



Frequently asked questions

For people involved in MARAC

This document is aimed at those involved in MARAC. For more general FAQs about the role and purpose of MARAC, please refer to 'Frequently Asked Questions: Multi-Agency Risk Assessment Conferences (MARAC)'.¹

The role of MARAC

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

A MARAC is a multi-agency meeting which domestic abuse victims who have been identified as at high risk of serious harm or homicide are referred to. The MARAC is attended by representatives from a range of agencies including police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs), probation, mental health and substance misuse and other specialists from the statutory and voluntary sectors.

During the meeting relevant and proportionate information is shared about the current risks, enabling representatives to identify options to increase the safety of the victim and any other vulnerable parties such as children. The MARAC then creates a multi-agency action plan to address the identified risks and increase the safety and wellbeing of all those at risk. The primary focus of the MARAC is to safeguard the adult victim. However, taking in to account the UK law which priorities the safety of children, the MARAC will also make links with other multi-agency meetings and processes 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 to be able to identify and manage the risks, 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 represents their views and wishes and ensures that victim's safety remains the focus of the meeting.

The role of the IDVA

What is the role of the IDVA?²

An IDVA is a named professional case worker for domestic abuse victims whose primary purpose is to address the safety of 'high risk' victims and their children. IDVAs are a victim's main point of contact. They normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop coordinated safety plans.

IDVAs are proactive in implementing safety plans, which include practical steps to protect victims and their children, as well as longer-term solutions. These plans will include actions from the Multi Agency Risk Assessment Conference (MARAC) as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. IDVAs offer independent support and work over the short- to medium-term to put victims on the path to long-term safety.

Since they work with the highest risk cases, SafeLives believes that IDVAs are most effective when they are part of an IDVA service and within a multi-agency framework, rather than working on their own. An IDVA is crucial to the MARAC process. They will contact each victim at the point of referral, assess

¹ This available at www.SafeLives.org.uk/aboutus/Key%20SafeLives%20FAQs%20-%20MARACs%20FINAL%202013.pdf

² For more questions and answers relating to IDVAs please see www.SafeLives.org.uk/aboutus/Key%20FAQs%20-%20IDVAs%20FINAL%202013.pdf

the risk and create an individual safety plan with each client. The IDVA is responsible for representing the victim's views and wishes at the MARAC. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. The IDVA will usually take responsibility for updating the victim (where safe to do so) after the MARAC.

Studies have shown that when high risk clients engage with an IDVA, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.³

Minimum age

What is the minimum age for a victim to be referred to MARAC?

On 31st March 2013, the government widened the definition of domestic violence and abuse to include those aged 16-17. The MARAC is an effective forum to hear these cases and as a result, agencies which combine expertise for young people should be invited to attend, for example, Children and Adult Mental Health Service, Youth Offending Service and Children's Safeguarding. It's important to recognise that these cases are best managed through an integrated response which combines child safeguarding and high risk domestic abuse expertise, particularly in relation to risk assessment and safety planning.

What is the minimum age of a perpetrator for a case to be heard at MARAC?

Since the MARAC focuses on victims the main consideration should be the age of the victim rather than the age of the perpetrator. As the definition of domestic violence and abuse has been widened to include those aged 16-17, it is likely that more cases will be heard at MARAC where the victims (and therefore the perpetrators) are aged under 18. In addition to addressing offending behaviour, MARACs should follow children's safeguarding procedures and Children's Social Care should take the lead in this. Ideally, the Youth Offending Service should be a MARAC member. Even if they are not directly involved in MARAC, they may be able to contribute to the action plan and offer their expertise.

Where a MARAC hears a case involving a young person who is using abusive actions towards parents, siblings or partners it is important that this young person's behaviour is considered within all contexts. This should include the possibility that the young person is themselves a direct victim and/or witness to other abusive behaviours, alongside any other offending behaviour. This is important in providing an effective strategy to tackle this behaviour and support the young person, their family members and partner appropriately. Each area must make its own decisions on the criteria for cases to be accepted at MARAC, since local agencies are best placed to work out the most suitable forum in their area to provide the best possible support to all victims experiencing domestic abuse and to young people being abusive. Young people who are using abusive actions towards family members should be considered a child protection issue.

Please note, there are a range of other organisations that work specifically around children and young people and you may wish to contact local or national services that could be of further assistance.

SafeLives-DASH Risk Identification Checklist

Can the SafeLives-DASH Risk Identification Checklist (RIC) be used with 16 and 17 year olds?

The SafeLives-DASH RIC can assist professionals to gather important information in relation to young people's experience of domestic abuse and remains a valuable tool for use with this client group. However, there will be additional contextual information, specific to this client group, that needs to be understood in order to risk assess effectively. SafeLives has produced a practice briefing for IDVAs, entitled 'Working with young people experiencing relationship abuse', which offers guidance on how to engage with and risk assess young people. It can be used alongside the RIC to inform professional judgment.⁴ The NSPCC and AVA have published research around young people's experiences of domestic abuse, which you may also find useful.

³ For research and evaluation on the impact of IDVA work, please visit www.SafeLives.org.uk/policy/research-and-evaluation.html

⁴ 'Working with young people experiencing relationship abuse' is available to download at www.SafeLives.org.uk/dvservices/Young_people_practice_briefing_for_IDVAs_April_2013_FINAL.pdf

Can the SafeLives-DASH Risk Identification Checklist (RIC) be used with lesbian, gay, bisexual and trans (LGBT) victims?

The SafeLives-DASH RIC does not directly include any questions relating to sexual orientation or gender identity. While SafeLives will regularly review the SafeLives-DASH RIC to ensure that it reflects the developing evidence base, we do not plan to include any specific questions based on sexual orientation or gender identity in the near future.

However, we would recommend that practitioners consider the full range of a victim's needs when using the RIC. This should include explicitly considering the potential risks to a victim who identifies as LGB or T. The full practice guidance for the SafeLives-DASH RIC explores LGBT issues in further detail and can be accessed at www.SafeLives.org.uk/marac/RIC_for_MARAC.html. Sexual orientation and gender identity are explicitly identified as relevant in questions 2, 3, 4, 12 and 17.

The guidance also includes the following covering note "You should also be aware that a lesbian, gay, bisexual or transgender (LGBT) person accessing services will have to disclose both domestic abuse and their sexual orientation or gender identity. Creating a safe and accessible environment where victims feel they can do this and using gender neutral terms such as partner/ex-partner is essential".

Using an LGBT power and control wheel may also assist practitioners in identifying potential risks and needs. You can access an example at www.SafeLives.org.uk/policy/research-and-evaluation.html under the section 'Diversity resources'.

In relation to other SafeLives forms (such as the MARAC referral form), this is something we plan to address as part of a full equalities and diversity review which will include considering how best to capture relevant information (including gender identify) and we thank you for bringing it to our attention.

What constitutes 'current' abuse when using the SafeLives-DASH Risk Identification Checklist (RIC)?

The RIC can be used to identify the levels of current risk a client may be exposed to and to offer appropriate services. Someone can be defined as being a victim of 'current' abuse where there has been any form of domestic abuse (including psychological, financial, sexual and physical abuse) occurring within the last three months. However, this is not an absolute. Risk can change and each client's situation will differ, which means it is therefore essential that professionals consider each case based on its own circumstances. When domestic abuse, staking or 'Honour'-Based Violence is disclosed:

- You should aim to complete the checklist on your first contact with the client.
- Be aware that the checklist includes questions about static and dynamic risk factors. The static risk factors are those that will not change. For example, if the perpetrator has ever threatened to kill the victim or someone else or have they ever threatened or attempted suicide. Other questions explore dynamic risk factors, such as pregnancy, financial issues or sexual abuse.
- Where the questions on the RIC refer to 'current' (e.g. question one "has the current incident resulted in injury" as outlined above) a timeframe of up to three months should be used to define 'current'.
- For this reason, in practice the RIC will not easily apply to historical domestic abuse cases. I.e. if most of the abuse has ceased and the client is in need of general support not crisis services.

What is the difference between the SafeLives-DASH Risk Identification Checklist and the ACPO-DASH Risk Identification Checklist?

The Domestic Abuse, Stalking and 'Honour'-Based Violence (DASH) risk identification checklist (RIC) was developed in partnership with the Association of Chief Police Officers (ACPO) and SafeLives. There are two versions of the checklist:

- The 'SafeLives-DASH RIC' is the risk tool most commonly used by IDVAs and other non-police agencies for the identification of risks when domestic abuse, 'Honour'-Based Violence and/or stalking are disclosed. With 24 questions, the purpose of the RIC is to give a consistent and simple tool for practitioners who work with adult victims of domestic abuse, in order to help them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in

order to manage their risk. For this, and the guidance that goes with it, please refer to www.SafeLives.org.uk/marac/RIC_for_MARAC.html.

- The ACPO-DASH Risk Identification Checklist endorsed risk assessment model is used by the Police. With 27 questions, this is aligned with the SafeLives-DASH RIC but has three additional questions relating to children. These reflect the specific responsibilities of the police when attending a domestic abuse incident to safeguard both the victim and the children.

MARAC referrals/thresholds

Why is the actuarial/visible high risk threshold for referral to MARAC using the SafeLives-DASH Risk Identification Checklist set at 14 ticks?

The evidence base for the actuarial threshold, or number of 'ticks' in the 'yes' box comes from the piloting of the SafeLives-DASH Risk Identification Checklist (RIC) by 3 IDVA services. This showed that in cases where 14 or more risk factors were identified, the cases had the following features:

- Around 73% of the cases disclosed at least one form of abuse (physical abuse, stalking and harassment and jealous and controlling behaviour) at a level described as 'high'. Almost 10% of cases disclosed sexual abuse at a level described as 'high'. (For definitions of 'high', see pages 8 and 9 of the 'DASH RIC for use by IDVAs with full practice guidance' which has guidance on the Severity of Abuse Grid www.SafeLives.org.uk/marac/RIC_for_MARAC.html).
- In 64% of the cases at least one type of abuse occurred at a level described as 'high' and this form of abuse was escalating in either severity or frequency. 88% also reported large amounts of abuse and escalation (although not necessarily in the form described as 'high').
- 8% of cases suffered multiple forms of abuse at a level described as 'high', eg physical and sexual, or stalking and physical.

The pilot included a total of 193 checklists completed with 128 of these where the abuse grid was completed. There were 26% or 33 cases that recorded 14 ticks or above.

Can we adjust the referral thresholds for the MARAC?

The responsibility for identifying your local referral threshold rests with your local MARAC. The recommended referral criteria are:

1. **Professional judgement**
2. **'Visible High Risk'**: the number of 'ticks' on the SafeLives-DASH Risk Identification Checklist (RIC). It is common practice to start with 14 or more ticks.
3. **Potential Escalation**: the number of police callouts to the victim as a result of domestic violence in the past 12 months. It is common practice to start with 3 or more police callouts in a 12 month period but *this will need to be reviewed* depending on your local volume and your level of police reporting.

When setting the threshold for 2 and 3 above, we would suggest that these are consistent with the common practice noted above.

Before considering whether to raise the MARAC referral thresholds, we would suggest reviewing the quarterly performance data provided by SafeLives about your MARAC. Using this data you can review the current volume of cases against the recommended volume of cases for your MARAC, as well as using regional, Most Similar Force and national performance data as a benchmark. We would suggest that the volume of cases referred to your MARAC should be within at least 80% of the recommended volume for your area before you raise the local referral threshold.

If your MARAC is hearing more than the recommended number of cases and it becomes necessary to raise the local referral threshold, we would suggest you review which referral criteria are being used (and at what level) as this will enable you to identify the impact on your volume of raising the visible high risk or potential escalation threshold.

Further advice and support is available from your MARAC's regional MARAC Development Officer (MDO).⁵

Should cases be referred to the MARAC when a perpetrator is due to be released from prison?

Where a victim is identified as high risk, they should be referred to the MARAC. In the case of a perpetrator who is due to be released from prison, a referral could be made on the basis of professional judgment or visible high risk. This could be on the basis of the perpetrator's previous behaviour, ongoing issues (such as contact with children) or specific threats that have been made directly or indirectly while they were detained.

When a high risk victim enters a refuge in another area is it still necessary to make a MARAC referral?

It is never safe to assume that risk is reduced when a victim enters a refuge as:

- The act of leaving may increase the risk.
- Victims may be tracked down by the perpetrators or others.
- Victims may move on from refuge.

If the victim has been referred to MARAC in another area, the case should be dealt with as a MARAC to MARAC transfer and discussed at the MARAC in the new area.⁶ Since the victim is being supported by the refuge staff they should take responsibility for liaising with the IDVA service in the local and original area.

If the case has not been subject to a MARAC, the refuge staff should risk assess and make a MARAC referral if appropriate. It would be standard practice for refuge staff to complete an assessment of a client's risks and needs on intake including using the SafeLives-DASH Risk Identification Checklist.⁷

'Honour'-based violence

Should 'Honour'-Based Violence (HBV) cases be heard at MARAC?

High risk victims experiencing HBV should be referred to MARAC in order to effectively identify and manage the risks, which may be more complex and/or involve multiple perpetrators. These cases should go to MARAC as long as specialist support (either from the IDVA service itself or another agency) is available for the victim to ensure that action plans remain safe. If specialist support is not available locally the IDVA should seek guidance from outside the area.

In referring cases to MARAC, we would recommend that the referring agency should:

- Identify who is safe/not safe to talk to. This is reflected in the question on the MARAC referral form⁸; and,
- Complete the SafeLives-DASH Risk Identification Checklist.⁹ This was developed in consultation with HBV/FM specialists, particularly Karma Nirvana, so it was designed to be used with HBV victims. The longer guidance on the use of Checklist includes information about victims who are also experiencing HBV can be found here.

Counter-allegations

How should MARACs deal with counter allegations?

At MARAC meetings there may be cases where there is conflicting information about the victim and alleged perpetrator. Managing these cases can be very challenging for MARACs. Conflicting information might come to light either because both have reported domestic abuse incidents in the past, or the alleged perpetrator has made counter-allegations during the most recent incident.

At the MARAC, the most common way of managing counter allegations is to share information to help agencies - particularly the IDVA service or specialist services working with men – to identify a primary victim and aggressor. At the very least, this means that the MARAC should be able to make an informed judgment about potential risk to both parties.

⁵ You can find out who your region's MDO is at www.SafeLives.org.uk/marac/Regional_support_for_MARACs.html

⁶ A MARAC to MARAC referral form, flowchart and FAQs on the process is available at www.SafeLives.org.uk/marac/Resources_for_MARAC_Chairs_and_Coordinators.html

⁷ www.SafeLives.org.uk/marac/RIC_for_MARAC.html

⁸ www.SafeLives.org.uk/marac/Resources_for_MARAC_Chairs_and_Coordinators.html

⁹ www.SafeLives.org.uk/marac/RIC_for_MARAC.html

To aid the MARAC in dealing with counter-allegations, we would recommend that a counter-allegation assessment is completed before the meeting.

Please note, there are a range of other organisations that work specifically around perpetrators of domestic abuse and you may wish to contact local or national services that could be of further assistance.¹⁰

Probation

What is the process when a Probation Officer identifies that an offender they are working with poses a high risk to their partner or ex-partner? If they have no contact with the victim, how can they complete a SafeLives DASH Risk Identification Checklist and refer to MARAC?

The Checklist was designed to be completed by a professional who is engaged with the victim and who can obtain information directly from them. However, there will be times when, even though a professional has had no contact with a victim, it becomes apparent that that the victim is high risk. In such cases, even with limited information on the victim, a referral may be appropriate as the MARAC might offer the best opportunity to contact and engage with the victim.

In cases where a Probation Officer becomes concerned that an offender they are working with poses a high level of risk to their (ex)/partner or family they should firstly try to obtain further information about the victim in order to assess the risk. For example:

1. **Where domestic abuse is the Index Offence** use information held on SARA or other assessment tools and/or information obtained from a Women's Safety Worker where the offender is referred to structured group programme or 1-2-1 interventions around domestic abuse).
2. **Where domestic abuse is not the Index Offence, or the Women's Safety Worker is not engaged with the victim** use other assessment tools and/or information.
3. **Where no further information is available internally** the Probation officer should attempt to identify an agency which does have contact with the victim. This might require consulting the MARAC lead for the agency.

In some cases, no further information will be available. However, Probation Officers should be able to make a MARAC referral based solely upon their professional judgement based on their involvement with the perpetrator. Ideally a victim should be both informed of their referral to MARAC and of the potential risks in order to be offered the support and representation at MARAC of an IDVA. The Probation Officer should refer to or liaise with the IDVA as part of the MARAC referral, who will (where safe to do so) contact the victim prior to the meeting.

It must be remembered that all information must be shared under the proviso that it is non-disclosable to the perpetrator under any circumstances.

Please note, there are a range of other organisations that work specifically around perpetrators of domestic abuse and you may wish to contact local or national services that could be of further assistance.

MARAC minutes

How long should MARAC minutes be retained?

We would recommend that a MARAC Information Sharing Protocol (ISP) is created to establish parameters around information sharing. For a template ISP please visit www.SafeLives.org.uk/marac/Resources_for_people_who%20attend_MARAC_steering_groups.html. As well as relating to how the information is shared and transmitted securely, the ISP would also need to relate to retention of information (including the minutes). However, our understanding is that the MARAC is not a single legal entity, which means that decisions around retention are also the responsibility of each agency within the context of the parameters set out in the ISP.

We would recommend that each MARAC or agency seeks appropriate legal advice in relation to how long minutes should be retained. Questions to consider in when establishing a protocol in this area include:

1. Why keep the minutes?

¹⁰ For more information on responding to counter-allegations at MARAC visit www.SafeLives.org.uk/news/SafeLives-enevs-Mar2012-responding-to-counter-allegations.html

- To provide an audit trail of the actions taken in each case.
- To identify relevant information if a case is identified as a repeat.
- To identify relevant information if a case is referred to another MARAC.
- To give relevant information for risk management for all parties in the case.

2. Who should keep the minutes?

- We would expect that the lead agency would keep a full set of minutes on each case.
- We would expect each attending agency to keep relevant parts of the minutes in accordance with their own agency guidelines

3. What are the responsibilities of the lead agency?

- All minutes should be kept for a minimum of a year from the latest meeting so that information can be recalled easily if there is a repeat case to MARAC. We understand that some MARACs keep all minutes for 3 years. Ideally the lead agency would review the decision to keep information after a year on a case by case basis. For example, if the perpetrator had died it would be unlikely to be proportionate to keep the information in relation to MARAC.
- After one year has elapsed there will be some minutes that need to be kept longer, in particular by individual agencies. Thus, for example, where there are child protection concerns or where somebody is a registered sex offender the law already makes provision to keep these minutes for a much longer period.
- It is prudent to keep a secure list of MARAC subjects since we know that some perpetrators in particular have long histories of abuse with different partners. This information can be useful when conducting cross-MARAC referrals.

4. What are the responsibilities of the IDVA service?

- Our advice to IDVA services is that they keep minutes or records on their clients for a minimum of six years and they have a retention policy.

5. What are the responsibilities of the MARAC co-ordinator or administrator?

- In terms of the MARAC co-ordinator or administrator, they would normally be employed by the 'lead agency' and should retain the minutes in line with their guidance.

Research

How far back should we go when researching MARAC cases?

The information sharing legislation requires us to share only information which is relevant and proportionate. Research on a perpetrator might reveal history of abusing other victims or other significant criminal behaviour that is relevant to the case even if it took place several years ago. Thus, for example, if someone committed a serious sex offence or has a history of domestic abuse, or other violent behaviour going back many years, then this is likely to be relevant to the case and should be shared.

There are a number of questions on the Risk Identification Checklist which ask "has the perpetrator 'ever'...". In order to have an accurate assessment of risk and therefore be able to adequately safety plan it's important to know whether they have 'ever' done these things. As a general rule we would not expect a case to be appropriate for a MARAC referral if the only risk factors were historic ones and none related to abuse which had occurred within the last three months. So research should relate to the current situation for the victim and more historical research should be relevant to specific risks. It's important to remember however that risk is fluid and each victim's situation will differ and therefore it is **essential** that professionals consider each case based on its own circumstances.¹¹

Repeat rates

What level should our repeat rate be?

SafeLives' expected level of repeats for an established MARAC is in the range of 28-40%. The national average is reported at above 20% (for more information, see the most recent MARAC performance data), however, there are concerns that this does not reflect the true level of repeats.¹²

¹¹ For more information on disclosure of information at MARAC, visit www.SafeLives.org.uk/marac/Disclosure_of_Info_at_MARAC_FAQs.pdf

¹² See www.SafeLives.org.uk/marac/MARAC_data_and_performance.html

To measure the impact of MARAC on victim safety SafeLives recently carried out the first stage of a project researching MARAC outcomes, looking specifically at police call outs in the year before and after MARAC. The findings showed that 45% of victims reported a further incident to the police in the 12 months after the MARAC, although the frequency and severity decreased for some of these victims.¹³

Cases that go to MARAC are typically those with many previous incidents and that are escalating in severity. It is therefore not surprising that around 40% of these high risk victims will experience a further incident, no matter how effective the MARAC.

A lower than expected rate usually indicates that not all repeat victims are being identified and referred back to MARAC. All agencies should have the capacity to 'flag and tag' MARAC cases in order to identify any further incidents within a year of the last referral and re-refer the case to MARAC. A low repeat rate usually indicates that these systems are not or only partially in place.

When analysing repeat referral data there are a number of points that you might consider:

- Is there a clear definition of a 'further incident' that is consistent with the national definition of a repeat case?¹⁴
- Which agencies have systems in place to 'flag and tag' MARAC cases?
- Which agencies are referring repeat cases?

Chairing the MARAC

Who should Chair the MARAC? Can it be done by an independent person or on a rotating basis?

The MARAC steering group should decide on who is most appropriate to Chair the MARAC and, ideally, who should act as Deputy Chair. These decisions should be included in the MARAC Operating Protocol.

The Chair should fulfil specific duties at MARAC and guidance is available in SafeLives' aide memoire for Chairs.¹⁵ In most areas the best placed person to fulfil these requirements is the Detective Inspector from the Public Protection Unit, or a Senior Probation Officer. This is because they have an understanding of, and responsibility for, public protection.

We would normally recommend that the Chair identifies the deputy, either a ranking officer within the police or perhaps from another agency around the table such as probation or children's services, where this representative has experience in chairing public protection meetings and also has the authority to hold other agencies to account.

Whilst alternating chairs in specific roles (such as police and probation) may be practical, avoid changing the Chair on a regular basis. In order for the MARAC to function well it is important to have continuity.

¹³ Further information on this pilot research is available at www.SafeLives.org.uk/news/SafeLives-eneews-Mar2012-MARAC-outcomes-research.html

¹⁴ See www.SafeLives.org.uk/marac/Definition_of_a_repeat_at_MARAC.html

¹⁵ This is available to download at www.SafeLives.org.uk/marac/MARAC%20aide%20memoire_Jan%202012.pdf