



MARAC and Safe & Together Integration Pilot (MSTIP)

Learning Report - 2026



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Introduction and aims of this report

The [Safe & Together Model](#) and the Multi-Agency Risk Assessment Conference (MARAC) model represent two key approaches to improving outcomes for victims and survivors of domestic abuse in Scotland.

The MARAC and Safe & Together Integration Pilot (MSTIP) aims to explore how these two well-established responses to domestic abuse can be systematically integrated at a local level to strengthen and improve practice.

In March 2025, the Scottish Government provided funding to SafeLives and the Safe & Together Institute to support two local authority areas to pilot the MSTIP between July and December 2025. In addition, the Scottish Government provided funding to the Improvement Service to provide evaluation support and generate learning on the progress being made to embed the Safe & Together principles, concepts and tools within the MARAC process. Specifically, the evaluation aims to understand whether, as a result of the pilot, local MARAC processes better promote actions which:

- Keep children safe and together with the non-offending parent;
- Partner with the non-offending parent as the default position; and
- Intervene with perpetrators to reduce risk and harm to the child.

Following an open expression of interest (Eoi) process, Dumfries and Galloway and East Renfrewshire were selected as the two local areas to participate in the MSTIP pilot after being assessed as being most closely aligned to the selection criteria. This evaluation report highlights the:

- Key learning and early progress made towards short-term outcomes
- Barriers and enablers emerging from the pilot, and;
- The impact that integrating Safe & Together tools, concepts and principles within MARAC has had on how MARACs respond to and support victim and survivors of domestic abuse who are at significant risk of harm.

The findings within this evaluation report have been drawn from a range of data sources and evaluation activities that took place over the course of the pilot. These include:

- A survey undertaken with practitioners involved in the MARAC process from both



Dumfries and Galloway and East Renfrewshire at the start and end of the pilot;

- A series of focus groups and 1:1 interviews with practitioners and strategic leads from both areas;
- Learning logs compiled by SafeLives and the Safe & Together Institute, detailing key learning shared by practitioners during the monthly troubleshooting sessions, which took place in both test areas over the course of the 6-month pilot; and
- Data from the cases that were discussed at the MARAC meetings which took place in Dumfries and Galloway and East Renfrewshire between July and December 2025.



Section 2: Background to the Safe & Together and MARAC Pilot

The MSTIP aims to integrate the MARAC and Safe & Together models at a local level, with the aim of improving responses for victims and survivors of domestic abuse who have been identified as being at the highest risk of harm.

The Multi-Agency Risk Assessment Conference (MARAC) [model](#)

MARAC has operated in Scotland since 2005, and there are now 35 operational MARACs across all 32 local authority areas.

The primary focus of MARAC is to safeguard adult victims at the highest risk of serious harm as a result of domestic abuse. MARAC supports a coordinated, multi-agency response focused on improving the safety of victims and survivors, with all agencies sharing relevant and proportionate information to identify risk and develop an action plan that is comprehensive, robust and addresses the risks to all parties.

“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” - SafeLives

Independent Domestic Abuse Advocates (IDAAs) play a vital role throughout the MARAC process, by providing immediate support and safety planning, representing the victims’ voice at the MARAC meeting, and ensuring the action plan is implemented and fed back to the victim.

Operating as a critical part of local Public Protection systems, there are four aims of MARAC:

- to protect victims and survivors of domestic abuse,
- to address the behaviour of the perpetrator,
- to make links with other public protection arrangements where required, such as alcohol and drug partnership, child protection and/ or adult support and protection; and
- to protect agency staff

These aims are underpinned by SafeLives’ [10 Principles of an Effective Marac](#). At the core of each principle is the safety of the victim and survivor, which needs to be considered at all stages of the process. Ensuring that victim and survivors are supported throughout and have their needs represented at MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

SafeLives has been funded by the Scottish Government since 2015 to support local authorities embed the MARAC model across Scotland to ensure that all victims at high risk of domestic abuse can receive a high quality response, no matter who they are or where they live.

The Safe & Together Model

The [Safe & Together Model](#) was first introduced in Edinburgh in 2015. Since then, training in the Safe & Together model has been delivered in over 95% of Scottish Local Authorities, with more than 26 Partner Agencies currently hosting 61 Certified Trainers across the country.

The Safe & Together Model is an internationally recognised suite of tools and interventions designed to help social workers and other key professionals engage with families experiencing domestic abuse in a child-centred, strengths-based way.

There are three core principles of the Safe & Together Model:

- Keeping child(ren) safe and together with the non-offending parent
- Partnering with the non-offending parent as the default position
- Intervening with the perpetrator to reduce risk and harm to the child(ren)

The Safe & Together Model is an internationally recognised suite of tools and interventions designed to help social workers and other key professionals engage with families experiencing domestic abuse in a child-centred, strengths-based way. The Model supports workforces, services and systems to become domestic abuse informed, and contributes to whole system change in relation to domestic abuse practice and policy.

Specifically, the Safe & Together Model aims to help change the conversation about how services

work with families impacted by domestic abuse. It uses a perpetrator pattern-based approach that locates risk with the person causing harm, rather than adopting an incident-based or relationship-based frame.

This approach recognises that perpetrators' behaviours — and their parenting choices — have direct consequences for children's safety and wellbeing, and that professionals across all sectors have a role in holding perpetrators accountable.

Since 2021, the Scottish Government has provided dedicated funding through the Delivering Equally Safe (DES) Fund to support [12 local authority areas across Scotland to embed the Safe & Together Model](#).

Key project activities



The MSTIP aims to explore how the MARAC model and the Safe & Together model can be more closely integrated together to help improve outcomes for victims and survivors of domestic abuse. The pilot specifically tests the use of the [Safe & Together Perpetrator Pattern Mapping Tool \(PPMT\)](#) within the MARAC process, with a view to improving the documentation of perpetrator patterns, survivor strengths and child-centred practice, and strengthening the language and framing used within MARAC.

The pilot was structured across four phases:

Phase One: Pilot Area Selection

SafeLives and the Safe & Together Institute developed and supported local authorities to engage with an open Expression of Interest (Eoi) process between January and March 2025, where all local authorities across Scotland were invited to express their interest in participating in the pilot. To ensure that the local authority areas would be well placed to participate in the pilot and generate learning for the wider Scottish context, a set of criteria was developed for selecting the pilot areas which local authorities were asked to provide information on as part of the [Eoi process](#).

In total, 6 expressions of interest were received

by the deadline. All EOI areas were scored against the criteria set out and Dumfries and Galloway and East Renfrewshire were ultimately selected to take part in the pilot. In addition to the selection criteria, this also provided an opportunity to pilot MSTIP in two diverse local authority areas (including a large, rural local authority area and a small, semi-urban local area) and the potential for additional learning to inform future phases and rollout of the project following the pilot.

Phase Two: Pilot Planning, Training and Development

Following the selection of the pilot areas, kick-off meetings were held with each area to establish strategic leads and lead contacts, and to co-develop the criteria for case selection during the pilot testing phase. A Memorandum of Understanding was also developed to ensure there was a shared understanding of the roles and responsibilities of local and national partners throughout the pilot.

In-person workshops were held with both Dumfries & Galloway and East Renfrewshire, facilitated by the Improvement Service, Safe & Together Institute and SafeLives. These were attended by both operational and strategic leads, to collectively consider the local MARAC process

in detail, explore how the integration of Safe & Together could strengthen practice, agree a baseline assessment of current processes, and set collective aims.

Perpetrator Pattern Mapping Tool (PPMT) licences were also distributed to the pilot areas, and a thorough programme of training was rolled out to each area at the start and throughout the course of the pilot. This included a bespoke Safe & Together Overview Day and role-specific coaching for MARAC Chairs, MARAC representatives and IDAAs. The training supported participants to use role specific tools related to the different stages of the MARAC process, including; referral, research, information sharing and action planning.

Phase Three: Pilot Implementation Activities

The MSTIP operated in the two local authority areas between July and December 2025, with each area committing to carrying out the integrated process set out in the toolkit to two eligible cases per MARAC meeting. The project partners worked with the pilot areas to agree that the 2 cases being mapped should include involvement of Children and Families Social Work.

Beyond the initial training, SafeLives and the Safe & Together Institute also facilitated monthly troubleshooting sessions with each area, as well as providing ongoing support to answer

any queries (such as emails, meetings and phone calls). In these sessions, practitioners could discuss challenges, ask questions, and seek advice on applying the model to specific cases. This enabled the opportunity for colleagues to explore ways to resolve or improve practice issues and seek support; for example, clarifying how to handle cases where children were living with perpetrators, or practical considerations around how to manage timings of MARAC meetings. Through these sessions, the two pilot sites were brought together to share learning, identify common themes and engage in peer support.

These troubleshooting sessions were designed to support participants to:

- *Raise and address challenges*
- *Collaboratively explore problem solving solutions to shared barriers/ challenges*
- *Share practice and learning, and*
- *Provide feedback to the project partners about the process and implementation in real time to support ongoing improvement and development of the evidence base.*

A learning log was maintained throughout

the pilot period to capture reflections and emerging learning from professionals using the integrated model.



As part of the pilot, both local areas made a number of adjustments to their local MARAC process to embed the Safe & Together principles and accommodate the perpetrator mapping tool. In addition to mapping cases using the PPMT, the integrated process set out in the toolkit included:



Stage 1 – Referral:

The MARAC Coordinator identifies and flags the two pilot cases. The IDAA completes the virtual PPMT to gather information on the perpetrator's pattern of behaviour. Initially, a key eligibility criterion was that the survivor must be engaging with the IDAA to enable PPMT completion. However, where the IDAA was unable to engage with the survivor, it was agreed that the Children & Families Social Worker could complete the mapping if they had an existing relationship with the survivor, thereby fulfilling the IDAA role and ensuring the survivor's voice remained central to the meeting.



Stage 2 – Research:

The case agenda is circulated with pilot cases highlighted. All representatives research their cases using role-specific guidance and can optionally use the PPMT (virtual or paper) to record their findings. Child protection and survivor-centred considerations are applied throughout.



Stage 3 – Information Sharing:

Rather than each agency taking turns to provide an update, the Chair structured information sharing around the stages of the PPMT. This ensured all agencies contributed relevant, proportionate and risk-focused information regarding the perpetrator's pattern of behaviour, harm across multiple pathways, the survivor's protective efforts and strengths, intersections and intersectionalities, and risks and concerns for professionals.



Stage 4 – Action Planning:

The stages of the PPMT were also used to structure action planning, keeping the focus on the impact of the perpetrator's pattern of behaviour and highlighting the full range of the survivor's protective efforts. Representatives developed targeted, perpetrator-focused actions, and the MARAC decided whether to initiate multi-agency mapping, with the comprehensive multi-agency information collated from the mapping being held by Children and Families Social Work.



Stage 5 – Implement and Feedback:

Agency representatives complete their agreed actions within the set timeframe and report back to the MARAC Coordinator.

Phase Four: Evaluation

Between January and March 2026, the Improvement Service undertook a number of activities to support the evaluation of progress and early impact of the MSTIP. These included focus groups and one-to-one interviews with professionals involved in the two test areas and reviewing MARAC data, practitioner survey responses, and learning logs from the pilot period.

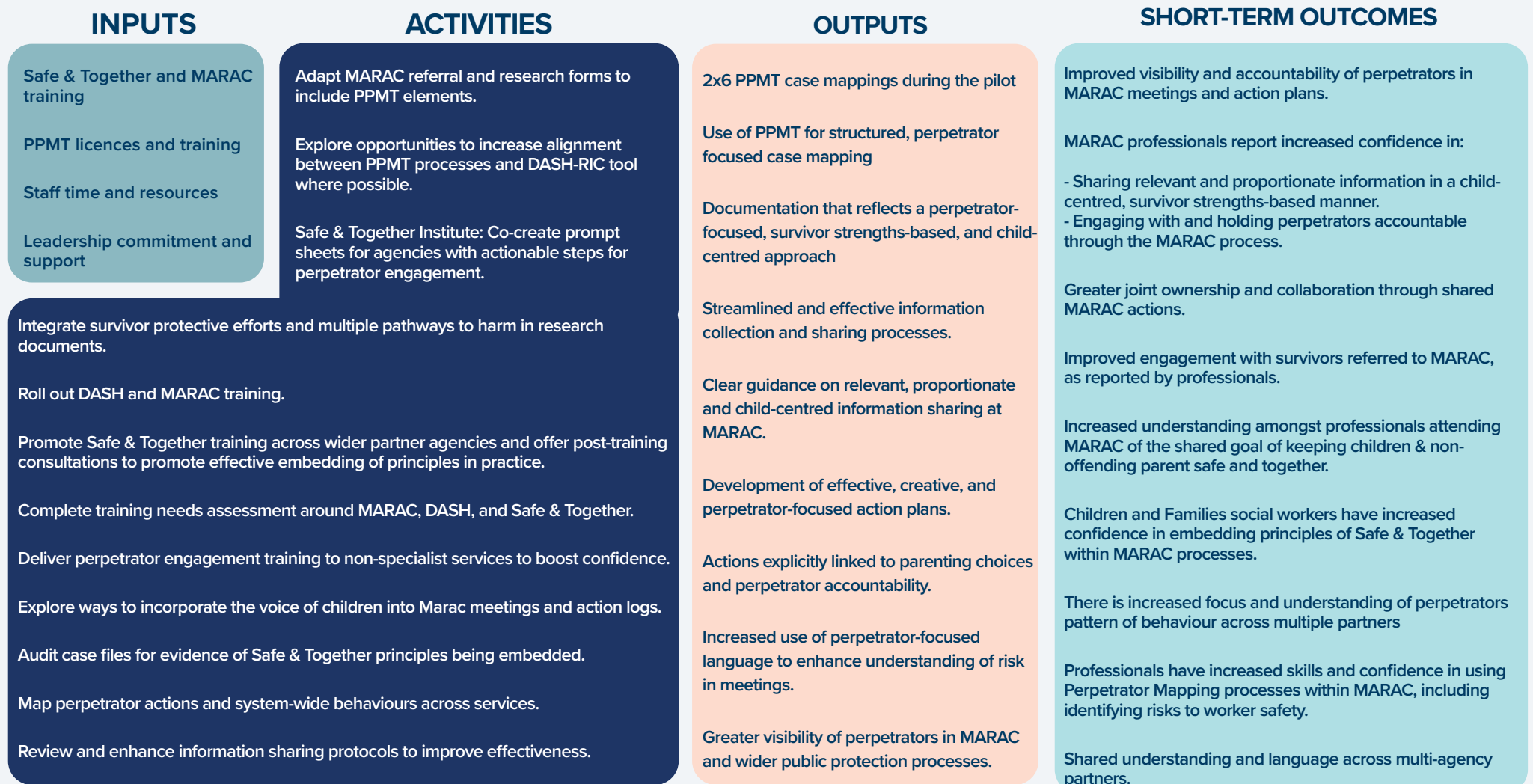
The logic model below was adapted from [the national Safe & Together logic model](#) and developed in partnership with the two pilot areas at the start of the pilot. The outcomes shaped by the two local areas have been used to support this evaluation.

The logic model outlines the short-term outcomes from the MSTIP across both test sites. This includes the inputs, activities, outputs and short-term outcomes from the project, as well as external factors and assumptions.



MARAC & Safe & Together Pilot Project: Overall Logic Model

This logic model is informed through the feedback and discussions from workshops facilitated in both pilot sites (East Renfrewshire and Dumfries and Galloway). Whilst each local pilot site has their own individual logic model, this outlines shared inputs, activities, outputs and short-term outcomes to support the delivery and evaluation of the project.



ASSUMPTIONS

Agencies consistently engage with and contribute to PPMT case mapping.

Shared understanding and clear expectations across services regarding their roles.

Practical application of processes aligns with tested and evaluated models.

Established protocols and retention schedules support timely and appropriate data sharing.

Lawful basis exists for sharing information related to perpetrators.

Professionals have the time and capacity to attend necessary training sessions.

A mechanism is needed to measure timing across PPMT stages to assess long-term efficiency gains.

EXTERNAL FACTORS

Single point of failure: Dependence on MARAC Coordinator for overall coordination poses a risk to continuity.

Limited training access: Variable availability of relevant training both locally and nationally may impact readiness.

Funding and staffing: Success depends on adequate resourcing of roles.

System changes: Introduction of case management systems could affect how paperwork is integrated.

Perpetrator visibility: Their level of engagement with services and systems may influence outcomes.

Agency workload capacity: Ability of partner agencies to participate fully may be affected by competing demands.

Section 3: Key findings

The evidence captured throughout the various evaluation activities demonstrate a clear practice shift resulting from the implementation of Safe & Together tools, principles and concepts within the MARAC process.

There have been notable changes in how practitioners partner with survivors and recognise their protective efforts and strengths; intervene with perpetrators and recognise domestic abuse as a parenting choice; and create perpetrator pattern focused action plans and documentation.

The responses from the pre- and post- pilot survey¹ illustrate key practice changes across these areas:

- Recognition of survivors' protective efforts rose by **22 percentage points** following the pilot, with 87% of practitioners agreeing that MARAC processes effectively identify the full range of a survivor's protective efforts, up from 65%.
- Support for partnering with survivors around their children's safety improved significantly, with **9 in 10 practitioners** agreeing this was well-articulated at each stage of the MARAC process after the pilot, up from 73%.
- Agreement that MARAC action plans

include meaningful attempts to engage with perpetrators around their abusive behaviour **more than quadrupled**, rising from just 15% to 61% following the pilot.

- Practitioner agreement that MARAC discussions frame domestic abuse perpetration as a parenting choice that harms children rose by **nearly a third**, from 54% to 83% following the pilot.
- The proportion of practitioners agreeing that MARAC referrals include comprehensive information about perpetrator patterns of behaviour **nearly doubled**, rising from 38% to 70% following the pilot.

Overall, the MSTIP demonstrated a clear and sustained shift in MARAC practice towards more child centred and survivor strengths based responses to domestic abuse. Across both pilot areas, practitioners reported improved confidence and consistency in identifying survivor protective

efforts, framing domestic abuse as a parenting choice, and developing action plans that target efforts to actively intervene with perpetrators.

The use of the Perpetrator Pattern Mapping Tool (PPMT) strengthened the quality and relevance of information sharing, improved joint ownership of actions across agencies, and increased the visibility and accountability of perpetrators in risk assessment and safety planning processes.

This report highlights the key enablers to progress including training and ongoing implementation support, the role of the MARAC Chair, development of structured tools and resources and effective information sharing. Additionally, the evaluation identified challenges to sustainability associated with restricted time, capacity and resource, limited access to perpetrator data and lack of service provision directly targeted at addressing and responding to perpetrators.

¹ Based on a practitioner survey that was shared with participants before and after the pilot. There were 26 responses to the pre-pilot survey and 23 responses to the post-pilot survey. It is noted that these responses are not matched pairs and are relatively small and unequal across the two local authority areas. Results should therefore be interpreted as indicating direction of travel rather than statistically definitive findings.

Section 4: Progress towards MSTIP Outcomes

This section highlights the progress made towards each of the short-term outcomes and emerging themes, drawing on key learning from practitioner surveys, focus groups and interviews, learning logs, outcomes assessments, and MARAC data and information.

Outcome 1: MARAC professionals report increased confidence in sharing relevant and proportionate information in a child-centred, survivor strengths-based manner.

Prior to the pilot, practitioners across both sites highlighted the challenge of striking the balance between sharing only relevant and proportionate information during MARAC, without the risk of missing out vital information or details. The use of the PPMT ensured that the information shared during MARAC was relevant, proportionate and of high quality. One IDAA highlighted that using the PPMT made them focus on the pertinent details of the case and reduced unnecessary information, whilst ensuring critical details about perpetrator patterns were captured.

During the focus groups and interviews, partners noted that the use of the PPMT supports MARAC representatives to determine what constitutes relevant and proportionate information during the research, information sharing and action planning stages of MARAC. In turn, this led to increased reflective practice, with practitioners seeking feedback from Chairs to focus information sharing more effectively. The structured approach reduced unnecessary

information sharing whilst ensuring critical details about perpetrator patterns were captured.

The use of the PPMT also enabled practitioners to better map how the perpetrator's behaviour affects the child and family functioning as a whole. MARAC practitioners noted the pilot prompted practitioners to consider action-planning through a child-centred lens, supported by effective information sharing and increased collaboration between agencies.

One practitioner noted the pilot prompted them to consistently ask about the role of child protection, and the impact that the perpetrator's behaviour was having on school engagement, their social lives, and their relationship with their mother. This demonstrates a change from previous practice which often focused solely on the adults involved and specific incidents, whereas the pilot supported increased focus on exploring what support is needed to keep the child and safe and together with their non-offending parent.

91%

of post-pilot survey respondents agreed that information sharing at MARAC about potential risk and harm to children is conducted through a lens that holds perpetrators accountable, not a victim-blaming lens

“ MARAC had been at risk of becoming very ‘adult focused’ before, but Safe & Together has helped integrate a child-centred lens in every case. ”

Interview participant

91%

of post-pilot survey respondents agreed that the practice of partnering with the adult survivor around the safety and wellbeing of their children is well-articulated and supported at each stage of the MARAC process

“ I told the survivor that this [tool] isn't against you – look, these are the things you're doing [to keep your kids safe]. ”
MARAC representative

Outcome 2: Increased understanding amongst professionals attending MARAC of the shared goal of keeping children & non-offending parent safe and together

During the course of the pilot, practitioners consistently reported an increase in MARAC professionals recognising the full range of the non-offending parents' protective efforts, including their strengths and needs, with the core focus of all agencies targeting support to enable survivors to care for their child(ren) safely at home. Several focus group participants gave examples of actions being provided by specialist services to support survivors to help keep their child(ren) safe in the home, such as providing mental health support or support with substance use, instead of framing these issues as 'poor parenting choices'.

For example, colleagues in one local area highlighted the ways in which system responses promoted the importance of keeping children together with the non-offending parent through changing policies within health services for missed children's appointments from the mother "Did Not Attend" (which implied parental fault) to the child "Was Not Brought," explicitly removing any implied blame from the mother. This demonstrates that as a result of the pilot, there has been an increased understanding and implementation of the Safe & Together principles across the wider system, as well as within the MARAC process.

Both pilot sites noted an increase in joint actions shared by different agencies such as education, health visiting, and housing working collaboratively to support the survivor and the child(ren) to

stay together. In addition, the use of the PPMT provided a structured format to link how the perpetrator's pattern of behaviour impacted on the child, and how the full range of the survivor's protective efforts aimed at reducing or mitigating this impact. For example, colleagues in one local area highlighted how the mapping process enabled them to identify the range of specific risks to children which may not have been identified without the framing of the PPMT. In turn, this supported them to develop joined-up actions (such as alerting schools to the risk or adjusting housing placements) to address those risks whilst keeping the child together with their mother.

Similarly, a Children & Families Social Worker described using the mapping tool directly in a follow-up meeting with the survivor to help her identify her own efforts to protect her child. This enabled the survivor to recognise her own strengths and increase her confidence in her abilities to keep the children safe.

Several practitioners highlighted that when survivors see the range of their protective efforts outlined in discussions with professionals, or in writing, it often reduces self-blame and shame, strengthens agency, and places accountability back on the perpetrator and their behaviour.

The pilot highlighted that the PPMT enabled practitioners across both areas to reframe



domestic abuse as the perpetrator's parenting choice, as opposed to the survivor's 'failure to protect'. For example, practitioners in both sites described a shift in MARAC discussions from asking 'what is mum doing about that?' to 'what is he doing to create risk?'

"It was about reminding people that it's not her fault. We shouldn't be putting the responsibility onto her... what are we doing about him?" (MARAC Chair)

By redirecting attention to the perpetrator's pattern of behaviour, action planning is focused on keeping the children together with the non-offending parent and how to most effectively respond to, and disrupt, the perpetrator's pattern of abuse.

Outcome 3: Children and Families social workers have increased confidence in embedding principles of Safe & Together within MARAC processes.

The implementation of Safe & Together principles, tools and concepts has enabled agencies to adopt a more consistent way of working when engaging with survivors. Early progress towards this outcome is evidenced through the shift in language professionals used about (and with) survivors. Practitioners across both sites reported consciously avoiding using terminology that implies blame or failure on the mother's part and instead reports, case notes, and MARAC meeting discussions now emphasise what the survivor is doing well within the wider context of the abuse she is experiencing.

A Children & Families Social Worker in one local area described how their referral forms were redesigned to *"be more aligned with Safe & Together language... it's about survivor strengths and promoting safety. It's about the perpetrator behaviour that caused harm."* This ensures that from the moment a case is referred, the framing is supportive of the survivor and holds the perpetrator accountable. Similarly, practitioners noted that MARAC feedback letters and meeting minutes now use affirmative wording, outlining the mother's full range of protective actions.

Many practitioners highlighted that MARAC representatives and/ or Chairs felt more confident to professionally challenge any unintentional blaming language used within meetings (e.g., using phrases such as 'mum allowed him back

home') and actively intervening and providing opportunities to rephrase the comment to remove unwarranted blame onto the survivor. This demonstrates increased confidence of those involved with the MARAC process, including Children and Family Social Workers, to embed the principles of Safe & Together within MARAC and to challenge narratives that are not aligned with domestic abuse-informed practice.

In addition, both pilot sites have worked to ensure children are "more present" in risk assessments and safety planning, ensuring child wellbeing is explicitly considered and that, wherever possible, the child is kept safe and together with the non-offending parent. Practitioners also noted that they capture and identify the survivor's safety strategies – from arranging safe childcare to managing specific incidents – as positive protective actions and explicitly highlight these as parenting strengths. One Children & Families Social Worker explained that paperwork and discussions now highlight *"survivor strengths and [protective] safety [efforts]"* rather than using a deficit-based approach.

Some practitioners highlighted that they had started to apply the key principles of the Safe & Together model across all cases at MARAC, not just the two cases that were being fully mapped using the PPMT. This indicates an unintended, but positive, outcome of broader culture change

“...Due to the Safe & Together training being mandatory for all Children and Families Social Work, we have had a long period working alongside survivors and keeping the perpetrator visible.”
post-pilot survey respondent



of the pilot, reiterating the importance of ongoing workforce development and training opportunities for colleagues to ensure that all staff feel confident in applying a domestic abuse-informed approach, within MARAC and across the system as a whole.

Outcome 4: There is increased focus and understanding of perpetrators pattern of behaviour across multiple partners

The pilot demonstrated how increased perpetrator focus enhanced survivor-centred practice for both adults and children and MARAC. By examining perpetrator patterns of behaviour, MARAC discussions uncovered previously unknown information about children's living arrangements, improving coordination between agencies. This also enabled practitioners to apply the understanding of one perpetrator's pattern across multiple victim-survivors and their children, ensuring comprehensive action planning that

might otherwise have been fragmented.

Both pilot sites highlighted that the increased focus on perpetrator behaviour was particularly helpful in cases where there were two, or more, survivors who were being abused by the same perpetrator. Often, perpetrators would use several aliases which would make establishing common patterns of behaviour difficult and was a barrier to effective collaborative working and safety planning.

91%

of post-pilot survey respondents agreed that risk assessment and action planning at MARAC recognise perpetrator pattern of behaviour and the impact on the child and family functioning

Case study example

In one case, a perpetrator was using the same abuse tactics with two victim-survivors and also had a child and a partner who was also pregnant. Through the use of the PPMT which enabled practitioners to identify the full pattern of behaviour and abuse, MARAC representatives considered how to best support his wife and children (in addition to the two victims referred to MARAC) and as such, a pre-birth assessment was carried out. Actions took into account his pattern of behaviour as ex-military personnel. The perpetrator had a history of manipulating systems so all agencies were notified of this to identify these risks in relation to all victims and associated children. Practitioners agreed **this joined-up, collaborative approach to risk and safety planning likely would not have happened without the pilot**, as being able to establish links between the perpetrators pattern of behaviour and wider risk to children and vulnerable adults strengthened joint-working between Children and Families Social Work and Adult Support and Protection.

Through understanding the perpetrator's pattern of behaviour, MARAC professionals were able to join the dots across multiple cases and ensure protective efforts were implemented for survivors and children who had not yet reported domestic abuse. This insight into the perpetrator's pattern of behaviour across multiple partners therefore provided an opportunity to proactively reach out to families to offer support.



96%

of post-pilot survey respondents agreed that MARAC action plans reflect and make reasonable efforts to address any intersecting issues that may impact victims' ability to access and engage with appropriate support

“Workers now ask not ‘why won’t she engage?’ but ‘what’s getting in the way and how can we help?’”

IDAA

Outcome 5: Improved engagement with survivors referred to MARAC, as reported by professionals

The evaluation activities highlighted that partnering with the survivor as the default position had a tangible impact on survivors' experiences when they were referred to MARAC. Practitioners noted in the focus groups and interviews that understanding and recognising the survivor's protective efforts and supporting them to identify their own strengths in turn increased their confidence and encouraged them to continue engaging with services.

For example, a Mental Health professional in a focus group noted that using the Safe & Together principles, tools and concepts “*make(s) you think about things when you're reviewing the [client's] care*”, and as a result, the support is more flexible and tailored to the needs of the survivor.

Practitioners in both sites reported consciously avoiding language that implies blame or failure on the survivor. Instead, reports, case notes, and MARAC meeting discussions now emphasise what the survivor is doing well and the wider context of the abuse. Survivors who receive MARAC updates now hear validating, positive feedback (such as “*she has been doing everything she can to protect the children*”) instead of using terminology such as ‘failure to protect’ which helps survivors feel supported and valued, rather than judged.

These adjustments highlighted the importance of “*meeting the survivor where she's at*” and

building trusting relationships as opposed to dismissing survivors as being ‘hard to engage’. A number of practitioners subsequently highlighted that working in this way increased survivor's confidence that seeking support and engaging with services wouldn't lead to children being removed from their care and reduced their fear of being judged.

By collaboratively removing barriers like fear of child removal or lack of trust, agencies across both local areas reported increased and more meaningful engagement with survivors and that they are more likely to be receptive to MARAC action plans as they feel like they are ‘on the same team’ as professionals, instead of being scrutinised and held accountable for the perpetrator's behaviour. The learning logs from the troubleshooting sessions highlighted the importance of believing and validating the experience of the non-abusive parent and efforts to collaborate with survivors resulted in positive responses and engagement with services.

Outcome 6: MARAC professionals report increased confidence in engaging with and holding perpetrators accountable throughout the MARAC process

Both pilot sites highlighted a significant shift towards holding the perpetrator accountable for the risk and harm caused to the survivor, children, and wider family functioning. By using the Safe & Together principles and tools (such as the PPMT), action planning at MARAC has shifted to focus less on actions that the survivor should take to keep herself and her family safe, and more on how different agencies can intervene and disrupt the perpetrator's pattern of behaviour and abuse.

This in turn demonstrates how the pilot has supported the achievement of good practice under principle 6 of an effective MARAC (that multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour).

Practitioners across both pilot sites agreed that prior to the pilot, MARACs often focused primarily on risks, vulnerabilities and safety planning for the survivor, which often meant that the aim of MARAC in addressing the behaviour of the perpetrator was not as prominent during information sharing and action planning processes.

Whilst it was clear that not all agencies referring into or attending MARAC have direct engagement with perpetrators, the use of the PPMT has enabled all partners to identify the full pattern of abuse and agree actions that ensure perpetrators are held accountable for their behaviour.

Both local areas involved in the pilot highlighted that previously, the majority of actions relating to the perpetrator were taken by the Police (e.g., doing bail checks or flagging concerns). However, the pilot has led to an increased sense of shared responsibility across partners such as Social Work, Housing and Justice to respond to and disrupt the perpetrator's pattern of behaviour which in turn impacted action planning and improved documentation within reports and case notes. For example, it was highlighted that Children & Families Social Workers in both pilot areas are more actively challenging perpetrators during child protection, child contact and care planning processes. In addition, housing providers highlighted the ways in which they were able to actively identify opportunities to hold perpetrators accountable by taking actions such as working with other local housing agencies to share relevant information about perpetrators.

Case study example

As a result of the pilot, there was an increased focus on the roles different agencies could take to hold perpetrators accountable. In one local area, housing officials coordinated to prevent a known perpetrator from easily relocating to a new area to evade scrutiny and continue his abuse. By sharing information with the new locality, housing providers were able to disrupt this pattern of abuse and behaviour and remove his attempt to 'start over' with impunity.

Case study example

Furthermore, practitioners noted in the focus groups and interviews that there has also been changes in courts and legal processes. One example was shared that through using the Safe & Together principles, tools and concepts in court reports, the solicitor and judge were able to understand that the father's behaviour (not the mothers 'neglect') was the core issue, which in turn influenced a decision to protect the children and keep them together with the non-offending parent.

57%

of post-pilot survey respondents agree that MARAC action plans focus on the perpetrator's role as a parent

Outcome 7: Professionals have increased skills and confidence in using the Perpetrator Mapping processes within MARAC, including identifying risks to worker safety

A key theme highlighted throughout the pilot was the impact that using the PPMT had on coordinating robust responses to perpetrator behaviour to reduce risk to survivors and children, as well as the wider community and the workforce. Worker safety is critical to domestic abuse informed practice as worker fear can result in avoidance of direct perpetrator engagement and an over-focus on the survivor's behaviour and choices. Embedding worker safety and perpetrator manipulation of systems into the MARAC process aims to support practitioners to feel more informed and confident to engage with perpetrators.

Practitioners across both pilot sites shared that despite being one of the core aims of MARAC, protection of agency staff was not always fully considered within the MARAC process.

It was highlighted that perpetrators often extended their abuse to staff across different services and agencies, and often sustained attempts to manipulate systems such as trying to access files, leaving derogatory comments and sharing false information on the Council's public social media platforms, and using aliases to disrupt service responses. During the troubleshooting support sessions, professionals from both local areas discussed the importance of developing protocols to address perpetrator manipulation and keep staff safe.

Both local areas report that MARAC meetings now consistently include detailed information about the perpetrators pattern of behaviour and abuse. In one local area, Police have now started aligning their pre-MARAC research with the PPMT which enables them to bring richer and more detailed intelligence about the perpetrator to the MARAC itself. This includes, but is not limited to, priority history of violence, warrants, and warning markers for violence.

Similarly, practitioners from the other pilot site highlighted that details about a perpetrator's violence towards a Police Officer was shared during MARAC as well as their pattern of covertly recording meetings in order to manipulate systems. By sharing this pattern of behaviour, specific actions were developed around worker protection and safety such as implementing protocols like joint home visits and marking on systems where two workers were required when visiting particular addresses. Whilst this is part of the current MARAC model, the pilot provided space and opportunities to enhance the focus on risks to agency staff.

"Coercive control... they [perpetrators] just do it to everyone, it's not unique to the mums." (Health Visitor)

57%

of post-pilot survey respondents agree that information shared at MARAC is focused on the behaviour of the perpetrator and assessing behaviour change

“ We now routinely share [Police] warning markers about perpetrators with all agencies... this is something that wasn't standard before. ”
Police representative

Outcome 8: Improved visibility and accountability of perpetrators in MARAC meetings and action plans

“ During the S&T pilot there was more of an effort to hold the perpetrator accountable for their behaviour in the action plans. ”
post-pilot survey respondent

The evaluation activities highlighted that the use of the PPMT ensured that perpetrators were visible and accountable throughout the information sharing and action planning stages of MARAC.

“The [MARAC] Chair was asking Police ‘What are your processes for tracing him [the perpetrator]? What is being done?’” (MARAC Coordinator)

This demonstrates an increased focus to ensuring that robust actions are in place to disrupt the perpetrator’s pattern of abuse, and that there is shared responsibility across multi-agency partners to manage risk, instead of the onus being solely on the survivor.

This increased visibility extends to identifying patterns across different cases; in both local areas, there were instances of the same perpetrator appearing in multiple referrals. Using the PPMT tool and mapping perpetrator behaviour across families enabled practitioners to anticipate risks to any new partner or children and proactive actions were developed as a result. It was clear that both local areas ensured that the perpetrator and their pattern of behaviour

is the central focus of discussions and action plans around risk and safety, as opposed to scrutinising the survivor’s protective efforts.

In fact, one MARAC professional highlighted that they had returned from a period of absence and had noticed the increased focus on the perpetrator within MARAC meetings and that the history of the perpetrator’s behaviour was prominent in discussions including wider risks to the community and workforce.

“The perpetrator was much more visible... and actions were being sought around the perpetrator... the Safe & Together principles were running right throughout that meeting.” (MARAC representative)

Through an increased focus on the perpetrator, this ultimately reduces their risk and in turn increases the safety of survivors and children. Whilst the core focus of MARAC is still framed around the survivor, an increased understanding of the perpetrator’s pattern of behaviour ultimately supports robust safety planning and risk reduction.



Outcome 9: Greater joint ownership and collaboration through shared MARAC actions

Both local areas highlighted that the pilot and integration of the Safe & Together principles and tools have supported improved effective joined up working across different MARAC agencies and provided opportunity and space for increased collaboration and multi-agency working as part of the Public Protection response. This was demonstrated through increased use of joint actions in multi-agency action plans, including actions for Education, Health Visiting, and Housing to work together to support the family. Practitioners across both pilot sites highlighted that use of the PPMT has provided a structured way to link the perpetrator's behaviour to specific risks for each child and the survivor, which has enabled the MARAC to devise collaborative action plans to address those risks whilst keeping the child safe and together with the survivor.

For example, practitioners in one local area noted that by detailing specific risks to the child, e.g., detailing the perpetrator's stalking of the school at certain times instead of using generic labels such as 'harassment', coordinated actions could be developed and implemented, such as alerting Education colleagues and adjusting housing placements.

A shared understanding of the perpetrator's pattern of behaviour also enabled practitioners to devise more direct interventions to disrupt the abuse and focus less on designing actions solely focused on the survivor and what they could be doing to protect herself and her family, e.g., changing the locks, or relocating. This created a sense of shared ownership and

collaboration between services and demonstrated the unique role of each agency in intervening with perpetrator. For example, Children & Families Social Workers in both local areas reported in the focus groups feeling more confident in challenging perpetrators and holding them accountable within decision-making processes around child welfare.

The key theme of worker safety and perpetrator manipulation of systems also illustrates a shift to greater joint action and cross-sector collaboration. Through the mapping of perpetrator behaviour within the MARAC process, MARAC professionals have been able to develop robust responses and protocols to alert other agencies of specific risks and implement appropriate safety plans.

As a result of the pilot, strengthened multi-agency approaches to supporting survivors was evident, with one practitioner stating that they felt that agencies were 'all on the same team' which led to consistent, coordinated, and compassionate responses and support. The integration of Safe & Together tools and principles within MARAC improved the cohesion and shared ownership of action plans and as such, built trust with survivors which in turn led to improved engagement with services. Some practitioners highlighted that even MARAC cases that were not mapped as part of the pilot were being reviewed and considered through a Safe & Together lens, and partners naturally started applying the same principles of partnering with the survivor, using strengths-based approaches, and holding the perpetrator accountable

83%

of post-pilot survey respondents agree that actions are developed collaboratively, with recognition of the survivor's expertise about their situation

“ It's not just Police, it's Children and Families, it's Criminal Justice...then a lot of the houses are local authority owned through different housing associations, so again it's putting other eyes and ears to what's going on...whereas before [the pilot], those actions, speaking openly and honestly...that level of focus may not have been there. ”

Interview participant

and visible throughout their practice.

This illustrates a broader culture change that the pilot enabled through improved collaboration across multi-agency partners and their practice as a whole, and the consistency of using the Safe & Together model (and in particular, the PPMT) in turn made interventions and support provision more cohesive and effective.



Outcome 10: Shared understanding and language across multi-agency partners

“ The pilot has made a significant impact. Non social work agencies such as Housing and Health are using the Safe & Together language in a consistent way and this is reflected in the information they are presenting. ”
post-pilot survey respondent

One of the key indicators of change from the pilot was the shift in language used within MARAC processes. Whilst practitioners in both local areas highlighted that there had always been efforts to use strengths-based language within their practice, the evaluation activities clearly highlight updates to reports, referral forms, case notes and MARAC minutes that highlight the survivor’s strengths, full range of protective efforts, and the wider context of the abuse.

For example, Children and Families Social Workers in one local area noted updates made to their referral template to explicitly include sections on the survivor’s protective strategies and to frame the risk in terms of the perpetrator’s harmful behaviour. Similarly in the other pilot site, MARAC feedback letters to referring agencies were changed to use affirmative wording that values the survivor’s

actions to protect herself and her children instead of outlining incidents of ‘failing to protect’.

“Survivor strengths aren’t left as an afterthought now – the template explicitly asks for victim/survivor strengths and this forces a strength-based lens in every discussion.” (IDAA).

Furthermore, it was highlighted across both pilot sites that there has been increased consistency across all multi-agency partners in using strengths-based language in line with the Safe & Together principles, tools and concepts. Through an increased focus on the language used within MARAC meetings, practitioners (particularly MARAC Chairs) also reported increased confidence to professionally challenge incidents where the language used insinuated victim-blaming.

Case study example

A health visitor shared in the focus groups that when an agency in MARAC said “Mum let him in again,” the group paused to consider the circumstances and recognised the ways in which the perpetrator had manipulated or coerced his way in; they then reworded the statement to reflect that reality rather than imply that the survivor ‘allowed’ it. By actively unpacking and reframing these narratives within MARAC processes, it ensures that blame is not shifted onto the survivor. In turn, when survivors receive updates or hear outcomes from MARAC, they are more likely to

receive feedback about their full range of protective efforts and parental strengths. This emphasis on what the survivor is doing right has a powerful effect: it not only changes professional practice but also helps survivors feel seen and valued, not judged.

Practitioners highlighted in the focus groups, interviews and survey that the integration of Safe & Together principles, tools and concepts enabled multi-agency partners to ‘sing from the same hymn sheet’, meaning survivors were more likely to receive a consistent response from all services.

Section 5: Enablers and Barriers

As outlined in the previous section, significant progress has been made towards each of the outcomes in the logic model during the pilot. The evaluation activities have identified a range of factors which enabled this progress, as well as some barriers and improvement actions that were identified as limitations.

Enablers

Training, workforce development and ongoing implementation support

Across both pilot sites, the training and implementation support received during the pilot were highlighted as key enablers for change. Despite some practitioners already having previous knowledge and training on Safe & Together and MARAC, the roll-out of the training at the start and throughout the pilot ensured that all partners had the same baseline knowledge. This enabled colleagues to improve practice, maintain consistency, and develop a shared understanding of how to apply the Safe & Together tools, principles and concepts to their practice. In fact, both pilot sites highlighted that training in Safe & Together should be mandatory for all MARAC partners going forward across all local areas.

Role of the MARAC Chair

The role of MARAC Chairs championing the integration of the Safe & Together approach was highlighted as a key enabler across both pilot sites. It was clear from the focus groups and interviews facilitated in both local areas that the role of the MARAC Chair was integral in:

- Ensuring that agencies only shared additional information to avoid repetition and to help manage capacity and time constraints;
- Promoting consistent strengths-based language throughout each stage of the MARAC process, and;
- Ensuring that perpetrators remain visible and accountable through the MARAC process.

Practitioners often cited the benefit of having a strong Chair in guiding information sharing and action planning to ensure that all stages of the MARAC process were aligned with the Safe &

Together principles, tools and concepts.

Several practitioners shared examples of how Chairs 'set the tone' for MARAC meetings in ensuring that all partners were using survivor strengths-based language and that the perpetrator and their pattern of behaviour was visible and held accountable at all times.

This consistent messaging and leadership approach was an enabler that fostered culture change and was key for the workforce to reflect on their practice, identify areas for improvement, and increase their confidence in implementing the Safe & Together model.

Revised MARAC tools and templates

One of the key enablers throughout the pilot was the use of the PPMT itself. It provided a standardised framework to structure research, information-sharing, and action planning within MARAC and enabled all partners to systemically identify the perpetrator's pattern of behaviour, harm to children, survivor's protective efforts and issues around worker safety.

Furthermore, the PPMT facilitated targeted and focused action planning which improved clarity of who the actions were for and why, as well as greater shared ownership of actions. This enabled all MARAC partners to recognise their own role in disrupting the perpetrator's pattern of abuse and reducing risk and harm to the survivor and the children.

Practitioners across both local areas credited the PPMT with improving practice and the ways in which it allowed clear, specific risks to be documented, leading to joined-up actions to keep children safe and together with the survivor. In addition, the tool enabled practitioners to piece together complex cases (for example, where one perpetrator was involved in several different cases) to build a fuller picture of risk. It is clear that the PPMT is not just considered as paperwork by those taking part in the pilot, but rather as a tool to enable more in-depth analysis of risk and effective multi-agency collaboration, including in cases involving complex patterns of abuse.

“The Safe & Together PPMT was used by the IDAA Service to share information. This was very useful as it provided a clearer and more structured account of the abuse experienced by the victim-survivor and her children, as well as its impact on them, and the protective actions the victim-survivor has taken.” (Practitioner Survey respondent, post-pilot)

Effective information sharing

Practitioners across both pilot areas highlighted more streamlined information sharing as a result of the pilot, with partners being encouraged to only share details that were relevant, proportionate, and avoid repetition. Practitioners noted that the pilot provided an enhanced understanding about relevant and proportionate information sharing which, combined with effective chairing, reduced the repetition of information.

In addition, this enabled agencies to develop a shared understanding of each other’s roles and both local areas noted that more cohesive action plans were created as a result; for example, multi-agency action plans often included education, health visiting, housing and other partners working together to support the family, as opposed to siloed working arrangements or one agency being responsible for taking forward the majority of actions.

Furthermore, the concept of worker safety as a shared concern also enabled effective information sharing and collaborative working. Across both pilot areas, agencies coordinated responses and protocols in light of perpetrator manipulation of systems and threats, which provided an important foundation for services and sectors to work together to reduce risks to survivors, children, the wider community and the workforce.



Barriers

Time, capacity and resource constraints limiting sustainable roll-out

The most commonly cited barrier to sustainable progress was the limited time, capacity and resource of local areas to attend role specific training, prepare and complete the perpetrator mapping tool, as well as lengthened discussions which required significantly more preparation at MARAC meetings. In fact, in one local area, this led to a second MARAC day being introduced to manage and respond to the workload. In the other local area, practitioners reported “implementation fatigue” relating to balancing the increased preparation work needed for MARAC alongside existing operational duties. This raised sustainability concerns about scaling up the pilot in recognition that time, staffing and workload constraints were a barrier. Practitioners from across the pilot therefore highlighted the need for further resources as part of any further roll-out of the pilot.

A MARAC Chair noted that early pilot meetings were challenging to chair, as case discussions ran longer than necessary, and some attendees were not fully equipped with the relevant knowledge and understanding of Safe & Together. Some agencies occasionally repeated information (most likely to mitigate the risk of missing out important details) which caused case discussions to overrun, demonstrating the need for continuous training and workforce development to increase confidence in using the integrated Models.

Alignment with child protection processes

A key challenge identified during the pilot was difficulties of aligning the principle of keeping children safe and together with the non-offending parent in a situation where the children were currently residing with the perpetrator. One local area shared an example where the children had been removed from the mother’s care due to concerns about neglect and had been placed with their father. During the MARAC meeting however, the framing of neglect was understood differently once the wider context of domestic abuse was taken into account.

In addition, both pilot sites highlighted that more strategic alignment was required between MARAC and statutory child protection processes. Some practitioners noted the risk of potential duplication and lack of clarity around decision-making processes; for example, how information captured through Inter-agency Referral Discussion (IRDs) and child protection investigations should interact with perpetrator mapping processes within MARAC if timelines do not complement each other. Across the two pilot sites, practitioners noted that child protection procedures should not be a barrier for agencies fully contributing to MARAC, and in turn, MARAC actions should also inform child protection processes. However, there is a need for formal protocols to be developed and implemented around this to improve clarity and ensure consistency.

Access to perpetrator data and information sharing across agencies

Whilst the increased focus on perpetrators enabled shared ownership over actions and collaborative responses to disrupt perpetrator patterns of behaviour, it also highlighted significant information gaps. It was noted that often, Police were the only agency who held detailed information about perpetrators, and this demonstrated a need for improved information sharing from Justice partners, as well as information sharing from services in other local authority areas where perpetrators may have previously resided. There are specific challenges associated with cross-boundary information sharing that requires strategic attention to enable effective perpetrator pattern recognition and risk assessment, as well as for safety planning around adult and child survivors.

Additionally, there are barriers around data governance that limited efficiency and effectiveness of the pilot. Practitioners in both areas recognised the importance of strict confidentiality protocols however highlighted that safe information sharing out with the context of the MARAC meeting is pivotal for effective action planning to address risks identified through the MARAC process.



Perpetrator engagement and lack of system intervention

Both local areas identified gaps in service provision and capacity within existing services to directly address and respond to perpetrators. It was highlighted that there is a significant lack of non-court mandated behaviour-change programmes for perpetrators of domestic abuse, which may in turn limit the options for perpetrators to be referred to specialist interventions and programmes. As a result, Police and Justice services are heavily relied upon to respond to and manage perpetrator behaviour and often, in cases where there aren't criminal charges, there are restrictions in the protocols and actions that can be implemented to reduce risk entirely.

The absence of robust perpetrator services was noted as a structural barrier and meant that actions targeted towards perpetrators specifically at MARAC were at times limited, and instead shifted the lens to safety planning for the family.

Inconsistencies in training access and the need for ongoing support

Whilst both pilot sites received training at the beginning of the pilot, both local areas noted that previous knowledge and understanding of the Safe & Together Model prior to the pilot taking place would have enabled faster progress and limited the initial 'teething issues' such as the length of meetings and repeated information sharing. It was highlighted that some partner agencies had limited understanding and knowledge of the Safe & Together principles, tools and concepts and therefore took longer to transition to using strengths-based language, compared to other agencies who were already working in a domestic-abuse informed approach aligned with Safe & Together.

In addition, due to the tight timescales of the pilot not all staff were able to attend the general or role specific training and later flagged that this had been detrimental to the smooth operation of the pilot.

As such, practitioners advocated for mandatory training and ongoing development opportunities, including space for reflective practice to support implementation, address any gaps in knowledge and ensure that all partner agencies are comfortable and confident using the principles, tools and concepts in practice.

Section 6: Summary

It is clear from the evaluation activities that significant progress has been made towards outcomes, improvements made to the MARAC process, and that there has been a breadth of learning around domestic abuse informed change captured throughout the MSTIP project.

Through leadership buy-in, shared learning opportunities, structured tools and collaborative working approaches, both local areas have successfully implemented more child centred, survivor strengths-based, and perpetrator focused practice throughout the MARAC process. This report has identified a number of key themes that have emerged during the six month pilot, including;

- the increased visibility of perpetrators within action planning;
- the improved research and information sharing by all partner agencies;

- shared language and understanding of survivor strengths-based practice;
- updated documentation, policies and procedures aligned to the Safe & Together model;
- the use of the PPMT as robust and effective scaffolding for assessing risk towards the survivor, their children, the wider community and the workforce; and
- how increased cross-sector collaboration and understanding can lead to improved support to and engagement from survivors.

Whilst the learning from the pilot demonstrates a clear commitment and appetite for continued integration of the Safe & Together model within MARAC processes, this evaluation highlights the importance of this work being resourced appropriately in order to ensure any future rollout is sustainable, effective and meaningful.





APPENDIX

Pilot area selection criteria:

- Having a strong operational MARAC with dedicated coordination;
- Existing evidence of Safe & Together implementation within their workforce;
- A commitment to completing a minimum of two case mappings per month over the pilot period (July–December 2025);
- Capacity for staff involved in MARAC to participate in a one-day Safe & Together overview training and a one-day toolkit training;
- Willingness to engage in optional coaching and troubleshooting sessions (up to three per area); and
- Willingness to participate in evaluation activities including surveys and focus groups.

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June 2026

