

Managing risk of serious harm from domestic abuse in London

Executive summary



SafeLives
March 2025



**Ending
domestic
abuse**

Background to the review

At SafeLives, our mission is to end domestic abuse, for everyone and for good. We take a holistic public health approach by looking at the whole picture through a systems wide lens, as those affected by domestic abuse interact with or are affected by multiple safeguarding systems; health, social care, police, criminal justice etc.

The Mayor's Office for Policing and Crime (MOPAC) commissioned SafeLives to comprehensively review how London can better manage and prevent the risk of serious harm from domestic abuse, using the MARAC and DHRs as a basis. This strength-based approach has given us a deeper understanding of what is working well, a richer understanding of the problem and a shared sense of where we want London to be.

What we did

A comprehensive literature review was conducted, which identified key gaps and set a foundation for the subsequent stages of the review. These stages included a London wide professional survey, professional discussions and sector specific focus groups, which were co-developed and co-delivered with SafeLives Pioneers to look at the system as a whole and to identify **collective system improvements**. The engagement with SafeLives Pioneers ensured that lived experience of survivors were at the forefront of people's minds. We took an intersectional approach throughout the review, with a focus on inclusivity and the importance of understanding the response for marginalised communities.

We placed a **strong emphasis on partnership** working across a wide range of organisations and individuals across the safeguarding sector. We facilitated sessions with professionals individually and collectively to reflect on the work they do, speaking to **308 unique people**. Given the pressures under which professionals from across the safeguarding system are working, we are incredibly grateful to everyone who contributed to this review. We have worked with the Programme Board to ensure the recommendations support and facilitate effective change for victims, survivors and families across London.



Key message:

“ We cannot state that VAWG reached 'epidemic' levels and is a threat on par with terrorism and not reflect this in the resources we give to combat that.

- Survey respondent

Through the review we saw that the complex and fragile aspects of the system are not unique to any one agency. The **challenges are facing all professionals in all agencies** and in all areas of London. There is no sector or organisation which is immune, this is why only a comprehensive and system wide response will be effective. Whilst this Executive Summary provides an overview of the findings and recommendations of this research, **it is imperative that the full report is consulted to ensure full context and rationale is understood.**

This research has highlighted the importance of looking beyond the visible models, tools and responses. We need to look at the whole picture, rather than just the visible parts – we need to look at what lies beneath.

Our findings

When implemented well, MARAC can be an effective model for managing and preventing risk of serious harm, homicide and suicide resulting from domestic abuse.

It is widely accepted that any model for managing and preventing risk of serious harm, homicide and suicide resulting from **domestic abuse requires effective partnership working and robust principles** which underpin the process. MARAC is not an exception to this.

Through this research, **professionals told us they considered MARAC to be effective in identifying risks**, with 97% of professionals rating it highly as an approach to discuss risk management. Professionals explained that, when working well, MARAC enables them to share decision-making and it supports multi-agency working, enabling practitioners to ‘pool intelligence’ providing a more holistic picture for both the victim/survivor and the perpetrator. This was also identified in research conducted by Robinson and Clancy in 2021. This research highlights the importance of strengthening how the underpinning principles are interpreted into delivery, without changing the MARAC model itself for the sake of doing something different.

“ MARAC meetings are very good because they bring different agencies around the table.

- Professional discussion

The effectiveness of the **MARAC is impacted by a lack of understanding of what a ‘good’ outcome is for victims, survivors and families.** In the absence of national guidance, local areas and individuals are interpreting what they consider to be a good response and are **often process based rather than focused on the outcome achieved for the victim-survivor.** This is resulting in a lack of consistency in quality across London. We have seen that decisions are being made at a local level to improve response and manage demand with limited resource. While made with clear rationale and evidence, these decisions often fail to account for the broader, interconnected response to manage risk of harm. The definition of a ‘good’ response is subjective, rather than focusing on the collective processes and systems which should underpin the system.

¹ The MARAC principles were not reviewed as part of this research. The principles are recommended by SafeLives and underpin an effective MARAC process.
Standing Together conducted a Pan-London MARAC Review in 2021.

The measurement of a 'good' intervention should seek to place the survivor at the heart of the response, reinforcing the importance of the voice of the victim being well represented during the MARAC process. Victims and survivors of domestic abuse view 'good' in a number of ways, such as the protection of themselves, their children and others from future harm, in addition to holding perpetrators accountable (Hester et al, 2023).

“ Victims being failed due to lack of information sharing and everyone working to their own agenda.

- Professional discussion

When MARAC is understood and approached as a process, it is effective in identifying and managing high risk cases.

At its heart, MARAC relies on a truly collaborative approach to risk management. The process provides professionals with a mechanism by which they can share information and strategies; fostering trusting relationships and creating a space for professional challenge and solution-sharing. However, despite these strengths, through this research, it is clear that there is no universal understanding of what constitutes "good" MARAC practice.

“ There is this problem of VAWG and domestic abuse hailed as a priority across the board and not being treated as such.

- Professional discussion

Whilst MARAC is an effective process in identifying and managing high-risk cases, its implementation is **inconsistent**, and there are significant gaps across London. There needs to be a clearer, more consistent approach to MARAC across London, with stronger survivor involvement, better data coordination, and better support for professionals managing increasingly complex cases. The higher demand and raised eligibility thresholds for services mean that many individuals are left without the necessary coordinated support.

While MARAC is intended to prioritise the needs of survivors, the **survivor's perspective can be overlooked** or inadequately represented in variations of MARAC meetings. The absence of a clear survivor-centred approach is particularly problematic for families from marginalised communities, who face additional barriers in accessing the high-risk pathway. Professionals from **By and For and Specialist organisations told us that their organisations are not consistently or fully embedded within local response** limiting opportunities for them to advocate on behalf of their clients.

It is vital that the MARAC is understood and approached as **a process and not as a single meeting**. Areas are adapting the MARAC model in an attempt to overcome local challenges. However, these local decisions are being made without full consideration of the impact on the wider system in supporting risk management. Whilst some have retained the title of MARAC, others have not.

There are varying levels of referral threshold, frequency, agency representation and governance in place. The term MARAC has been adapted in some areas to include non-domestic abuse cases, whereas others have moved to a smaller, core group, further contributing to confusion around eligibility and referral pathways and ultimately the effectiveness of the MARAC process.

The different ways in which the MARAC process is interpreted and delivered in each area causes confusion for professionals working across borough boundaries. **Referral pathways and thresholds differ borough to borough.** Professionals working in regional or sub-regional capacities are struggling to keep up with the varying referral processes across their remit.

The **rising complexity of cases and the increasing demand for services are placing a strain on professionals** across all agencies, many of whom reported they are working beyond their remit. Professionals in non-specialist roles told us that they are increasingly providing specialised support, but without the appropriate training and supervision, which is impacting the quality of response.

Whilst domestic abuse should be recognised as everyone's responsibility, this must be underpinned by the appropriate support to professionals to ensure the response is safe and effective.

“ For me the sheer volume of cases made it very difficult to effectively manage the cases and the needs of the victims. Mentally this meant that work was on my mind 24 hours a day.

- Professional discussion

Existing tools can identify 'risk' effectively when there is shared understanding and definition of what risk is.

The challenges facing those affected by domestic abuse are extremely complex, and it is commonly accepted that **no single agency can tackle the scale of the problem on its own.** Cooperation between agencies is vital to fully understand risk. This is true for professionals and agencies across London, not just those providing a specialist response and reinforces that domestic abuse is everyone's business. To achieve this, professionals need a **collective understanding** of what is meant by risk of harm from domestic abuse.

“ A lot of areas are like, 'oh, that's domestic violence...We'll just push them to the domestic violence team' Well no, actually we need more than domestic violence team, do you know what I mean? Like we need repairs people, we need these people, we need that people. We need that support, you know, like a village.

- London Survivor

A shared understanding and definition of risk is the bedrock of an effective response. As identified in DHR reports and this review, the absence of this hampers the effectiveness and consistency of the use of risk identification tools. Concerns continue to be raised regarding a focus on physical violence rather than other forms of domestic abuse, as recognised in recent legislative changes. The flaws of the system do not solely lie within the risk assessment tool itself, but rather with what is missing in enabling professionals to effectively and consistently assess risk.

We found that despite partnership engagement, agencies were still responding to their own individual assessment of risk rather than the collective knowledge. The lack of recognition of collective risk results in cases not reaching individual agency thresholds and therefore not being prioritised or referred accordingly. Professionals told us that victims, survivors and families from marginalised communities and those with intersecting needs are more likely to be impacted by professionals underestimating their level of risk and leaving them vulnerable to further harm.

“ Lack of funding leads to silo working. People are only focused on their own outcome and don't have time or resource for partnership work.

- Professional discussion

Through this research, we found that there still is **widespread support for the principle of a universal risk assessment tool** across the safeguarding sector. Professionals acknowledged the importance of agreeing collective pathways and mechanisms for support but efforts to achieve this are not coordinated.

Our research and the literature review found that the most used tool to assess the risk of harm from domestic abuse is the **DASH**. The DASH uses structured professional judgement, where the relevant risk factors guide the assessor's judgement. This approach is broadly recognised as the best risk assessment format (Kemshall & Wilkinson, 2011; Logan & Johnstone, 2023). However, some professionals, particularly from 'By and For' agencies told us that the DASH does not allow for effective assessment for their clients, does not capture the complexity of the intersectional needs, and does not fully capture the nuance of domestic abuse and how this may sit within the wider context of other forms of VAWG. Professional judgement and the consideration of escalation are vital to the DASH, and these should be used alongside a numerical score. However, professionals have voiced that alongside the DASH, they are creating their own risk assessments in attempt to better capture these culturally specific risks and needs, resulting in duplication of their efforts.

The challenge is that whilst professionals believe they are speaking the same language when identifying risks, in reality this is not always the case. Awareness of risk and training, including specialist training regarding assessment, should lie with all persons in front-facing roles. The **effective use of a common risk assessment is dependent on the knowledge, training, confidence, potential bias and professional judgement** of the individual completing it. The alignment of use between agencies facilitates a consistent risk management approach, promotes shared accountability, and reduces conflicting approaches. Ultimately, resulting in improving the effectiveness and cohesiveness of the response to domestic abuse.



...feels like we are shouting about something that is so evident to us and such a risk and it's like we are talking a different language.

Professional discussion

In addition to the differences across boroughs, there is **no unified approach to risk assessment** by individual departments and agencies within local boundary areas. Areas are using conflicting referral processes, forms, and case management structures that are creating barriers and additional bureaucratic burden. Referral pathways and information sharing is also hampered by a lack of an agreed secure method of communication between agencies.

There is a knowledge gap that has been created by a lack of institutional knowledge of VAWG compounded by staff attrition and organisational-wide barriers to embed learning derived from practice. Professionals also cited inconsistent partnership working and poor communication between agencies as significant barriers, with operational staff often spending time chasing actions from colleagues in other agencies.



Our MARAC is starting to fray in terms of capacity to deal with the number of referrals... We want to carry on reaching more high-risk victims but there has been no increase in anyone's resources for years (as we all know) and we are at the point where we literally cannot cope with further growth.

- Professional discussion

Continual efforts to develop training packages are ongoing but not coordinated, and without accurate data analysis to inform the real need. Professionals told us that there is a lack of standardisation in staff training, particularly in relation to the complexities of domestic abuse. This, in addition to siloed working practices, is contributing to poor decision-making and missed opportunities for shared learning. Professionals shared that there is **limited opportunity for inter-agency collaboration**, hindering their ability to respond effectively and resulting in a continued sense of isolation among professionals.

Again, **the response to marginalised communities and those with intersectional needs are more negatively impacted**. Where these impacts are reduced, this is directly attributable to the additional input and efforts from those professionals and individual local strategic leads. A collaborative approach from planning and commissioning through to delivery is vital to an effective response.



...despite all their efforts and good intentions, DV stats not coming down.

- Professional discussion

Professionals highlighted MARAC not having a statutory footing is leading to a lack of focus and prioritisation for managing risk of harm from Domestic Abuse. A lack of robust and consistent governance is impacting opportunities for professionals to escalate issues and professionally challenge others.

Capacity issues were cited by many professionals as being a major problem, resulting in agencies adopting a more cautious, risk-averse approach, driven by reputational risks for their organisations. Subsequently, the professionals report there being an increase in high-risk assessments, which are overloading MARACs with cases that are sometimes less clearly defined as high-risk. Cases which are identified as complex, but not necessarily high risk, are being referred to MARAC due to limited opportunity for an interagency response via other fora.

“ **They’re afraid of not having done everything to minimise the risk, so they throw it at the MARAC...it becomes like a dumping ground.**

- Professional discussion

There is not time or capacity to truly embed learning to improve the response to managing and preventing the risk of serious harm due to domestic abuse.

There are many barriers preventing the learning from DHRs being embedded effectively locally and across London as a region. These go beyond DHR learning and sit across the domestic abuse safeguarding system as a whole. Often, there is not time to truly embed learning to improve the response to domestic abuse and the system is crumbling under this pressure. Professionals across agencies expressed a need for a ‘London Standard’ to address wider systemic issues, help create consistency in practice and embed learning from DHRs more effectively.

“ **There is absolutely no consistency whatsoever.**

- Professional discussion

Despite the efforts of professionals responding to domestic abuse, they shared they are struggling with the sheer volume and complexity of cases. Resources of both statutory and voluntary sectors are finite and have not increased in line with the level of need or real terms cost. Agencies are balancing the increasing needs of the victims and survivors with the importance of ethical working practices including safe caseload levels for IDVAs. Although impacting all agencies, these factors are having a disproportionate impact on marginalised communities and those with intersecting needs.

Agencies and boroughs have been innovative in overcoming the challenges of increasing demand and limited resources. As a result of the limited opportunities to share good practice, there is a duplication of efforts across the safeguarding system. Professionals are spending time and resources on developing new mechanisms and processes to effect a desired change in their area but there is no regional or sub-regional coordination for these efforts and no structured mechanism to learn from others experiences. This silo working results in wasted resources and inconsistent approaches.

“ We are extremely underfunded and oversubscribed for the work we do, and this has an impact on the quality-of-service delivery and our ability to offer ongoing support. We are often forced to close cases earlier than we would like and duty systems are under extreme pressure. This affects risk management as we are often unable to do longer term safety work.

- Survey respondent

There are limited opportunities for victim and survivor voice to truly inform and shape domestic abuse response across London. This is a vital element of an effective system, necessary to ensure agencies meet the needs of victims, survivors and families. There are mechanisms to support this in some agencies and boroughs, but this is not consistent. Through the fieldwork, it became clear that there is confusion around the embedding of authentic voice in developing a meaningful response to domestic abuse and this is an area for development.

“ It is largely for the agency which has taken a recommendation to determine the way in which that action is implemented and report on whether that implementation has been achieved.

Survey respondent

What lies beneath

London faces complex, systemic challenges in managing and preventing risk of serious harm from domestic abuse, driven by interconnected people and data factors. It is important to look beyond the scope of the research and consider what lies beneath the tools, models and processes.

Data

The types of data being collected by areas is inconsistent and there is an incomplete picture of domestic abuse across London. This is resulting in a lack of strategic understanding of the needs of victims, survivors and families and of the training needs of professionals. Continual efforts to innovate and effect change are ongoing but not informed by a comprehensive data picture, resulting in duplicated efforts and missed opportunities.

People

Professionals shared it was cathartic to express their experiences and the impact that their work was having on them, many having been drawn to working in the sector because of their own personal experience directly or knowing someone who has been impacted by domestic abuse. Professionals told us they are raising issues they have identified within the system but are not feeling heard.

The pressures under which people are working is resulting in dedicated and experienced professionals experiencing higher levels of burnout and leaving the sector. The emotional toll of working under the increased pressures, making decisions that ultimately can prevent someone from being seriously harmed because of domestic abuse and being the face of a flagging criminal justice system is having a serious impact on the morale and wellbeing of professionals.

Professionals are consistently prioritising frontline support and putting the needs of others before their own.

“ ...at times feeling like they were swimming against the tide.

- Professional discussion

Organisations are caught in a constant recruitment cycle. Salaries have not increased in line with the rising cost of living or inflation, and neither have the value of contracts in delivering crucial services. Basic knowledge is having to be prioritised and the nuance that comes with experience is taking a back seat. This is impacting every agency across the safeguarding sector.

Whilst training is an important element in the development of staff, without effective supervision, safe caseloads and effective systems to support the professionals to stay in their roles, a legacy of learning and continual improvement will not be achieved. Professionals shared that this leads to those with less experience in domestic abuse holding positions of seniority, and despite their best efforts they often lack the confidence in responding creatively to domestic abuse, which is leading to a more risk averse culture across the safeguarding system.

What we recommend

(For detailed recommendations, see full report)

Professionals and agencies are operating in an evolving landscape. Under the Serious Violence Duty and the Victim and Prisoners Act 2024, Councils and Local Services must work together to prevent and reduce serious violence as part of the ‘Duty to Collaborate’.

These recommendations are drawn from the research and are in response to the voices of those who took part. They provide the ‘scaffolding’ to a system that is crumbling. We recognise the scale and breadth of the recommendations and action needed in the current climate. The recommendations are seeking to identify efficiencies within the system whilst keeping the need for additional resources to a minimum.

The following recommendations would strengthen the systems and processes and help London to achieve an agreed and consistent approach. A [London-wide multi-agency working group](#) should be developed to explore the next steps and prioritise the following:

Achieving consistency

- Agencies dealing with risk need to achieve a common understanding of how to identify and respond to collective risk. This multi-agency collaboration should include strategic commitment from key agencies, be informed by survivor voice in all its diversity and focus on developing a coordinated approach. This should include clear criteria on how risk is identified, guidance for agencies, contingency planning and define safe mechanisms for information sharing. The model should ensure that while there is greatest capacity for localised autonomy in the response to the risks identified, a universal consistency is also achieved.

- To rebalance the survivor focus for risk management, agencies should ensure that multi-agency responses are rooted in the safest desired outcome as guided by the victims and survivors themselves. Agencies must respond to their safeguarding duties and be responsive to the fact that the desired 'good' outcome may change over time and interventions are implemented.
 - Local area partnerships should review their multi-agency processes for responding to risk of harm from domestic abuse routinely to ensure it is understood and operationalised as intended. This response should consist of a robust process underpinned by an effective 'More-than-a-Meeting' approach.
 - Particular attention should be given to the voice of the victim/survivor, independent representation of victims, equality, diversity and effective governance.
 - SafeLives recommends that 10 Principles of MARAC² are used to benchmark this.
 - Develop a single consistent referral pathway into MARAC or other local multi-agency process to manage risk of harm from domestic abuse and a single outcomes report for the end of such engagement, which focuses on the achieved outcome for the victim or survivor.
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- Anyone can be affected by domestic abuse including friends, family members, neighbours and colleagues, many of whom are working across London. MOPAC with regional partners should develop a 'Domestic Abuse Inclusive Employers health check, co-produced with survivors, to measure how organisations are performing in their response to tackle domestic abuse for their staff, service users and stakeholders. This health check should assist organisations to establish the gaps in their systems and processes.
 - Local areas should collaborate with the domestic abuse sector to conduct a training needs assessment to identify gaps in domestic abuse training for their employees. Minimum standards for domestic abuse training should be agreed with the sector, including By and For organisations, and implemented across all services interacting with members of the public. MOPAC, London Councils, Integrated Care Boards (ICBs) and MPS (Metropolitan Police Service) should agree, recommend and embed a set of training standards for their respective organisations, building on existing safeguarding requirements. In the short term, agencies should provide accessible, bite-sized learning and briefings to enhance professionals' confidence in identifying and responding to domestic abuse.
 - MOPAC, Greater London Authority (GLA) Public Health, ICBs, MPS and London Councils should establish a framework for training standards in domestic abuse tailored to specific professional roles and agencies for frontline public services. Additionally, a standard quality mark should be devised for professionals in specialist roles, such as IDVAs, detailing required qualifications and training, while addressing salary variations to improve retention across the safeguarding sector. This standardised approach should extend across all VAWG commissioning and be included in all future commissioning, ensuring that job descriptions and work plans reflect the necessary training and expertise agreed.

² The MARAC principles were not reviewed as part of this research. The principles are recommended by SafeLives and underpin an effective MARAC process.

- Future commissioning should adopt an alliance commissioning approach or another collaborative model for addressing domestic abuse, similar to the one used for Violence and Exploitation in London. This model would promote equal partnership among providers, statutory services, survivors and commissioners, fostering collaboration and reducing competition.
- MOPAC, GLA Public Health, ICBs, MPS and London Councils should collaborate to create a coordinated approach to implement regional guidance in areas where this is not already developed. This approach should translate national strategies and changes in legislation into operational changes for London. As an extension of this, MOPAC should create adaptable resources for local areas to assist in consistency of messaging across London and to make best use of collective resources, reducing duplication of efforts and allowing for local customisation.

Valuing the people and equipping them with the tools needed

- London's agencies responding to domestic abuse should organise meaningful events for professionals to share best practices and celebrate successes, strengthening cross-agency and cross-borough relationships while promoting a collaborative learning environment.
- All services should include mechanisms for staff support, supervision, and wellbeing, recognising the risk of vicarious trauma for anyone working with domestic abuse. This should also be included in future commissioning requirements.
- Regional awards or accreditation standards should be established to acknowledge effective work in responding to domestic abuse, with potential sponsorship from the business community to further support and value professionals in the field.
- A mandatory feedback loop should be designed into consultations with professionals as well as victims, to avoid consultation fatigue. This could include a "You said, we did" approach as part of a wider communication strategy.

Talking the same language

- MOPAC with London's regional stakeholders should lead the creation of an Authentic Voice strategy to consistently embed the contributions and expertise of survivors and those with lived experience ensuring that this reflects the diversity of London's population.
- London partners should establish a unified multi-agency London-wide data sharing agreement to enhance information sharing throughout the risk management processes. This agreement should encompass statutory agencies in each local area, including police, health services, local authorities, and relevant national organisations using an agreed secure communication method, and should be implemented when collective risk is assessed as high. Specialist domestic abuse services including By and For organisations should also be included.

- Partner agencies should agree a unified dataset and share MARAC data to provide an opportunity to learn from other areas where effective local responses have been developed and implemented. This dataset will enhance understanding of domestic abuse prevalence and support access. MARAC data should be utilised within local and regional domestic abuse governance structures to improve risk management and strategy development so that trends and patterns can be identified and responded to at a strategic level.
- In the longer term, and building on the recommendation regarding an agreed dataset, the development of a shared multi-agency digital system should be explored. This system should facilitate consistency in risk management processes, aimed at reducing administrative burdens and allowing professionals to focus on their core responsibilities.

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