Professionals' views on MARAC: What is working well and what are the challenges

"MARAC challenges attitudes, beliefs and behaviours that underpin and perpetuate domestic and sexual violence and abuse."
Survey respondent, health professional

SafeLives

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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, 11,500 professionals and First Responders received our training. Over 90,000 adults at risk of serious harm or murder and more than 100,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last six years, almost 5,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that's just the start.

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

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Foreword

At SafeLives, we believe that to end domestic abuse, we must look at the whole picture - the whole of someone's life, the whole family, the whole system. This report shines a light on one vital part of that system: the frontline response delivered through Multi-Agency Risk Assessment Conferences (MARACs).

We're deeply grateful to the many professionals across the country who have taken the time to share their insights and lived experience of working within MARACs. Their voices are at the heart of this report - and they speak to both the strengths and the challenges in our current response to high-risk domestic abuse.

MARAC remains a crucial lifeline. It enables professionals to come together quickly, identify risk, and offer joined-up support to those in the most dangerous situations. But we cannot ignore the growing pressures - increasing caseloads, overstretched resources, and at times, a lack of clarity about how MARAC fits within the broader safeguarding and support landscape. As this report highlights, there is a clear call from professionals for more guidance, more training, and a thorough national review of how MARAC is working today - and how it must evolve to meet the realities of people's lives and needs. This review will help inform our wider work on evolving the risk response to domestic abuse.

MARAC does not and cannot work in isolation. It sits alongside a range of services, pathways, and partnerships that must all function together if we are to keep people safe sooner, stop abuse before it escalates, and support long-term recovery.

We hope this report helps decision-makers, policy makers, practitioners, and communities better understand the realities of MARAC, and helps drive the improvements needed to protect those at the highest risk of harm.

Jo Silver
Director of Quality and Innovation

HOW TO REFERENCE THIS DOCUMENT
SAFELIVES, (2025), PROFESSIONALS' VIEWS ON MARAC: WHAT IS WORKING WELL AND WHAT ARE THE CHALLENGES.

Definitions and acronyms

ASB - Antisocial Behaviour. Antisocial behaviour is behaviour that causes harassment, alarm or distress to other people.

ASC – Adult Social Care. Adult Social Care provides practical support to people with a disability, physical or mental illness to live independently and stay safe and well. These services are usually provided in people's homes, care homes or in the community.

CMHT - Community mental health services. Community mental health services play a crucial role in delivering mental health care for adults and older adults with severe mental health needs as close to home as possible.

CSC – Children's social care. Children's social care' refers to the different kinds of support that children, young people and their families receive from their local authorities when they need extra help.

DA - Domestic abuse. The Domestic Abuse Act 2021 defines abusive behaviour as:

- physical or sexual abuse.
- violent or threatening behaviour.
- controlling or coercive behaviour.
- economic abuse.
- psychological, emotional or other abuse.

The abuse can consist of a single incident or can occur over time, it takes place where the victim or survivor is currently, or has previously, been in an intimate personal relationship with the other person, is a relative, or is a co-parent to the same child.

DAA - Domestic Abuse Advisor is a professional who provides specialised support and guidance to individuals experiencing domestic abuse, encompassing various forms like physical, sexual, emotional, economic, and controlling behaviours.

DAPP - The Domestic Abuse Perpetrator Programme (DAPP) aims to help people who have been abusive towards their partners or ex-partners to change their behaviour and develop respectful, non-abusive relationships.

DASH - DASH stands for domestic abuse, stalking and 'honour'- based abuse. The DASH risk checklist helps practitioners identify and understand the risk that victims of domestic abuse are facing.

Drive - The Drive project is an innovative domestic abuse intervention that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour. The Drive Project focuses on high-risk, high-harm and/or serial perpetrators.

EH - Early help describes any service that supports children and families as soon as problems emerge.

EWO - Education welfare officer. EWOs are employed by the local council to work with schools and families to ensure that every school age child is receiving a suitable, full-time education by encouraging regular attendance at school (or ensuring they're being home educated). Every school has a named EWO.

GCL - Change Grow Live is a voluntary sector organisation specialising in substance misuse and criminal justice intervention projects in England and Wales.

ICB - Integrated Care Boards are statutory organisations that bring NHS and care organisations together locally to improve population health and establish shared strategic priorities within the NHS.

IDVA – Independent domestic violence advisor. This is a specialist worker who supports a victim of domestic abuse. The IDVA will support the victim with safety planning and help them to navigate the different agencies involved, including acting as the victim's advocate at MARAC.

LA – Local authority. A local authority is a government organisation responsible for providing public services and enforcing regulations in a specific local area, such as a city, town, or district.

MAPPA - Multi-Agency Public Protection Arrangements (MAPPA) are a set of statutory arrangements to assess and manage the risk posed by certain sexual and violent offenders.

MARAC - Multi-Agency Risk Assessment Conference, is a meeting where representatives from various agencies (like police, health, and social services) share information and collaborate to create safety plans for victims of high-risk domestic abuse cases.

MARM - Multi-agency risk management, MARM is a multiagency approach to manage risks that may arise for adults who can make decisions for themselves, but who are at risk of serious harm or death from self-neglect, risk-taking behaviour, chaotic lifestyles or refusal of services.

MASH - Multi Agency Safeguarding Hub (MASH) for children and families. MASH provides triage and multi-agency assessment of safeguarding concerns - in respect of vulnerable children and adults.

MATAC - Multi-Agency Tasking and Coordination process of identifying and tackling serial perpetrators of domestic abuse perpetrators.

PCSO - Police Community Support Officers (PCSOs) work with police officers and share some, but not all of their powers. A PCSO can also ask a police officer to arrest a person. The power of PCSOs can differ between police forces.

Executive summary

This report aims to explore professionals' perspectives on Multi-Agency Risk Assessment Conferences (MARAC) as part of our broader work examining local responses to domestic abuse in England and Wales. While our surveys with professionals and survivors provide valuable insights at both site and aggregate levels, open-ended survey responses have so far only been analysed at a broad thematic level. At this level, MARAC emerged as a key theme from open-ended questions in our survey with professionals. This led to two core research questions for in-depth analysis which this report will focus on:

What aspects of MARAC do professionals feel are working well in their local area?

What challenges do professionals identify within their local MARAC?

Caveat

The surveys were carried out at the start of our involvement in an area. Therefore, their views, opinions and workings of the MARAC may have changed due to findings and recommendations shared through our work.

Summary of findings

MARACs are an integral part of the domestic abuse system, and we must consider their effectiveness and impact in the context of the wider system. The findings from our professionals' survey highlight the systemic challenges faced in delivering an effective MARAC. Many of these cannot be addressed by the MARAC alone, which is why a whole system and picture approach is vital if we are to prevent harm, reduce risk and support recovery.

Professionals across agencies regard MARAC as crucial for identifying high-risk domestic abuse cases and for gaining a comprehensive understanding of victims and their families. Action planning is seen as effective when it includes whole-family interventions with clear follow-up processes to ensure agency accountability. Centring the victim's voice in decision-making is widely recognised as a key principle, alongside the need for broad and consistent agency representation. Strong leadership from a dedicated Chair, supported by a Coordinator and strategic oversight, are seen as essential for an effective MARAC. In some areas, increasing the frequency of meetings has resulted in quicker and more relevant actions. Screening processes are also used in some areas to manage caseloads, though concerns remain about their potential impact and the screening of MARAC referrals is not recommended by SafeLives. Overall, MARAC is viewed as a well-established and known multi-agency process that not only addresses high-risk cases but also strengthens interagency collaboration outside of MARAC.

Despite its strengths, several challenges are impacting MARAC's effectiveness. Concerns persist about the timeliness and appropriateness of actions, with delays between incidents and meetings, as well as a lack of follow-up processes. Inconsistent attendance and engagement, particularly the exclusion of key sectors such as education, can undermine the multi-agency approach. High caseloads and repeat cases have led to some calls for screening processes, but where these exist, some worry high-risk cases are being excluded. This has been evidenced when working in areas where screening processes are in place. SafeLives have recommended that these processes be removed to ensure that all cases referred to MARAC are heard, and inappropriate referrals are addressed by the Governance Group. Limited support pathways for standard and medium-risk cases are contributing to these high caseloads highlighting the need for support and services across all risk levels. Poor information sharing and pre-meeting preparation is resulting in lengthy case discussions with limited time for action planning, and worryingly frontline workers are not always receiving the necessary updates from MARAC. Meeting frequency is another area of debate - while some advocate for more frequent meetings, others feel daily MARACs hinder preparation and engagement with the volume of the victim's voice limited. Additionally, long meetings are reported to negatively affect professionals, and later cases are often being rushed. Concerns over inconsistent and under-resourced Chairs and Coordinators, as well as a lack of strategic oversight, further impact MARAC's effectiveness. A lack of clarity around MARAC's purpose and referral processes, highlights the need for improved guidance and training across agencies. Finally, some believe MARAC has drifted from its original purpose, reinforcing the need for a robust review and data collection to assess its impact at a local and national level.

A summary of the key learnings from professionals can be found on the next page of this report.

Key learnings summary

The following insights are drawn from the perspectives of professionals who contributed to this report. They reflect key themes from their feedback but do not necessarily represent formal recommendations from SafeLives. They also should not be taken as an exhaustive list of all possible improvements needed for MARAC but rather highlight the most pressing challenges and areas of good practice identified by professionals who responded to our survey.

We have aligned these themes with the 10 Principles of an effective MARAC

For a comprehensive overview of the key principles guiding an effective MARAC, please refer to the 10 Principles of an effective MARAC

KEY LEARNINGS	SAFELIVES GUIDANCE
Awareness and training • All MARAC agency representatives should receive regular training on domestic abuse dynamics, including updates on new relevant legislation.	**Identification** • MARAC representatives and professionals within the system should receive training on the dynamics, typologies and nuances of domestic abuse
Awareness and training • The purpose of MARAC, its referral processes, and what constitutes a high-risk case must be clearly communicated to all agencies through clear guidance and regular training, including refresher courses.	**Referral to MARAC and IDVA** • Referral pathways and criteria should be clearly detailed within the MARAC Operating Protocol and promoted to agencies, to ensure they are able to refer. • The MARAC referral process to be including within training course
Referrals and caseloads • Only high-risk cases should be referred to MARAC, with all agencies receiving training to ensure appropriate referrals. • Agencies must be able to refer cases and have them accepted based on professional judgment, even if a case does not meet the DASH 14+ threshold. • Professionals feel screening or triage processes for MARAC may help ensure that only high-risk cases are heard, reducing caseloads and enabling more timely actions. However, decision-makers involved in these processes must have a deep understanding of domestic abuse dynamics to prevent inappropriate case exclusions. • Given the risk of screening processes inadvertently excluding high-risk victims, areas should instead focus on training all agencies to make appropriate MARAC referrals, and clear alternative pathways should be in place for non-high-risk cases to prevent professionals from referring all domestic abuse cases to MARAC by default.	**Referral to MARAC and IDVA** • The screening of cases is not recommended by SafeLives • All MARAC referrals should be accepted, regardless of referral criteria – visible risk (14+ ticks on the DASH), professional judgement or escalation (three occurrences of domestic abuse in a 12 month period). • Each agency should have a MARAC representative who quality assures their referrals before submitting to MARAC. It is acknowledged that there will be inappropriate referrals to MARAC on occasion. This should be monitored and addressed via the governance group, with feedback provided to the relevant agency to action. • Where a victim has been identified, but not as high risk, referral pathways should be followed to provide support at the earliest opportunity.

KEY LEARNINGS	SAFELIVES GUIDANCE
Attendance and Engagement • All relevant agencies must attend MARAC meetings to identify high-risk domestic abuse cases early and gain a full understanding of the victim and family's situation. • MARAC representatives should if possible be consistent to build knowledge and relationships with other attendees. • Education should be considered a core agency and always invited to MARAC and asked to share relevant information. • Representatives should attend the entire meeting where possible to contribute across cases, though resource and time constraints should be considered. • All attendees should actively contribute ideas rather than relying on the same agencies to lead discussions. • Representatives must have sufficient seniority to make decisions and commit to actions. • Attendees should review case details in advance to ensure meetings are action focused.	**Multi Agency Engagement** • Core agencies should consistently attended and participate in MARAC – Police, IDVA service, housing (statutory responsibility), Children's services (statutory responsibility), National Probation Service, primary health, mental health, substance misuse service and Adult Safeguarding. Other agencies that can increase the safety of victims and children such as Education, By & For services and social housing providers should also be included. • Representatives should attend for all cases in order offer expertise and guidance to the MARAC. • MARAC representatives should be of an appropriate seniority to represent their agency at the MARAC and agree to actions and appropriately skilled. • MARAC representatives should be supported by their agencies to research and prepare for MARAC in advance of the meeting. • All agencies, as part of their preparation for the MARAC, should not only gather the information, but consider what actions they might take and what multi-agency actions might be needed to address the safety needs of the victim and children.
Wider multi-agency response • Clear referral pathways and alternative support options must be available for standard and medium-risk cases to prevent MARAC from becoming overwhelmed by all risk level cases. • MARAC should establish strong connections with other multi-agency meetings and local processes to ensure a coordinated approach to domestic abuse response.	**Multi Agency Engagement** • Where a victim has been identified, but not as high risk, referral pathways should be followed to provide support at the earliest opportunity. There must be a whole system response to domestic abuse, including access to support for victims across all risk levels.
Victim Voice • The victim's voice must be embedded within the MARAC process. • IDVAs must be present at meetings to advocate for victims, with their view being respected. • Chairs should ensure that the victim's perspective is heard and considered in all discussions.	**Independent representation and support for victims** • The victim's voice is key to ensuring that actions are person centred and specific to a victim's individual needs • Each victim is represented at the MARAC meeting and their safety is clearly advocated for • Where victims' views are absent their safety remains the focus of the meeting

KEY LEARNINGS	SAFELIVES GUIDANCE
Action Planning • MARAC should not function solely as an information-sharing forum; the primary focus must be on developing and implementing new actions to reduce risk. • Actions must be clear, ensuring all agencies understand their roles and next steps. • Actions should be accountable, with follow-ups at subsequent meetings to track completion. • Action plans must be shared with all attendees following the meeting. • MARAC representatives must communicate decisions and actions made in MARAC to frontline workers who are directly supporting victims, children, and perpetrators of abuse. • Action plans should take a whole-family approach, addressing children's needs and include disrupting the perpetrator's behaviour. • Actions must be timely and relevant, ensuring that meetings occur soon enough after an incident to facilitate meaningful interventions rather than just reviewing past actions already completed	**Action planning** • The purpose of the MARAC is to share relevant and proportionate information, discuss options for increasing the victim's safety and to create a co-ordinated action plan. It is not solely for information sharing. • Actions should be clear, timed and based on an assessment of risk and potential harm to the victims and family members. • Action plans should address the safety of the victims and should also manage, disrupt or divert the perpetrator's behaviour. Agencies should consider all members of the family when creating actions including linking into wider multi agency safeguarding arrangements such as Children's Services and Adult Safeguarding. • Actions should be tracked with agencies reporting when completed and outstanding actions flagged at the next meeting. • Actions remain the responsibility of each individual agency and are not transferred to the MARAC. • Where there are concerns with completion of actions, this should be addressed via the governance group. • The recording of minutes and tracking of actions should be included within the MARAC Operating Protocol. • MARAC representatives should update professionals working directly with victims, children and perpetrator following the MARAC meeting
Wider multi-agency response • MARAC should establish strong connections with other multi-agency meetings and local processes to ensure a coordinated approach to domestic abuse response.	**Action Planning** • Action plans should routinely link to other multi-agency safeguarding arrangements to address any ongoing safeguarding concerns for any adult and any child. • The MARAC Operating protocol should detail how information will be shared between any multi - agency safeguarding arrangements.
Timings • Each MARAC should evaluate whether its meeting frequency allows for a timely response to high-risk incidents. • The length of meetings should be reviewed to minimise negative impacts on attendees and victims. This may involve introducing shorter, more frequent meetings or improving efficiency in case referrals and discussions. • MARAC should be held on a regular and known time frame so that agencies can plan attendance. Requests for information should be given with as much notice as possible.	**Operational Support** • MARAC is a process which begins as soon as a person is identified as high-risk. From that point agencies should be working together to share information, risk assess and action plan. This may also include other statutory safeguarding process. Agencies do not need to wait until the MARAC meeting to do so. • Frequency and timings of MARAC meetings should be detailed within the MARAC Operating Protocol. This includes expectations of professionals attending virtually such as having their camera on.

KEY LEARNINGS	SAFELIVES GUIDANCE
Operational and governance support • A MARAC Coordinator should be present in every MARAC to manage the coordination and administration, including overseeing information sharing, recording minutes, distributing minutes and actions to all attendees. • The MARAC Coordinator should collect and upload MARAC data for strategic analyse, to help monitor cases and ensure local decisions reflect local issues. • An easily accessed central database should be established, allowing all participating agencies to access shared information, meeting minutes, agreed actions, and action progress.	**Operational Support** • There should be consistent person, and suitable resources, responsible for MARAC administration (reflective of SafeLives recommendation based on caseload) • SafeLives' data analysis is provided online to the local area and police force; it should routinely be reviewed by the MARAC governance group to inform development • The MARAC governance group minutes show performance monitoring as a standing agenda item • Where MARAC use a computerised system for administration, all agencies must have access to this in order to support and safeguard appropriately.
Operational and governance support • Chairs should be knowledgeable about domestic abuse and provide strong leadership to help ensure a collaborative multi-agency approach. This should include clarifying roles and responsibilities, providing space for all voices to be heard, and encouraging constructive challenge amongst attendees. • Steering groups should oversee MARAC operations, providing a forum for raising concerns and ensuring accountability.	**Governance** • MARAC Chairs and representatives should receive relevant training and be of suitable seniority • The MARAC Operating protocol should detail roles and responsibilities for members of the MARAC. This could include Agencies compiling information sheets for partner agencies about their remit and the type of actions that they could offer at a MARAC, with examples • A stable, visible, governance structure should be in place that provides leadership for the MARAC This includes oversight by relevant group with responsibility for safeguarding (adults and children)
Future of MARAC • MARAC should become a statutory requirement, however individual areas can already make MARAC attendance mandatory. • A national in-depth review should be conducted to assess how MARAC functions within the broader current multi-agency domestic abuse response, resulting in an updated clear definition and communication of MARAC's aim and purpose. • Outcome indicators should be developed to regularly measure the effectiveness and impact of MARAC at both local and national levels. • Alongside the current MARAC data collection, these outcome indicators should be systematically gathered and reviewed by all MARACs.	**Governance** • MARACs should be placed on a statutory footing through government legislation. This would create a clear legal duty on relevant agencies to attend and participate, helping to ensure MARACs are consistent, robust, and properly resourced in all local areas. A statutory framework should include a clear process where MARAC performance is measured and monitored locally and nationally, driving greater accountability and consistency in protecting victims of domestic abuse. • A comprehensive national review of MARACs is needed to assess how MARAC fits within the wider multi-agency response to domestic abuse. • Local areas and national government should make better use of existing MARAC data. This will be supported by the development of the MARAC Data Platform and the upcoming SafeLives Data Dashboard. • Clear outcome indicators should be developed to measure MARAC's effectiveness and impact. These should be based on the 10 Principles of an Effective MARAC and integrated into existing MARAC data collection processes.

Introduction

This report draws on data collected as part of the SafeLives' public health approach for ending domestic abuse which is funded by the Home Office. Our team of practice experts, supported by our research team, works with local areas in England and Wales to review their response to domestic abuse. This involves developing a deep understanding of local organisational culture, context, and partnerships while aligning with both our internal strategy and plans to drive meaningful change.

We collaborate with local authorities, Police and Crime Commissioners, Clinical Commissioning Groups, and other multi-agency partners to conduct a comprehensive, system-wide review. Taking a whole family, whole system approach, we identify opportunities to strengthen responses to domestic abuse across the whole system and risk level. Our process includes assessing the local landscape, engaging with agencies, professionals and families experiencing domestic abuse, and pinpointing strengths, gaps, and areas for improvement in the local response to domestic abuse.

As part of our work in local areas, we distribute surveys to professionals and survivors to gather insights on the local response to domestic abuse. The survey data is analysed at the site level to support our work in each area and also recently published in aggregate form through the Professional and Survivor survey. These surveys include open-ended questions, which have so far been analysed only at an aggregate level identifying the broad themes. However, we are now publishing a series of 'deep dive reports' that explore these responses in greater detail, with each report focusing on a specific topic.

This is the first in the series, examining professionals' perspectives on MARAC in their local area.

Methodology

Data collection and analysis

Data for this analysis was drawn from our survey of professionals working in local areas across England and Wales, with responses collected from 22 local areas and over 17 different agencies. Responses were gathered between March 2021 and February 2025, with further details available in Appendix 1. Open-text responses were analysed from the following two survey questions:

From your experience, what do you think is working well within the multi-agency response to domestic abuse in your local area?

From your experience, what areas of the multi-agency response to domestic abuse could be improved in your local area?

At an aggregate level, Multi-Agency Risk Assessment Conferences (MARAC) emerged as a key theme across both questions, making it the most frequently mentioned topic. This led to two core research questions for further analysis:

What aspects of MARAC do professionals feel are working well in their local area?

What challenges do professionals identify within their local MARAC?

To answer these questions, responses were categorised and analysed using content analysis.

"Working well" section: 361 responses were included, generating 637 codes, which were organised into seven themes.

"Challenges" section: 365 responses were included, generating 545 codes, also categorised into seven themes.

A breakdown of the key themes, along with quotes from professionals (with any identifying details removed), is provided in the main body of the report below. The agency of each quoted professional is indicated where possible. Further details on the data are available in Appendix 1.

Limitations and considerations

Representation bias

Certain local areas and agencies are more heavily represented in the dataset, meaning findings may reflect conditions in these areas and agencies more strongly. While the results cannot be generalised to the whole of England and Wales, similar themes emerged across multiple locations.

Survey design

The survey questions used did not explicitly ask about MARAC. Instead, it posed general questions about what was working well and what needed improvement in professionals' local domestic abuse response. MARAC surfaced unsurprisingly as a key issue, which could be seen as both a limitation and a strength:

- Limitation: The analysis may not capture all possible perspectives on MARAC, as respondents were not specifically prompted to reflect on it.
- Strength: The unprompted mention of MARAC suggests that the findings reflect the most pressing issues in the broader multi-agency domestic abuse response, rather than being artificially directed toward MARAC.

Selection bias

Data was collected from areas that commissioned SafeLives to review their domestic abuse response as part of our public health approach work. This means the dataset may be skewed toward areas that were already experiencing challenges and seeking improvement. As a result, some responses may highlight more negative aspects of MARAC. However, it is important to note that our reviews were not focused solely on MARAC, and in many cases, MARACs were described as working effectively by professionals and through our own observations.

Timeframe

Responses were collected over a four-year period (March 2021 – February 2025), meaning some MARAC processes may have evolved in the intervening years. However, similar themes - both positive and negative - emerged consistently across time periods.

Project impact

The surveys were carried out at the start of our involvement in an area. Therefore, their views, opinions and workings of the MARAC may have changed due to findings and recommendations shared through our work.

What's working well with MARAC?

Key findings

Seven themes were generated relating to what professionals report is currently working well with MARAC - these are displayed in the below graph with percentages showing the frequency of each theme. Key findings across all themes are outlined in boxes below. Each theme is then described in detail with quotes from survey respondents threaded throughout.

Professionals across agencies see MARAC as vital in identifying high-risk cases and providing a full picture of the victim and families' situation.

Effective action planning requires clear, whole-family-focused actions with follow-up to ensure agency accountability.

Centring the victim's voice in MARAC decision-making is essential.

Broad and consistent agency representation is key to an effective MARAC.

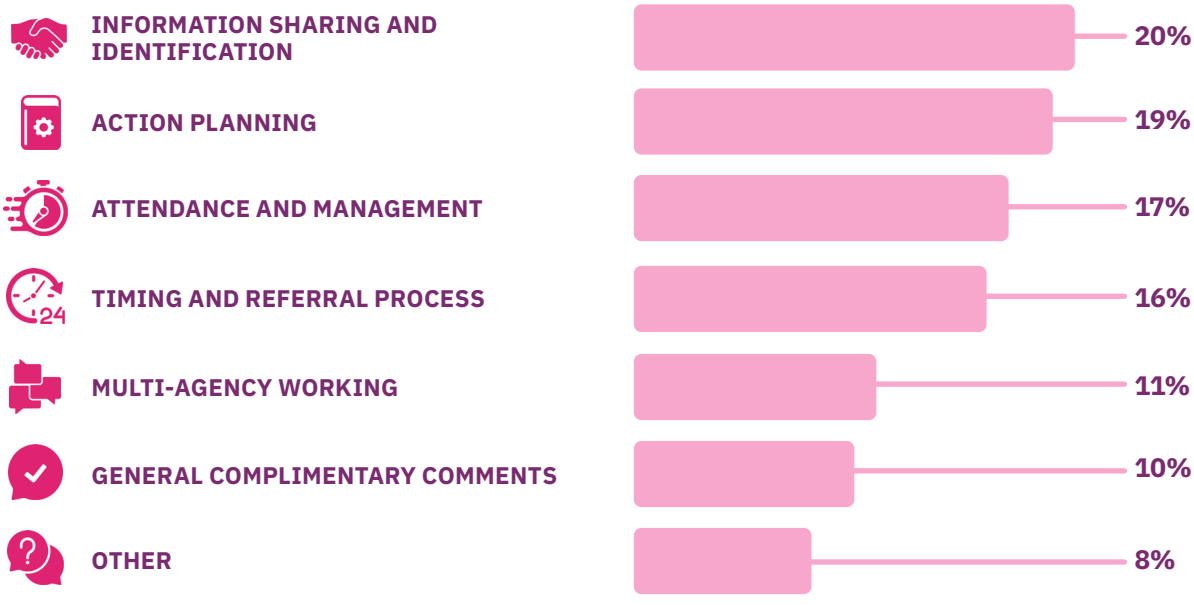
Strong leadership from a dedicated Chair, Coordinator, and strategic governance improves effectiveness and efficiency.

More frequent MARAC meetings in some areas have led to faster, more relevant actions.

Some professionals feel screening processes can help manage caseloads. It is important to note that the screening of cases is not recommended by SafeLives, and all cases referred to MARAC should be heard.

MARAC is seen as an effective and known multi-agency response to domestic abuse which strengthens wider interagency collaboration outside of MARAC.

GRAPH 1 **Themes for working well within MARAC. Percentages are out of total codes N = 637, from 361 individual responses.**



Information sharing and identification

Information sharing and identification was the most common theme. This theme highlights the role of MARAC in facilitating multi-agency information sharing and early identification of high-risk cases. It also includes the benefits of MARAC fostering cross-agency learning and the importance of incorporating victim voice.

Sharing vital information to get the full picture – MARAC Principle – Information Sharing

Many professionals highlighted a key benefit of MARAC is its role in facilitating information sharing between agencies. By bringing together insights from multiple professionals, MARAC ensures a comprehensive understanding of a victim situation, as well as any children, the perpetrator of abuse, and other important relationships:

> **MARAC is able to identify support networks for victims. It is able to establish if there are no support networks and make appropriate referrals to agencies. (Adult social care)**

> **I think the sharing of information at MARAC meetings is very useful. It gives a full account of current reported incidents and any historic incidents it is also recorded on our database if a client has a MARAC flag so we are aware there are some serious issues. We can also be aware of any children this may affect. (Housing)**

MARAC allows professionals to build a fuller picture of victims' needs, track actions already taken by other agencies, and access information they might not otherwise receive. Respondents explained that given victims may disclose certain details to specific agencies, the meetings play a critical role in ensuring all relevant agencies have a complete picture of the situation:

> **I do think MARAC presents the opportunity for all different professionals to come together and discuss what has been happening within a case. I think this works well because you find out information which not typically be shared with you. (Adult social care)**

> **MARAC works well in getting everyone in one place so we can information share. Sometimes this is essential in establish who is in communication with a victim and who they are engaging well with. It is also helpful in better understanding what is going on in the relationship as sometimes they disclose to one agency in a way they wouldn't disclose to others. (Police)**

SafeLives Guidance

The MARAC process begins once a person is identified as high risk therefore multi agency working and information sharing can take place from that point. This may also include other statutory safeguarding process. Professionals should not wait until a MARAC meeting to do so.

Identification and informed risk assessments – MARAC principle – Identification

Professionals emphasised that MARAC is highly effective in identifying those at highest risk, bringing them to the attention of services for support. The process not only highlights victims at risk but also helps identify children and perpetrators, ensuring that all relevant individuals are on the radar of appropriate agencies. Some explained that MARAC is the first way they find out that domestic abuse is occurring within a family:

> **MARAC is one of the first ways of me finding out if there is a parent or other family member who is a perpetrator of domestic abuse, and if they are a risk to children. (Children's social care)**

> **If a person is open to MARAC it makes us immediately aware that the abuse was quite significant. It always appears the most serious cases are open to MARAC. We can rapidly identify possible victims and act quickly. (Health)**

SafeLives Guidance

It is important that where domestic abuse is identified, at any risk level, victims are supported at the first available opportunity and a risk led approach is taken by professionals.

Professionals highlighted that MARAC plays a crucial role in identifying victims who are not seen by professionals, including children and vulnerable people:

> **Many vulnerable, previously 'hidden' children who are living with domestic abuse are identified through the MARAC process. (Health)**

> **MARAC is a great opportunity to share information about people involved in abusive households. It can identify abuse which has gone unreported, and can identify children who have been exposed to abusive environments which is helpful from a safeguarding and crime investigation point of view. That sharing can allow for perpetrators to be found and dealt with more promptly. (Police)**

Sharing and building professional knowledge – MARAC Principle – Identification and Multi Agency Working

Another key benefit of MARAC identified by professionals is the enhancement of knowledge about domestic abuse dynamics, as well as other areas such as mental health and substance misuse. They explained how meetings foster cross-agency learning, allowing professionals to better understand what support other services can offer:

> **Within a multi-agency response all the different professionals and agencies do and can share various information have a wealth of different knowledge and experience between them…Improving awareness of domestic abuse (Other)**

> **MARAC challenges attitudes, beliefs and behaviours that underpin and perpetuate domestic and sexual violence and abuse. (Health)**

Professionals agreed that sharing risk management across multi-agency meetings like MARAC is essential. Effective risk reduction depends on up-to-date information and collaboration to ensure victims, children and perpetrators receive appropriate support. By gathering insights from multiple agencies, MARAC enables more accurate risk assessments and informed decision-making:

> **it is good to share the risk and the management of the risk across a meeting of MARAC…as it is all agencies responsibility. (Adult social care)**

> **The MARAC looks at information from lots of agencies and will have varied information enabling an accurate decision to be made around risk. (Education)**

These findings illustrate the importance of all core and other appropriate agencies attending MARAC so they can share relevant and proportionate information, identify risks and get a complete picture of the situation for the victim and the whole family to increase their safety.

SafeLives Guidance

MARAC representatives play a key role in multi-agency working and building relationships across the system. It is important for representatives to be appropriately skilled, supported and of an appropriate level in order to represent their agency.

Training for professionals on the dynamics, typologies and nuances of domestic abuse is vital. Our work in areas has shown that many professionals do not have relevant training and hold many beliefs which are myths and stereotypes. Categories of domestic abuse such as coercive and controlling behaviour, economic abuse and non-fatal strangulation are not always well understood. Therefore, it is important that all professionals receive relevant training, not just MARAC representatives.

Including victim voice – MARAC Principle – Independent representation for victims

A crucial aspect of MARAC is ensuring the victim's voice is heard as part of the information sharing process. Professionals noted the importance of IDVAs in advocating for victims, ensuring their perspectives and experiences are shared. This victim-centred approach helps ensure decisions are made with a full understanding of victim's situation and needs.

MARAC ensures the victims voice is heard and ensures that all children within the family are considered. (Voluntary/community)

That the DAA makes contact promptly with the victim and offers support and advice in readiness for the MARAC, so that their voice can be heard and any requests for the victim from other agencies put forward as their action. (Police)

Action planning

Comments around action planning and the impact of these were the second most common theme. This theme included the benefits of MARAC in reducing risk, as well as respondents explaining what makes a good action plan.

Reducing risk and increasing support – MARAC Principle – Multi Agency Engagement and Action Planning

Many professionals highlighted the key outcome of MARAC is improving the safety of victims and families at high risk of abuse. MARAC facilitates risk management by developing multi-agency safeguarding plans and implementing safety and support measures. MARAC helps ensure a coordinated response from multiple agencies, leading to effective protection for victims and children:

MARAC works well by bringing various agencies together to provide all round, comprehensive safeguarding to victims. It also allows agencies not involved in a case to make suggestions. (Police)

MAARC works well - it has an effective and realistic way of putting practical safeguarding measures for victim and children. (Domestic abuse service)

SafeLives Guidance

Attendance is key to ensuring that risks are managed and appropriate actions plans are put into place. Even when a case is not open or known to an agency, their presence allows them to share their expertise and offer guidance and actions.

Accountable actions with follow up processes – MARAC Principle – Action Planning and Operational support

Respondents emphasised the need for clear action plans where agencies understand their responsibilities and are made accountable. The need for attendees to think creatively was also reported:

Attending the MARAC panel works well as all agencies involved are updated with information and action plans, therefore each individual knows what the other agencies is offering the person. (Domestic abuse service)

Services are held to account if not doing what they should be doing to protect victims and support alleged perpetrators of domestic abuse. (Substance misuse)

The MARAC works well when agencies attend are forthcoming with possible actions and 'think outside the box' with joint working actions to try and engage the victim. (Police)

SafeLives Guidance

Creative and timely action plans, building on the strengths and expertise of partner agencies which consider all risks and the whole family are integral to ensuring the safety of victims and the management and disruption of perpetrators.

A strong feedback process where actions are recorded and followed up was seen as essential to ensure this accountability. Timely sharing of meeting minutes and action plans also allows services to respond promptly:

> **The MARAC risk analysis is completed as a multi-agency and is reviewed at each meeting to ensure actions are taken forward and completed as far as is possible. (Health)**

> **At the end actions are recorded so agencies are accountable for completing these actions and recording them once they have been done. (Housing)**

Some professionals highlighted concerns that follow-ups on actions were not always conducted, which impacted the effectiveness of MARAC. The challenge of inconsistent follow-ups will be explored further in the later section on challenges in MARAC.

A whole-family approach – MARAC Principle – Action Planning

A whole-family approach in MARAC was highlighted as a good practice, with actions addressing the needs of victims, children, and perpetrators of abuse. Many stressed that an effective MARAC must incorporate actions for those causing harm, such as disruptive tactics and intervention programs, rather than focusing solely on actions for the victim:

> **The primary focus is to safeguard the adult victim but will take into account the UK law which prioritises the safety of children. It also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator. (Children's social care)**

> **MARAC ensures the victims voice is heard and ensures that all children within the family are considered. The perpetrators behaviour is discussed to see what can be done to hold them accountable and address their behaviour. (Voluntary/community)**

Professionals stressed the importance of actions considering the victim's voice through agencies listening to advocates such as IDVAs:

> **We have the opportunity to share the voice of the victim and what is going on for them from an advocate role. To get a better understanding of the lives of the children and what has been going on for them. Agencies taking responsibility in any actions and managing the risks. (Domestic abuse service)**

SafeLives Guidance

Listening to IDVAs/IDAAS is key to ensuring that actions are person centred and specific to a victim's individual needs

These findings highlight the importance of clearly defined actions that take a whole-family approach and include a structured follow-up process to ensure accountability across agencies.

Attendance and management

MARAC attendance and management was the third most common theme. This included the importance of having consistent attendance from all relevant agencies, as well as the impact of a good Chair and Coordinator.

Broad and consistent attendance from a range of agencies – MARAC Principle - Muti Agency Engagement

Many professionals noted that MARAC functions effectively when attendance included a broad and consistent range of agencies. Some responses specifically mentioned certain agencies, while others referred more generally to the benefits of diverse representation. Professionals highlighted that meetings worked well when a core group of agencies were consistently present, with additional supporting agencies attending when relevant. The importance of all agencies taking on actions was also emphasised:

> **MARAC works well due to the number of agencies that attend and share information. (Domestic abuse service)**

> **I feel we have good attendance from all agencies at the 3 MARACs in [Area name]. All agencies are keen to take appropriate actions. (Sexual abuse service)**

Several professionals explained that regular attendance by the same agency representative allowed them to build up knowledge about domestic abuse and victims. This consistency also helped foster strong professional relationships, enhancing collaboration and decision-making:

> **MARAC days are known and feedback is regular and from the same people which is helpful and consistent. (Children Social Care)**

> **Good core attendance which lends itself to positive working relationships. (Children Social Care)**

> **The MARAC representation at the meetings is evidently knowledgeable in this subject. The representatives have a clear understanding of their statutory responsibilities' when responding to domestic abuse concerns and are committed to safeguarding those children and adults who are harmed as a result of high risk domestic incidents. (Other)**

These findings highlight the importance of all relevant agencies attending MARAC with preferably a consistent representative from each agency who can build up their knowledge and relationships with other attendees.

Well-managed meeting with a dedicated MARAC Chair and MARAC Coordinator – MARAC Principle - Operational Support and Governance

The importance of well-structured and well-managed MARAC meetings was frequently mentioned. A supportive and knowledgeable MARAC Chair was seen as vital for running effective meetings. This included ensuring that all attendees understood their roles and responsibilities, providing opportunities for everyone to speak, and guaranteeing that necessary actions were taken. Respondents explained how a Chair who had expertise in domestic abuse helps facilitate informed decision-making and effective risk management. Some also noted the value of Chair's offering creative 'outside the box' problem-solving to support victims and families:

> **The Chair is very knowledgeable and supportive of services represented to ensure support for victims. (Children Social Care)**

> **MARAC works well when chairs is experienced and skilled in DV / MARAC and when all agency voices heard and their relevant contribution are heard rather than rushing decision making. Value of different agency perspectives need to be valued and be key to effective management of risk to victim and child. (Health)**

> **Current MARAC chair is good at thinking outside of the box and being creative with ways for agencies to support victims of domestic abuse. (Adult social care)**

Alongside the role of the Chair, the presence of proactive, approachable and well-organised MARAC Coordinator was seen as vital. Their role in structuring and managing the meeting logistics was considered essential for ensuring meetings ran smoothly and efficiently:

> **MARAC co-ordinators respond promptly and very supportive and approachable. (Substance misuse)**

> **MARAC - safety plans and risk management plans are agreed and tasks shared and coordinated between agencies good coordination by MARAC coordinator to ensure all agencies are included. (Children's services)**

Steering groups overseeing MARAC operations were highlighted as important for addressing attendees' concerns and helping MARAC meetings run smoothly and effectively in the long run:

> **Having a MARAC steering Group to ensure any concerns can be raised and actioned. (Housing)**

These responses highlight the importance of having a dedicated and supportive Chair, Coordinator and strategic group to ensure meetings are productive and efficient.

Virtual MARACs have improved attendance in some areas – MARAC Principle - Operational Support and Multi Agency Engagement

The shift in some areas to virtual MARAC meetings during Covid-19 was noted as a significant procedural change. Many MARACs have continued to operate virtually, with mixed feedback regarding their effectiveness. Some respondents reported they have improved attendance by making it easier for more agencies to participate. A further benefit is enabling agencies to access their computer systems during meetings, allowing them to search for information in real time to ensure gaps during the meeting are filled. This should not be a replacement for the research and preparation which should take place before the MARAC meeting. However, others noted that virtual formats have led to reduced attendance and engagement from certain agencies. The negative impact of virtual MARACs varied will be further discussed in the later section addressing challenges:

> **Having the meetings virtual appears to be a more positive attendance from professionals. (Domestic abuse service)**

> **Within our MARAC a number of agencies will attend and attendance has improved since the implementation of virtual MARAC meetings. Virtual MARAC's enable the agencies to have access to their computers and systems to search for information if necessary to ensure all the gaps are filled. (Adult social care)**

Timely response

This theme related to issues of timings in MARAC, including the importance of a quick response, the impact of screening processes, as well as the benefits of quick and known referral process.

Frequent meetings enable timely support for high-risk victims – MARAC Principle – Operational Support

Many professionals highlighted that MARAC allows for intervention and swift risk management, ensuring that those at highest risk receive support as quickly as possible. The frequency of MARAC meetings varies, with some areas holding them daily, fortnightly, monthly, or scheduling sudden additional sessions when needed. More frequent meetings were often seen as beneficial by professionals, as they reduce delays in hearing cases, ensuring actions remain timely and relevant:

> **I believe the MARAC process provides a speedy response to Domestic Abuse incidents and highlights high risk (IDVA) cases. It also ensures our support workers contact High Risk victims the morning before the meeting to offer support and all victims are contacted within 24 hours. (Domestic abuse service)**

> **MARAC meetings allow for actions to be set which can be useful in improving safety and are frequent enough that clients are heard soon after the initial referral. (Domestic abuse service)**

Many professionals explained that switching to a daily MARAC model in their area had been positive as it enabled services to provide support to victims earlier:

> **Daily MARAC meeting in the domestic abuse hub meeting means we are reaching MARAC victims earlier than if the meeting was fortnightly or monthly (Domestic abuse service)**

> **Quicker response than the 2-week MARACs in other areas, more impact and relevance due to shorter time scales. (Police)**

> **Daily MARAC meetings work well so victims are given the opportunity to engage with specialist support shortly after the referral is made. (Voluntary/community)**

Others pointed out that holding meetings daily or multiple times per week improves the quality of discussions, prevents rushed decision-making, and strengthens collaboration between agencies:

> **The [daily MARAC] avoids lengthy delays in cases being discussed and has enabled staff from mutli-agency partners to build better links which aids good joint working. (Domestic abuse service)**

> **I think the daily MARAC works well - it enables the meetings to feel better quality and less rushed than a MARAC with over 40 on the agenda. (Other)**

SafeLives Guidance

MARAC is a process which begins as soon as a person is identified as high-risk. From that point agencies should be working together to share information, risk assess and action plan. This may also include other statutory safeguarding process. Agencies do not need to wait until the MARAC meeting to do so.

While daily MARACs may result in cases being heard quickly, it limits the time available to capture the victims voice meaning that this can be missing from the meeting.

However, some professionals also mentioned challenges related to more frequent MARAC meetings – these will be explored further in the later section on challenges. These findings illustrate the importance of each local area considering if the frequency of their meetings means they are responding to high-risk incidents quickly enough.

Positive impact of screening processes – MARAC Principle – Referral to MARAC and IDVA

SafeLives Guidance

Whilst some professionals have highlighted the benefit of a screening process, it is important to note that the screening of cases is not recommended by SafeLives, and all cases referred to MARAC should be heard.

It is recommended that each agency has a MARAC representative who quality assures their referrals before submitting to MARAC. It is acknowledged that there will be inappropriate referrals to MARAC on occasion. This should be monitored and addressed via the governance group, with feedback provided to the relevant agency to action.

A multi-agency triage process which discusses and reviews incidents of domestic abuse such as a Multi-agency Safeguarding Hub or the One Front Door model can be utilised to support referring to appropriate pathways and services. However, this must be a multi-agency process.

In some areas screening and triage processes into MARAC have been introduced. Some professionals highlighted the benefits of these - reducing caseloads and thus enabling quicker actions for those at highest risk. By filtering cases before they reach MARAC, professionals have advised that it helps ensure that only the high-risk cases are discussed, leading to more streamlined meetings and timely interventions:

> **Weekly Risk management meetings screen borderline cases and refer onto to MARAC if deemed further discussion/input is required to help lower the risk. These meetings prevent a high number of cases being discussed at MARAC unnecessarily and ensure that safety planning is effective in reducing risk. MARAC's are now more streamlined and involve all the relevant agencies who provide concise and up to date information which assists in putting together a safety plan. All actions appear to be completed in a timely manner. (Domestic abuse service)**

> **10-minute cases heard twice weekly and screened by MARAC coordinator prior to being heard leads to responsive and timely intervention. (Mental Health)**

Professionals emphasised the need for appropriate pathways for victims who do not meet the high-risk threshold for MARAC, ensuring that there is a clear pathway for cases risk assessed as standard/medium:

> **The [local domestic abuse] team work closely with CSC and ASC to offer advice and guidance to ensure where threshold is not met for MARAC that interventions can be put into place...have a multi agency weekly risk management meeting that addresses the need for victims who do not meet the threshold of MARAC but require a multiagency approach to decision making. this has enabled victims to be progressed to MARAC when needed and if not the risk management plan is endorsed. (Domestic abuse service)**

SafeLives Guidance

This highlights the important of a domestic abuse response which supports victims across all risk levels in order to provide support at the earliest opportunity.

Professional Judgement is one of the referral criteria for MARAC and agencies must have the ability to refer cases based on professional judgement.

However, professionals also stressed the importance of considering professional judgment when making screening decisions. Some noted that victims may still need to be discussed at MARAC even if their DASH risk assessment score does not meet the formal threshold. There were reports of instances where professionals had to repeatedly submit referrals before a case was heard. Such issues with screening processes will be explored further in the challenges section.

> **MARAC- considering professional concerns raised despite DASH score not meeting threshold is helpful as each client has individual circumstances. (Domestic abuse service)**

Clear and known referral processes – MARAC Principle – Referral to MARAC and IDVA

Many highlighted that a key strength of MARAC is its well-known referral process across agencies which helps lead to a timely multi-agency response. The clarity of MARAC referral pathways was praised for enabling swift action and ensuring that high risk cases are addressed promptly:

Easy and accessible to submit referral to MARAC Quick response to referrals Cases are heard quickly. (Substance misuse)

The referral process for MARAC is straight forward and easy to understand. (Mental Health)

The multi agency risk assessment process and the MARAC referral process is very good and appears to be widely known and understood. (Health)

Multi-agency response

This theme includes professionals highlighting how MARAC is an effective multi-agency forum, as well as the positive impact of MARAC on the wider multi-agency response to domestic abuse.

MARAC is an effective multi-agency forum – MARAC Principle – Multi Agency Engagement

Many professionals emphasised the importance of a multi-agency response in tackling domestic abuse, highlighting MARAC as an effective forum for bringing agencies together to find the best solutions for victims and their children:

I feel the meetings are very useful it gives professionals the opportunity to work together to find the best solution for the victim and children. (Housing)

MARAC works well by bringing various agencies together to provide all round, comprehensive safeguarding to victims. (Police)

Respondents noted that this collaborative approach ensures well-informed decision-making and distributes risk management across multiple agencies thus reducing pressure on any single organisation. Effective multi-agency working in MARAC also included making links with other multi-agency forums:

It helps professionals to feel part of the plan going forward and acknowledging wider recommendations. Takes the pressure off one supporting professional. (Health)
I think that the multi agency approach of the MARAC allows for an informed decision making process for all parties involved. (Domestic abuse service)

It also make links with other multi-agency meetings and processes to safeguard children and manage the behaviour of the perpetrator. (Children's social care)

Some professionals highlighted a key element of an effective multi-agency response within MARAC is having strong communication, including updating agencies with any changes and providing training:

MARACs work well when there is clear and effective communication. (Education)

I feel that the MARAC in our local area is working well. They have done some updates the last 12 months and they have made sure that all the local education establishments have been on the relevant training that they have provided to explain these changes. (Education)

Others noted the importance of MARAC in allowing professionals to challenge each other's perspectives, as well as ensuring all voices across the different agencies are heard:

> **MARAC challenges attitudes, beliefs and behaviours that underpin and perpetuate domestic and sexual violence and abuse. (Children's social care)**

> **MARAC works well when chairs is experienced and skilled in DV /MARAC and when all agency voices heard and their relevant contribution are heard rather than rushing decision making. (Health)**

Building professional relationships – MARAC Principle – Multi Agency Engagement

Respondents highlighted that MARAC helps foster strong professional relationships, particularly when the same representatives attend regularly:

> **Good core attendance which lends itself to positive working relationships. (Children's social care)**

These connections improve multi-agency collaboration both within and outside of MARAC meetings, leading to an improved response to domestic abuse across local areas:

> **It is positive in building working relationships between agencies which allow for more joined up working in safety planning. (Children's social care)**

> **It allows you to build relationships with people from other agencies which then opens doors when seeking advice/making referrals etc. (Police)**

General complimentary comments

When asked about what is working well in their local response to domestic abuse, some respondents simply stated that MARAC is effective without providing specific details. These responses were categorised as general complementary comments about MARAC. This includes broad compliments, such as MARAC being beneficial for clients and professionals, with some comments simply noting that it is working well in their area:

> **MARAC is an excellent service. (Substance misuse)**

> **I have witnessed a couple of MARACs and I think they work well. (Domestic abuse service)**

> **MARAC works well. It is consistent and thorough. (Children's social care)**

Other

Several comments were categorised as 'Other,' primarily where respondents identified challenges or aspects of MARAC that were not working well. These challenges will all be explored in detail in the next section.

What are the challenges with MARAC?

Key findings

Seven themes were generated relating to what professionals reported the challenges are with MARAC - these are displayed in the below graph with percentages showing the frequency of each theme. Key findings across all themes are outlined in bullet points below. Each theme is then described in detail with quotes from survey respondents threaded throughout.

Concerns over MARAC actions include a lack of them, not being appropriate due to delays between incidents and meetings, and limited follow-up processes.

Inconsistent agency attendance and engagement, with frustrations that key sectors, such as education, are often excluded.

Limited support options for standard and medium-risk cases contribute to MARAC's high caseload.

A lack of clarity on MARAC's purpose and referral process, coupled with limited domestic abuse knowledge, highlights the need for more training, guidance and awareness raising initiatives.

Resource constraints limit MARAC outcomes, with stretched agencies, rising caseloads, and funding cuts reducing professionals' capacity to attend, commit to actions, and implement preventative measures.

High caseloads and repeat cases have led to calls for screening processes, but in areas where they exist, there are concerns about high-risk cases being overlooked.

Lengthy meetings are negatively impacting professionals, and later cases are often rushed.

Some feel MARAC has drifted from its original purpose, calling for a robust review and data collection to assess its impact.

Concerns over ineffective, inconsistent, and under-resourced Chairs and Coordinators, as well as a lack of strategic oversight.

In some MARACs, the victim's voice is absent, with reports of their wishes being ignored.

Mixed views on meeting frequency - some advocate for more frequent meetings, while others raise concerns about the daily MARAC model.

Poor communication and information sharing processes result in time wasted on lengthy case readings, leaving little room for action planning. Information is also not always relayed back to frontline workers.

GRAPH 1 **Themes for challenges within MARAC. Percentages are out of total codes N = 545, from 365 individual responses.**

Actions and follow up

Issues with MARAC actions and follow up processes represented the largest of the challenges. Concerns were around the lack of actions, the type of actions, and the timing of MARAC meetings rendering actions not appropriate. There was also strong criticism around the lack of sharing action plans and minutes.

Actions are lacking or inappropriate – MARAC principle – Action Planning

Professionals from a range of agencies raised concerns with MARAC being too focused on information sharing only, without enough time spent on creating new actions. This can lead to repetitive meetings where attendees simply share what they have already done without coming up with new action plans to reduce risk:

> **MARAC can often seem like an information sharing process, which is positive, but it often tends to result in the same outcomes for each case, rather than agencies actively stepping up to offer tailored support to each victim. (Probation)**

> **I feel that too often the focus of MARAC is on information sharing between agencies, something which we are required to do on the shared online form, prior to the meeting, rather than focussing on discussing beneficial outcomes or a plan of action to support and respond to the situation. Therefore the meetings can be repetitive, reading from the form which all attendees has access to, rather than pro-actively discussing a case and exploring what can be/should be done to support. (Adult social care)**

Respondents explained that actions from MARACs were sometimes ineffective because they had already been implemented by the time the meeting happens:

> **There are many cases where it doesn't seem that any valuable actions/outcomes are achieved from the meeting. This might sometimes simply be because there are so many cases referred to MARAC that it can take 4-6 weeks before they are heard. Often by this point, many of the actions are already completed, which if great, but sometimes means that the MARAC meeting doesn't achieve a lot. I feel that it MARAC cases aren't heard for a long time after being referred, it can sometimes defeat the object. (Housing)**

> **I have attended MARAC and feel it is 10 plus people saying what they have done, no one seems to link in or come up with any ideas to protect the person. (Adult social care)**

Others felt that actions were created for the sake of having them, rather than being practical or impactful:

> **The outcomes of MARAC need to be improved. In some instances, information sharing is all that needs to take place however, there is often a pressure on MARAC members to come up with more specific actions when they aren't needed. This then creates almost unnecessary actions being given that aren't always in everyone's best interests. (Police)**

Frustrations were also expressed that a lack of new actions was contributing to high repeat rates, with not enough consideration into what could be done to prevent repeat referrals:

> **Feel cases are heard again and again at MARAC with no real intervention to prevent further domestics. (Police)**

> **From my experience cases are often discussed in MARAC but rarely any decisive and safeguarding action taken that is effective in preventing DA or protecting the service user from future incidents. (Mental Health)**

SafeLives Guidance

The purpose of the MARAC is to share relevant and proportionate information, discuss options for increasing the victim's safety and to create a co-ordinated action plan. It is not solely for information sharing.

The MARAC process begins once a person is identified as high risk therefore agencies may have completed a number of actions before the MARAC meeting due to effective multi agency working. Where this has happened, the MARAC meeting allows for this information to be shared and for agencies not involved to offer additional information, expertise and actions.

Actions should be clear, timed and based on an assessment of risk and potential harm to the victims and family members. They should reflect the needs of the victim and prioritise their safety whilst also linking into wider multi agency safeguarding arrangements.

Cases return as repeats when there is the likelihood of increased risk imminently. It is prudent to review the actions that have been tried previously to see what worked and what did not work outside of the meeting, so that the same approach is not tried again and again without success. Entrenched cases can be frustrating when thinking about new interventions, but new methods must be considered, meeting the victim where they are and keeping them at the centre of the discussion.
Managing cases with complex needs at MARAC - SafeLives

Lack of follow-up of actions and sharing minutes – MARAC Principle – Action Planning & Operational Support

Many respondents raised concerns about the lack of follow-up on MARAC actions, with agencies being unsure if actions had been completed:

> **Once the MARAC is held, there is little follow up on whether the actions were completed by all or not, you can only see your own actions, you should be able to all agencies updates on actions, so you can keep track of progress and prompt others to complete tasks. (Domestic abuse service)**

> **Although good ideas are spoken about in the meetings, unfortunately I do not feel that all members of the MARAC actually take out these actions and it does not seem to be followed up (Voluntary/community)**

> **My only reservation is that there appears to be no formal way of ensuring agencies are following up Actions. this is a concern. (Health)**

Some went onto give recommendations for how actions should be followed up - through a formal process with an allocated person (e.g. MARAC Coordinator) responsible:

> **The action plan needs to be developed a lot better than what it is now. An allocated person need to check if the actions are being followed up. (Domestic abuse service)**

> **...setting up a formal process of following up Actions this to be audited if actions are or not completed (with a no fault blame culture) this i feel could be a position for MARAC Coordinator. (Health)**

There were also wider issues with information flow reported, including a failure to create and/or share meeting minutes as well as a lack of feedback to the referring agency. Frontline professionals working directly with victims, children, and perpetrators of abuse are often not informed about decisions made during MARACs, making it difficult for them to help manage risk:

> **MARAC reps are sharing the info at the meeting but this is not consistently going back to frontline workers what the minutes/ actions are. (Children's social care)**

> **I think there is a huge problem with key workers of the service users who are heard at MARAC not being shared into the details. I appreciate there are risks around sharing this sensitive information, however it would help for the professional supporting them to know as much as possible so they can manage the risks more effectively when supporting the service user (Substance misuse)**

> **I have no idea what benefit MARAC or MAPPA has other than sharing information, never receive feedback or minutes from the meetings and no idea what positive impact they are supposed to have. (Children's social care)**

Frustrations were also raised around computer systems which were limiting professionals' access to important information about risk and their ability to track actions:

> **The MARAC meeting minuites are not shared (as far as I'm aware) not all agencies have access to Pairs ect that is mentioned regularly at the meetings to get the full risk information. (Domestic abuse service)**

> **MARAC would work better if we all had access to OASIS The actions are very difficult to track. (Police)**

While many agencies noted the lack of feedback from MARAC, this concern was raised more frequently by education professionals. They explained that even when they were asked to provide information for MARAC, they rarely received updates in return, which they felt posed safeguarding risks for children and families within their schools:

> **When MARAC information is requested, this is sent back in time for the next MARAC meeting but we have never received the outcome of that meeting. Myself, I don't know what the purpose is, does this give the children/parent more protection. (Education)**

> **Once MARAC meetings have taken place, feedback from these meetings would be greatly appreciated. What was decided and a plan of action moving forward. It feels as though it is one way information and not shared, therefore in a school setting we are kept in the dark a little. (Education)**

> **MARAC - School only get feedback if there is a role for them - we do not hear of any outcome from the MARAC. This would be valuable information for schools to be aware of, so they could effectively safeguard children. (Education)**

SafeLives Guidance

The recording of minutes and tracking of actions should be included within the MARAC Operating Protocol. The recording of these is usually completed by the MARAC Coordinator or MARAC Administrator.

Minutes of the MARAC should be circulated to all agencies involved and for agencies to store appropriately within their systems. This includes the MARAC representative sharing relevant information with professionals working directly with victims, their families and the perpetrator.

Actions should be tracked with agencies reporting when completed and outstanding actions flagged at the next meeting. Actions remain the responsibility of each individual agency and are not transferred to the MARAC. Where there are concerns with completion of actions, this should be addressed via the governance group.

Where MARAC use a computerised system for administration, all agencies must have access to this in order to support and safeguard appropriately.

MARAC minutes and action plan - SafeLives

Actions too victim-focused and short sighted – MARAC Principle – Action Planning

Concerns were often raised about MARAC actions not focusing enough on disrupting the behaviour of perpetrators of abuse and holding them accountable:

> **More focus to be on how perpetrator's behaviour can be changed, probation/ [service name] do attend, but would be good to have more contact from services like perpetrator programmes on MARAC's also - we can safety plan very robustly, but if perpetrator's behaviour does not change, the safety plan sometimes seems void as victim can do absolutely everything but still be at severe high risk. (Domestic abuse service)**

> **A lot of response seems focused on victim and children, but i'm not aware whether there is much push to support perpetrators with their harmful behaviour. (Children's social care)**

> **I feel MARAC is focused on the victim but feel also that the perp should be held accountable and things put in place for them to prevent them from being the abuser. (Domestic abuse service)**

Respondents explained that if MARAC focused more on actions to prevent perpetrators causing harm, this would help reduce reoffending and lower repeat rates:

> **Greater emphasis on offender management would enable those repeat cases to be managed and sometimes more appropriately managed outside of the MARAC arena. (Domestic abuse service)**

> **Referrers attend MARAC, more responsibility attributed to perp's behaviour for example support is offered to victim but no consequences fall to the perp often and maybe support would reduce their likelihood of offending. Some serial cases are heard time after time and maybe need to go to a different forum as they are well known but often discussed and left with no actions and often these cases are the ones which fluctuate between perp/victim roles (Substance misuse).**

Respondents were also concerned that MARAC actions do not focus enough on children. Additionally, there was criticism of the short-term focus, with often little in place for post-separation abuse support:

> **The MARAC process is effective, but mainly focusses on the victim and doesn't have a focus on the whole family (including perpetrators and children). It is very short-term and short sighted and even though risk may be addressed in the short-term there is a lot of re-referrals. (Children's services)**

> **The whole system from MARAC, to Refuge, to the IDVA's is still focused on short term safety plans... and getting the victim out of the abusive relationship. There is absolutely nothing in place to support survivors living with post-separation abuse. (Domestic abuse service)**

> **MARAC works well to manage the risk at an established time but we know that a lot of the services are time limited - so we lack on going support, when perhaps immediate risks are reduced. (Other)**

SafeLives Guidance

The primary focus of the MARAC is to safeguard the adult victim, make links to safeguard children and manage the perpetrator's behaviour.

Action plans should address the safety of the victims and should also manage, disrupt or divert the perpetrator's behaviour. Agencies should consider all members of the family when creating actions including linking into wider multi agency safeguarding arrangements such as Children's Services and Adult Safeguarding.

The MARAC process is for high-risk cases, including post separation abuse. It is essential that there are appropriate pathways to support victims throughout this process to reduce risk and moving forward to support recovery. This includes follow on step down and recovery such as delivering and supporting survivor groups, peer mentoring and therapeutic support.

Over-reliance on police

Some respondents highlighted that MARAC actions were too dependent on police or the referring agency, with other agencies needing to take more responsibility:

> **I feel in MARAC, Police are the primary agency who most actions fall to. Suggestions for Actions rarely come from different agencies. (Police)**

> **The referring agency is expected to come to the meeting already with the outcome and is often the only agency that leaves with actions. (Domestic abuse service)**

> **Police chair the MARAC and are all too often the main agency who suggest and complete actions as a result of the meeting rather than being a truly multi-agency owned process - this is about having the right representatives around the table. (Police)**

It was felt by some police officers that MARAC was used to pass the risk onto the police when other agencies had run out of ideas:

> **Cases are often referred in as a means of passing ownership of risk to Police. (Police)**

> **Many cases are referred to pass risk to Police rather than put in place safeguarding measures at the time. (Police)**

> **I honestly think the MARAC is a safeguarding exercise for the police and for someone to be held accountable for the risk as other agencies have run out of ideas. (Police)**

SafeLives Guidance

The MARAC process is multi-agency and as such should be owned collectively by the partner agencies to ensure best practice for the victims and their families. This should be reflected within the governance structures and documentation.

All agencies, as part of their preparation for the MARAC, should not only gather the information, but consider what actions they might take and what multi-agency actions might be needed to address the safety needs of the victim and children.

Limited outcomes due to resource constraints – MARAC Principle – Action Planning and Multi Agency Engagement

Professionals acknowledged that MARAC actions and outcomes were restricted by stretched resources across agencies. Rising caseloads along with lengthy and more frequent meetings made it difficult for some professionals to attend or commit to actions. Others explained that cuts from government funding, combined with increased awareness of domestic abuse, has led to MARAC being extremely stretched thus limiting what agencies can achieve. It was noted that with better resources, more preventative actions could be taken, which would help reduce repeat cases into MARAC:

> **I also feel that agencies are stretched in relation to providing support for victim. (Police)**

> **Further I am concerned that all these meeting give impression that offering any form of resource is a means to an end. As with the GOV funding situation being restricted or outsourced many resources are over stretched and as DA is increasing due to agencies awareness of recognition of perpetrator and Victim DA. i am concerned offering services that technically are not available because of extreme waiting list i.e. DRIVE waiting list of 1 year plus i feel is setting those up to fail. (Health)**

> **I think MARAC is good at identify risks and putting markers in place etc, but we have quite a few repeat cases. Perhaps if we had more staff to support the victims to leave safely and in a stable way (separate finances, relocate etc) and if we had more access to reform services like Freedom Project for perps we could reduce repeat cases. (Housing)**

Attendance and engagement

Attendance and engagement at MARAC meetings was the second most frequently discussed theme. It was mainly discussed in two ways: a) concerns that invited agencies did not consistently attend, and b) frustrations from those who felt they or others should be invited. Additionally, several respondents raised concerns that even when representatives did attend, they were not always fully engaged in the process.

Lack of attendance – MARAC principle – Multi Agency engagement

Several agencies were specifically highlighted as having poor attendance at MARAC meeting, despite them having valuable information and expertise. Whilst many agencies were noted for not attending, those more frequently mentioned included housing, mental health, health, and adult social care services:

> **Agencies need to attend for example, Housing is an important agency to attend along with any agency who refer a case to MARAC they should have a representative attending. (Domestic abuse service)**

> **MARAC works well but ASC [Adult Social Care] don't attend often and sometimes they have the most info. (Housing)**

> **Health and mental health services could provide representatives to MARAC. In the case of Mental Health, where a subject is open to the CMHT I would like a case worker or person with knowledge to provide an update and ideally attend the meeting. (Police)**

This respondent describes in detail the consequences of agencies not attending, and recommends someone being responsible for ensuring all agencies are present:

> **Housing attending is often sporadic, they should have a manager available to attend and give updates on any case for their tenant as this ASB/complaint information is often missed to build the bigger picture. GP surgeries should also have to have a representative, they never attend, there are many agencies that should attend but do not which means the case does not progress and agencies are not working together. Someone needs to have responsibility for ensuring the right agencies are there, like a checklist of who needs to be invited for each victim: housing, health, etc. (Domestic abuse service)**

Respondents also suggested that the agency making the referral to MARAC should always have to attend, but this was not consistently happening:

> **However its often that the referrer doesn't attend which would be best as they can offer the context of the referral. (Substance misuse)**

Another issue raised was the wrong person attending on behalf of an agency, such as them not being senior enough which meant they lacked the necessary authority to make decisions or commit to actions:

> **The representation at MARAC is not always as it should be from certain agency who don't sent the right person with authority to make decisions and are not always prepared. (Other)**

> **Schools are represented by a EWO who only knows what information the school provides and have little or no knowledge of the families. (Education)**

> **[speaking about what needs to change] each individual that attends MARAC are clear on their purpose and have the ability to make decisions at meetings, not going away and having to ask somebody. (Housing)**

SafeLives Guidance

MARAC representatives play a key role in multi-agency working and building relationships across the system.

There are core agencies who should consistently attended and participate in MARAC – Police, IDVA service, housing (statutory responsibility), Children's services (statutory responsibility), National Probation Service, primary health, mental health, substance misuse service and Adult Safeguarding. Other agencies that can increase the safety of victims and children such as Education, By & For services and social housing providers should also be included.

It is important for representatives to be appropriately skilled, supported and of an appropriate level in order to represent their agency.

Attendance is key to ensuring that risks are managed and appropriate actions plans are put into place. Even when a case is not open or known to an agency, their presence allows them to share their expertise and offer guidance and actions.

Governance Groups should monitor attendance at MARAC and address with specific agencies to understand barriers and challenges to attendance.

Not attending for the whole meeting – MARAC principle – Multi Agency engagement

Another concern was that some representatives attended only for the cases directly involving their agency and left the meeting once those cases had been discussed. It was explained that even if agencies are not directly involved in a particular case, their professional expertise could still offer valuable insight. However, there was disagreement around this expectation. While some respondents emphasised the importance of all agencies staying for the full meeting, others argued that doing so was too time-consuming, especially given stretched resources. Those critical of this practice explained that it was challenging to justify attending the entire meeting when they were only involved in one case:

> **Alot of the attendees are only present for their cases, however they should be present for all as they could offer vital support and information. (Police)**

> **Should give professional opinions based on their agency expertise even when no direct case involvement, some go off call when no direct case involvement. (Health)**

> **Attendance on daily calls is rarely a beneficial use of time. Would be better if each case was allocated a specific time slot to be discussed to enable professionals to join and leave as appropriate. (Substance misuse)**

SafeLives Guidance

The role of a MARAC representative is not only to share information and action plan on cases known to them, but also to offer expertise and guidance to the MARAC. There will be occasions where they can provide actions and guidance on cases not known to them. Representatives should attend for all cases heard at the MARAC meeting in order to do so.

Desired attendance – MARAC principle – Multi Agency engagement

Some agencies expressed frustration that they were not routinely invited to MARAC meetings, despite holding valuable information about families. While this issue was raised by several agencies, education professionals most frequently voiced this concern. Education staff explained that they often have close relationships with victims, children, and perpetrators - making their contributions particularly important. This view was echoed by other agencies, who highlighted the vital role that education should play in safeguarding discussions:

> **I am from the education sector and feel it is very important that we are invited to these meetings. I do not feel that education is always invited and can be forgotten about. We are the professionals who see the family most often and usually have a trusted relationship with them. (Education)**

> **We're not always asked to input into MARAC, especially during school holidays. Often, the school knows more about family history than any other agency. (Education)**

> **Due to our links with education, there is a huge gap in sharing of information between education and MARAC, with many schools being unaware of incidents, placing children's emotional wellbeing at further risk. (Domestic abuse service)**

There were also other agencies who desired more involvement with MARAC such as adult social care, health, the voluntary sector, and those working with perpetrators of abuse:

> **More social work involvement in MARAC, because it is a bit of a mystery to social workers on the ground and I feel it would be useful to be part of the meetings. (Adult social care)**

> **That Voluntary Org's are included and heard as we often have much greater insight to what is going on. Sometimes we are not invited or are not made aware that a MARAC has been called. (Voluntary/community)**

> **Health attendance at MARAC has been an issue since I joined the ICB safeguarding team (4+ years), it needs to be managed and moved forwards as health should be represented at each meeting (not just for particular cases). (Health)**

SafeLives Guidance

Whilst there are core agencies who should consistently attended and participate in MARAC, other agencies that can increase the safety of victims and children such as Education, By & For services and social housing providers should be included.

A whole system response is key to preventing harm, reducing risk and supporting recovery and relevant agencies should be included.

Concerns regarding attendance such as lack of attendance or lack of inclusion at the MARAC meeting should be addressed via the governance group and if required, the Domestic Abuse Partnership Board.

Consistent representatives – MARAC principle – Multi Agency engagement

There were mixed opinions on whether the key worker for the service user should attend the MARAC or if there should be a consistent representative from each agency. Some felt that a key worker's detailed knowledge of the case would enhance discussions, while others emphasised the value of having the same representative at each meeting to build relationships and develop a deeper understanding of domestic abuse dynamics. These respondents felt having the keyworkers present was beneficial:

> **it is of paramount importance that keyworkers that have contact with the at risk client are invited to be a part of the meeting for the relevant section. The keyworker acts as a representative of the client in this forum and is able to offer specialist input. I have had experience of domestic abuse specialist support workers not knowing MARAC outcomes which is unacceptable and does not serve the client's best interest. (Voluntary/community)**

> **I believe that it would be more beneficial for Officers who manage the case to attend that specific MARAC meeting. When a 'brief' report is provided by an Officer some details may not be picked up on or lost when the case is being presented by a different attending officer. (Probation)**

Whereas others felt that MARAC agency representative should remain consistent:

> **some agencies provide reps for MARAC on a rota which doesnt foster their own understanding or consistency of advice/ response. (Health)**

> **At present, Police presence at MARAC meetings is subjective as the person there changes depending on who is on duty that particular day. Perhaps having a nominated representative would be a more consistent approach. (Police)**

> **I think it would be easier to have a named representative to attend MARAC to discuss the cases. (Adult social care)**

Some suggested that whilst key workers may not attend the MARAC, there should still be greater involvement with them - such as asking for detailed information and keeping them up to date with decisions:

> **I think there could be...better involvement of the allocated worker or team working with the person. (Adult social care)**

SafeLives Guidance

MARAC representatives should be of an appropriate seniority to represent their agency at the MARAC and agree to actions and appropriately skilled. The professional working with the victim, child or perpetrator may not be of appropriate seniority or skill level. It is acknowledged that there is value in having the named professional attend to present the case or share information. However, this can impact the efficiency of the meeting and quality of action planning.

MARAC representatives should be supported by their agencies to research and prepare for MARAC. this includes speaking to the keyworkers to further understand the case and feeding back following the meeting.

Where the MARAC chooses to have the keyworker attend for individual cases, this should be alongside the main MARAC representative.

Poor engagement – MARAC principle – Multi Agency engagement and Information Sharing

In addition to attendance concerns, respondents described poor engagement from certain agencies. For example, it was reported that some were not submitting information ahead of the meetings despite being asked, or providing only limited, outdated or inappropriate amounts of information:

> **Information provided to the MARAC in advance through research is often not provided and this makes it harder to safety plan for the victims and their families at the meeting. (Domestic abuse service)**

> **The amount of information shared is too much, regularly being not relevant and not current. Esp concerning with health info or MH info for children not at risk being shared. Criminal history of victims being discussed where the only relevance would be if they are engaging with probation. The whole system is ran and directed by DA hub with minimal discussion or engagement with partner agencies. (Police)**

Others were criticised for not reading information in preparation for the meeting and not taking ownership of actions. Also as highlighted in the 'Actions' theme above, there was a perceived over-reliance on the police or Chair:

> **some (but not all) agencies at MARAC do not do research prior to the meeting but look it up as go along leading to lack of clarity and lack of analytical thinking and lengthening meeting as not ready with info -they also see their role as just providing the info rather than taking ownership to take actions on behalf of their agency and to give feedback to their agency... the MARAC referrals are read out in full due to catch 22 that many agencies not read them beforehand so if don't read them out cant be a meaningful discussion but should be summarised to enable more time to be given to discussion of/summarising the risks and action planning. (Health)**

> **Attendees at [MARAC] need to be more engaged in the discussion and action planning even if not identifying actions for own agency. (Children's social care)**

MARAC needs to be better attended and agencies need to rely less on the chairs and contribute more. (Police)

SafeLives Guidance

MARAC representatives should be supported by their agencies to research and prepare for MARAC in advance of the meeting. By researching during the meeting, this affects the professional's ability to engage fully in the meeting and consider risks and information fully. It can also lead to oversharing information. The information shared should be relevant and proportional to the risk of all parties. Where there are concerns regarding this, it should be addressed via the governance group.

Barriers to attendance and engagement – MARAC principle – Multi Agency engagement

Several barriers to attendance and engagement were identified. One key issue was the inconsistent scheduling of MARAC meetings making it difficult for agencies to plan their attendance. This was particularly noted by a health professional, who expressed frustration at the lack of a regular meeting despite requesting consistency:

> **The dates for MARAC is frequently changing. MARAC is held fortnightly but an additional 'random' day is often added at short notice and agencies are expected to respond... As an organisation we have raised the challenges we have meeting the requirements of MARAC before and how short notice changes reduce our ability to participate as we would wish... we have on several occasions asked that the meeting move to a regular weekly meeting to ensure that we, alongside all partners, can plan for the time commitment from our teams. We are very concerned that we are**

not attending every meeting and that there may be information missed which could be vital to ensure effective safety planning for victims and their families. (Health)

Limited capacity and stretched resources across agencies were often cited as significant challenges to attendance. The length and frequency of meetings (e.g. daily meetings) were described as difficult to manage alongside other work commitments:

We're never able to attend [MARAC] as they are daily and we don't have the resourcing to support this. (Housing)

MARAC works well but recently the number of cases has meant splitting each conference over two days which in turn impacts on workloads and availability of staff to attend. (Domestic abuse service)

This respondent also highlighted the lack of time given before a meeting to submit information:

The small window of time prior to the meeting to complete and submit the research (1hr 15 mins) can lead to research not always being received from all agencies in time for the meeting which impacts on the quality of the discussion. (Domestic abuse service)

Virtual MARACs, which have become more common practice following the Covid-19 pandemic, were seen as having mixed impact. While some respondents noted that virtual meetings improved accessibility and flexibility, others felt they had negatively affected attendance and engagement:

MARAC - people don't always turn up to meetings- but video conference has been a huge improvement in getting lots of people together, time saving, efficiency. (Mental Health)

MARAC is presently being done virtually and this has its negatives; face to face approach is most crucial to ensure case discussion and actions for the safety of a victim and their families. (Domestic abuse service)

I think possible face to face communication would be more effective. Often, MARAC's are held via teams, and although this is convenient, I feel it minimises the topic at hand. (Children's social care)

Consistency with cameras being on for all members of the meeting- and all members focused solely on the meeting. (Voluntary/ community)

Some participants suggested that making MARAC attendance mandatory or a statutory requirement would improve engagement and ensure consistent participation:

MARAC has the potential to be amazing - but with all agencies stretched and overloaded it is sometimes difficult for some agencies to make time to attend. As a group we are only as good as our constituent parts. I strongly believe that MARAC should be statutory and then all agencies would be obliged to attend and contribute. This would save lives and improve service and support to very high risk victims of DV. (Domestic abuse service)

Some agencies send reports but do not attend MARAC. I have worked in another area where attendance was mandatory for all agencies (probation, hospital, CGL, housing etc) which encouraged networking and understanding of one another's role. (Health)

SafeLives Guidance

Frequency and timings of MARAC meetings should be detailed within the MARAC Operating Protocol. This includes expectations of professionals attending virtually such as having their camera on. While daily MARACs may result in cases being heard quickly, not only do they limit the time available to capture the victims voice, the preparation time for the MARAC is also limited. This can impact the risk assessing and action planning process.
[MARAC administration and governance templates - SafeLives]

Caseloads and referrals

MARAC caseloads and issues with referrals were frequently reported as a challenge. Many highlighted the increasing number of cases being referred into MARAC. Triage and screening processes were also discussed - some calling for more stringent screening, whereas others criticised the current processes in place.

SafeLives Guidance

It is important to note that the screening of cases is not recommended by SafeLives, and all cases referred to MARAC should be heard.

It is recommended that each agency has a MARAC representative who quality assures their referrals before submitting to MARAC. It is acknowledged that there will be inappropriate referrals to MARAC on occasion. This should be monitored and addressed via the governance group, with feedback provided to the relevant agency to action.

A multi-agency triage process which discusses and reviews incidents of domestic abuse such as a Multi Agency Safeguarding Hub or the One Front Door model can be utilised to support referring to appropriate pathways and services. However, this must be a multi agency process.

High caseloads and repeat referrals – MARAC Principle - Identification

Professionals from a range of agencies highlighted the overwhelming number of cases being referred into MARAC. In some areas this high volume of cases has led to an increase in the number of meetings, which has placed a strain on resources and affected agencies' ability to attend:

> **MARAC works well but recently the number of cases has meant splitting each conference over two days which in turn impacts on workloads and availability of staff to attend. (Domestic abuse service)**

> **MARAC's are often over-long with too many cases being discussed. (Health)**

> **Due to the volume of cases discussed at MARAC, we often do not have the correct professionals present. (Other)**

Others explained that high caseloads have led to longer meetings, resulting in cases being rushed and cases at the end of the meeting being disadvantaged (this will be further discussed in the 'Timing' theme):

> **Too many cases listed at MARAC to discuss in one day. Victims discussed towards the end of the day do not get the same level of input as professionals are too tired. (Probation)**

> **Too many cases are heard at MARAC on the same day, when you have more than 20 cases some days it is hard to remain focussed and give each case the full consideration that it deserves. (Other)**

Repeat referrals were frequently cited as a key contributing factor to high caseloads. Agencies reported repeat rates were too high and there was a lack of understanding around the issue:

> **Agencies need to understand more on what counts as repeat referral. (Domestic abuse service)**

> **There are a LOT or repeat individuals so how good are the actions and when is the MARAC reviewed in terms of its impact? (Voluntary/ community)**

Respondents suggested that a different approach is needed for constant repeat and serial cases:

> **There needs to be something else triggered by constant repeat MARACs, I have so many for the same clients, repeated every few weeks, nothing has changed, the same things are said, it feels quite pointless, perhaps X amount of MARACs should then trigger a MARM for the next meeting, or something else but the repetition for all with no changes is time consuming and ineffective. (Domestic abuse service)**

> **Some serial cases are heard time after time and maybe need to go to a different forum as they are well known but often discussed and left with no actions and often these cases are the ones which fluctuate between perp/ victim roles. (Substance misuse)**

SafeLives Guidance

SafeLives define a 'repeat' as any instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC. The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.

These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse services, housing providers etc.

Cases return as repeats when there is the likelihood of increased risk imminently. It is prudent to review the actions that have been tried previously to see what worked and what did not work outside of the meeting, so that the same approach is not tried again and again without success. Entrenched cases can be frustrating when thinking about new interventions, but new methods must be considered, meeting the victim where they are and keeping them at the centre of the discussion.

Where the preparation for MARAC is limited, this may impact timings and increase the length of meetings. Each case should take between 7 and 12 minutes to discuss and action plan.

Agencies should consider the domestic abuse system as a whole, considering all risk levels to ensure that victims are receiving the right support at earliest opportunity.

Briefing for MARACs: repeat cases - SafeLives
Managing cases with complex needs at MARAC - SafeLives
Guidance for MARACs: Managing high volumes - SafeLives

Screening processes – too little and too much

A number of comments addressed the introduction of triage and screening processes for into MARAC.

SafeLives Guidance

As previously stated, the screening of cases is not recommended by SafeLives, and all cases referred to MARAC should be heard.

More screening needed:

Some respondents felt that more stringent screening was required to help manage high caseloads. Many believed that too many non-high-risk cases were being heard at MARAC:

> **I am a MARAC chair and have been for 8 years. It used to chair only the high risk. If it wasn't high risk on MARAC principles it wasn't heard. Now we are hearing mediums and standards Its confusing for police...its either high or not. (Police)**

> **I think the triage process for cases referred to MARAC should be more robust- a clear understanding of why something is bought to MARAC for discussion, as I do not believe all cases discussed meet threshold or require MARAC intervention. (Adult social care)**

One explanation was that professionals referred all domestic abuse cases to MARAC out of fear of missing a high-risk case, rather than making a true risk assessment. Some described MARAC being used as a 'tick-box' exercise for all domestic abuse cases, while others suggested that a lack of training led professionals to refer inappropriate cases because they did not fully understand MARAC's purpose:

> **I do feel that MARAC is sometimes dealing with cases that could have been filtered and a professionals meeting held instead leaving MARAC for the purpose its there, to deal with those at significant risk of harm or death. It feels like there is a fear around not referring. I have witnessed a number of cases heard just for agency awareness because someone may be due out of prison for example. (Domestic abuse service)**

> **Also, agencies sometimes use MARAC as a way of 'ticking a box' in their response to domestic abuse when MARAC is not necessarily required. This results in a victim being labelled as High risk when it is not appropriate as once they are heard at MARAC there is no discretion for us to re-class them as 'not high risk'. (Police)**

> **A lack of training to agencies who may referrer to MARAC, means that some agencies refer cases that may not meet the threshold for MARAC. (Domestic abuse service)**

Too much screening:

Conversely, others felt that excessive screening processes had been implemented. This has led to in some cases high-risk cases being inappropriately triaged out in order to keep caseloads down. Some respondents reported instances where those managing screening processes do not always listen to domestic abuse experts, such as IDVAs, when they assess a case as high risk based on professional judgment. Respondents described repeatedly having to refer the same case to MARAC before it was accepted, causing dangerous delays and wasting valuable time:

> **I have significant concerns about the "screening" of MARAC cases. I have regularly had MARAC referrals screened and declined despite very obviously meeting MARAC threshold (14ticks+) and escalation and professional judgement...I have had professionals screening MARAC referrals decline on basis "of separating and living apart" it is really very concerning some of the rationales. (Domestic abuse service)**

> **MARAC are much more likely to triage out incidents that they would normally accept, if they had higher capacity to take on more. (Police)**

> **IDVA service is now receiving numerous high risk DA referrals from the safeguarding hub outlining that the referral will not go to MARAC??...Safe Guarding hub declining partner agency referral as high risk and sending them to IDVAS or IVAs as medium risk - this is causing lots of additional admin for the IDVA/IVAs as they are having to refer**

into MARAC again after a partners referral was declined. (Domestic abuse service)

Concerns were raised that screening processes sometimes tended to focus only on individual incidents rather than identifying patterns of abusive behaviour over time, which could indicate escalating risk:

there is too much emphasis on incidents rather than patterns of behaviour and a lack of confidence in utilising the MARAC processes to prioritise cases effectively. Referrals are subsequently declined through a gatekeeping system that makes judgements about the value of a referral and undermines professional assessment. (Domestic abuse service)

While some professionals report screening processes have seen benefits in reducing caseloads, the risk of high-risk cases being excluded from MARAC raises significant concerns. Rather than implementing screening processes, areas may want to focus on ensuring all referring agencies receive comprehensive training on making appropriate referrals to MARAC, as well as making sure there are pathways for non-high-risk cases (discussed below in 'Lack of support for standard and medium-risk cases'). In areas where screening processes are already in place, it is crucial that decision-makers possess an in-depth understanding of domestic abuse dynamics. For instance, they must recognise that, even if a case does not meet the DASH 14+ threshold, professional judgment may still deem it high risk and warrant MARAC.

SafeLives Guidance

The screening of cases is not recommended by SafeLives, and all cases referred to MARAC should be heard. This is regardless of referral criteria – visible risk (14+ ticks on the DASH), professional judgement or escalation (three occurrences of domestic abuse in a 12 month period).

It is difficult for a third party who has not met or spoken with the victim to form an assessment of risk based on the MARAC referral form and, in doing so, may wrongly exclude a high risk case from being heard at MARAC.

It is recommended that each agency has a MARAC representative who quality assures their referrals before submitting to MARAC. It is acknowledged that there will be inappropriate referrals to MARAC on occasion. This should be monitored and addressed via the governance group, with feedback provided to the relevant agency to action.

A multi-agency triage process which discusses and reviews incidents of domestic abuse such as a Multi Agency Safeguarding Hub or the One Front Door model can be utilised to support referring to appropriate pathways and services. However, this must be a multi agency process.

The MARAC is for high risk cases. Where a victim has been identified, but not as high risk, referral pathways should be followed to provide support at the earliest opportunity. There must be a whole system response to domestic abuse and this includes access to support for victims across all risk levels.

Training for professionals, not only regarding the MARAC process and referral pathways but on the dynamics, typologies and nuances of domestic abuse. Our work in areas has shown that many professionals do not have relevant training and hold many beliefs which are myths and stereotypes. Categories of domestic abuse such as coercive and controlling behaviour, economic abuse, post separation abuse and non fatal strangulation are not always well understood.

It is also imperative that professionals take a risk led approach and consider the pattern of behaviour and risks as a whole rather than focusing on individual incidents especially when considering escalation of risk.

Our work has also shown that there is an increased desensitisation to risk. Where professionals are working consistently in a high risk forum, they can minimise the information they hear and as such, not assess and action plan appropriately. It is important that professionals working with domestic abuse receive regular support including clinical supervision to prevent desensitisation, compassion fatigue and burnout.

MARAC referral criteria and form - SafeLives

Lack of support for standard and medium-risk cases

While professionals reported many factors contributing to high caseloads, a frequent concern was the lack of referral options for standard and medium-risk cases. Without appropriate alternative pathways, professionals have nowhere else to refer these cases except to MARAC. Respondents highlighted there is too often no suitable support options available for victims who do not meet the MARAC threshold, despite many domestic abuse incidents not being high risk. To better manage MARAC capacity, respondents emphasised the urgent need for more support options for standard and medium-risk cases:

> **there is very little outreach to hard to reach and complex cases which results in repeat incidents. (Police)**

> **MARAC always works well but focuses on High Risk DA. The majority of DA reports from the Police will be low to medium risk and this is where more Professional help support advice is needed and is crucial to helping slow down escalation of violence. (Children's services)**

> **Further to this, if a victim of DV does not score enough points to meet MARAC then the only support offered is EH. As we know from the data, it is usually those who are deemed to be at lower risk that are more likely to suffer serious injury or even death and there is no formal DV support in the town as they don't meet threshold. I feel this is a further gap that would benefit from some evaluation. (Children's services)**

Some believe MARAC should be opened up to include non-high-risk cases to help prevent escalation:

> **MARAC is only taking high risk cases, so medium and low are not getting the support that they need. (Voluntary/community)**

> **Feel the threshold to meet the criteria to be referred in to MARAC is very high. feel it should be lowered so medium level can make positive decisions and stop the cycle of abuse earlier and escalating till they his threshold increasing the risk to the victim and the family. especially if can see an escalating risk in the behaviour and the impact on the victim. (Voluntary/community)**

SafeLives Guidance

MARAC is the process for victims at high risk of significant harm or homicide and is grounded in the risk led approach. Within that approach there must be a spectrum of services and support available across risk levels, including prevention and recovery in order to provide the right support at the right time. This should form part of the governance and commissioning process.

Referral processes are complex – MARAC principle – Referral to MARAC and IDVA

Another concern raised was issues with referral processes into MARAC. Some professionals described forms as overly lengthy and confusing, which discouraged referrals and reduced their confidence. Respondents called for streamlining to simplify and clarify referral procedures:

> **I have found it very difficult referring cases to MARAC as we have been told to go by the safelives definition of any incident within a year of a previous MARAC referral should be a re referral. I have then attended the MARAC meetings and have been told that my case has been downgraded. This has affected my confidence. (Voluntary/community)**

> **the last time I filled in the DASH paper work there was no clear pathway of where to send it too which then delayed the process. (Children's services)**

> **I feel that it is not easy and straight forward to make referrals especially if it is your first time. The process is not very clear. I have attended two MARACs and am unclear to what help and support they offered or outcomes. (Voluntary/community)**

SafeLives Guidance

Referral pathways and criteria should be clearly detailed within the MARAC Operating Protocol and promoted to agencies to ensure they are able to refer.

Referrals for unseen victims and complex cases - MARAC principle – Referral to MARAC and IDVA and Equality

Concerns were also expressed that MARAC referrals tended to focus on a specific type of victim. For instance, some felt that cases were difficult to get accepted into MARAC when the victim was male:

> **MARAC - did not accept the only case I referred with a male potential victim who was at significant risk, and had already received a knife wound to the hand trying to prevent the female self harming. Is very female victim focused, when a broader perspective is sometimes required. (Probation)**

However, some responses may indicate a lack of understanding around counter allegations (see guidance below). Others felt that MARAC was not always well-equipped to handle complex cases, leading to some victims falling through the cracks:

> **MARAC does not seem equipped to deal with the level of complexity that some service users present with so are considered too time consuming for the allotted amount of time given per meeting. These cases need to be discussed with appropriate time set aside to do so. (Other)**

> **MARAC seems to lack consistency in it's response to Domestic Abuse...it may work for some but there are a number of victims who appear to fall between the cracks and do not get the support they need. (Adult social care)**

Similarly, coercive control cases that did not involve physical abuse were reportedly difficult to get heard:

> **The agencies which support those who are victims of control and coercive behaviour, it is difficult to get a victim heard at MARAC based on this particular type of control. (Mental Health)**

> **MARAC looks more of the Physical aspect of domestic violence and the impact it has on the children and the victim. Regarding emotional and psychological domestic violence seems to be primitive. (Children's services)**

SafeLives Guidance

The MARAC is part of a wider domestic abuse and safeguarding system. In order for MARAC to work effectively, the wider system must work together to address the intersecting needs of the victim, children and perpetrators. This should include specialist by and for services. This cannot be solved by the MARAC in isolation. Where they are gaps, this should be escalated to the governance group.

Following the MARAC meeting, further professionals' meetings may be required to allow for further discussion, risk assessment and action planning.

Referrals to MARAC should reflect the diversity of the local population with protected characteristics and demographics recorded. Monitoring of MARAC data and dip sampling of cases by the governance should take place to ensure the intersecting needs are being met by agencies.

In our Professional's survey, 23% of respondents agree or strongly agree that 'Domestic abuse usually involves physical violence or abuse'. Training regarding all forms of domestic abuse including coercive controlling behaviour is vital.

Domestic abuse can happen to anyone, there is no them and us. A common challenge is counter allegations, where both parties allege that the other is abusive

A risk led approach to understand the patterns of behaviour and a full assessment of both parties should be completed regardless of who is presenting as the victim or person causing harm.

Counter allegations | Review of practice guidance - SafeLives

Knowledge, awareness, and training

This theme highlights concerns regarding professionals' lack of awareness and knowledge about MARAC. It also addresses issues related to limited understanding of domestic abuse dynamics, including the use of victim-blaming language. The need for training in both these areas was evident.

Lack of awareness and knowledge about MARAC – MARAC Principle – Referral to MARAC and IDVA

Many professionals expressed uncertainty about the role of MARAC and its referral processes. Some were unaware of what types of cases should be referred, indicating a need for awareness-raising initiatives about MARAC across agencies, including operational and strategic levels:

> **It is hard to find out how to refer to MARAC and which DASH to use in that area. Lots of services do not seem to know. (Domestic abuse services)**

> **let wider workers know what MARAC is and what its purpose is so that workers can be better informed and more able to use the platform. (Voluntary/community)**

> **Strategic leads I feel lack knowledge of the MARAC function (Police)**

Several agencies emphasised the importance of receiving more information, guidance and training on MARAC referral processes and criteria. They explained that training needed to be continually refreshed and put in place for new staff members:

> **There needs to be more clear guidance on the MARAC referral process. The existence and the purpose of MARAC is under promoted. (Adult social care)**

> **I have not been told about the processes in this area as part of my induction, so this is something that would be helpful for council staff to be briefed on when they start. (Children Social Care)**

> **There is a lack of understanding particularly from the GPs as to their roles and responsibilities with regards to the MARAC information and they often do not even know what a MARAC is. (Other)**

> **There is a lot of anonymity around MARAC and it would be good to have a better understanding for all staff across the board. (Substance misuse)**

Others explained a lack of knowledge and training specifically around risk levels, leading to non-high-risk cases being referred into MARAC:

> **Some confusion about what constitutes high, medium and low risk of DA at a local level. (Health)**

> **I also feel some of the referrals to MARAC are not appropriate and would actually be deemed medium risk and not always the correct forum which means cases being discussed should possibly be managed by medium risk services such as the domestic abuse hub. This may be the result as a lack of training to other agencies around the DASH and risk thresholds. (Domestic abuse services)**

Concerningly some professionals did not know if someone from their agency attended the MARAC or if a MARAC even existed in their local area:

> **Would be good to have a refresher on the referral process. Also, not sure if someone from my service attends MARAC. (Children's services)**

> **Am totally unsure. until recently I sat on a MARAC panel in a different area. I have no idea if one exists in [area name] as I have no knowledge of one. (Health)**

A few respondents expressed concern that MARAC training had been stopped, or that not all professionals are attending the training sessions:

Many of the referrals that are received into MARAC do not meet the high-risk criteria when using the severity of harm grid, I believe this is the cessation of the MARAC / MAPPA/MATAC multi-agency training that used to operate via workforce development in the respective Local Authorities. (Police)

Some agencies do not attend the relevant safeguarding training therefore have little insight into DVA and how to refer to MARAC - evidently the last year has impacted on what training has been delivered but this has been an issue for some time. (Domestic abuse services)

SafeLives Guidance

Referral pathways, thresholds and criteria should be clearly detailed within the MARAC Operating Protocol and promoted to agencies to ensure they are able to refer. This includes sharing the MARAC referral process within domestic abuse training courses.

MARAC representatives should be visible within their organisation in order to support professionals with referrals, ensuring they are suitable for MARAC and where not, signposting to relevant pathways.

Limited knowledge about domestic abuse dynamics – MARAC Principle - Identification

Concerns were also raised about some professionals' limited understanding of domestic abuse dynamics, evident by the use of victim-blaming language and stigma:

Early help, Children's social workers often very limited knowledge of domestic abuse and we have first hand experience of victim blaming the Mum. (Voluntary/community)

My concern is that i think some of the understanding of DA amongst those involved in MARAC is quite outdated and behind the times in terms of new research particularly in relation to coercive control and the risks posed by this. (Domestic abuse services)

as a trauma informed service who attend occasionally if a client is known to us, we are sometimes taken aback at the language used by some agencies that is not trauma informed and could be deemed to be oppressive/victim blaming. (Other)

Victims and perpetrators being seen as 'just as bad as each other' and victims being misidentified as perpetrators was also a concern:

At times there has been victim blaming language or a culture of that is not my agencies responsibility...It is very concerning that the amount of professionals you meet who use the term 'toxic' or 'they're both as bad as each other'. Particularly in response to Mum/ women who are victim/survivors and can be challenging to professionals about the response/service they have received or there has been violent resistance used in high risk abusive incidents. There seems to be a lack of understanding and empathy for what the victim/survivor has been through. While I do challenge this language and views what feels like everyday, it is exhausting and I do feel further training is needed around this. (Domestic abuse services)

Too often victims using retaliative violence are misrepresented and this can lead to concerning actions and request of IDVA services. - Training would improve this and a clear policy statement around the MARAC which prevents victims from being presented as perpetrators within the meeting. (Domestic abuse services)

The need and desire for more training to improve professionals' understanding of domestic abuse was clear, including training on new legislation:

> **I feel there is a genuine training need amongst the MARAC agencies to take DA training back consistently to their agencies. Lack of basic knowledge of typologies of DA and the survivor journey. Still seeing/ hearing some very stereotypical/myths about DA and a focus on the survivor to be the protective factor rather than focus on the perpetrator to engage and stop their behaviour. (Children's social care)**

> **All people facilitating the MARAC's should be trained understanding trauma and engagement. (Housing)**

> **training on new legislation around children being victims in their own right, coercive controlling behaviour and strangulation and suffocation, and understanding of this will go along way yo improve the MARAC process and action in relation to safeguarding and support. (Other)**

SafeLives Guidance

No one chooses to be abused, it is the perpetrator who chooses to abuse. Language like 'the victim allows', 'accepts' or 'won't leave', 'chooses to stay/return' all enable the abuser to remain hidden, a more sophisticated approach to understanding the dynamics of abuse must be applied here in order to truly identify and mitigate the risks.

Victim blaming can INCREASE RISK as it focuses action planning and contextual safeguarding on the wrong person, thus making the MARAC ineffective and less likely to achieve meaningful change or increase safety. All partners should be aware of the impact of how they describe the victim's actions and guard against victim-blaming in their own reports and in the reports of others.

Training for professionals on the dynamics, typologies and nuances of domestic abuse is vital. Our work in areas has shown that many professionals do not have relevant training and hold many beliefs which are myths and stereotypes. Categories of domestic abuse such as coercive and controlling behaviour, economic abuse and non fatal strangulation are not always well understood. Therefore it is important that all professionals receive relevant training, not just MARAC representatives.

Counter allegations, where both parties allege that the other is abusive, is a frequent challenge a MARAC. Again highlighting the importance of an understanding of the dynamics and typologies of domestic abuse.

A risk led approach to understand the patterns of behaviour and a full assessment of both parties should be completed regardless of who is presenting as the victim or person causing harm.

Further guidance can be found here Counter allegations | Review of practice guidance - SafeLives

The absence of the victim's voice – MARAC Principle – Independent representation and support for victims

The absence of the victim's voice within MARAC was seen as exacerbating the challenge of professional's lack of understanding about the realities of domestic abuse. Respondents emphasised that victims' perspectives should be better represented within MARACs to ensure decisions are made in their best interests:

> **MARAC should focus on the victim and their wishes, its time for their voice to be heard and seems to be lost at the moment... MARAC could do more to get the clients wishes in place. (Police)**

> **I think the voice of the victim gets lost at the MARAC, as its very easy for actions to be given telling the victim what she needs to do (it is the victims choice to do things and i think it is lack of understanding of what the victim is going through and the reality of DA)...(Police)**

A number of respondents specifically expressed concern around victims not wanting police involvement yet this happening regardless:

> **MARAC sometimes agrees Police or a PCSO will attend the address to speak to the victim despite the victim stating they don't wish this as it places them at greater risk. (Domestic abuse services)**

> **It is also difficult when cases need to be heard at MARAC but this is placed within the police, and often people do not want any police involvement because they are scared of the consequences. I have had so many conversations with people where they say they want support but do not want to go through policing. I do not agree with the police holding this response, especially when the police handling of domestic abuse cases in [Area] is so poor. (Domestic abuse services)**

These findings emphasise the need for MARAC to incorporate the victim's voice in decision making.

SafeLives Guidance

The voice of the victim is central to the MARAC Process. It is key to ensuring that actions are person centred and specific to a victim's individual needs.

Victims and survivors are experts in their own experience. It is imperative that we listen to their own risk assessment rather that the situation being process.

We have heard in some areas that IDVAs and Isvas have a duty to report incidents and crimes. This undermines their independence from statutory bodies and ultimately takes power away from adult victims who are denied their right to decide whether they wish to report or not, and puts these victims at an increased risk of harm.

We understand that when partners and Police are made aware of a crime they must record, however this does not need to be acted upon. MARAC should be working together to decrease risk in a coordinated multi-agency way, creating tailored action plans. In instances where the police want to take action, it is important to explore all the options and find a responsive and safe way forward.

If a crime is identified at MARAC which has not previously been reported, then the Police should record the matter and make efforts to contact the victim in consultation with the relevant domestic abuse professionals and/or professionals who have engagement with the victim. This is particularly of importance in the event that the victim has not given consent to a MARAC referral.

It is important to remember that defensible decision making is taken into account and the long term safety of the victim and children is the ultimate priority, with short term detections as one way of addressing the risks.

We know from Domestic Homicide Reviews that when agencies go against a victim's wishes to not disclose information to the perpetrator, this significantly increases their risk of significant harm or homicide.

Multi-agency working and management

Issues with multi-agency approaches and management covered concerns such as poor communication and information-sharing processes, as well as issues with Chairs, Coordinators and strategic oversight.

Poor communication between and within agencies – MARAC Principle – Multi Agency engagement

A number of professionals reported issues with communication in MARAC. For example, after making a referral, some stated they were not contacted about the next steps, leaving them unclear about their role. Respondents also emphasised the need for better communication from MARAC reps to frontline workers who engage directly with victims, children, and perpetrators of abuse, ensuring they are informed about MARAC decisions:

> **Better communication from MARAC is needed. There was no direct contact with me as the referrer—I had to chase everything through my trust's safeguarding lead. I was invited to return but not sent the link, making it really unclear what my role or next steps were. (Mental Health)**

> **Within our agency, we don't tell the key workers what is being discussed at MARAC so sometimes the key workers aren't aware of the full risks associated with each client. (Substance misuse)**

Additionally, respondents highlighted a lack of professional challenge within MARAC, which is a crucial element of the meetings. Some professionals felt that agencies were reluctant to question each other's decisions or actions, leading to missed opportunities for more effective interventions:

> **I also think some agencies and practitioners are afraid to think creatively, or challenge the norm. Sometimes positive, supportive suggestions are dismissed because it is "outside the remit" of an agency or practitioners don't feel they could/ should complete the proposed task, however, I think when dealing with high-risk situations there has to be a level of flexibility. (Adult Social Care)**

> **There is not enough challenge of lack of professional actions (especially from police) and often people use the meeting to try and defend their lack of action rather than much creativity about managing risks. (Domestic abuse service)**

Some also expressed frustration that MARAC meetings were used defensively, with participants focusing on justifying inaction rather than brainstorming new creative solutions. Others noted resistance to accepting suggestions from different agencies. The excessive use of jargon in discussions was also cited as a barrier to effective collaboration:

> **it is clear that some personale within the different organisations have different experiences and some are not willing to take on other persons ideas. (Police)**

> **When agencies join from other charities or non-profits a lot of acronyms are used and a lot of jargon is used that is primarily used within the police. This isn't very accessible and could prevent a support worker knowing the full existent to the information using them all the time. (Domestic abuse service)**

SafeLives Guidance

MARAC representatives should provide feedback to key workers following the meeting to ensure that all risks, decisions and actions are understood in order to support the victim, child or perpetrator.

The role of the MARAC representative is to uphold professional standards and to have the confidence to challenge effectively. Challenge tends to happen in a culture where it feels safe to do so and when professionals have the confidence to speak up. Challenge does not have to mean confrontation or scolding a colleague, it is about introducing another perspective, considering all aspects of a situation. This is important within a system responding to DA but particularly important at MARAC.

There should be a clear escalation procedure, detailed within the MARAC Operating Protocol, for agencies and professionals to use as appropriate.

Information-sharing processes need improving – MARAC principle – Information Sharing

Many raised concerns about issues with information-sharing within MARAC. One key concern was that not all professionals had access to the same information before the meeting. As a result, too much time was spent reading out information. Several professionals described frustration where case information was read out in full during meetings, which they viewed as unnecessary and time-consuming. Respondents suggested that all MARAC attendees should have access to and review relevant case details beforehand so that meetings can be more action-oriented and productive:

> **a parent was referred to MARAC and the information wasn't shared with agencies and wasn't clearly documents on the social care system (Children's service)**

> **Information is repeated after being sent out to agencies before the meeting takes place, this information should be read before attending the meeting. Cases should be 15 minutes long but often take 1 hour. (Domestic abuse service)**

Additionally, concerns were raised about the processes for supplying information into MARAC, such as limitations of current digital systems which restricted professionals' access to important case information. Respondents highlighted the need for better processes and technology to facilitate efficient information-sharing across agencies:

> **It would be good if there was a standardise MARAC report template that agencies use when supplying information to MARAC for cases that are being heard. (Domestic abuse service)**

> **Should the sharepoint site be used more interactively to share information and be used as a discussion tool? MARAC has been the same mechanism since I first became involved in DV work over ten years ago and I am no longer certain it is the best method of sharing information or agreeing actions, particularly since technology has advanced so much. (Housing)**

> **The SharePoint system is unhelpful and needs to be more straightforward for staff to use more effectively. (Domestic abuse service)**

SafeLives Guidance

MARAC representatives should be supported by their agencies to research and prepare for MARAC in advance of the meeting. By researching during the meeting, this affects the professional's ability to engage fully in the meeting and consider risks and information fully. It can also lead to oversharing information. The information shared should be relevant and proportional to the risk of all parties. Where there are concerns regarding this, it should be addressed via the governance group.

MARAC representatives can utilising the referral and research template forms.
MARAC research form template - SafeLives
MARAC administration and governance templates - SafeLives

Chairs, Coordinators, and strategic oversight – MARAC Principle - Governance

Several respondents highlighted concerns with poorly managed MARACs, citing ineffective and inconsistent Chairs and Coordinators as key issues:

> **unfortunately had a lot of changes of chair for MARAC last couple of years with varying expertise and varying knowledge of DAV or local services. (Health)**

> **The MARAC coordinators, who are handling some of the most sensitive information, are poorly paid and have no experience of domestic abuse (Domestic abuse service)**

> **Chairs to be more consistent and have an understanding of the case before they begin the meeting. (Voluntary/community)**

Some MARACs are operating without a co-ordinator due to a lack of resource:

> **MARAC is working well although under resourced and a MARAC co-ordinator would be beneficial. (Domestic abuse service)**

> **Lack of MARAC coordinator in place. The Police deal with the administration but this is on top of a staff member's existing role. (Police)**

Additionally, the absence of strong strategic oversight was seen as a significant gap, with professionals expressing concerns about inconsistent leadership and a lack of long-term vision for MARAC improvements:

> **My overall view of the MARAC from a strategic perspective is that there is a significant lack of understanding with regards to domestic abuse and the dynamics of IPV. (Domestic abuse service)**

> **We have asked that a MARAC steering group is set up to ensure that we have more effective partnership decision making on the functioning and arrangements of high-risk domestic abuse cases and MARAC. (Health)**

It is essential that each MARAC has a trained and respected Chair with a resourced Coordinator and strategic governance group to ensure MARACs operate effectively long term.

SafeLives Guidance

MARAC chairs should receive MARAC Chairs training and training in the dynamics, typologies and nuances of domestic abuse.
[Guidance for MARACs: effective chairing - SafeLives]
[Aide memoire for MARAC chairs - SafeLives]

SafeLives provides recommendations for administration capacity based on caseloads. This can support areas when resourcing MARAC Coordinators and administrative staff. MARAC should have a stable, visible, governance structure in place that provides leadership for the MARAC This includes oversight by relevant group with responsibility for safeguarding (adults and children). The group should provide oversight and monitoring of the MARAC and provide a space for support, challenge and escalation where needed.

The governance of the MARAC should be held by those at a senior strategic level i.e. Director, who is senior to the MARAC representative, and decisions around procedures, protocols, funding etc should be taken by this group as a partnership. It is important that the MARAC Chair is not also the MARAC Steering Group chair. Ideally, this should be undertaken by a person senior to the MARAC Chair, or equivalent senior position from another organisation
[MARAC local steering group suggested agenda - SafeLives]

Wider multi-agency response – MARAC Principle – Multi Agency Engagement

Respondents also emphasised the need for stronger links between MARAC and other multi-agency meetings. They highlighted the importance of improved coordination across all multi-agency processes to ensure a more joined-up response to domestic abuse:

> **I'd like greater links between TATI and MARAC and way to escalate high risk cases that are being dealt with by multiple forums to agree the most appropriate way to manage risk as a coordinated approach is a safer approach. (Adult social care)**

> **there needs to be a joined up approach between MASH and MARAC. (Domestic abuse service)**

> **Consider joining MARAC and DAPP meetings to reduce time and improve outcomes - have heard about too many repeat offenders**

across different LA's and we need to do more to hold them accountable for their behaviours and make the changes needed. (Children's services)

Some also stressed that MARAC should not be viewed in isolation but rather as one component of a broader multi-agency response to domestic abuse. A few cautioned against over-reliance on MARAC and emphasised the need for all agencies to take proactive steps in addressing domestic abuse beyond only the MARAC process:

More linked working outside of MARAC would be beneficial for agencies, to be able to freely discuss a case and check on progress, with all participated agencies involved. (Housing)

I don't think this is something which should wait until MARAC (once a month), rather the service should be more proactive in contacting other agencies to enquire whether they have alternate information. (Adult social care)

It is essential that MARAC works closely alongside other multi-agency meetings and processes to deliver an effective response to domestic abuse for victims and families.

SafeLives Guidance

MARAC is part of a wider domestic abuse and safeguarding system and should be viewed in this context. A whole system and picture approach is vital if we are to prevent harm, reduce risk and support recovery.

Both strategically and operationally, MARAC should link in with wider safeguarding and multi-agency process. Action plans should routinely link to other multi-agency safeguarding arrangements to address any ongoing safeguarding concerns for any adult and any child; while the governance group should have oversight by relevant group with responsibility for safeguarding (adults and children).

Lack of consistency – MARAC Principle - Governance

A number of respondents pointed to inconsistencies both within individual MARACs and across different MARAC locations. Variations in processes, time allocations, and thresholds led to differences in how cases were treated, raising concerns about fairness and effectiveness:

MARAC in the [Area 1] area is very disjointed I feel and the two areas for [Area 2[and [Area 1] MARAC operate differently, often with the [Area 2] MARAC Co-ordinator directly bypassing the police protocols in police and not going through our MARAC officers for requests for specific units to do things. (Police)

Two systems in [Area1/Area2]. Need a standard MARAC Process. (Substance misuse)

MARAC processes across [Area] are not consistent. Streamlined process with clear defined roles and agreement with each LA would improve outcomes for victims. (Police)

Timings

This theme captures concerns related to the timing of MARAC meetings. Respondents highlighted issues with meetings taking place too long after an incident, reducing their effectiveness. There were also mixed views on the frequency of meetings, with some advocating for more regular MARACs while others raised concerns about the daily meeting model. Additionally, lengthy meeting durations were reported to have negative impacts on both professionals and case outcomes.

Delays between incidents and meetings – MARAC Principle – Referral to MARAC and IDVA and Operational Support

Many expressed concern that MARAC meetings are occurring too long after the incident, by which time agencies have already taken necessary actions, making the meetings less relevant and impactful. High caseloads were sometimes cited as a reason for these delays, with cases becoming backlogged and therefore heard weeks after the initial incident. By then, risk levels may have changed, and necessary interventions already implemented:

> **Unfortunately, due to the level of high risk referrals in my area, MARAC's are running approximately 4/5 weeks behind, hearing up to 30 cases per MARAC. By the time a case has been heard I have worked with the survivors for 5 weeks and the risks have already been reduce in the most part. (Domestic abuse service)**

> **MARAC is often ineffective because the meetings take place up to three weeks after the significant event and by that stage if appropriate action was not taken at the time the opportunity can be lost. The delay renders the MARAC fair impotent particularly where agencies are working well and have completed relevant actions in advance of the meetings. (Police)**

> **MARAC is useful but often by the time a case gets to MARAC the risk has passed and all the safety stuff has been implemented already. MARAC often feels like a tick box exercise. (Domestic abuse service)**

Respondents emphasised that these delays undermine the purpose of MARAC to urgently address high-risk cases:

> **it can take 4-6 weeks before they are heard. Often by this point, many of the actions are already completed, which if great, but sometimes means that the MARAC meeting doesn't achieve a lot. I feel that it MARAC cases aren't heard for a long time after being referred, it can sometimes defeat the object. (Housing)**

> **I have witnessed MARAC's being full a month before they happen. How can this be a response to a high risk victim if they have to wait to get on to an agenda? (Domestic abuse service)**

Several respondents therefore advocated for increasing the frequency of meetings to ensure a faster response to high-risk incidents:

> **MARAC meetings should be held more regular 2 weeks is too long to discuss the safeguarding needs of a victim. (Police)**

> **MARAC could be delivered fortnightly in order to enable times approach to risk. (Domestic abuse service)**

> **A move toward increased frequency of MARAC meetings, almost to a daily process rather than the current fortnightly one, this would build risk out of the process by reducing the time frame between a concern being raised and it being heard and action taken. (Police)**

Some made comparisons with the daily MARAC model, which they felt worked well:

The meetings could be held more often with more time to discuss cases and relevant actions; within a previous team MARAC was held daily, eight cases heard with 20 minutes dedicated to each case; I feel this is a better method. (Domestic abuse service)

In [Area 1] MARAC occurred daily but in [Area 2] its every Thursday which can cause issues especially when the support is needed urgently. (Domestic abuse service)

SafeLives Guidance

The MARAC process begins once a person is identified as high risk therefore multi agency working and information sharing can take place from that point. This may also include other statutory safeguarding process. Professionals should not wait until a MARAC meeting to do so.

Due to this agencies may have completed a number of actions before the MARAC meeting due to effective multi agency working. Where this has happened, the MARAC meeting allows for this information to be shared and for agencies not involved to offer additional information, expertise and actions.

Challenges of more frequent meetings – MARAC principle – Operational Support and Governance

While some areas have introduced more frequent meetings - such as daily MARACs - to mitigate delays, feedback on these changes was mixed (positives of these explained above and in 'working well' section). Some noted that despite the increased frequency, high caseloads still result in delays before cases are heard. Furthermore, there are concerns that daily meetings mean limited time available for information gathering and victim engagement before meetings, as well as having a negative impact on attendance from some agencies:

We're never able to attend MARAC as they are daily and we don't have the resourcing to support this. (Housing)

Daily MARAC has moved too far away from what was originally agreed. Too many cases and too many that are not high risk... I no longer support daily MARACs. They have become far too long, with many cases resembling a professionals meeting with 30 min discussions on one case not unusual. (Police)

One respondent summarised many of the challenges with daily MARACs including the concerns that they are too brief, leaving little opportunity for in-depth discussions or for ensuring that the victim's voice is properly represented:

The hub/MARAC meeting being daily means there is not enough time to try and reach victims prior to the meeting, so their voice is often missing. The small window of time before the meeting (1 hour 15 minutes) to complete and submit research can lead to information not always being received from all agencies in time, which impacts the quality of discussions. This has also led to most agencies not attending in person due to capacity issues, significantly reducing the quality of multi-agency collaboration and making the meeting overly dominated by a police focus. Additionally, the increased frequency means senior managers no longer attend as they did for monthly MARACs, and meetings are not chaired by a senior police officer. This reduces the ability to allocate resources effectively and weakens the accountability of agencies not in attendance. (Domestic abuse service)

SafeLives Guidance

While daily MARACs may result in cases being heard quickly, not only do they limit the time available to capture the victims voice, the preparation time for the MARAC is also limited. This can impact the risk assessing and action planning process.

Where the preparation for MARAC is limited, this may impact timings and increase the length of meetings. Each case should take between 7 and 12 minutes to discuss and action plan.

Lengthy meeting durations – MARAC Principle – Operational Support and Governance

Several respondents reported that MARAC meetings often run for too long with too many cases discussed in one meeting, creating significant challenges for professionals. Lengthy meetings strain agency resources, making it difficult for representatives to attend the full session. Some agencies therefore only stay for cases relevant to them, which limits meaningful multi-agency collaboration (as discussed in the "Attendance and Engagement" theme):

> **MARAC is too lengthy - the time lapse between referrals and the amount of time spent on each case is leading to sometimes 10 hour MARAC days. (Police)**

> **When we do attend it can be quite time consuming if we are only there for one case we have to sit through the full meeting as no specific times are given for each case. (Adult social care)**

> **The meetings are onerous often lasting into the evening. It is not uncommon for the meetings to run from 0930 until 6.30pm. (Police)**

Respondents noted that despite long meetings, the number of cases to present within the meetings means cases often feel rushed:

> **I feel there is too short a time frame to present a case, the MARACS seem rushed and this can be difficult with complex cases. (Children's services)**

> **Sometimes i feel the MARAC is rushed (especially if running behind on schedule) meaning sometimes important information can be skimmed over. (Domestic abuse service)**

Additionally, the long duration of meetings can negatively impact professionals, case discussions and outcomes. Cases scheduled later in the meeting can suffer from rushed decision-making, with professionals experiencing fatigue and reduced concentration by the end:

> **Meetings are long in duration and have the potential to significantly impact practitioners and create vicarious trauma. (Domestic abuse service)**

> **There are often too many cases heard in each MARAC meaning that cases can be rushed and those heard towards to back end of the meeting do not get the same service as the ones at the start. The meeting can sometimes last for over 6 hours with little break which can be mentally very tiring. (Housing)**

SafeLives Guidance

It is acknowledged that the length of MARAC meetings can be a challenge for a number of reasons. This should be reviewed by the governance group and Domestic Abuse Partnership Board where needed as there may be wider system issues affecting MARAC volume. The Managing High Volemes provides further guidance.

It is important that professionals working with domestic abuse receive regular support including clinical supervision to prevent desensitisation, compassion fatigue and burnout.
Guidance for MARACs: Managing high volumes - SafeLives

Aims and purpose

The final theme highlights concerns that MARAC may have lost its original aim and purpose. It also includes issues regarding the lack of evidence to measure MARAC's effectiveness.

Has MARAC lost its aim and purpose?

Some respondents expressed concerns that MARAC has lost its original aim and purpose, suggesting that its role needed to be re-evaluated. A few professionals felt that MARAC is no longer necessary, viewing it as an outdated process that does not add much value to the multi-agency response. They argued that agencies are already engaging in multi-agency collaboration outside of MARAC, making the meetings redundant. Others felt that MARAC has become little more than an information-sharing process, a 'tick box exercise' with professionals discussing cases where actions have already been taken (as discussed in previous themes):

> **I have been a representative at MARAC since the process began. However, I personally feel the process is now outdated as I feel that much of the multi-agency work is completed irrespective of MARAC as agencies are now familiar with the processes which need to be followed. I feel that the MARAC process requires updating as agencies responses to DA has improved. (Mental Health)**

> **Personally, I sometimes feels like MARAC has lost it's way and the importance of each individual case is lost in the large amount of cases which are heard. (Housing)**

> **Agencies sometimes use MARAC as a way of 'ticking a box' in their response to domestic abuse when MARAC is not necessarily required. (Police)**

> **MARAC has lost its direction and no longer focuses on the 10 principles of MARAC. (Police)**

Others acknowledged that MARAC has benefits but argued that it does not achieve enough to justify the significant resources required from already overstretched agencies. A further concern was that victims themselves often do not understand the purpose of MARAC. Given these issues, respondents suggested that MARAC requires a complete overhaul to ensure it remains relevant and impactful:

> **the victim will often ask me, what does a MARAC mean, I am able to explain the process of professionals from all support services discussing a case but unsure of the next part. (Education)**

> **Sometimes, victims state they are not aware of their MARAC status or what this means so there may be some issues as to how this is relayed to victims. (Children's social care)**

> **I believe the MARAC process needs an overhaul to ensure it is fit for purpose (Housing)**

Lack of evidence for MARAC's effectiveness

Several respondents raised concerns about the lack of evidence demonstrating MARAC's effectiveness. The high rate of repeat cases was cited as an indication that MARAC is not achieving its intended outcomes:

> **there are no figures/stats to how effective the MARAC process is after referral. Many victims are repeat referrals which suggests the MARAC process requires review. (Police)**

> **Is enough done to analyse repeat MARAC referrals, patterns and actions? Not sure. (Other)**

Some professionals emphasised the need for robust data collection and analysis to assess MARAC's impact, calling for the development of measurable indicators of success. There were also calls for audits of MARACs to determine whether they are functioning as intended:

Stats on how effective the MARAC process is. What help is provided to victims by MARAC and how effective it is in regards to engagement and change experienced by victims. Whether MARAC is effective at all? It needs to be reviewed periodically by an external Agency to check it's effectiveness and efficiency. If the results are lacking or not meeting the objectives of MARAC then is it prudent to continue? (Police)

Is there any follow up process after MARAC has been in place to determine if the process has been effective? Are there any multi-agency audits that look at the actions posed and whether these helped. Do the victims say the process has helped them (appreciate they are not directly involved) but it would be good to understand if they feel what was offered and or put in place was helpful or not. (Other)

These findings highlight the need for a comprehensive national review to assess how MARAC operates within the current broader multi-agency response to domestic abuse. This review should lead to a clear, updated definition of MARAC's aims and purpose, which is then clearly communicated to all agencies via guidance and training. Additionally, there is a desire and need for the development of outcome indicators to measure MARAC's effectiveness and impact. These indicators could be integrated into the existing MARAC data collection process submitted to SafeLives, with regular reviews at both local and national levels to drive improvements and accountability. The measures agreed should be implemented consistently across all MARACs and supported by robust data collection to evidence effectiveness.

Conclusion

This report highlights both the strengths and challenges of MARAC as identified by professionals across multiple agencies and areas across England and Wales. MARAC is widely recognised as critical for identifying high-risk domestic abuse cases, facilitating vital information-sharing, and ensuring a coordinated response across agencies for victims and their families. Many elements of good practice in MARAC were reported from professionals, such as having broad and consistent agency representation, effective and accountable action planning, strong leadership and administration, and centring the victim's voice in decision-making.

However, despite its many strengths, professionals reported a range of challenges with MARAC. This included inconsistent attendance and engagement, as well as the limited inclusion of key agencies such as education. High caseload and repeats were also a concern, along with mixed views on screening processes. Such high caseloads are contributing to delays in cases being heard, leading to irrelevant actions. Many professionals expressed a need for more training, guidance and awareness raising initiatives on MARAC. Whereas some also called for a larger review on the purpose of MARAC within the current multi-agency response along with improved data collection to measure its effectiveness.

It is important to note that this report reflects only the areas where SafeLives worked in, and the perspectives of the professionals who responded to the survey. While similar findings emerged across multiple areas, further national research is needed to gain a comprehensive understanding of the current situation of MARAC. A wider review would provide a clearer picture of what is working well and what systemic challenges need to be addressed to improve MARAC.

> **MARAC has the potential to be amazing - but with all agencies stretched and overloaded it is sometimes difficult for some agencies to make time to attend. As a group we are only as good as our constituent parts. I strongly believe that MARAC should be statutory and then all agencies would be obliged to attend and contribute. This would save lives and improve service and support to very high risk victims of DV. (Domestic abuse service)**

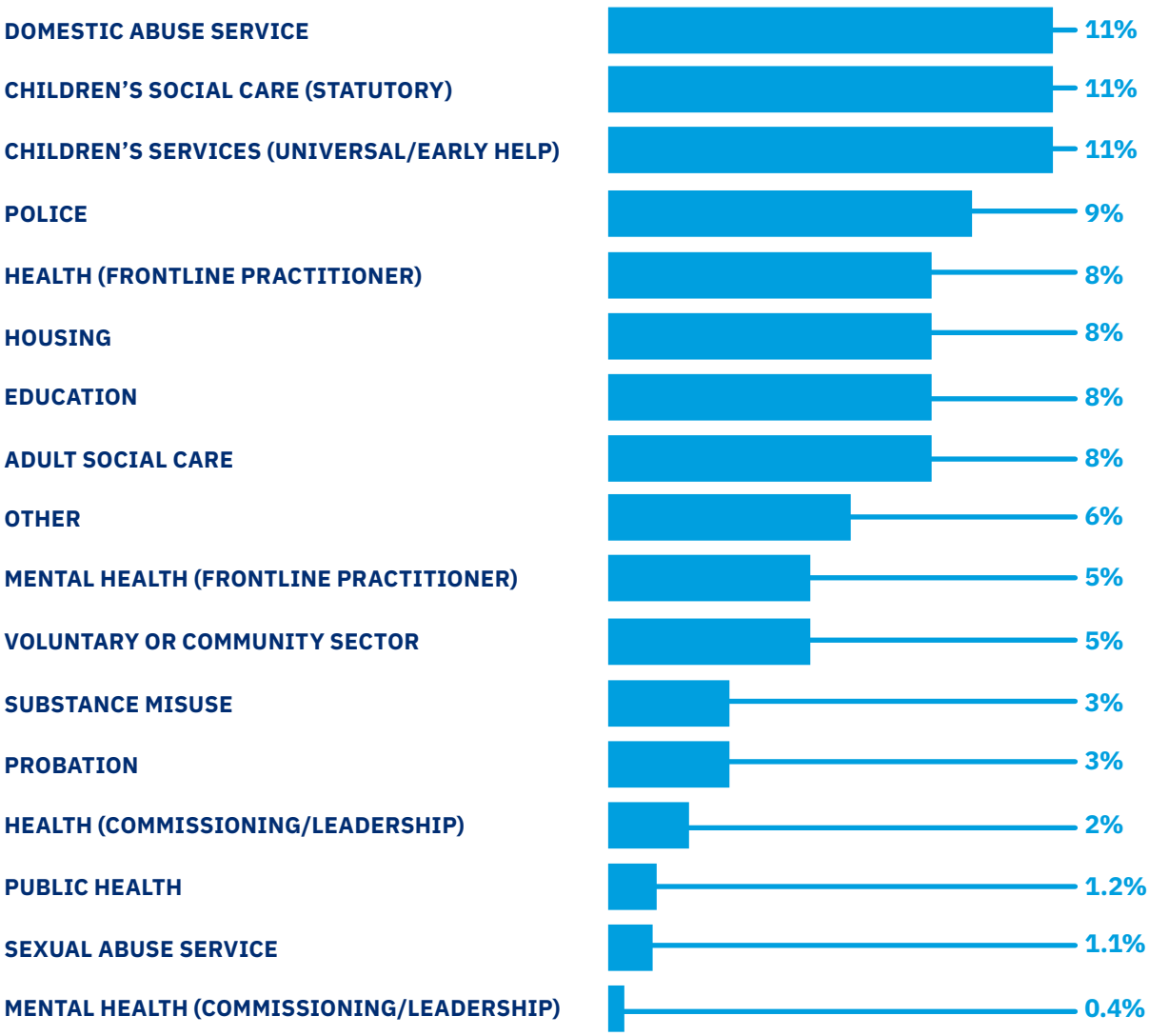
Appendix

Methodology – further details

Data for this analysis was drawn from our survey of professionals working in local areas as part of our Public Health Approach for ending domestic abuse, with responses collected from 22 local areas and over 17 different agencies – as outlined in below graphs.

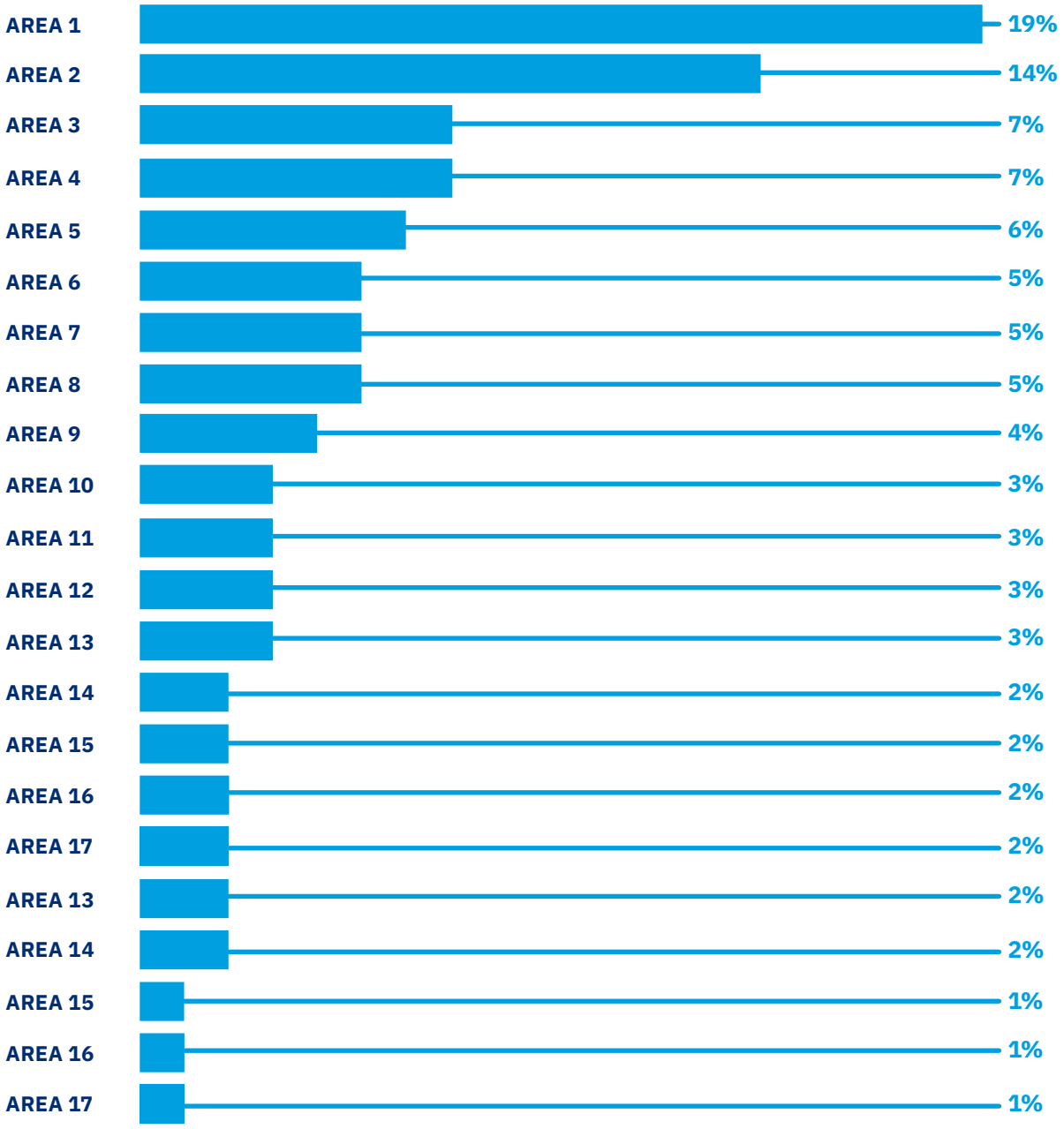
Proportion of responses from each agency

GRAPH 3 **Showing proportion of response from each agency. Percentages are out of total responses to the survey = 2257**



Proportion of survey responses across areas

GRAPH 4 **Showing proportion of response from each area. Percentages are out of total responses to the survey = 2257**



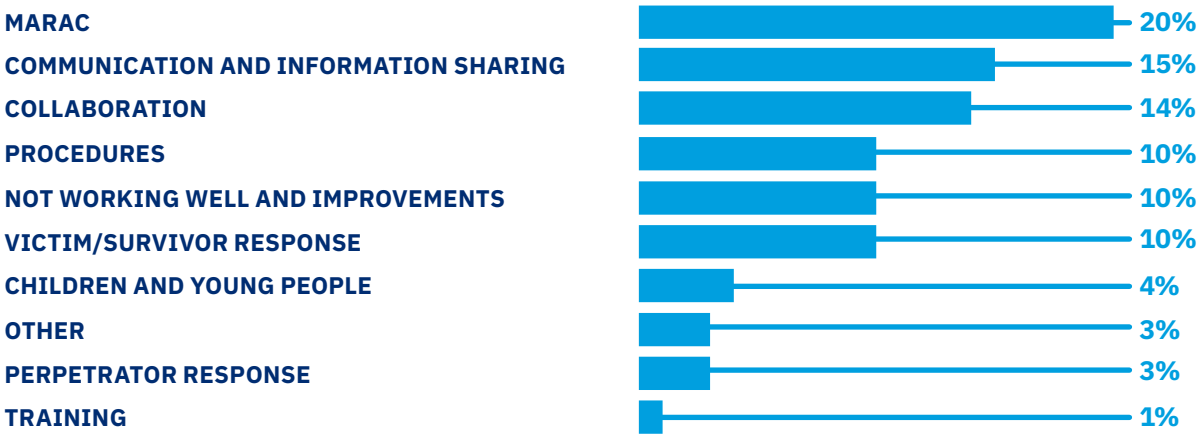
Open text responses were taken from the following two questions in the Professional survey:

1. Could you tell us from your experience what you think is working well within the multi-agency response to domestic abuse in your local area?
2. Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area?

Analysis of the data at an aggregate level showed MARAC was frequently mentioned in both questions, as shown in the below graphs with MARAC being the most common theme in both:

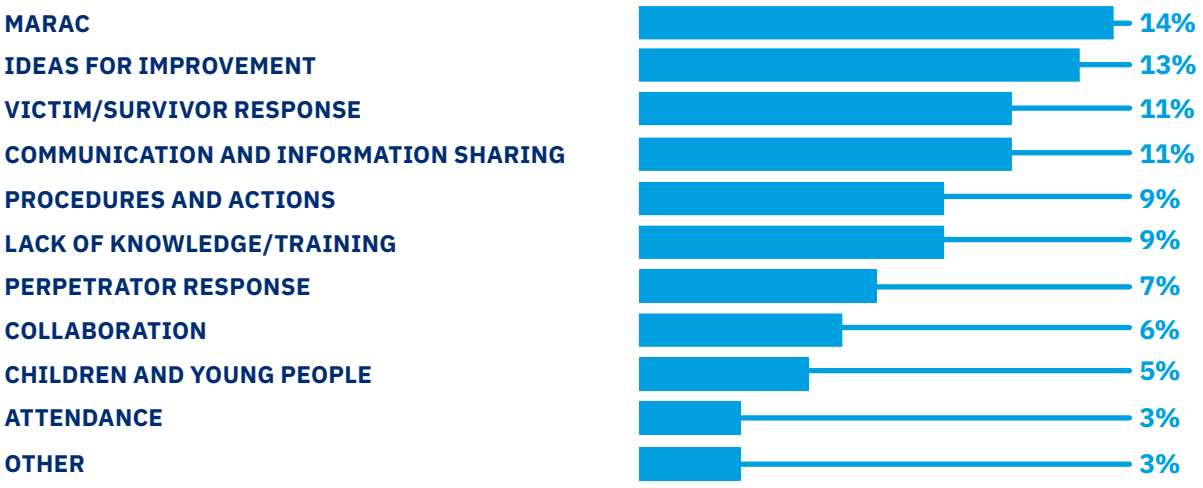
Could you tell us, fromyour experience, what you think is working well within the multi-agency response to domestic abuse in your local area

GRAPH 5 Showing proportion of high-level aggregate themes from the survey question. Percentages are out of total codes = 1859



Could you tell us, fromyour experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area?

GRAPH 6 Showing proportion of high-level aggregate themes from the survey question. Percentages are out of total codes = 2046



"Working well" section: Responses from question one above which were coded as MARAC were included in the analysis, along with any other response which mentioned MARAC but had not been originally coded as MARAC. This totalled to 361 responses being included. These were coded using content analysis, generating 637 codes, which were organised into the seven main themes.

"Challenges" section: Responses from question two above which were coded as MARAC were included in the analysis, along with any other response which mentioned MARAC but had not been originally coded as MARAC, as well as any responses from question one which mentioned challenges with MARAC. This totalled to 365 responses. These were coded using content analysis, generating 545 codes, and categorised into the seven main themes.

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