



Marac Overview – Scotland February 2019

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

A Multi-Agency Risk Assessment Conference (Marac) is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which the Chair will summarise risks and ask agencies to volunteer actions to reduce risk and increase safety. Each case should take between 12 and 15 minutes from start to finish.

The primary focus of the Marac is to safeguard the adult victim. However, the Marac will also make links with other agencies to safeguard children and manage the behaviour of the perpetrator. **At the heart of the 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.** Ensuring that the victim is supported throughout and their needs represented at the Marac is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

The Evaluated Marac Model

Where did the concept of Marac originate?

The first Marac started in Cardiff in 2001 in response to the need (identified by local agency experience and Domestic Homicide Reviews) for a dedicated multi-agency domestic abuse forum, which enabled the sharing of information and development of an action plan to increase the safety of victims and their children, and hold perpetrators accountable for their behaviour. An evaluation of the Marac pilot showed a reduction in repeat victimisation with 40% of survivors suffering no further abuse a year after their Marac referral (those who did felt able to report it much earlier demonstrating a significant increase in public confidence). There are now over 300 Maracs operating across the UK.

Marac in Scotland

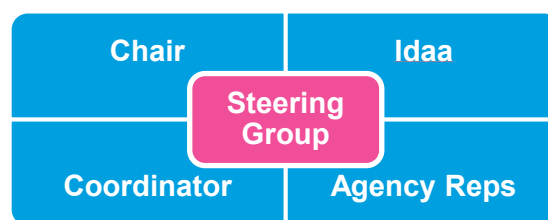
26 of Scotland's 32 local authorities currently operate Marac (see table below). [SafeLives' Whole Lives research](#) highlighted that in order to ensure every victim at high risk from serious harm or homicide can access support and vital safety planning, 39 Maracs are required across Scotland. To achieve this, some Scottish local authorities are in the process of implementing Marac, and others are looking at increasing the frequency and capacity of existing Maracs. The Scottish Government referenced Marac in [Equally Safe](#) in 2014 and has awarded funding to SafeLives to embed the Marac model and reducing inconsistencies in the operation of it. The funding also helps ensure Marac professionals and strategic leads have the skills, knowledge and resources required to ensure they operate effectively, and victims at high risk of serious harm or murder get the robust response they deserve.

Scottish Local Authorities Operating Marac (as of December 2018)	
Aberdeen City	Highland
Aberdeenshire	Inverclyde
Angus	Mid Lothian
Clackmannanshire	Moray
Comhairle nan Eilean Siar	North Lanarkshire
Dumfries and Galloway	Orkney
Dundee City	Perth and Kinross
East Dunbartonshire	Renfrewshire
East Lothian	Scottish Borders
Edinburgh	Shetland
Falkirk	South Lanarkshire
Fife	Stirling
Glasgow	West Lothian

What are the aims of Marac?

- To safeguard adult victims;
- Make links with other public protection arrangements in relation to children, perpetrators and vulnerable adults;
- Safeguard agency staff; and
- Address the behaviour of the perpetrator.

Who's who at Marac?



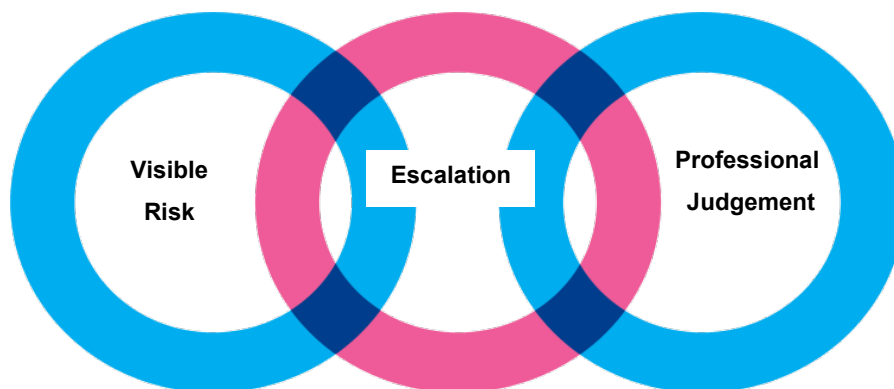
Operating an effective Marac is made more difficult (and in some cases impossible) without the key components outlined in the above visual representation. In order to ensure the risks to victims (and their families) and the management of perpetrators, are jointly and comprehensively assessed and addressed, SafeLives have identified 9 core agencies for an effective Marac. Depending on local circumstances, additional agencies may also attend Marac – this should be outlined in the operating and information sharing protocols.

1. Local Police
2. Idaa (Specialist service working with victims)
3. Criminal Justice Social Work
4. Children and Families Social Work

5. Education
6. Health (including the physical and mental health of adults and children)
7. Substance Misuse Services
8. Housing (including homeless)
9. Adult Support and Protection

Referral Criteria

There are four criteria which professionals can use to refer a victim at high risk from domestic abuse to Marac. It is important that anyone who meets the referral criteria is referred to Marac, and that one criterion is cited to evidence legal authority to share information.



Visible high risk

This is an assessment based on actuarial data, involving the use of risk indicators to assess the probability of serious harm or homicide. For domestic abuse cases, the number of yes answers on the Dash usually determines the level of risk.

SafeLives recommends that 14 'yes' answers on the Dash would result in a referral to Marac. However, completing the Dash is not a simple 'tick box' exercise and even where there is a lower number of ticks, professional judgement should be used to inform the overall assessment of risk. In addition, professional judgement should not be used to 'downgrade' an actuarial risk assessment.

Professional judgement

Professional judgement involves an assessment of the dangerousness based on an individual practitioner's consideration of a situation, but will naturally use the information from the Dash checklist to inform this judgement. However, in addition to using the Dash it is crucial that professionals use their full range of knowledge to make an assessment; this knowledge will usually be gained through experience, reflection and deliberation. This form of assessment relies heavily on the skill and experience of the practitioner in order to make an informed decision of likely risk.

In domestic abuse situations, professional judgement will be informed by the practitioner's knowledge of domestic abuse and its manifestations. Referrals to Marac can be made based solely on professional judgement. However it is the practitioner's responsibility to articulate what their concerns are and the reasons for the referral.

Potential for escalation

The potential for escalation can be assessed by looking at the frequency and/or severity of abuse. It is common practice for services to determine there is a potential for serious harm or homicide when three domestic abuse events have been identified in a 12-month period. For example, three attendances at A&E, three police callouts or three calls to make housing repairs. This should alert professionals to the need to consider a referral to Marac.

Repeat referral

SafeLives defines a repeat as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to Marac. The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.

Some events that might be considered a 'repeat' incident may include, but are not limited to:

- Unwanted direct or indirect contact from the perpetrator and/or their friends or family
- A breach of police or court bail conditions
- A breach of any civil court order between the victim and perpetrator
- Any dispute between the victim and the perpetrator(s) including over child contact, property, divorce/separation proceedings etc.

These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse service, housing providers etc.

Marac Process

Marac is a process, and should not be confused as a service or intervention. Once a case has been heard at a meeting, it will not be revisited at future Maracs unless a repeat referral is made. Only incomplete actions should be revisited at subsequent meetings.

It's important to note that much of the Marac process starts before the meeting is held; the Idaa supports the victim from the point of referral and beyond the Marac meeting to ensure their risk is managed and safety plan updated; Marac representatives have safety planning responsibilities before and after the Marac meeting; and the Chair has an additional level of responsibility to ensure that all risks have been mitigated through the multi-agency action plan. Ultimately responsibility for the effective operation of Marac lies with the Steering Group who should have close links with the Chair, Coordinator and Marac representatives as well as strategic leads within each local authority.



10 Principles for an Effective Marac

Good practice and examples of common pitfalls across Scotland

The 10 principles underpin an effective Marac and support everyone involved to deliver the aims. At the core of each principle is the safety of the victim, which needs to be considered at all stages of the process. Ensuring that the victim is supported throughout and their needs represented at the Marac is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

1. Identification

Good Practice

All agencies respond to disclosures and use a common risk assessment tool (or refer clients to a specialist domestic abuse agency). Domestic abuse is seen as 'everyone's business'.

Common Pitfall

The identification and assessment of domestic abuse is seen as the role of specialist services and Police, as a result a limited number of agencies feel able to identify and assess domestic abuse.

2. Referral to Marac and Idaa

Good practice

All victims who meet the Marac threshold are referred to Marac and an Idaa as soon as practicable (ideally within 48 hrs).

Common pitfall

Despite meeting the referral criteria, some Maracs in Scotland are screening referrals to cope with capacity. This practice impacts on the integrity and accountability of the Marac process as often decisions are taken on limited information contained within the referral form, or from a limited number of agencies which does not provide a broad picture of risk. Any victim who meets the referral criteria should be able to access support and vital safety planning from their local Marac.

3. Multi-agency Engagement

Good practice

Core agencies (see above) consistently attend and participate in the Marac. Other agencies that can increase the safety of victims, children and vulnerable adults attend and all Marac representatives are empowered by their organisations in terms of resources and capacity in order to make effective contributions.

Common pitfall

A limited number of core Marac agencies attend Marac. This has a significant impact on the ability of those present to obtain a full picture of risk and subsequently the effectiveness of action plans. Additionally, agency representatives need to be at an appropriate level in the organisation to be able to access relevant files and commit resources.

4. Independent Representation and Support for Victims

Good practice

An Idaa proactively contacts and attempts to engage victims within 48 hours of receiving a referral, and brings their views to Marac.

Common pitfall

Due to issues around capacity, some victims are not contacted by an Idaa prior to Marac therefore their perception of risk, and views on what would increase their safety is missing from the meeting. This has a significant impact on the safety of victims and the overall effectiveness of Marac. Additionally, due to a lack of funding, some Maracs are struggling to ensure the sustainability of Idaa support.

5. Information Sharing

Good practice

Marac representatives share relevant, proportionate, risk-focussed information and the Marac is governed by an up-to date information sharing protocol. Maracs can confidently assure victims that their sensitive information is shared and stored in a legal and safe way.

Common pitfall

Some Maracs are operating without a Marac information sharing protocol which governs how information is shared, stored and used. Others may have an ISP which is out of date, or which some agencies haven't signed up to. As a result, information which is neither relevant nor proportionate is shared at some Maracs, and the parameters regarding the storage and use of minutes and action plans may not be clear to all agencies.

6. Action Planning

Good practice

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour. Actions are SMART and are volunteered by a range of agencies in attendance.

Common pitfall

Action planning lacks creativity with a limited number of actions being offered by the same few agencies which do not fully address the risks shared. Additionally, some Maracs task agencies in absentia without an understanding of whether the action is realistic or not. Commonly, Marac actions are not timed.

7. Number of Cases

Good practice

The Marac hears the recommended number of cases. SafeLives' estimates regarding the prevalence of domestic abuse (from the Crime and Justice 2013 Survey) find that there will be 40 victims at high risk of serious harm or homicide per 10,000 of the local female adult population. Ensuring all victims at high risk of domestic abuse can access support from their local Marac, and ensuring the Idaa service has capacity to provide support is a sign of good practice.

Common pitfall

SafeLives data and anecdotal experience demonstrates that fewer than half of those victims meeting the Marac referral criteria are being heard at Maracs across Scotland. This is coupled with feedback from Maracs who advise that they cannot possibly increase the capacity of Marac due to the capacity and resource implications.

8. Equality

Good practice

The Marac recognises the unique needs of victims with protected characteristics and is able to respond effectively.

Common pitfall

SafeLives data and anecdotal experience highlights that victims with protected characteristics are not widely referred in to Marac. In part, this may be a reporting issue but it is clear that Scottish Maracs must do more to alleviate the barriers which prevent the identification and referral of victims at high risk with protected characteristics to Marac.

9. Operational Support

Good practice

There is sufficient support and resources to support effective functioning of the Marac including a commitment to continuous evaluation and development through the recording, analysis and reporting of Marac data.

Common pitfall

The lack of available funding for Marac Coordinators and Idaas has consistently been highlighted as a problem across Scotland. Some of the more successful models include a multi-agency funding pot which allows the local authority to employ a Coordinator with an administrative, training and quality assurance remit however this is not common place. In many areas, Marac is operating with the minimum Marac administration, which has a detrimental effect on the effectiveness and sustainability of the whole process.

10. Governance

Good practice

There is a stable, visible, governance structure in place that provides leadership for the Marac and Idaa response. As a result agencies work together effectively and the local Marac is accountable.

Common pitfall

While there is significant buy in to Marac at an operational level, many Maracs lack the governance of a Steering Group at a strategic level which can make things hard for Marac representatives and Chairs who have no clear route of escalation.