

Frequently asked questions

Multi-Agency Risk Assessment Conferences (MARAC)

This document is intended as a general introduction to the work of the MARAC. If you are involved in the MARAC process and have questions which are not answered here, you may find it helpful to refer to our corresponding 'Frequently Asked Questions for professionals involved in MARAC'.¹

What is a Multi-Agency Risk Assessment Conference (MARAC)?

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim. The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

How are victims' cases referred to a local MARAC?

Any frontline agency representative that undertakes a risk assessment with a victim, and thereby determines that their case meets the high risk threshold, can refer a victim's case to a local MARAC. IDVAs, police and health professionals commonly refer high risk victims to MARACs.

How effective are MARACs?

Early analysis shows that following intervention by a MARAC and an IDVA service, up to 60% of domestic abuse victims report no further violence.²

Do MARACs save public money?

Severe domestic abuse causes spiralling, entrenched costs to the tax payer – SafeLives estimates that the average high risk domestic abuse case costs almost £20,000 in public money, based on an assumed average number of police call outs, A&E attendances and GP support.

This results in estimated direct costs of around £2.4 billion per year to the tax payer, and still more to employers. By proactively engaging with identified high risk victims and establishing safety plans as quickly as possible, MARACs substantially reduce the cost associated with severe domestic abuse. 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.³

¹ This is available to view at www.SafeLives.org.uk/marac/MARAC-Frequently-Asked-Questions-April-2013.pdf

² Robinson, A. (2004); Howarth, E., Stimpson, L., Barran, D., & Robinson, A., (2009).

³ SafeLives (2010).

Does SafeLives fund MARACs?

No. Individual police forces provide staff to chair local MARACs and the Home Office has provided some funding for MARAC coordinator posts. All other agency representatives attend MARACs as part of their normal, day-to-day work. MARACs are not a statutory provision, so there is no formal obligation for MARACs to exist in every area.

How many MARACs currently operate in the UK? Where are they based?

Over 270 MARACs operate across England, Wales, Northern Ireland and Scotland.

What sort of actions can occur as a result of safety planning at MARAC? How does this help victims in practical terms?

Since all cases that come to MARAC are high risk, co-ordinated action planning is an important way of reducing the risk to victims and improving the safety of other family members, especially children. As every case is different, the agency representatives present at the MARAC will discuss each case and allocate appropriate actions accordingly. Actions often fall within the normal day-to-day remit of the agency representatives.

Typical actions might include:

- **All agencies:** Identifying high risk victims so they can provide an enhanced and responsive service in the event of an incident.
- **Police:** Placing the victim's home on 'cocoon watch'; taking further action against the perpetrator if required; target hardening; providing panic alarms.
- **Health:** Heightened awareness by health professionals around injuries sustained; ensuring that the victim is separated from the perpetrator upon presentation so that she is attended to by health professionals whilst she is alone.
- **IDVA:** Feeding back MARAC actions to the victim where safe; providing ongoing support to the victim; attending appointments with victims; assisting victim with finding new housing and education; ongoing co-ordination and communication between all agencies; continued risk assessment; feeding back on repeat victimisation to the MARAC; assisting victims with seeking legal assistance.
- **Children and Young People's Services (CYPS):** Agreeing to undertake an initial assessment of children involved in MARAC cases as appropriate; give additional support to the family; making referrals to children and adolescent mental health services.
- **Housing:** Assisting with finding alternative accommodation; supporting applications for housing benefit and homelessness; implementing safety devices on the home property.
- **Education:** Sharing information with appropriate staff to support children effectively; monitoring school performance and behavioural issues.
- **Probation:** Using information from MARAC for pre-sentence report writing.
- **Adult services:** Making referrals to vulnerable adults team and/or voluntary sector support, for example, Age Concern.
- **Refuge:** Providing refuge accommodation; providing ongoing support to the victim.
- **Drug and Alcohol team:** Fast tracking access to specialist services and support.

The responsibility for actions lies with each agency so transparency and accountability are crucial.

Do victims know that their cases are being heard at MARAC? What happens if they don't want this to happen?

It is important that the victim is informed of the MARAC. SafeLives recommends that it is good practice to work in partnership with victims where possible, in order to obtain the most up-to-date information directly from the victim. It's relatively unusual but in cases where the victim doesn't want to be referred, practitioners must assess whether it is proportionate and defensible to share information, depending on the level of risk which the victim is facing.

If agencies are sharing information, could this increase the risk to victims experiencing abuse?

If a victim is at high risk of being seriously harmed or killed, all agencies should consider whether it is proportionate and defensible to share information in order to better protect her/him. The IDVA will often be in a position to assess what actions might contribute to safety based on their relationship with the victim. By sharing information, a safety plan can be developed. The actions arising out of this plan should provide a greater level of support and protection for the victim.

Some victims whose cases are referred to MARAC are at first concerned about the involvement of the police or social services. However, where the process is well managed, most victims that engage with an IDVA come to trust both the IDVA and the MARAC process. The MARAC process itself can be a transformative experience for victims, enabling many families to be liberated from prolonged and severe domestic abuse that has been ongoing for many years.

Are children discussed at MARAC? Can IDVAs assist children who are witnessing or experiencing abuse?

The focus of the MARAC is to implement a safety plan for the adult victim of abuse. However, children which are involved in the same MARAC case as an adult high risk victim will be mentioned at MARAC. This ensures that the relevant agencies that are charged with safeguarding children are informed of the children's situation. For example, Children and Young People's Services may undertake a separate assessment of a child involved in a MARAC case to determine whether or not the child requires additional support or safeguarding measures. Many vulnerable, previously 'hidden' children who are living with domestic abuse are identified through the MARAC process.

Similarly, IDVAs are not typically able to offer a separate, individual service to children affected by domestic abuse, but all IDVAs have a duty to work with parents to highlight the risks to children from witnessing domestic abuse. IDVAs also have a duty to inform Children and Young People's Services if they believe that a child is at risk of harm. SafeLives has developed a Continuing Professional Development course for IDVAs on Safeguarding children living with domestic abuse.

The training enables professionals to improve their response to children's safeguarding issues through support of the non-abusing parent. It's important to understand the huge impact - physical, emotional and psychological - that domestic abuse can have on children. Children who are living with high risk abuse should not be denied professional support and help.

Can victims with no recourse to public funds be referred to MARAC?

Yes, the MARAC is available for all adult domestic abuse victims who meet the MARAC high risk threshold. A MARAC case may be used as evidence in an application for Indefinite Leave to Remain (in the UK).

Can victims who have had a case referred to MARAC receive legal aid?

From 2012 onwards it is anticipated that legal aid will be severely restricted for domestic abuse victims, however victims that have had their case referred to a MARAC, received a letter from a GP or social worker to confirm they have experienced abuse or who have received support from a refuge within the last 24 months will be entitled to receive legal aid funding for legal representation in child contact and residency court cases.