

MARAC Efficacy: A literature Review

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Acknowledgement:

This work was financially supported by the Police Knowledge Fund.

The primary aim of a Multi-Agency Risk Assessment Conference (MARAC) is to facilitate, exchange and evaluate different agencies' information regarding domestic abuse victim/s, who are considered at high risk of serious harm or homicide (Robinson, 2004; CAADA, 2010; McCoy *et al*, 2016). MARACs draw together different agency representatives from services such as local police forces, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other statutory and voluntary sector practitioners, to produce an overall understanding of the potential risk exposed to a domestic abuse victim (CAADA, 2010). Robbins *et al*, (2014) describes the aims of a MARAC as to "safeguard adult victims; make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults; safeguard agency staff; and address the behaviour of the perpetrator" (393). Through drawing together different agencies, an up-to-date assessment can be performed to identify those most at risk and to develop suitable approaches in removing risk from a victim/s.

The first MARAC was held in April 2003 by the South Wales Police (SWP) and was attended by 16 agencies (comprising police, local authority, probation, health, housing, NSPCC, refuge and the Women's Safety Unit) (Robinson, 2004). The demand for a MARAC derived section 67 of the Criminal Justice and Court Services Act (1999) alongside inadequate systematic agency risk assessments (Robinson & Tregida, 2005). This also merges processes from the Multi-Agency Public Protection Arrangements (MAPPA) (Robinson, 2004). Through interagency information exchanges, discrepancies between information held by various agencies could be assessed to ensure that no victims 'slip through the net'. Initial MARAC intentions was to hold monthly review cases that scored high or very high risk from police risk assessments (Ibid). However due to the large volumes of cases (with approximately 20-30 high risk cases highlighted each month (Robinson, 2004)) and limited resources, this was restricted to the top 10% at highest risk (Ibid). However agencies can add cases which may have gone unnoticed or those who did not score high risk, but are considered vital to assess. Therefore this empowers each agency to take responsibility for identifying serve cases of domestic violence (Robinson, 2004).

The Safe Lives charity (formerly known as Co-ordinated Action Against Domestic Abuse (CAADA)), has significantly enhanced directives in tackling domestic abuse. The charity provides training for professions (for example IDVAs), assists the functioning of MARACs and informs an integral component in policy making; all of which is supported by the UK Home Office (Home Office, 2010). Since its establishment in 2005, Safe Lives reported (in 2015) that "more than 18000 IDVAs" and "288 MARAC teams - one in every area of England and Wales, and many in Scotland and Northern Ireland too" (3) had been implemented; highlighting both requirement and demand within domestic incidents. Safe Lives has been

instrumental in creating a risk-led model that combines both charities and public sector organisations to exchange victim and perpetrator information to effectively tackle high risk domestic incidents. The Safe Lives 2015-2018 strategy describes the model as a "tailored intervention" as it can be considered that no two cases are the same. The risk-led model approach contains three steps (quoted from SafeLives.Org, 2015: 3) which are stated below:

1. All agencies have a shared understanding of domestic abuse risk, use the same tool, and know how to refer to an IDVA.
2. Victims develop a trusting relationship with an IDVA – a single specialist professional who can help with everything they need to become safe.
3. The IDVA works with a multi-agency team (the MARAC) to make the victim and their children safer – and all the agencies focus only on that.

The 2015-2018 Safe Lives strategy continues to explain current outstanding demands in tackling domestic violence including interventions for high risk perpetrators, a singular model that can be applied to identify risks to family members and alternative IDVAs who can assist medium-risk victims (SafeLives.Org, 2015).

The Safe Lives website contains an archive of literature and research documentation which can assist public services and other organisations in developing their own MARACs. The website even provides standardised forms (for example referrals), allowing agencies to rapidly organise, develop and progress towards MARAC processes. Within the websites literature, key MARAC information derives the '10 Principles of an Effective MARAC', which should be adhered to for successful MARAC operation. These comprise (quoted from SafeLives.org.uk, 2017):

1. Identification: Professionals recognise domestic abuse, risk assess and identify high-risk cases.
2. Referral to MARAC and IDVA: All victims who meet the MARAC threshold are referred to MARAC and IDVA.
3. Multi-agency engagement: Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the MARAC.
4. Independent representation and support for victims: All high-risk victims are offered the support of an IDVA; their views and needs are represented at MARAC.
5. Information sharing: MARAC representatives share relevant, proportionate, risk-focused information.

6. Action planning: Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour.
7. Number of cases: The MARAC hears the recommended volume of cases.
8. Equality: The MARAC addresses the unique needs of victims with protected characteristics.
9. Operational support: There is sufficient support and resources to support effective functioning of the MARAC.
10. Governance: There is effective strategic support and leadership of the MARAC and IDVA response, and agencies work together effectively.

Central to MARAC's operations are risk assessments which police forces and other agencies utilise to identify victims of serious domestic violence (Robinson, 2004; CAADA, 2010; McCoy *et al*, 2016). Stemming the Association of Chief Police Officers (ACPO) guidance 'Identifying, Assessing and Managing Risk In the context of Policing Domestic Violence', the application of risk assessments was seen as paramount in supporting officers' identification of high-risk victims (ACPO, 2005; Robbins *et al*, 2014). However many variations of risk assessments exist (for example MeRIT (Merseyside Risk Indicator Toolkit) (McCoy *et al*, 2016) and SARA (Spousal Assault Risk Assessment) (Kropp & Gibas, 2010). This frequently results in police forces using different variations of risk assessments (for example Staffordshire Police use DIAL (Domestic Investigation Arrest Log; or Domestic Intelligence Assessment Log) whilst the majority of police forces use DASH (Domestic Abuse, Stalking and Harassment)) (Richards, 2009; HMIC, 2015). Although many variations of risk assessment exist, in essence all assessments incorporate a 2-3 page checklist to identify the potential of further abuse towards a victim/s, through understanding potential concerns such as drug and alcohol abuse, former convictions and level of abuse (both physical and psychological) (Weisz, Tolman & Saunders, 2000).

Through conducting a risk assessment with a victim of domestic violence, an overall 'score' is produced. These scores are categorised (which may vary dependant on risk assessment type) with the top 10% of high risk cases being reviewed at a local MARAC (CAADA, 2010; McCoy *et al*, 2016). A main concern when completing a risk assessment is the potential for human error, through incorrect or insufficient details being recorded (HMIC, 2015). The SWP provided training for completion of (DASH) risk assessment forms through a 20 minute video, which emphasised key aspects such as completing assessments by the end of an officer's shift, alongside the importance of acquiring relevant and accurate details from victim/s (Robinson, 2004). Developed by the Save Lives organisation, the DASH risk

assessment encompasses 24 'yes and no' answer questions and a free text area for police officer's individual observations (for example victim separation from friends/family and belief in perpetrator's next actions) (Richards, 2009; CAADA, 2010). Safe Lives created the DASH assessment in an attempt to standardise agencies' risk assessments in an endeavour to combat associated problems within form variations (Richards, 2009).

First created in 2005, Independent Domestic Violence Advisors (IDVA) form a fundamental component in assisting domestic violence victims; and thus within MARACs. The main function of an IDVA is to address the immediate safety of a victim or survivor of domestic violence, and interpret victim requirements (SafeLives.Org, 2016; Donova, 2013). Being a primary contact for victims, IDVAs represent cases through diverse requirements which may include housing solutions, criminal and civil courts and MARAC representation; which the victims themselves do not attend (CitySafe, 2010). Orchestrated through government initiatives (Home Office, 2010), IDVAs receive specialist training to work with high risk cases and are considered most effective when operating alongside multi-agency frameworks (SafeLives.Org, 2016). The intention of an IDVA's role within MARAC meetings is to ensure that multi-agency discussions keep focus of the victim/s' requirements and to relay the outcome of proceedings to the victim.

The increasing demand for IDVA employment within England and Wales is represented through its continuous rise from 2015 (746 full time employed IDVAs) to 2016 (815 full time employed IDVAs) (SafeLives.Org, 2016). However a 2016 Safe Lives survey stated that "15 out of 43 police forces...have less than half the numbers of IDVAs they need to support victims of high risk abuse" (SafeLives.Org, 2016: 5), and continues to state that 216 more IDVAs are required to meet demand (Ibid). The application of an IDVA (within domestic abuse cases) has shown considerable success in improving victim safety alongside reductions in escalation of abuse; and repeat incidents. Through the support of an IDVA (and MARAC) 60% of victims reported no further abuse, 71% felt safer and 69% described an overall improvement to quality of life (SafeLives.Org, 2017a). This is additionally reflected through child welfare domestic abuse cases, with research describing a positive impact in areas of conflict, regarding child contact (45% improvement), child future safety (76% improved) and threats to kill children (44% decrease) (Howarth *et al*, 2009). Furthermore a 2016 MARAC report described victim relationships with appointed IDVAs as a 'friend', displaying the valuable contribution they create towards victim safety and care (McCoy *et al*, 2016).

Since commencing in 2003, more than 280 MARACs have been orchestrated throughout the UK, managing over 78,000 cases (SafeLives.Org, 2017b). A 2016 evaluation report detailing

Liverpool's MARACs, identified three core areas to achieve an effective MARAC process, including "appropriate agency representation; enhanced information sharing; and the role of the IDVA in representing and engaging the victim in the process" (McCoy *et al*, 2016: 3). These report findings are similarly represented within research conducted by Robbins *et al* (2014), Robinson (2004), Robinson & Payton (2016) and Steel *et al* (2011).

The 'effectiveness' of a MARAC heavily resides within agency attendance and participation. Initially, one must be provided with an 'entire' and current understanding of a victim's situation and each agency encompasses valuable information, which can influence a case approach (Steel *et al*, 2011). Furthermore individual agency representatives can offer specific sector knowledge and expertise, which can assist the action/safety strategy case options. In accordance with Safe Lives best practise, a minimum of six core agencies (local police force, probation, IDVA, housing, health and child services) should attend each MARAC (CAADA, 2010); although attendance of alternative agencies/charities is seen as a major advantage (Steel *et al*, 2011; Robbins *et al*, 2014; McCoy *et al*, 2016). An 'effective' MARAC requires agency representatives to produce relevant case information and to engage within decision making processes. Steel *et al*, (2011) describes the most effective MARACs as those which encourage engagement across all attending agencies; this is reflected through an National MARAC Steering Group (NMSG) interviewee who stated "MARACs that are effective are the ones where there's a strong sense of equality in terms of representation" (Steel *et al*, 2011: 7).

The main agencies attending MARACs are considered to be local police forces and IDVAs (SafeLives.Org, 2016; Steel *et al*, 2011; McCoy *et al*, 2016). Requirements to improve consistent agency representation is frequently cited as a barrier for MARAC progression (Steel *et al*, 2011; McCoy *et al*, 2016), however research does disclose that representation from core agencies is frequent (Ibid). Research highlights that agencies conform to the research and information sharing principle (61% of the time) and that case research is undertaken either 'all of the time' (45%) or 'most of the time' (46%) (Steel *et al*, 2011); further representing belief in the information sharing process. However research has highlighted 'trust' between agencies as being vital in terms of information exchanging (Robinson, 2004; Robbins *et al*, 2014). Robinson (2004), states "only by trusting each other can the agencies share sensitive information and jump over bureaucratic hurdles in order to provide the best and most timely service to victims" (17). Additionally, potential benefits may succumb agency representatives through individuals being provided with effective approaches towards personal case loads alongside individuals strengthening professional networks; by identifying individuals for a point of communication in other agencies (Steel *et al*, 2011) .

Subsequently, research often discloses an increase in workloads for MARAC representatives, which is often underestimated and entails no incentive for participation (Robinson, 2004; Steel *et al*, 2011; Robbins *et al*, 2014; McCoy *et al*, 2016). The associated MARAC workloads are often administrative in nature and additional to an individual's current workload. Research by Robbins *et al* (2014), estimated that agencies received an additional 2-3 days per month extra workload. Furthermore MARAC representative concerns derive their manager's limited understanding of the benefits of attending a MARAC, which may eventually result in refusal of attendance (Robinson, 2004). Above all, agency information sharing benefits has been widely researched (Hague, 2000; Hall & Wright, 2003; Diamond *et al*, 2004; Shepherd, 2005) and disclose interagency communication as a powerful resource, which can be most effective when addressing victims of domestic abuse (Hague & Bridge, 2008). This is additionally highlighted through the Cardiff MARAC (2003), which detailed the reduction of repeat victimisation as a result of information sharing; and was also supported by survey respondents with 84% stating that MARACs were an effective information sharing tool (Steel *et al*, 2011).

Although increased agency workloads is considered an issue within MARAC participation, the volume and time allocated to review each case was also considered problematic (Robinson, 2004; Steel *et al*, 2011; McCoy *et al*, 2016). Due to the high number of cases reviewed, agency representatives felt that each case was rushed (McCoy *et al*, 2016). Suggestions regarding reviewing fewer cases within MARACs would allow a more appropriate time for each case to be deciphered; subsequently this would result in increasing the number of MARACs to be held (McCoy *et al*, 2016). Guidance provided by Safe Lives suggests that each MARAC meeting should review between 15 to 20 cases and that a meeting should last no longer than half a day (CAADA, 2010). Furthermore, any determined actions should be addressed by the responsible agency within two weeks (McCoy *et al*, 2016). Although literature suggests an increase of tasking IDVAs with further actions instead of agencies (Ibid).

The role of IDVAs are considered crucial to effective MARAC operations through making/receiving MARAC referrals, specialist domestic violence training and specific knowledge of each victim (Howarth *et al*, 2009; Robinson & Rowlands, 2009; Coy & Kelly, 2011). Although other agencies may be active within victim cases, IDVAs provide the single point of victim contact and are responsible for the ongoing management of each case (CAADA, 2010; Coy & Kelly, 2011). The positive impact of IDVAs within domestic violence cases are additionally highlighted through implementation of the Government initiative of Co-ordinated Community Response (CCR) (which originates from the Home Office National Domestic Violence Delivery plan (2007-2008) (CCRM.Org, 2016). Similarly to MARACs,

IDVAs are incorporated within CCR frameworks to work alongside other specialists (such as Specialist Domestic Violence Courts (SDVCs)). Overall, the significance of IDVAs working with high risk victims has shown an increase in safety and a general reduction of repeat cases, when compared to cases when no IDVA was assigned (Robinson, 2004; Steel *et al*, 2011; Robbins *et al*, 2014; McCoy *et al*, 2016).

In order to develop an effective MARAC, additional operational qualities are required. Leadership is seen as a significant MARAC requirement, with a strong Chair being described as most important (Steel *et al*, 2011). In order to ensure that MARACs keep 'on track' and do not result in 'talking shops', a Chair can guide discussions and ensure they are appropriately reviewed within the dedicated timeframe (Ibid). Strong leadership also ensures that each attending agency provide the relevant and correct case information (Robinson, 2004). This aspect also coincides with requirements for a coordinator, to ensure administrative processes are fulfilled both before, during and after each MARAC (Coy & Kelly, 2011). The coordinator's responsibilities would provide agency representatives with MARAC agendas before each meeting and within an appropriate timeframe, that any actions tasked within a meeting are followed up by the relevant agency, and that bureaucracy is minimised (through maintaining confidentiality of data and quantity of information sharing) (McCoy *et al*, 2016). Furthermore, research highlights that MARAC representatives require meeting minutes to be documented, so a written record is produced that outlines each agencies' proposed actions (Steel *et al*, 2011; McCoy *et al*, 2016).

Another common barrier highlighted within the literature is a lack of victim engagement (Steel *et al*, 2011; McCoy *et al*, 2016). Difficulties of tackling high risk domestic abuse cases are experienced when victims refuse/deny assistance; thus limiting possibility of agency help (McCoy *et al*, 2016). Research also highlighted the potential of victim input at MARACs, with some victims wishing to attend meetings in order to understand the processes and receive feedback (which should be delivered by IDVAs) (Ibid). Additionally victims have suggested that alternative agencies (such as police forces) should also receive domestic violence specialist training (McCoy *et al*, 2016). Communication barriers between victims and agencies were also raised as an issue, through requirements of translators (for non English speaking victims) alongside difficulties of receiving updates regarding ongoing cases from police forces (McCoy *et al*, 2016). Contrastingly, additional preventative work which focuses on perpetrators, was highlighted as essential to break the cycles of domestic violence (Robinson, 2004; McCoy *et al*, 2016). This awareness is also highlighted within the three biggest 'gaps' of the 2015-2018 Safe Lives strategy (Safe Lives, 2015).

In order to prevent domestic violence, agencies require a common definition of 'vulnerability', in order to identify those victims at risk. The 2015 Police Effectiveness report on vulnerability, highlighted concerns between different police force definitions, with certain forces using a definition from the governments Code of Practise for Victims of Crime, or the ACPO Guidance on Safeguarding and Investigating the Abuse of Vulnerable Adults, and even force created definitions, or a combination of the above three (HMIC, 2015). This can be considered problematic due to inconsistencies between forces identifying those at risk, which subsequently influences police national statistics in recording crime (Ibid). Research conducted by Hassouneh-Philips and Curry (2002), Hague *et al* (2011), Walter-Brice *et al* (2012) and Robbins *et al*, (2014), indentified 'distressing findings' regarding women with learning disabilities being marginalised and oppressed and at greater risk of domestic violence than those with no disability. Contrastingly, research conducted by McCoy *et al* (2016) stated that honour-based violence victims did not have sufficient assurance of safety. Despite variations in definitions, the potential of victim concerns should be addressed at a risk assessment level. However police forces may use different risk assessment toolkits, which again creates variation between forces.

Risk assessments are a fundamental component in documenting, identifying and tackling domestic violence. The 2015 Police Effectiveness report, disclosed that 15 (police) forces required improvement when conducting risk assessments, with examples ranging from performing assessments over the telephone (with concerns of perpetrators influencing victims response) to incomplete risk assessment forms (HMIC, 2015). Referring back to the demand for the first MARAC (2003), a required was due to a "lack of systematic risk assessment between agencies" (McCoy *et al*, 2016: 2; Robinson & Tregidga, 2005). The assessment of risk from police force perspectives has dramatically transitioned from simply identifying potential risk to currently endeavouring to reduce future risk (ACPO, 2005; Donovan, 2013). The Safe Lives charity has recognised the existing variations of risk assessments between agencies and the potential for associated issues (such as differences between considered high risk victims). In response the charity produced a standardised risk assessment form titled Domestic Abuse, Stalking and Harassment (DASH), in attempts to ensure agency consistency and accuracy (McCoy *et al*, 2016). However variations of risk assessments still continues to exist between agencies and throughout police forces, pertaining similar concerns that have risen through alternative definitions of vulnerability.

The Safe Lives website frequently promotes the reduction in public sector costs through MARAC implementation. The 2010 report titled 'Saving Lives: Saving Money' claims that for "every £1 spent on MARACs, it is estimated that at least £6 of public money can be saved annually on direct costs to agencies" (CAADA, 2010a: 3). The report estimates that the

public sector expenditure is approximately £20,000 per high risk victim through providing services from police forces, health care, housing and child services (Ibid). The document continues to outline a requirement for £120 million, which would allow an adequate number of IDVAs and MARAC operations to be implemented throughout the UK (CAADA, 2010a). The success of MARAC cases could be as low as 16% in order to repay the costs, and also has the potential to save a total of £740 million from public sector funding (Ibid).

Despite the considered success of MARACs in relation to tackling domestic violence, there remains no statutory requirement for its application (Robbins *et al*, 2014). Additionally, the provision of IDVAs are non statutory, and are currently funded by various agencies and local authorities (SafeLives.Org, 2016). Although the Home Office has funded 10% of IDVAs over the past few years, this funding is due to expire in March 2017 (Home Office, 2010); prompting contemplation for the future of IDVAs and subsequently MARACs. Besides monetary concerns, many issues still circum implementation and operation of MARACs. Currently, MARACs are very police orientated through both their operations and the high number of referrals made; with the police referring approximately two thirds of cases (Steel *et al*, 2011). A 2011 evaluation report of MARACs highlighted that 93% of national survey respondents "who identified themselves as a MARAC Chair were based in the Police" (Steel *et al*, 2011:19). It is believed that this has a direct affect on other agencies' limited referrals (Ibid). However concerns of having a police dominated MARAC, emphasises the wrong intentions, focusing primarily on the offence and criminal justice outcomes, as opposed to the victims needs (Steel *et al*, 2011; McCoy *et al*, 2016).

A lack of or inconsistency in alternative agency representation (especially minority groups) is frequently cited as a barrier within MARAC operations (Robinson, 2004; Steel *et al*, 2011; Robbins *et al*, 2014; McCoy *et al*, 2016). The police force are documented in all literature as having the highest attendance rate of MARACs (Ibid), which may account for their dominance within the processes. Additionally limited associations between MARAC and other multi agencies such as MAPPa and Multi-Agency Safeguarding Hub (MASH) are highlighted within the literature (Steel *et al*, 2011). Information exchanged between these multi agencies has the potential to improve services to victims and encourage attendance at MARACs from other agencies/charities (Stanley & Humphreys, 2014). A requirement for training and knowledge dissemination of MARACs purpose and process is also highlighted throughout the literature (Steel *et al*, 2011; McCoy *et al*, 2016). The impact of agencies who are unsure of MARAC processes may be a contributing factor to the limited referrals from alternative agencies (Steel *et al*, 2011). Currently, the future of MARACs remains unclear because of its reliance of participation from varying agencies and the potential of losing funding for IDVA employment.

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