



Commissioning Domestic Abuse Services

**A Report for
The Thames Valley Police and Crime
Commissioner**

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on behalf of Berkshire Women's Aid

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Note: The Executive Summary is published as a separate document.

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 has been informed by consultation with local stakeholders, and sets out key issues with regard to domestic violence and abuse in the Thames Valley. It aims to locate existing services and identify the local (and national) context to inform future commissioning. The commissioning recommendations bear in mind the requirement to fund only services that support victims, and that help victims to '*cope and recover*' as set out in the Victims Code. They also aim to identify where there are needs not being met, and where a funded project could feasibly operate at a Thames Valley level.

As well as making recommendations to inform PCC commissioning, this report also contains findings that do not necessarily directly inform future purchasing, but which are part of the context for commissioning, or 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 (See Appendix)

- 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 and criminal justice representatives, as well as some of the organisations who work with domestic abuse within a wider remit.
- Telephone interviews with other stakeholders, plus representatives of CAADA and Women's Aid (nationally).
- Facilitated events with:-
 - front-line staff from most of the third sector organisations (including refuge workers, IDVAs, outreach workers, and children's workers) looking at issues and pathways to services.
 - the managers of the Women's Aid organisations;
 - the managers of all the TSOs to consider initial findings;
- A meeting of the Thames Valley Community Safety Managers.
- A meeting of the Thames Valley Domestic Abuse Coordinators.
- Attendance at the Thames Valley Domestic Abuse Strategy Group.
- Conversations with local providers during two PCC events run by Citadel.
- Attendance at a Home Office Violence Against Women and Girls (VAWG) Commissioning Event.

- Reviewing around 85 local and national reports, policies, strategies and research.
- A meeting of TSOs to consider children's domestic abuse services.
- A meeting of front-line workers and domestic abuse coordinators to consider complex needs.
- A briefing on the MEAM (Making Every Adult Matter) scheme.
- Slough Domestic Abuse Strategy gathering.

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. However, 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, after which I met again with stakeholders, including local authority commissioners, to harness views about the initial findings. This final draft has been revised to incorporate those responses.

It should be noted that this report does not attempt to quality check any of the current provision (although some comments have arisen and been incorporated). There are dozens of other organisations in the Thames Valley, both statutory and voluntary, who do not work exclusively with those affected by domestic violence and abuse, but who will find themselves in contact with victims, for example organisations working with refugee and asylum seekers, or women offenders. Some of these organisations are mentioned as potential partners later in this report.

3. About domestic violence and abuse

Violence against women is a despicable crime which has absolutely no place in our society. But for too long, too many women and girls have suffered domestic abuse, rape, sexual assault and crimes such as stalking. In 2012/13, 76 women lost their lives to a partner or ex-partner. The Right Honourable Theresa May MP Home Secretary, A Call to End Violence against Women and Girls Action Plan 2014 HM Government March 2014

The current cross-government definition of domestic violence and abuse is:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

From Domestic Violence and Abuse. Home Office Updated: 25th November 2013

This document will refer to domestic violence as a crime (as does the Home Secretary in the quote above), and those affected by it as victims or survivors. Although many forms of domestic violence are crimes, e.g. assault, false imprisonment, criminal damage, harassment, attempted murder, and rape, it should be noted that there is currently no specific offence of domestic violence or abuse in criminal law.

On 19 August 2014 the Home Secretary, Theresa May, launched a consultation on strengthening current laws on domestic violence. A main focus was whether coercive and

controlling behaviour in intimate relationships should be a specific offence. The majority of respondents were in favour and in December 2014 the Home Secretary announced that she: *'will include a new offence of domestic abuse as an amendment to the Serious Crime Bill, to be introduced at commons committee stage. The amendment to the Serious Crime Bill will explicitly criminalise patterns of coercive and controlling behaviour where they are perpetrated against an intimate partner or family member'*. Strengthening the Law on Domestic Abuse Consultation; Summary of Responses. Home Office, December 2014.

Because of the nature of the domestic violence, there are many public bodies who have responsibilities in relation to this issue. Someone whose life is affected by domestic abuse may find themselves engaging with a wide range of agencies - or with none. Police, courts, solicitors, social workers, schools, health visitors, GPs, magistrates, mental health workers, and hospitals may all have a role to play in identifying or addressing domestic abuse.

Agencies have their own particular perspectives, seeing the crime (and victims) through professional and geographical filters. For example, police and courts have a responsibility to bring a perpetrator of domestic abuse to justice. Social care have a priority to safeguard children (and vulnerable adults).

4. Gender

"This is a gendered issue". Norman Baker MP Minister of State for Crime Prevention - Speech to Home Office Commissioning Conference October 2014

Research and practice experience reveals that domestic abuse remains a gendered issue:

- *In over three-quarters (77%) of incidents of domestic violence the victims are women.*
- *Nearly 1 million women experience at least one incident of domestic abuse each year*
- *Two women are killed each week by their partner or ex-partner*
- *One in four women experience domestic violence over their lifetimes*
- *Between 6-10% of women suffer domestic violence in a given year.*
- *54% of women victims of serious sexual assault were assaulted by their partner or ex-partner*
- *19 per cent of women have experienced stalking since the age of 16*

From Wokingham Borough Council Domestic Abuse Strategy 2012-15

The majority of domestic violence and abuse is perpetrated by men against women, and most of the research informing this report is based on the experience of women.

Although men experience domestic abuse too, both at the hands of women and other men, research shows female victims are subjected to more serious violence than males and suffer more severe psychological consequences (Ansara and Hindin, 2011). In a study by Shelter, 40 per cent of all homeless women stated that domestic abuse was a contributor to their homelessness; indeed it was the single most quoted reason for becoming homeless. Policing Domestic Abuse, The Police foundation, October 2014

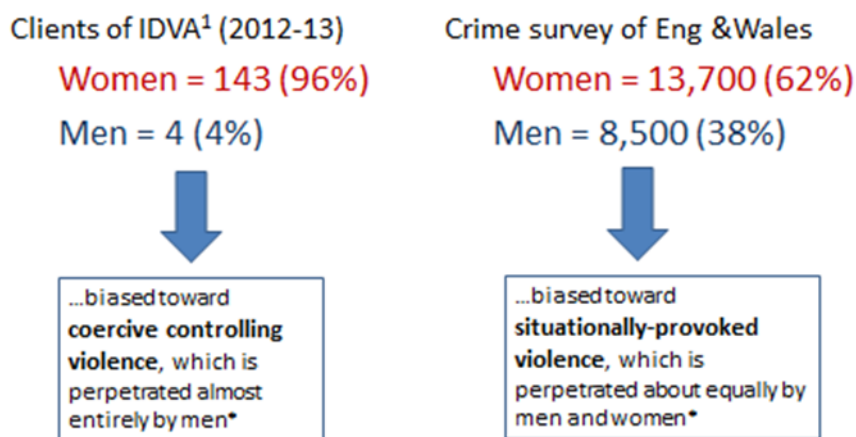
Violence perpetrated against women by men is the area of domestic abuse about which there has been most research and which is better understood, with services having developed over 30 years to attempt to support women survivors. Violence against women by men is more often through coercive and controlling behaviour, as identified in the diagram below. Domestic abuse is a massive issue, and focusing on violence against women helps narrow the brief of this work. National and international strategies focus on violence against women.

Violence against women is clearly a human rights issue. Public authorities also clearly have obligations to tackle domestic, sexual and other forms of violence against women under Article 2 (the right to life), Article 3 (the prohibition of inhuman and degrading treatment) and Article 14 (the prohibition of discrimination) of the European Convention of Human Rights. Domestic and sexual violence disproportionately affects women, and the adverse impacts can be extremely severe: physical and mental suffering that destroys women's lives, and an average of two women a week killed by their violent partners or ex-partners. Therefore public authorities should see tackling domestic violence as an important priority in terms of their duties to eliminate discrimination and promote gender equality." (Cutting Women Out in Bristol: A Human Rights and Equality Impact Assessment of the Public Sector Spending Cuts on Women in Bristol. Fawcett Society).

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.

Gender difference (1)



¹ IDVA Annual review April 2012 to March 2013

*http://www.caada.org.uk/documents/IPV_implications_children_slides.pdf

5. Prevalence and impact

A 2011 cost/benefits analysis of Oxfordshire domestic abuse services used the Home Office 2010 Ready Reckoner and estimated that physical and mental health costs in Oxfordshire, as a result of domestic abuse, were £15.8 million per annum.

Domestic violence costs society nearly £16 billion per year. Walby, S (2009) Cost of domestic violence. Lancaster University

In the 12 months to the end of August 2013, Thames Valley Police recorded 8,119 assaults with injury, of which 2,686 were domestic abuse related - 33% of all assaults with injury.

Domestic abuse has accounted for 31.4% (27 out of 86) of adult homicides over the last five years.

32,404 incidents of domestic abuse were reported to Thames Valley Police in 2010/11.

It is estimated that 72,331 women between the ages of 16 and 59 were affected by domestic abuse that year.

Violence against women was a factor in the deaths of at least 15 children in 2012, a third of children killed that year. Ingala-Smith, K. (2013) Child Killers

Domestic violence has a considerable impact on the health and wellbeing of victims, and that of their children. The direct and immediate physical effects of domestic violence include injuries such as bruises, cuts, broken bones, lost teeth and hair, miscarriage, stillbirth and other complications of pregnancy. The results of domestic violence can also be long-term and may cause or worsen, chronic health problems of various kinds, including asthma, epilepsy, digestive problems, migraine, hypertension, and skin disorders. Domestic violence also has an enormous effect on long term mental health, and may lead to increased use of alcohol, drugs and other substances. The health, development and emotional wellbeing of their children are also likely to have been seriously affected from witnessing abuse directed at their parent (in legislation this is recognised as harmful to the child in its own right) and also in many cases from direct abuse which they may have suffered. Thames Valley Domestic Abuse Strategy Group Briefing for the PCC

6. Services in the Thames Valley

The Thames Valley is full of organisations and individuals who are deeply concerned about supporting victims, tackling the issues of domestic violence and helping those affected. Part of the process leading to this report has been a comprehensive mapping of domestic abuse services which are delivered by a range of agencies across the Thames Valley.

There are 9 main Third Sector Organisations (TSOs) delivering front-line services to women, men and children who are affected by domestic abuse, or at risk of abuse.

The independent charities are:-

- The Dash Charity
- Berkshire Women's Aid
- Wycombe Women's Aid
- Aylesbury Women's Aid
- MK-Act
- Reducing the Risk
- Flag DV

The Housing Associations are:-

- SDAS (Slough Domestic Abuse Services), which is part of the Home Group Housing Association.
- A2Dominion.

Between them these organisations deliver a range of emergency accommodation (across twenty-four refuges - reduced from twenty-six in 2014), outreach, resettlement and practical and emotional support for those affected by domestic abuse.

As part of this process that some activities are reasonably well covered across the area (such as emergency accommodation), whereas others are very patchy (such as drop-in facilities and counselling services).

All the county councils and unitary authorities within the Thames Valley have a particular member of staff, usually a Domestic Abuse Coordinator (Windsor & Maidenhead and Bracknell share a Coordinator), who is able to focus on coordinating services in that area. The Thames Valley Police have a dedicated Domestic Violence team in most areas.

There are various multi-agency strategy groups operating in the local authority areas within the Thames Valley, plus one central strategy group. Each area also holds multi-agency safeguarding conferences (MARACS) and some areas have developed MASHs (multi-agency safeguarding hubs).

A network of systems and partnerships has developed around the domestic abuse agenda, with the implementation of risk assessment, the MARAC, and specialist domestic violence courts. A more strategic, joined up approach has been helpful, and has led to significant improvements in practice (such as speeding up the time it takes to get a case to court).

There are some interesting and innovative partnership arrangements. For example, the Domestic Abuse Service Co-ordination (DASC) is being trialled in Bracknell Forest and is currently being scientifically evaluated by Cambridge University. It aims to provide enhanced support to standard and medium risk cases of domestic abuse and their children, along with enhanced management and supervision of offenders.

7. The changing context

There is an approaching crisis with regard to refuge provision across the UK. The combination of local authority cuts, the fact that Supporting People (funding via local authorities for special housing provision) is no longer ring-fenced, plus commissioning specific aspects of services rather than grant-funding organisations, is reducing the number of beds available for emergencies. This is coupled with a reduction in 'move on' options, which frequently leads to women and children staying in a refuge far longer than necessary to enable them to 'cope and recover' because there is nowhere else for them to go. This is clearly a poor use of scarce resources.

After almost 40 years the refuge in Exeter run by Stop Abuse For Everyone (SAFE) the organisation Collier works for, closed in March when the county council decommissioned its services. The same has happened in Gloucestershire, Cheshire, Dorset, Somerset, Sheffield, Nottingham, Leeds and Leicestershire, to name just a few. Crisis in refuge accommodation, The Guardian, August 2014

A worrying national trend, that is being reflected in the Thames Valley, is a growing reluctance of local authorities to maintain the long established reciprocity that enables those fleeing violence to find safety away from their home area. One of the reasons is because it is seen as a way of women from 'outside' establishing a local connection, suggesting that local council tax payers will not want their money spent on non-residents. This is despite the fact that it is frequently evidenced that more women from an area are rehoused away, than come into the area for refuge.

The government has attempted to encourage local authorities to resist this trend.

Households at risk of domestic abuse often have to leave their homes because of the risk of abuse. 70% of referrals to refuge services in England are from local authority areas outside the one in which the services is located. There is a clear need for women and their children to

be able to travel to different areas in order for them to be safe from the perpetrator. We would expect local areas to extend the same level of support to those from other areas as they do to their own residents.

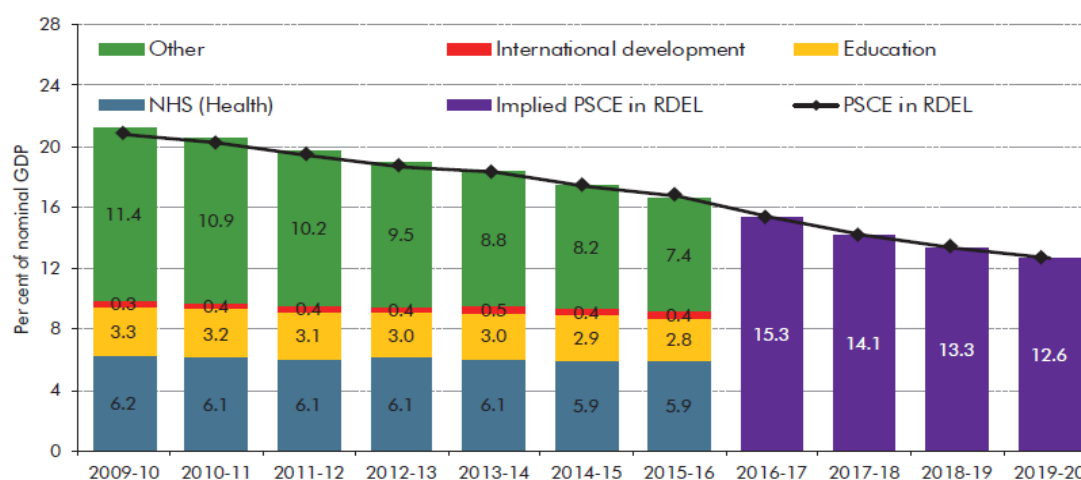
Government guidance to housing authorities November 2014 Department for Communities and Local Government

In November 2014 the Department for Communities and Local Government (DCLG) rather unexpectedly made available a fund of up to £10m to shore up refuge provision. A key eligibility criterion was that funds could only be used for refuges which would be open to women from outside the area. This was a real opportunity to increase income for refuge provision (up to £100k was available per housing authority), but unfortunately the tight timetable for applications made it difficult for many areas to bid.

Whilst local authorities have looked to make savings it is clear that many areas around the country have managed to do this and at the same time protect front line services. However we are aware that some local areas are making commissioning decisions to close or replace specialist domestic abuse provision with generic services that provide very limited, if any, support. We are also aware of some authorities who only provide support to local victims refusing to help all others. Government is concerned that this is happening. Funding to strengthen accommodation based specialist domestic abuse service provision Bidding Prospectus November 2014 DCLG

It is perhaps inevitable that local authorities will have to seriously question any non-statutory provision, because the amount of discretionary spend is dramatically decreasing. If health, education and international development continue to be protected by government, then there is only 3.5% of GDP left to spend on everything else by 2019/20 - see this diagram below. (NB DEL means 'Departmental Expenditure Limits').

Chart 4.4: Resource DEL and implied resource DEL relative to GDP



Plans for RDEL excluding depreciation upto 2015-16. Beyond 2015-16 based on implied PSCE in RDEL calculated from the Government assumption for TME. Other includes unallocated amounts.
Source: HM Treasury Autumn Statement 2014, HM Treasury Public Expenditure Statistical Analyses, July 2014

As public funds become tighter, thresholds for accessing services will inevitably rise, and funding available to support individuals will reduce.

Whilst health and social care joint commissioning is becoming more common, it does not appear to be specifically addressing domestic abuse.

The implications for emergency accommodation of changes in the benefit system, with the shift to universal credit, are not yet fully understood. Traditionally those accommodated by refuges or other housing projects have contributed rent, often covered by Housing Benefit.

Under the new system there will be exempt accommodation which will still be eligible for housing benefit, but this will not be payable where the local authority owns the property.

Women's Aid is extremely concerned that the proposed regulations will result in refuges receiving less in rental income from residents, and any rent they do receive via survivors in receipt of Universal Credit is likely to be less frequent, leading to cash flow problems for refuge services. There is a real fear that this will result in refuge services becoming financially unviable and this will result in service closures and fragmentation of the national network.
Women's Aid website

Reductions in funding for services, or continual uncertainty about the future, is also leading to the loss to the field of some very skilled staff, with the broad experience to respond with a range of support. Such losses can occur even if the service is maintained, but a new provider is commissioned. Staff may be 'TUPE'd' from the previous organisation to the incoming one, but find the new regime too far removed from the values they are used to. In December 2014 one Thames Valley service provider lost a total of 47 years of experience as a result of reshaping its services to fit a new contract.

Thinking about existing special human resources. Hopefully not lost in changes (e.g. very experienced refuge workers). Local Authority Commissioner in the Thames Valley

In 2013 9,577 women and 10,117 children accessed refuge across the UK, but on the census day 155 women and 104 children were turned away due to no availability of refuge, victims and their children would be probably limited to staying with an abuser or fleeing the abuse and facing a night on the streets or in unsupported temporary accommodation. Thames Valley TSO quoting Women's Aid findings.

The shift from grant funding to commissioning has created difficulties for many voluntary organisations, particularly those delivering services that support local people. These organisations have not had the experience to compete in an open market place. They may excel at supporting those they work with, but not have the skills to successfully win the contracts. Procurement has sometimes been managed poorly by local authorities, with specifications failing to recognise the added value of strong local relationships, holistic experience, or networks of volunteers. The pattern of commissioning can mean that very specific services are purchased rather than the holistic basket of support delivered by grant funded organisations. If an activity (such as children's work or counselling) is not listed in a procurement specification it may not be possible for an organisation to provide it. Previously grants and/or Supporting People funding generally provided more flexibility. Some commissioning has included services within a global specification that are simply outside of the remit of the organisation that has previously been delivering. For example, adding perpetrator programmes into the specification for refuge provision.

The 2013 Women's Aid survey (nationally) reported that:-

- *Of 80 respondents running services without dedicated funding, 47 (59%) were using their reserves to fund services.*
- *Of 145 respondents expecting to receive local authority funding during 2013/2014, 30% expected to get less compared to last year – 17% did not know if they were getting local authority funding (even though the survey was conducted three months into the financial year).*

The increasing practice of purchasing specific services can mitigate against the flexible, holistic provision that can be particularly helpful for those with complex needs. The voluntary sector has traditionally been very good at working with the people who come to the organisation - whatever they may be bringing - rather than looking to serve that aspect of the person's needs which they are being contracted to meet.

*Revolving Door Agency recently produced a very powerful evaluation of Street Talk, which is a counselling service for women involved in street-based prostitution. They found that the women principally valued the service for its willingness to bear witness, not just as an intervention but as an end in itself: “the women talked about being believed, about recognition of the extent of the harm done to them and about reassurance of the ‘normalness’ of their behavioural, emotional and physical response to extraordinary circumstances”. **Bearing witness is itself an act of vulnerability and courage, but not one you would ever find in service specifications.***

Julian Corner, CEO Langkelly Chase, speech to Clinks Conference July 2014.

To a certain extent, current resourcing of core services, as described above, is tied into statutory responsibilities. There is some concern that, in a climate of cuts, there is a trend towards only funding, or engaging with, aspects of support for victims that is a statutory requirement. This may skew activities unhelpfully. For example, safeguarding, usually of children, is a social care priority (rather than domestic abuse specifically). This can lead to an overemphasis on the needs of the children, which are not always the same as the needs of their mother - although if she is not supported, the children may suffer.

We are also seeing an emerging crisis in homelessness generally. One local Thames Valley commissioner cited expectations that their local authority would see an 80% rise in homelessness.

The most recent quarterly statistics published in December 2014 record the highest number of households placed in temporary accommodation by local authorities in the last five years (60,940 at the end of September 2014). The number of families with dependent children placed in B&B style accommodation increased from 630 at the end of March 2010 to 2,080 at the end of September 2014. Homeless households in temporary accommodation (England) House of Commons Library updated 14th January 2015

8. The future

I have not been able to find good intelligence on the likely trajectory of domestic abuse in the future. Unfortunately it will probably be necessary to assume growth in the crime with growth in the population. Despite considerable effort to address the issue, the figures appear to remain broadly similar over the years.

This report has already mentioned the erosion of the national network of refuges to women, and the impact of the cuts in public spending. The increasing policy focus on violence against women and girls might lead any government to recognise that central funding may be needed to ensure that refuge provision can survive the difficult choices being made by local authorities. Legal changes, such as the likely creation of a crime of domestic violence, recognising coercive control, and Domestic Violence Protection Orders are generally welcomed, but new provisions may put additional pressure on already overstretched services.

Issues such as the continued reduction in public housing and pressure on mental health services, are already impacting on those affected by domestic violence.

The reduction in legal aid affects the ability of women to help themselves be safe, and there are stories of women having to go to a refuge in order to access such remedies (even if it wasn't necessary or desired) because of the gateway requirements. There are ever fewer legal aid solicitors available because it is becoming almost impossible to make a viable business of a legal firm that includes civil legal aid.

The development of new technologies and social media brings both benefits and problems, creating new ways for controlling and stalking but also the chance to connect positively.

Twitter has exposed a shocking level of misogyny that reinforces the importance of recognising violence against women and girls as a specific agenda. The TecSOS phone, being rolled out internationally from the Thames Valley, is a handset that enables a user to push a central button and activate immediate contact with the emergency services, providing details of the location from the handset and triggering an immediate recording of all activity in the vicinity of the device.

In one of the facilitated discussions that informed this report, the analogy of the game of Jenga was suggested. People keep taking out a block at a time, and the structure seems to hold - but there will be one block that when it is removed, everything collapses.

9. What victims need

Victims of crime should be treated in a respectful, sensitive and professional manner without discrimination of any kind. They should receive appropriate support to help them, as far as possible, to cope and recover and be protected from re- victimisation. Code of Practice for Victims of Crime Ministry of Justice October 2013

In 2013 the Ministry of Justice published its Code of Practice for Victims of Crime which sets out its expectations of what victims should be able to expect. In this guidance, the concept of the twin aims of enabling people to cope and to recover is made clear.

Women said they appreciated a timely, holistic response to their complex and multiple needs, which focused on their safety and empowerment without labeling or judging them, or limiting the service to times of crisis. Specifically, women told us they wanted services that are accessible for the most vulnerable groups, that are available out of hours, and that provide a safe space to talk with other women to share experiences and get mutual support. Women's National Commission July 2009

What will help victims of domestic violence and abuse to cope and recover will vary enormously according to the circumstances and story of each victim.

Emotional and practical support to secure accommodation, safety measures to reduce the risks, civil/protective orders. Help to understand what has happened and why and to challenge self doubt and self-blame. Someone to listen to them, believe them, a safe space to discuss what has happened as well as practical support to deal with the range of changes and issues they face as their lives change be it accommodation, moving, sorting out finances, attending court. Thames Valley Front-line worker.

Many victims are likely to need one or more of the following services:-

- Somewhere safe to stay where the abuser cannot find her.
- Practical support, for example help to access legal services (such as an injunction), benefits to live on, school for children.
- Emotional support which might range from reassurance and sympathy to post-traumatic stress counselling.
- Practical and emotional support for children who have been affected by domestic violence as witnesses or victims, or by the changing circumstances of their lives.
- A safe, easy, accessible and supportive way of accessing these services.
- The opportunity to spend time with other women with similar experiences, and to better understand the individual dynamics of domestic abuse, what has been happening to her, and how she can make a change (peer support).

Some of the underpinning principles for an effective support service for victims of domestic abuse include:

- *The importance of the victim being believed and treated with respect*

- *A focus on the victim of domestic abuse (rather than the perpetrator) The needs of the perpetrator, for example with mental health issues, should be addressed by another agency (e.g. Previous example where police officers were more concerned about the perpetrator who had threatened to kill himself and brought him back to the victim's house for his own safety)*
- *The need for victims to have support and encouragement to make a statement (by the police or support agency)*
- *Good and timely legal advice and support available to victims (especially around eligibility for legal aid, immigration status etc.)*
- *A range of support for victims, from practical and immediate support and advice (and access to safe accommodation) to exploring the different options available to them (e.g. BWA Choices programme)*
- *Acknowledgement that, when there is an extended family, relatives of the perpetrator may be an equal or greater threat to the victim*

From focus group with BWA residents, 2014

Nationally Women's Aid and Imkaan have recently developed an outcomes framework that usefully sets out what difference services should be making. This includes the following:-

- *Survivors are safer now and better resourced to remain safe.*
- *Survivors have increased access to justice.*
- *Survivors retain/regain sense of autonomy and control.*
- *Survivors have strong and resilient support networks.*
- *Survivors believe they can live free from violence*
- *Survivors develop increased resilience and resources to prevent further experiences of violence.*
- *Survivors have increased financial stability and independence.*
- *Survivors have more stable accommodation.*
- *Survivors have increased access to education and employment support.*
- *Survivors have hope and goals for the future.*

10. Core services

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.

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

The statutory systems, such as MARAC, and DASH assessments, designed to address domestic abuse would be ineffective without the generic safety net provided by the voluntary sector organisations.

There appears to be a general assumption that the core services will be there when needed, but, in fact, as identified above, they are under threat.

If they reach [the Women's Aid organisation] they are held right through the system. Thames Valley Local Authority Community Safety Manager

Any victim of domestic violence should be signposted to specialist support services regardless of their assessed level of risk. There should be an understanding of the distinct needs for support and safety of women victims of domestic violence. Women's access to justice. All-Party Parliamentary Group on Domestic and Sexual Violence March 2014

The Thames Valley is currently reasonably well served with services for those affected by domestic abuse, although this is changing. For example, MK-Act won the tender to provide domestic abuse services in Milton Keynes, but in a reduced form. Slough decommissioned two women's refuges, representing 14 family bed spaces, since this report was first drafted. Oxfordshire County Council are planning to cut housing services by 40% which is likely to affect the helpline. This is in the context of the current provision in the Thames Valley being only approximately 60% of that recommended based on population size.

It makes sense to consider outcomes, rather than services, when thinking about ensuring needs are met. However, to meet core needs, there must remain a baseline of provision. 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.
- Children's workers to support child victims in the refuge or the community.
- IDVA provision to support the MARAC in line with CAADA recommendations.
- Outreach workers to support those who do not wish for or need refuge.
- Resettlement workers to support 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 (although this may not be sufficient for safety without other practical support).
- 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, (not necessarily only for domestic abuse) to provide a front door to services.

Some of these roles may double up (for example outreach and resettlement), and many of these staff take on other roles, such as public education, or work in schools.

One of the peculiarities of this work, is that the generic provision needs to be suitable for any woman, but in addition there are particular groups that might need specialist provision. This might include support for:- women from different BME and refugee communities, LGBT victims, and those with disabilities.

The needs of men affected by domestic abuse are considered by many to be different from the needs of women, and services for men should therefore be treated as a specialist provision.

When front-line workers were asked to list some of the factors, from their experience, that may be present in addition to violence and abuse, or circumstances that might make mainstream services difficult to access, they came up with the following list:-

- *Sex working*

- *Cultural considerations*
- *Conflict around contact for children*
- *Honour based violence*
- *Forced marriage*
- *Homelessness*
- *Inappropriate sexualized behaviour by young person*
- *Interpol involvement*
- *No resources*
- *No recourse to public funds*
- *Children not in education*
- *Mental illness*
- *Dependent on perpetrator*
- *Self-harming*
- *Child protection issues*
- *Eating disorder*
- *Previous suicide attempt*
- *Older dependent children*
- *Financial issues*
- *Lesbian, Gay, Transgender or Bisexual*
- *Not reading/writing*
- *No legal aid*
- *On probation,*
- *Not speaking English*
- *Seek and find orders*
- *Parenting/lack of skills*
- *No trust in the police*
- *Perpetrator with high standing in community*
- *Drug or alcohol misuse*
- *No money/food/clothing*

A recent piece of research (*Finding Costs of Freedom: How Women Rebuild their Lives*. Professor Liz Kelly et al, 2014) tracked 100 women who had accessed one or more of Solace Women's Aid services (not in the Thames Valley). The research identified that for all of the participants, removing themselves from the immediate control of an abusive man was only the first step. Over 90% experienced post-separation abuse, indicating the critical need for specialist support for women in the period after leaving an abusive situation. The study highlighted that specialist and holistic service provision was critical to women being and feeling safe, as well as dealing with the legacies of abuse for themselves and their children through counselling and therapeutic support.

The holistic model of service provision meant that each woman could dip in and out of support as required, creating their own 'basket of resources' fitted to their particular needs and circumstances. As well as the advice and advocacy of key workers, floating support, legal services and IDVAs to resolve practical matters, workshops addressing confidence, understanding domestic violence and self- help groups emerged as long term enablers. In particular, counsellors who understood domestic violence and its many legacies were very important to women: several noted this had literally saved their lives, it also has the potential to reduce costs to the NHS, where delays in accessing counselling and inappropriate interventions led to lengthy dependence on medication. Finding Costs of Freedom: How Women Rebuild their Lives. Professor Liz Kelly et al, 2014.

This same report came up with the following recommendations:-

1. All women and children who have experienced domestic violence should be able to access a range of practical and therapeutic support for a minimum of two years after separation from their abusers.
2. All agencies dealing with victims of domestic violence should ensure staff are trained to recognise domestic violence and have an understanding of coercive control and the reality that leaving does not necessarily end abuse.
3. Refuge provision should be guaranteed and funded through a national refuge fund with a move on pathway. Women and children made homeless through domestic violence should be acknowledged as a unique group fleeing crimes that take place in the home. This should be recognised through special measures, including the offer of a social housing tenancy
4. The end of crisis loans and community care grants has made the rebuilding process even more complex, and welfare benefit reforms have created serious hardship. A specific fund for families relocating due to domestic violence should be created by central government.
5. Community resources and individuals hold the potential to be enablers or barriers to women rebuilding their lives. National and local awareness raising work needs to expand understanding of what domestic violence is, including post-separation abuse, alongside clear messages about listening to and respecting survivors and offering support when needed.

11. Key findings - themes that have emerged

This is strategically directly relevant to where we are - Thames Valley Local Authority Commissioner commenting on the headlines that have emerged.

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.

Some schools doing nothing. Piecemeal, patchy. Thames Valley Front-line worker

Ongoing and specific education at school about domestic abuse for all pupils - not just a 'one-off' session. Interviewee

11.1 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 their parent's attempt to address the abuse, for example, having to change school. The reasons for investing in work with children are many-fold.

1. *There is a major overlap between direct harm to children and domestic abuse: 62% of children exposed to domestic abuse in our research were also directly harmed.*
2. *Children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse.*
3. *A quarter of the children exhibit abusive behaviours, mostly once their exposure to domestic abuse has ended.*
5. *Children's outcomes significantly improve across all key measures after support from specialist children's services.*
6. *Our data show a relationship between cessation of domestic abuse and cessation of direct harm to children .*

In plain sight: Effective help for children exposed to domestic abuse. CAADA's 2nd National Policy Report February 2014

The impact on children in a household where there is domestic abuse can be profound and long lasting. Emotional well-being, behaviour (including anti-social behaviour and bullying), attainment, risk taking (including alcohol and substance misuse), and long term life chances are all affected. The younger the child the greater the risk.

National statistics show that in some areas approximately three quarters of children on child protection plans are likely to have experienced domestic abuse [*Taskforce on the Health Aspect of Violence Against Women and Children (2010)*] and in two thirds of cases subject to 'Serious Case Reviews' of child death and serious injury there is a family background of domestic abuse. [*The Enemy Within, 4 Children 2012*]

Domestic abuse is the biggest trigger for child protection in at least one Berkshire authority.

In the Thames Valley in 2013, 31,690 children were present in the household where incidents were reported to the Thames Valley Police. A pilot project for early intervention in schools ascertained that 7 out of 8 children on fixed term exclusion came from a home where there was domestic abuse; and extrapolating from local data, domestic abuse is a major contributing factor to children requiring repeat child protection plans.

There is already a lot of work taking place in the Thames Valley to support child victims of domestic abuse, although there are different services in different areas, with few (if any) services universally available. This is largely to do with what organisations have succeeded in raising the funds to deliver, rather than whether or not it is desirable, and children's services have not always formed part of the commissioning of refuge services.

One mother spoke very positively about her young son who has recently completed a programme of children's group work, facilitated by specialist workers at BWA. The mother commented that her son's behaviour has improved dramatically both at school and at home, and that he is more responsive to talking about his feelings about the abuse he witnessed between his parents. Report from focus group 2014

Current provision includes Children's Workers in refuges who can provide practical support to children (such as organising new school uniforms), as well as running play activities and outings. The children's worker offers a degree of emotional support - someone safe to talk to, when the mother is struggling with her own difficulties. A similar role can be offered to children in the community, when a woman is being supported through outreach or resettlement work. Other activities include play therapy and youth support.

We had a situation with a 12-year-old last Christmas. His Mum's ex-partner breaks in and tries to kidnap her. 12-year-old has a safety plan because of the programme, knew what to do, and mum was saved and child not hurt. Thames Valley TSO worker.

The children who went through the programme, had better school attendance and educational attainment. Thames Valley TSO worker.

The government definition of domestic violence and abuse recently changed to include young people aged 16 and 17 years old, in recognition that they are in their own relationships which can be abusive. Supporting young people brings its own challenges: these are people who consider themselves to be in adult relationships, and yet, legally, any agency providing support still has to have regard to significant safeguarding responsibilities.

16-17 year olds: have to be treated as a child at risk– less confidential service. Thames Valley TSO representative

There is currently collaborative work taking place over the next few months exploring the potential for a Thames Valley wide service. This is led by a TSO and funded through the PCC's office.

11.2 Complex needs

"If a substance misuse agency ignores a woman's safety, she may never get sober. If domestic abuse providers ignore her substance misuse she may never get safe. Can we really afford to keep taking that risk?" Marai Larassi - Director Nia Project quoted in No Boundaries, Domestic Abuse and Substance Misuse, A Practice Guide July 2008

Many of those affected by domestic violence may also have significant other needs - sometimes linked to the abuse. This might include mental or physical health problems, offending, self-harming or drug misuse. Violence against women can be interconnected with a range of other vulnerabilities, and strategies to survive might lead to offending.

Despite the increase in multiagency working, and the development of specific forums such as MARACs, there can still be difficulty accessing appropriate help, and there are commonly stories of agencies referring on, rather than providing support themselves - for example a mental health agency feeling that the domestic violence is the most pressing presenting issue, but the domestic violence agency finding it difficult to work with the mental health problems. I am not clear whether the emerging Multi-Agency Safeguarding Hubs may help in this regard.

*Women are also at the risk of offending due to alcohol/drug addiction/mental health needs.
Thames Valley TSO worker*

Women who are experiencing abuse are 15 times more likely to use alcohol and 9 times more likely to use drugs (Barron 2004)

Reduced public sector income and the trend to commissioning rather than grant funding, risk the loss of the generic experienced domestic violence worker - or mental health worker - or drug and alcohol worker - who can work with the whole person, rather than the single aspect that fits with their job description.

Julian Corner, Chief Executive of LangKelly Chase made the following observation at the 2014 Clinks Conference:-

.... the risk model has become all pervasive, regardless of whether it is in the interests of the client group. Why? Because it really suits the worlds of policy, profession and procurement. There is no evidence that I know of to suggest that the risk model works for people with multiple needs. On the contrary, it appears to have directly shaped the problem of multiple needs, creating rigid and exclusionary practices that are not fit for purpose when faced with complexity. It has organised services around a hierarchy of atomised needs that can be captured on paper, but don't equate to the whole person whom the worker sees and talks to. Because each need is prioritised individually in separate risk hierarchies, the individual is almost bound to be classified as a high and low priority simultaneously. So everyone has to wait for all needs to become a high priority before holistic action can be taken.

3 out of 4 of the cases at MARAC involved mental health - but there was no representation from mental health TSO worker

Organisations report that women with mental health issues can be particularly discriminated against in the criminal justice system. Police officers do not always have a good understanding of mental health issues or the psychological trauma that domestic violence has on survivors and the way this can manifest itself in survivors' behaviour.

Women's access to justice All-Party Parliamentary Group on Domestic and Sexual Violence 2014

11.3 Minority Groups

Whether or not a person experiences domestic abuse, or perpetrates domestic abuse, does not depend on their age, race, religion or belief, sex, sexual orientation or social economic background, whether or not they are disabled or have undergone gender reassignment, or whether they live a travelling life. However, we recognise that, for some people, one or more of these aspects of their identity can make it more difficult for them to seek help. We also recognise that the vast majority of people who experience domestic abuse are female and that the vast majority of perpetrators are male. If our services are to be effective, therefore, they need to take account of the diversity within our communities and have the flexibility to work with people's different experiences, values, attitudes, understanding, behaviour, ability to communicate and to change. We will work with our stakeholders to encourage them to also be committed to this approach so that all services users can expect to be treated fairly, with dignity and with respect. Buckinghamshire County Council Domestic Violence Strategy

BME women are over-represented at MARAC; LGBT (Lesbian, Gay, Bisexual, Transgender) 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.

People with a long-term illness or disability are more likely to be a victim of domestic abuse and stalking than people without. It should be noted that this does not imply causation and these findings should be treated as indicative rather than conclusive. Further research indicates that disabled women or those with mental health problems are at a higher risk of victimisation. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime. In addition, at least half of all women in touch with mental health services have experienced violence and abuse, yet the level of awareness amongst mental health professionals can be low and women are rarely asked about their experience of violence or sexual abuse. <http://rds.homeoffice.gov.uk/rds/pdfs06/rdsolr1206.pdf>

Disabled women are twice as likely to experience domestic violence than non-disabled women (1995 British Crime Survey, also confirmed by data from other countries). They are also likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence.

A disabled woman's abuser may also be her carer, or personal assistant and she may be reliant on him/her for personal care or mobility. She might be subject to physical, psychological, sexual or financial violence in any or all of the ways that non-disabled women are abused, but in addition can be vulnerable to other forms of abuse such as withholding care, removing mobility or sensory devices, or being cheated of benefits. There may be no opportunity to see health or social care professionals without the abuser being present, which precludes the victim from alerting anyone to the danger.

Berkshire Women's Aid runs a group for women with a learning disability. I haven't identified any other specialist provision within the Thames Valley, so it would be useful to look into this further.

Vulnerable adults team only support if a disability etc. and will not support if only domestic abuse. Thames Valley TSO worker.

Similarly those experiencing violence in a lesbian or gay relationship may find it difficult to talk to mainstream organisations about their experience. The nature of the abuse can be exacerbated by the experience of homophobia. For example an abuser might threaten to 'out' the victim to family and friends, or a parent might try to force someone to try to get a 'cure'. I am not aware of any specialist provision for gay or lesbian survivors of domestic abuse in the Thames Valley, but there is at least one organisation that would like to develop its capacity to support around domestic abuse.

Directories tend to signpost to Broken Rainbow, a national charity for LGBT people affected by domestic violence. However, this organisation looks like it might close.

Broken Rainbow, a lifeline for thousands of LGBT people experiencing domestic violence and abuse, comes to the end of its main funding stream in March and has had no clear confirmation from the Home Office whether funding will be extended for another year. http://www.stonewallhousing.org/files/ROAR_summary_report_web.pdf

Some of the quotes listed in section 11.4.1 show the importance for many survivors of being able to access services from those with whom they have common characteristics.

11.4 Specialist Black and Minority Ethnic domestic abuse services

Imagine being beaten by your husband or threatened with deportation and having your children removed from you. Perhaps police show up in response to a call or complaint but you can't speak their language. How would you deal with family members angry with you for bringing shame to your family or to your community? Domestic violence is vastly underreported in Asian communities for a number of reasons. The language barrier is a huge obstacle as is the great sense of bringing shame to the family. For many Asian women, their entire sense of identity is wrapped up in relationship to their families. Asian Express April 2014

Domestic violence can affect anyone, and I have not found evidence the prevalence is greater for women from black and minority ethnic communities. However:

BME women are disproportionately affected by different forms of abuse e.g. forced marriage, "honour-based" violence, female genital mutilation, sexual exploitation in the form of commercial sex work, trafficking etc. The multiple vulnerabilities arising from these overlapping contexts make it harder for women to flee violence. Roy S. and Ravi T. (2012) Vital Statistics 2: Key finding report on black, minority ethnic and refugee women's and children's experiences of gender-based violence London: Imkaan

Black and minority ethnic (BME) women escaping abuse often experience repeat victimisation in the form of racism and discriminatory cultural stereotypes that minimise their experiences of violence and can render invisible the violence they have survived. BME women may be additionally excluded from services due to unfamiliarity, information gaps in service provision, cultural/religious incompatibility and a lack of appropriate language services. Chitembo A. and Tsikira L. (2012) Breaking the Cycles of Abuse Understanding the Complexities of Domestic Violence & Abuse in BME Communities & Finding Pathways to Reduce It! Conference report, West Sussex: BME community services

Additionally, women and men from ethnic minority communities are likely to have significant barriers than others to receiving, or asking for, services. This can include:-

- *Lack of information and awareness about services and options due to language barrier and lack of familiar community networks.*
- *Involvement of family members in interpretation and support to access services that defeats the purpose of confidentiality and elevates risks of harm.*

- *Pressures of socialisation and from family on the pretext of honour and shame. In such cases, women fear that their experiences will not be validated in an alien, mainstream context.*
- *Concerns around suitable cultural environment for praying, specific socio-religious food habits and familiar environment for children in temporary accommodation.*
- *BME women not only fear the perpetrator, but racism and marginalisation in society that undermines their confidence to lead an independent life.*
- *Fear of isolation and racism within a mainstream service.*
- *Increased likelihood that perpetrators use other forms as part of the abuse e.g. threats of deportation and abandonment, isolation, entrapment, multiple interested parties and violence condoned by family and community.* Roy S. and Ravi T. (2012) Vital Statistics 2: Key finding report on black, minority ethnic and refugee women's and children's experiences of gender-based violence London: Imkaan

A strong case has been made through a number of recent studies that specialist services help reduce barriers, and increase confidence. In a judgement obtained by Southall Black Sisters in relation to domestic violence services, Lord Justice Moses clearly articulated the need for specialist services – *“There is no dichotomy between the promotion of equality and cohesion and the provision of specialist services to an ethnic minority. Barriers cannot be broken down unless the victims themselves recognise that the source of help is coming from the same community and background as they do.”*

87% of 124 BME women accessing ten different VAWG services across the UK stated their preference to receive BME specific support. A quarter of the respondents said they had left an abusive partner before, without receiving BME specific support, but had returned. The majority of women interviewed said receiving BME specific support enabled them stay out of a violent relationship more effectively. The [BME women's refuge] understand my culture and I feel comfortable looking for support in my own community (survivor). Hirst A. and Rinnie S. (2012) The impact of change in commissioning and funding on women-only services Equality and Human Rights Commission Research: Cambridge Policy Consultants

There is a growing realisation just how dangerous 'honour-based violence' (HBV) can be. Karma Nirvana is a national organisation working to support those affected by forced marriage and honour based violence. Their research finds that Asian women are 2-3 times more likely to commit suicide and self-harm. Their advice states:- *Do not underestimate that perpetrators of HBV really do kill their closest relatives and/or others for what might seem a trivial transgression.* They identify how important it is not to approach the family or community leaders, attempt mediation or share information without the consent of the individual.

The priority should be people not in the system. Women just want to disappear - quietly - still keeping their religion - but not beaten, raped, abused. Thames Valley BME worker

Across the Thames Valley there are a handful of specialist staff employed by the Third Sector Organisations, but there is no specialist BME domestic abuse organisations. A few years ago there were two such organisations in the Thames Valley with refuges in three local authority areas. These were Kinara, an Asian Women's Refuge in Slough, and Sahara, which had refuges in Reading and Banbury. Sahara lost its Banbury refuges in one of the early exercises in local authority procurement, and its Reading provision is now managed as part of Berkshire Women's Aid, which has been able to maintain the specialist service. Berkshire Women's Aid work with many women for whom English is a second language although many do speak English.

There is a steady demand and often find that another of our refuges is full with Asian residents. We get referrals from the forced marriage unit as well as self-referrals etc. That

isn't to say all Asian residents are fleeing forced marriages or HBV its often straight forward DV. Thames Valley TSO Worker

There is a significant national trend of reductions in specialist BME services and specialist workers within mainstream services.

Consultation on the early findings for this report found mixed views about this area of need. There was some support for specialist service/workers who work with hard to reach/non engaged, including local community initiatives and projects. Work with LGBT people and leaflets for those arriving in the UK were also supported but not the highest priority.

There was a general recognition of the requirement for specialist workers, and some similarities to the issues emerging as complex. It was also agreed that without specialist services there is a risk that the voice of BME survivors can be lost.

One Thames Valley refuge showed 9 women unable to be accommodated in 2013 because they spoke no English at all. Apparently there are 122 different languages spoken in Slough.

The number of examples from interviewees which suggest poor understanding of the nature of domestic abuse amongst statutory agencies generally, suggests there should be concern about what the experience of BME women might be currently. A problem with not having specialist organisations, is that a minority voice can be lost. It can also be difficult for generic organisations to effectively engage with local BME communities.

Effective engagement with Asian communities requires a well-planned, strategic approach; it can be very threatening for South Asian women and children affected by domestic abuse to contact agencies for help and support.....We should review how we get key messages across to the BME community, sometimes those who are in leadership positions can themselves become an obstacle to any support being delivered within the community.
Thames Valley BME worker

The aspect of ethnic minority issues that came up most generally in the mapping of services, and stories from front-line workers, was that of the need for effective translation or the ability of services to respond in someone's own language.

One worker mentioned that she can speak several Asian languages, but is finding herself contacted by women from Iraq, Iran, Afghanistan, Thailand and many other places. There is also a suggestion that recent immigrants from Eastern European countries may, in some cases, experience similar isolation as has been experienced by other communities in the past.

We worked with a high risk Spanish speaking woman; there was no refuge space and it was too difficult to arrange refuge out of area. Thames Valley TSO worker

Language line is not great for emotional support and it doesn't have specialist dialects.
Thames Valley TSO worker

Some translators are horrific. Put their own slant, make assumptions, treat women badly.
Thames Valley TSO worker

Further barriers that inhibit women's contact with the police and criminal justice system exist for women from black and minority ethnic (BME) communities. They fear reprisals from the perpetrator, their family and/or community; such fears can be more pronounced if they are more isolated from the wider community and having to overcome religious or familial pressure to not bring shame onto family honour. Women who identify as being from BME communities have reported to organisations that they feel that the police are prejudiced

against people from their particular community and this increases their fear of and decreases their confidence in reporting any domestic violence to the police. Justice for women 2014

Women with no recourse to public funds, because of their immigration status have found life particularly difficult. However, new regulations allow dispensation in cases of domestic violence, provided you can jump through the hoops.

The domestic violence concession is brilliant! But you have to see a solicitor and there is no immigration solicitor in Bucks. Thames Valley TSO worker.

Also there appears to be little communication between the organisations working with BME groups. An opportunity to pool intelligence, share experiences would help identify issues that may be emerging, or trends in experience that should be addressed. There was a real possibility emerging from discussions of being able to share good practice, coordinate communications between specialist staff, and also to coordinate the staff within the organisations who can work in different languages. Since starting this work there have been conversations between the front-line organisations about sharing translation skills.

It would be amazing to be able to meet up with other BME DV workers. Difficult to organise when only working 25 hrs a week but important to share and moral support. Thames Valley TSO worker

11.5 Accessing the services

There are many women who, often for very good reasons, do not wish to involve statutory agencies, and it is crucial that they can easily contact someone. That first contact can make a significant difference in whether someone will feel confident to contact an agency again.

If the first contact does not go right, it might be years before a woman tries again.

One of my clients experienced 40 years of abuse. About 20 years ago, in desperation she rang the police. When they came they said all we can do is arrest you both and take you down the station. It's either that or nothing. She had children asleep upstairs, including one child with autism, so the police went away. It took her another 20 years to contact anyone again. Volunteer lawyer.

Some of the pathways to services that have been described seem tortuous. For example, a woman is taken to a police station. The DOM5 form does not show her to be high risk, and she goes away. But the referral goes automatically to Victim Support. Someone there risk assesses her again, and then a volunteer makes contact, and asks her all over again. The volunteer realises this woman needs specialist support. She is then referred to the local Women's Aid organisation. It is helpful that the woman was offered help by Victim Support, but she could have been given the referral whilst still at the police station.

There are two threads that arose in discussions about ensuring easy access to services and support.

The first was whether there should be a single number Thames Valley helpline that would filter calls to the local provider. The advantage would be the ability to promote awareness on a larger scale, and create familiarity with the number. There are currently several phone numbers, and different websites as the gateway to services, which is potentially confusing. Googling *'help my husband is hurting me'* does not bring up any information that would signpost to local services. And yet we know that increasingly people expect to be able to locate and communicate with services online.

The proposal for a single helpline was not widely supported during further consultation, for a number of reasons. Some of the concerns expressed about attempting to deliver a Thames Valley access/helpline included issues of capacity and management, and the importance of understanding local services and needs.

There would also be a question of relationship to other local and national (e.g. Women's Aid) helplines. Most important is the fact that local helplines are an **essential** service as access points and ways of delivering the service. As such they should be seen as part of the core domestic abuse provision.

The second element relating to accessing services is that there could be more places where women can drop in and talk to someone who they know will understand. The mapping of services demonstrated that there are gaps in provision for 'drop-ins'.

This could come from the creation of a network of very local places victims can go - comfortable mini hubs/one-stop-shops/friendly drop-ins (as mentioned by a number of interviewees in their wish lists).

11.6 Training

My client said she felt like a criminal sitting waiting in the police station waiting room, and was very frightened. Thames Valley TSO worker

GP in waiting room "you're one of the girls from over the road, been battered around a bit?" Thames Valley TSO worker

Professionals making very inappropriate comments - "GP said let's determine whether you're mad or bad" Thames Valley TSO worker.

Most of the TSOs as well as domestic violence coordinators are involved in training of some kind.

Relationships between agencies can vary across the Thames Valley, as can the level of understanding of the complex nature of domestic abuse. There are reports of excellent partnership working, and very helpful and supportive staff in all agencies. But there are also reports of a worrying lack of understanding in some professionals, and recognition of the nature of the risk. In some areas front-line workers see social workers as very helpful, in others they can be 'a nightmare'.

One of our IDVAs kept trying to ring a client who had been referred to her, but a man kept answering the phone. The IDVA went back to the referring social worker to ask whether there was another way of contacting the woman. The social worker said "Oh don't worry, he's her husband - he knows all about it and will interpret for you!" The husband was the abuser. Thames Valley TSO worker

Similarly, while the police have systems to ensure the safety of those most at risk, and the leadership has been praised by HMIC for its commitment to addressing domestic violence [*Thames Valley Police's approach to tackling domestic abuse HMIC 2014*], interviewees report that front-line officers are not always sufficiently helpful to those individuals, or understanding of the complexities of the crime.

I met Jane when she was first in an abusive relationship. Her husband threw acid at her. Now in a second abusive relationship - she has suffered emotional and psychological abuse. Perpetrator breached non-mol, reported to police who attended the property and minimised the seriousness - said perpetrator wasn't in the wrong, ignored non-mol and made Jane feel

like she was wasting police time - she had suicidal thoughts after police visit. Thames Valley TSO worker

If systems designed to tackle domestic violence are set up to encourage a victim to leave the abuser, they may in fact exacerbate the risk. Women have sometimes learned to manage the situation in which they are living, and an intervention that means that the abuser loses his control over her (for example, because he is arrested) can put her in greater danger. This is the sort of fact that those familiar with the realities of domestic abuse want to make sure front-line staff in public agencies really understand.

Evidence submitted to the Inquiry highlighted that women are frightened to report domestic violence to the police for fear of recriminations and reprisals from the perpetrator. Research has consistently shown that when a woman leaves an abusive relationship this is the most dangerous time. Women are at most of risk of homicide at the point of separation from, or after leaving, a perpetrator. Lees, S (2000) 'Marital Rape and Marital Murder': Hammer, J and Itzin, N (eds)

There are a range of issues connected with the risk assessment systems. For example, it has been noticed that the police regularly assess risk as lower than do other agencies, and there is concern that poor assessment could be more harmful than no assessment. There are some views that the risk assessment is as much about reducing risk to the assessing agency as to the victim.

A particular area of concern is the lack of focus by the police on identifying the primary aggressor in situations where both women and men are using violence in the relationship. Domestic violence is a pattern of abusive behaviour over time, where men tend to be the primary aggressor and where women may be using violence in order to protect and defend themselves and their children. Yet research shows that women are three times more likely than men to be arrested when they have used violence in an incident, even if some of this violence is used as protection or retaliation against a male primary aggressor. Written evidence to All-Party Parliamentary Group on Domestic and Sexual Violence from Professor Marianne Hester

The Domestic Abuse Champions scheme run by Reducing the Risk, and the IRIS scheme run by BWA, appear to be very useful on many levels. The Champions work is able to sustain the impact of the training through ongoing networks of trained individuals, and the evaluation of the service shows that almost all the champions feel confident they could signpost to further services. The Iris Scheme specifically works with GP surgeries to ensure better understanding by those particular practitioners.

Every frontline professional working in the criminal, family and civil justice system should receive domestic violence awareness training. Women's access to justice All-Party Parliamentary Group on Domestic and Sexual Violence

11.7 Independent Domestic Violence Adviser (IDVA) services

If a best case scenario was sought then an area would have either IDVA and Outreach Worker coverage and resilience, plus the resourcing would enable support to be offered to all victims no matter what risk they were considered to have. This is especially true since risk is dynamic and therefore an initial assessment which identifies a standard risk victim; the circumstances can change quickly, the risk escalate to medium or high risk, before agencies or the victim can react - Annex D. From Developing Thames Valley-wide Domestic Abuse Services (v.2)

There are already IDVAs employed across the Thames Valley, but together they provide fewer than the CAADA recommended hours. There are many advantages with the post, including a common understanding between agencies (I think) of their purpose. The effectiveness of the MARAC is dependent on the quality and availability of IDVAs. Also, there are reports (from front-line staff from statutory and third sector agencies) of difficulties with the Special Domestic Violence Courts, and clearly many victims would benefit from being supported and guided by an IDVA when being a witness.

Some IDVAs only work with high risk victims, others are more flexible, and in some TSOs there is a pragmatic blurring of role between IDVA, Outreach and Resettlement.

[It would be good to have] broader IDVAs - dealing with standard and medium risk, not just high risk. TSO worker

It seems to be becoming more common to have specialist IDVAs - with IDVAs for children, BME IDVAs, male IDVA, and young people's IDVA, although there are fewer specialists now as a result of funding cuts.

The level of funding is less than recommended for the number of high risk cases across the force area and the IDVA coverage is sporadic. This means that IDVA support is inconsistent across the force area resulting in different levels of service an engagement with victims, impacting on outcomes for police and a widely varied service for victims. The PCC is aware of the low numbers of IDVAs and is considering how funding can be provide to improve the numbers in 2014. Thames Valley Police's approach to tackling domestic abuse HMIC 2014.

The Home Office has just confirmed (by email to me January 2015) that it will continue its match funding for IDVA posts. This is for continuation, not for new posts. One area for further thought and discussion might be whether specialist IDVAs could be 'shared' across the Thames Valley.

11.8 Legal services

There are many concerns about the way in which the criminal justice system works with those affected by domestic violence. The Parliamentary Select Committee report on Women's Access to Justice provides ample illustration of the difficulties.

There can sometimes be a conflict between the interests of justice and the safety of women and children, which is difficult to resolve.

Most of the systems operating in the Thames Valley are built around the dual purpose of keeping a woman safe, and bringing the perpetrator of the crime to justice.

Some clients that I have supported have at times felt 'let down' by the criminal system in general as they didn't get the outcome that they expected from court. They often feel that they aren't believed as many may not have evidence to back up the abuse that they have experienced. Some have expressed that they feel emotionally exhausted after having to keep going over in details what abuse they suffered. . Thames Valley TSO worker

Women have traditionally had a civil remedy available to them, outside of the criminal justice system, which is to get a non-molestation order, usually via a solicitor.

Very common not to get legal aid. The bloke can usually afford a lawyer. Thames Valley TSO worker

Unfortunately the swingeing changes to legal aid provision, and dramatic reduction in free legal advice, have made it harder to obtain civil remedies. There has been some criticism of the requirement to provide evidence of domestic violence to get legal aid, which is undoubtedly restricting some women's access to services. However, as mentioned earlier,

reduction in legal aid has also impacted on the number of firms who are still available to provide legal aid at all.

Flag DV has been set up specifically to address this difficulty, and is an interesting new, small charity. Most of the front-line organisations have some provision for pro bono legal advice, but this is not sufficient.

In the past year or so, we have been supporting clients who are increasingly experiencing difficulties with the way the Magistrates Court is operating. We feel a review of current provision is necessary, the Magistrates Court does not currently offer a robust service to victims of domestic abuse or meet the criteria for SDVC accreditation. Thames Valley TSO Manager.

Rights of Women just failed in a legal challenge against the government restrictions for legal aid. Their case was that the evidence required to enable a woman to access legal aid was too stringent, making it very difficult for many women in need.

Our most recent research shows that about 40% of women affected by violence do not have the required evidence in order to apply for family law legal aid.”

The Law Society, which had supported the challenge, pointed out that the evidence required to obtain legal aid “can be extremely difficult for many people to get and in many cases is subject to a 24-month time limit – although perpetrators may remain a lifelong threat to their victims. Guardian Newspaper Friday 23rd January 2015

A new remedy has been introduced which gives the police the opportunity to intervene using a Domestic Violence Protection Order.

A man has been jailed at Reading Magistrates' Court yesterday (8/1) for two months for breaching a Domestic Violence Protection Order (DVPO). This is believed to be the first custodial sentence of its kind for breach of a DVPO in the Thames Valley Police area. A DVPO can be granted in situations where violence has been used or threatened in a domestic relationship. The order imposes conditions on a perpetrator - who is aged 18 or over - for up to 28 days. This period allows the victim and the perpetrator to have some time apart to consider their situation and the victim is provided with additional support in a safe environment.Det Con Wayne Harvey from the Domestic Abuse Investigation Unit in Newbury, said: “The perpetrator ignored the DVPO despite warnings from the magistrates that he would face prison if he continued to do so. I am pleased with this result; as the sentence will protect the victim and give her some peace of mind knowing he is behind bars for the next two months. “It will also provide confidence to other victims of domestic violence that there is effective legislation in place to help keep them safe.” Domestic violence protection orders (DVPOs) were being implemented across England and Wales from 8 March 2014. On Tuesday 5 August 2014 the first application for a Domestic Violence Protection Order (DVPO) by Thames Valley Police was granted by Reading Magistrates' Court. Reading Evening Post 9th January 2015

A number of people have expressed concern about the difficulties of criminal prosecutions, with a high number of ‘cracked trials’, sometimes because the victim, as witness, does not want to proceed. This is exacerbated by the time it can take for the process from arrest to conviction. It would be helpful to have some sort of court support service for medium and standard risk victims.

There are two new initiatives in the Thames Valley, which look more carefully at the experience of women who come to the attention of the police, but are not classified as high risk. At the police station in Amersham a civilian follows through these cases to offer further support, and there is currently a pilot of a similar scheme with BWA in Berkshire.

11.9 Counselling and therapy

One of the clear gaps in provision that can be seen from the mapping of services is the discrepancies in counselling services available. One TSO has a psychotherapist within the team, one a full-time counsellor, but some have no counselling provision at all, relying on Talking Therapies from the NHS. It is good to hear that the NHS is now able to offer such a service, but Talking Therapies is limited in the number of sessions it offers, and is unlikely to be able to deal with deep seated trauma.

There may be a need for more consistent, specialised services focused on helping victims recover from the trauma of domestic abuse.

12. What to commission

Many of these themes identified above cross over - both within the field of domestic abuse commissioning and into other PCC commissioning threads, and other organisations core business.

What people said:-

- *Grant Funding partly on per head of population and victim levels, not just who shouts loudest.*
- *The PCC should not prioritise funding services for victims assessed as 'High Risk' because this is the area most likely to be paid for anyway by other statutory bodies.*
- *Commission what works (with some evidence) and where it's needed.*
- *Make sure that whatever we do doesn't lose focus on who the victim is - real risk that too much focus on the children and less on women. In the murder case in Reading the focus was on the children, but no indication that the children were at risk from him. Risk that thinking that if children safe the woman safe. Doesn't necessarily work like that.*
- *Require demonstrating on linkages, with other partners. Demonstrate flexibility of engaging with partners and how they work together. And review after first year.*
- *Medium risk cases are listed by TVP on their computer system in terms of numerical reporting. This does not take into account gravity or seriousness. I would move all the ASP officers to medium risk domestic abuse cases at each LPA.*
- *Focussing on medium standard risk, protecting some of the current investment. Low/medium risk must still get attention and follow-up.*

My commissioning recommendations consider the requirement to fund only services that support victims, and that help victims to 'cope and recover' as set out in the Victims Code. I have also looked at what would be effective when commissioned at a Thames Valley wide level.

Whilst there is plenty of work to do to support the effectiveness of the criminal justice system with regard to domestic abuse, I would see this as a lower priority for the Victims Fund - mainly because it is actually already the responsibility of parts of the criminal justice system, although I recognise that the system is very stretched. There is a lot of hard work being undertaken by the police and Safer Communities Partnerships, and some promising pilots in the Thames Valley (e.g. speeding up court times and providing extra support at the police station for those assessed as medium risk, as mentioned above).

Many of those interviewed identified the importance of complementing services for victims with programmes for perpetrators, and there are various schemes operating across the Thames Valley delivered by different agencies. Supporting this work is also outside the remit of the Victims Fund. There is a clear commitment to better integration of perpetrator and victims

services, although I found some scepticism about the effectiveness of perpetrator programmes, and a concern that the resourcing of perpetrators programmes may be increasing whilst services for victims is decreasing, there. There is also a concern that reducing resources will shorten the length of programmes.

In January 2015 the results were published of an independent five year research project “Mirabal” which examined the outcomes of men’s participation in Respect accredited perpetrator programmes. They generally found that the programmes had a positive impact. Kelly, L. and Westmarland, N. (2015, in press) Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University. <http://respect.uk.net/wp-content/uploads/2015/01/12-January-2015-Respect-briefing-on-Mirabal-DVPP-research-findings.pdf>

Section 10 above lists the core services that should be in place. It would be beyond the scope of the Victims Fund to cover all these services, and could lead to loss of other funding. BUT they provide a baseline without which other investment might become pointless.

I have two recommendations to make, specifically for commissioning through the Victims Fund, plus several other recommendations that may be resourced in other ways.

It is possible that there would be sufficient funds for both recommendations.

12.1 Commissioning Recommendation 1: The development of a Complex Needs Service

12.1.1 The reasons for this recommendation

There aren't enough women-specific services, drugs services and help around violence and abuse to get us out of this lifestyle. We need one service that does all this, that caters to our needs so we don't have to go around 10 different agencies to get help. Is that so difficult?
Contributor to Stella Project - And Still We Rise.

There is a cohort of 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’.

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.
- The toxic trio can be strongly connected with children being taken into care, and experiencing other difficulties.

A study revealed that over one third (39.1%) of children living with domestic violence and parental substance misuse were identified as having severe developmental delays. (Hedy Cleaver et al., 2007)

- As the public sector cuts hit more deeply, it is likely that the bar will be raised for access to services (some have observed it is already happening, unofficially); the situation for those with complex needs will then worsen, creating more pressure on 'mainstream' domestic abuse services.
- There is likely to be an economy of scale in developing services for this particular group of women that makes sense at a Thames valley level.
- This sort of project ticks a number of priorities for different agencies. Provision for complex needs is potentially attractive to other commissioners and funders, particularly if the cost savings can be demonstrated. There is the potential to draw down other funds aimed at addressing this complexity, for example, money through the Troubled Families initiative. Additionally, working on the toxic trio chimes well with current local authority priorities in the Thames Valley
- Failure to effectively intervene is very costly - both to the woman herself, her children, and to a range of other agencies.

It would be great to have joint refuge/rehab facilities for women who are often excluded from fleeing to a refuge because their substance misuse support needs are considered too high. They remain with abuser who may also be their primary drug supplier and the abuse continues. Thames Valley TSO Worker

Fundamentally, 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.

There is a strong correlation between domestic abuse, mental ill health and substance misuse. It is recognised that drug and alcohol misuse is a response to violent victimisation and therefore can increase vulnerability in this instance. Research suggests that women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and ten times more likely to misuse drugs than women generally. Indeed, almost two thirds of women involved with domestic violence agencies with substance misuse problems reported that they began their problematic substance use following their experiences of domestic violence. A study of sixty women using crack cocaine revealed that 40% of these women had been regularly assaulted by a current partner and 75% assaulted by a current or previous partner. Half of these women had required hospital treatment due to partner violence. The most commonly reported reason for substance misuse was to dull the physical and emotional pain. Making the Connection: Drugscope, LDAN, Women's Aid, 2013.

12.1.2 What needs to be addressed

The priority group is women at risk of domestic abuse, who urgently need somewhere safe to stay, but who are unable to access refuge services because their other needs make them unsuitable for a wide variety of reasons. Sometimes these women can be difficult to work with; their experiences of other agencies may be poor. They may be known to agencies and be repeatedly returning to an abusive situation. The picture is often of women who have experienced multiple victimisation of domestic violence, sometimes involving sexual exploitation and/or sexual assault in childhood. These women present with complex problems including mental illness, loss of contact with family/children, high dependency on perpetrator, substance abuse and, sometimes, patterns of associated low-level offending (e.g. sex working, shoplifting, drug possession).

This is absolutely not a 'one-size fits all' situation; it is about a very wide range of needs, issues and circumstances, the combination of which impact on the immediate safety of a woman - but also make existing provision unsuitable, or insufficient.

Whether or not a refuge place can be offered is often a skilled judgement taking into account both the needs/circumstances of the woman and the current situation in the refuge. For example, a refuge worker may not wish to place a woman with an alcohol problem in the same refuge as a recovering alcoholic.

A woman may be affected by a combination of factors, none of which, individually, is severe enough to warrant the intervention of a statutory service, but which in combination put her in a very vulnerable position. Some women may need help very temporarily - the right support in the first instance may mean she is subsequently able to access 'mainstream' refuge provision. Others might need longer-term support in specialist accommodation. Strategy meetings and case conferences may already be taking place in relation to some of these women but face a significant barrier in moving forward because of the lack of safe accommodation.

Figures from Women's Aid suggest that women experiencing domestic violence are up to fifteen times more likely to misuse alcohol and nine times more likely to misuse other drugs than women generally. Some women are introduced to substances by their abusive partners as a way of increasing control and dependency over them. Women with problematic substance use who also experience domestic violence are particularly likely to feel isolated and stigmatised. From website of The Haven which runs a specialist refuge.
<http://www.havenrefuge.org.uk>

Increasingly there are stories of services referring on rather than providing immediate help. For example, several people have described that when someone has a mental illness AND a substance misuse problem, the mental health agencies do not want to provide a service until the woman is no longer affected by drugs or alcohol; but the drug/alcohol services may find it too difficult to work with the woman because of her mental health problems. Or vice versa. And often the issues are intrinsically connected with the domestic abuse, but the range of needs means that safe accommodation cannot easily be provided

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, which might include accessing any statutory support she may require. Domestic violence workers are often very good at helping to unpack the issues and work out what needs to be addressed first, but may have no way of providing immediate accommodation - which might actually be the most urgent and important consideration.

Specialist refuges for clients with complex needs – not enough of these. Thames Valley TSO front-line worker.

An additional reason for recommending a focus on complex needs, is that it is likely that many of the cases, cited by police in particular, where there is a situation of persistence domestic abuse, with a catalogue of offences, but with the woman repeatedly returning to the abuser. In such cases it is common that there are complex needs connected to the violence. A focus on supporting those women affected by a number of issues may also, therefore, help to address what may appear to be an endemic and entrenched situation.

Time, effort and money already goes into trying to work with those with complex needs, for example through the Troubled Families initiative (which has different names in different local authorities). This is also an arena in which there is potential to leverage in further funds to support the work: My understanding is that this initiative works on a reward system, with a local authority able to draw down funds as a result of improvements within a family.

60% of families experiencing domestic violence included an adult with a mental health problem compared with 40% in families where there was no domestic violence; and 41% of

families where there was domestic violence included a child with a mental health problem compared with 28% without a domestic violence problem.

The fact that police call outs were so prevalent in this cohort of troubled families – with over 6,000 police call outs for 1,338 families in the past six months - highlights the type of reactive demands the multiple problems of these families place on public services.

The Understanding Troubled Families Report July 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf

12.1.3 What could be delivered

Any commissioning of services to address these needs 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. The posts might be secondments, existing posts with an additional mandate, or new posts.
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 bed spaces 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.

Realistically therefore, it might take some time from beginning this work to actually being able to provide supported emergency accommodation.

Requirements could include the following to ensure that the service meets the needs identified:-

- The service must ensure that women at risk of domestic abuse will be able to access supported emergency accommodation at the time it is needed as outlined above.
 - This resource must be available for single women (including women who don't have their children with them) and for women with children.
3. Development of this service should be supported and informed by a reference group, ideally including representation from at least two of the front-line agencies currently delivering services, plus other relevant professionals, combining practical experience with more strategic oversight. Such a group should comprise consistent personnel, and be of a size which can realistically take on this task.
 4. Any new services should:-
 - Build on existing good practice, relevant multiagency arrangements, and not cut across current endeavours
 - Understand and build on the priorities of local domestic abuse strategies (and similarly plans for health, housing and other considerations).
 - Consider what activities are appropriate at what level. One of the benefits of using this opportunity to commission this service is that it can inject a focus into this work,

exploring the potential on a Thame Valley footprint. However, practical working relationships are likely to be needed at a more local level - connecting with local GP practices for example.

- Connect with existing schemes, such as the Domestic Abuse Champions and the Iris Project and draw on the existing expertise of current providers. For example, the Dash Charity previously employed a specialist drug and alcohol IDVA; BWA still runs a support group for women with a learning disability. Within this to be mindful of the additional costs that may be incurred by agencies in engaging with this process, and budget to reimburse where any required additional activity is not already paid for.
 - Take steps to ensure the development of the service doesn't inadvertently exacerbate other social problems. For example, it would probably be unwise to plan to open a complex needs provision in one of the major towns that already have to manage large numbers of homeless people (such as Reading, Slough or Oxford).
 - Be very very flexible, and not constrained by the policies of any individual partner agency.
5. If new accommodation is to be developed, consult potential beneficiaries as well as other agencies re its design. Have a strategy in place that will avoid the 'bed-blocking' situation in which the provision will fill up and then no longer be available.
 6. The service at all levels needs to meet the Women's Aid national standards.
 7. This service will be a pilot so it will be important to develop a clear plan for how this work will add to the knowledge about this field, and gather, collate and share data that will both evidence any benefits accruing from the work, and also add to the knowledge about needs of this group of women. This might include user satisfaction tools, as well as stories of success. It will be important that the process of gathering data does not hamper the delivery of the work (e.g. requiring questions to be asked that deter a woman from wanting to use the service) or places unwieldy demands on partner agencies and others.

It would be nice if all of the data which sociologists require could be enumerated because then we could run them through IBM machines and draw charts as the economists do. However, not everything that can be counted counts, and not everything that counts can be counted.
William Bruce Cameron "Informal Sociology: A Casual Introduction to Sociological Thinking"
1963

8. Whether or not a woman can access the service must NOT be determined by the current or future policy of any other agency, but by the presenting needs of the woman herself. This is because a fundamental reason for developing this project would be to provide a real safety net - without holes in it - and to address some of the difficulties that arise when a woman's particular suite of complex needs preclude her from accessing current services. This is also aiming to address the difficulties experienced where services from one agency are dependent on the success of services from another (for example, mental health not wanting to work with someone who is still drug dependent: but a drugs agency struggling with the mental health presentation). Similarly access to the service must not be contingent on whether it is immediately clear how it will be paid for. 3-5 years commissioned funding from the PCC will provide a cushion that will enable this to develop.

It will inevitably be a challenge to meet this criteria. One issue may be that as services elsewhere diminish, such a facility will become attractive as a way of 'placing' someone with less complex needs. Many of the current refuges are already very generous in their willingness to work with those with a degree of mental health or substance misuse issues. This project should support this.

In selecting a service provider, the PCC might wish to be mindful of the broader benefits that some organisations are able to provide. For example, an organisation with a strong and well managed volunteer base will not only provide cost effective services, but may be

able to demonstrate proactive connections with different communities, or model success through the stories of survivors.

12.1.4 Recent examples of women unable to get a place in a Thames Valley refuge because of their complex needs

- Referral on a Friday afternoon of a woman whose ex-boyfriend had tried to strangle her several times in the past. She had several incidents of attempted suicide. Not able to offer refuge as no overnight or week-end support available and she is vulnerable and believes she will attempt suicide again.
- Woman has serious mental health needs and is awaiting diagnosis. She has had depression, anxiety, drug addiction (Heroin) and was prescribed Subutex. Had diagnosis of post natal depression and needs a carer to help her to attend any appointments due to her anxiety. She has a criminal record for fraud and shoplifting and was recently arrested again. Children residing with maternal grandmother.
- Woman referred who had been sectioned 3 days previously and was just discharged today. She was seeing a CPN. She has two children in foster care. Has two court dates about her children but did not want to attend as she doesn't think she will get the children back. She was kicked out by her husband and previously there has been historic rape, multiple times by her husband. She cannot return to the marital home as he will abuse and rape her again. She is believed to be suffering quite severe mental health issues and the mental health team think she should be in 24 hour supported housing.
- Woman referred, severe domestic abuse. Previous history of drink and drug use over past 10 years - starting to drink at 7am and not stopping until she drops at night - mainly cider. She stopped drinking on the previous Saturday. Historic drug use was crack cocaine and amphetamines. She takes medication for depression, but cannot remember what it is and takes medication for stomach ulcer. She also has limited mobility and uses a mobility scooter and crutches. Only available refuge accommodation is on 3rd floor.
- Criminal history including robbery and theft, and has been to prison five times. Personality disorder and historic suicide attempts: set fire to herself and jumped from a bridge. She is understood to have become street homeless.
- Criminal history of ABH, harassment, drug and public order offences, handling stolen goods. Child protection issues. Difficult to engage. This woman has somewhere to live at the moment, but will need somewhere safe to go when the perpetrator is released in a few months' time.
- Woman has 14 convictions for violence, current high suicide risk. Is a sex worker, diagnosed with a personality disorder.

One of the issues we have faced is that when women are placed in refuge, other services may back off (this is not always the case, and we have achieved some really positive joint working), but where caseloads are high, agencies such as IDVA will prioritise vulnerable victims with less support. This would leave refuge staff, who are already under increased pressure holding complex cases without multi-agency support. Thames Valley TSO worker.

I do think that there is a need for women with severe complex needs and would welcome some solution as it is becoming increasingly difficult to get other refuges to take women with sometimes what we would consider quite moderate needs. We do take women with complex needs and usually it is successful...One of the biggest problems with women with severe complex needs is the issues it can cause to other residents, particularly children in the refuge. Thames Valley TSO worker

The other problem I have identified over the years is that when a woman has severe complex needs this is more of a priority for her than the domestic violence and unless you can deal with

the other issues first or at least at the same time then it is difficult to do anything about the DV. I feel the lack of services for women in this situation is the biggest problem Thames Valley TSO worker

12.1.5 Numbers of women who might benefit

There is a difficulty with understanding what happens to women who are unable to be supported because of lack of appropriately staffed refuge space. This is because if the referral comes through a helpline, it is unlikely that the agency receiving the referral will know the ultimate outcome, therefore it is not recorded.

Unfortunately failure to access refuge (as opposed to success) is not recorded on IDVA MODUS software: so the only way of tracking it would be to read through old cases and specifically the detailed case notes of calls made. Thames Valley TSO Front-line worker.

In 2014, 3 refuge organisations had recorded around 40 incidents between them when they were unable to accommodate a woman because of her high needs, particularly because of needing 24 hour cover. 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.

Examples of existing good practice/ innovative models addressing elements of complex needs:-

- Reading Borough Council - Homeless pathway, introduced in 2012 - provides a clear route which draws together input from agencies to help people facing homelessness develop the resources needed to make a change.
- The IRIS project is working with Cranstoun Drug and Alcohol Treatment Agency
- Wexham Park is funding a hospital IDVA.
- Smart in Bucks will have an IDVA trained worker
- ODAS running freedom programme in a drug and alcohol project.

Absolutely chimes with priorities: Thames Valley Local Authority commissioner commenting on this recommendation

12.1.6 Costs

Given the likely need for some time to be spent to develop the service, the costs for year one would be less than year two.

The funding of emergency accommodation can be complicated, and tends to rely on a mixture of rents (generally covered by housing benefit) and top-up funding of some kind for the non-housing services on offer. It is likely that other funds will be needed to supplement the commission and this may take time to put into place. Mental health trusts, CCGs, probation, government, and charitable funders can all have a part to play, but it will be important that the development of an additional service does not accidentally redirect funding from existing mainstream services. Part of the development work in year 1 would be to establish a sustainable funding base that would bring in resource over and above the commissioning fee.

This is why this updated Mandate reflects the Government's priority to transform the way the NHS provides care for older people and those with complex needs – from a system which is

largely reactive, responding when something goes wrong to a proactive service, which is centred around the needs of each individual patient.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383495/2902896_DoH_Mandate_Accessible_v0.2.pdf

12.1.7 Notes from complex needs refuges

As part of this process, staff were interviewed from 3 organisations that provide specialist support for women with complex needs, one in London, one in the Midlands, and one in Northamptonshire.

All of them provide 24 hour cover, with slightly different systems, but all were staffed with a single worker at night, with the back-up of an on call system for the all their refuges. None had not found any particular difficulties with this, nor that the woman in the complex needs refuge were more likely than others to disclose the location.

It's been okay to just have one person on duty– if there're major difficulties there're more resources to draw on, it hasn't been found to be needed.

Worker from Complex Needs Refuge (not Thames Valley)

Two of the three were refuges for women who had their children with them.

All of them cite the importance of careful multiagency working to support the women.

It's about women that you can't get engaged any other way. Worker from Complex Needs Refuge (not Thames Valley)

Specifically:-

The Haven is the collective name for a group of refuges in Wolverhampton which has six locations and 72 units (which will soon go down to 50 because of cuts). This includes one refuge with 11 units for single women (24 hour cover) and Pearl House, which has 12 ensuite family units for women with mental health issues/substance misuse as a result of domestic abuse. There are 3 staff at the refuge (key workers) overseen by a senior worker based elsewhere, with one staff member at night. The Haven also has a single woman's refuge with 24 hour cover. Referrals have to come from within Wolverhampton. Pearl House was purpose built in 2005 by Midland Heart Housing Association <http://www.midlandheart.org.uk> (the Haven own the land). Exclusions include long, enduring mental illness or personality disorders and there is a maximum of 4 months stay. A group of volunteers (survivors) meet and greet new residents. The support agreement with residents includes a responsibility to engage with the other women. Residents would like more self-contained space (flats/bedsits).

Sometimes the issues don't come out till they are actually here. Worker from Complex Needs Refuge (not Thames Valley)

Northamptonshire Women's Aid has a refuge with five family units for women with complex needs (toxic trio). 24 hour cover is provided by one member of staff during the day and one at night. Residents commit to getting 'clean'. It was developed with a multiagency approach in response to recognising the same small group of women going round the cycle of accessing services. The building was refurbished by the Drug and Alcohol Team (DAT). It is successful - both in enabling women to leave violent relationships, and to recover from their other problems.

Frances House is run by Solace Women's Aid in London. It is an 8-bed refuge for women without children who have complex needs escaping domestic violence. It has 24 hour staffing with a day crew, and one member of staff at night, supported by the on-call cover which is across all the refuges, which includes a manager on-call at all times. Daytime key workers (specialist refuge workers) are responsible for all areas of key work, including GP

appointments, supporting with rape crisis, police, finance and general wellbeing, as well as a woman's awareness of domestic abuse and how it has affected her. The evening and weekend workers provide more general support. There are lots of activities, for example cooking and Zumba classes and a Friday morning breakfast club. Referrals are taken on a first come basis (from within London). It is in its second year and has been a learning curve, including the need to be very flexible and minimise rules. Managing eight complex cases can be challenging at times, particularly where their issues impact on the other vulnerable women in the house.

The refuge environment helps them to cope and recover. It has its moments, but the sense of community is part of what gets everyone through. Worker from Complex Needs Refuge (not Thames Valley)

12.2 Commissioning Recommendation Two 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, FGM.
- 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. They may be existing staff, new recruits, or secondees. The strategic role would include gathering evidence of need, as well as feeding into other strategic working. The MEAM (Making Every Adult Matter) collaborative initiative designed a local coordinator role that combines practice with strategy, and is reported to be an effective model.

This proposal brings the significant benefit of providing some sustainability for the front-line providers if this is where the staff are based, because there is sufficient longevity of funding for these jobs to be offered as permanent, as well as possibly enabling talented domestic violence workers to be retained in the field.

The specific reasons for this role are not being set out here, because the case is already made through the outlines of emerging themes above; that these are areas where there are gaps in services, room for concentrated attention, and the opportunity for sharing of best practice across the Thames Valley.

13 Recommendations outside the commissioning structure

13.1 Thames Valley VAWG Specialist/Lead and the development of a Thames Valley-wide domestic abuse infrastructure

National and international policies and conventions are seeking to address domestic violence as part of the wider agenda of Violence Against Women and Girls (VAWG)

In the Government's VAWG action plan update they identify that the UK:-

- Participated in the Commission on the Status of Women (CSW) 57th Session in March 2013 with the priority theme of „The elimination and prevention of all forms of violence against women and girls“. Through the UK's leadership, the international community agreed a set of concrete conclusions for the very first time, placing women's rights at its heart.
- Signed up to the United Nations Resolution on addressing Femicide following the CSW 57th session. Signed up to the UN COMMIT Initiative launched by UN Women setting out the UK Government's commitment to ending violence against women and girls through our continuing leadership at national and international level.

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, mirroring the priorities/policies of government, Europe and internationally, and helping to address the crossover of needs/experience/provision that might otherwise be exacerbated by commissioning separate priorities.

There are also important connections between different forms of violence against women - sexual violence, stalking, physical violence and coercive behaviour - that sometimes need to be considered as a whole picture, rather than broken down into component crimes. Victims of domestic violence may also have been a victim of sexual violence. Women offenders are very likely to have experienced domestic and/or sexual violence, as are women in prostitution. This proposal would also help to ensure responses to domestic violence in the Thames Valley remains dynamic after services are commissioned, and responsive to external and local changes.

In recent years there have been anxieties about appearing not to be 'equal' in treatment of survivors of domestic abuse and it may take some courage to articulate that the majority of domestic abuse occurs to women and girls and is perpetrated by men, and that the specialist services may be most effective at breaking down the barriers to seeking help.

We are in an unfamiliar new world of commissioning which can create mistrust and secrecy where there was previously collaboration. The Thames Valley wide Victims Fund may have an opportunity to help reconnect agencies who are working to achieve the same ends, but rarely meet to compare notes, trends, good practice and so on. Changes in the way in which provision is being paid for and the nature of the agencies delivering services has mitigated against informal communication. Pulling together peer organisations takes leadership, but also resource in the form of time and money, and could be a role for a central VAWG specialist.

I have picked up a sense that multi-agency working has become hamstrung by statutory habits of meetings with long agendas/ lots of reporting back, and a sense that it 'has to be done' because it's in the strategy/guidelines. There is a particular culture at play here, and it is not necessarily conducive to creative, sensitive thinking and change.

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 and 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. The development of the TECSOS phone is an example of bringing new thinking to an old issue - Vodafone skills applied to a social care and criminal justice issue.

<http://www.tecsos.co.uk>

There is a coordination role in keeping a close eye on the wider context for domestic violence services over the next few years. Times are changing fast, and whilst it is to be commended that the PCC is hoping to commission services for a period of years, because this will provide some certainty that is often missing, it will be important that someone keeps an eye on the changing world and ensures that the Thames Valley response remains current and effective.

I am determined to see a real shift in attitudes towards violence against women and girls – from frontline professionals, across institutions and in the wider public. We are all responsible for standing up and challenging behaviours which are unacceptable. We must continue to come together to address these issues and I am working with the women’s sector and other interested parties to ensure we make a positive difference. Norman Baker MP minister for crime prevention, from: A Call to End Violence against Women and Girls Action Plan March 2014

Consultation with stakeholders found general support for the creation of such a role, with some provisos around ensuring it is not working to a particular agenda, and the feasibility of being effective across such a large area.

It was also suggested in discussions about this proposal that the role should be linked to the existing Domestic Abuse Coordinators network.

There is a need to develop a coherent Thames Valley-wide overview of provision, and a coordinating of ideas, good practice, and so on. This could encourage proper linkages between the various for a, plus creative task and finish groups to problem-solve specific aspects of domestic violence systems/practice.

Within the last few months, numbers of new reports have emerged with findings and recommendations about domestic abuse: new laws on the horizon, funding available, and best practice encouraged. It would be clear efficiency to have someone scoping this emerging knowledge on behalf of Thames Valley agencies and disseminating it in a digestible form.

A vision for this theme would be that the Thames Valley fully integrates the huge amount of work currently ongoing to:- a) enable ANY women and girls affected by domestic abuse to cope and recover, b) reduce domestic abuse. This could create a new and exemplar model that recognises that domestic abuse covers a very wide range of crimes, events, circumstances and needs, requiring a very flexible, non-silo’d approach that harnesses current resources.

A coordinated response could, for example, pull together a cohesive programme for prevention work in local schools, and put some pressure on schools to include this.

13.2. Other recommendations emerging from the findings

There are a number of other recommendations that come from the findings, that I would see as a lower priority for commissioning, specifically, at this stage, but that are still important. These are as follows:-

- 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 therapeutic 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.
- 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 the impact.

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.

8. Conclusion

To ensure that victims 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 clearly beyond the brief of the PCC, but the opportunity for Thames Valley-wide initiatives, if chosen carefully, could have significant impact by complementing, or improving existing services.

Put money back into DV services to work to prevent 'future catastrophes' that will cost the government money, rob women of their lives and seriously affect the next generation to perpetuate abuse. Thames Valley TSO Front-line worker (if she had a magic wand)]

APPENDIX

Many thanks to all the people who have given so much time to helping with this report. Because of sensitivities about safeguarding those involved in working with domestic abuse, I have included first names only, and separated the names from the organisations. including:

Sophie, Brian, Hilary, Liz, Shona, Delia, Jayne, Jane, Becky, Natalie, Janet, Sarah, Anthony, Sarah, Susan, Phil, Lis, Linda, Cliff, Colleen, Vicky, Michelle, David, Carys, Faye, Teresa, Mary, Romy, Patsy, Denise, Karen, Liz, Marilyn, Jim, Emma, Sarah, Claire, Natausha, Rachel, Lorraine, Benedict, Claire, Ian, John, Andrea. Davina, Louise, Sian, Amber, Sarah, Niquita, Simrit, Camilla, Bernadette, Michelle, Annie, Natalie, Kat, Claire, Jo, Heather, Louise, Vania, Linda, Carrie, Tracey, Sharon, Susan, Kelly, Samantha, Anjli

From:-

- Thames Valley Police
- Bracknell Forest Borough Council
- The Royal Borough of Windsor and Maidenhead
- Berkshire Women's Aid
- Office of the Thames Valley Police and Crime Commissioner
- The Dash Charity
- Slough Domestic Abuse Services
- CAADA (just relaunched as Safe Lives)
- Women's Aid
- Reading Borough Council
- West Berkshire Council
- Wycombe Women's Aid
- Victim Support
- MK-Act
- Wokingham Borough Council
- Oxfordshire County Council
- Thames Valley Criminal Justice Board
- Buckinghamshire County Council
- Reducing the Risk
- Thames Valley Partnership
- Aylesbury Women's Aid
- A2Dominion
- Oxford City Council
- Oxfordshire Domestic Abuse Services
- Slough Borough Council
- Alana House (PACT)
- The Mustard Tree Foundation
- Imkaan