



***I received so much support
because of the MARAC.
Without it, I'd still be in a
violent relationship now.***

- Debbie, 46 yrs old



Saving lives, saving money:

MARACs and high risk domestic abuse



caada

co-ordinated action against domestic abuse

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A full cost benefit analysis, references and bibliography for this booklet are available at <http://www.caada.org.uk/research/research.html>

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Disclaimer

The content of this publication is provided for general information only. All statements made in this publication are made in good faith on the basis of CAADA's past experience and (where applicable) the assumptions referred to. Although it is CAADA's belief that the MARAC system furthers CAADA's objective of saving lives and saving public money, CAADA will not accept any liability (to the fullest extent permitted at law) for any errors or omissions in the statements and information contained in this publication or for any claim, loss, damage or inconvenience arising as a consequence of any use of or reliance on any such statement or information.

Why you should read on

A new way of working is transforming the lives of some of the most vulnerable victims of domestic abuse in the UK today. Multi-Agency Risk Assessment Conferences (MARACs) are voluntary meetings where information on the highest risk cases is shared between local agencies. By bringing all agencies involved in a case together to share information, a co-ordinated safety plan can be put together more quickly and effectively.

The key reasons MARACs matter are:

- 1) Early analysis shows that following intervention by a MARAC and an Independent Domestic Violence Advisor* (IDVA) service, **up to 60% of domestic abuse victims report no further violence.**¹
- 2) **For every £1 spent on MARACs, at least £6 of public money can be saved annually** on direct costs to agencies such as the police and health services. This would save £740m to the public purse.²

MARACs save both lives and money. But the job is far from complete.

Domestic abuse facts: too common and too costly

- 1) An average of two women are killed every week as a result of domestic abuse.³
- 2) An estimated minimum of 120,000 victims every year are at risk of being seriously harmed or killed by domestic abuse.⁴
- 3) 70% of high risk victims have children.⁵
- 4) Domestic abuse costs the tax payer an estimated £3.9bn per year and high risk domestic abuse makes up nearly £2.4bn of this.⁶

MARACs: more to achieve

The impact of MARACs since 2006 is remarkable, but there is more to be achieved:

- 1) There are now over 220 MARACs across England and Wales. This is still less than the estimated 300 needed nationally.
- 2) Last year less than a quarter of the people who we estimate needed to access MARACs were able to do so.⁷
- 3) One third of all cases were identified by IDVAs, health practitioners and others. These cases were either not known to police or were not seen as being high risk.⁸

Please read this guide, find out how MARACs really work, consider their implications for your professional work and your friends and family. Then please get in touch to find out more.

* IDVAs are professional advisors that work alongside high risk victims to assess their level of risk, discuss suitable options and develop safety plans.

How MARACs work

At the heart of a MARAC is a 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. This is because domestic abuse takes place behind closed doors and presents itself to the outside world in many ways: through calls to the police, through visits to A&E, through calls to domestic violence helplines, through poor child attendance at school, and through friends.

Agencies prioritise cases for MARAC based on risk, and only the highest risk victims are referred. The victim does not attend the meeting but is represented by an IDVA. After sharing all relevant information on a victim, the meeting then discusses options for increasing her/his safety and turns this into an action plan. The diagram below shows how the meeting works in practice:

An illustrative example - Neela*

MARAC REFERRAL FORM

Victim name and address:
Neela Patel, 15 Hillside Road,
Anytown, Anywhere, England

DOB: 12.07.1976

Ethnicity: Asian (Indian)

Children: 1 girl (7 years),
2 boys (4 and 2 years)

Perpetrator name and address:
Pritesh Patel, see above address

Referring agency: Anytown
Hospital

Comments: Neela has attended Anytown Hospital on a number of occasions with injuries. The A&E nurse assessed her risk using a CAADA Domestic Abuse Risk Identification Checklist, called the local IDVA service to arrange support and made a referral to MARAC.



Police

Reports that they received repeated calls from neighbours because of disturbances at Neela's address. All recorded as verbal disputes. The police were unaware of A&E attendances.



Health visitor service

Shares that Neela has visited her GP about anxiety and panic attacks. Toddler very clingy.



Asian women's service

Reveals that Neela has approached the outreach service in the past for support. Was offered refuge space but Neela didn't feel comfortable leaving her home.



Education

Reports that Neela's daughter has had a high number of unauthorised absences from school and has been very anxious.

* NB CAADA is unable to provide a real case study to illustrate the MARAC process as information shared remains highly confidential even after a case has closed. For real case studies (where identities have been changed) turn to pages 6 and 7.

Housing

Does not have information to share as Neela lives in a privately-owned home.



IDVA service

Shares that Neela spoke to an IDVA. Neela disclosed eight years of physical and sexual abuse; she also has to account for all her movements and spending. Neela was extremely worried about receiving help. She isn't comfortable making a complaint to the police but has expressed an interest in getting help through the civil courts.



Children and Young People's Services

Does not have information to share; were aware of police callouts, but had closed the case after an initial assessment.



A&E

Discloses that Neela had attended A&E on five occasions in the last year; on one date Neela's daughter was treated for a fractured wrist. A&E were unaware of police callouts.



A SAFETY PLAN FOR NEELA

- Police agree to flag Neela's address to ensure a speedy response in the event of a call out. A specialist police officer will offer support if she contacts the police in future.
- The IDVA agrees to offer Neela assistance with organising an appointment with a solicitor to explore civil injunctions. She will liaise with Neela about the actions agreed at MARAC, and with other agencies to ensure a co-ordinated approach.
- Housing agree to change Neela's locks and make her home safer if she pursues a civil injunction.
- The Asian women's outreach service agree to prioritise support for Neela.
- A&E agree to flag Neela's files to ensure that staff are informed and offer treatment in a separate area from her husband if she attends again.
- Children and Young People's Service agree to reassess the risks facing the children.
- Education agree to provide extra emotional support to the children.
- Every agency agrees to note that Neela's husband isn't aware of her disclosure.

Results of the safety plan

Working with the IDVA, Neela gains injunctions to prevent her husband from contacting the family or accessing the family home. Should her husband contact the family again, the police now have the power to arrest him. Neela and her children feel a lot safer. She continues to receive support from the IDVA and Asian women's outreach service and is filing for divorce.

Debbie's story*

For 46 year old Debbie and her six children, enduring severe violence had become a way of life. She and her family were regularly beaten by her husband over a period of 18 years. On one occasion her husband had strangled her and threatened her with a knife. The children were terrified of their father, and they were all regularly told they'd be killed if they sought outside help.

Unaware of the help that was available to her, Debbie didn't tell anyone about the abuse. She believed her husband would kill her if she reached out for help. She was also extremely worried that her children would be put into care. Exhausted with anxiety and depression, she talked to her GP, who referred her case to WORTH IDVA service in West Sussex. The IDVA contacted Debbie that morning, began working immediately on addressing her safety and just eleven days later, Debbie's case was discussed at the local MARAC.

A variety of actions came out of the MARAC meeting. The police undertook an investigation into the behaviour of Debbie's husband. The IDVA assisted Debbie with

gaining an occupation order and a non-molestation order through the civil courts to prevent her husband from contacting the family. This prevented him from attending the children's schools. Both the police and fire service flagged Debbie's file, so that in the event of an incident, they would be able to respond more effectively. Finally, a home fire safety check was carried out, extra security fitted and a panic alarm added to the property.

Debbie has now started divorce proceedings. She believes that without the help of her local MARAC and IDVA, she and her family would still be living with severe violence today.

* To protect identities, names have been changed



I had grave concerns for the safety of Debbie and her family, and was concerned that she wouldn't be protected unless we involved other agencies and put a safety plan into action. In my opinion, referring a case to MARAC is a proven way of increasing a victim's safety rapidly and effectively. As a result of her case being heard, the safety of Debbie and her family has increased immensely – a job well done!

- Jim Gannon, Lead IDVA at WORTH



Jennifer's story*

A 39 year old working mum of three, Jennifer didn't believe that her husband was 'abusive'. But when she decided to leave the relationship, her partner's behaviour rapidly escalated into violence.

On the day that Jennifer told her husband that she wanted to leave, he threatened her with a knife before smashing her phone and car windscreen to prevent her from leaving. After separation her husband began stalking her and waiting for her outside her property. He also manipulated the children to get them to supply information about her whereabouts. The children were severely affected by the abuse and their schoolwork and behaviour suffered.

After following Jennifer into her home and physically assaulting her friend, her husband was charged and found guilty through a criminal court of harassment and assault. A restraining order was put in place. Jennifer was assessed by her local Independent Domestic Violence Advisor (IDVA) service as being at high risk and her case was forwarded to the local MARAC.

Several actions arose out of the MARAC meeting. Agencies agreed that any breaches of the restraining order should be reported to the police straight away. Both the police and fire service flagged Jennifer's file, so that in the event of an incident, they would be mobilised immediately. Children's services agreed to undertake an initial assessment with Jennifer and her family, and a fire safety check was performed on her home.

After Jennifer's initial assessment with children's services, a professionals' meeting was called. This pushed forward a contact



Our local MARAC has huge benefits; we see things here all the time we are very concerned about. Previously we would have hesitated before calling the police. Now we can refer directly to MARAC.



- Lead Nurse for Domestic Abuse, South Wales

order which both parents had to sign. By doing this, Jennifer felt that the threat that her husband posed to the children was reduced. Jennifer also regularly began to report her husband's restraining order breaches to the police. This resulted in her husband receiving a two year community order and an order to attend an Integrated Domestic Abuse Programme (IDAP) run by the local probation service. The restraining order remained in place. It is unlikely that this activity would have taken place were it not for the MARAC.

Since the MARAC, Jennifer's risk has reduced dramatically and her children are settled and happier. Child contact with her husband is going well and there have been no further breaches of his restraining order. Jennifer is now continuing with her divorce and is looking forward to moving on with her life.

* To protect identities, names have been changed

National gross savings - £740m

For every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies such as the police and health services. MARACs are saving money now and will go on to save more in future if properly resourced.

This analysis has been independently verified by New Philanthropy Capital.

For a complete analysis of this breakdown with references visit www.caada.org.uk

Cost for national coverage: £120m

If the MARAC model is delivered in 300 areas, this will cost around £120m.⁹ We estimate that approximately £70m must be found from existing public services. An additional investment of between £40m - £50m would be needed to ensure adequate IDVA capacity. It is undoubtedly a significant commitment. But there is a payback.



For years we didn't have much to offer, except what felt like punishing women by going to social services. Now women get a quick and effective response which lets them know that someone is looking out for them.



- Safeguarding Nurse, Salford

Potential gross savings from national coverage: £740m

We estimate that it already costs nearly £20,000 to support each high risk victim annually through key services such as the police, health, housing and children's services.¹⁰ Assuming no change in the level of abuse suffered, without a MARAC for 120,000 high risk victims, the total direct costs to agencies of this support are nearly £2.4bn annually.

As most high risk victims have relationships with perpetrators for several years, these costs are likely to be much higher in reality. Our conservative analysis shows that MARACs save on average, at least £6,100 of these costs per victim.¹¹

The potential savings of a national programme are therefore over £740m annually to the public purse.

MARACs would only have to be successful in 16% of cases to pay for themselves.

BEFORE THE MARAC - estimated costs of a high risk domestic abuse victim over one year

2009

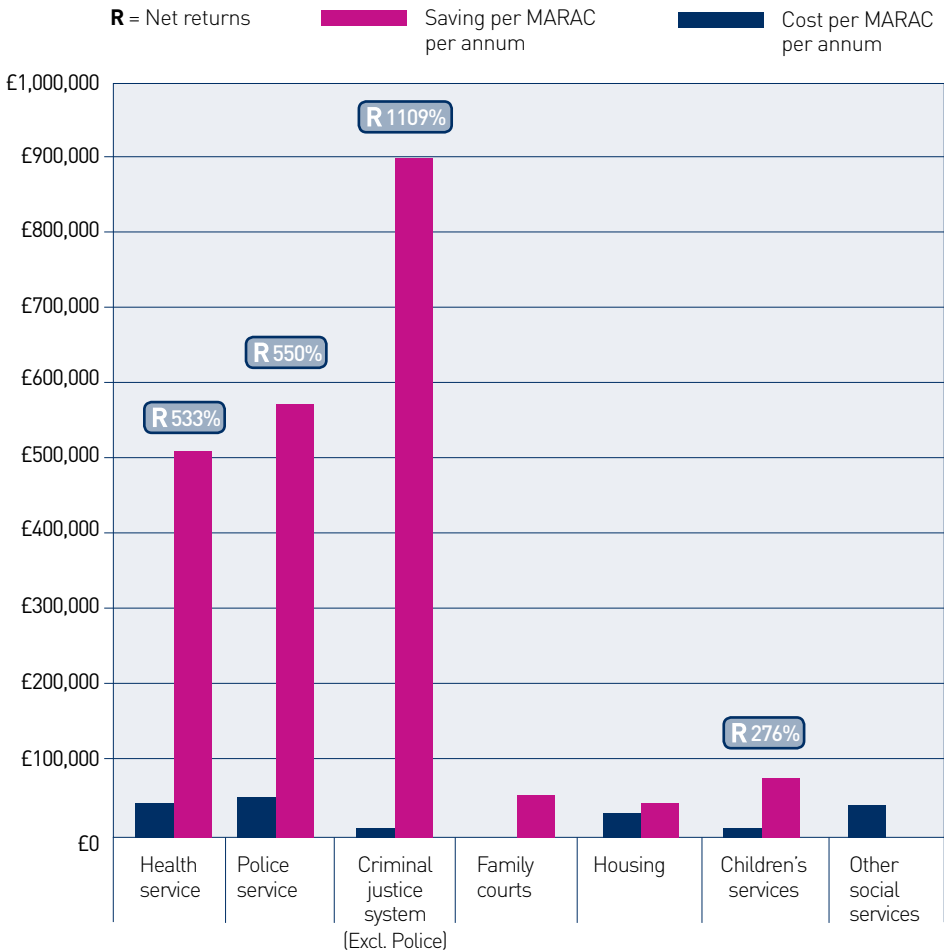
JAN GP visit for anti-depressants	FEB Police call out	MAR A&E attendance for injury Police involvement in an incident of wounding
<i>"I feel really low"</i>	<i>"He punched me again"</i>	<i>"He stabbed me this time"</i>
APR CJS prosecution of a wounding incident GP visit for anti-depressants Child attendance at A&E	MAY Police call out Police involvement in harassment	JUN CJS prosecution of harassment
<i>"It was Charlie this time"</i>	<i>"I called the police again"</i>	<i>"This is going to court now"</i>
JUL GP visit for anti-depressants Police call out	AUG Police call out and involvement in an incident of serious wounding A&E attendance for serious wounding Stay in refuge - six nights	SEP Mental health services appointment CJS prosecution of an incident of serious wounding Child attendance at A&E
<i>"I need more pills"</i>	<i>"I don't want to leave home"</i>	<i>"Charlie's back in hospital"</i>
OCT	NOV GP visit for anti-depressants Visit to sexual health clinic	DEC
	<i>"Back to square one again"</i>	

TOTAL COSTS = £20,000

Saving money - who benefits most

Everyone who participates in MARACs benefits, not least the victim. The financial benefits are particularly felt by a range of public agencies, including the police, criminal justice system and health services.

The potential net returns are substantial, as the graph below shows.



The future of MARACs

CAADA believes that MARACs are the single most important advance in protecting adult victims and their children since the introduction of refuge provision in the 1970s. They combine the best that specialist services have to offer in terms of working with victims, together with the resources and authority of a range of statutory agencies. They represent the most effective use of public resources; focusing on the highest risk victims while addressing the needs of children early.

However, as responsibility for funding this work moves from central to local government, there is a real risk that this initiative may founder. Because of this CAADA is calling for three things:

1. Embed MARACs through legislation

As a voluntary meeting, MARACs are not protected by statute. There is growing consensus amongst statutory services that legislation is necessary for the future success of the model. Legislation would embed a commitment to consistent, high quality multi-agency services regardless of where victims live.

2. Invest £1 in the MARAC model to get £6 back

Ongoing reliable investment is needed to ensure MARACs are properly supported to make victims safer. A vital feature of this investment is sustainable local funding which is needed to support IDVA services.



MARAC-ed clients get a package of support from agencies which result in life changes which break the cycle of violence and victimisation.



- Drug Service Manager, Blackpool

3. Children living in abusive homes cannot be ignored

Last year, over 40,000 children living with high risk domestic abuse were identified through MARACs; in the past many families would have been invisible to local agencies. But all too often stretched services can offer these children little or no help. Better links between MARACs and services that support families are desperately required to ensure that children receive the support they so badly need.

If you're interested in finding out more about the work of MARACs, get in touch with us today. CAADA can provide you with:

- information about MARACs in your area
- statistics
- one-to-one briefings
- case studies
- information on how to get involved nationally
- information on CAADA's work to prevent high risk domestic abuse.

Contact **Samantha Brown**, Head of Communications by emailing [samantha.brown@caada.org.uk](mailto:brown@caada.org.uk), or telephone us on 0117 317 8750. We look forward to your call.

Endnotes

Page 3 - Why you should read on

- 1 CAADA collects data from over 200 MARACs nationally and in particular has scrutinised the repeat victimisation statistics in more detail for those MARACs going through the CAADA Quality Assurance process. This confirms that at an average of six months after the MARAC meeting, circa 60% of victims had not reported a repeat incident of violence, threats of violence, sexual abuse, stalking or harassment.

See also Robinson, A. (2004) Domestic Violence MARACs (Multi-Agency Risk Assessment Conferences) for Very High-Risk Victims in Cardiff, Wales: A Process and Outcome Evaluation. Cardiff: University of Cardiff.

- 2 Refer to page eight for analysis.

- 3 Povey, D. (ed.) (2004) Crime in England and Wales 2002/2003: Supplementary Volume 1: Homicide and Gun Crime. Home Office Statistical Bulletin 01/04 London: Home Office.

Povey, D. (ed.) (2005) Crime in England and Wales 2003/2004: Homicide and Gun Crime. Home Office Statistical Bulletin 02/05 London: Home Office.

- 4 No hard data is available on the number of people who experience domestic abuse annually. Data is available from the British Crime Survey which includes reported and unreported incidents. CAADA's estimate of the number of high risk domestic abuse victims is based on two calculations. The first calculation uses CAADA's own data from mature MARACs which suggest that there are approximately 36 high-risk victims per 10,000 of the female population. Using the population estimates from the Office for National Statistics, this implies 113,400 high-risk victims. The second calculation looks at the prevalence data from the Home Office Research Study 276 by Walby 2004 which analysed the detail of the self completion questionnaire of the BCS 2001. 3.3% of women and 0.3% of men had suffered from all three forms of abuse (domestic violence, sexual assault, and stalking), since age 16, which we used as a proxy for high risk victims suffering a pattern of abuse. The same data showed that between 15 and 23% of victims reporting domestic abuse since age 16 had suffered abuse in the year prior to the survey, similar to the Safety in Numbers research finding that 19% of high risk cases were less than a year old. CAADA assumed around 20% of the victims suffered this pattern of abuse in the last year, corresponding to about 110,000 women and 10,000 men each year in England and Wales. Both calculations are thought to be a conservative estimate of the number of high risk victims.

- 5 Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009). Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services. London: The Henry Smith Charity.
- 6 Walby, S. The Cost of Domestic Violence. London: Women and Equality Unit, DTI, 2004
Walby S. The Cost of Domestic Violence: Update 2009. Lancaster, Lancaster University; 2009.
Refer to page eight of this report for analysis of high risk victim costs. CAADA has not undertaken any analysis into the emotional cost of domestic abuse or the economic cost to employers.
- 7 In 2009, CAADA collected data on over 28,000 adult victims together with over 40,000 children who were supported by MARACs. This is around 23% of the estimated 120,000 high risk adult victims in the UK.
- 8 A great strength of the MARAC process is that victims can disclose abuse, and have their case referred to MARAC, by a number of different agencies – not just the police. This can encourage a greater amount of disclosure overall.

Page 8 - National gross savings - £740m

- 9 The cost of national implementation of MARACs is an estimate based upon the time contribution of all the attending agency professionals multiplied by the number of MARACs per year (300). Almost all of the MARACs would need to be held fortnightly to support 120,000 high risk victims.
- 10 This estimate has been based upon three typical high risk victim case studies that would be heard at MARAC. The number of contacts with public agencies over the course of one year has been calculated for each case study, and unit costings per contact applied. A weighted average case study was then produced, with an average number of contacts with public agencies and average associated costs of £20,000.
- 11 Basing this analysis on a conservative estimate, assuming a weighted average of 43% reduction in abuse across the three typical high risk victim cases, resulting in £6176 savings per victim. Please note that this is lower than the 60% reduction in repeat victimisation which mature MARACs are currently achieving. This is because CAADA has allowed for the effect of serial perpetrators and applied a 'counterfactual', namely by adjusting the figures for those victims where the high risk domestic abuse would have ceased anyway without the intervention of the MARAC.

Co-ordinated Action Against Domestic Abuse (CAADA)

In the UK today:

- two women are killed every week as a result of domestic abuse
- at least 120,000 victims are at high risk of being killed or seriously injured
- the cost to the tax payer of domestic abuse is £3.9bn annually.

Over the last year, Multi-Agency Risk Assessment Conferences (MARACs) have:

- helped over 28,000 adult victims, together with over 40,000 children
- improved the safety of victims - early analysis shows that up to 60% report no further violence after the MARAC
- saved money - for every £1 spent, at least £6 will be saved in costs to support agencies.

Want to get involved?

If you're interested in finding out more about the work of MARACs, get in touch with us today. We can provide you with:

- information about MARACs in your area
- statistics
- one-to-one briefings
- case studies
- information on how to get involved nationally.

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Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. Our work focuses on saving lives and saving public money. CAADA provides practical tools, training, guidance, quality assurance, policy and data insight to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm. For further information, visit www.caada.org.uk



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