



# **EXECUTIVE SUMMARY**

## **Commissioning Domestic Abuse Services**

**A Report for  
The Thames Valley Police and Crime Commissioner  
By Karen Morton  
The Capability Company  
on behalf of Berkshire Women's Aid  
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## 1. Introduction

The Thames Valley Police and Crime Commissioner (the PCC) receives funding from the government to help meet the needs of victims of crime through the Victims of Crime and Restorative Justice Grant. The PCC will use part of this funding to commission one or more services to support those affected by domestic violence, to be delivered over the next few years.

Berkshire Women's Aid (BWA) applied for and received a grant, in the first round of PCC victims funding, to employ an independent consultant to research and map local services and to make recommendations for future commissioning of services for those affected by domestic violence and abuse.

This report is the result of that work. It has been informed by consultation with local stakeholders, and sets out key issues with regard to domestic violence and abuse in the Thames Valley. The primary commissioning recommendations bear in mind the requirement to fund only services that help victims to '*cope and recover*' as set out in the Victims Code.

This report also contains findings that do not necessarily inform PCC purchasing, but provide an opportunity to improve provision and partnership working beyond the scope of the Victim's Grant.

## 2. Methodology

### Where the information has come from

- Face-to-face interviews with around 50 representatives of organisations delivering, or responsible for, domestic abuse services in the Thames Valley. This includes all the specialist third sector organisations (TSOs), plus local authority commissioners, and criminal justice representatives.
- Telephone interviews with other stakeholders, plus representatives of CAADA and Women's Aid (nationally).
- Facilitated days with front-line staff and managers from TSOs
- Meetings with Community Safety Managers, Domestic Abuse Coordinators and others.
- Reviewing around 85 local and national reports, policies, strategies and research.

Because of the nature of this report, survivors of domestic abuse have not been directly interviewed, but views from local focus groups with survivors have been incorporated, as have some public testimony from survivors. Any future research which looks in more detail at aspects of this report should seek the direct views of survivors.

An iterative process of gathering data and exploring the implications has been used. A first draft of this document was submitted to the PCC at the end of October 2014, following which I consulted again with stakeholders about the key themes that were emerging. The general tenor was that what had been found chimed well with their experience and priorities.

**A note on gender:** The majority of domestic violence and abuse is perpetrated by men against women, and most of the research that I have drawn on is based on the experience of women. Violence perpetrated against women by men is the area of domestic abuse about which there has been most research and which is better understood, with services having developed over 30 years to attempt to support women. National and international strategies focus on violence against women. Domestic abuse is a massive issue, and focussing on violence against women helps narrow the brief of this work. For all these reasons, this

report tends to refer to the victim as female, and the perpetrator as male.

**This is not to diminish the real impact of domestic violence experienced by men and boys.**

### 3. The context

Every year thousands of incidents of domestic violence and abuse are recorded in the Thames Valley (and thousands more are not). A great many agencies are involved in trying to support those affected, and prevent more abuse. Costs are estimated to run into the millions.

However, whilst there are numbers of local strategies and professionals involved in addressing domestic abuse at different levels, the emerging picture of domestic violence services is one of reductions in provision. The government has recently expressed its concern about local authorities increasing reluctance to fund the provision of refuge support for women from outside their area. This is because the reciprocity of arrangement is one way in which women at serious risk can be safer. However, it is not surprising that local authorities are having to review their priorities, with spending cuts disproportionately affecting housing and social care, whilst at the same time the impact of other legislative change is leading to increases in homelessness. The trend to purchase domestic abuse services from the open market, rather than grant funding existing providers, is also changing the pattern of provision. At the same time, new technologies and an increased awareness of the impact and implications of domestic abuse provide new opportunities to tackle the problem.

## 4. Themes and findings

### 4.1 Core services must continue

To ensure that survivors of domestic abuse receive their rights under the Victims Code, the Istanbul Convention, and EU Victims Regulations, core services need to be available and accessible across the Thames Valley. Covering the cost of these services is beyond the brief of the PCC, but funding other activities may be pointless if core services are significantly reduced or lost.

*Q: What should I do if I have concerns about a victim's safety after I complete the checklist but it does not meet the threshold in my area for a multi-agency response?*

**A: You should signpost the victim to your local specialist domestic abuse service.**

From Laura Richards (inventor of the DASH form) in advice on her website.

As a baseline I would suggest that each local authority area within the Thames Valley should be able to demonstrate provision of core generic services. These are:-

- Sufficient emergency refuge, and longer-term safe accommodation for women and children, with refuge-based staff (the current provision in the Thames Valley is approximately 60% of that recommended based on population size).
- Children's workers to support child victims in the refuge or the community.
- Independent Domestic Violence Advisor (IDVA) provision to support the local Multi Agency Risk Assessment Conferences (MARACs) in line with CAADA recommendations.
- Outreach and resettlement workers to support those who do not wish for or need refuge and those moving on from a refuge, or moving into new accommodation from elsewhere.
- A 'sanctuary' scheme to help women stay in their own homes if they wish.

- 1:1 counselling or other emotional support.
- Access to practical support, including advocacy, free legal advice (for injunctions, immigration, contact with children), benefits and housing advice.
- The opportunity to be part of a group, such as the Freedom Programme, to build confidence and self-esteem, and provide tools for change.

Because the above services should be easy for any woman to access, core provision should also include:-

- A 'helpline' for direct access to services or referral by agencies.
- Some sort of 'drop-in' facility, to provide a front door to services (which may be co-located with other services).

## 4.2 Themes emerging to inform commissioning priorities

### 4.2.1 Children and young people's services

Children and young people are affected by domestic abuse in many ways. They may be abused themselves, they may witness abuse, or their lives may be disrupted as a result of a parent's attempt to address the abuse, for example, having to change school. There is already ongoing work in the Thames Valley to support child victims of domestic abuse, although it is patchy, with few (if any) services universally available.

Young people (16-17 year olds) who are in their own relationships are now included in the government definition of abuse. This brings a particular challenge for agencies, particularly with regard to safeguarding responsibilities.

There is currently collaborative work ongoing to map the provision across the Thames Valley, and provide the opportunity for sharing of good practice.

### 4.2.2 Complex needs - see also 5.1 below

Many of those affected by domestic violence have significant other needs - sometimes intrinsically connected with the abuse. This might include mental or physical health problems, offending, self-harming or drug misuse. Despite the increase in multiagency working there can still be difficulty accessing appropriate help, with stories of agencies referring on, rather than providing support themselves.

As public funding reduces, thresholds for accessing statutory support services will inevitably rise.

### 4.2.3 Minority groups

Black and Minority Ethnic (BME) women are over-represented at MARAC; Lesbian, Gay, Bisexual and Transgendered (LGBT) and disabled women are under represented; both sets of facts raise concerns.

Those with a physical or learning disability are likely to experience various barriers to accessing services - and also have an additional vulnerability which would increase dependence on an abuser, but there is very little specialist provision available in the Thames Valley. Similarly those experiencing violence in a lesbian or gay relationship may find it difficult to talk to mainstream organisations about their experience, but there is nowhere to go for specialist support.

#### 4.2.3.1 Specialist Black and Minority Ethnic domestic abuse services

Domestic violence can affect anyone, and I have not found evidence that the prevalence is greater for those from black and minority ethnic communities. However, BME women are disproportionately affected by different forms of abuse, such as forced marriage, “honour-based” violence, trafficking, and female genital mutilation (FGM) and can experience repeat victimisation through racism. BME women, and those without English as a first language, may additionally find it harder to access services due to unfamiliarity, lack of provision for cultural or religious needs and poor translation services. Whilst there are some specialist workers in the Thames Valley and one Asian Women’s refuge (run by Berkshire Women’s Aid), it is unlikely that this is sufficient. Without BME-led organisations, within BME communities, the experience and needs of BME victims may simply not be heard.

#### **4.2.4 Accessing the services**

Many women who are experiencing domestic abuse do not wish to seek help from statutory agencies, but it is crucial that they can easily contact someone, and that the first contact is helpful and supportive. There are very few direct access locations (hubs) where a woman can receive informal support in the Thames Valley.

#### **4.2.5 Training**

Relationships between agencies can vary across the Thames Valley, as can the level of understanding of the complex nature of domestic abuse. There appears to be room for many front-line staff in statutory agencies to have a better appreciation of the realities of domestic violence. Most third sector domestic abuse organisations, and domestic abuse coordinators, are involved in delivering training of some kind. The Domestic Abuse Champions scheme is able to combine training with the infrastructure for mutual support and networking. The IRIS scheme makes a real difference to how front-line health workers address domestic abuse.

#### **4.2.6 Independent Domestic Violence Adviser (IDVA) services**

There are already IDVAs employed across the Thames Valley, but together they provide fewer than the CAADA recommended hours. One of the findings was concern that the focus on high risk left others with insufficient support. There is also the potential for employing more IDVAs with a particular specialism - e.g. work with young people. The Home Office has just confirmed continuation funding for those post currently match funded by them.

#### **4.2.7 Legal services**

Whilst the criminal justice system has brought in new ways of working to increase the protection of victims and punishment of perpetrators, there are still significant problems in this arena, for example with the victim’s experience of the court processes. Changes to legal aid are impacting on the ability of women to benefit from civil remedies, and reducing the numbers of lawyers who can continue to offer such services. The universal use of the DASH (or DOM5) form helps provide a common assessment framework, but because it identifies high risk for priority action, many people have concerns about what happens to those assessed at lower level.

#### **4.2.8 Counselling and therapy**

Some areas have specialist counselling available to victims of domestic abuse; others rely on the generic services. There is now a greater understanding of how the trauma of abuse may link with the outcomes for the victim, but no specialist provision outside of the women’s refuge organisations.

## 5. Commissioning recommendations

The main recommendations below are designed to meet the requirements of the Victims Fund, and to be feasible and useful commissioned on a Thames Valley wide basis.

### 5.1 The development of a Complex Needs Service

This report is the result of that work. It has been informed by consultation with local stakeholders, and sets out key issues with regard to domestic violence and abuse in the Thames Valley. The primary commissioning recommendations bear in mind the requirement to fund only services that help victims to '*cope and recover*' as set out in the Victims Code.

There is a cohort of particularly vulnerable women, affected by domestic violence, who are not able to access emergency accommodation because of substance misuse and/or mental health issues. This can be defined as complex needs, or is sometimes known as the 'toxic trio'.

Last year, three Thames Valley refuge organisations recorded around 40 incidents between them of being unable to accommodate a woman because of her high needs. The main reason for this was because 24 hour cover is not available. Another refuge organisation was unable to accommodate 60 referrals, over a 6 month period, because needs were too high. The DASH Charity previously employed a Substance Misuse IDVA who worked with around 100 clients each year.

There are many reasons that it makes sense for the PCC to consider commissioning work with a specific focus on women with complex needs. For example:-

- Women with complex needs are not currently catered for, in any consistent way, in the Thames Valley, particularly with regard to immediate, supported, emergency accommodation.
- Complex needs are often a factor in some of the most intransigent situations of domestic violence, which can take the time and attention of a wide range of agencies, and still not really help the victim.
- There is room to build on existing good practice with regard to joint working in the Thames Valley and this ticks a number of priorities for different agencies with potential to draw down other funds aimed at addressing this complexity

This may be a one-off opportunity to invest sufficiently in this difficult area to do something really substantial, over and above what might be able to be developed in a more piecemeal way if and when resources allow.

This is not a 'one-size fits all' situation but about the challenge of meeting a wide range of needs, issues and circumstances. A complex needs domestic abuse service must therefore be able to offer holistic support, working with a woman in whatever way is most immediately helpful.

I suggest that this commission might anticipate delivery in two stages:-

1. a) Developing the groundwork, through building relationships and protocols, locating and harnessing best practice, understanding existing arrangements and joint working, and relevant local priorities - and at the same time:  
b) Establishing a complex needs outreach service with domestic abuse staff who are particularly able to work with women affected by drug, alcohol and mental health issues. To avoid further silos, these staff should be able to support women with a range of needs. They may be sited within an existing agency, but should be available, between them, across the Thames Valley.

2. The development of safe places for women to stay, immediately available (day or night), without requiring complicated referral procedures, or other barriers to access. This could be the development of specific refuges or a scheme that locates suitable bedspaces in a variety of accommodation sources - or both. Other support and expertise would aim not only to address the most acute issues, but also to provide broader support and activities to enable a woman to take control of her situation.

Any resource must be available for:-

- a) single women (including women who don't have their children with them) and
- b) women with children.

Development should be supported and informed by a reference group, drawing on relevant local expertise.

## 5.2 Specialist network

A complementary, or separate, commissioning option would build on the range of issues outlined above, to create a network of specialist domestic abuse workers across the Thames Valley.

These specialisms should include work with:-

- Young women who are under 18 but in their own abusive relationship.
- Women with complex needs, including substance misuse and mental health problems (unless this is being funded under the recommendation for complex needs as above)
- BME women/women who don't have English as a first language/women affected by honour-based violence, forced marriage.
- Children.
- Disabled women.

The specialists would be front-line domestic violence practitioners primarily working within their area. The worker might also be an IDVA, refuge worker, outreach worker, children's worker or other member of staff, but additionally tasked to share their specialism across the Thames Valley, with a strategic role to lead on that theme at a local and Thames Valley level.

This recommendation would bring the benefits of providing some sustainability of provision combined with a concentrated focus on areas of weakness, and a coordinated focus on sharing of best practice across the Thames Valley.

## 5.3 An overarching recommendation

### **Create a Thames Valley Violence Against Women and Girls (VAWG) Specialist/Lead**

Given the considerable numbers, complexity, seriousness and consequences of domestic violence and abuse, and the way in which demographic and policy changes and cuts will impact, I suggest that the PCC employs a VAWG specialist, who understands the field, can keep track of changes and implications, coordinate, influence and engage with local statutory leaders. I suggest VAWG, specifically, to ensure cohesive focus where needs are greatest, mirror the priorities and policies of government and Europe, and help address the crossover of needs/experience/provision that might otherwise be exacerbated by commissioning separate priorities.

The Thames Valley is full of remarkable people who are deeply knowledgeable about all aspects of violence against women and girls. There is huge potential in bringing small groups of such individuals together in dynamic, well-facilitated, round table discussions.

Some of these people may not usually attend statutory fora; for example, specialist psychotherapists, academics and campaigners. Those from the private sector who are experts in new technologies, communications, marketing could offer much to the thinking. Topics that could be addressed by small, mixed groups of experts could include developing work with 16/17 year olds, how to make use of new technologies, how to change behaviours.

Additionally there are already numbers of multi-agency discussions and strategies appertaining to domestic abuse (e.g. domestic abuse coordinators meet, each local authority has, or is working on, its own strategy) but there appears to be no consistent mechanisms for connecting these forums.

Summary of the main purpose of the role:-

- ensure cohesive focus where needs are greatest;
- address the crossover of needs/experience/provision;
- connect agencies who are working to achieve the same ends;
- ensure response to domestic violence in the Thames Valley remains dynamic after services are commissioned;
- gather knowledge from all sectors to address the ongoing crisis of violence against women.

## 6. Other recommendations emerging from the findings

- To work with specialist organisations, and survivors from minority groups, to explore the best way of ensuring services are fully accessible to those who might be most vulnerable or isolated because of disability or sexuality.
- To develop a scheme to build a pool of specialist translators trained to understand domestic abuse.
- To create a forum in which specialist BME workers (in the domestic abuse field) can share good practice, their experiences and support each other.
- To investigate further whether the specific needs of BME women are being met in the Thames Valley.
- To map legal provision across the Thames Valley and investigate the possibility of coordination, or development of legal advice services (as modelled by Flag DV).
- To consider the provision of consistent, specialised services focused on helping victims recover from the trauma of domestic abuse.
- The suggestion was made of a single helpline number for the Thames Valley, but further consultation suggested a number of reasons why this might not work. However, there was general recognition of the benefit of ensuring more direct access locations for those affected by domestic abuse - small scale 'hubs' at a local level.
- To review the nature and scope of training that is available across the Thames Valley, locate any evidence of impact (already known in the Champions work), whether the training is changing behaviours, and where they may be gaps.

## 7. Final and important finding

Probably the most common single answer to the question - *if you had a magic wand and could do one thing to impact on domestic abuse* - was education. This was mainly education of children, to help understand healthy relationships, and the realities of abuse (generic education is outside the remit of the Victims Fund), and also the education of professionals and of the general public. Several people mentioned this arising out of the frustration that domestic violence is still so endemic, and that delivering service to victims is like sticking a plaster on a wound that won't heal.

Recommendation: Find a way to develop more consistent working with children and young people as part of a preventative agenda that provides follow-up activities and a way of assessing whether the input has had any impact.

***Karen Morton, April 2015***