



SafeLives

Ending  
domestic  
abuse

# Managing risk of serious harm from domestic abuse in London

SafeLives  
March 2025



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# Abbreviations and definition

<b>Authentic Voice</b>	<b>The lived experience of domestic abuse and the belief that survivors should be at the centre of services and policy</b>
<b>BCU</b>	Basic Command unit -there are 12 BCU's across the Met
<b>'By and For' service</b>	SafeLives define this as a service whose staff team reflect their client group and is shaped out of the experiences and voices of their clients
<b>CCR</b>	Coordinated Community Response
<b>DA</b>	Domestic Abuse
<b>DAHA</b>	Domestic Abuse Housing Alliance
<b>DARA</b>	Domestic Abuse Risk Assessment
<b>DASH</b>	Domestic Abuse Stalking and Honour Based Violence Risk Identification Checklist
<b>DHR</b>	Domestic Homicide Review
<b>DVDS</b>	Domestic Violence Disclosure Scheme (Clare's Law)
<b>DVPN/DVPO</b>	Domestic Violence Protection Orders / Domestic Violence Protection Notices
<b>DVPP</b>	Domestic Violence Perpetrator Programme
<b>HBA</b>	Honour Based Abuse
<b>ICB</b>	Integrated Care Board - there are 5 ICB's across London. There is one ICB per ICS area
<b>ICS</b>	Integrated Care System - local partnerships that bring health and care organisations together to develop shared plans and joined-up services
<b>IDVA</b>	Independent Domestic Violence Adviser
<b>IOM</b>	Integrated Offender Management
<b>IPA</b>	Intimate Partner Abuse
<b>Jigsaw</b>	Metropolitan Police Service (MPS) team that deals with the management of sexual and violent offenders who come within the Multi-Agency Public Protection Arrangements (MAPPA)
<b>LA</b>	Local Authority
<b>LGBTQ+</b>	Is an umbrella term for group of people who identify as lesbian, gay, bisexual, transgender, queer and ace+
<b>MAPPA</b>	Multi Agency Public Protection Arrangements
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MARAC</b>	Multi Agency Risk Assessment Conference
<b>MARAC 'More than a Meeting'</b>	Proposed: Strategic representatives from key agencies across London to drive a consistent and coordinated approach
<b>NFS</b>	Non-Fatal Strangulation
<b>Programme Board</b>	Multi-disciplinary board providing governance for the review. Representatives from NHS NCL ICB, NHS England London, Metropolitan Police, Victim Reduction Unit, London Councils, Criminal Justice, Domestic Abuse Commissioners Office, VAWG Leads from London Borough Greenwich, Havering and Islington. Guiding and commissioning the research; facilitating the implementation of realistic recommendations
<b>SafeLives Pioneers</b>	Survivors of Domestic Abuse who support and influence change through their lived experience
<b>SDAC</b>	Specialist Domestic Abuse Court
<b>SMART</b>	Specific Measurable Achievable Relevant Time-bound
<b>VCS</b>	Voluntary Community Sector
<b>VAWG</b>	Violence Against Women and Girls

# Executive Summary

## 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** across London. 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<sup>1</sup> 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. **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**

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<sup>1</sup> 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.

**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 MARAC](#)<sup>2</sup> 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.
- 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,

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

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.
- 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.

# Introduction

## About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good. We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking 'why doesn't he stop?' rather than 'why doesn't she leave?' This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, 25,000 professionals received our training. Over 79,000 adults at risk of serious harm or murder and close to 100,000 children received help through dedicated multi-agency support designed by us and delivered with partners. In the last six years, more than 5,000 perpetrators of abuse have been challenged to change and over 15,000 adult and child victims have been supported. And that's just the start.

Together we can end domestic abuse. **For everyone. For good.**

## Why London's looking to better manage and prevent the risk of serious harm due to domestic abuse

The risk-led approach is founded on the belief that people at the greatest risk of death or serious harm as a result of domestic abuse, should get urgent help. To help identify these individuals, tools were developed. The most commonly used tool – the Dash Ric checklist, and those at high risk, with a score of 14 ticks or more or those with professional judgement were given specialist dedicated domestic violence professionals (an IDVA) to support them to become safe and well. They stand side by side with survivors and make sure they get whatever help they need. The third crucial element to the risk led response is the risk management through robust multi-agency involvement, Multi Agency Risk Assessment Conference (MARAC). At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. This is because domestic abuse takes place behind closed doors and presents itself to the outside world in many different ways; through calls to the police, through visits to Accident and Emergency, through to calls to domestic abuse helplines, through poor child attendance, and through friends. By brining all agencies involved in a case together to share information, a co-ordinated safety plan can be put together more quickly and effectively.

This approach was created over 20 years. Since then, the evidence and understanding around domestic abuse, risk and response to victims has grown and transformed. Accordingly, we have seen new legislation and policies introduced. Fast forward to today in 2024, Domestic abuse remains a pressing concern, posing significant risks to the safety and well-being of individuals, with the effects echoing through families, communities and into future generations. In London, the complexity and scale of this problem necessitate a strategic and well-coordinated response to manage the risk of serious harm effectively. This review aims to provide a comprehensive examination of the current landscape and existing strategies, interventions, and policies designed to identify, mitigate and manage domestic abuse in London. This review will delve into various aspects of risk management, including risk assessment frameworks, and approaches effective in preventing and managing domestic abuse across the UK. Special attention will be given to the unique aspects and challenges faced in London, such as the city's diverse, fast changing population and high population density impacting capacity and demand.

The Mayor's Office for Policing and Crime (MOPAC) have commissioned SafeLives to conduct this review. Its purpose is to gather evidence on how the response to domestic abuse with a risk of high harm is managed in London. This will include research on both Multi-Agency Risk Assessment Conferences (MARACs) and Domestic Homicide Reviews (DHRs) with reference to how they operate in London and across the UK. In the context of domestic abuse, the term 'high risk' refers to the likelihood of serious harm or homicide to an individual. Effective risk management and targeted interventions are essential in safeguarding individuals and preventing severe outcomes.

A crucial aspect of this review is its consideration of London's unique characteristics, such as its diverse, rapidly changing population and high population density, both of which affect capacity and demand. This context is essential for examining the effectiveness of risk management and targeted interventions, which are crucial to safeguarding individuals and preventing severe outcomes.

## What we did – our approach

To understand how London is managing the risk of serious harm from domestic abuse, an in-depth analysis of the current landscape was needed. This includes an exploration of the existing strategies, interventions, and policies aimed at identifying, mitigating, and managing domestic abuse across London. The research draws on various aspects of risk management, such as risk assessment frameworks and evidence-based approaches that have proven effective in preventing and managing domestic abuse across the UK.

### Research questions

The scope of this research was guided by the following research questions:

#	Research question	How was this explored?
1	What does success look like when identifying, assessing, preventing and managing 'risk'?	Literature review, survey and fieldwork
2	What are the most effective methods to manage and identify 'risk' for London?	Literature review, survey and fieldwork
3	How is 'risk' managed by multi-agency and community-based approaches in London to date?	Literature review, survey and fieldwork
4	What has changed since the introduction of Maracs and what has caused this change?	Literature review, survey and fieldwork
5	How effective are current models of MARAC in preventing further harm, homicides and suicides?	Literature review, survey and fieldwork
6	What impact does the MARAC process have on the victim/survivors and any supporters?	Literature review and fieldwork
7	What are the lessons learned from London's Domestic Homicide Reviews (DHR) that may be applied to better identify and manage 'risk'?	Literature review, survey and fieldwork
8	How do approaches to managing serious risk of harm sit within the context of the management of standard and medium risk levels, with a particular view on the fluctuation of risk and where/how responsibility for this risk is held?	Literature review and fieldwork

To address these questions comprehensively, the research was conducted in three stages. The first stage comprised a literature review aimed at providing a thorough understanding of existing knowledge on the above topics, identifying key gaps that required further investigation, and establishing a foundation for the subsequent stages. The following stages included a professional survey and fieldwork, with the methodology for each outlined below.

### Literature review

A scoping review approach guided the literature review and has broadly adhered to Arksey and O'Malley's (2005) robust methodological framework. Researchers began by identifying the critical research questions to address how domestic abuse with a risk of high harm is managed in London. They also identified research on Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Homicide Reviews (DHRs) concerning how they operate in London and across the UK.

Scoping reviews enable researchers to rapidly map the literature on a topic, including key concepts, the sources and types of evidence used, and any gaps in the literature. Although this method does not



address the issue of the relative weight of evidence and individual study quality, it requires researchers to possess high levels of analytical skills to extract the data and identify meaningful themes.

The review included both academic and grey literature - such as government and organisation reports - to capture a comprehensive broader range of relevant studies. Grey literature was sourced through key relevant organisational, agency and governmental websites, including but not limited to Women's Aid, SafeLives, Imkaan, Standing Together, College of Policing, Domestic Abuse Commissioner's Office, Home Office and MOPAC. A systematic search strategy was employed using keywords, phrases, and Boolean operators to capture all relevant literature. In order to capture the wide range of topics within the field of domestic abuse research, various search terms were used to ensure relevant papers weren't missed. Some of the search terms used were "risk assessment", "DHR", "MARAC", and "risk-led model". Additional literature was identified using snowballing techniques from sourced articles and input from experts with both lived experience and professional knowledge of domestic abuse.

Clear inclusion and exclusion criteria were established to filter the search results effectively. Papers published written in English, and directly relevant to the research questions were included. Preference was given to UK-based articles, particularly those focused on London and more recent publications (within the last 5 years). Studies not available in full text or published in languages other than English were excluded. 173 papers were included and analysed.

A standardised data extraction form (Excel spreadsheet) was used to collect relevant information from each selected paper systematically. Key data points included the type of literature (e.g. grey, academic), title, authors, publication year, region (e.g. London specific, UK-wide, international), research objectives, methodology, key findings and conclusions.

## Professionals survey

The survey was open over a three-week period in July 2024, during which time it received **76** responses. It was aimed at professionals in London who encounter adult victim/survivors, child victim/survivors, or individuals using harmful behaviours within their roles, as well as professionals responsible for shaping the strategic response to domestic abuse within their local areas. The anonymous online survey sought to understand professionals' experiences of tackling domestic abuse in London, helping to identify both examples of good practice and areas requiring improvement.

The survey questions were developed from gaps identified within the literature review and were further refined through consultations with members of the MOPAC programme board, as well as SafeLives pioneers, a group of individuals with lived experience of domestic abuse. This ensured the survey questions reflected victim/survivor perspectives and were grounded in current best practices and understanding.

To optimise the response rates within the project's time constraints, a combination of sampling techniques were employed. These were purposive sampling, where participants were deliberately chosen by the researchers based on their knowledge and relevance to the research questions; and snowball sampling, where participants were asked to refer to others within their network to take the survey. The survey was disseminated through various channels to ensure maximum engagement. It was distributed via email to key representatives within relevant local authority departments. This contained over **150** contacts provided by MOPAC and utilised SafeLives contacts (such as MARAC chairs/coordinators and IDVAs). Additionally, the survey was shared via social media platforms, and paid for advertising was utilised to build responses and ensure representation across all London boroughs. Finally, the survey was included in SafeLives and MOPAC newsletters.

The survey included a combination of quantitative and qualitative questions. The mixed-methods approach ensured that the survey could not only quantify responses but also provide depth and context to the findings, exploring the nuanced professional experiences and perspectives of respondents. To analyse the qualitative data gathered, a content analysis approach was employed. This allowed the researchers to identify recurring themes and patterns in the responses, revealing insights into the experiences and perceptions of professionals in the field. For the quantitative responses, data analysis was carried out using Excel, which facilitated the identification of trends, frequencies, and potential correlations within the dataset.



To see more information on who responded to the survey, please review the fieldwork report.

## Fieldwork

Methodology for fieldwork including who was spoken to:

- Provider Information
- Programme Board
- Professional Discussions
- Focus Groups
- Multi agency collaboration
- Survivor Engagement
- Webinars
- Reflective Review sessions

When considering how is 'risk' managed by multi-agency and community-based approaches in London, the importance of a collective approach in reviewing the reality in which people are operating was recognised. The challenges facing those affected by domestic abuse are extremely complex, and it is commonly accepted that no one agency can tackle the scale of the problem on its own. Cooperation between agencies from across the safeguarding system, and the inclusion of survivor voice is important to help managing and preventing the risk of serious harm from domestic abuse.

Prior to undertaking this project, MOPAC requested information from stakeholders about managing risk of serious harm from domestic abuse in London. Providers were asked to share information that they felt would be useful in assisting with this review. Responding to the request, 16 providers covering 21 boroughs, returned their information request which gave valuable insights into how local processes are perceived. This was a great starting point for us to begin our own fieldwork but given there are 32 boroughs across London it was not a complete picture. We actively sought pan-London engagement, and we were proactive in doing this, reaching out and flexibly meeting with those who were willing and able to contribute to this review.

We wanted to be inclusive and collaborative in our approach and bring together as many different organisations, experts in their field or by experience, those who commission services and deliver services for people across the safeguarding system, through an intersectional lens to create a shared, system-wide understanding of the problems facing those at risk of domestic abuse across different communities across London.

Given the pressures that all agencies are working under, we have been mindful of other efforts and projects that are ongoing and seeking the time and expertise of professionals and survivors. Where possible we have sought to work in collaboration with other researchers to avoid duplication and consultation fatigue. Although professionals have frequent requests for their perspectives on all aspects of responses to vulnerabilities, there is clearly an appetite for change with regards to domestic abuse. Professionals across all boroughs have been generous with their time, sharing their knowledge and supported the review throughout.

We were able to draw on the contacts of SafeLives' network and the MOPAC Programme Board members, we tried to reach a diverse spectrum of voices across the safeguarding system who are involved in preventing and managing the risk of serious harm due to domestic abuse across London. We also sought to learn from those who engaged in the project, other key contacts that they felt important to be part of this conversation and part of this review.

For strategic oversight, we had an engaged Programme Board who ensured through their networks, meaningful collaboration and partnership investment in this review. We collectively made a concerted effort to ensure we had a wide representation, across the safeguarding system, including specialist services providing support to people with protected characteristics and those from By and For organisations. We reflected and considered with the Programme Board what had changed since the introduction of MARACs and what has caused this change and we were keen to utilise their expertise in every step of our way ensuring that our overall recommendations that evolved throughout the review were attainable in a shared vision.

We were fortunate to have several members, staff and pioneers, who have been or are working across London and were able to draw upon their expertise. We were also supported by two Pioneers who generously offered their support from the start of the review. We were keen to utilise their insight and experience in all our fieldwork activities and involved them where their capacity allowed from devising questions to facilitating focus group sessions.

We were also mindful throughout this review that it is likely we would be meeting survivors in their professional capacity, as we believe there are no them and us, so we strove to work in a trauma informed way throughout all our interactions. We wanted to build trust and rapport with those willing to contribute to this review. One way in which we did this was the use of Mentimeter, as this is a tool that enables all voices to be heard, which is particularly important for those who may not usually feel able to speak up. The responses are anonymised, so we were able to see what was shared as they were submitted but not by whom. We also wanted to create a sense of safety within our conversations so created ground rules in our focus group activities which we asked all participants to respect and offered assurance to those participating that what is said would be anonymised. We also gave choice to those engaging to participate in multiple ways; either via one-to-one discussion, Mentimeter, teams chat, open discussion and we invited those who were part of the project to share anything of relevance with us. This enabled participants to communicate in a way that suited them, and we were able to understand the reality in which they are having to operate, often under challenging circumstances, without the fear of reprisal. In our interactions we also were open and transparent about the review we were undertaking. We were mindful in our questioning, in order not to express any personally held beliefs or opinions. We explained that our discussions would form part of our analysis for the review we were undertaking. To further build trust and rapport, we explained we may take notes which may include verbatim quotes and that sessions may be recorded for note taking purposes. However, we assured participants that no individuals would be identified in any report, and that the information may also be used to inform future work on related topics.

We carried out one to one discussions with professionals across the safeguarding systems between July and September 2024. Over 87 professionals took part in these discussions, each session lasting 45 minutes to an hour. Participants included a mix of commissioners, service managers, team leaders and frontline workers. Discussions involved reflecting on current systems and support for preventing and managing risk of domestic abuse across London, what success looks like and how do we know things are working well and areas for improvement. We aimed to be realistic from the outset with those participating. We know we cannot change the whole system in one go. We sought to identify together projects and areas of focus that will hopefully support and facilitate change.

We saw a real appetite across the boroughs for professionals to share their thoughts on how to prevent and manage the risk of serious harm. Thoughts were shared freely from those engaging in the project around their individual perspectives on ways to manage and identify risk for London. We did not want to lose the energy and value of so many contributions, and we also wanted to be able to identify overarching themes, so we also supplemented this data with 19 focus groups, with each lasting up to two hours (including a 5-minute comfort break for refreshments). Originally, we had planned 16 focus groups, but due to the interest in the work being undertaken, we added in some additional focus groups to meet the growing demand and interest in this project. Again, we assured those attending that no individuals would be identified in the review, but their information would be used as part of our analysis, including verbatim quotes, which would be anonymised.

SafeLives Pioneers were instrumental in designing the content of our focus group sessions and kindly supported the delivery of these, ensuring there was lived experience in the virtual room and that survivors were at the forefront of people's minds. We had 241 take part in these focus group sessions. Some professionals attended more than one focus group. In total there were 223 unique individuals participating and sharing their insights. Through the interactions some individuals exchanged contact details with other colleagues. These connections will go beyond this individual project.

We made audio-recordings of all the discussions and conversations and then took detailed notes from these to support our analysis. Themes were also taken to the Programme Board for more in-depth discussions, steer and guidance.

Through this approach we were able to engage with 308 unique people across the professional discussions and focus group activities. Those participating were supportive of the approach, working alongside each other to look at the system as a whole and to collectively improve the system. Following

their involvement in this work, many reached out separately to express their appreciation in being asked to be involved in this important and hopefully transformative review for London on how the risk of serious harm from domestic abuse can be better managed.

We were keen to be responsive and solution focused to what we were hearing from professionals across the safeguarding system in our fieldwork activities and as such in addition to the planned activities we also added in two webinars for London professionals around domestic abuse data, its importance, how it can be used more effectively with what is already available and how this helps manage and respond to serious harm of domestic abuse. During these sessions we were able to showcase the SafeLives MARAC Platform and the data that is available. We received positive feedback from those attending the sessions, stating they found it helpful.

The review was fast paced, and throughout we held reflective review sessions with the Programme Board and worked closely with MOPAC via the Policy and Commissioning Manager responsible for the programme of the work. Their feedback was incorporated into the recommendations.

## **Limitations of this research**

While this research provides valuable insights into risk management in London, it is important to acknowledge its limitations.

- Although the literature review was comprehensive, the timeframe of the review may have excluded relevant literature, potentially limiting the depth of our analysis on the explored topics.
- The survey sample served as a useful foundation for our fieldwork and reinforced themes identified in the literature review; however, its relatively small size may affect the generalisability of the findings.
- While our fieldwork included a diverse range of professionals, the reliance on self-reported data may introduce biases, as participants may perceive their situations differently.
- Finally, the evolving nature of risk and the dynamic landscape of social issues mean that the understanding of risk may shift over time, potentially impacting the relevance of our findings.

These limitations highlight the need for further research to build on these insights and address existing gaps in understanding.

# Literature review summary

This literature review was commissioned by MOPAC as part of a broader project to understand how London can better manage and prevent the risk of serious harm due to domestic abuse. This literature review report has been written and researched by SafeLives employees and associates.

This literature review provides a comprehensive evidence review of the current landscape and existing strategies, interventions, and policies designed to identify, mitigate and manage domestic abuse in London. This review delves into various aspects of risk management, including risk assessment frameworks and approaches effective in preventing and managing domestic abuse across the UK. The review further emphasises London's unique place-based aspects and challenges, such as the city's diverse, fast-changing population and high population density impacting capacity and demand.

The following is a summary of the recommendations from the literature review. These themes are explored in greater depth within the discussion section of this paper, where we also explore how our survey and fieldwork findings have built on these recommendations. The full literature review is available on request.

## Recommendations

While this literature review provides a comprehensive exploration of the existing literature, it is essential to acknowledge that the review's timeframe may have omitted other relevant available literature.

Furthermore, Ascent and Imkaan (2019) emphasise that Black and minoritised women are under-represented in news media, academic publications, and wider works on domestic abuse. It's essential to understand that this report represents socially constructed knowledge influenced by its context. While we attempted to include literature reflecting various social viewpoints to present a comprehensive set of findings, we acknowledge that the limited body of available work affects our analysis.

While this review revealed significant gaps and complexities, the research team were able to synthesise available findings and surface useful emerging themes to address the research questions posed at the start. This literature review forms part of a wider piece of work and the recommendations focus on the areas to explore further in the fieldwork stages, alongside the five themes emerging from the literature.

Theme	Recommendation
<b>An intersectional approach</b>	Further exploration of how an intersectional approach is understood and implemented in London.
<b>An intersectional approach</b>	Explore the provision of by and for services in London and what communities they serve.
<b>An intersectional approach</b>	Understand how the learning from DHRs are integrated into service delivery and how the DHR recommendations are being implemented and monitored.
<b>An intersectional approach</b>	Explore how the views of survivors from minoritised backgrounds are integrated into London's domestic abuse response.
<b>An intersectional approach</b>	Explore how the needs of survivors are being met, including the provision of refuge.
<b>Survivors at the centre of service provision</b>	Explore how survivor voice is integrated into and informs service delivery
<b>Survivors at the centre of service provision</b>	Explore how services are meeting the needs of survivors and if services are trauma informed

<b>Survivors at the centre of service provision</b>	Understand if the change to the definition of domestic abuse is having an impact on service provision
<b>Survivors at the centre of service provision</b>	Understand the level of resources and demand for services within London
<b>Multi-agency working</b>	Explore multi-agency working across London
<b>Multi-agency working</b>	Understand what the referral pathways are and if professionals are aware of them
<b>Multi-agency working</b>	Explore representation of organisations on boards and partnership working
<b>Risk identification and assessment</b>	Explore which risk assessment tools are being used across London
<b>Risk identification and assessment</b>	Explore the training that has been provided, to who and by who
<b>Risk identification and assessment</b>	Explore who assesses/identifies risk
<b>MARAC</b>	Explore which additional MARAC models have been adopted in London
<b>MARAC</b>	Explore adoption of the 10 principles for MARACs in London
<b>MARAC</b>	Understand the differences seen in MARAC meeting data across London and any differences in practice
<b>MARAC</b>	Understand the differences in referral routes, in particular police

# What we heard – our findings

This section presents the key findings from our work exploring with those across the safeguarding system how London can better manage and prevent the risk of serious harm from domestic abuse. The findings are structured around our core research questions as shaped by our Literature Review, and highlight how risk management currently operates, how it has evolved over time, and the benefits and challenges of the existing approaches to managing and preventing the risk of serious harm due to domestic abuse.

## Section 1: Working Together – identifying, assessing, preventing and managing ‘risk’

### Language, Understanding and Conceptualisation

We heard that there is no shared understanding or definition of ‘risk’ across agencies and this is compounding effective risk management. The definition of high-risk within the police differs from the MARAC definition and neither is aligned with the Local Authority thresholds for Social Care. The lack of a universal understanding of risk and risk levels impacts the response to victims and survivors, with a continual professional focus equating danger and harm with physical incidents. This is further compounded when you consider marginalised communities and any intersectional needs. By and For organisations told us those accessing their services often report that police officers struggle to navigate the complexities of domestic abuse and harmful practices, underscoring the inconsistency in responses they go on to receive. Professionals told us that victims and survivors from marginalised communities are either not accessing support from universal services or they are receiving a less than adequate response. This is then corrected once they receive support from a specialist response, however, given specialist By and For organisations are not always considered part of the safeguarding system locally and risk is being misidentified, access to this support is inconsistent.

This lack of consistency is resulting in high-risk domestic abuse being missed, as they are not hitting individual agency thresholds for safeguarding. The assessment of a case being high risk by a single agency is not always translating into a safe or effective response.

*“I think there is no shared understanding of risk...we sometimes feel 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**

The differences in language of risk span boroughs as well as agencies and the way in which risk is defined and understood is having a direct impact on the response. This is demonstrated through differing thresholds, support mechanisms and referral pathways. All of which affect the day-to-day roles and responsibilities of professionals across boroughs and impacting the efficacy of multi-agency working.

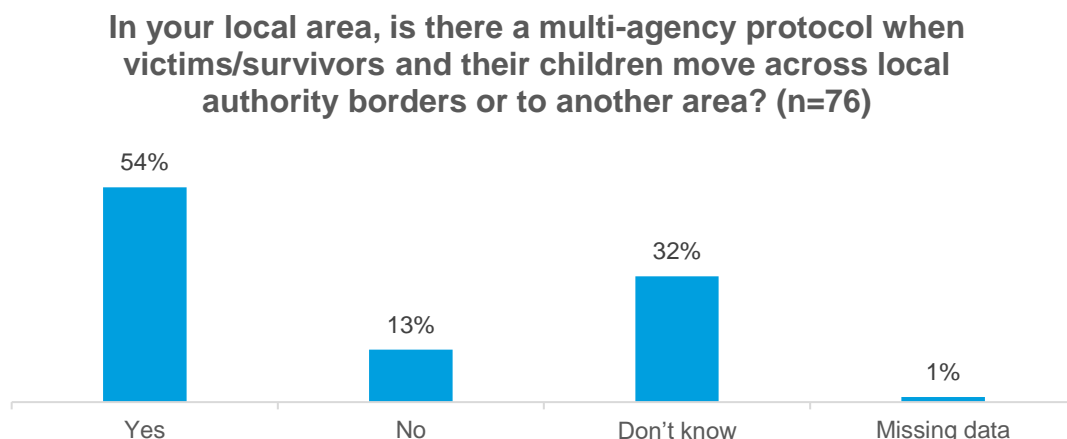
During our discussions, professionals from ‘By and For’ organisations shared that they are often using their own means to assess risk due to the overly prescriptive nature of the tool and that it does not account for intersectionality. Professionals from these organisations are sometimes completing their own more specific assessment of risk and then completing a DASH to access MARAC. They explained that the DASH does not allow for those with multiple disadvantages, and this is particularly problematic when the use of a translator is needed, given the nuance of abuse and language. This is leading professionals having to duplicate their work to ensure victims and survivors are still able to access MARAC and other forums.

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

**Professional discussion**

The variance in response locally is resulting in a ‘postcode lottery’ for victims, survivors and families in terms of the level and types of support available and in relation risk management and information sharing. The lack of consistency was evident between boroughs, with only 54% of survey respondents reporting that a protocol is in place within their local area for when a victim/survivor moves across

local authority borders (Figure 1). The absence of multi-agency protocols in many areas likely exacerbates the inconsistency of victim/survivors' experiences within the system.



*Figure 1 Responses from professional survey*

Where a more embedded response is present, this is led by committed individuals and supported by effective policies which work in practice. Where the process is not embedded, governance needs to be strengthened to overcome the disparity between the strategic perspective of response and the realities of the challenge in practice.

### Professional Perspectives

We saw that the definition of a successful response can be subjective and likely dependent upon the priorities and roles of an individual and agency. This can also be a localised perspective, adding to the lack of clarity regarding the definition of 'good'. Decisions are made at a local level with the intention of improving response and managing demand, justified with clear rationale and evidence for their chosen model in managing and preventing risk of serious harm due to domestic abuse. However, this is often not considering the wider response and how the two interplay. This was evidenced through the survey, professional discussions and focus groups, where professionals expressed feeling positive about the risk response in their local areas, with less confidence across London and nationally (Figure 2).



*Figure 2 Responses within Focus Groups in relation to levels of confidence in how well domestic abuse is responded to on a local, pan-London and national scale.*

### Impact of localised approach

As a result of financial constraints under which boroughs are operating, decisions being made are impacting victims, survivors and families and reinforcing an inconsistent response across London. There are many casualties of this, but one example highlighted is the variation in funding for safe accommodation. Refuge accommodation was an example given by one commissioner, who spoke of the challenges of funding safe accommodation when this does not directly benefit victims from that borough, as victims are often moved outside of the borough to reduce risk. As not all boroughs fund refuge accommodation, victims are then supported within the original borough, resulting in some Local Authorities double funding. This is leading some boroughs considering the feasibility of continuing to fund refuge provision in this way, which is likely to have a significant impact on the safety of victims and families.



*“Limiting the ability of what we want to do verses what we have the ability to do”*

**London Professional**

### **Boundaries and jurisdictions**

We heard the way in which boundaries and areas are divided and understood by different sectors adds an additional challenge to achieving an effective response. Whilst most agencies recognise and work to Local Authority borough boundaries, the police are split between Borough Command Units (BCUs) and Health operate within Integrated Care System (ICS), which may include multiple boroughs. Professionals told us when they are working across areas they are having to navigating the different models of response to risk and where strategic leads have autonomy over decisions and priorities, these again may not be aligned which is proving to be challenging. We heard that learning is being gathered through DHRs, agency led audits and data, leading to evidence-based recommendations. However, professionals shared concerns around these learnings being identified and that these are not then implemented due to the localised autonomous structures and lack of pan-London or national coordination of standards; or shared definition of ‘good’. Whilst steps have been taken to achieve this, such as the introduction of the Repair Model via the Social Work Academy, this appears to be piecemeal rather than making an impact across the whole system.

*“There is absolutely no consistency whatsoever. It’s really hard to keep up with as well”*

**Pan London Agency**

### **Defining success**

National government, policies and guidance directly impacts the response to victims, survivors and families but there is a disconnect between national legislation, pan-London implementation, and local practice. At an operational level, multi-agency partnerships are not consistently embedded, relying heavily on individual relationships. We saw that a significant gap exists between strategic policy and its application in practice with frontline feedback not adequately incorporated into strategic decisions.

The way in which success of a response or model is captured also differs, with meaningful outcomes for survivors being a preferred measure, but qualitative data is often easier to collect and helps to tell a story of visibility, accessibility and the level to which agencies are working in partnership. There are opportunities to inform a pan-London definition of a successful response using data that is already being collected to shape and inform a model that is inclusive and consistent.

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

**Professional discussion**

Professionals told us that the lack of statutory footing for specialisms with domestic abuse roles and responses is resulting in different interpretations, leading to confusion and inconsistent support for survivors and misleading expectations for professionals. MARACs, IDVAs and ISVAs are all interpreted and defined differently across agencies and boroughs. Clarity around role responsibilities across agencies would improve efficiency, identifying gaps and reduce duplications in the system. Whilst co-location of specialist roles can be effective, it is important this is part of a wider domestic abuse model, the response is not reliant on an individual with a specialism but supported by an embedded culture across organisations and supported by effective policies and procedures. It is essential to enhance the standard specifications for staff training to include comprehensive domestic abuse content. While some agencies and boroughs have begun to develop this, there is a risk of inconsistency, which could lead to variability in the quality of responses across different areas.

*“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**

## **Mechanisms to support practice**

Professionals are spending time chasing others to manage and prevent the risk of serious harm from domestic abuse. Vital information is not being shared outside of multi-agency forums and meetings, which is having considerable impact on the time and resources on managing risk. This also demonstrates the way in which MARAC is viewed as a meeting, rather than an embedded process for areas. Information sharing and multi-agency response to risk is being contained within these formal meetings, rather than being business as usual for professionals across the system. Governance structures are necessary to underpin practice, and this is inconsistent across areas. Where governance is lacking, this leaves agencies unable to effectively challenge and advocate for victims and survivors. This was raised by professionals from by and for agencies, where the extent to which they are considered part of the risk management response varies across areas, meaning victims, survivors and families facing additional barriers to support are further prevented from having their risk managed.

## **Everybody's business, but a lack of accountability**

Professionals told us that domestic abuse is not given the same level of priority as other crime types, except by those in specialist roles and services. This was evidenced especially within statutory agencies, where the level of training given to those in non-specialist roles is minimal. Whilst efforts are being taken to increase knowledge across agencies, training can be resource heavy, both in time and financially. Professionals are balancing the needs of the victims, survivors and families with their own, and feeling unable to prioritise the time to attend training with this often taking a backseat to the everyday demands of their work. Individual agencies have attempted to introduce mandatory attendance for domestic abuse, but are struggling to make this a reality due to the competing priorities of their day to day duties and increasing demands on their time. The level of priority given to domestic abuse is also reliant on local commissioners having a specific interest in this area and making this a priority when allocating resources, rather than it being embedded within the system.

*"I'm the Marac coordinator, the VAWG Lead, the Commissioner, the trainer..."*

### **Professional discussion**

To overcome the challenges around accessibility and affordability of training, individual boroughs and professionals are developing their own in-house training. This is resulting in a lack of consistency and a duplication of efforts. Knowledge from training is also being lost due to a lack of retention of professionals across the safeguarding system, which means the legacy of learning and experience is continually lost. Whilst all professionals acknowledged and welcomed further training, to improve consistency across the system, it is important that training is aligned across boroughs and agencies and that it forms part of a response, rather than viewed as the solution. With staff retention an issue and agencies not having the resources to meet the demand for support, training and education needs to be accessible, coordinated, proportionate to the role and part of wider system change. NHSE London, ICBs, the Director of Public Health, and local authority community safety and safeguarding leads have committed to Health Pledges aimed at addressing VAWG in all its forms within their services. These pledges align with the VAWG strategy and have been fully adopted by MOPAC. To further integrate these principles and strengthen the collective responsibility for domestic abuse across all agencies, a similar approach could be applied across the wider safeguarding system.

## **An embedded culture**

The level of understanding of domestic abuse among professionals in relation to identification and working with victims was high in comparison to when working with those exhibiting harmful behaviours or known perpetrators of domestic abuse (Figure 3).

### Respondents experiences of working with clients that were, or they suspected were, victims or perpetrators of domestic abuse (n=76)

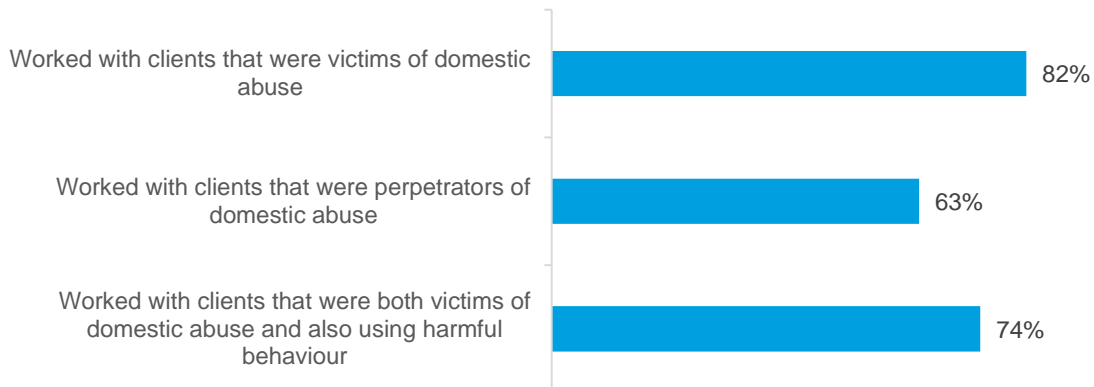


Figure 3 Responses from professional survey

The review highlighted that there is also a lack of clarity around local referral pathways, particularly for the 'By and For' community-based organisations, with a quarter of professionals (19 of 76) stating they were unsure if there were established referral pathways in their local area.

Whilst most boroughs are taking steps to create an embedded culture locally, the level to which this has been achieved, varies. The Specialist Domestic Abuse Courts (SDACs) serving Hammersmith and Fulham, Westminster and Chelsea and Kensington are a great example of how the specialist response extends across agencies and brings together the Criminal Justice process into the wider response. Staff retention is less of an issue, with professionals self-opting into roles within these courts. Effective coordination and comprehensive support across the whole system is leading to better outcomes for domestic abuse cases from a multi-agency response. The SDAC model varies across the country. Should this be replicated in other London borough, a framework of minimum standards and adequate funding would be needed to ensure it fulfilled a meaningful function.

## Section 2: Reality - Risk management in London

### How is 'risk' managed by multi-agency and community-based approaches in London to date?

In this report, we have aimed to capture some of the main themes that have been observed throughout this review, exploring how London can better manage and prevent the risk of serious harm due to domestic abuse. In this section we'll focus on the reality in which people across the safeguarding system are operating in, and how this is impacting risk being managed.

We identified three key themes: Human, Technology / Systems, and Financial.

#### Human

Professionals across the safeguarding system spoke about being overwhelmed and often at times feeling like they are swimming against the tide without really seeing or understanding the difference they are making in helping people be safer. They are overwhelmed with their increased efforts not resulting in change at a practice level.

*"It's like trying to swim in a tidal wave"*

**London Professional**

They pointed to lots of changes that are happening or have happened across the safeguarding system, with new legislation and ways of working being introduced, but there is a frustration around their lack of impact. There are frequent consultations taking place, with feedback and data being sought without real understanding of what impact this will have.

*“No matter how hard we’ve been working DVA stats suggest it just keeps rising –it’s disheartening”*

**Professional discussion**

*“Feeling like we aren’t actually making a difference”*

**London Professional**

As level of demand is increasing for support and services, this is impacting directly on how risk of harm is managed and responded to. We heard that an inordinate amount of time is spent chasing other professionals to complete actions that have already been agreed and may fall within their statutory duty. Multi-agency working is not operating effectively across London and this is impacting the response to victims, survivors and families. Working in this field can be extremely difficult and challenging; working with complexity and having to make decisions that have real life or death consequences.

*“Second guessing your judgement as to whether you’ve made the right call”*

**Professional discussion**

We heard that this is leading to increasing levels of vicarious trauma and burn-out and is contributing to the high-levels of staff turnover within all agencies. They are faced with a loss of knowledge and a continual programme of training as new staff come into the sector and experience is lost.

*“People come, people leave. It’s a very hard job and also low paid, possibly, and not recognised for the work that they do”*

**Local authority on IDVAs**

**Technology / Systems**

In the digital age, technologies and systems are revolutionising the ways in which people are working in some sectors. However, across the safeguarding landscape and particularly in relation to domestic abuse, there has been lower levels of innovation and improvement. We heard that often there are not the practical shared platforms to help support different agencies to share their valuable insights, information and expertise on those they are working with who are at risk of harm. With each individual organisation procuring and using their own platform to record risk and their own agencies interactions with that individual or family, often resulting in the survivor having to share their story repeatedly to different agencies. This is not a trauma informed approach and has been a barrier to victims and survivors accessing support again in the future, as well as potentially leading them to decline support.

*“not using digital effectively to join up across services”*

**Professional discussion**

We have also heard that the systems in operation do not capture domestic abuse, which means the scale of the problem is not truly recognised and as a result is underfunded, because there is not the sufficient evidence available to demonstrate need. Many professionals we spoke to recognised this as an area for further development and innovation, however they were pragmatic and stated that due to the funding crisis, there is a current chronic lack of funds available to invest in this area. This is resulting in many being reliant on inadequate systems and doing their best with what they have available to manage and prevent the risk of harm.

Where data on domestic abuse is being captured, we are seeing it is not always used effectively to manage and respond to risk. We have also heard that this information is not being shared in multi-agency groups due to the siloed nature of services. There is a general lack of understanding and interpretation of the data and its importance in better managing and preventing the risk of serious harm from domestic abuse.

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

**Professional discussion**

There is also an incomplete picture of domestic abuse, as victims, survivors and those using harmful behaviour and do not just access specialist or criminal justice agencies. There is a lack of identification at the earlier stages and data could help to highlight where there is a need for domestic abuse input within

other parts of the system. Without the data to evidence this, it is not possible to gain a clear understanding of the scale of need.

As part of this project, we reviewed 20 MARAC referral forms for different boroughs across London. These included referral forms for Community MARACs (addressing those at highest risk of harm due to Anti-Social Behaviour), Daily Safeguarding Meetings, Daily Risk Management Meetings as well as for forums that had retained the MARAC term. Whilst they all included some standard information requested, such as the details of the victim/survivor, the details of the perpetrator or alleged perpetrator and any children involved. The difference in the level of information requested by some areas compared with others was significant. Whilst some areas had sought to achieve a form that would be quick to complete, they had removed prompts to provide additional contextual information which can impact on the risk level being properly understood by those involved. An additional barrier for agencies was identified as the lack of a shared secure method of communication between agencies. This was particularly problematic for smaller By and For organisations who do not have the required systems to enable referrals to be made in accordance with local risk management requirements.

We have also heard the tools being used to assess risk need to speak to all victims and survivors and the current assessment tools are falling short in identifying risks for certain groups. Professionals across different organisations and specialisms, are often spending time adapting questions in the most widely used risk assessment tools, to better meet the need of their client groups and fully understand the risks involved. This is particularly problematic for smaller By and For organisations, who are duplicating their work; developing and using a risk assessment tool that meets the intersectional needs of their clients, but also having to complete a DASH in order to access the risk management processes locally. By and For organisations, also explained that they are feeling under valued and are not an integral part of the response in managing and preventing the risk of serious harm of domestic abuse across London.

*“There is generally not an understanding of survivors’ experiences across a range of different characteristics and needs. By and For agencies can support improvement in the area, but they are chronically underfunded, and therefore not able to support as much as they would like eg by attending the whole of a MARAC meeting, as opposed to just their cases.”*

**Survey respondent**

Referral pathways for support are also problematic in responding to and managing the risk of serious harm as each borough is different. This is particularly challenging for those who are working over a large geographic area or multiple boroughs across London. The referral pathways, governance structures, frequency and thresholds all differ. This is confusing and time consuming for professionals and does not result in an equitable response for victims, survivors and families.

*“...each borough is different. Some of them has kind of a little bit complicated care form, which takes longer for the advisor to complete (sic).”*

**By and For professional**

Provision of support particularly in relation to refuge accommodation is problematic. The inconsistency across boroughs is further highlighted by the variation in funding for safe accommodation, both in its availability and extent. Refuge accommodation was an example raised by one commissioner where they explained how the commissioning of this type of support does not benefit residents within their borough, as victims are often moved outside of the borough to reduce risk. Not all boroughs fund refuge accommodation and therefore victims are moved further afield, or they are then supported within the original borough. This suggests that for some boroughs they are incurring a higher financial cost than others. This is leading some boroughs to consider the feasibility of continuing to find refuge provision in this way, which is likely to have a significant impact on the safety of victims. Survivors with insecure immigration status and with no recourse to public funds (NRPF) face even greater difficulties.

Safe accommodation or perceived lack of resource was a strong theme identified in the discussions we had. This was also highlighted within the DAC office survey, whereby survivors identified a lack of refuge accommodation across London and our own literature review identified a higher need for refuge spaces in racially minoritised communities. This perception is inconsistent when considering the Women’s Aid report, as this highlighted London as one of only two regions in England which had more than the number of recommended spaces at May 2023. London also has a higher number of specialist ‘By and For’ services compared with other regions in England, for example, just under half of all refuge bedspaces in dedicated services run exclusively for Black and minoritised women in England are located in London (Women’s Aid, 10 years data collection Refuge 2024). There is a similar picture for LGBT+ provision and for services dedicated to meeting the need of victims and survivors with disabilities. This is

unsurprising given London's diverse population; however, it is important to note that refuge services operated as a national network and these key specialist services will cater to women across the country who require their expert support.

*"Frustrations with the limitations on resources."*

#### **Professional discussions**

Domestic abuse is far more visible now than it has been, with higher level of recognition and identification. There are multiple training programmes and awareness campaigns that have been developed across the safeguarding sector. These all take various forms with differing content and messaging. Whilst higher levels of knowledge is beneficial, this can further exacerbate issues in responding to and preventing the risk of serious harm, particularly when the workforce is already feeling overwhelmed and the increase in need is not resulting in higher levels of funding. As there is no requirement for domestic abuse to feature within CPD for professionals in statutory services, it is often the same select individuals from each organisation attending the training, and this is because they have an innate interest in this area. This knowledge is not routinely shared widely nor embedded within organisations and domestic abuse continues not to be seen or acted upon as everyone's business.

#### **Financial**

Funding directly impacts service delivery and the delicate balance services must strike to meet needs within their capacity. Professionals highlighted the challenges posed by short-term funding, while commissioners spoke of the difficulty in balancing national accountability with local needs.

Respondents highlighted that the current level of funding simply does not meet the growing demand and complexity. As the problem continues to escalate, funding is not keeping pace with cost of living and inflationary rises, and is failing to match the increasing need, worsening the situation:

*"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**

*"Demand management is high, and we are worried about promoting the service as we are struggling to meet existing demand."*

**Survey respondent**

*"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**

We heard from professionals that there is a desire to innovate; however, this can sometimes occur without a clear understanding of what is already funded, leading to both duplication and service gaps.

The current engagement model between statutory bodies and specialist agencies is underfunded and exploits the expertise of organisations. There are lots of projects, consultations and research, but allocating staff and time to feed into this has an impact on services. This was cited as an issue by professionals from organisations supporting with Black and Racially Minoritised survivors and women with disabilities, specifically.

### **Section 3: In Focus, London MARACs**

The risk-led approach is founded on the belief that people at the greatest risk of death or serious harm as a result of domestic abuse, should receive urgent help. There are three main elements of the risk-led model, risk assessment (DASH), a domestic abuse specialist (IDVA) and a multi-agency response (MARAC).



The most commonly used risk assessment tool is the DASH RIC checklist, where high-risk is identified as those with a score of 14 ticks or more or whereby professional judgement deems it high risk based in the elements of the case. Victims who were assessed as being at high risk were assigned specialist dedicated domestic violence professional (an IDVA) to support them to become safe and well. IDVAs stand side by side with survivors and make sure they get whatever help they need.

The third crucial element to the risk led response is the risk management through robust multi-agency involvement, MARACs. At the heart of a MARAC is a working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. This is because domestic abuse takes place behind closed doors and presents itself to the outside world in many ways: through calls to the police, visits to A&E, calls to domestic abuse helplines, poor child attendance at school, or through friends. By bringing all agencies involved in a case together to share information to build a complete picture, a co-ordinated safety plan can be put together more quickly and effectively.

This review has highlighted that professionals' confidence remains high in their perception of a risk led approach however they were unable to quantify collectively what success looked like or able to identify succinctly how the MARAC reduced the risks posed. Through the surveys and discussions, MARAC meeting was viewed overall positively, with 65% of respondents stating it greatly supports risk management and an additional 32% saying it somewhat supports risk management. Among the forums attended either by respondents themselves or by a representative from their agency, MARAC was rated the most effective in supporting risk management (97%), followed by perpetrator forums (74%), DSM forums (70%), and DHR forums (69%) (Figure 4).



*Figure 4 Responses from professional survey*  
For instance, practitioners/officers (n=29) were more likely than strategic managers/leaders (n=28) to view MARACs as greatly supporting risk management (66% vs 57%).

*“Marac meetings are very good because they bring different agencies around the table”*  
**Professional discussion**

Through MARAC, professionals spoke of the trusting relationships they have built with multi-agency partners. They reflected that this had been affected by the move to virtual MARACs as opposed to the face to face environment, but also acknowledged the importance of balancing this with the time it saved



them. MARACs should provide a space where all parties including those from Specialist Agencies and By and For organisations, are able to express their hopes and fears in a safe environment where there is professional challenge and a sharing of possible solutions for those cases seen at highest risk of harm.

One of the prominent themes that emerged from the research relates to the different and often conflicting interpretations of what the MARAC is across agencies and regions. MARAC is often defined as the meeting, however, **multi-agency working in a whole system response underpins MARAC and should be approached as a process rather than a standalone meeting to fulfil its function.**

Multi-agency working is essential to achieve a full understanding of risks and a coordinated response to domestic abuse. Without effective and dynamic multi-agency working, key details and opportunities will be missed, lives will be damaged, and money will be wasted. The duty to collaborate is enshrined in the Victim and Prisoners Act 2024, and this includes collaboration around the victim/survivor where they have complex needs/high risk.

*“At the moment, MARACs are rarely able to provide significant change. Many are rarely attended by key organisations or professionals, and this leads to lack of information shared. Additionally, the lack of group follows up regarding the actions or joint working means that safeguarding actions are not taken any further or happen at the same rate as without the MARAC. One example would be Housing. So many DA victims need access to housing and regularly Housing are not able to take any other actions after a MARAC despite the increased risk.”*

**Survey respondent**

Where MARAC forums are not operating satisfactorily, the process and system that sits behind this should be explored.

*“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**

With effective, agile partnership working and information sharing outside of the MARAC forum; meaningful and effective risk assessments; clear and inclusive referral pathways; representatives of sufficient seniority with appropriate knowledge; prominence of victim/survivor voice and robust governance structures, the MARAC response should achieve its aim of reducing and preventing risk of serious harm from domestic abuse.

*“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**

Given the increase in demand and limited resources available to boroughs, it is understandable that areas have tried to find ways to reduce inefficiency. MARAC is an area where boroughs have sought to adapt the model to manage capacity with demand. Whilst the MARAC was viewed positively by the majority of professionals who fed into this review, some professionals also told us that the high-risk care pathway was not working and that this was demonstrated by the number of domestic abuse related deaths not decreasing. The growing population and the number of people in need of support was another reason given for a focus on early identification through a community-based approach, which they felt would be more preventative.

The frequency of MARACs vary from daily to monthly, with the most popular frequency in London being fortnightly (Figure 5). Some areas delivering a Daily Safeguarding Meeting supplement this with a monthly MARAC, some do not. Some boroughs are delivering weekly, fortnightly or three weekly forums. Each with their own referral process, referral form, thresholds, varying governance structures, differences in the agencies leading and coordinating the MARAC. All of which results in a very difference response and level of engagement from key partners. This also presents a barrier to professionals who work across boroughs, having to navigate the various mechanisms to have their case discussed.

Professionals from all boroughs have shared their current MARAC practice and why their MARAC operates to their particular, localised model. Overall, boroughs have expressed their rationale for their

chosen approach with positivity and conviction. They have each told us how these operational changes have been introduced to manage demand and resources – each advocating for their approach. This was a thread throughout professional discussions, but also evidenced in borough feedback conducted by MOPAC earlier this year.

MARAC Frequency	London Boroughs
Daily	Ealing   Hounslow   Islington
Weekly	Barking   Dagenham   Barnet   Croydon   Havering   Newham   Redbridge
Fortnightly	Bexley   Brent   Bromley   Camden   Harrow   Hillingdon   Lambeth   Lewisham   Southwark   Sutton   Tower Hamlets
Three Weekly	Enfield   Haringey   Merton
Four Weekly	Hammersmith   Fulham   Westminster   Kingston Upon Thames   City of Westminster
Monthly	City of London   Kensington   Chelsea   Richmond Upon Thames   Wandsworth
Monthly and Daily Risk Management	Waltham Forest

*Figure 5 MARAC frequency in London boroughs*

There were concerns raised about the delay it can take for MARACs to hear cases, coupled with professionals delaying actions until the meeting and then the quality of referrals being received. MARAC coordinators explained that referrals from response officers can be particularly scant of relevant information. This could be as a result of a lack of understanding of risk and why this information is vital. It could also be due to a lack of time to complete the referral appropriately, potentially further hindered by the different referral forms for different areas.

Some boroughs have opted for a daily model to combat delays. However, this approach has not been widely adopted across other parts of London due to concerns that these daily MARACs involve a limited number of agencies and limits the opportunities for the victim to be spoken to beforehand to gauge their need. For MARACs to be effective it is vital that victim voice is prominent and effectively represented as MARAC.

When there is insufficient time between MARACs, there is a danger that outcomes and actions will become deadline driven, with limited time to complete actions ahead of the meeting. The quality of actions is important, and more work is needed to explore whether these actions are SMART. When MARACs are ineffective, there can be a higher level of victims not engaging and therefore not having the opportunity to have their case discussed.

We explored this further through with the 308 professionals we spoke to within professional discussions and focus groups and also mapped the MARACs being delivered across London. We found a different interpretation of the MARAC model and the level to which the 10 MARAC principles are applied in each borough. If the principles that underpin an effective MARAC process are diluted, it is important to consider whether the borough is indeed conducting a MARAC. MARAC principles are clear that all key agencies should be present to ensure a true multi-agency response, and the wishes of the victim are a key part of MARAC. Often this is not the case and can be viewed as implementation failure. It is important to remember that MARAC is a multi-agency process and not just the meeting.

*“At the moment, MARACs are rarely able to provide significant change. Many are rarely attended by key organisations or professionals, and this leads to lack of information shared. Additionally, the lack of group follow up regarding the actions or joint working means that safeguarding actions are not taken any further or happen at the same rate as without the MARAC. One example would be Housing. So many DA victims need access to housing and regularly Housing are not able to take any other actions after a MARAC despite the increased risk.”*

**Survey respondent**

While survey respondents expressed high confidence in MARACs' ability to effectively support risk management, and understanding regarding MARAC processes were high, some concerns were raised around their implementation. Notably, there was less confidence in the effective monitoring of MARAC

action plan outcomes and in ensuring that the victim/survivor's voice was adequately represented at all times, and this is an area identified as requiring strengthening.

Gatekeeping of MARACs was raised by By and For and specialist agencies, with concern that some are police led rather than multi-agency. This was cited as being particularly problematic when the chair and coordinator are both from the same agency and leaves the coordinator in more of an administrative function. Professionals explained that they often do not have the mechanism to escalate as they are not part of the governance or there is a lack of governance in areas. This results in a lack of challenge and is preventing cases involving people from minoritised communities or those with additional needs from being heard. For these cases, risk is not being managed and this is not always communicated back to the referring agency, which means the worker and the victim believe their case has been discussed when it has not. It is important to establish who holds the risk for these cases and to strengthen the role of By and For organisations as part of their MARAC response.

While participation in MARAC is time-consuming, it is crucial for specialist By and For representation to ensure all survivors' voices are heard. Many of London's MARACs do have representation, but not all have this. MARACs lack of statutory footing leads to misunderstandings about MARAC's functions among partners and can make it difficult to hold areas to account.

*"Give MARAC statutory bearing, make it a service, with its own budget and powers of enforcement."*

#### **Professional discussion**

Several respondents noted that their local MARAC was already undergoing reviews or changes. Despite these requirements for change, professionals highlighted the importance of introducing new initiatives carefully, ensuring they lead to tangible actions rather than adding layers of discussion without corresponding results.

Where areas have taken steps to move away from a holding a MARAC meeting, this has been in response to the challenges they are facing within their borough. Often in relation to the balancing of finite resources with increasing need. However, the new iteration of a MARAC appears to be a re-branding rather than complete evolution. Areas are still aiming to fulfil their duty to collaborate under the Victim and Prisoners Act 2024 but the change in terminology is resulting in confusion. With a change of focus on MARAC and a clear definition of what the process should look like, this should achieve the meaningful multi-agency response for which areas are striving.

## **Section 4: Changes across the safeguarding system since the introduction of MARAC's**

### **What has changed since the introduction of MARACs and what has caused this change?**

New legislation such as the Domestic Abuse Act 2021 and the introduction of the Domestic Abuse Commissioner aims to improve the response for victims of domestic abuse. Its prominence in the media and levels of recognition have increased but this has not been sufficiently reflected in levels of investment nor outcomes. The complexity and scale of domestic abuse in London necessitates a strategic and coordinated approach, which accounts for London's diverse, rapidly changing population and high population density; both of which affect capacity and demand for services.

### **Assessment and understanding of domestic abuse**

The level to which domestic abuse is understood impacts the effectiveness of risk assessment. Risk assessment tools are designed to provide a consistent method of assessing risk, but these are reliant on the level of knowledge and experience of the professional using it. Concerns were raised regarding the depth of conversation needed to inform the assessment, and that the incident-based assessments can be inaccurate, even misidentifying women acting in violent resistance to their perpetrators. This was raised by professionals working with marginalised communities and those with disabilities, where the complexity of need can result in additional barriers to the effective assessment of risk.

The DASH is the most commonly used risk assessment among professionals in London. However, its application differs. Some areas have adapted the DASH to incorporate factors from the Homicide

Timeline and the police use the DASH to assess the risk in the first instance; completing a DASH if the risk is medium or high, (in line with National Policing Guidance and Authorised Professional Practice (APP). Professionals from By and For organisations are resorting to conducting their own risk assessments based on the needs of their clients, and then having to complete a DASH retrospectively in order to access risk management mechanisms. This is duplicating the work for professionals and resulting in a lack of consistency. They explained that the DASH does not allow for those with multiple disadvantages, and this is particularly problematic when the use of a translator is needed, given the nuance of abuse and language.

*“The DASH generally across all areas as it doesn’t sufficiently capture familial abuse or honour based abuse. Trained and experienced IDVAs will be able to use the DASH and their professional curiosity to capture a fuller picture of what risk may look like though those that are unfamiliar with the DASH or untrained may not feel comfortable in using risk assessment tools in these circumstances.”*

**Survey respondent**

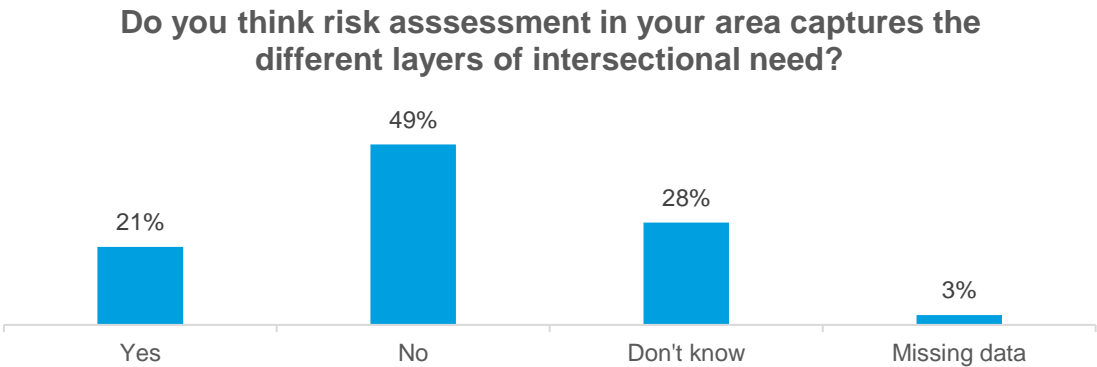
Professionals told us that the DASH needed to be updated to reflect legislative changes and in order to capture more comprehensive information about victims and perpetrators. There were particular concerns around its efficacy when the domestic abuse was not between intimate partners and did not capture the nuances of Adult Child to Parent or Grandparent abuse.

**Risk Management and Intersectionality**

*“the MARAC processes and the paperwork around MARAC are very outdated....we’ve created our own. So we are basing it on the SafeLives one and we’re tweaking the wording slightly and adding in some additional prompt questions, making sure we’re getting the right information”*

**Professional discussions**

The level to which intersectionality is recognised and understood has changed since the high-risk pathway was introduced over twenty years ago. Only a fifth of survey respondents stated that the risk assessments used in their local area capture the different layers of intersectional need effectively, with almost a half of respondents stating they do not capture intersectional need.



*Figure 6 Responses from professional survey*

**MARAC models and referral pathways**

Despite guidance and the high-risk domestic abuse care pathway being over twenty years old, a consistent approach is still not embedded. Variations in referral forms and processes across boroughs create additional barriers for professionals. This is resulting in delays to victims and survivors having their risk managed effectively due to the bureaucratic burden of multiple referral forms and navigating different referral mechanisms.

*“...each borough is different. Some of them has kind of a little bit complicated care form, which takes longer for the advisor to complete (sic).”*

**By and For professional**

## Local interpretations

In addition to the difference in referral pathways, there are varying interpretations of the MARAC meeting itself in operation across London, each seeking to help local areas manage capacity of services with demand. During the fieldwork activities, some professionals shared that they felt a more community-based approach, focusing on early identification and prevention would be more effective than the traditional high-risk pathway.

However, the MARAC principles support this approach if implemented effectively and would result in an embedded process rather than a standalone meeting. Within the fieldwork, a mapping of MARACs found a different interpretation of the MARAC model and the level to which the 10 MARAC principles are applied in each borough. The MARAC principles themselves were not reviewed in-depth as part of this research, given that they were reviewed by Standing Together in 2021. However, if the principles that underpin an effective MARAC process are diluted, this will impact the ability for areas to provide a meaningful and effective response to risk of harm from domestic abuse.

*"Give MARAC statutory bearing, make it a service, with its own budget and powers of enforcement."*

**Professional discussion**

## Definitions and thresholds

MARACs lack of statutory footing leads to misunderstandings about MARACs functions among partners and can make it difficult to hold areas to account. In an attempt to manage the level of referrals to MARAC meeting, local areas are changing their thresholds which is creating a lack of equity for victims and survivors. An example of this is in relation to Repeat cases. 'Repeat' cases are defined by SafeLives as any instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC. This threshold has been raised for some MARACs, which is leaving victims and survivors at risk of serious harm. Another example of localised interpretation of national guidance is in relation to Claire's law or the Domestic Violence Disclosure Scheme (DVDS), where processes and thresholds differ. This was evidenced in the review of the MARAC referral forms, and highlighted by professionals within the focus groups. Concerns were raised in relation to the additional layers of bureaucracy in some areas, which is resulting in delays in providing the information to new partners. This is also causing confusion in relation to data sharing amongst some professionals.

*"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**

## Quality Assurance and Gatekeeping

The legal basis for referring to MARAC and sharing information without the consent of the victim is not always understood by professionals and some areas have taken steps to address this via their referral form. There are further disparities in relation to quality assurance prior to cases reaching MARAC, with direction to complete the Respect toolkit for a male victim to ascertain the primary aggressor and senior sign-off from referring agencies. Issues around quality of referrals was raised by MARAC coordinators in a number of boroughs, who referred to MARAC becoming a dumping ground for inappropriate referrals.

*"Even we always refer the high risk cases to MARAC without any question if it takes hours and hours of filling the form, it doesn't matter, but we do, it is our duty of course."*

**By and For Professional**

In areas where quality assurance is not being completed by referring agencies, this role is often being undertaken by the MARAC coordinator, which is leading to gatekeeping of MARACs. This results in a single agency led response, which is not in line with the MARAC principles. This can especially impact victims and survivors from minoritised communities and those facing additional barriers. By and For organisations do not always have the necessary technology or systems to support specific local referral pathways and mechanisms, which resulting in delays to accessing local risk management response. Representation of By and For organisations within local governance frameworks is inconsistent. In areas where there is a lack of governance or a lack of specialist service expertise, referrals are not always being



accepted and organisations are unable to challenge decisions, leaving the risk facing victims and survivors unmanaged.

*“We're looking at the levels of coercive control, also how many it enables us to look at how many cases have got mental health problems, identified through merit because of referral forms.”*

**Professional discussion**

## **Data collection**

Requirements regarding data collection have evolved with areas being asked to collect more and more whilst practitioners are balancing the demands of recording with the demands of increasingly large caseloads. The level of data being collected could help to inform the effectiveness of response, but the opportunities are not being fully explored and utilised.

## **Opportunities for multi-agency working**

MARAC provides a framework for professionals to build effective relationships with multi-agency partners, but professionals informed us that this had been affected by working virtually, with fewer opportunities of face-to-face working. Whilst this helps agencies reduce the time MARAC takes individuals away from their day to day duties, professionals are missing the space for sharing their hopes and fears with multi-agency colleagues, which is impeding the creativity needed when exploring potential solutions for those cases at highest risk of harm.

## **Risk-averse culture**

Changes in practice are often geared towards protecting organisations from potential financial and reputation risks, leading to a risk averse response and a loss of confidence among professionals. This is resulting in professional judgement leaning towards a more cautious approach with higher levels of cases being assessed as high risk. This level of subjectivity among less confident professionals results in MARACs becoming a ‘dumping ground’ for risky cases and struggling with capacity.

*“Second guessing your judgement as to whether you’ve made the right call”*

**Professional discussion**

## **Wellbeing and burn-out**

*“It's like trying to swim in a tidal wave”*

**London Professional**

Despite efforts to fund and provide supervision for staff, professionals are experiencing burnout and salaries have not kept up with the rising cost of living, resulting in a significant loss of knowledge across the system. We heard that professionals are experiencing a lack of recognition for their work, which is impacting morale and staff turnover. This has led to a shortage of domestic abuse specialists and the loss of knowledge affects the level to which effective supervision is applied.

## **Complexity**

Professionals told us of the challenges related to managing increasingly complex abuse cases, emphasising intersectionality, cultural sensitivity, and systemic inefficiencies. They highlighted barriers to translation services, particularly with interpreters who may lack neutrality or the skills to handle nuanced conversations with regards to coercive control or British Sign Language (BSL) misunderstandings. Miscommunication in these areas can affect risk assessments, especially for those with communication needs or disabilities.

Stalking cases are suffering from a lack of Stalking Protection Orders (SPOs), with inconsistent judicial support and a reliance on individual professionals’ expertise. Support for marginalised groups, including communities affected by FGM, LGBTQ+ individuals, and women involved in survival sex, is underfunded and specialised services are under increasing pressure to work efficiently whilst maintaining the support and retaining experienced staff. The current engagement model with statutory bodies is underfunded and

exploits the expertise of organisations. Allocating staff and time to feed into these individually has an impact on services, with Black and Racially Minoritised women's organisations particularly affected.

Mental health and substance misuse are areas where agencies dispute responsibility, leading to gaps in support. Gaps were also identified in relation to professionals' awareness of harmful practices and an increasing use of weapons in violent cases. End-of-life domestic abuse has been identified in oncology departments, while familial abuse, particularly involving older adults (55+), adds complexity due to issues like financial dependence and housing needs.

We heard that the intersectional needs of victims, survivors and families are not being met, with professionals experiencing overwhelm and confusion in relation to the complexity of cases. Needs are often unmet or not identified at all. Some areas of the safeguarding system flooded with complex cases, whilst others with specialist knowledge and expertise are underutilised. Ultimately, resulting in the risk not being effectively managed.

## Discussion

This report aimed to address key questions surrounding the identification, assessment, prevention, and management of high-risk domestic abuse in London. The findings presented in the previous sections provide valuable insights into how risk management currently operates, how it has evolved over time, and the benefits and challenges of the existing approaches. In this discussion, these findings will be analysed in the context of existing research, alongside the five themes for further exploration that emerged from our literature review. By situating these findings within this broader context, this discussion will highlight key insights and lessons learned, offering implications for policy and practice. Finally, the strengths and limitations of the current risk management models will be assessed, with recommendations for future improvements in the following section.

### An intersectional approach

To create an inclusive system that ensures equal access and support for everyone—regardless of race, gender, or other aspects of identity—it's essential to consider how overlapping identities compound experiences of privilege or oppression. The population in London is diverse and an understanding of intersectionality is crucial for developing tailored risk management strategies that address the unique needs of its varied population (MOPAC, 2021). However, our research highlights that these unique needs are not consistently understood, a concern echoed in existing literature (Jeffery, 2023). Only 21% of survey respondents felt that the risk assessments in their local area capture the different layers of intersectional need effectively. As a result, 'By and For' organisations are resorting to developing their own risk assessments, as current tools fail to account for the multiple disadvantages experienced by minoritised victim/survivors. In some cases, this has led to professionals from 'By and For' organisations duplicating their work—completing their own assessments before using DASH—simply to ensure victim/survivors can access MARAC. 'By and For' organisations raised gatekeeping at MARACs as a fundamental issue. They explained that they often do not have the mechanism to escalate and challenge and this is resulting in cases involving people from minoritised communities or those with additional needs not being heard. This gatekeeping not only silences these cases but also leaves professionals from 'By and For' organisations feeling that their expertise and judgment are undervalued. This situation reflects a broader systemic issue where mainstream processes do not adequately address the nuanced needs of minoritised communities.

DHR reports similarly reveal a lack of understanding and identification around domestic abuse for marginalised communities, such as LGBTQ+ populations and older individuals (Montique, 2019). Our research shows that while 'By and For' organisations provide crucial expertise regarding the experiences of marginalised communities, their involvement in DHR reviews often comes too late, leading to missed opportunities for a comprehensive understanding and learning. Furthermore, DHR reviews frequently recommend better funding and support for these specialised services (Montique, 2019; Ofer, 2023). However, the funding for 'By and For' services is generally lower than mainstream services and is often unstable (DAC, 2022, 2024; Imkaan, 2015). This was echoed in our research findings, with professionals raising concerns regarding the precarious funding for 'By and For' services, putting these organisations under significant strain to meet the needs of survivors while maintaining adequate staffing levels and service quality. Changes in local delivery, such as daily MARACs, have further exacerbated this strain,



with overstretched 'By and For' services struggling to attend regular meetings. As a result, their specialised expertise is excluded, and the voices of marginalised communities remains unheard. This lack of stable funding undermines their ability to provide the tailored support that is necessary for effectively managing risk within minoritised communities.

Professionals' perceptions of cultural norms particularly those of minoritised individuals or their cultures, can influence interventions, including risk assessment and management (Coy and Kelly, 2011). Our survey revealed a limited understanding regarding intersectionality, with most responses focusing on specific identities or experiences, rather than considering the whole person. Our fieldwork also highlighted gaps in awareness, particularly regarding harmful practices, emphasising the need for improved cultural competence through targeted training. This lack of awareness, combined with barriers such as institutional racism and accessibility of services creates substantial barriers for survivors seeking support (Coles et al., 2022). These barriers are especially evident for Black survivors, who are most likely to seek refuge (DAC, 2022). Despite this need, our fieldwork repeatedly highlighted the shortage of safe accommodation and resources. Professionals we interviewed told us that many boroughs do not fund refuge accommodation, forcing survivors to relocate or remain in unsuitable accommodations for extended periods. This shortage is particularly acute for women with additional needs, those with sons over 13, or survivors with insecure immigration status. Survivors from minoritised communities identify a desire for access to 'By and For' services (DAC, 2022). However, our findings show that these services face significant challenges, including underfunding and barriers to accessing key processes like MARAC. Consequently, the inequalities in support access are being exacerbated.

## Survivors at the centre of service provision

Both existing literature and our research highlight persistent challenges in adequately representing survivors' voices in risk management. **Our research shows that while domestic abuse specialists play a key role in advocating for survivors, there is an over-reliance on them to represent and centre survivors, rather than it being a responsibility shared across all agencies involved.** It is crucial to centre the voices of survivors in any risk oversight, however survivors' own assessment of risk is often not central to risk management processes (Barlow et al, 2021). Our research found that some boroughs have adopted alternative MARAC models, such as daily MARACs, to mitigate delays. Though these are seen as effective by statutory partners, concerns were raised by specialist services that this model limits the opportunity to fully capture and represent victim/survivor voices within the MARAC process. Without ensuring survivors' voices are consistently represented, the effectiveness of risk management processes remains compromised, undermining the fundamental principles of MARAC.

Survivors also face significant barriers to accessing the services they need. In London, only 32% of survivors found it easy or very easy to get help once they heard about what was available, which is the second lowest response in the country (DAC, 2022). Our research found that professionals are aware of the need to improve service accessibility, but there remains a gap in public awareness about what services are available and how to access them. Increasing demand and limited resources have reduced face-to-face support, particularly in specialist services. For professionals in health, social care, and other non-domestic abuse-focused roles, time constraints make it difficult to have the in-depth, open conversations necessary to identify abuse, even though they recognise the importance of doing so. Professionals must balance addressing individual survivor needs with managing limited resources. Furthermore, since the change in the Domestic Abuse Act which now legally recognises children as victims, funding and support to meet this shift have been insufficient, adding strain to service delivery. These ongoing challenges underline the critical need for increased resources and improved awareness to ensure that all survivors, including children, can access the support they need.

Survivors having to retell their story to multiple services increases the chances of disengagement and can be retraumatising for victims (SafeLives, 2023). Survivors have consistently expressed a desire for a more cohesive, joined-up approach to services. However, our research highlighted examples of practice where this goal is not being met, such as one area trailing completing both the DARA and DASH assessments, likely requiring victims to repeat their experiences. Additionally, we heard that the technology in place within areas further exacerbates this issue, with agencies lacking a shared platform for exchanging insights and expertise on individuals at risk, leading to fragmented records and forcing survivors to repeatedly share their stories across different organisations. Services that are trauma-informed, employ strength-based practices, and adopt a flexible, survivor-centred approach that are responsive to survivors and led by their voices are highly valued (Stanley et al., 2021). Yet, our research revealed inconsistencies in the understanding and implementation of these principles, with some

agencies using terms like 'client-centred' or 'person-centred' interchangeably with victim/survivor voice. Without addressing these inconsistencies, the risk of retraumatising survivors remains high, hindering efforts to create a truly survivor-led, trauma-informed system.

Victim-blaming language and a lack of empathy towards victims are recurring issues noted in both existing research and our own findings. DHRs have been criticised for showing a lack of empathy towards victims (Chantler, 2023; Dangar, 2023), a concern echoed by our research, particularly in how some reviews perpetuate problematic victim-blaming language. Furthermore, our fieldwork highlighted the use of stereotypes and victim-blaming attitudes within certain agencies, notably the police, where time pressures and limited specialist knowledge contribute to this culture. While trauma-informed training is acknowledged as beneficial, many officers struggle to attend due to competing priorities. Our findings also point to the challenges posed by virtual MARACs, which, while reducing time burdens, make it more difficult to challenge victim-blaming/problematic language and build relationships across agencies. These findings underscore the urgent need for sustained training and cultural shifts within agencies to eliminate victim-blaming attitudes and ensure that the trauma-informed approach becomes the norm, not the exception.

## Multi-agency working

Poor communication between agencies negatively impacts survivors, as effective service delivery relies on robust information sharing between agencies (SafeLives, 2023; Potter, 2022). Our research reinforces this, revealing that inconsistent definitions of risk and thresholds across agencies create confusion and hinder multi-agency working. Effective collaboration is dependent on a shared understanding of risk, which in turn shapes a unified response from professionals. DHRs have repeatedly highlighted communication failures as a key issue (Montique, 2019; Potter, 2022), yet our findings show that time pressures often make meaningful collaboration challenging. Cross-borough communication was also identified as an area needing improvement in our research, with professionals advocating for more effective solutions. The lack of a unified approach places immense pressure on professionals, leading to overwhelmed systems and burnout. Across London, many highly committed professionals are doing excellent work, yet professionals told us they feel frustrated as valuable opportunities to share best practice and coordinate are often missed. Greater investment in collaborative strategies could improve efficiency and enhance London's ability to manage risk.

Referral pathways are another critical area where inconsistency hampers multi-agency cooperation. We examined 20 MARAC referral forms as part of our research and found significant variations in the forms used by different MARACs, which complicates the referral process and undermines consistent risk assessment. Additionally, although professionals generally felt confident in victim referral pathways, they were less confident about pathways for perpetrators or how to refer to 'By and For' community-based organisations in their local areas. The Home Office (2023) identified inconsistent approaches to risk assessment and identification as a key issue in all DHRs, reinforcing the need for a system-wide approach to domestic abuse where all professionals are sufficiently trained to assess, identify, and respond to risk effectively. These findings underscore the need for standardised referral processes to ensure consistency and improve the overall quality of referrals.

An approach that supports partnership working, with practitioners being able to 'pool intelligence' helps provide a more holistic picture for both the victim/survivor and the perpetrator (Robinson & Clancy, 2021). However, our findings revealed a divide in how partnership working is experienced. Strategic leaders viewed it positively, citing mechanisms and governance that support collaboration, but operational staff described partnership working as inconsistent, often dependent on individual commitment. Considerable time was reported to be spent chasing other professionals to complete their agreed safeguarding actions. Lack of partnership working and poor communication significantly impacts survivors (SafeLives, 2023). To minimise this, MOPAC (2021) emphasise the importance of strengthening partnerships between services and promote ethical information sharing. Strategic buy-in is necessary to underpin changes in practice and for these to become embedded. Our research found that more than half (54%) of survey respondents represented their organisation on a strategic board where domestic abuse is a priority. However, governance structures vary across boroughs which is leading to a lack of uniform governance across boroughs and creates gaps in oversight and escalation processes. National legislation, pan-London policy, and local practice remain disconnected, inconsistently implemented, and inadequately incorporate frontline feedback. This gap between strategic intent and operational practice must be addressed to embed consistent multi-agency collaboration across London.

## Risk identification and assessment

Structured professional judgement is widely regarded as the most effective approach to risk assessment (Kemshall & Wilkinson, 2011; Logan & Johnstone, 2023). Our survey found the DASH assessment to be the most widely used risk assessment, reported by 84% of respondents, followed by the S-DASH, HBV-DASH, and DARA. The consistency of using a common tool like DASH across agencies fosters shared understanding and language, but our research identified a lack of uniformity in the application of risk assessments across London boroughs. Additionally, some areas have modified the DASH to account for factors they feel it overlooks. A limitation with most risk assessments is that validation studies for the majority were run with relatively small samples of mostly White male adult perpetrators of intimate partner violence (Turner, Medina and Brown, 2019). Professionals within our research have expressed a need for an updated DASH that reflects legislative changes and collects more comprehensive data on both victims and perpetrators. **Additionally, while tools like the DARA were designed to help officers identify coercive control and make better-informed risk assessments, there remains a persistent focus on physical safety over emotional and psychological harm. This skewed emphasis impacts how risk is identified, assessed, and addressed from the outset.**

The distinction between risk identification and risk assessment is a crucial one, with the latter requiring more specialised knowledge and training (Montique, 2019). Effective risk assessment depends on professional judgement, but this varies between roles and agencies, making consistent application difficult. Training is essential for risk assessments to be applied effectively (Montique, 2019). DHRs and SCRs reveal that there is a lack of consistency in DASH completion (Montique, 2019; Home Office 2014 and 2023) and that risk is often poorly understood, particularly when victims and/or perpetrators are minoritised (Coy & Kelly, 2011). Our research found that while the DASH tool is the most widely taught, with 86% of respondents having received training, concerns persist regarding the quality of these assessments. Many professionals voiced that the depth of conversation informing the assessment and the level of knowledge of the practitioner significantly affect the assessment of risk. One of the common recommendations in DHRs is that all front-line staff who engage with victims and perpetrators should have risk identification training, with more in-depth training for those carrying out risk assessment (Montique, 2019). Our research found that within the police, the identification and understanding of domestic abuse risks by new and non-specialist officers was a concern. While there are initiatives, such as the Aegis project, to help identify issues and make recommendations for practice, these do not have strategic buy-in for wider implementation across all London boroughs. Efforts are being made to improve police training and resources, including an induction day for new officers in domestic abuse teams, awareness packages for frontline officers, and guides and portals for additional support. Without consistent and thorough training, the quality of risk assessments will continue to vary, undermining the ability to provide effective responses.

Our research found that professionals across London are dedicated to assessing and managing risk, but they face significant challenges. Risk levels can fluctuate and change, and DHRs identify the importance of seeing risk as dynamic and fluid and that it should be regularly reassessed (Montique, 2019). Being dynamic can help services be responsive and ensure appropriate services are being provided to individuals (Stanley et al., 2021; Robinson et al., 2016). To do this well, domestic abuse should be recognised as ‘everyone’s business’, but our research found this is not always reflected in practice. There is broad consensus that identifying and responding to domestic abuse should not be limited to those in specialist roles or services, however, we found this is not always happening in practice. One agency we spoke to shared that their primary function was not to play a direct role in assessing and reducing risk, yet, they are providing interventions to persistent offenders with around 30-40% of which having domestic abuse concerns. **To ensure a safe and effective response, it is essential to enhance the standard specifications for staff training to include comprehensive domestic abuse content.** While some agencies and boroughs have begun to develop this, there is inconsistency, which could lead to variability in the quality of responses across different areas.

## MARAC

The MARAC model was established in 2003 to close gaps in systematic risk assessment across agencies responding to domestic abuse (Robinson & Tredidga, 2005; Steel, Blakeborough, Nicholas, 2011). Multi-agency groups were first pioneered in London by Standing Together, with the MARAC process being adopted widely after 2007 and guided by SafeLives’ ten principles, which prioritise information sharing, agency representation, and the active involvement of the IDVA in representing and engaging

victim/survivors (Steel, Blakeborough, Nicholas, 2011; Acheampong, 2018). While these principles are designed to ensure MARAC's effectiveness, our research identified recurring implementation challenges due to lack of understanding of the MARAC process, limited capacity and insufficient resources. Resources allocated by organisations to support professionals with the MARAC process were often insufficient, and little time was allocated to allow professionals to adequately assess risk or actively managing risk. Acheampong (2018) observes that MARACs are generally effective in identifying risk and facilitating information sharing, yet gaps in survivor representation remain. Our findings mirror this concern, with issues surrounding the consistent inclusion of survivor voices and inadequate monitoring of action plans. Additionally, many practitioners observed that national guidance is slow to embed in local practice. Professionals told us that MARAC enables shared decision-making and supports multi-agency working, however the variations regarding local MARAC thresholds, frequency and levels of attendance is causing confusion and affecting outcomes for survivors. Our research showed different interpretations of the MARAC model and the level to which the 10 MARAC principles are applied in each borough. The 10 principles of an effective MARAC align closely with many themes that reviewers identify as recommendations or areas for improvement in DHRs, underscoring their critical importance. Yet existing literature highlights that many alternative MARAC approaches lack adherence to these core principles (Montique, 2019). When boroughs dilute the principles that underpin an effective MARAC process, it's crucial to consider whether they are indeed conducting a MARAC. Although we did not directly observe MARACs as part of this research, such observations would offer valuable insights into this issue.

Professionals told us that different MARAC models have developed across London to address varying volumes and case needs, echoing findings from Standing Together Against Domestic Abuse (2024). The frequency of Maracs was noted to range from daily in some boroughs to monthly in others, with the most common format being fortnightly. Adaptations such as virtual MARACs, MARAC Plus, and specialised honour-based violence MARACs have been introduced, along with split-day meetings aimed at reducing fatigue. Despite these adjustments, MARAC's core principles and best practice guidelines are not always followed due to resource limitations that often stretch the MARAC process thin (Myhill, 2016). Practitioners expressed concerns regarding some of these adaptations, for instance daily MARACs, while intended to be responsive, sometimes limit the ability of IDVAs to engage survivors adequately and reduce opportunities for in-depth, multi-agency collaboration. Additionally, inconsistent referral processes, thresholds, and governance structures create challenges, particularly for professionals working across boroughs who must navigate distinct procedures to ensure case discussion. The lack of statutory footing for MARACs, IDVAs and ISVAs results in different interpretations, leading to confusion and inconsistent support for survivors and misleading expectations for professionals. Clarifying responsibilities across agencies would improve efficiency and reducing duplications in the system.

Regional MARAC data for London highlights distinct referral trends, with police referrals constituting only 34.6%, significantly lower than the national average of 63.3%. Additionally, Black, racially minoritized, and LGBTQ+ survivors remain underrepresented, indicating potential systemic barriers. Our research found that some 'By and For' services face challenges in accessing MARAC and concerns were raised about certain MARACs being police-led rather than genuinely multi-agency-led. These access barriers may contribute to the ongoing underrepresentation of minoritised survivors in MARAC processes in London. There could be several other reasons behind these differences such as barriers in reporting incidents to the police experienced by the diverse population (DAC, 2022; Coles et al., 2022). We also saw that MARACs struggle with uniform data collection and sharing practices, hampering comprehensive assessment and regional comparisons. Strengthening coordination between agencies and aligning data collection practices could foster a more cohesive and effective MARAC response, ultimately supporting data-driven approaches. MARAC referral forms are asking for varying levels of information on ethnicity, gender, disability and health. Improved documentation of protected characteristics is especially critical to evaluate and understand how well MARACs meet diverse survivor needs across London boroughs.

Finally, insights from DHRs emphasise the importance of all professionals understanding MARAC referral processes and following up on action plans (Montique, 2019). However, our research highlights inconsistent knowledge across professional levels, with operational managers reporting less familiarity with referral pathways than strategic managers and frontline practitioners. This highlights a potential disconnect between leadership perspectives and the experiences of those working directly on the ground. Further, MARAC coordinators noted variability in referral quality, particularly from first response officers, who often lack critical details in submissions. This could be attributed to limited risk assessment training or time constraints, issues compounded by differing referral forms across boroughs. Addressing these discrepancies through standardised training and documentation processes could significantly enhance MARAC's capacity to ensure high-quality referrals and consistently informed decision-making.

# What we recommend – our recommendations

Some of the hopes that were shared with us for better managing and preventing the risk of serious harm due to domestic abuse across London consisted of:



*Figure 7 Responses from Professional Focus Groups: Hopes of Professionals from across the safeguarding system*

London faces complex, systemic challenges in managing and preventing risk of serious harm from domestic abuse, driven by interconnected people and data factors. A new holistic, public health approach is needed, which embraces systems transformation, replacing individuals and organisations working in silo with new ways of working, shared structures and collective decision-making frameworks. Whilst significant progress has been made London may also benefit further from collaborative ways of working and investing in innovative solutions, whether that be in strengthening and developing shared systems / ways of working, investing in the people and collaboration or by being data informed to achieve greater efficiency and scale when managing and preventing the risk of serious harm due to domestic abuse. By leveraging the advantages of collaboration, London can enhance resource utilisation and expand their networks.

We have included in our suggestions based what maybe in our gift to control in the shorter term to hopes for the longer term that may support and facilitate change when preventing and managing risk of serious harm due to domestic abuse across London and beyond. As we know there is often a lag between changes at a national level becoming operational and embedded into day-to-day practice.

To ensure any recommendation is achievable, it is important to acknowledge that every borough is likely to be at a different stage of readiness and each face their own local challenges. It is key that any framework reflects a spectrum of levels, from a 'business as usual' expectation to a higher, aspirational response that all boroughs can work towards in their commitment to better managing and preventing the risk of serious harm from domestic abuse in their community and beyond.

We recognise the scale and breadth of the recommendations and action needed in the current climate. A London-wide multi-agency working group should be developed to explore the next steps and prioritise the following:



# Systems

## Recommendation 1

There is no shared understanding or definition of risk of domestic abuse between agencies. High risk is defined and understood differently within the police compared with the MARAC definition, and these both differ again with Social Care thresholds. Other agencies will each have their own thresholds and definitions – many of which do not align, and language differs agency to agency, borough to borough. Unless a shared understanding, definition and language around risk is achieved, this will continue to be a barrier to an effective response to the management of risk.

As MARAC is not a statutory function, governance is inconsistent which is resulting in areas adapting the MARAC model to meet their local demands. Levels and types of provision vary across London, and this is resulting in missed opportunities for risk being managed safely. The lack of consistency in MARACs is resulting in confusion for professionals and a postcode lottery for victims and survivors. There is a wide difference in referral forms, thresholds, frequencies, referral pathways and the focus on the MARAC meeting rather than the process of risk management. This is problematic for professionals who work across multiples boroughs as the interpretation of this has led to a distortion of the term and its effectiveness. The level of prominence of the voice of the victim also varies, as does the level of attendance of key agencies and the level to which MARAC principles are applied.

1a. Develop and coordinate a cross-agency checklist to identify and recognise collective risk led by MOPAC with a diverse range of survivors.

This co-produced checklist should provide:

- Clear criteria for agencies identifying, responding to and prioritising risk within their agencies.
- A set of key considerations and guidance for action, which should range from basic requirements to more aspirational elements.
- A clear contingency for when thresholds are met or near to being met, including a mechanism for shared decision making.

1b. Develop a toolkit to provide self-assessment of 'organisational health' with MOPAC and survivors. This would follow a similar approach to that of their Inclusive Employers Toolkit, regarding addressing domestic abuse for professionals. Organisational Health can aspire to attain certain levels of 'accreditation'. This provides key indicators for organisations in how they are performing in their response to tackle domestic abuse.

1c. Areas should review their MARAC or current risk management response against the 10 Principles of MARAC to ensure their multi-agency response consists of an effective multi-agency process underpinning an effective 'MARAC-More-than-a-Meeting' forum. Particular attention should be given to independent representation of victims; Equality, Diversity and Governance.

1d. As part of the duty to collaborate, the working group should focus on the development of a "one way in, one way out" model for MARACs ensuring that while there is greatest capacity for localised autonomy in the response to the risks identified, a universal consistency is also achieved.

1e. In the longer term, to reduce barriers for referring agencies, a single and agreed MARAC referral form should also be piloted. This should represent the collective understanding of risk and be cognisant of the different boundaries within organisations and improve opportunities for the application of justice (See recommendation 9).

## Recommendation 2

There is an implementation failure across all agencies in responding to families affected by DA. Rather than working in partnership, agencies are each identifying [particularly in relation to CCB, NFS and stalking,] and responding differently; there is a lack of joined up working and decision making throughout. There is also a quality issue with referrals and MARAC forums being overwhelmed with inappropriate cases. This approach can create unnecessary conflict in working towards a collective goal.

There is a lack of consistency in the level of support being provided by roles across agencies and across boroughs, which is directly impacting survivors. There is a lot of training happening in agencies and across



boroughs, but the same individuals are attending this training, and the learning is not disseminated across the workforce. Due to cost of training and a perceived localised need, people are developing their own training which is resulting in a duplication of work and inconsistent messaging.

We acknowledge that implementing training across the system is challenging. To effect change here, a phased approach should be adopted. One of the key recommendations from DHRs has been in relation to the need to update training to include CCB, intergenerational and familial abuse. A further recommendation from DHRs was to ensure training is more accessible.

An agile and responsive programme of training should be implemented, which communicates clearly expectations of professionals and agencies in the minimum mandatory requirements for London. All training must have an intersectional lens to ensure professionals understand the different needs and appropriate responses to all victims, survivors and families.

2a. We recommend London provide a framework outlining a training standard for professionals in specific roles or grades, in line with their level of specialism or agency. This should be referenced within all future commissioned activities in relation to staff development and job descriptions within agencies specified and agreed by London. This is essential in having an agreed understanding of risk. For example, managers and supervisors across agencies should receive an agreed level of training or awareness of how DA can present in their respective services. Professionals in frontline roles would also receive an agreed level of training and so on.

2b. This training should take a practical approach in relation to risk identification and what action should be taken as a result.

IDVA is not a protected role, and its specialism and professionalism are being diluted through the different versions across agencies and across boroughs. This is having an impact on the levels and quality of support being offered to victims and survivors. There are also wide variations in salaries and benefits, with specialist services struggling to retain highly experienced and qualified staff to LA.

2c. We recommend London agreeing a minimum 'London standard' for their professionals in specialist roles, such as IDVAs, relating to qualifications and training completed for any commissions of future domestic abuse contracts. Section 15 of Victims and Prisoners Act 2024. As caseloads have increased but funding has not, roles are expanding beyond their primary function. The accreditation of the role should remain, even if the role of the individual flexes with demand.

Training standards should be included at a commissioning level, and these should be clear in the training specification (See recommendation 4).

2d. This approach should be taken across all VAWG commissioning and beyond, with job descriptions and workplans reflecting the level of training required, seeking to implement knowledge and expertise across the whole system.

2e. Agencies should collaborate with the domestic abuse sector to conduct a skills/training matrix to identify where there are gaps in training for their employees. This would avoid duplication and additional costs of the same professionals attending multiple DA related training and would identify areas of the workforce where there is a gap in knowledge/training.

2f. To help embed a culture where domestic abuse is recognised as everyone's business and to help increase identification and confidence levels of professionals, a London standard expectation of domestic abuse training should be implemented across the system. MOPAC, London Councils, NHSE or any other alternative as implemented by Government and MPS, with the sector, should agree, recommend and embed a set of training standards for their respective organisations. These should build on the mandatory knowledge and training already required in relation to safeguarding, a minimum ask in relation to domestic abuse should be specified in contracts.

2g. In the short term, we recommend that bitesize learning and short consistent briefings be delivered and centrally available to all professionals in all agencies. The focus of these should be increasing the confidence of professionals in identifying risk and then what they should do about this. This should be wider than recognising domestic abuse.

2h. In the longer term, we recommend that Commissioners agree a set of standards for training that all providers for current and future commissioned projects and services use. This would ensure consistency and develop a shared understanding of domestic abuse amongst Londoners.

### Recommendation 3

Silo working between agencies and between boroughs continues to be an issue and is affecting response. Challenges are being resolved locally and the learning from this is not shared across London, which is resulting in duplication of efforts and inconsistent methods.

There is a lack of funding options where the engagement of By and For and specialist organisations at strategic levels are secured, often leading to such organisations contributing to these discussions at their own cost. This means there is a significant loss of their specialism in response to risk where there is not capacity or resource to facilitate this engagement. Their expert advice and experience will not inform decision making, assessment or management of risk, which means those with intersectional and/or complex needs will not receive a safe or effective response. This also results in a lack of challenge and professional advocacy from specialist and by and for organisations, resulting in an ineffective and stale response.

Parts of the system are underutilised, with By and For organisations not always included as part of the safeguarding response, resulting in a lack of diversity and inclusion. In some areas, By and For organisations and specialist organisations are losing out on commissioning in favour of organisations who have the infrastructure to make them a more financially viable choice for commissioners. This is not an equitable approach and means the intersectional needs of victims, survivors and families will continue to be unmet.

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. Programme Board members should play a pivotal role in ensuring an equitable approach to future commissioning models.

3a. With this in mind, we recommend that future commissioning considers following an Alliance Model or more collaborative approach, similar to that which has been implemented in response to [Violence and Exploitation in London](#). A successful 'Alliance' for domestic abuse will place providers, statutory services and commissioners on an equal footing and promote collaborative working. This approach seeks to reduce the competition between partners. The partnering of organisations brings together diverse perspectives, expertise and networks.

### Recommendation 4

Due to a lack of an embedded system, the level to which DA is prioritised and understood in areas is reliant on individuals. This is resulting in a patchy level of awareness, understanding and commitment across London. There is also a lag between national guidance/legislation/research and seeing these actioned on a practice level. There is a feeling of apathy and consultation fatigue amongst London professionals, due to a lack of coordinated feedback on their time given to consultations and projects.

We know that the Government has a commitment on VAWG and there are likely to be continual improvements in this area. To provide some consistency across London, boroughs should be supported by a centralised coordination of national changes. This would help to create a common footing for areas upon which they can build their local response. This would also be an effective mechanism to share and embed learning from DHRs, as this is reliant on local VAWG leads to share and effect change, which is inconsistent and unsustainable.

There is a lack of consistency in messaging and communications to the public about awareness of domestic abuse across London. While the overall picture and awareness has improved, Boroughs are duplicating their efforts, which is resulting in a waste of financial resources and time, as well as potentially conflicting advice.

4a. MOPAC, GLA Public Health, NHSE London or any other alternative as implemented by Government and London Councils should collaborate and translate centrally and nationally generated changes, by

facilitating a collective regional approach. These may include learning from DHRs and practice guidance. MOPAC would lead this coordination for changing affecting policing, crime; NHSE London or any other alternative as implemented by Government and GLA Public Health would coordinate this for Health services/ICBs, in alignment with NICE; London Councils, in alignment with the Local Government Association (LGA), would coordinate this for Local Authority leads specifically those for Safeguarding, Housing and Community Safety. This would help to translate national strategy into operational changes for local areas and agencies.

4b. We recommend a MOPAC/Pan-London coordination of communication via 'You said, we did': snapshots of what has been actioned as a result of their feedback. This would be a mechanism for providing feedback and updates on research and projects, which professionals have fed into. This could form part of the quarterly report on the public forum and would provide a centralised location for professionals in all agencies and all boroughs to access this information. This should be an expectation of all consultations.

4c. We recommend a MOPAC/Pan-London produce centralised short consistent briefings and awareness of new legislation, guidance and policies that supports effective practice.  
We recommend that this is approached via MOPAC VAWG strategic level with engagement with VAWG coordinators and VAWG ICB leads in a consultative space.

4d. In the longer term and to underpin this work, MOPAC should hold a pan-London consultation and develop a communication strategy. The principle of which would be to update professionals on actions taken in response to their feedback. This should be reviewed on a regular basis to ensure it is effective.

4e. MOPAC should develop resources for local areas to use in support of general awareness and key dates, such as White Ribbon Day and the 16 days of Activism. These would not be mandatory for areas, but resources made available that could be easily adaptable / editable for local areas.

4f. We recommend pan-London coordinated collaborative campaigns, informed and driven by data to meet local need, but delivered across London. This would provide consistency in messaging across London and reduce the duplication of use or resources for locally.

## People

### Recommendation 5

The pressure under which professionals are working is immense. Professionals are on the verge of burn out and agencies are struggling to retain highly experienced, knowledgeable and skilled individuals. There is a focus on scrutiny and identifying learning, which whilst necessary, can lead to a blame culture and risk averse practice. This emphasis became evident through discussions and focus groups, where professionals focused on the shortcomings of other agencies, rather than reflecting on their own processes and opportunities to resolves issues. This is resulting in a less agile and dynamic response to risk. Good practice and agencies working well together is viewed as expected and therefore taken for granted. To help embed a culture where DA is recognised as everyone's responsibility, these changes should start with commissioning.

5a. We recommend that staff support, supervision and wellbeing mechanisms form part of commissioning requirements. This needs to be made clear in the commissioning of all services. There is lived experience in every workforce.

5b. Organisations must ensure support mechanisms are in place to support their staff and recognise the very real threat of vicarious trauma in professionals' day to day work.

5c. Supervisors must be alert to and responsive to Trauma Informed and Trauma Responsive working and supervision.

## Recommendation 6

There is a significant amount of excellent work happening across London with some incredibly committed professionals. This is not being universally recognised and there are missed opportunities to share this good practice, which could benefit other areas and help with consistency.

6a. To support embedded cross agency and cross borough relationships, collaboration should be supported through London holding meaningful events for professionals to come together and celebrate good practice. Opportunities for professionals to share their practice and how they are overcoming challenges would further strengthen the health principles around promoting a collaborative learning environment. This should be cross borough and sector specific and led by the agencies represented by members of the Programme Board.

6b. We recommend developing a programme of key events highlighting good practice, recognising key individuals and teams that are undertaking good, safe and effective work. This would help create a safeguarding community working together to drive meaningful change in preventing and managing the risk of serious harm from DA across London.

6c. It is important to recognise and celebrate some of the work that is ongoing across the system in London. We recommend the development of regional awards or accreditation standards to help to recognise good practice, with a focus on improving lives and learning from others. This would help to build a strong multi-agency approach.

6d. In order to support the wider response to domestic abuse and to meet the needs of staff, the business community should consider sponsoring the development and delivery of regional awards and accreditation for the response to DA. This would enable and support DA professionals to continue their work feeling recognised and valued and seek to address the loss of knowledge across the sector.

## Data

### Recommendation 7

Information sharing is an issue between agencies at practice level, and professionals do not always understand the legal basis for the sharing of information. Working Together<sup>4</sup> statutory guidance sets out how agencies and professionals should work together to promote children's welfare and protect them from abuse and neglect. This was introduced in response to the common themes from SCRs, where information has long been a factor. Although this places a statutory duty on professionals, information sharing continues to be a theme in SCRs and DHRs. Within DHRs, the need to improve information sharing between agencies and using accurate information to effectively manage risk continues to be a key theme.

Areas should ensure that the needs and safety of individuals is prioritised, and they remain central to any decisions to share information. It is vital to consider the needs of all victims and survivors and that the sharing of information does not increase risk. Decisions should be underpinned by Guidance on information sharing for migrant victims and in accordance with Data Protection Act 2018 and the General Data Protection Regulation (GDPR). For each local area, specialist services and By and For services would also sign up to these data sharing agreements.

7a. We recommend that commissioners agree a unified multi-agency data sharing agreement to help strengthen and support information sharing throughout the risk management process/MARAC process and widening the information sharing within a single meeting/forum. This dataset should be published by MOPAC and be readily available to use for London. SafeLives have a number of [MARAC resources](#) that can support with this, including [MARAC Information Sharing Protocol Checklist](#).

7b. This should take the form of regional data sharing agreements which sit across statutory agencies in each local area (Police, Health, both Primary and Secondary, Local Authority statutory services, probation, Local services, and National services, such as Victim Support, Refuge, Women's Aid –

depending on the services commissioned within an area and its demographics). This would be implemented when collective risk is assessed as high.

## **Recommendation 8**

The method for sharing information and submitting referrals continues to be a barrier, with the local pathways varying and by and for organisations often not having access to the required secure email. This is creating an additional barrier for victims and survivors with intersectional needs and is not creating an equitable response to domestic abuse.

8a. A method for secure communication should be agreed across all sectors. Secure databases such as ECINs has been effective in reducing some of these barriers in some areas and should be explored. Whilst information sharing should never be a barrier to safe and effective response and management of risk, it is important that information sharing does not increase the risk to victims and survivors, which is why the robust information sharing agreements should inform this<sup>7</sup>.

## **Recommendation 9**

There is not a shared understanding or agreement of what a good or effective model for managing risk looks like. Perspectives tend to be localised, creating disparity in the response to DA based on geographical location. Victims, survivors and families have intersectional needs and in order to meet these, London must have a clear picture of who is accessing services and who is falling through the cracks in our system.

There is a wealth of data collected locally, and this is not being utilised to effectively shape and inform practice. Across the UK, 275 MARACs actively record data on the SafeLives portal, with 30 of them based in London. The MARAC data is analysed alongside other national data to illustrate how effective local responses are. The platform enables areas to benchmark their performance against other areas within their police force, most similar police force group, as well as regional and national levels.

The symptom of a localised, silo approach is a lack of curiosity regarding risk management processes and responses outside of their agency or borough. This results in opportunities for risk to be managed safely and consistently across the region are therefore missed. National recommendations as a result of DHRs have focused on the need for improved gathering, reporting and sharing information, as well as improved communication between agencies. This needs to be strengthened across London in order to achieve a collective understanding of risk.

9a. In line with the Serious Violence Duty, we recommend that MARACs/Boroughs should agree to share their MARAC data with other MARACs across London. This can be done relatively easily on the MARAC platform to better understand the level of need across London and also understand the effectiveness of their MARAC, as the information is already there for the majority of London Boroughs. Currently, staff with MARAC lead responsibilities with access can see anonymised data for other areas. If permission to share is reciprocated between London MARACs, this would provide an opportunity to learn from other areas where effective local responses have been developed and implemented.

9b. We recommend that the data from the MARAC platform should be discussed at a local level within the DA governance structures (DA boards/CSP/Health Boards) to help areas improve the risk management response and support them with developing effective DA strategies locally. This would help areas to have an informed picture of their local risk management response and identify areas that need to be strengthened. This strategic oversight would ensure the level of commitment needed from across the system.

## **Recommendation 10**

Survivors are best placed to speak on the issues that affect them and will have unique insight into what systems work and which do not in the response to domestic abuse. They can speak from their individual and intersecting experiences that have formed their experience of abuse, and the support they have received, or not, in response to this. Professionals and survivors working together can critically assess and address challenges together, and ensure services are designed and commissioned to fully meet their all needs.

10a. To ensure survivors / those with lived experience have meaningful contribution and influence within multi-agency governance arrangements, we would suggest MOPAC lead on developing and embedding an Authentic Voice strategy. This strategy would outline the importance of engaging with people with lived experience and that they consistently form part of the shaping of their local response. The document would provide guidance on how to achieve this meaningfully and to embrace diversity and inclusion, in line with [SafeLives Authentic Voice principles](#). This would ensure survivor voices are at the centre of design and delivery of policies and services are equitable in London.

## Recommendation 11

DA awareness and understanding is not consistent across agencies and the levels of training and governance varies across boroughs. Risk is not being identified across the safeguarding system and without an understanding of risk, the response will not improve, and lives will be put at risk. There is an incomplete picture of the scale of DA in London and the level of need. We know that people affected by DA do not just access support through specialist services and many do not report to the police. This is particularly true for minoritised communities, and it means the full scale of DA is not recognised; resulting in families not being identified as needing help early enough. The opportunities for early intervention and prevention are being missed.

11a. We recommend that partner agencies work together to co-create and agree a dataset to ensure domestic abuse is captured across all partner agencies in London, including those which are not solely DA specific or focused. All agencies would collect and report on this agreed data set. This would provide better understanding of the scale of domestic abuse, where people are accessing support and reinforce to professionals that this is everyone's business.

## Recommendation 12

The lack of a unified approach to responding to domestic abuse and VAWG as a whole, is having a significant impact on key professionals, with key professionals leaving their roles, resulting in a legacy of knowledge loss across the system.

Coordinators are overwhelmed with the admin burden and time spent chasing agencies for updates and confirmation of completed actions. There is a high level of duplication of tasks, and they are impacted by the lack of quality assurance taking place within the referring agencies. Coordinators are on the verge of burn-out and are dealing with continual bureaucratic issues around data sharing. This is exacerbated by technology not being used effectively to manage and monitor risk. There is severe under investment, which is creating additional barriers to identifying and managing risk safely.

12a. We recommend exploring the benefits of a shared multi agency digital system that would create consistency across Risk management processes/MARACs and seek to reduce the admin burden on areas. The streamlining of processes would save time and means professionals are able to focus on the main purpose of their role. This should support a more responsive rather than reactive environment.

12b. This shared system should be used to measure outcomes of the MARAC process locally and regionally to monitor the level to which MARAC principles are successful in managing risk.



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