

London MARACs & COVID-19

Introduction

Standing Together (ST) played a pioneering role in the development and implementation of MARACs. ST founded the MARAC in Hammersmith & Fulham (September 2007) and Kensington & Chelsea (January 2008) then Haringey (March 2013), Ealing (June 2013) and Westminster (September 2013). Our MARACs have been visited by the Home Office and recommended by SafeLives as among the best in the country and at the forefront of championing survivor safety.

In 2019-2020, our MARACs consistently delivered across all key areas making our MARAC services among the best performing in the London region aligning with SafeLives best practice guidance and the principles of an effective MARAC. Where ST has taken over coordination of a MARAC, data evidences considerable improvements in delivery of target outcomes such as increase in total volume of referrals. Our work includes close liaison with specialist agencies, bringing their expertise to MARAC meetings, helping inform practitioners, reducing barriers to support experienced by some communities and individuals with intersectional characteristics and complex needs, ensuring equality of access and inclusive action planning that recognises diversity. Through this process ST is committed to actively increasing MARAC referrals from all sections of the community.

Underpinning our MARAC work is the Coordinated Community Response (CCR) model. This provides us with expertise in developing partnerships and multi-agency working. Our Coordinators benefit from organisational learning and best practice knowledge enriching each MARAC we coordinate and ensuring our MARAC team has considerable influence amongst a wide variety of practitioners in the field by sharing good practice and encouraging appropriate interventions. We have well-developed MARAC training packages providing team briefings, rep inductions and quarterly workshops to frontline staff on domestic abuse awareness, risk identification, SafeLives DASH RIC Checklist, MARAC processes and protocols, referral thresholds, and specialist services.

The landscape of MARAC has changed as a result of COVID-19. As lockdown measures begin to ease, we are acutely aware that MARACs resuming as they once were may be unlikely. ST want to continue to provide the highest level of support to continue the Coordinated Community Response (CCR) that we have all built together and keep survivors at the heart of this and above all- safe. Survivor safety must remain a top priority and MARAC is crucial to this. MARAC is a process and not just a meeting and agencies should be continuing to communicate with each other, sharing information and doing whatever they can, creatively, to engage the survivor & managing the behaviour of the perpetrator to reduce a risk. ST coordinates and administrates the London MARAC Coordinators Forum bringing together Coordinators to share best practice, learn from each other, discuss challenges and explore innovation in the MARAC field. We have reached out to this forum to get an understanding of what is happening in each London borough. We will be commenting on the different types of meetings and themes across them in this paper and putting forward some recommendations. This report adds to the growing body of research into MARACs, including recent work by Dr Olumide Adisa¹³, Natalie Acheampong¹⁴ and Safelives¹⁵.

Aims & Principles of MARAC

SafeLives¹ highlighted the four aims of Marac are: “to safeguard victims of domestic abuse, manage perpetrators’ behaviour, safeguard professionals and make links with all other safeguarding processes.” SafeLives have produced documentation on the ten principles of MARAC. The survivors voice remains at the centre of these principles. SafeLives requests data quarterly from MARACs across England & Wales. They provide MARACs with indicators⁸ on their successes and challenges in enabling survivor’s safety within their area.

Furthermore, Standing Together published a report in 2013⁵ which detailed the top ten tips of MARACs. The key components of these are directly linked to the Coordinated Community Response (CCR). This included:

- Valuing the agencies in attendance. The MARAC should support them by offering clear inductions and supporting them in their roles.
- Independent coordination of MARACs. This is key to ensure that the meetings remain effective and steer away from case management.
- Effective chairing is key, and they must ensure they allow all agencies to participate fairly.
- Access to good quality IDVA support is crucial and the MARAC should have a strong working relationship with them so that referrals can be sent directly to them to support the survivors.
- Effective steering groups are important and allow for reflection on data and attendance as well as ensuring the MARAC process runs smoothly.
- Enabling access to briefings and training around MARAC with local agencies and front-line staff. This increases the diversity of staff referring into the service and assists with raising awareness on MARAC.
- MARAC coordinators and chairs should not be screening or gatekeeping referrals. If an agency has assessed a case has high risk, then this should be respected. More focus should be on training those referrers who are thought to have made inappropriate referrals. In many cases, a referral that does not have much information, may have a lot more that is presented during the meeting. MARACs need to trust the professional judgement of referrers.
- It is important that there is access to domestic abuse and awareness raising training which will lead to appropriate identification of risk and this should result in survivors accessing appropriate specialist support at the earliest opportunity.
- MARACs should make use of survivor's feedback on the process periodically to ensure that the meeting remains effective and identify any issues or gaps around action planning.
- Consideration should be given to the environment in which a MARAC meeting takes place. This point is particularly important in the current context of virtual meetings.

At the heart of each meeting, the survivor's voice should be clear and the action plan reflective of this. MARACs should be ensuring that the perpetrator's behaviour is addressed, and they are held to account. MARAC should be cognisant that risk cannot be managed by one agency alone and that by working as a collective, agencies can help keep survivor's and their children safe.

Confidentiality of virtual MARACs

Confidentiality of the virtual MARAC is paramount. As agencies moved towards meetings in a virtual setting, it is crucial that thought and consideration is given to confidentiality. In a face to face meeting, attendees would sign the confidentiality agreement. This is not possible in a virtual meeting. At ST, we have advised attendees that by accepting MARAC meeting invite they are agreeing to MARAC Operating and Information Sharing Protocol (MOISP). The chair reads out the confidentiality agreement will be read out per normal at the start of the meeting. In addition to this, attendees are instructed to wear headphones if they do not live alone and to move into a room where no other persons are present. All normal processes are to be abided by and reps are expected to work within the existing protocols.

Our calls are taking place via Microsoft Teams. This platform does not allow participants to record the meeting, nor does it upload recordings to the cloud. ST can hold people in the 'lobby' and approve members to meeting manually to ensure only relevant people are on the call. Agencies are required to ensure that any devices being used for home working are secured and not accessible to any other household member. When emailing agencies are required to use CJSW or password protect documentation. Agencies are requested to not store any passwords or have automatic logins saved on home computers. Any breaches of confidentiality should be raised immediately with the MARAC Coordinator, chair and Steering group. This is to ensure that MARACs explore how the breach occurred and determine if this is a one-off or systemic issue and respond accordingly.

Practices across London during COVID-19

In June 2020, ST sent an email to all London MARAC Coordinators asking the following:

1. What current process is in place for your MARAC?
2. How has this impacted on your role as a coordinator?
3. What are you finding difficult?
4. What are you finding strengths in? (What has worked well so far and why?)

5. Thoughts on the future of MARACs post-COVID (How do you think current processes will negatively and/or positively affect the MARAC process in the future?)

As of 09/07/2020, we have had responses from fifteen MARACs. We also obtained information from discussions with agencies working across London. There are a variation of MARAC across London and we will look at these in more detail. All MARACs vary in terms of the demographics of the boroughs; attendance from core and non-core agencies. Examples of these agencies can be found in Appendix A.

It is important to note that some of these processes were in place pre-COVID-19 but have been transferred to a virtual platform.

1. Standing Together’s response to COVID-19 & MARAC

Given the unprecedented circumstances resulting from COVID-19, ST developed MARAC guidance⁶ to ensure that we could continue to operate the MARACs to a high standard and ensure the continued safeguarding of survivors referred in. This has been adopted across all our MARACs during COVID-

19. In summary:

- Once high-risk is identified, agencies are asked to send referral to both MARAC coordinator and Representatives. The MARAC Coordinator sends across to the local IDVA services.
- Referrals collated into an At-Risk List which will be sent out to representatives.
- Representatives requested to send proportionate and relevant research and proposed actions (as well as ideas for actions) for all cases to MARAC coordinator day 2 working days before ‘meeting date’
- Document with shared information, actions, and proposed actions is circulated on MARAC Meeting date to all reps for comment and feedback and confirmation of actions.
- 2-3-hour conference call with all core and non-core signed up MARAC Reps to discuss action planning. If all feel actions have already been offered before meeting and there is no disagreement or concern, move to next case. Chair to tightly facilitate this & ST produced a new Chair checklist. All MARAC reps to attend (core and non-core).
- Final version of minutes sent out at the start of the week after MARAC.

| Benefits | Concerns | Recommendations |
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| Both core and non-core agency attendance ensures there is a good representation for agencies working with the survivor, perpetrator and children to come up with an appropriate action plan. | There is a loss of thorough case discussion which may have generated more actions and a clear direction. This process requires agencies to send across their research in advance of the meeting which can be difficult to manage depending on their existing workload and volume of cases discussed. However, it is important to note that researching cases ahead of the meeting would have been required for a face to face meeting as well. There would be concerns about information shared in research is not always relevant and proportionate as there is not opportunity to see what else has been shared by other agencies when sharing their own. | Agencies need to ensure that this process follows their Data Protection & GDPR policies around retention if they are considering this approach. Information must be relevant, proportionate & necessary to share as it would be within the face to face meeting. If agencies are unclear on this or this becomes unachievable, a recommendation would be to not request research in advance. In order to facilitate case discussion, there should be strict timings per case as well as clear guidance for all attendees on how to effectively present their information. Agencies would be expected to provide relevant, proportionate & necessary information during the meeting in a concise and succinct way. |
| Agencies who had previously found it difficult to attend face-to-face meetings and guests are able to do so on a virtual platform. | Agencies attention during the meeting can be challenging as some do not appear to be following the call, particularly when it has been longer than 3 hours. | This process requires the full commitment of all agencies. Interim steering groups or discussions within existing steering groups are necessary to monitor the effectiveness of this process and |

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| | | raise any issues or challenges. This group can then seek to implement further changes where required to improve. |
| The review period allows for discussions to be more focused and offers opportunity for agencies to explore further actions to volunteer in the conference call. The review period also allows for agencies to contact each other ahead of the action planning call to resolve any issues that have been raised within the draft minutes. The call allows agencies to discuss the appropriateness of actions and ensures the survivor's voice remains at the centre and that perpetrators are held to account. | Not all agencies are reviewing the information ahead of the call which leads to a lot of repetition during the meeting. There are concerns about how robust the actions plans are for all cases, so this is being closely monitored. The chair and coordinators are spending considerable time during the call to encourage attendees to offer actions. It can be harder to get agencies to volunteer actions when they are in a remote setting. This contrasts with the face-to-face meetings. | Effective chairing and MARAC coordinators are key in ensuring that agencies are actively participating in the meeting. Chairs need to be supported and given appropriate training on chairing MARACs virtually. ST have developed guidance for their MARAC chairs on how to run the meeting virtually. SafeLives ¹⁰ Chair Toolkit sets out further guidance on how to chair the meeting effectively. However, in-depth training on these two areas is required and should be accessible. It is key that the chairing remains with the same individual rather than this changing frequently. This ensures consistency for the MARAC. |
| The coordinator can review these minutes with the chair ahead of the meeting to highlight any concerns that need to be highlighted within the action planning meeting. | Some agencies attend but do not actively participate in the meeting and require prompting. It has been noted that some agencies are not actively listening during the call and information is then repeated, causing delay. | This should be raised at the operational steering group should there be repeated issues around this highlighting the seriousness of this behaviour. |
| | In a virtual setting, it may be difficult for core representatives to build rapport with one another. The human element of face to face meetings is lost. There could be a loss of inter-agency working between core and non-core and difficulties in building rapport with each other. | A suggestion would be for all attendees to ensure their camera are on during video calls. Furthermore, the meetings could incorporate a ten-minute section at the beginning, a coffee break part way through the meeting to improve comfort and engagement. This will extend the meeting but it's an important element of the face to face MARACs. |
| | This process can result in a significant increase in the workload for the MARAC coordinators when it comes to drafting the minutes document particularly when there is a high number of cases being discussed. | The MARAC should undertake a review of cases using the SafeLives High Volume MARAC Tool ⁷ to determine whether cases are high risk and relevant for MARAC; whether they are completed referrals; and consideration needs to be given to increasing the frequency of MARACs to manage demand. This is a large piece of work that requires support from the steering group including resources to undertake the project. |

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| <p>Use of a virtual platform has enabled the coordinator to type minutes during the meeting and share their screens with attendees.</p> | <p>Connectivity issues can cause delays during meetings.</p> | <p>MARACs need to ensure that their coordinator has access to reliable technology and internet connections to enable the smooth running of the meeting.</p> |
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2. Full case discussion virtual meeting

Some MARACs have continued to run as a full day meeting with full case discussion via a virtual platform. This would include all core and non-core agencies as well as guests. Some agencies have split their full day meeting across two mornings to account for conference fatigue.

| Benefits | Concerns | Recommendations |
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| <p>The meeting continues to hear cases in their entirety and information sharing of cases continues. This is reliant on agencies researching each case thoroughly</p> | <p>Concentration is difficult to maintain for all attendees which may result in cases nearer to the end of the meeting not being discussed in as much depth and key actions missed.</p> | <p>Information shared must be relevant, proportionate & necessary to share as it would be within the face to face meeting. If agencies are unclear, a recommendation is to not ask agencies to provide research in advance to provide relevant, proportionate & necessary information during the meeting in a concise and succinct way. In order to facilitate case discussion, there should be strict timings per case as well as clear guidance for all attendees on how to effectively present their information. If there is adequate preparation and effective chairing, then 10-12 minutes per case should be efficient. This should reduce the length of the meetings and positively impact on concentration. Evenly spaced out breaks should also be considered.</p> |
| <p>The process does not rely on agencies reviewing draft documentation and they can volunteer actions</p> | <p>Difficulties ensuring that cases heard towards the end of the meeting get a fair amount of time for discussion. This is a challenge in face to face MARACs, but it is crucial that there is consistency and equality across all cases to achieve a suitable risk management plan. Places a larger responsibility on the Chair and Coordinator to keep agencies motivated throughout when they may also be finding the length difficult.</p> | <p>Effective chairing and MARAC coordinators are key in ensuring that agencies are actively participating in the meeting. Chairs need to be supported and given appropriate training on chairing MARACs virtually. ST have developed guidance for their MARAC chairs on how to run the meeting virtually. SafeLives¹⁰ Chair Toolkit sets out further guidance on how to chair the meeting effectively. However, in-depth training on these two areas is required and should be accessible. It is key that the chairing remains with the same individual rather than this changing frequently. This ensures consistency for the MARAC.</p> |

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| <p>Guest agencies who may have had one or two cases are able to attend and provide updates. This can be easier to manage in terms of timing and less travel time.</p> | <p>In a virtual setting, it may be difficult for core representatives to build rapport with one another. The human element of face to face meetings is lost. There could be a loss of inter-agency working between core and non-core and difficulties in building rapport with each other.</p> | <p>A suggestion would be for all attendees to ensure their camera are on during video calls. Furthermore, the meetings could incorporate a ten-minute section at the beginning, a coffee break part way through the meeting to improve comfort and engagement. This will extend the meeting but it's an important element of the face to face MARACs.</p> <p>Agencies should ensure that they are regularly communicating with each other between MARAC meetings – this is a crucial part of the MARAC process and ensures there is a Coordinated Community Response (CCR) to domestic abuse. Communication around cases should not wait for MARAC meeting to take place.</p> |
| <p>Attendance has seen improvements as agencies no longer need to travel to a venue</p> | <p>Some agencies attend but do not actively participate in the meeting and require prompting. It has been seen that some agencies are not actively listening during the call and information is then repeated, causing delay.</p> | <p>This will need to be raised at the operational steering group and escalated to management in individual agencies to reflect the seriousness of this issue & the impact on colleagues.</p> |
| <p>Use of a virtual platform has resulted in less administration for the coordinator as they can type minutes as they are in the meeting. This can lead to the minutes being circulated more swiftly following the meeting.</p> | <p>Connectivity issues can cause delays during meetings.</p> | <p>MARACs need to ensure that their coordinator has access to reliable technology and internet connections to enable the smooth running of the meeting.</p> |

3. Hybrid of ST process – full case discussion, but only key agencies attend.

Some MARACs have adopted a 'hybrid' of the ST plan whereby they have full case discussion but with core agencies only in attendance. The non-core and guest agencies will supply research ahead of the meeting to be included in the case discussion.

| Benefits | Concerns | Recommendations |
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| <p>Less administration ahead of the meeting as only some agencies are sending across research before the meeting.</p> | <p>Not all relevant agencies working with the V/S, children and/or perpetrator will be present. Their actions and offers of actions may not be appropriate depending on what has been shared by key/core agencies. By not having non-core agencies attend, there is a part of the risk management plan that has been missed out. If the survivor is working with a non-core agency, then their voice could be lost from this process.</p> | <p>Consideration should be given to all agencies being given opportunity to attend. Any agency that can bring information or offer actions for a case are crucial. Those listed as core agencies in Appendix A are vital and they should participate fully in the MARAC process. However, there are likely to be agencies considered non-core or guest agencies who could hold information on the case that is important. MARACs require full commitment from every agency to ensure that they are effective.</p> <p>ST's Domestic Homicide Reviews (DHRs) Case Analysis² found cases where partner agencies were not in attendance but held crucial information on the case that could</p> |

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| | | have resulted in more appropriate actions being allocated. |
| Case discussions take place and risks can be explored in more depth as they would be in a face to face meeting. | There would be concerns about information shared in research not being relevant and proportionate as there is not opportunity to see what else has been shared by other agencies when sharing their own. | Agencies need to ensure that this process follows their Data Protection & GDPR policies around retention. Information must be relevant, proportionate & necessary to share as it would be within the face to face meeting. If agencies are unclear, a recommendation is to not ask agencies to provide research in advance to provide relevant, proportionate & necessary information during the meeting in a concise and succinct way. In order to facilitate case discussion, there should be strict timings per case as well as clear guidance for all attendees on how to effectively present their information. |
| Less attendees may result in the meeting being more succinct. | There is a possibility of a delay in actions taking place if non-core is not present as they would be aware of any assigned to them during the meeting. | See above point – Consideration should be given to having all agencies present. |
| | In a virtual setting, it may be difficult for core representatives to build rapport with one another. The human element of face to face meetings is lost. There could be a loss of inter-agency working between core and non-core and difficulties in building rapport with each other. | A suggestion would be for all attendees to ensure their camera are on during video calls. Furthermore, the meetings could incorporate a ten-minute section at the beginning, a coffee break part way through the meeting to improve comfort and engagement. This will extend the meeting but it's an important element of the face to face MARACs. Agencies should ensure that they are regularly communicating with each other between MARAC meetings – this is a crucial part of the MARAC process and ensures there is a Coordinated Community Response (CCR) to domestic abuse. Communication around cases should not wait for MARAC meeting to take place. |
| | Some agencies attend but do not actively participate in the meeting and require prompting. It has been seen that some agencies are not actively listening during the call and information is then repeated, causing delay. | This process requires the full commitment of all agencies. Interim steering groups or discussions within existing steering groups are necessary to monitor the effectiveness of this process and raise any issues or challenges. This group can then seek to implement further changes where required to improve. |
| Use of a virtual platform has resulted in less administration for the coordinator as they can type minutes as they are in the meeting. This can lead to the | Connectivity issues can cause delays during meetings. | MARACs need to ensure that their coordinator has access to reliable technology and internet connections to enable the smooth running of the meeting. |

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| minutes being circulated more swiftly following the meeting. | | |
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4. Daily MARACs

Some areas have adopted the Daily MARAC process in order to combat high referral rates or to alleviate concerns that risks are being held by one agency. From what we have seen, this interpretation will vary. Some are referred to as MARACs and others will call them screening meetings. The aim for some is to ensure the high referrals rates are manageable, quicker responses from agencies to manage risk and in some cases, be incorporated into other daily meetings such as those held by Multi-Agency Safeguarding hubs (MASH). In some areas, the cases that require more in-depth discussion are referred on to a monthly meeting. It is important to establish if the Daily MARAC is indeed a MARAC meeting or rather a screening meeting. The agencies in attendance appear to be core agencies.

| Benefits | Concerns | Recommendations |
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| Agencies may spend less time at the monthly meeting than they had done previously if referrals decrease. | On surface, the aim may be to assist MARACs in dealing with high volumes of referrals. However, the SafeLives' review ³ of Daily MARACs found that referral rates always increased, and the process could result in being unmanageable. | <p>If this is in response to an increase in referrals, the MARAC needs to review thoroughly referrals and their appropriateness. MARACs should consider:</p> <ul style="list-style-type: none"> • Are there common themes arising in these referrals that needs addressing for any inappropriate referrals? • Is there a need for agencies to be given extra support and training on MARAC? <p>SafeLives⁷ have published some guidance on dealing with high referral rate which can assist with this process.</p> |
| There may be less cost associated with administration of a daily MARAC and any subsequent 'monthly' MARAC meeting. | The term 'Daily MARAC' appears to be used to discuss a daily meeting as oppose to a MARAC meeting. Whilst it may be more effective and relevant for partners agencies, the main objective should be how it benefits the survivor and whether it possible to capture the survivor's voice in these meetings. Our concern is that this is lost. | <p>Any move towards a daily MARAC would need to be reviewed and evaluated on its effectiveness. The key is ensuring that the survivor's voice remains clear and at the centre. Without understanding from the survivor what they want or need to feel and be safer, an action plan created by agencies is unlikely to be effective. From what we have seen of these meetings, this is often lost. Any move to this process would need to be measured against the ten principles of an effective MARAC¹ to see if they can be applied. What we often see are daily meetings being referred to as 'MARAC', but they do not adhere to the ten principles set out by SafeLives and as such cannot be considered a MARAC.</p> <p>Agencies should ensure that they are regularly communicating with each other between MARAC meetings – this is a crucial part of the MARAC process and ensures there is a Coordinated Community Response (CCR) to domestic abuse.</p> |

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| | | Communication around cases should not wait for MARAC meeting to take place. |
| | IDVAs may find they are not able to effectively engage survivors ahead of the meeting due meetings being daily. | An IDVA plays such a crucial part in the coordinated response to risk at MARAC meetings and if they have not had opportunity to engage a survivor then the discussion would not be informed and reflective. SafeLives ⁴ found that intervention with MARAC and an IDVA resulted in over 60% of survivors reporting a cessation in abuse. |
| | This process would lead to a significant increase in workload for partner agencies to effectively research and provide actions. It is crucial that all agencies can participate and contribute towards these meetings effectively. | This process requires the full commitment of all agencies. Interim steering groups or discussions within existing steering groups are necessary to monitor the effectiveness of this process and raise any issues or challenges. If the partner agencies are not able to participate in this set up, then it will not be effective. |
| | Not all relevant agencies working with the V/S, children and/or perpetrator will have capacity to be present or may not be included. By not having non-core agencies attend or limiting the attendees to a few agencies, there is a part of the risk management plan that has been missed out. If the survivor is working with a non-core agency, then their voice could be lost from this process. | ST's Domestic Homicide Reviews (DHRs) Case Analysis ² found cases where partner agencies were not in attendance but held crucial information on the case that could have resulted in more appropriate actions being allocated. |

5. Pre-MARAC meetings / Screening meetings

We have seen that some areas have adopted a pre-meet for MARACs whereby they discuss all referrals and decide as to whether they should be discussed at the MARAC meeting. This appears to be a reaction to high volume of MARAC referrals being received. Participants at these meetings can vary but generally appears to be the MARAC Coordinator and chair. In some areas, the IDVA and police are present. Some areas outside of London appear to have set different MARAC thresholds in relation to the DASH risk assessment. (i.e. cases need to score 16+ rather than 14+ on the risk assessment). SafeLives guidance on the DASH⁹ states that cases that score 10+ should be considered under professional judgement as to whether they meet MARAC threshold. Many IDVA services across the country will accept 10+ scores as high-risk cases.

| Benefits | Concerns | Recommendations |
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| Agencies may spend less time at the MARAC meeting than they had done previously due to less cases being heard | <p>Screening out referrals will result in high-risk cases not being considered in the multi-agency setting and has potential to increase risk.</p> <p>Agencies are encouraged to refer cases to MARAC on professional judgement when information is limited and/or the survivor is perceived to be minimising the risks/is unable or too fearful to disclose the full extent of the</p> | <p>It is recommended that pre-meetings and screenings are not implemented as it this process cannot be considered a MARAC as it is missing the key component: 'Multi-Agency'. This process would not be recommended as an option for MARACs.</p> <p>Furthermore, the process of screening out places a significant burden on the coordinator which is unacceptable. They are being asked</p> |

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| | <p>abuse. A referral may not fully reflect all risks faced by the survivor. This would result in missed opportunities to intervene at MARAC level further increasing risk and potential harm.</p> | <p>to make decisions about an individual's life based on a referral form. This could have severe repercussions for the coordinator's emotional wellbeing.</p> |
| <p>This may result in less cost being associated with MARACs as the actual meeting could be shorter.</p> | <p>Gatekeeping of referrals could lead to agencies being reluctant to refer in if they lose confidence in their ability to identify risk and/or feel that the process is not helpful. This would lead to many survivor's not being discussed and risks being unmanaged.</p> | <p>There are deep concerns around how screening can lead to 'gatekeeping' of referrals. The DASH risk assessment was developed to give agencies a tool to make assessments on risk in domestic abuse cases. These risk factors are drawn from research of domestic homicide reviews and 'near misses'. Domestic abuse is complex and whilst there may be clearer criteria (e.g. Visible high risk from the DASH), professional judgment and potential escalation in severity and frequency are equally important to include in MARAC criteria. There have been several homicides whereby a case has been screened out but resulted in homicide. Research has shown escalation in abuse can present opportunity to intervene and address abusive behaviours reducing the risk of homicide¹¹.</p> |
| | <p>The screening out of a referral could have significant repercussions for the survivor:</p> <ul style="list-style-type: none"> • Cases that were not thought to meet threshold on the surface can do once an IDVA is able to speak to them. By not hearing them at MARAC, it could lead to a delay in an effective action and safety plan being implemented. • The survivor had been told by the referring agency that their case was high risk and referred to MARAC. However, informing them that they did not meet threshold could cause them to feel they are not at any risk; that agencies have not validated their experience; It could leave them feeling disillusioned with the referrer and their service and step back from support. • The survivor's voice is lost within this process particularly if the IDVA service have not been able to speak with them prior to the pre-MARAC meeting. | <p>If there has been an increase in referrals, the MARAC needs to review thoroughly referrals and their appropriateness. MARACs should consider:</p> <ul style="list-style-type: none"> • Are there common themes arising in these referrals that needs addressing for any inappropriate referrals? • Is there a need for agencies to be given extra support and training on MARAC? <p>SafeLives⁷ have published some guidance on dealing with high referral rate which can assist with this process.</p> |

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| | <ul style="list-style-type: none"> • Their case results in a domestic homicide | |
| | <p>There could be an increase in referrals as lockdown restrictions ease which could lead to longer 'wait' periods for referrals being discussed at the screening meeting if there is a cap on cases discussed per meeting.</p> | <p>The process of capping referrals discussed would be discouraged. This also places a significant emotional burden on the coordinator to decide around capping cases as they are being asked to make decisions about an individual's life based on a referral form. If there is an increase in referrals, the MARAC needs to review thoroughly referrals and their appropriateness. MARACs should consider:</p> <ul style="list-style-type: none"> • Are there common themes arising in these referrals that needs addressing for any inappropriate referrals? • Is there a need for agencies to be given extra support and training on MARAC? <p>SafeLives⁷ have published some guidance on dealing with high referral rate which can assist with this process. This should be raised within the relevant steering groups to ensure that there is adequate resource to response.</p> |
| | <p>Not all relevant agencies working with the V/S, children and/or perpetrator will be present at this pre-meeting and may hold information crucial to risk that was not clear on referral.</p> | <p>ST's Domestic Homicide Reviews (DHRs) Case Analysis² found cases where partner agencies were not in attendance but held crucial information on the case that could have resulted in more appropriate actions being allocated.</p> <p>One of the key themes in the Home Office Review of DHRs¹² found that agencies were not being invited to multi-agency (including MARAC) meetings.</p> <p>This process works against the Coordinated Community Response (CCR) model.</p> |

6. Increased frequency

Some MARACs have increased the frequency of their meetings. For example, a MARAC that was monthly pre-COVID19 has moved to fortnightly or weekly. They continue to have full case discussions, but the case numbers discussed are significantly lower than face to face meetings were.

| Benefits | Concerns | Recommendations |
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| Fewer cases being discussed can result in more focused discussion and less issues around concentration of partner agencies. | This process results in a significant increase in workload for partner agencies and coordinators. Whilst there may be resources available for the MARAC coordination, it is | This process requires the full commitment of all agencies. Any consideration by MARACs to increase frequency cannot be decided by a single agency. There |

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| | crucial that all agencies are able to participate, attend and contribute towards these meetings if frequency is increased. | should be thorough consultancy with all agencies including the IDVA services. The frequency has to be manageable for all to ensure continued full participation within the MARAC. Furthermore, there needs to be adequate resourcing for IDVA provision within the local authority that is reflective of this. |
| Cases will be discussed sooner than they had previously, and this may result in timely action plans and reduce risk. | There could be an increase in cost of running MARACs more frequently that had not previously been accounted for in budgeting for the financial year. | Local authorities need to ensure adequate funding and resource is available to ensure that the MARAC coordination can function with increased workload. |
| The survivor's voice should be present with more fuller case discussions resulting in more robust action plans. | On surface, the aim may be to assist MARACs in dealing with high volumes of referrals. However, the SafeLives' review ³ of Daily MARACs found that referral rates often increased, and the process could result in being unmanageable. This is possible for more frequent MARACs as well. | If there has been an increase in referrals, the MARAC needs to review thoroughly referrals and their appropriateness. MARACs should consider: <ul style="list-style-type: none"> • Are there common themes arising in these referrals that needs addressing for any inappropriate referrals? • Is there a need for agencies to be given extra support and training on MARAC? SafeLives ⁷ have published some guidance on dealing with high referral rate which can assist with this process. |
| | There could be an increase in referrals as lockdown restrictions ease which would lead to longer more frequent meetings | Monitoring of referrals and rates into the MARAC should be continued. Should there be an increase, the MARAC should seek to understand why this has taken place. |
| | Depending on frequency, there may be difficulties for the IDVA service not being able to make contact quickly enough to offer support and ascertain risk. This would impact how effective they are in conveying the survivor's voice during the meeting. | Interim steering groups or discussions within existing steering groups are necessary to monitor the effectiveness of this process and raise any issues or challenges. This group can then seek to implement further changes where required to improve. |
| | In a virtual setting, it may be difficult for core representatives to build rapport with one another. The human element of face to face meetings is lost. There could be a loss of inter-agency working between core and non-core and difficulties in building rapport with each other. | A suggestion would be for all attendees to ensure their camera are on during video calls. Furthermore, the meetings could incorporate a ten-minute section at the beginning, a coffee break part way through the meeting to improve comfort and engagement. This will extend the meeting but it's an important element of the face to face MARACs. |
| Use of a virtual platform has resulted in less administration for the coordinator as they can type minutes as they are in the meeting. This can lead to the minutes being circulated more swiftly following the meeting. | Connectivity issues can cause delays during meetings. | MARACs need to ensure that their coordinator has access to reliable technology and internet connections to enable the smooth running of the meeting. |

7. Caps on referrals discussed

A few MARACs have placed a cap on the number of referrals discussed to ensure that meetings do not run excessively and are manageable. For example, a MARAC may have set a cap of 20 cases per meeting for discussion. Any referrals received after this date would be discussed at the next meeting. In some areas, this process had been paired with an increase in MARAC meeting frequency.

| Benefits | Concerns | Recommendations |
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| <p>The meetings will likely be consistent in length which could result in more effective discussion and action planning.</p> | <p>Capping the referrals may result in longer periods between a case being referred and subsequently discussed.</p> | <p>The process of capping referrals discussed would be discouraged as it can lead to delays in a case being heard. This also places a significant emotional burden on the coordinator to decide around capping cases as they are being asked to make decisions about an individual's life based on a referral form. If there is an increase in referrals, the MARAC needs to review thoroughly referrals and their appropriateness. MARACs should consider:</p> <ul style="list-style-type: none"> • Are there common themes arising in these referrals that needs addressing for any inappropriate referrals? • Is there a need for agencies to be given extra support and training on MARAC? <p>SafeLives⁷ have published some guidance on dealing with high referral rate which can assist with this process. This should be raised within the relevant steering groups to ensure that there is adequate resource to response.</p> |
| <p>Attendees will likely maintain concentration throughout due to set length of meeting.</p> | <p>There could be an increase in referrals as lockdown restrictions ease which would lead to longer 'wait' periods for referrals being discussed.</p> | <p>This process requires the full commitment of all agencies. Interim steering groups or discussions within existing steering groups are necessary to monitor the effectiveness of this process and raise any issues or challenges. This group can then seek to implement further changes where required to improve.</p> |
| <p>The survivor's voice should be present with more fuller case discussions resulting in more robust action plans.</p> | | <p>It is important that all survivors are referred to the IDVA service at the earliest opportunity to ensure they have access to specialist support ahead of MARAC.</p> |

8. Tabletop MARACs

Some areas had adopted an approach whereby agencies were requested to send across research. This research is then compiled into a minute and action document along with their suggested actions. The MARAC coordinator and chair would then meet on the day of the MARAC to review these cases and make decisions on actions. The minutes document was then circulated to agencies to read and complete actions. No case discussion or action planning discussions are taking place with core and non-core agencies.

| Benefits | Concerns | Recommendations |
|--|--|---|
| Some agencies may feel the approach is more time and cost effective as there is less participation in the MARAC meeting. | The survivor's voice is lost within this process. Without an IDVA service being present and without any discussion taking place, the survivor is not being heard. | This process cannot be considered a MARAC as it is missing the key component: 'Multi-Agency' and there is no room for discussion of case, and it discourages collaborative working. This process should not be used as it dangerous practice. Furthermore, this process places a significant burden on the coordinator and chair which is unacceptable and not their role. |
| Administration of the meeting will have been reduced. | Relevant agencies working with the V/S, children and/or perpetrator will not be present and may hold information crucial to risk. These agencies may have provided an update in the minutes but without case discussion or consideration of appropriate actions with other agencies present, there are opportunities to miss key risks and options for support. | There is no control over whether the information provided is relevant and proportionate as it is provided via email and is without discussion with key agencies. ST's Domestic Homicide Reviews (DHRs) Case Analysis ² found cases where partner agencies were not in attendance but held crucial information on the case that could have resulted in more appropriate actions being allocated. One of the key themes in the Home Office Review of DHRs ¹² found that agencies were not being invited to multi-agency (including MARAC) meetings. |
| | There are concerns about how robust the actions plans are as a result of the meeting. The chair and coordinator would need to have a very thorough understanding of all actions that agencies could offer and then obtain their agreement to follow through. This could lead to extensive delays. Agencies may not review the minutes post circulation due to the length of the document and actions would not be completed. | Agencies will be offering actions in advance of the minutes circulation but will not have access to other agencies information before doing so as they would have done in a meeting. This will result in key actions being missed or inappropriate actions being given by the chair and coordinator. This only further increases risk to the survivor. |
| | Agencies may stop participating in this process if they do not feel it is effective and stop referring in. By not having MARAC meetings, it will be difficult for representatives to build rapport with one another and work effectively with each other as a result. This process works | Home Office Review of DHRs ¹² found that agencies not referring to MARAC was another key theme. The multi-agency collaboration is crucial. |

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| | against the Coordinated Community Response (CCR) model. | |
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Conclusion

What is clear from this review is a lack of consistency in how MARAC processes are implemented. This can result in a ‘postcode lottery’ in terms of quality of service for survivors. For some MARACs, this appears to not just be as a result of COVID-19, but indeed practices that were already in existence. It must be acknowledged that the meeting is one part of the MARAC. COVID-19 presents many challenges for MARAC and many have put in additional measures put in place to address and respond. Some of these measures have been as effective as they can be in these difficult circumstances, but none are without issue. It is concerning to see some of the processes put in place to manage high volumes of referrals, such as screening, tabletop exercises and gatekeeping as these strays far from the ten principles of an effective MARAC¹. What appears to be missing in these processes, such as screening, tabletop exercises and daily MARAC, is the survivor’s voice. This is crucial to the MARAC process. Some of the structures in place are benefiting the agencies involved in terms of time and resource but this outweighs the survivor’s voice. A further area of concern is the lack of consistent engagement of core and non-core agencies across these different processes. By cutting one out, the meeting could be missing a piece of the jigsaw that would address risk and safety of the survivor and children.

It would be important for MARACs to consider how technology could be used in future meetings post-COVID. For example, having access to a dial-in/video function so that agencies who may struggle to attend a full day meeting can participate and be involved in the action planning effectively.

Many coordinator’s spoke of how effective chairing of these meetings both in person and virtually are key. Furthermore, consistency around chairing is key as this enables smooth running of the meeting and associated processes. A recommendation would be for MARAC chairs to be given training prior to chairing a meeting, including support on chairing virtual meetings where dynamics can be different.

Any modifications to the MARAC process must take on board the concerns raised in this report and closely monitor the progress. There does not appear to be a solution that will fit all MARACs as they will vary across area on referral rates and population sizes. Local authorities will be reviewing the future of MARACs within their area post COVID-19 and we would ask that before any changes are made, they ensure the following is still true of their meeting:

- Ease of access to specialist support via an IDVA service with adequate resources available to them.
- Engagement of core agencies and non-core agencies within a meeting is essential.
- MARAC meetings to be held virtually if it is not possible to hold face to face meetings. This allows agencies to collaborate and work together effectively. This can be lost in an email thread and allows for dedicated, focused time on cases.
- Ensuring the survivor’s voice is at the heart of the MARAC meeting.
- Minutes do not need to be detailed but they must reflect what was shared in the meeting. MARACs should be reviewing and dip sampling action plans periodically. Action plans must be clear and concise.
- MARACs should liaise with support services to obtain survivor feedback on the MARAC process regularly.
- Close monitoring within steering groups of data in line with SafeLives MARAC data indicators⁸.
- The MARAC meets the ten principles of an effective MARAC¹.
- Agencies are regularly communicating with each other between MARAC meetings – this is a crucial part of the MARAC process and ensures there is a Coordinated Community Response (CCR) to domestic abuse. Communication around cases should not wait for MARAC meeting to take place.

- Workshops with local agencies on identification of risk; domestic abuse awareness; MARAC and the role of agencies at MARAC.
- Thorough inductions with all representatives signed up to MARAC so they are aware of their role and responsibility.
- Local authorities need to ensure that adequate money and resources are available to support the MARAC coordinator in their role. The key to any successful MARAC is effective coordination.

There is likely going to be a preference to continue to hold these meetings virtually moving forward and it presents a good opportunity to refine the process. It is important that agencies consider the issues raised within this paper before making changes to their MARAC meetings.

References:

- ¹ – SafeLives (2017) – [Ten Principles of an Effective MARAC](#)
- ² – Standing Together (2016) [Domestic Homicide Review \(DHR\) Case Analysis](#)
- ³ - SafeLives (2019) [Daily MARACs – A Briefing](#)
- ⁴ - SafeLives (2015) [Saving Lives, Saving Money](#)
- ⁵ Standing Together (2013) [In Search of Excellence: A Guide to Effective Domestic Violence Partnerships](#)
- ⁶ Standing Together (2020) [MARAC Plan in response to COVID-19](#)
- ⁷ SafeLives (2017) [Managing and addressing high-volume](#)
- ⁸ SafeLives [Reviewing your MARAC data](#)
- ⁹ SafeLives [Frequently Asked Questions about the DASH](#)
- ¹⁰ SafeLives [MARAC Chair Toolkit](#)
- ¹¹ Monckton-Smith, Jane (2019) [Intimate Partner Femicide: using Foucauldian analysis to track an eight stage relationship progression to homicide.](#)
- ¹² Home Office (2016) [Domestic Homicide Reviews: Key Findings from Analysis Of Domestic Homicide Reviews:](#)
- ¹³ Olumide, Dr Adisa (2020) [Professionals' perceptions of MARACs and barriers to attendance: Headline findings from the 'Are MARACs still fit for purpose?' survey](#)
- ¹⁴ Acheampong, Natalie (2018) [Track My MARAC: An examination of MARACs and their effectiveness.](#)
- ¹⁵ SafeLives (2020) [England, Wales and Northern Ireland Covid-19 Marac Survey](#)

Appendix

A. Agencies attendance in a virtual setting

Core Agencies - Core MARAC Agencies should receive the MARAC papers and should research the full At-Risk List and attend every MARAC for the entire duration of the meeting as their agency provides key information and actions to reduce risk on most MARAC cases up for discussion:

- Adult Social Care
- Children's Social Care

- Health
- Housing Management Services
- IDVA Service
- Local Authority Housing
- MARAC Chair
- MARAC Coordination Service
- Mental Health Services
- Police
- Probation – Community Rehabilitation Company (CRC)
- Probation – National Probation Service (NPS)
- Substance Use Services

Non-Core Agencies - non-core members who receive the papers in order to research the cases on the At-Risk List and provide information to the meeting via MARAC Coordinator. They can attend the MARAC should they wish:

- Other VAWG support services
- Housing Associations
- Other Health Services
- Young People Services
- Council Services / Sanctuary schemes
- Other Voluntary Agencies
- Other Non-Core Agencies may be identified and approved by the MARAC Chairs and MARAC Coordinator.

Guest Agencies

Other agencies may be invited to attend or supply information to the MARAC to provide relevant information on a case and assist in the development and execution of the risk management plan. These will be guest agencies to the MARAC and can attend if invited. Guest agencies only attend for the case discussion of the specific case(s) they are attending for and only receive the relevant minutes and actions.