

## **Case Study: The Multi-agency Risk Assessment Conference between London police, local authorities and service providers (United Kingdom)**

### **Summary**

The Multi-agency Risk Assessment Conference (MARAC) is a monthly meeting of agencies such as the local police, health and housing practitioners, shelter workers and other government and non-governmental specialists, including Independent Domestic Violence Advisors (IDVAs) providing services to domestic violence survivors identified as being at the highest risk (defined as a pattern of abuse which presents a risk of serious harm or femicide). The first MARAC conference was organised in 2003 by Cardiff's Women Safety Unit (a multi-agency initiative dealing with domestic abuse) in Wales, and has since spread to over 200 MARACs across the United Kingdom.

The Conference operates at the local borough level, with meetings chaired by the police. Each meeting deals with 20-30 very high risk cases at a time. The IDVAs are central to the MARAC process, as they are responsible for representing the views of the victim/survivor at the meeting, and liaising between the woman or girl and partner agencies to ensure that the proposed course of action is safe and appropriate.

The aims of the MARAC are to:

- Share information to increase the safety, health and well being of survivors
- Determine whether the perpetrator poses a significant risk to any particular individual or to the general community
- Work together to develop and implement a risk management plan that provides professional support to all those at risk and that reduces the risk of harm
- Reduce repeat victimization
- Improve agency accountability
- Improve support for staff involved in high-risk domestic abuse cases

The MARAC model has helped the police in the United Kingdom to develop a more comprehensive response to domestic violence. Although there has been an increase in safety for domestic violence survivors, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse, more research is needed to determine the contexts in which the MARAC is the most effective mechanism of coordination.

### **Background**

The [Cardiff's Women Safety Unit](#) was established in 2001 to create a multi-agency response to domestic violence and was instrumental in setting up the first MARAC in April 2003, which met on a monthly basis. The goal of these monthly meetings was and remains the provision of a forum for sharing information and taking actions that reduce future harm to very high-risk domestic violence survivors and their children.

During MARAC meetings, local agencies discuss the risks faced by women and girls in each case of high-risk domestic violence identified in their area, the actions needed to ensure their safety, and to ensure the resources available locally are shared and used to create a risk management plan involving all agencies.

The MARAC became part of the policy agenda in 2006 as part of the United Kingdom [Home Office Coordinated Community Response](#) to domestic violence. In early 2007, when there were few London boroughs with operational MARACs, the government announced a £1.85 million investment in the Conference, alongside the expansion of [Specialist Domestic Violence Courts](#) and [Advisors](#), conceptualized 'to transform the delivery of domestic violence services at the local level'.

A 2004 [evaluation](#) of the original MARAC model in South Wales found reductions and cessations in violence, recorded by both police callouts and interviews with survivors. As of 2010, all 32 Greater London boroughs have MARACS, totalling 240 MARACs across England and Wales, with a national roll out to be completed by 2011. It is estimated that 150,000 cases per year will be discussed at MARACs when there is full national coverage.

The expansion of the model has been supported by the [Co-ordinated Action Against Domestic Abuse \(CAADA\)](#), a national non-governmental organization which partners with the Cardiff's Women Safety Unit and supports multi-agency responses to domestic abuse, aiming to link advocacy service agencies and individuals seeking information on violence against women. [CAADA](#) now provides general resources and training on MARACs including:

- [MARAC Governance Templates Pack 2010](#)
- [The 10 principles of an effective MARAC](#)
- [The MARAC Guide 2010 - From Principles to Practice \(full manual\)](#)

### **The MARAC Model**

A MARAC is a monthly meeting of several agencies such as the local police, health and housing practitioners, shelter workers and other government and non-governmental specialists providing services to high-risk, domestic violence survivors. The meeting operates at the borough level, although as MARACs are not mandated by legislation, there is no legal obligation for MARACs to exist in every area. The primary focus of the MARAC is to safeguard the women survivors of abuse, while linking with other agencies to safeguard children and manage perpetrator behaviour.

High-risk domestic violence is a pattern of abuse, which presents a risk of serious harm or homicide; approximately 10 percent of all domestic abuse in the United Kingdom results in serious harm and death. Only high-risk cases are referred to the MARAC given limited resources. Organizations are legally able to share information on high-risk cases, through the [Information Sharing Protocol \(from Richmond MARAC\)](#), which aims to facilitate the exchange of information for the purposes of prioritizing the safety of the domestic violence survivors and their children.

Coordinated action planning is an important way of reducing the potential danger to high risk survivors and improving the safety of other family members, especially children. As every case is different, the representatives present at the MARAC discuss each situation and identify appropriate actions accordingly, which often fall within the scope of the respective mandates of the participating agencies.

Typical actions might include (CAADA, 2010):

- **All agencies:** Identifying high-risk victims through files so they can provide an enhanced and responsive service in the event of an incident.
- **Police:** Placing the survivor's home on 'cocoon watch' (a measure established with a victim's consent, where immediate neighbours or those with a direct view of a woman's home watch the property to prevent the risk of future trespassing or contact from the perpetrator. Any suspicious activity is communicated to a local police officer responsible for taking further action against the perpetrator if required. Other crime prevention measures include increasing the security of a building or a survivor's home to prevent further attacks; or providing panic alarms.
- **Health:** Ensuring that the survivor is separated from the perpetrator during medical visits so that health care workers can provide confidential treatment and support to women and girls.

- **Independent Domestic Violence Advisors (IDVAs):** Providing women an update on the actions to be taken by the MARAC where safe; providing ongoing psycho-social support; assisting survivors to attend legal, medical and other appointments; seek legal assistance; identify new housing and education or employment opportunities; follow-up coordination and communication with all agencies; ongoing risk assessment with survivors; and providing updates on repeat victimization to the MARAC.
- **Children and Young People's Services:** Agreeing to undertake an initial assessment of children involved in MARAC cases as appropriate; making referrals to children and adolescent mental health services; and providing additional support to the family.
- **Housing Authorities:** Assisting survivors to find alternative accommodation; processing applications for housing benefits and services for the homeless; and implementing safety devices on the home property.
- **Education Administrators:** Sharing information with appropriate staff to support children effectively; and monitoring school performance and behavioural issues.
- **Probation:** Using information from MARAC for pre-sentence report writing.
- **Adult services:** Making referrals to vulnerable adult teams and/or non-governmental organization support, for example, [Age UK](#).
- **Shelter:** Providing safe accommodation; and providing ongoing psycho-social, legal, referral and other support.
- **Drug and Alcohol team:** Fast tracking access to specialist services and support.

### The MARAC Principles

The MARAC Quality Assurance process, administered by the Co-ordinated Action Against Domestic Abuse, is structured around the '[10 Principles for an Effective MARAC](#)', which centre on survivor safety as a core consideration for all stages of the process (from referral and information sharing, to action planning and implementation). Ensuring that the survivor has a clear voice and is supported by the MARAC is crucial to achieving safety and reducing repeat victimization.

**Identification:** All agencies have protocols and systems for identifying and referring high-risk cases to MARAC in a timely way.

**Referral criteria:** The MARAC has clear and transparent referral criteria that include visible high risk, professional judgment on the case and escalation of incidents.

**Representation:** The relevant statutory agencies, specialist domestic violence services and non-governmental/community organizations are appropriately represented at MARAC.

**Engagement with the victim:** The victim is at the centre of the process. An effective advocate, most commonly the Independent Domestic Violence Advisor, is identified to represent and support the victim within the MARAC process.

**Research and information Sharing:** All agencies research their files and information systems and bring relevant, proportionate and up-to-date information which is shared and stored in accordance with legislation by all attendees who hold information on each case discussed.

**Action planning:** Comprehensive action plans are developed which address the risks identified at the meeting.

**Volume:** The number of cases referred to the MARAC is commensurate with the local population.

**Administration:** The administration of the MARAC promotes safety, efficiency and accountability.

**Strategy and governance:** The MARAC process is embedded in key local partnerships to promote sustainability.

**Equality:** The MARAC demonstrates that it is a process, which is structured to deliver equality of outcome to all.

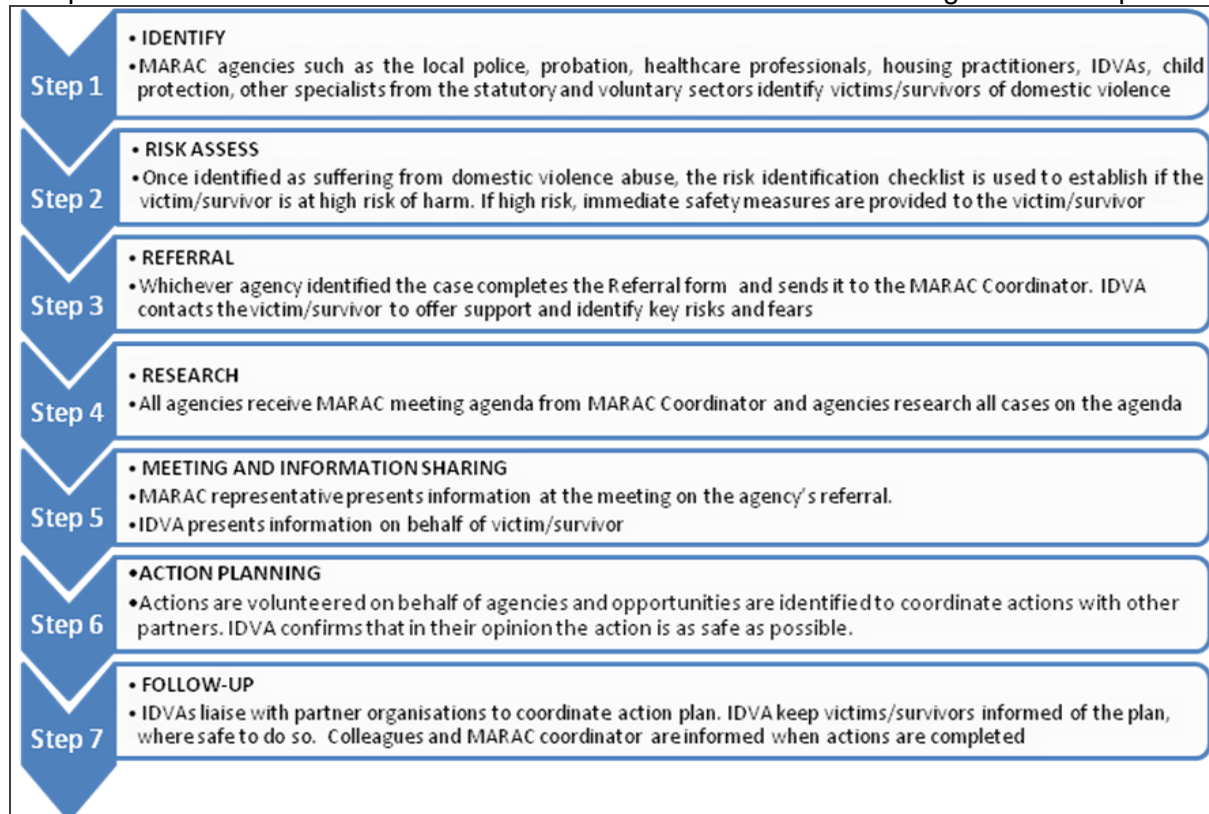
### **Structure and Process**

Cases can be referred to a MARAC by any frontline agency that has agreed to the [Information Sharing Protocol](#) and has undertaken a risk assessment with a survivor that determines the case meets the high-risk threshold. CAADA developed [risk identification tool](#) for determining high-risk cases, although the police and health professionals also refer high-risk survivors to the MARAC. MARACs are chaired by the Detective Inspector of the Community Safety Unit of the local borough police. The local borough police usually have a dedicated MARAC coordinator or a Domestic Violence Project Officer, who is responsible for the coordination of the MARAC partnership and administration of the monthly meetings.

[Independent Domestic Violence Advisors](#) are trained specialists responsible for case management of all MARAC cases, liaising and providing a single point of contact between victims and the MARAC partner agencies, with a focus on ensuring the safety of survivors. A variety of organizations supporting domestic abuse survivors may have an independent advisor who works directly with survivors to assess the level of risk they are facing, provides advice and support by discussing the range of options available to them and helps develop coordinated safety plans. Independent advisors often work very closely with the police. For example, in Lewisham, the main Advisor service is based within the Community Safety Unit at the police station, and each morning, the Advisors will check whether any high-risk cases were reported to the police overnight. Where appropriate, these survivors are referred to the Advisor. The IDVAs are also available to offer informal advice to police on cases that do not meet the threshold for referral to their service.

During MARAC meetings, relevant information regarding each case is shared, options for increasing the safety of the survivor are discussed, and a coordinated action plan is created. Actions related to the police might include: pursuing the perpetrator and working in partnership with the Advisor on engaging with survivors to support [safety planning](#) and supporting the prosecution of the perpetrator. All agencies, including the police, are responsible for ensuring their actions are carried out and for recording the outcome of their actions, which are reported to the MARAC Coordinator to electronically record as actions that have been 'completed' or are 'in progress'. In the event of a Serious Case Review or Homicide Review, this information would be requested as an indicator that all was done to help protect the victim. This accountability has improved the practice of all agencies.

The process of the MARAC starts from case identification to the final stage of follow-up:



Excerpt: [CAADA. 2010. Specialist Domestic Violence Services Toolkit for MARAC.](#) London.

The costs incurred to implement the MARAC model are relatively low. The police and/or the local authority fund the position of the MARAC Coordinator or the Domestic Violence Project Officer, which is the only direct cost for the MARAC. The Independent Domestic Violence Advocates, who are also central to the process, may be funded from a variety of agencies and local borough funding streams. For example, Advisor teams may be resourced by a local government agency (particularly if the Advisor is based within the local police), as in the Lewisham borough, where 4 Advisors have been established with joint funding from the police and local authority. Advisory services may also be provided by a non-governmental organization and receive funding from grant-making trusts and foundations. All MARAC representatives attend the monthly meetings, track progress on actions, and raise institutional awareness of the MARAC as part of their mandated role within their respective agency/ organization; which is each agency's in-kind contribution to the mechanism, requiring no additional funding. The Coordinator and Advisors provide free training as part of their role to all participating agencies in the MARAC, eliminating ongoing training costs resulting from staff turnover.

### **Results and Lessons Learned:**

- **The MARAC has improved police capacity to respond to domestic violence cases.** Police personnel have a better understanding of: the variety of agencies that exist to support survivors and their families; the criteria for referring a case to a particular service provider; and the services each agency provides. The police have been able to build strong relationships with the various organizations directly supporting domestic violence survivors, facilitating a swifter and more comprehensive police response to domestic violence cases, particularly in referring survivors to specialized health, legal and social support agencies.



- **Domestic violence cannot be addressed by one agency alone.** No single agency can provide the various supports that domestic violence survivors require to escape the violence and address the short and long-term consequences of abuse. The most effective efforts involve a [multisectoral partnership](#) with a coordinated response.
- **Identification of common goals and targets among service providers and other potential MARAC agencies/organizations is an important step in establishing the partnership.** Discussing key targets of each agency can help to identify relevant organizations that should be included in the MARAC, highlight the value of a coordinated response and benefits to each agency, which can facilitate agreement on the partnership and commitment by agency's leadership and senior management.
- **The Independent Domestic Violence Advisors are central to the MARAC** as the liaison between the survivor and partner agencies to ensure that the agreed plan of action is safe. Survivors often disclose more information to the Advisors than they may to other agency representatives. They are specialists on the issue with greater technical skills in providing support to abused women, asking appropriate questions and building effective relationships with survivors.
- **Joint multi-agency actions and the presence of Independent Domestic Violence Advisors within frontline agencies are linked to better outcomes for high-risk survivors.** Abuse is reported to have ceased for 7 out of 10 women receiving more concentrated support, compared to only 4 out of 10 women receiving less coordinated support (Howarth et al., 2009). The presence of Advisors based in police stations has led to increased trust and understanding among service providers, survivors and the police.
- **Consistent participation of members is critical for the MARAC to function effectively.** To ensure timely and comprehensive implementation of planned coordinated actions, consistency in representatives participating in the MARAC each month is important, although may be less likely in larger metropolitan areas or where staff turnover is high. When agencies with specific roles (e.g. police or health care providers) do not attend the meeting, critical actions may be delayed and time-sensitive opportunities may be lost (e.g. accessing housing or securing protection)
- **All agencies/organizations involved in providing support to survivors should be involved in MARAC meetings.** The presence of the full range of agencies that have signed up to the MARAC including both those that have core membership (e.g. police, health, shelter) and those that have secondary membership (e.g. drug and alcohol, disability services) is important. Specialist agencies, working with lesbian-gay-bisexual-transgender, minority ethnic groups or other communities should also be included in the MARAC process to ensure marginalized groups are equally able to access the MARAC.
- **Establishing focal points or designated representatives within each agency is good practice.** This practice ensures consistency in case identification and referrals, streamlines case management by providing frontline service providers with a single point of contact within their organizations to discuss cases and possible referrals. It is particularly important for the police, who lead coordination of the MARAC.
- **The speed with which a case is dealt with is critical.** Given the seriousness of the harm a woman may face in high-risk cases, there should be no more than a six-week delay between the identification of a case and the conference (with monthly MARACs) and an even smaller time frame with bi-weekly MARACs. The impact of the action plan will be considerably reduced if there is a further delay and could have potentially fatal consequences for the woman or girl at-risk.

- **Transparency and accountability are pre-conditions for the MARAC to function effectively.** The specific and distinct survivors support committed by each agency is the foundation of the comprehensive security provided through the MARAC. Each agency must be genuinely committed to implementing the agreed actions, since the responsibility lies with each partner agency and lack of action by one partner affects the impact of the entire plan.
  - **MARAC members need specific training on domestic violence, screening and risk assessment.** Representatives participating in the MARAC do not have the same level of expertise and understanding of domestic violence issues. As part of the training provided by the MARAC Coordinator, Independent Domestic Violence Advisors or MARAC representatives, all frontline staff should receive basic training on domestic violence in addition to the ongoing refresher training on risk assessment to help ensure that all representatives are aware of the full risks facing survivors of abuse and are able to appropriately identify high-risk cases of domestic violence and determine safe and relevant actions where women consent to receive such assistance.
  - **Adherence to the survivor-centred approach requires establishment of additional mechanisms beyond the MARAC principles.** In many cases, women may not be ready to share information about their case with the different service providers and agencies due to poor perceptions and trust of police or other agencies, fear of consequences they may face if the case is pursued by a larger group of organizations, among other issues. A 2010 [Evaluation](#) of four MARACs highlighted that women's consent was not always secured before referring a case to the MARAC and appropriate confidentiality was not always maintained by MARAC members. As part of the initial identification and risk assessment process conducted with survivors, agencies should provide any survivors potentially referred to the MARAC with full information about the purpose and process of the mechanism. Procedures should ensure women and girls have provided informed consent for any information shared; and a review of all cases should be conducted before they are closed to improve the accountability of the Conference to the survivor.
  - **Contributions of each MARAC need to be assessed regularly to ensure their relevance over time.** The [evaluation](#) of four MARACs highlighted the importance of ongoing monitoring of the functions and contributions made by individual MARACs. For example, where Independent Domestic Violence Advocates are operational and well-networked with other service providers, a MARAC referral may not be necessary. However, the Conference method has helped to bring greater weight to cases given the number of agencies participating and may help survivors with immigration-related issues and with the probation process, ensuring greater accountability of perpetrators.
  - **Coordinated responses should be available to domestic abuse survivors at all risk-levels:** When cases do not meet the risk level threshold to be referred to the MARAC, appropriate actions are continued and the victim/survivor is referred to local specialist domestic abuse services. This is problematic because there should be a more holistic approach on combating domestic violence; one of the negative consequences of the MARAC has been that there has been a higher focus on just one particular type of victim.
- [Specialist Domestic Violence Services Toolkit for MARAC](#) (CAADA, 2010)

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Sources: Social Development Direct interview with Metropolitan Police Service, 2010; [CAADA, 2010](#); Coy and Kelly. 2011. "[Islands in the stream: An evaluation of four London independent domestic violence advocacy scheme.](#)" Child and Woman Abuse Studies Unit. London.