencies:

- **Adult Services:** 71% of survey respondents reported that it is important that a representative from Adult Services 'always attends' their MARAC meeting, but only 24% reported a representative actually 'always attends' their MARAC meeting.

- **Children and Young People's Services:** 87% of survey respondents reported that it is important that a representative from Children and Young People's Services always attends their MARAC meeting, but only 52% of respondents reported that a representative from Children and Young People's services 'always attends' their MARAC meeting.

- **Adult Mental Health Services:** 67% of survey respondents reported that it is important that a representative from Adult Mental Health Services always attends their MARAC meeting, but only 34% reported that a representative 'always attends' their MARAC meeting.

Figure 20: How regularly does a representative attend MARAC? How important is it that they attend MARAC meetings? Agencies for which is it 'important that they attend all meetings'. (Percentage (%) of respondents answering 'always attends' and 'important' that they attend all meetings')

Agency	Always attends	Important to always attend
Police	98.5%	99.3%
Independent Domestic Violence Advisor service	91.7%	97.4%
Health representative	67.0%	87.8%
Probation	60.8%	83.5%
Housing (local authority)	55.7%	88.1%
Children and young people's services	52.0%	86.8%
Other specialist domestic abuse support service	50.0%	71.6%
Education services	36.8%	66.2%
Adult mental health services	34.0%	67.0%
Substance misuse practitioners	25.8%	50.6%
Adult services	24.4%	70.7%
Housing (residential social landlord)	21.2%	40.7%
Young people's mental health services	10.2%	32.5%
BME group representative organisations	5.4%	22.4%
LGBT representative organisations	0.9%	16.1%

■ Always attends   ■ Important to always attend

Note: N = 550 (how regularly does a representative attend), N=548 (how important is it that they attend)

Do other agencies attend MARAC meetings?

274 respondents provided additional information about other agencies that attend their MARACs. This is summarised in Figure 21, which shows agencies reported by ten or more respondents. This shows that 40 or more respondents report the following agencies attend their MARAC:

- Fire service.

- Accident and emergency (A&E).

- Victim support.

- Maternity and midwifery services.

Figure 21: Are there any other agencies that attend meetings at your MARAC? If yes, please could you state which agencies attend and how frequently they attend? (Summary of responses)

Agency	Number of respondents
Fire service	69
Accident & Emergency	50
Victim support	44
Maternity & midwifery services	40
Children and Family Court Advisory and Support Service (CAFCASS)	39
Youth Offending Team (YOT)/ Youth Offending Service (YOS)	38
Social housing organisation	25
Family intervention project (FIP)	21
Refuge	20
Anti-social behaviour team	17
Children's charity	16
Drugs and substance misuse charity	16
Women's Aid	15
Children's Centre	14
Schools	11
Mental health organisations	10
Connexions	10
Women's support service	10

Note: it is recognised that this list and that included in Figure 20 may not be mutually exclusive

Does agency representation change depending on the case being discussed?

Figure 22 shows that over three quarters of respondents (78%) indicate that agency representation 'always' (34%) or 'sometimes' (44%) changes depending on the cases being discussed.

Figure 22 also shows who decides which additional representatives should attend. It shows that among respondents:

- 65% state that it is the MARAC co-ordinator who decides which agencies are invited to MARAC meetings.

- The lowest percentage (20%) state that the Domestic Violence coordinator or another person decides[16].

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[16] No respondents gave information for who this other person was.

Figure 22: Does agency representation change depending on the cases being represented at the meeting? And who decides which additional representatives should be asked? (Percentage (%) of respondents)

Does agency representation change depending on the cases being represented at the meeting?

- Yes, always
- Yes, sometimes
- No
- Don't know

Note: N = 548.

Among those who answered 'yes, always' or 'yes, sometimes', who decides which additional representatives should be asked?[17]

Note: N = 426.

_____
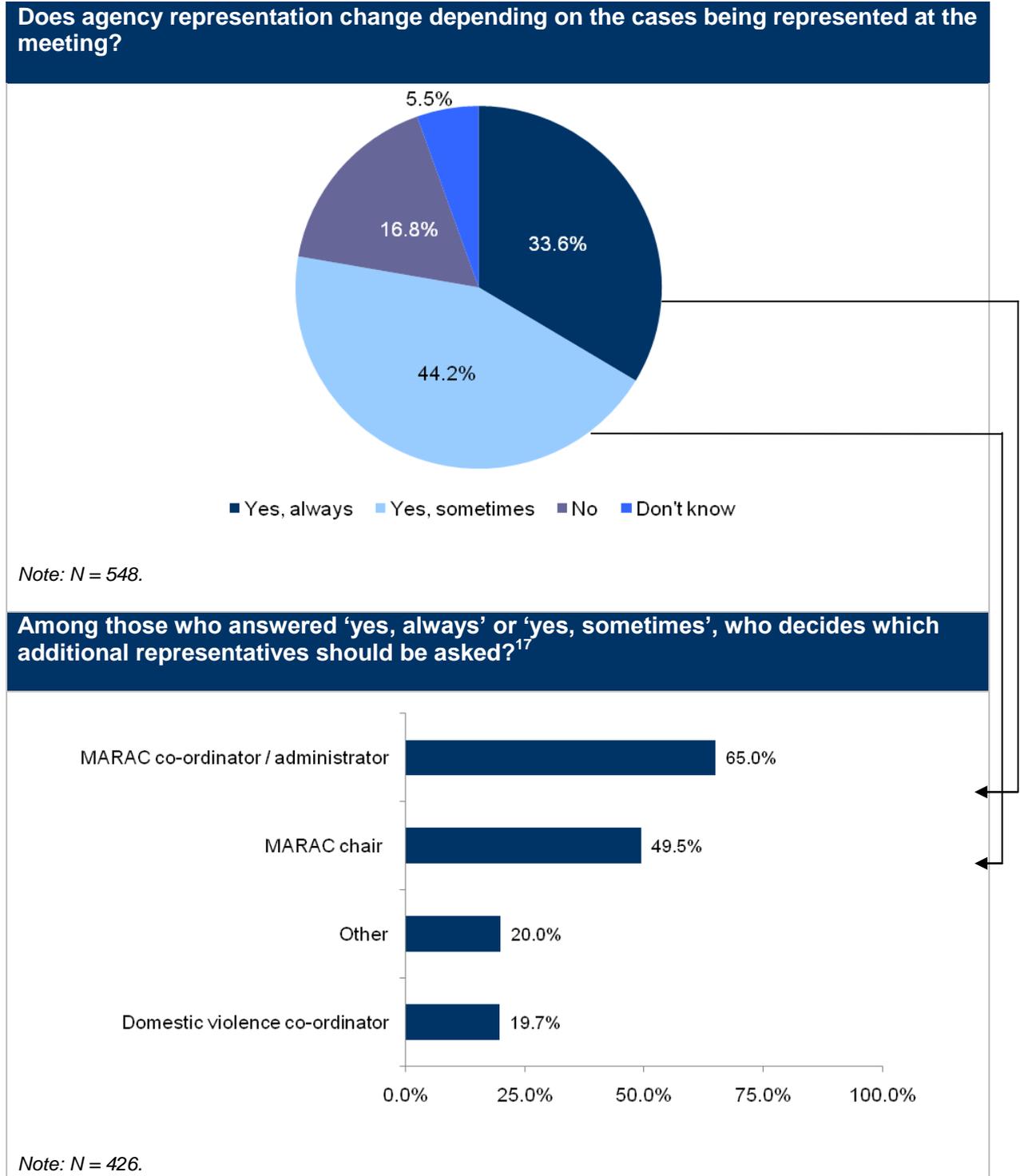
[17] Please note respondents could select multiple responses to percentages will not total 100%.

3.6   CAADA's 10 principles of an effective MARAC

Summary

This section focuses on respondents' answers relating to the 10 principles of an effective MARAC developed by CAADA. Findings include:

- 88% of respondents are either 'very familiar' or 'familiar' with the 10 CAADA principles.

- 24% of respondents in 'other' roles reported they are 'not that familiar' with the 10 principles, compared to 9% of all respondents.

- Only 38% of respondent MARAC chairs reported they are 'very familiar' with the 10 principles in comparison to 50% of all respondents.

- Nearly all (98%) respondents reported that in their MARAC either 'all 10 principles are followed' or 'most of the principles are followed'.

- In terms of individual principles, over 95% of respondents reported that their MARAC either 'completely' or 'mostly follow' each of the 10 principles, apart from principle 7 on volume of cases for which 12% of respondents report their MARAC 'does not follow' the principle.

- The highest proportion of respondents reported that their MARAC completely follows the following CAADA principles:
    - Administration (81% reported that their MARAC completely follows this principle).
    - Engagement with the victim (79% reported that their MARAC completely follows this).
    - Referral (78% reported that their MARAC completely follows this).

- The lowest proportion of respondents reported that their MARAC completely follows the following principles: Volume (41% reported this), Identification (51%) and Representation (52%).

How familiar are respondents with CAADA's 10 principles of an effective MARAC?

Figure 23 shows that:

- 88% of respondents are either 'familiar' or 'very familiar' with the 10 CAADA principles.

- 9% state that they are 'not that familiar'.

- Only 3% state that they have never heard of the 10 CAADA principles.

Figure 23: Co-ordinated Action Against Domestic Abuse (CAADA) have developed 10 principles of an effective MARAC, how familiar are you with these principles? (Percentage (%) of respondents)

Legend: ■ Very familiar ■ Familiar ■ Not that familiar ■ Never heard of the 10 principles
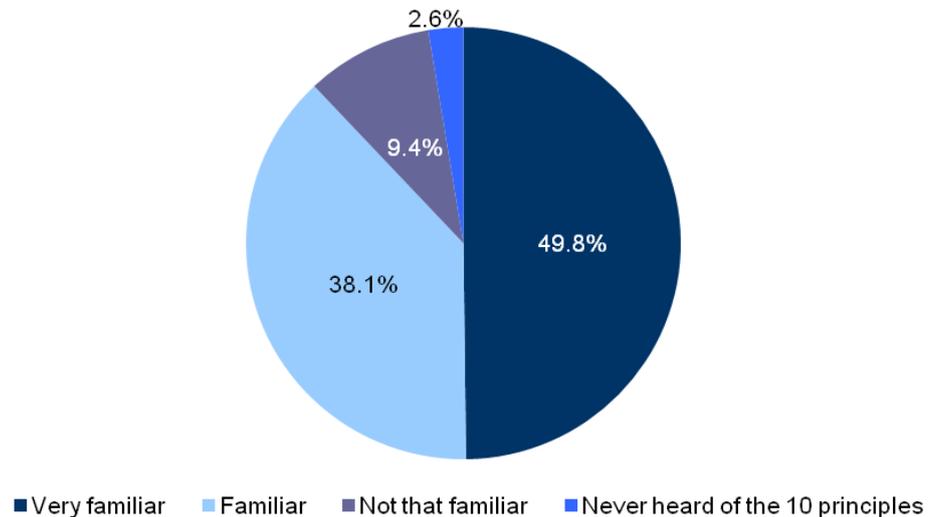
Note: N = 540

Between role analysis showed that respondents who have 'other' roles are the least familiar with the CAADA 10 principles for MARACs. In particular, almost a quarter stated that they are 'not that familiar' (24%) with them. 88% or more of respondents in all other roles are 'familiar' or 'very familiar' with the principles. However, only 38% of MARAC chairs stated that they are 'very familiar'. This is less than the overall response (50%).

Do respondents' MARACs follow the 10 CAADA principles?

Figure 24 shows that the majority of respondents (98%) indicated that either 'all 10 principles are followed' or that 'most principles are followed'. Less than 1% stated that 'the 10 principles are not followed at all'.

Figure 24: How closely do you think your MARAC follows the 10 CAADA principles? (Percentage (%) of respondents)
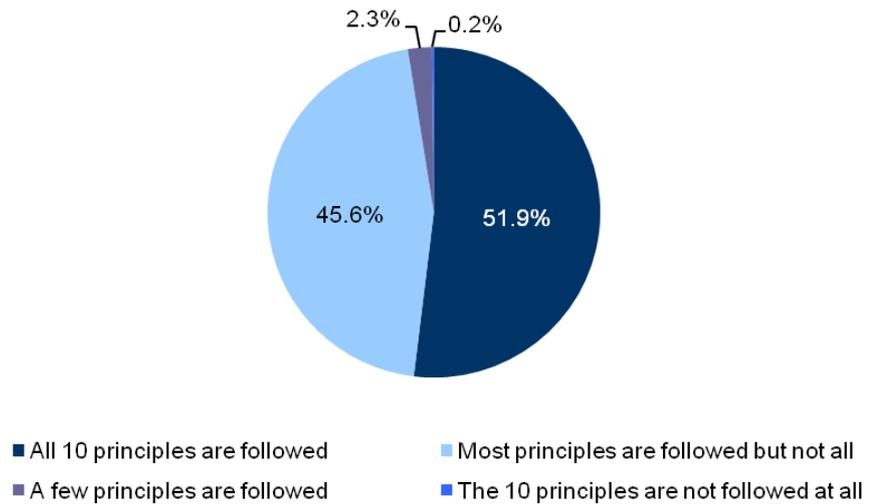
Note: N = 518.

In addition, a greater proportion of respondents with 'other' roles stated that all the principles are being followed (61%) in comparison to the 46% of all respondents who reported this.

How closely does your MARAC follow the 10 CAADA principles?

Respondents were asked how closely their MARAC follows each of the 10 CAADA principles[18].

Over 95% of respondents reported that their MARAC either 'completely' or 'mostly follow' each of the 10 principles, apart from principle 7 which concerns volume of cases for which 12% of respondents reported that their MARAC does not follow.

Figure 25 shows the percentage of respondents who 'completely follow' each of the CAADA principles. This shows that the greatest proportion of respondents stated that they completely follow the principles on:

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[18] Respondents could answer: 'completely follow', 'mostly follow', 'do not follow' or 'don't know'.

- Administration (81%).

- Engagement with the victim (79%).

- Referral (78%).

However, the lowest percentage of respondents stated that they completely follow the principles on:

- Volume (41%).

- Identification (51%).

- Representation (52%).

In addition, across all of the 10 principles, a higher proportion of DV coordinators/MARAC coordinators stated that they completely follow the principles, compared to respondents who perform other roles. However, there are also differences that can be identified in relation to specific principles, namely:

- **Engagement with the victim**: Over 84% of respondent DV coordinators/MARAC coordinators and respondents in 'other' roles stated their MARAC completely follows this principle. This compares to 79% of all respondents.

- **Volume**: 27% of respondents who are MARAC chairs stated that their MARAC completely follows this principle in comparison to 41% of all respondents.

Figure 25: In detail, how closely does your MARAC follow the 10 CAADA principles? (Percentage (%) of respondents answering 'completely follow')
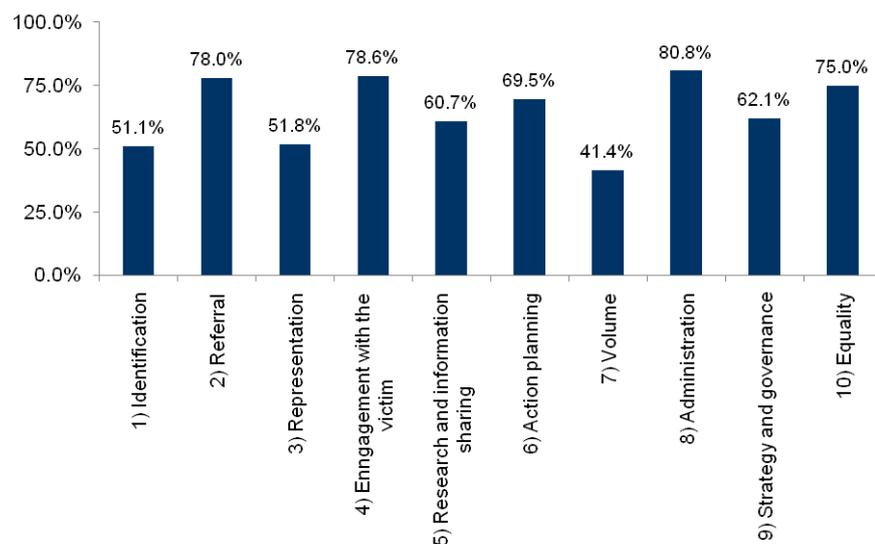
Note: N = 538

3.7   Referrals and caseload levels

Summary

The following section relates to respondents' views on their local MARAC referral process. Findings include:

- Over 80% of respondents agreed with the following regarding referrals:
  o The referral criteria are clear (92%).
  o The referral pathways are clear (89%).
  o All agencies use a standardised referral form (87%).
  o Risk threshold levels are clear in terms of deciding whether to refer cases to the MARAC (84%).

- 65% of survey respondents reported that they use CAADA (DASH) risk threshold guidance to determine which cases go to their MARAC. Among these respondents 80% report that 14 to 16 ticks are required to trigger a referral.

- The majority of respondents (61%) reported that the referral threshold has remained the same over the last 12 months. 20% of respondents' reported that it has increased while 4% reported it has decreased.

- Reasons for increasing the threshold included; the volume of cases being referred being too high (33 respondents), a change in risk assessment and the introduction of the CAADA (DASH) risk assessment checklist (23 respondents) and that cases being referred to MARAC meetings were not sufficiently high risk (8 respondents).

- 72% of respondents reported that all cases referred by an agency are discussed at the MARAC, although 20% reported they are not all discussed.

- Reasons for not discussing all cases included: the referral threshold not being met (34 respondents) and the case not being high risk or of imminent risk (23 respondents).

Views on referral procedures

Figure 26 shows that over 80% of respondents agreed with the following regarding referrals:

- The referral criteria are clear (92%).

- The referral pathways are clear (89%).

- All agencies use a standardised referral form (87%).

- Risk threshold levels are clear in terms of deciding whether to refer cases to the MARAC (84%).

Figure 26: Do you agree with the following statements concerning referral procedures at your MARAC? (Percentage (%) of respondents)
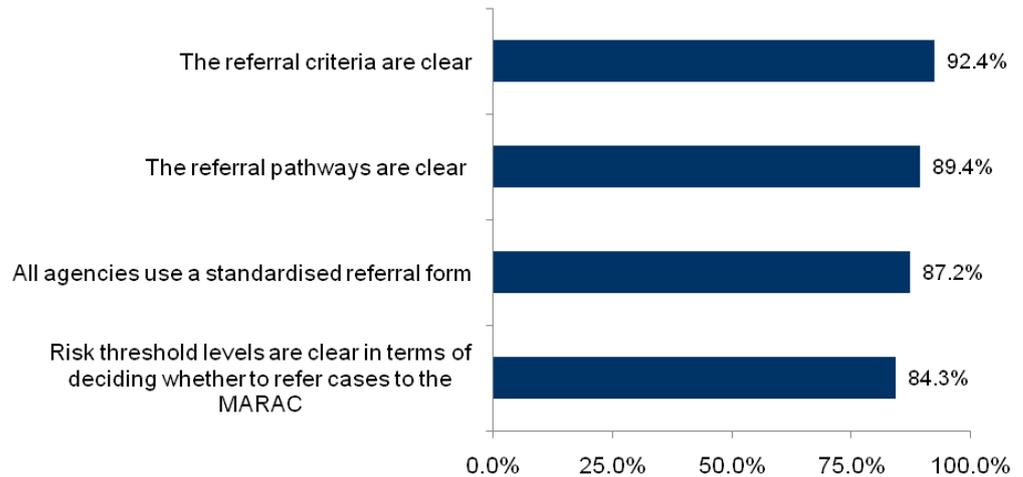
Note: N = 535 (comprising of 528, 526, 529, 526 respectively).

Do respondents' MARACs use CAADA (DASH) risk threshold guidance?

Figure 27 shows that the majority of respondents (65%) reported that their MARAC uses CAADA (DASH) risk threshold guidance.

Figure 27: Which of the following parameters do you use to determine which cases go to the MARAC in your local area?[19]

Which of the following parameters do you use to determine which cases go to the MARAC in your local area?	Number	%
CAADA (DASH) risk threshold guidance	412	64.8
Professionals judgement	392	61.6
Number of recorded incidents (repeat victimisation) of domestic abuse	288	45.3
ACPO (DASH) assessment	228	35.8
Locally designed risk assessment process	87	13.7
Other	31	4.9
Don't know	7	1.1

Only one respondent stated that their MARAC only use professional judgement and not any other parameters.

Respondents that use CAADA (DASH) risk threshold guidance and ACPO (DASH) assessment used them in the following combinations:

- 254 only used CAADA (DASH).

- 70 only use ACPO (DASH).

- 158 used both CAADA (DASH) and ACPO (DASH).

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[19] Please note respondents could select multiple options so percentages will not total 100%.

Respondents who stated that they use the CAADA (DASH) guidance (412) were asked how many ticks triggered a referral to the MARAC. Respondents who knew exactly how many ticks are required wrote this in as an answer. However, respondents who were unclear about the exact number provided information about the range of ticks required[20]. Figure 28 shows the combined response to this question. It shows that 80% of respondents reported using between 14 and 16 ticks, with a further 14% using seven to 13 ticks.

Figure 28: Range of ticks required to trigger a referral among those using CAADA (DASH) risk threshold guidance (Percentage (%) of respondents)
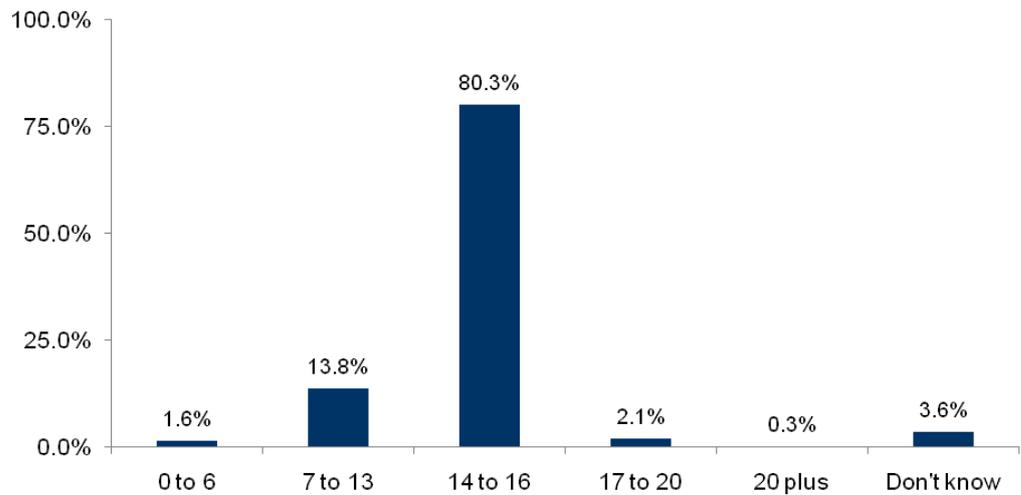
Note: N = 385.

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[20] Please note, in cases where respondents reported both an exact number and a range the answer with the range has been used. This happened in 48 cases.

Have risk referral thresholds remained the same over the last year?

Figure 29 shows that the majority of respondents (61%) reported that the threshold for referral has remained the same in the last 12 months. However, 20% of respondents reported that the risk referral threshold level has increased in the last 12 months.

Figure 29: Has this referral threshold changed within the last 12 months? (Percentage (%) of respondents)

Legend: ■ Yes, it has been decreased ■ No, it has remained the same ■ Yes, it has been increased ■ Don't know

4.3%
14.6%
19.7%
61.4%
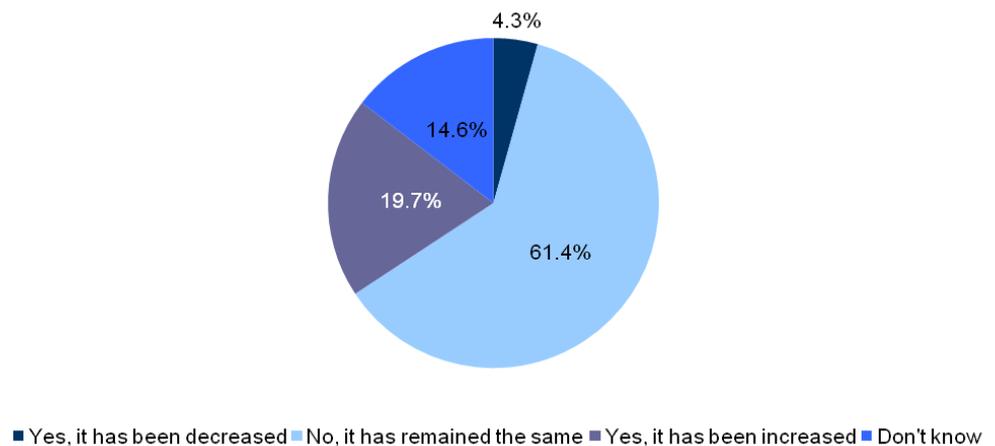
Note: N = 487.

The main reasons provided by respondents for an increase in the threshold over the last 12 months are:

- **That the volume of cases being referred is too high**: 33 respondents mentioned that the volume of cases was too high for their MARAC. For example, one respondent stated: *"Too many referrals. The MARAC could not take them all anymore".*

- **A change in the risk assessment and the introduction of the CAADA (DASH) system:** 23 respondents mentioned this. For example, one said *"Before changing to the CAADA (DASH) risk assessment we were using our own locally designed risk assessment forms. The MARAC threshold for these was ten. When we changed over to the new forms there were more questions and as a result the MARAC threshold score was increased".*

- **That the cases being referred to MARAC meetings were not sufficiently high risk:** Eight respondents answered along these lines. For example, one respondent answered *"The previous threshold was 12, it was clear cases were being referred on the 12 criteria which were clearly not high risk".*

Are all referred cases discussed at MARAC meetings?

Figure 30 shows that the majority of respondents stated that all cases referred by an agency are discussed at the MARAC (72%). 20% of respondents stated that not all cases that are referred are discussed at the MARAC.

Figure 30: Are all cases that are referred by agencies to the MARAC discussed at a MARAC meeting? (Percentage (%) of respondents)

■ Yes ■ No ■ Don't know
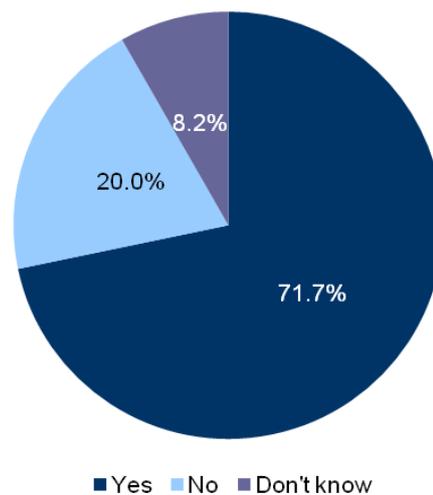
Note: N = 534.

103 respondents that stated that not all cases are discussed at MARAC meetings provided reasons for why this is the case. The most popular answers relate to:

- **The referral threshold has not been met:** 34 respondents gave reasons along these lines. For example, one respondent said "*If the referral is not appropriate, i.e. does not fit the referral criteria or the protocol however this would be discussed with the referring agency prior to making the decision*".

- **The case is not high risk or not of imminent risk:** 23 respondents gave answers around the fact a case is not sufficiently high risk or is of a historical nature and there is no evidence to suggest the victim faces a new risk. For example, one respondent answered "*Occasionally the referrals are not based on risk or they are historical abuse where the referrer actually is seeking counselling or ongoing support*".

3.8 Working practices

Summary

This section explores the working practices of MARACs. Findings include:

- 81% of respondents reported that the MARAC coordinator has responsibility for keeping track of and confirming that actions from MARAC meetings have been completed, 36% reported it is the MARAC chair's responsibility.

- Responses suggest that effective action planning does take place as part of the MARAC process. Respondents most commonly reported that the following aspects of action planning 'always' take place:
  o Where appropriate, links are made to other safeguarding procedures for children and vulnerable adults (81% reported this 'always' occurs).
  o A lead partner is identified to liaise with the victim after the meeting (75% reported this 'always' occurs).
  o MARAC action plans reflect the risks and needs identified at the meeting (75%).

- Respondents were least likely to report that the following aspects of action planning take place:
  o Actions agreed are SMART (53% reported this 'always' occurs).
  o Partner agencies identify opportunities to coordinate actions with other partners (58% reported this 'always' occurs).
  o When agencies are 'tasked' with an action their capacity to deliver is taken into account (65% reported this 'always' occurs).

- Respondent IDVA/domestic abuse specialist support provider's and 'other' roles are less likely to report that the capacity to deliver of agencies who are "tasked" with actions is taken into account always occurs. For example, 60% of respondent IDVA/domestic abuse specialist support providers report this and 53% of 'other' role respondents report this. This compares to 65% of all respondents.

- Regarding MARAC meeting follow up actions:
  o 80% of respondents reported that the IDVA/DASSP 'always' keeps the victim informed of the plan where safe to do so.
  o 68% of respondents stated that there is 'always' a clear follow up process that all partners understand.
  o 63% of respondents stated that the process of following up actions outside the meeting is 'always' transparent and understood by all partners.
  o 62% reported that actions from the previous meeting are 'always' reviewed.
  o 61% reported that the IDVA/DASSP 'always' liaises with partner agencies to coordinate the action plan.
  o 56% reported that the IDVA/DASSP is 'always' kept informed of all

- relevant information.

- 81% of respondents reported that partner agencies are held accountable for actions agreed at MARAC meetings 'all' or 'most of the time', although only 69% of respondents in 'other' roles report this.

Responsibility for tracking and confirming actions from MARAC meetings

Figure 31 provides a breakdown of who respondents reported are responsible for keeping track of, and confirming actions for meetings. This shows that 81% reported that MARAC coordinators are responsible for this, with 36% stating MARAC chairs and 11% stating 'other'.

Figure 31: Who is responsible for keeping track of and confirming that actions from MARAC meetings have been completed? (Percentage (%) of respondents)[21]

Role	Number	Percentage
MARAC coordinator	426	81.0%
MARAC chair	187	35.6%
Other	59	11.2%
IDVA	50	9.5%
Domestic violence coordinator	28	5.3%
Other specialist domestic abuse support providers	13	2.5%
No specific person identified	9	1.7%

In addition, by role, the following differences emerged:

- Only 21% of respondent DV coordinators and/or MARAC coordinators/administrators reported that the MARAC chair takes responsibility for tracking and confirming actions, compared to 36% of all respondents.

- 62% of respondents in 'other' roles identified the MARAC coordinator as taking responsibility. This compares to 81% of all respondents.

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[21] Please note respondents could select multiple responses so percentages will not total 100%.

Frequency of aspects of action planning

Respondents were asked how often various action planning activities take place in their MARAC[22]. Less than 11% of respondents reported that any of the elements of the action planning process take place 'sometimes' or 'never', and over 85% reported that they take place 'always' or 'sometimes'. Figure 32 shows the frequency that elements of the action planning process take place 'always'. It shows that:

- Over 75% of respondents stated that the following take place all of the time:

  - Where appropriate, links are made to other safeguarding procedures for children and vulnerable adults (81%).
  - A lead partner is identified to liaise with the victim after the meeting (75%).

- Only 53% of respondents report that actions agreed at MARAC meetings are 'always' SMART.

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[22] Respondents were allowed to give the following responses; 'always', 'most of the time', 'sometimes', 'never' or 'don't know'.

Figure 32: Thinking about your MARAC action planning process, how often do the following take place? (Percentage (%) of respondents answering element takes place 'always')
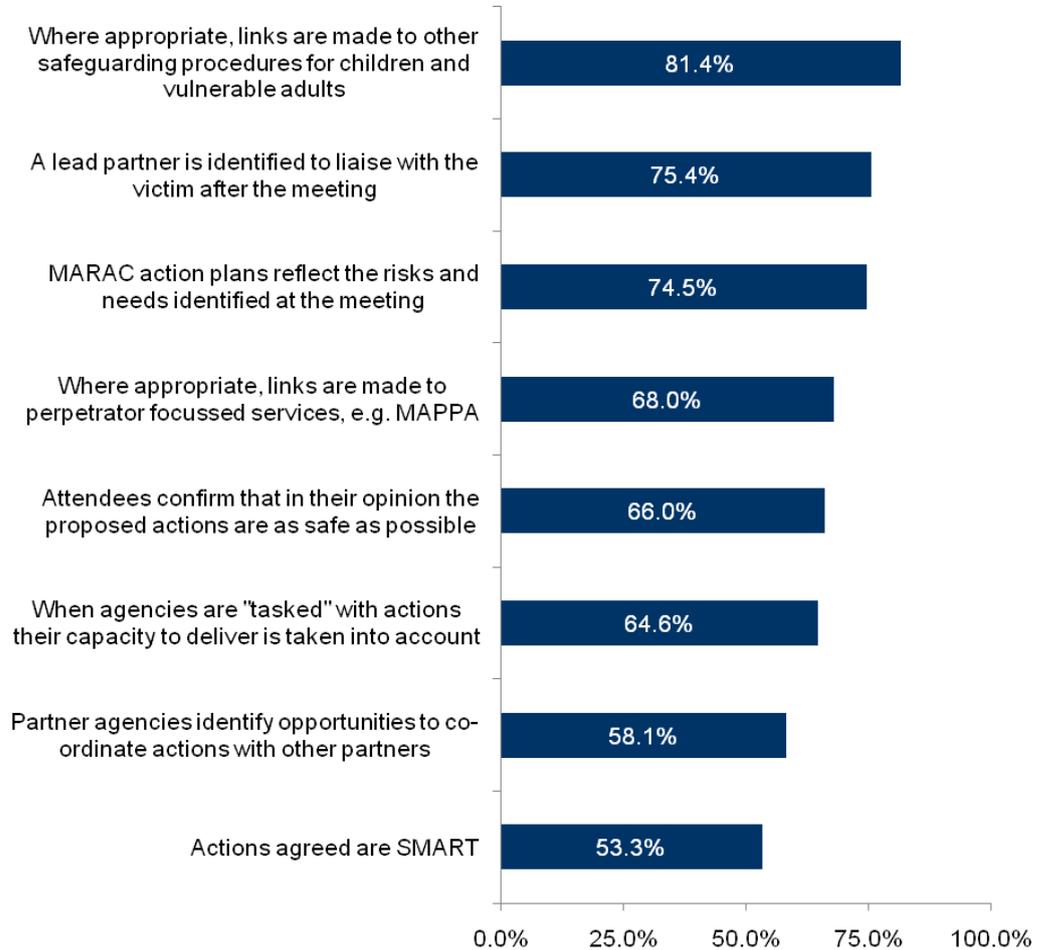
Note: N = 532.

Few differences emerged by role except that respondent IDVA/domestic abuse specialist support provider's and 'other' roles are less likely to report the capacity to deliver of agencies who are "tasked" with actions is taken into account always occurs. For example, 60% of respondent IDVA/domestic abuse specialist support providers report this and 53% of 'other' role respondents report this. This compares to 65% of all respondents.

MARAC meeting follow-up actions

Respondents were asked about how often various follow-up activities take place at their MARAC[23]. Over 70% of respondents reported that various follow-up actions take place 'all of the time' or 'some of the time'. Less than 10% of respondents reported that all follow-up actions take place 'sometimes' or 'never', apart from the following:

- Actions from the previous meeting are reviewed – 25% reported this follow-up actions takes place 'sometimes' or 'never'.

- The IDVA/specialist DA support provider service liaises with partner agencies to co-ordinate the action plan reviewed – 13% reported this follow-up actions takes place 'sometimes' or 'never'.

Figure 33 shows the percentage of respondents reporting that the follow-up actions take place 'always'. It shows that over 65% of respondents' stated that the following 'always' takes place:

- The IDVA/specialist DA support provider keeps the victim informed of the plan where safe to do so (80%).

- There is a clear follow-up process that all partners understand (68%).

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[23] Respondents were allowed to give the following responses; 'always', 'most of the time', 'sometimes', 'never' or 'don't know'.

Figure 33: Thinking about follow up actions after the MARAC meeting, how often do the following take place (Percentage (%) of respondents answering 'always')
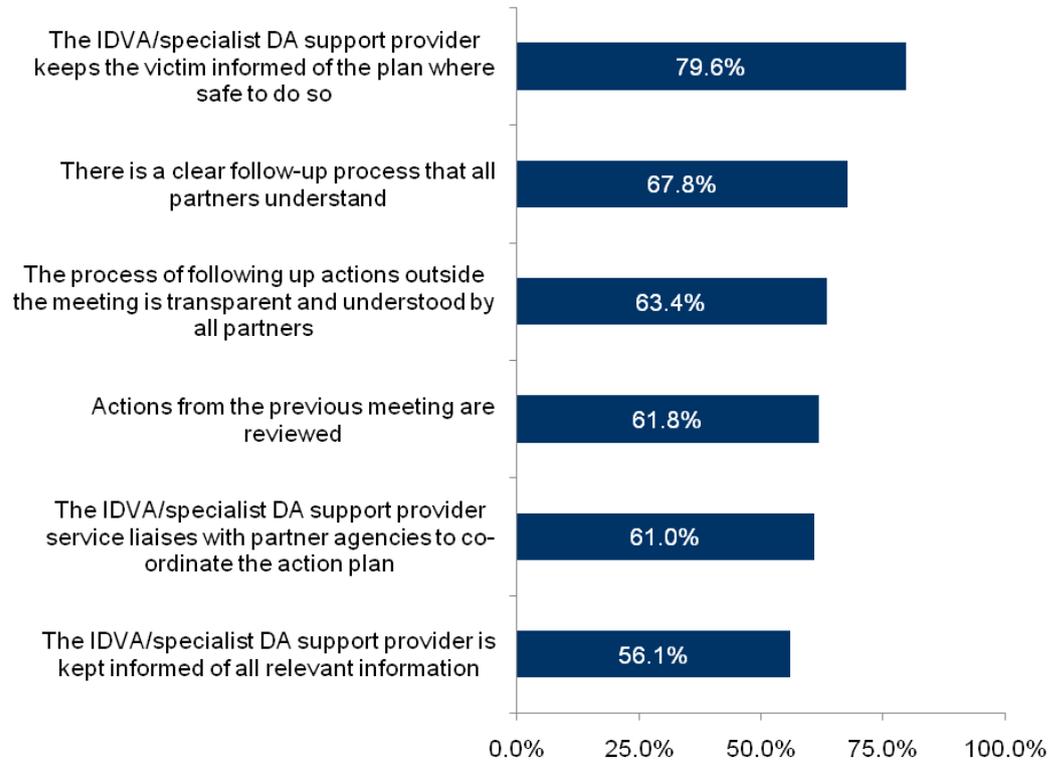
Note: N = 533.

Are partner agencies held accountable for actions agreed at MARAC meetings?

Figure 34 shows that over half of respondents stated that agencies are held accountable 'all the time' (58%) with another 23% reporting that they are held accountable 'most of the time'. Only 2% stated that agencies are 'never' held accountable.

Figure 34: To what extent are partner agencies held accountable for actions agreed at MARAC meetings? (Percentage (%) of respondents)
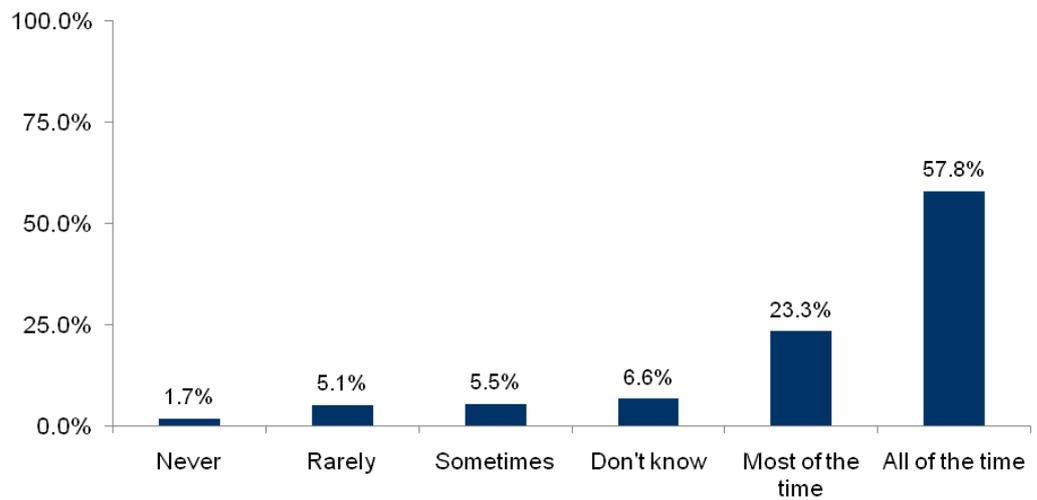
Note: N = 528.

The breakdown by role shows that respondents with 'other' roles are less likely to state that partners are held accountable 'all of the time' or 'most of the time' (69%) compared to 81% of all respondents. These findings should be treated with caution due to the relatively small size of the 'other' group.

3.9 Barriers and levers to effective MARACs

Summary

The sections covers findings concerning:

- Perceptions on barriers and levers to MARAC effectiveness.
- Perceptions of the effectiveness of MARACs in relation to practice issues.
- Perceptions of the effectiveness of MARACs in relation to improving outcomes for the victims of domestic abuse.

Findings include:

- Over 65% of respondents reported that the following aspects of running their MARAC takes place 'always' or 'most of the time':
    - There is regular review and evaluation of how well the MARAC is running.
    - MARAC meetings identify risks for the perpetrator.
    - MARAC meetings identify risks for agency staff.
    - Attendees have received training in relation to MARAC and domestic violence issues.
    - Representatives at meetings are at the right level (decision makers).
    - All agencies research all cases on the agenda.
    - There is strong leadership from the MARAC chair.
    - The MARAC is coordinated effectively.
    - Meetings are task oriented with clear actions.
    - Levels of repeat cases are recorded accurately.
    - All agencies receive a meeting agenda prior to the MARAC meeting.
    - MARAC meetings identify risk for children when appropriate.
    - MARAC meetings identify risk for the victim.

- Areas where respondents a greater percentage reported that the above items take place only 'sometimes' or 'never' are:
    - Regular review and evaluation of how well the MARAC is running (20% of respondents report that this takes place 'sometimes' or 'never').
    - MARAC meetings identify risks for the perpetrator (19% of respondents report that this takes place 'sometimes' or 'never').
    - MARAC meeting identify risks for agency staff (14% of respondents reported that this takes place 'sometimes' or 'never').

- Survey respondents suggest that MARACs could be more effective by:
    - Increasing successful prosecutions for domestic abuse incidents (11% of respondents report their MARAC is not very effective at this).
    - Improving responses to dealing with perpetrators (14% of

respondents report their MARAC is not very effective at this).

- Respondents identify the following as existing barriers to their MARACs that they would prioritise for development:
  - Lack of referrals from non police agencies (39% of respondents report this as one of their top three priorities for improvement).
  - Key agencies/organisations do not attend meetings when required (35% of respondents report this as one of their top three priorities for improvement).

- 97% of respondents report that their MARAC is 'very effective' or 'fairly effective' at improving outcomes for and the lives of victims of domestic abuse.

- MARAC chairs are less likely to state that MARACs are 'very effective' at improving outcomes for and the lives of victims of domestic abuse (48% compared to 59% for all respondents).

Improvements for how MARACs can be run

Figure 35 shows that respondents were asked how regularly a number of different actions around how MARACs are run take place[24]. Over 65% of respondents reported that each action takes place 'always' or 'most of the time'. Figure 35 shows the percentage of respondents who reported that they take place 'sometimes' or 'never'. It shows that areas for future improvement could include:

- Regular review and evaluation of how well the MARAC is running (20% of respondents reported that this takes place 'sometimes' or 'never').

- MARAC meetings could identify risks for the perpetrator more effectively (19% of respondents reported that this take place 'sometimes' or 'never').

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[24] They could give the following responses; 'always', 'most of the time', 'sometimes', 'never' or 'don't know'.

Figure 35: Thinking about your MARAC, do the following take place? (Percentage (%) of respondents reporting 'sometimes' or 'never')

There is regular review and evaluation of how well the MARAC is running	20.0%
MARAC meetings identify risks for the perpetrator	19.4%
MARAC meetings identify risks for agency staff	13.8%
Attendees have received training in relation to MARAC and domestic violence issues	13.4%
Representatives at meetings are at the right level (decision makers)	9.4%
All agencies research all cases on the agenda	6.3%
There is strong leadership from the MARAC chair	4.8%
The MARAC is co-ordinated effectively	3.8%
Meetings are task oriented with clear actions	2.7%
Levels of repeat cases are recorded accurately	2.3%
All agencies receive a meeting agenda prior to the MARAC meeting	2.1%
MARAC meetings identify risks for children, when appropriate	1.3%
MARAC meetings identify risks for the victim	0.6%

Note: N = 526.

When the analysis in Figure 35 is broken down by respondent role there are limited differences between the views of respondents in different roles. However, the data does show a few differences in respondent opinions:

- 37% of respondents in 'other' roles stated 'representatives at the meetings are at the right level' all the time compared with 45% of all respondents.

- Respondent IDVAs/ Domestic abuse specialist support providers are less likely to report the following occurs 'all the time':

  - 'There is strong leadership from the MARAC chair' (64% compared to 75% of all respondents).
  - 'MARAC meetings identify risks for the perpetrator' (45% compared to 55% of all respondents).

Effectiveness of MARAC

Figure 36 shows that over 85% of respondents reported that their MARAC is either 'fairly effective' or 'very effective' at a number of activities[25]. Figure 36 shows the percentage of respondents who report that they are 'not very effective' at these activities. This shows that there may be room for development around:

- Increasing successful prosecutions for domestic abuse incidents (11% of respondents reported their MARAC is 'not very effective' at this).

- Improving responses to dealing with perpetrators (14% of respondents report their MARAC is 'not very effective' at this).

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[25] Respondents could give the following responses; 'very effective', 'fairly effective' and 'not very effective'.

Figure 36: How effective do you think your MARAC is at the following? (Percentage (%) of respondents answering 'not very effective')
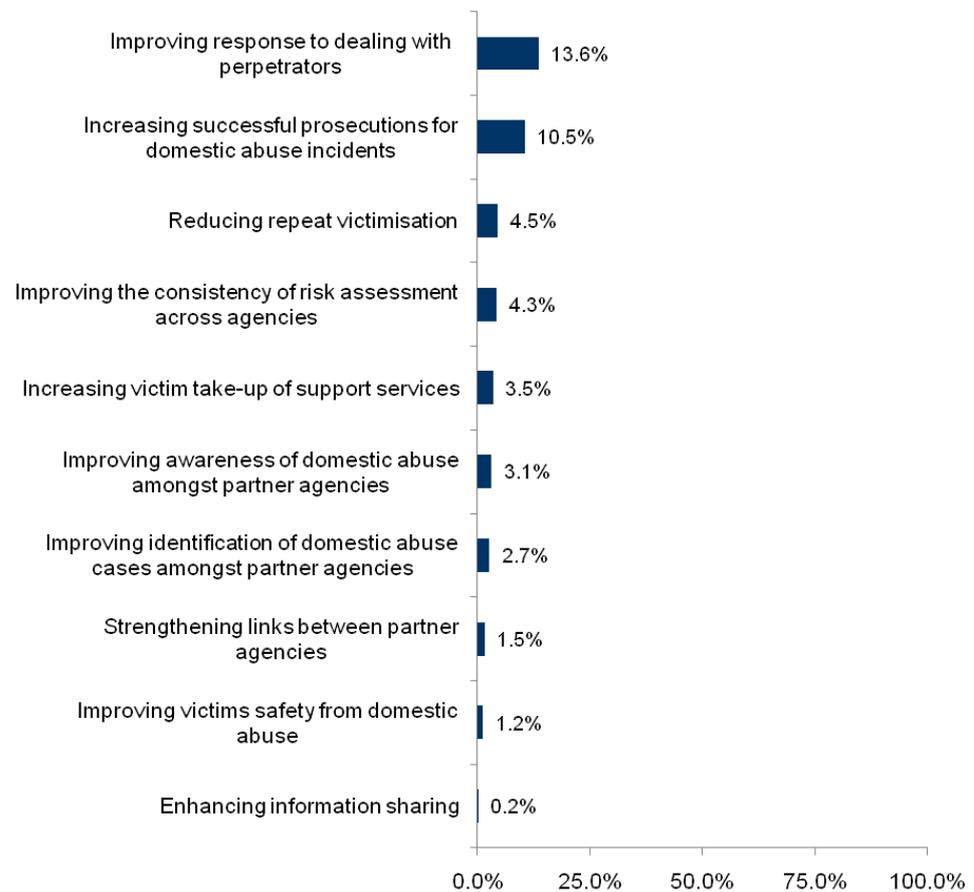
Note: N = 523.

There are some differences between the views of respondents with different roles in relation to effectiveness. In particular MARAC chairs are less likely than other respondents to describe the following elements as 'very effective':

- Increasing victim take-up of support services (40% compared to 55% of all respondents).

- Increasing successful prosecutions for domestic abuse incidents (28% compared to 35% of all respondents).

- Improving response to dealing with perpetrators (35% compared to 45% of all respondents).

- Improving consistency of risk assessment across agencies (55% compared to 64% of all respondents).

- Reducing repeat victimisation (42% compared to 49% of all respondents).

Perceptions on barriers to MARAC effectiveness

Respondents were asked whether a number of areas were a barrier to the effectiveness of their MARAC. They were asked to pick their top three priorities in terms of barrier from the list.

Figure 37 shows the results of respondents' perceptions of what the main barriers to MARAC effectiveness are. Percentages are of the total number of respondents that have identified an area as either a first, second or third priority[26]. It shows respondents are most likely to identify the following areas which could be improved in the future:

- Lack of referrals from non police agencies (39% of respondents reported this).

- Key agencies/organisations do not attend meetings when required (35% of respondents reported this).

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[26] Looking at first, second or third priority in isolation does not substantively change the results so priorities have been considered overall.

Figure 37: Are there any barriers to effectiveness experienced by your MARAC? (Percentage (%) of respondents selecting area as 1st, 2nd or 3rd priority for improvement)

Barrier	Percentage
Lack of referrals from non police agencies	39.0%
Key agencies/organisations do not attend meetings when required	34.7%
Individuals are not held accountable for completing their actions	18.7%
Representatives do not have the capacity to attend, prepare for meetings and complete their actions	18.2%
Lack of IDVA/domestic abuse specialist provision within the local area	10.5%
Representatives are not at the appropriate level to be able to make decisions	9.4%
Agencies are not open to sharing relevant information	7.2%
Actions are too focused on criminal justice responses	6.8%
Other	6.3%
Unclear pathways for referral	4.4%
The MARAC does not have strong leadership from the chair	3.8%
Poor administration of meetings	2.5%
Meetings are not task orientated with clear actions	2.4%

How effective do respondents feel their MARAC is at improving outcomes for the victims of domestic abuse?

Figure 38 shows that 97% of respondents feel that their MARAC is 'fairly effective' or 'very effective' at improving outcomes for and the lives of victims of domestic abuse in their local area. Over half of respondents (59%) feel that their MARAC is 'very effective'.

Figure 38: 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? (Percentage (%) of respondents)

2.7%   0.2%

37.7%

59.4%

■ Very effective   ■ Fairly effective   ■ Not that effective   ■ Not effective at all
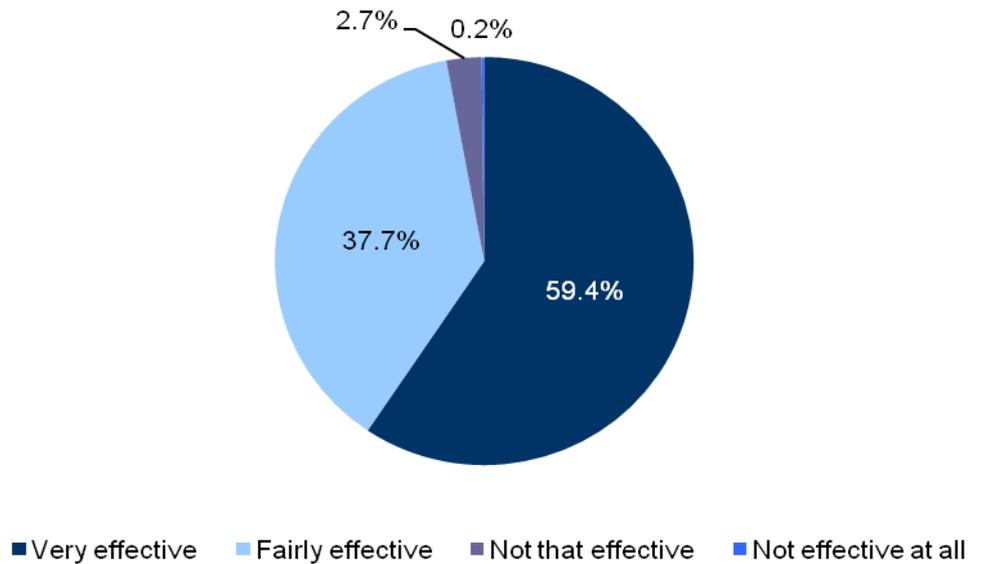
Note: N = 517.

Respondent MARAC chairs are less likely to state that MARACs are 'very effective' at improving outcomes for and the lives of victims of domestic abuse in their local area (48% compared to 59% for all respondents).

3.10   Links to other local public protection arrangements

Summary

This section includes findings on how effective links are between MARACs and other local public protection arrangements. Findings include:

- The majority of respondents reported that links with Local Safeguarding Children's Boards (LSCBs), Multi-Agency Public Protection Arrangements (MAPPA), and Safeguarding Vulnerable Adults Boards were at least 'fairly effective'.

- 80% of respondents reported that links between their MARAC and LSCB were 'very effective' (42%) or 'fairly effective' (37%).

- Three in four respondents to the survey reported that they perceived the links between their MARAC and MAPPA to be either 'very effective' (37%) or 'fairly effective' (38%).

- Responses in relation to Safeguarding Vulnerable Adults Boards were slightly less positive - nearly a quarter (22%) of respondents reported that links are 'not that effective' or 'not at all effective' - although just under two in three respondents still perceived the links to be either 'very effective' (29%) or 'fairly effective' (35%).

How effective are the links between respondents' MARACs and other forums?

Respondents were asked how effective the links between their MARAC and other local forums within their area are[27].

Figure 39 shows that over 60% of respondents stated that links are 'very effective' or 'fairly effective' with Safeguarding Vulnerable Adults Boards, Multi-agency Public Protection Arrangements (MAPPA) and Local Safeguarding Children Board (LSCB).

Respondents indicated that links are relatively less effective to Safeguarding Vulnerable Adults Boards with just under two in three (64%) respondents reporting that links are 'very effective' or 'fairly effective'. In comparison, 75% reported that links to MAPPA and 80% that links to the LSCB are 'very effective' or 'fairly effective'.

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[27] Respondents could answer; 'links are very effective', 'links are fairly effective', 'links are not that effective', 'links are not at all effective' and 'don't know'.

Figure 39: How effective are the links between your MARAC and other forums? (Percentage (%) of respondents answering 'not that effective' or 'not at all effective')

Safeguarding Vulnerable Adults Board	MAPPA	Local Children's Safeguarding Board

Safeguarding Vulnerable Adults Board:
- 3.6%
- 13.8%
- 29.1%
- 18.8%
- 34.8%
- Links are very effective
- Links are fairly effective
- Links are not that effective
- Links are not at all effective
- Don't know

MAPPA:
- 2.2%
- 8.5%
- 14.2%
- 37.3%
- 37.9%
- Links are very effective
- Links are fairly effective
- Links are not that effective
- Links are not at all effective
- Don't know

Local Children's Safeguarding Board:
- 1.6%
- 8.5%
- 10.4%
- 42.1%
- 37.4%
- Links are very effective
- Links are fairly effective
- Links are not that effective
- Links are not at all effective
- Don't know

Note: N = 507

3.11 Funding

Summary

This section includes findings around how efficiency challenges at a local level may impact respondents' MARACs.

- Over 60% of survey respondents identified a 'significant negative' or 'some negative' impact from efficiency challenges in the following areas:
    - Availability of individuals/agencies to attend MARAC meetings (28% reported a 'significant negative' and 50% 'some negative' impact from efficiency challenges).
    - Availability of individuals/agencies to prepare for MARAC meetings (26% reported a 'significant negative' and 50% 'some negative' impact from efficiency challenges).
    - Availability of individuals/agencies to complete agreed actions (24% reported a 'significant negative' and 48% 'some negative' impact from efficiency challenges).
    - Capacity of IDVA or specialist support service provider (36% reported a 'significant negative' and 32% 'some negative' impact from efficiency challenges).
    - Sustainability of the MARAC (24% reported a 'significant negative' and 43% 'some negative' impact from efficiency challenges).
    - Capacity of the MARAC (21% reported a 'significant negative' and 44% 'some negative' impact from efficiency challenges).

Respondent IDVA/domestic abuse specialist support providers are more likely than other respondents to consider future efficiency challenges to have a significant negative impact on:

- Capacity of the IDVA/specialist support service (42% compared to 36% of all respondents).

- Sustainability of the MARAC (32% compared to 24% of all respondents).

- Availability of individuals and agencies to prepare for MARAC meetings (31% compared to 26% of all respondents).

Concerns about impact of local efficiency challenges on MARAC

Respondents were asked how efficiency challenges at a local level may impact their MARAC in a number of areas[28]. Figure 40 shows that over 60% of respondents identify a 'significant' or 'some negative' impact in relation to all the elements identified. Respondents identified the following areas as most likely to be negatively affected:

- Availability of individuals and agencies to attend MARAC meetings (79%).

- Availability of individuals and agencies to prepare for MARAC meetings (76%).

It should also be noted that 36% of respondents stated that this will have a 'significant negative impact' on the capacity of the IDVA or specialist support service provider.

Figure 40: Many local authorities are faced with efficiency challenges at a local level. Do you think there is likely to be an impact on the MARAC? (Percentage (%) of respondents)
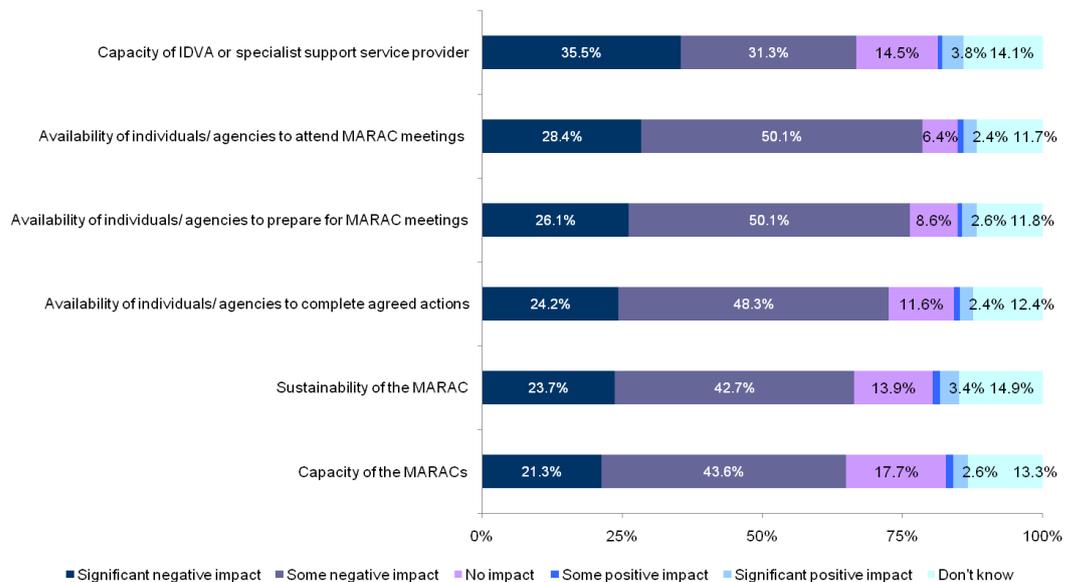
Note: N = 508.

An analysis by role shows that respondent IDVA/domestic abuse specialist support providers are more likely than other respondents to consider future challenges to have a significant negative impact on:

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[28] Respondents could answer that efficiency challenges would have; 'significant negative impact', 'some negative impact', 'no impact', 'some positive impact', 'significant positive impact' and 'don't know'.

- Capacity of the IDVA/specialist support service (42% compared to 36% of all respondents).

- Sustainability of the MARAC (32% compared to 24% of all respondents).

- Availability of individuals and agencies to prepare for MARAC meetings (31% compared to 26% of all respondents).

3.12   Statutory footing

Summary

The government's 'Call to end all violence Against Women and Girl's' strategic narrative committed it to considering the case for putting MARACs on a statutory footing. The following section outlines respondents' views on these proposals.

- 83% of respondents reported that the advantages of putting MARACs on a statutory footing outweigh the disadvantages and only 3% reported the disadvantages outweigh the benefits.

- Respondents were most likely to identify the following as the main advantages to putting MARACs on a statutory footing:
    - It ensures that agencies attend/participate in the meetings (165 respondents).
    - It ensures victims/survivors and/or their children are safeguarded (118 respondents).
    - It ensures agencies are held accountable (98 respondents).
    - It gives more weight/attention/priority to MARACs (87 respondents).
    - It makes funding for MARACs more accessible/secure (85 respondents).

- Respondents were most likely to identify the following as the main disadvantages to putting MARACs on a statutory footing:
    - Do not see any disadvantages to this proposal (81 respondents).
    - It would make the process too bureaucratic (42 respondents).
    - Victim's views/engagement may be lost (40 respondents).

- DV coordinators and/or MARAC coordinators/administrators are more likely to state that the advantages outweigh the disadvantages concerning putting MARACs on a statutory footing (92% compared to 83% of all respondents).

Advantages to MARACs being on a statutory footing

Respondents were asked to outline the three main advantages and disadvantages to putting MARACs on a statutory footing. All three advantages identified by respondents were coded and amalgamated and the top 15 can be found in Figure 41 below. They suggest that respondents are very positive about this proposal.

Respondents are most likely to identify the following as the main advantages to putting MARACs on a statutory footing:

- **It ensures that agencies attend/participate in the meetings**: 165 respondents highlighted advantages around this area. For example, one respondent said *"agencies and statutory bodies would be required to attend".*

- **Ensure victims/survivors and/or their children are safeguarded**: 118 respondents gave advantages in this area. For example, one respondent stated *"all agencies committed to protecting individuals from domestic abuse".*

- **Ensures agencies are held accountable:** 98 respondents highlighted accountability as an advantage. For example, one respondent said *"agencies are made accountable for their attendance and completing actions".*

- **Gives more weight/attention/priority to MARACs:** 87 respondent's advantages had this theme. For example, one said *"agencies will have to give MARAC the attention it deserves".*

- **Makes funding for MARACs more accessible/secure**: 85 respondents gave advantages around this area. For example, one respondent stated *"appropriate funding would be secured and individual's security would be assured".*

Figure 41: Advantages of putting MARACs on a statutory footing[29]

Advantages of making MARACs statutory	Number
Ensures agencies attend/participate in the meetings	165
Ensure victims/survivors and/or their children are safeguarded	118
To ensure agencies are held accountable	98
Gives more weight/attention/priority to MARACs	87
Makes funding for MARACs more accessible/secure	85
Gives more weight/attention/priority to DV	79
Ensures the continuity/sustainability of MARACs	63
Ensures a consistent approach across the country	61
Aids information sharing	55
Will lead to better or clearer governance/guidance/processes	45
Ensures the engagement/contribution/compliance of agencies	39
Raises the profile/funding of IDVAs	31
Agencies have a duty to carry out their actions and requests of MARAC	23
Ensures agencies dedicate resources	23
Supports and strengthens multi-agency working	23

[29] Please note these categories may not be mutually exclusive. For example, ensuring agencies attend/participate in the meetings may link with giving more weight/attention/priority to MARACs.

Disadvantages to MARACs being on a statutory footing

Respondents were asked to identify the three main disadvantages of putting MARACs on a statutory footing. Figure 42 presents the top 15 responses from the amalgamated and coded information on respondents' answers to these questions.

Respondents are most likely to state that they **did not see any disadvantages** to this proposal, with 81 responses. For example, one respondent said *"cannot think of anything that will be disadvantageous".*

Other common answers included:

- **It would make the process too bureaucratic:** 42 respondents disadvantages are around this issue. For example, one respondent stated *"an already bureaucratic process will become even more cumbersome".*

- **Victim's views/engagement may be lost:** 40 respondents gave a comment around this area. For example, one respondent said *"a statutory service may not be in a position to express the victim's views without another agenda such as criminal justice issues influencing their own targets".*

*Figure 42: Disadvantage of putting MARACs on a statutory footing*[30]

Disadvantages of making MARACs statutory	Number
There are no disadvantages	81
It would make the process too bureaucratic	42
Victim's views/engagement may be lost	40
Burden on agency's time	28
Lack of real engagement due to forced attendance	28
Inability to fund it	27
Lack of capacity/resources in the agencies	25
Loss of regional control/decision making	21
Increased workload/responsibility/accountability for agencies	17
Agencies may fail to meet requirements/withdraw	15
There may be too much rigidity	15
May become too statutory sector driven e.g. by police or CJS	14
Balance between statutory and independent sector may change	12
Too much burden on MARACs to reduce crime/achieve targets	12
Existing good practice may be lost	11

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[30] Please note categories may not be mutually exclusive. For example, making the process too bureaucratic may link to there being too much rigidity.

Should MARACs be on a statutory footing?

Figure 43 shows that the majority of respondents (83%) stated that the advantages of putting MARACs on a statutory footing outweigh the disadvantages. Only 3% stated that MARACs should not be put on a statutory footing.

Figure 43: Based on your experience of MARACs, do you think they should be on a statutory footing? (Percentage (%) of respondents)
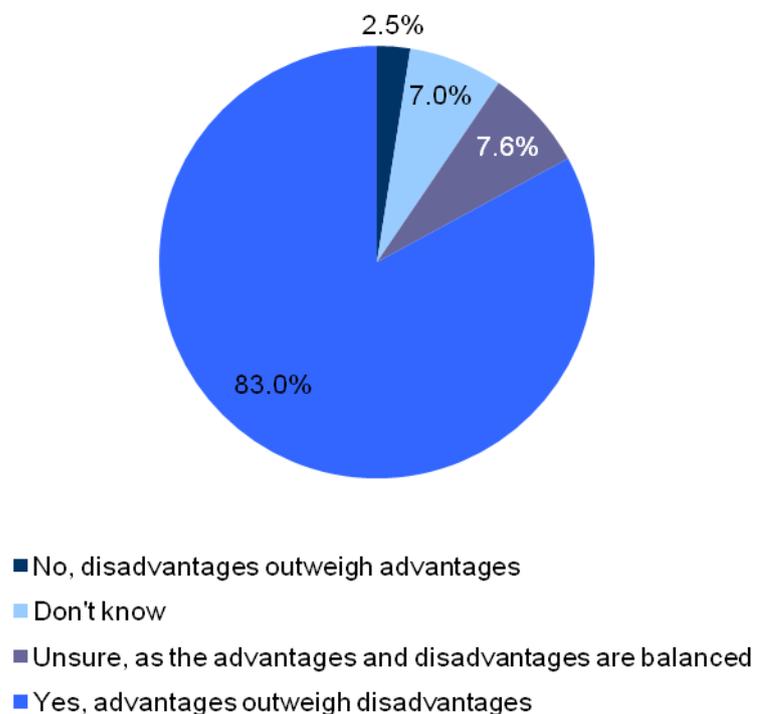
Note: N = 487.

In addition, respondent DV coordinators and/or MARAC coordinators/administrators are more likely to state that the advantages outweigh the disadvantages concerning putting MARACs on a statutory footing (92% compared to 83% of all respondents).

4 Summary of case study findings

4.1 Introduction

This section presents a summary of the findings of the in-depth qualitative interviews with 47 stakeholders across four MARAC case study sites. More about the approach to this research is illustrated in the methodology section.

This section is structured as follows:

- Understanding roles and responsibilities.

- Attendance at MARACs.

- Local delivery model.

- Referrals and caseload levels.

- Working practices.

- Engaging the victim.

- Barriers to an effective MARAC.

- Levers to an effective MARAC.

- Funding.

- Statutory footing.

- Innovative practice.

4.2 Understanding roles and responsibilities

- Case study respondents generally understand their roles and responsibilities in relation to MARACs. This was true across the four case study sites. Respondents reported that CAADA training has been a real benefit in clarifying what is required of partners. Indeed, where partners identified that induction and training had taken place, partners were far more confident about their roles and responsibilities.

- Respondents commented that respective organisations need to better understand the purpose of MARACs. A better understanding of MARACs would assist staff in delivering on actions agreed at the MARAC in an efficient and effective manner. This was particularly the case for non-core agencies[31].

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[31] Core agencies include: Police, IDVA, PCT and/or Acute Trust, Probation, Housing and Children's Services

- It was identified that non-core partners were not as aware of CAADA itself although they were aware of the 10 CAADA principles of an effective MARAC.

- There is a view among non Police partners that there is too much focus on the offence rather than the impacts/outcomes for victims. MARACs are largely seen as a Police led process. The survey findings suggest that the majority of MARAC chairs are from the Police.

- Chairs of MARACs felt that it was useful to restate at the start of each meeting the purpose of the MARAC and the roles and responsibilities of partners. This was particularly useful for those partner representatives that attend as "guests" or as and when a case requires their attendance.

4.3   Attendance at MARACs

- Respondents across all four case study sites reported that attendees from non-core agencies were represented at their MARAC, in addition to the six core agencies (which are Police, IDVA, PCT and/or Acute Trust, Probation, Housing and Children's Services)[32]. Those representatives interviewed had mixed views as to whether non-core agencies were needed consistently at every meeting or whether they were better off attending just for their specific case.

- Of those interviewed, the majority of respondents reported that attendance from core agencies was relatively consistent and this was a key success factor to achieving an effect MARAC.

- There was a view amongst respondents that MARACs would benefit from the inclusion of Substance Misuse workers, an Accident and Emergency representative, GP's, Education, Housing, Mental Health workers, Courts and the Children and Family Court Advisory and Support Service (CAFCASS) representatives as additional to the core agencies identified by CAADA. Respondents felt that these partners can often provide solutions to the more complex cases.

- In deciding who should attend the MARAC, the majority of respondents identified that it was the MARAC chair who took the lead.

- There was a general view amongst respondents that representatives from Social Care for Adults and Children's services find it difficult to attend MARACs regularly due to capacity issues.

- Respondents from MARACs in two tier areas identified that Health representatives were under pressure to find capacity to attend multiple

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[32] Core agencies are those agencies which guidance suggests, as a minimum, should be represented at MARAC (CAADA, 2010)

MARACs. They suggested that more thought needs to be given on who attends from Health within their specific MARAC locality.

- Ensuring commitment of partners was felt to be linked to agencies understanding the role of MARACs in reducing incidents of domestic violence. Factors that may facilitate commitment from partners included: effective communication – offering briefings and additional training to support partners with MARAC, effective time management of the meeting, induction, training, information sharing, and a focus on outcomes for victims.

4.4   Local delivery model

- All four case study MARACs were operating in accordance with the 10 CAADA principles of an effective MARAC to some degree. The majority of respondents understood the operating principles and processes and they were confident that MARAC is working well within their localities. However, respondents indicated that there is variance as to how local MARACs operate in accordance to the 10 CAADA principles. They reported that variance was necessary in order to reflect local circumstances.

- Respondents generally feel that the 10 principles are relatively easy to follow and allow room for the use of their professional judgement.

- Respondents highlighted some of the key advantages of the 10 CAADA principles of an effective MARAC. They commented that:

  - The 10 principles are easy to follow and apply to local circumstances.
  - It brings together the right partners and encourages them to share information that they may not have shared before.
  - It enables them to come together to join up resources and activities to improve outcomes for victims.

- Some of the key challenges of the 10 CAADA principles highlighted by respondents included:

  - Following up actions and holding partners to account.
  - Training and usage of MODUS system[33] to support the process.
  - Some partners are not CAADA trained.
  - Capacity.
  - Quality of intelligence.
  - Evaluation.

- Meetings took place at varying frequencies across the four case study sites. Respondents from two of the case study sites reported that their MARAC

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[33] Modus is a government approved web application used across the UK which is used to help manage the case-load of agencies working with domestic and sexual violence survivors, affected children and alleged perpetrators.

meets fortnightly, one MARAC meets every three weeks and one every month. This is a reflection of their caseload levels and approach to the management of meetings. The majority of respondents across the four sites felt that the current frequency of their MARAC meetings was about right.

- Respondents reported that on average their MARAC meetings take between two and four hours dependent on volume and complexity of referrals/cases. The majority of respondents stated that around two hours was a more reasonable amount of time to commit.

- Respondents in two of the four case study sites reported that their MARAC has increased the number of ticks used on the CAADA (DASH) risk assessment checklist, i.e. raised the referral risk threshold level. This is so that their MARACs can focus their attention on the very highest of risk referrals. Respondents from the other two sites reported that their MARAC is considering increasing their referral risk threshold level should caseload levels become intolerable.

- Respondents commented that without supporting resources (i.e. to organise the MARAC meetings, process referrals and risk assessments, prepare agendas and manage the actions process) it would be very difficult to effectively and efficiently run their MARAC. Coordinators, chairs and IDVAs are extremely valuable to the process and give a lot of time to preparation and follow up; ranging from one day to three days. For other partner representatives: 'core' and 'non-core' agency representative time commitments vary depending on how many of the cases are relevant to their organisation, whether they have IT support and how much general capacity they have to liaise across their own organisation.

4.5 Referrals and caseload levels

- Caseloads reported by respondents in relation to the number of cases discussed at their MARAC ranged from between eight and 18 per meeting. This was dependent on the approach to risk thresholds on the CAADA / ACPO (DASH[34]) risk assessment checklist, the frequency of meetings and the prevalence generally of domestic abuse in the local area. Most respondents reported that, on average, case levels of between seven and 12 for discussion at a MARAC meeting was appropriate. Most respondents felt that their MARACs current caseload levels were about right.

- Across all four case study sites MARACs are systematically using the CAADA/ACPO (DASH) risk assessment checklist or moving toward it. Most respondents reported that the referral criteria for their MARAC are clear.

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[34] Domestic Abuse, Stalking and Honour Based Violence. For more information about the checklist, see http://www.caada.org.uk/practitioner_resources/RIC%20with%20Quick%20Start%20Guidance%20%20Disclaimer%2021052009.pdf

- Respondents across all the case study sites reported that over 80% of referrals came from the Police. Respondents also commented that there is more work to be done to raise the profile of the MARAC and the risk assessment process across both statutory and non statutory agencies to ensure referrals are being made from the full range of agencies.

- Some referral issues were identified by respondents from Health and Social Services that need to follow their own vulnerable/safeguarding adult and children procedures as well as their MARAC procedures which can mean a bottleneck in the referral process and duplication of work.

- Respondents reported a real mix of cases that are discussed at their MARAC. Cases included those involving young teenage girls and honour based violence. More generally cases involve both those with and without children, those suffering substance misuse problems, those in same sex adult relationships and mother and adult child violence.

- Some respondents interviewed felt there to be a lack of representation from Black and Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) groups and that more needed to be done to ensure that the caseload and the MARAC itself was reflective of victims. Respondents commented that both the MARAC and its caseload could be more reflective of groups commonly referred to as 'hard to reach'.

4.6   Working practices

- All respondents across the four sites agreed that the MARAC coordinator is responsible for tracking and confirming actions.

- Respondents across all four sites commented that action planning is generally consistent and done some or all of the time, but that there is no formal accountability for non compliance. Respondents across the MARAC sites suggest that the use of MODUS is inconsistent and partners are often required to repeatedly update actions on different information systems.

- Most respondents, across all four sites, commented that evaluation of success is poor and is an area requiring further development and capacity for their MARACs. Partners need to understand how effective the MARACs are being in reducing incidents of domestic violence and in reducing repeat victimisation. There is need for evaluation to cover issues including: throughput, impact, outcomes, sustainability and value for money.

- Performance management of the MARACs was reported as inconsistent, however, all sites monitored key domestic violence indicators (including the former national indicator) at regular intervals but there were no real measures for outcomes for victims, nor any assessment of the victim's perception of how effective the MARAC has been.

- The majority of respondents agreed that there were appropriate procedures and protocols in place to support the MARAC. Some respondents also

suggested that some work is duplicated, as they also follow protocols that applied within their own organisations that either related specifically to domestic violence or safeguarding.

- Respondents identified that the links between the MARAC and other local safeguarding multi-agency arrangements were generally more informal rather than formal with mixed views on how effective they may be. However, partners did point out that the links to Multi-Agency Public Protection Arrangements (MAPPA) and the Local Safeguarding Children Board (LSCB) were more advanced than those relating to the vulnerable adults arrangements.

4.7 Engaging the victim

- IDVAs are a fundamental resource in supporting and engaging the victim according to case study respondents. They are often the key to successful outcomes for victims. However, they are often overstretched which can limit their capacity to conduct their important education and prevention work.

- Respondents were keen to develop a more holistic approach to reducing risk by understanding the processes and interventions used in dealing with perpetrators

- Respondents stated that evaluating the views and outcomes for victims in relation to their interaction with the MARAC is an area for significant development. More needs to be done to improve engagement with the MARAC process and the victim. Some sites are considering a victims group that would feed into the work of the MARAC.

- Repeat cases remain a concern for respondents. As there is little evaluation about what works well and what does not, it makes it difficult for MARAC stakeholders to know how to develop practice further. Respondents recognise there is more work to do here.

- Addressing diversity was felt to be a concern, as some respondents commented that there was some under representation of some of the more vulnerable/ 'harder-to-reach' communities in their MARAC caseloads.

4.8 Barriers to an effective MARAC

Respondents highlighted the following barriers:

- Partners not bringing the appropriate information to the MARAC which can lead to an inefficiency and delay, sometimes frustrating colleagues.

- Poor timekeeping by a MARAC chair can alienate partners who would attend more regularly.

- MARACs are consistently unclear as to the role of Health and who within Health should be involved in the MARAC. Further clarification would be

beneficial as the right mix of health professionals can have a profound positive impact on outcomes for victims.

- There should be the right level of seniority to ensure actions can be taken forward in the most efficient and effective way.

- Attention should be paid to evaluation of impacts in order to improve effectiveness of working practices.

4.9 Levers to an effective MARAC

Respondents highlighted the following levers:

- Good steering and direction from the MARAC chair is vital to keeping focus in meetings and ensuring that actions are followed through appropriately.

- The MARAC should be clear in its aims and objectives and raise its profile within partner agencies to encourage referrals and avoid partners feeling that it is a Police led process.

- MARACs are more effective when more focus is on the impacts of the offence on victims and less focused on the offence itself.

- Effective coordination of the MARAC is very helpful – timely information sharing, and quick turnaround on agreed actions makes a positive difference.

- 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. Further integration of working practices locally would facilitate this.

- Flexibility in applying a risk threshold within a locality is key as it ensures that MARACs can focus on the highest risk cases.

- Funding for IDVAs is critical to supporting the victim and the MARAC process.

- Flexibility in attendance for non-core agencies is critical to ensuring consistent and value led contributions.

4.10 Funding

- Respondents recognise that funding for MARACs will be a challenge going forward. In particular, respondents were concerned that funding for IDVAs is going to be a significant challenge.

4.11 Statutory footing

- There is a strong consensus amongst case study respondents that MARAC should be placed on a statutory footing and that the advantages of doing so outweigh the disadvantages. Advantages included that it would:

- ○ Increase the profile of domestic violence amongst partner agencies.
- ○ Ensure everyone is round the table and has prioritised time.
- ○ Ensure the safety of victims, as well as helping to improve outcomes for victims/survivors.
- ○ Begin to create some level of consistency across the country.
- ○ Give weight to decisions, improves accountability.
- ○ Share the risks amongst partners fairly.
- ○ Help to secure funding for MARACs.

- Disadvantages of putting MARAC on a statutory footing included:

- ○ Increased bureaucracy.
- ○ It may create capacity issues with individual representatives and agencies.
- ○ It would not necessarily make partners attend.

4.12 Innovative practice

Respondents identified the following innovative practice:

- Two out of the four MARACs operated a multi agency public protection or domestic violence specialist team. One MARAC is now considering implementing this and it was proving very effective.

- Development of a MARAC induction process has proved very useful in one of the MARAC sites.

Annex A: Characteristics of survey respondents

This annex illustrates the characteristics of respondents to the survey.

It shows:

- Roles of respondents.

- Agencies that respondents represent at MARAC meetings.

- Number of MARACs that respondents work across.

Roles of respondents

Figure 44 shows that among respondents:

- 29% stated that their role is an Independent Domestic Violence Advisor (IDVA). This is the most common response.

- This is followed by around 20% stating their role is MARAC chair (22%) or MARAC coordinator/administrator (21%).

- Fewest stated that their role as being an 'other representative from a non statutory agency' at 4%.

Figure 44: Which of the following roles do you perform in your MARAC? (Percentage (%) of respondents)[35]
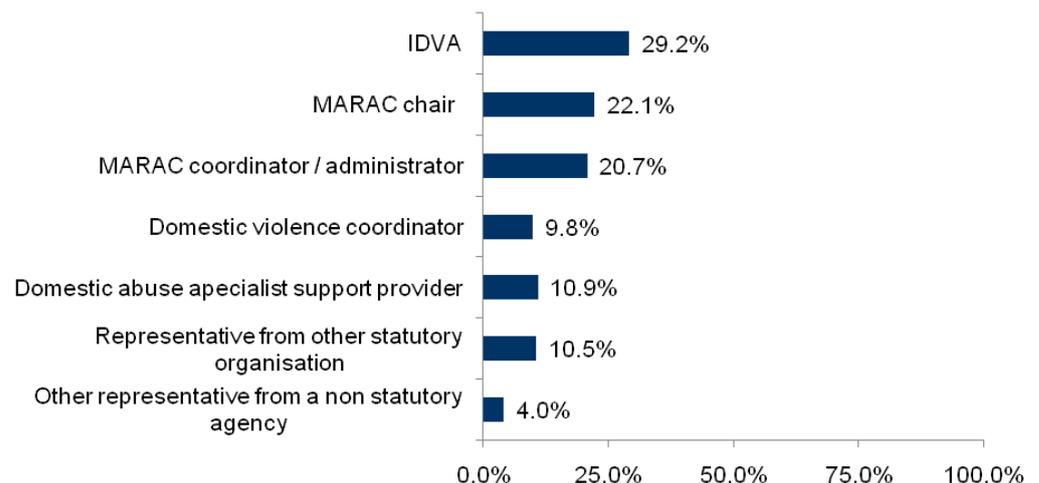
Note: N= 569.

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[35] Please note respondents could select multiple responses so totals will not equal 100%.

Respondents who stated that they are a representative from another organisation (statutory or non-statutory) provided additional information about their role. This is summarised in Figure 45. It shows that among the 79 respondents who reported performing another role:

- 10 reported being police officers. This is the most common response.

- This is closely followed by health professionals with 8 respondents.

Probation officers, victim support and drugs and substance misuse roles each have 6 respondents.

Figure 45: Which of the following roles do you perform in your MARAC? (Summary of other representatives)

Role	Number of respondents
Police officer	10
Health professional	8
Drugs and substance misuse roles	6
Probation officer	6
Victim support role	6
Social care role	5
IDVA manager	5
Housing representative	4
Temporary MARAC chair	3
Education welfare service representative	3
MARAC assistant	3
Mental health professional	3
Local authority domestic violence manager	2
Independent sexual violence advisor	2
Refuge representative	2
Women's safety officer	2
Arson unit (joint fire and police)	1
Community safety partnership representative	1
Community IDVA	1
Domestic violence services representative	1

Role	Number of respondents
A&E representative	1
Outreach worker	1
Male IDVA	1
Local authority representative	1
Perpetrator programme representative	1
Prevention programme representative	1

In order to cut the data by respondents' role for analysis in this report the seven roles outlined in Figure 44 (where respondents could select more than one role from the list) were amalgamated to create five distinct roles. These categories were agreed with the Home Office and are as follows:

- IDVA and/or domestic specialist support provider.

- DV coordinator and/or MARAC coordinator/administrator.

- MARAC chair.

- Other (statutory and/or non statutory).

- Multiple role.

The precise breakdown of these roles and the overlap between roles can be seen in Figure 47.

Figure 46 presents the breakdown of respondents into these five distinct roles. This shows that, among respondents:

- IDVA/Domestic Violence specialist support providers are the most common role, with 36%.

- This is followed by Domestic Violence (DV) co-ordinators/MARAC coordinators and then MARAC chairs.

- Multiple roles are least common, with 5% performing these.

Figure 46: Breakdown by distinct role (Percentage (%) of respondents)

- Multiple role
- Other (statutory and/or non statutory)
- MARAC chair
- DV coordinator and/or MARAC coordinator/administrator
- IDVA and/or domestic specialist support provider
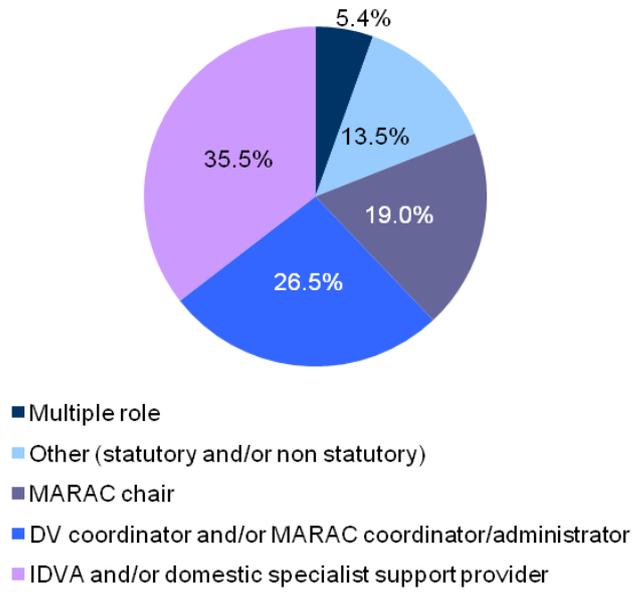
Note: N=569.

Figure 47: Which of the following roles do you perform in your MARAC? (Full breakdown of respondents)

Main Role	Number	Breakdown of main role heading	Number
DV coordinator or MARAC coordinator/administrator	151	DV coordinator	44
		MARAC coordinator/administrator	98
		DV coordinator and MARAC coordinator/administrator	9
MARAC chair	108	MARAC chair	108
IDVA and/or domestic abuse specialist support provider	202	IDVA	147
		Domestic abuse specialist provider	48
		Domestic abuse specialist provider and IDVA	7
Other (Statutory or non statutory)	77	Other (statutory)	56
		Other (non-statutory)	21
Multiple role	31	MARAC chair and DV coordinator	7
		MARAC coordinator/administrator and MARAC chair	3
		IDVA and DV coordinator	3
		IDVA and MARAC coordinator/administrator	3
		MARAC coordinator/administrator; DV coordinator and MARAC chair	2
		Other (statutory) and MARAC chair	2

| Main Role	Number	Breakdown of main role heading	Number
		Other (statutory) and IDVA	2
		IDVA and MARAC chair	1
		Domestic abuse specialist provider AND DV coordinator	1
		Domestic abuse specialist provider and MARAC chair	1
		Domestic abuse specialist provider, DV coordinator, MARAC coordinator/administrator and MARAC chair	1
		Domestic abuse specialist provider, IDVA and DV coordinator	1
		Domestic abuse specialist provider, IDVA and MARAC chair	1
		Other (statutory), IDVA, domestic abuse specialist support adviser, MARAC coordinator/administrator and MARAC chair	1
		Other (non-statutory) and DV coordinator	1
		Other (non-statutory) and domestic abuse specialist support provider	1
Missing	67		
Total	**636**		**636**

Agencies that respondents represent at MARAC meetings

Figure 48 shows which agencies respondents represent at MARAC meetings. It shows:

- Over 30% of respondents are either based in the Police (36%) or are IDVA/specialist service providers (32%).

- The lowest proportion of respondents are based in probation (2%) followed by health (3%).

The evidence suggests that MARACs are predominantly Police led. 55% of respondent DV coordinators and/or MARAC coordinators/administrators are from the Police, while 93% of respondent MARAC chairs are from the police.

Figure 48: Which agency/organisation do you represent/ are based in?
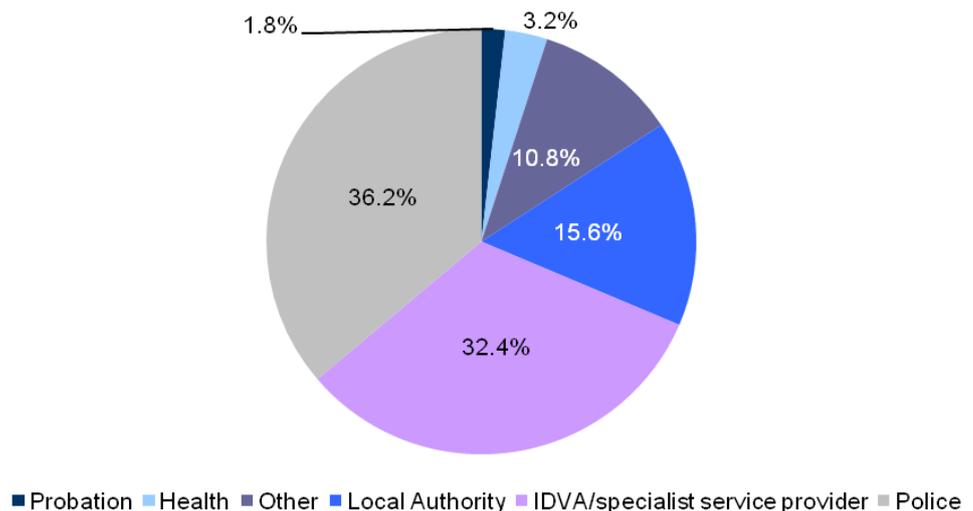
Note: N = 564.

Respondents who state that they represent another agency provided additional information concerning which agency they are based in. This is summarised in Figure 49. It shows that of the organisations represented by the 85 respondents who gave information:

- Domestic violence charities or voluntary organisations (excluding Women's Aid) are most likely to be represented with 16 respondents.

- Women's Aid closely follows with 15 respondents.

- Victim support, drugs and substance misuse organisations, domestic violence services, partnership/multi-agency organisations and refuges have between five and eight respondents reporting that they represent them.

Figure 49: Which agency/organisation do you represent/ are you based in? (Summary of other agencies)

Agency	Number of respondents
Domestic violence charity or voluntary organisation (excluding Women's Aid)	16
Women's Aid	15
Victim support	8
Drugs and substance misuse organisation	7
Domestic violence services	7
Partnership/multi-agency organisation	6
Refuge	5
Charity or voluntary organisation (not specified)	4
Social housing	4
Local authority	3
Domestic violence forum	3
Women's safety service	2
IDVA (Manage, involved)	2
Outreach	2
Children's hospice	1
Community health care trust	1
Probation	1
Fire Service ATF Officer	1
Independent chair	1
Mental Health Foundation Trust	1
Local Criminal Justice Board	1

Number of MARACs that respondents work across

38% of respondents to the survey reported working across more than one MARAC.

The between role analysis showed that DV coordinators and/or MARAC coordinators/administrators are more likely to work across/attend more than one MARAC, with 45% of respondents doing so, while respondent IDVA/Domestic abuse specialist providers are least likely to report working across more than one MARAC, with 30% doing so

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