# Marac data – Key findings

# July 2021 - June 2022

#### About the data

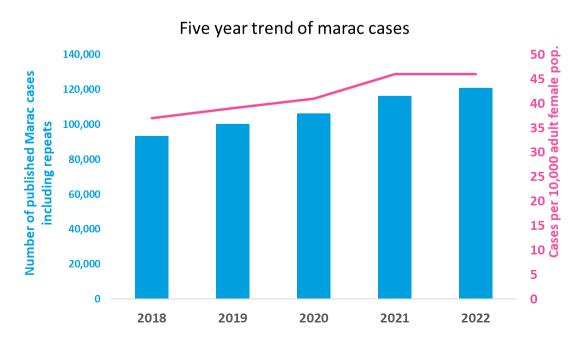
A Multi-Agency Risk Assessment Conference (Marac) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, adult social care, housing practitioners, Independent Domestic Violence Advisors (Idvas - Idaas in Scotland), probation and other specialists from the statutory and voluntary sectors. Data is collected from all Maracs in England, Wales and Northern Ireland, and most Maracs in Scotland. It is collected at meeting level which means we have information about the cohort of cases discussed at each meeting but not data on individual cases. The data presented here represents cases heard at 293 Maracs between 1st July 2021 and 30th June 2022. An annual summary of Marac data by Police Force Area in England and Wales is available on our website.

The 12-month figures below are based on the published data at the time. Sometimes Maracs fail to send us their data for a quarter, in which case we use their last quarter's data as a proxy. If a Marac does not send us data for two quarters in a row, then they are removed from the dataset. Occasionally, Maracs make corrections to the data after it is published; these corrections are not represented in this dataset.

One of the ways in which we publish the data is as an annual number of cases per 10,000 adult (16+) women. We produce this figure by dividing the number of cases (including repeats) by the adult women population covered by the Marac, as based on the 2011 census, and multiplying that figure by 10,000. There are sometimes differences in which Maracs are included in the dataset each year, for instance a Marac may not be able to send us their data one quarter. Therefore, when looking at trends in cases, it is more accurate to use the 'Cases per 10,000' figure, instead of the number of cases, as it takes into account Maracs not included by removing their population figures from the calculation.

Please note that 'number of cases' includes repeats, therefore **cases do not represent the total number of individuals** as a person may be referred into Marac more than once and would be counted as more than one case.

# What trends are we seeing in Maracs across the UK?



# The average number of cases is significantly above our expected rate:

In the 12 months to June 2022, 293 Maracs discussed 120,634 cases (includes repeats), which is a 4% increase from the same time period the previous year and a 30% increase compared to the same time period five years ago (2018). The total number of cases discussed per 10,000 adult women is 46, the same as a year ago and up from 37 five years ago (24% increase). This is above the rate of cases SafeLives expect to see (40 cases per 10,000) based on our estimate of the prevalence of high-risk domestic abuse. However, this figure is an average, with some Maracs seeing much lower and some much higher rates.

#### The rate of repeat cases has remained consistent from this time last year:

Domestic abuse is a pattern of behaviour, and as such cases are often referred to Marac more than once. For an established Marac the expected percentage of repeat cases would be in the range of 28-40%. The UK-wide repeat rate is currently 33%, the same as this time last year (33%).

# The rate of police referrals has slightly increased from this time last year:

In the 12 months to June 2022, 67.4% of Marac referrals were made by the police, which is slightly higher than last year (65%). Expected figures are between 60-75%. A full breakdown of the changes in the last 12 months for all referral agencies can be found below in Table 3.

### There is an increase in the percentage of victims recorded as having a disability:

The proportion of cases involving victims with a disability in the 12 months to June 2022 was 8.5%, compared to 7.9% in 2021. However, this remains lower than the estimated population of 19%, based on the Family Resources Survey 2018-19 which identifies that almost 1 in 5 of the working age population (16-64 years) is disabled. More information about the need to improve the response to disabled survivors of abuse can be found in our 'Spotlight' on disabled victims in 2016<sup>1</sup> or through Stay Safe East and SignHealth.

# There has been a decrease in the percentage of cases where the victim is Black, Asian or racially minoritised:

The proportion of cases where the victim is Black, Asian or racially minoritised in the 12 months to June 2022 was 15.4%, compared to 16.6% in 2021. This remains lower than the national population rate of 18.1%.

# Table 1: Changes in the last 12 months: volume of cases

Table 1 below shows changes in key indicators in the last 12 months, comparing the time periods July 2021 to June 2022 and July 2020 to June 2021. All percentage changes are displayed as a change in percentage points (pp).

	Number of Maracs	No. of Cases	No. of Repeats	No. of Children	Cases per 10,000	% Repeats	% Police Referrals
July 21 to June 22	293	120,634	40,057	152,504	46	33%	67%
Change in last 12 months	1	1	1	1	$\Leftrightarrow$	$\Leftrightarrow$	1
	-4	4,574	2,181	8,831	0	0 pp	+2 pp
Recommendation	-	-	-	-	40	28-40%	60-75%

<sup>&</sup>lt;sup>1</sup> https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse

# Table 2: Changes in the last 12 months: 'hidden' victims or those with unmet need

Table 2 below shows changes in key indicators in the last 12 months, comparing the time periods July 2021 to June 2022 and July 2020 to June 2021. All percentage changes are displayed as a change in percentage points (pp).

	% Black, Asian and racially minoritised people	% LGBT+	% Disability	% Males	Victims aged 16-17	% Victims aged 16-17	Number harming others aged 17 or below
July 21 to June 22	15.4%	1.4%	8.5%	6.1%	1,551	1.3%	1,178
Change in last 12 months	<b>₽</b>	$\Leftrightarrow$	1	1	1	1	1
	-1.2 pp	0 pp	+6 pp	-0.1 pp	195	+0.1 pp	136
Recommendation	18.2%	2.5%- 5.8%	19%	5-10%	-	-	-

Table 3: Changes in the last 12 months: referral agencies

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Referral agency	July 2020 to June 2021	July 2021 to June 2022	Change in last 12 months	Direction of change
Police	65.4%	67.4%	+2.0pp	1
ldva/ldaa	11.9%	11.8%	-0.1pp	<b>♣</b>
Children's Social Care	3.2%	2.9%	-0.3pp	<b>♣</b>
Primary Care	2.1%	1.8%	-0.3pp	<b>♣</b>
Secondary Care/ Acute trust	2.3%	2.4%	+0.1pp	1
Education	0.1%	0.1%	0.0pp	$\Leftrightarrow$
Housing	1.9%	1.8%	-0.1pp	<b>♣</b>
Mental Health	1.2%	1.3%	+0.1pp	1
Probation	2.0%	1.7%	-0.3pp	<b>♣</b>
Voluntary Sector	3.4%	2.8%	-0.6pp	<b>♣</b>
Substance abuse	0.5%	0.5%	0.0pp	$\Rightarrow$
Adult Social Care	0.9%	0.8%	-0.1pp	•
Mash	0.4%	0.5%	+0.1pp	
Other	4.7%	4.2%	-0.5pp	•



# Focus on: Marac data Q2 2022: Referral routes

Every quarter, SafeLives collects data from Maracs across the UK. This data is published annually at Police Force level by the **Office for National Statistics**. Key national figures are also reported quarterly on the **SafeLives website**, and every quarter Maracs can access more detailed data for their own Marac, Police Force Area, region and Most Similar Force group.

To help spread the word about what information is available, each quarter we produce a short brief focusing on one area of the data we collect.

#### What we collect

We collect data on the number and percentage of each referral pathway to Marac. If a victim is at high risk of being seriously harmed or killed, all agencies should consider whether it is proportionate and defensible to share information in order to better protect them. SafeLives recommends that 14 ticks on the Dash should result in a referral to Marac. Early, positive interventions from professionals with individuals and families can make a huge difference to their lives, preventing the deterioration of a situation or breakdown of a support network.

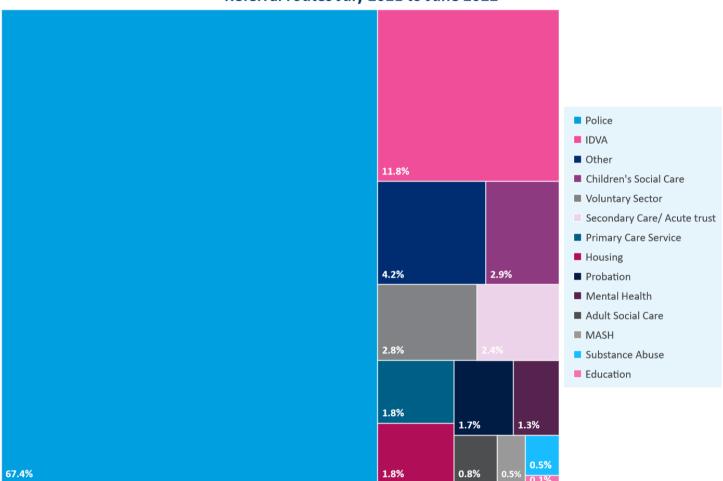
Agencies which refer into Marac include:

- Police
- Idva care (UK excl. Scotland) / Idaa (Scotland)
  - o Includes Idvas / Idaas from charitable and statutory organisations
- Children's social care (UK excl. Scotland) / Children and families social work (Scotland)
- Primary care services
  - Includes referrals from community-based health services, e.g. midwives, health visitors, school nurses, GPs, etc. Dentists, ophthalmologists, and pharmacists are also part of primary care.
- Secondary care / acute trust
  - o Includes all hospital-based services, e.g. accident & emergency / ER departments, obstetrics, elderly medicine, sexual health (GUM) clinics etc.
- Education
  - Includes referrals from schools or education welfare officers
- Housing
  - Includes housing and homelessness organisations
- Mental health
  - Includes community and hospital based mental health services and mental health charities
- Probation care (UK excl. Scotland) / Criminal justice social work (Scotland)
- · Voluntary sector
  - Includes other specialist DV services and any non-statutory body that is not included elsewhere on this list. This also includes specialist organisations from the voluntary sector
- Substance abuse
  - o Includes referrals from both voluntary and statutory agencies
- Adult social care (UK excl. Scotland) / Adult protection (Scotland)
- MASH
  - Referrals directly from a Multi-Agency Safeguarding Hub
- Other
- Includes any agency or organisation not included in the list above

### What the data tells us

- In the year July 2021 to June 2022, 67.4% of Marac referrals nationally came from the police. Just over one in ten (11.8%) came from Idva/Idaa services.
- Just 2.9% of referrals came from children's social care, and 2.4% came from secondary care/acute trust.
- There are eight referral routes which make up under 2% of all Marac referrals during the past year. These are primary care services (1.8%), housing (1.8%), probation (1.7%), mental health (1.3%), adult social care (0.8%), MASH (0.5%), substance abuse (0.5%) and education (0.1%).
- 4.2% of referrals came from other agencies.

# Referral routes July 2021 to June 2022



# Trends in the data

Over the five-year dataset (from Q2 2018 to Q2 2022):

- The national number of Marac cases has increased 93,133 to 120,634. This is an increase of 30%
- The number of referrals made by the police has gradually increased from 65.7% to 67.4%.
- Referrals made by secondary care/acute trust have gradually increased from 1.5% to 2.4%.
- Referrals from mental health services have shown a slight increase from 1.1% to 1.3%.
- There has been a slight increase in referrals from MASH from 0.3% to 0.5%.

The latest data also demonstrates that other referral routes have fluctuated slightly over the past five years, however over the past two years several referral routes have been slowly decreasing.

Over the three-year dataset (from Q2 2020 to Q2 2022):

- There has been a gradual decrease in referrals from children's social care from 3.4% to 2.9%.
- Primary care services referrals have shown a similar pattern, declining from 2.4% to 1.8%.
- Referrals from housing services have gradually declined from 2.3% to 1.8%.
- Voluntary sector referrals have gradually declined from 3.7% to 2.8%.

## Interpreting the data

Referrals from the police, secondary care/acute trusts, mental health services and MASH have been increasing over the past five years. Although these percentage increases are small, since the total number of Marac cases has increased by 27,501 cases, the small percentage increases equate to a larger change in terms of volume. Police referrals have increased from 65.7% (61,161 cases) to 67.4% (81,347 cases), secondary care/acute trusts referrals increased from 1.5% (1,426 cases) to 2.4% (2,852 cases), mental health services referrals increased from 1.1% (987 cases) to 1.3% (1,574 cases) and referrals from MASH increased from 0.3% (238 cases) to 0.5% (647 cases).

Over the past three years, the proportion and absolute number of referrals from children's social care, primary care, housing and voluntary sector have gradually decreased. Children's social care referrals have gone from 3.4% (3,555 cases) to 2.9% (3,460 cases), primary care referrals have gone from 2.4% (2,490 cases) to 1.8% (2,185 cases), housing referrals have gone from 2.3% (2,469 cases) to 1.8% in (2,118 cases) and referrals from voluntary sector agencies have from gone from 3.7% (3,922 cases) to 2.8% (3,433 cases).

It is positive to see that referrals made from secondary care/acute trusts and mental health services have continued to increase, in line with SafeLives recommendation for healthcare settings to adopt a 'whole-health approach' to domestic abuse. We know that many victims and survivors of domestic abuse face barriers to reporting their experiences to the police, but will access healthcare settings more frequently. It is, therefore, imperative that healthcare professionals are equipped with an understanding of the dynamics of domestic abuse, the appropriate referral pathways and the ability to identify and enquire about abuse in an appropriate manner.

Most Maracs receive the majority of their referrals from the police. However, looking at the data from the past year from July 2021 to June 2022, we can see a large variation across different police force areas in relation to the most common referral routes, demonstrating a variation in consistency in Marac referral processes in different areas.

Across police force areas, the proportion of Marac referrals received from the police range from 25.0% to 87.3%. Two fifths of police force areas received over 75% of their Marac referrals from the police from July 2021 to June 2022. SafeLives calculates that the expected proportion of referrals from the police should be between 60-75%. Since we know that four out of five victims/survivors of domestic abuse do not tell the police<sup>2</sup>, we expect for Marac governance to implement robust referral process enabling all non-police agencies to refer in.

There are some areas which receive a lower proportion of police referrals, and 15% of police force areas received under half of their Marac referrals from the police. The police force area with the lowest proportion of referrals from the police (25.0%), received 31.3% of referrals from Idva services, 18.8% from housing services, 18.8% from the voluntary sector, and 6.3% from 'Other', demonstrating a more consistent multiagency approach to Marac referrals. Higher referrals from non-police agencies may also improve access to Marac for a more diverse range of victims, who may be more comfortable disclosing abuse to a community-based worker.

<sup>&</sup>lt;sup>2</sup> https://www.ons.gov.uk/releases/domesticabuseinenglandandwalesyearendingmarch2018