

## **DOMESTIC ABUSE MEMBER LED REVIEW: FINAL REPORT**

**To:** Cabinet

**Date:** 10th July 2012

**From:** Safer and Stronger Communities Overview and Scrutiny Committee

**Electoral division(s):** All

**Forward Plan ref:** N/A                      **Key decision:** No

**Purpose:** This report provides the findings and recommendations from a strategic review of Cambridgeshire's Domestic Abuse Services conducted by the Safer and Stronger Communities Overview and Scrutiny Committee.

**Recommendation:** The Cabinet is asked to:

- Consider and comment upon the findings and recommendations contained within the report (Appendix 1)
- Support and implement the recommendations contained within the report

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## 1. BACKGROUND

- 1.1 On the 27<sup>th</sup> May 2011, the Safer and Stronger Communities Overview and Scrutiny Committee commissioned a member-led review group to evaluate the provision of domestic abuse (DA) services in the county.
- 1.2. The review was conducted in collaboration with Scrutiny members from Huntingdonshire and Fenland District Councils, as DA was highlighted as a priority issue within the Strategic Assessments produced for the Community Safety Partnerships in these areas<sup>1</sup>. Also, a recommendation of an earlier member-led review group of the SSC OSC had stated that a review of the subject should be undertaken<sup>2</sup>.
- 1.3 The following Members conducted the review:
- Cllr. Sam Hoy (Chairman – Cambridgeshire County Council)
  - Cllr. Virginia Bucknor (Fenland District Council)
  - Cllr. Alex Miscandlon (Fenland District Council)
  - Cllr. Deborah Reynolds (Huntingdonshire District Council)
  - Cllr. Richard West (Cambridgeshire County Council/Huntingdonshire District Council).
- 1.4 The review group presented an interim report to the County Council Cabinet on the 27<sup>th</sup> September 2011 in order to influence funding decisions about DA services being made through the Integrated Planning Process (IPP). The review group recommended:
- 1) Cabinet expand resources within the Community Engagement Directorate devoted to addressing domestic abuse by using the current IPP
- or:
- 2) Levels of Council funding devoted to domestic abuse be maintained within the Community Engagement Directorate at their current levels for the coming financial year
- 1.5 The group has subsequently undertaken further investigation, with a particular focus on the role of partnership working in tackling DA issues.
- 1.6 The Chairman of the review group presented the provisional findings at a DA Strategy event during March, in order to seek feedback from the wide range of statutory, voluntary and community organisations present. The group also encouraged feedback from all staff (via Daily Briefing) and the public (via the Council's website). Finally, the SSC OSC considered the report at their meeting on the 14th June and voted unanimously to support its submission to Cabinet (subject to some changes which have been incorporated into this report). Members also agreed to submit the report to Cambridgeshire's Crime and Disorder Reduction Partnerships given the necessity for partners to tackle

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<sup>1</sup> ['Huntingdonshire Community Safety Plan 2008 - 2011'](#) and ['Fenland Community Safety Partnership 2010 Strategic Assessment'](#)

<sup>2</sup> ['Improving the Education and Training of Professionals to Help Alcohol Misusers'](#)

DA collectively. In addition, the Chairman of the Review Group has been asked by the Home Office to share the findings from the report.

- 1.7 The Committee would like to make it clear that whilst their report aims to provide a strategic analysis and recommendations in relation to dedicated DA services in Cambridgeshire, there are several issues which they wish to follow up on in the future. Examples include:
- The relationship between DA and other societal problems, such as alcohol and drug misuse
  - The quality of information associated with DA, particularly in respect of under reporting of DA incidents generally, and within specific groups (such as Gypsy and Traveller communities)
  - The outcomes achieved through the additional investment for DA services that have resulted from the review
- 1.8 This review therefore represents part of the Committee's journey in examining DA. Further investigations by the Committee will be facilitated by the involvement of the Committee Vice Chairman (who acted as Chairman of the Review) in heading the Cambridgeshire Domestic Abuse Partnership. The Committee will follow up on the recommendations accepted by Cabinet in approximately 6 months time.

## APPENDIX 1 - FINAL REPORT

### SUMMARY OF FINDINGS AND RECOMMENDATIONS

FINDINGS	RECOMMENDATIONS
<b>DEFINITION</b>	
<p>The organisations represented on Cambridgeshire's Domestic Abuse (DA) Partnership have agreed to use the same definition of DA.</p> <p>However, Members have found some variation in practice.</p> <p>The Home Office have conducted a consultation about a possible new definition of DA.</p>	<ol style="list-style-type: none"><li>1) The DA Partnership should adopt the new Home Office definition, when it is agreed.</li><li>2) The Partnership should ensure that there is a common understanding and application of the definition across agencies.</li><li>3) The Partnership should report back to the Safer and Stronger O&amp;S Committee in 2013 regarding progress in adapting to the new definition.</li></ol>
<b>EVIDENCE OF PREVALENCE AND COSTS OF DA</b>	
<p>Estimates suggest that 15,173 women aged 16-59 were victims of DA in Cambridgeshire in 2010/11.</p> <p>Numbers of reported incidents have risen substantially in recent years – the number of incidents reported to the Police during 2005 – 2009 rose by more than 41.9% (this does not necessarily mean that DA is increasing, just that more DA is being reported).</p> <p>However, recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting to the Police. This is a concern as it is known that DA is a significantly under reported crime.</p> <p>The total estimated average cost for agencies overall, per Police recorded offence with a DV marker in 2005 was £15, 566. This cost is often repeated many times. Under reporting</p>	

FINDINGS	RECOMMENDATIONS
<p>exacerbates costs as it hampers the ability of organisations to provide support.</p> <p>The majority of the costs to public agencies are borne by Health services and the Police, but there are also substantial costs to other Local Authorities, including the County Council.</p> <p>There is a compelling business case for public agencies to invest in preventative measures.</p>	
<b>PARTNERSHIP WORKING</b>	
<p>The group met committed and effective practitioners in several organisations across all sectors and are satisfied that there is ample evidence, on a day to day, frontline level, of effective partnership working to support those in need.</p>	
<p><b>MARU:</b> Members found that the (Multi Agency Referral Unit) MARU provides a seamless service to 999 callers and agencies reporting DA.</p> <p>This helps reduce the likelihood of DA escalation and repetition, with obvious benefits to victims whilst reducing the impact on the agencies involved. Members fully support this approach, and welcome plans to expand the MARU to include several statutory services that are not currently represented (the Probation Service have recently agreed to allocate resource to the MARU, for example).</p> <p>Cambridgeshire County Council's Adult Safeguarding service is not currently represented at the MARU, although this is currently subject to an Officer review. See page 32 for the group's view on this.</p> <p>There is mixed awareness amongst the voluntary and community sectors that the</p>	

FINDINGS	RECOMMENDATIONS
<p>MARU can be used as a point of contact for all levels of risk. However, this point will be incorporated into the new DA strategy.</p>	
<p><b>Strategy:</b> it is clear that the DA related partnerships have made significant progress against the majority of the objectives within the strategy. There is therefore evidence of successful partnership working.</p> <p>However, Members have concerns about data collection and sharing (see page 26). Members also particularly wish to see progress in relation to the development and roll out of Children's Programmes.</p>	<p>4) Progress should be made in the development and roll out of Children's Programmes, as per the 2008/11 DA Strategy.</p>
<p><b>Structures:</b> partnership structures have undergone significant changes in recent years. This has created uncertainty and it is therefore important that any new structures are resilient.</p> <p>Members approve of the decision by the Shadow Health and Wellbeing Board to prioritise DA issues, as this should raise the profile of DA as a public health issue. This move is a welcome addition to more traditional approaches which focus on DA in criminal justice terms.</p> <p>Overview and Scrutiny Members will review the outcomes achieved by the Board in the future.</p>	
<p><b>Leadership:</b> Cambridgeshire County Council's Deputy Leader is the current Member Champion in relation to the Council's DA services.</p> <p>However, the group were concerned to find that a single lead Member was not in place to champion DA issues across the full range of DA partnerships. Members are satisfied, though, that the recent decision to elect a Member as Chairman</p>	<p>5) The Chairman of the DA Partnership Implementation Group should periodically report on progress made in tackling DA.</p> <p>6) The Safer and Stronger O&amp;S Committee should review the effectiveness of the new Lead Officer arrangements approximately six months after commencement.</p>

FINDINGS	RECOMMENDATIONS
<p>of the DA Partnership Implementation Group has resolved this issue.</p> <p>The Group also had concerns about the lead Officer arrangements. They found that whilst the Domestic Abuse Partnership Manager had been identified as the lead Officer to support partnership working, this Officer did not routinely attend key partnership meetings such as the Management teams and the Shadow Health and Wellbeing Board. Members' perception is that this post does not have a high profile within the organisation and believe that this is linked to its position within the Officer hierarchy (5<sup>th</sup> tier).</p> <p>However, the group have been advised that this issue is being addressed as the Service Director: Children's Enhanced and Preventative Services will be taking the lead Officer role.</p>	
<p><b>Resources:</b> Partners have contributed considerable resource to DA issues through their involvement in the current partnership arrangements. However, with notable exceptions, such as the Constabulary, a significant element of the funding burden has been borne by the County Council.</p> <p>Given the impact of DA on a wide range of statutory services (see table 1) Members believe that it is important for all partners to contribute financially to tackling the issue. It is recognised that there are financial pressures on all organisations, but Members believe that the Cambridgeshire tax payer will derive greater value for money from joint financing of DA activities. Key to this will be the development of collective commissioning arrangements, and the creation of a pooled budget could help to facilitate this process.</p>	<p>7) The DA Partnership should investigate the potential to:</p> <ul style="list-style-type: none"> <li>• Develop joint commissioning arrangements to extract maximum value from limited resources.</li> <li>• Establish a pooled budget to facilitate and provide a focus for joint working</li> </ul>
<p>Members welcome the recent NHS decision to fund 2 FTE IDVA posts (although at the time of writing only</p>	<p>8) That referral routes are established to enable people in Fenland to have access to IDVA support.</p>

FINDINGS	RECOMMENDATIONS
<p>funding for 1 post has been provided), and hope that the success of these posts will increase confidence in the value of additional resourcing in the near future.</p> <p>However, these posts will not generally be of benefit to people living in Fenland who tend to go to hospitals in Peterborough and King's Lynn.</p>	
<p><b>Data:</b> There are a limited range of local data sources for DA most of which only provide a partial picture as much DA goes unreported or unrecorded.</p> <p>Data is not being collected consistently between partners. This hampers evidence gathering in relation to issues and risks, and effective decision making.</p> <p>However, improvements have been made in detecting DA and a data protocol has been developed between levels which has been supported by Leaders and Chief Officers. This provides a presumption to share information across organisational boundaries which should be used to facilitate operational improvements.</p> <p>The group found that whilst data about outcomes is collected in terms of the numbers of DA victims who are protected from harm, there was no evidence that qualitative data is collected about the victims experience following crisis support.</p>	<p>9) Partners should develop common data standards and ensure that these are adopted, monitored and managed.</p> <p>10) The DA Partnership should investigate ways of collecting data about the overall success of interventions from the perspective of victims.</p>
<p><b>Training:</b> The suitability of Police Officers attending DA incidents can vary in terms of their sensitivity in dealing with victims.</p> <p>There is no mainstream funding for the Freedom Programme leading to inconsistencies in provision, depending on which areas can afford the Programme.</p>	<p>11) Localities should be encouraged to utilise the Freedom Programme and provided with resource to do this, allocated on the basis of greatest need.</p>



FINDINGS	RECOMMENDATIONS
<b>THE COUNTY COUNCIL'S CONTRIBUTION</b>	
<p>Significant progress has been made in recent years to raise the profile of DA in Cambridgeshire and to allocate resources to tackle DA. Cambridgeshire County Council has been one of the lead agencies in this regard. This includes 'mainstreaming' of DA Partnership and IDVA resources so that they are not reliant on applications for grant funding. This team has been expanded, and the Council is also working proactively with partners to develop the MARU. Therefore, whilst the focus remains on high risk victims, a positive trajectory has been established and the Council now has a solid base to build upon.</p>	
<p><b>Independent Domestic Violence Advocacy (IDVA) Service:</b>  Each IDVA is estimated to save the taxpayer £2.7 m per annum through crisis support. Members had previously recommended that Cabinet should preserve or increase IDVA resources.</p> <p>The review group were very pleased to find that Cabinet listened to this recommendation and decided to increase support for IDVA's from 5.2 to 7.2 FTE. Taking into account two additional NHS funded IDVA's (1 post funded at the time of writing), and Community Safety Partnership funding for 1 post in 2012/13, this takes the current level of service to 10.2 IDVA's across the county, which is a significant improvement.</p> <p>The interim report referred to the preservation or increase of DA resources within the Community Engagement directorate. However, the IDVA service has subsequently relocated to the 'Children's Enhanced and Preventative Services' directorate within Children and Young People's Services and it is clear that there are other resources in other</p>	<p>12) Cabinet should preserve, or preferably expand, resources devoted to addressing DA <u>wherever they are located</u> across the Council</p> <p>13) The Safer and Stronger O&amp;S Committee should review the outcomes achieved by investment in DA Services approximately one year from implementation</p>

FINDINGS	RECOMMENDATIONS
<p>service areas (e.g. the funding for outreach workers) which also have an important role in addressing DA issues.</p> <p>Members were disappointed to find that it was also agreed to terminate the contract for a playworker post within a Refuge, without reallocating this funding to a DA related service.</p>	
<p><b>Outreach Work:</b> Members considered the possibilities to invest in preventative services that would ultimately reduce the pressure on this and other crisis services. Members concluded that the best value for money would be provided through increased investment in outreach work provided through the Supporting People programme, in collaboration with voluntary agencies.</p> <p>However, additional investment would need to be monitored carefully through appropriate performance measurement.</p>	<p>14) Cabinet should investigate the potential benefits of investing in DA related outreach work on an 'invest to save' basis</p>
<p><b>Children and Young People:</b> DA is encountered on a daily basis by social work practitioners, alongside a multitude of other issues. Frontline practitioners therefore have experience in safeguarding children in these situations.</p> <p>Children's services experience significant pressure as a result of DA related referrals. In 2009/10 there were 10,250 notifications received at the Contact Centre about children in a DA situation. Qualified Social Workers review these notifications against social care thresholds and make a judgement about whether an assessment is required or not (which is signed off by a qualified manager).</p> <p>Members initially raised concerns about situations where children are not judged to have met the social care threshold. However, they have been advised that</p>	<p>15) The DA Partnership Implementation Group should review current processes for addressing DA and sharing information on DA across Children's Services.</p> <p>16) DA training provision for frontline workers should be reviewed so that all workers are able to take appropriate actions when encountering DA issues, including referrals for specialist support</p> <p>17) The Safer and Stronger O&amp;S Committee should monitor the Council's social care thresholds in relation to DA incidents, compare against similar counties, and review the application of the Barnardos Domestic Violence Risk Assessment Model</p> <p>18) Current and planned work within the MARU to process referrals and notifications should be reviewed in 6 months time by the Safer and Stronger</p>

FINDINGS	RECOMMENDATIONS
<p>the Barnardos Domestic Violence Risk Assessment Model is being introduced to ensure that there is a consistent approach when making these judgements.</p> <p>The Chairman of the review group visited the MARU to examine Children's social care referrals in detail (see page 30 for details). Whilst generally pleased with the arrangements currently in place, or being developed through more integrated working, there are concerns about the appropriateness of Police staff within the MARU determining whether level 3 incidents should be passed to Children's Social Care. Members believe this issue should be examined, to ensure that there is stricter regulation of level 3 incidents by appropriately trained staff.</p> <p>Members have heard from some practitioners that current processes for addressing DA and sharing information on DA across Children's Services (e.g. locality teams links with schools, and the Youth Offending Service) are not clear.</p> <p>Some frontline workers, such as Parent Support Advisers, commented that when they identify DA within families, they do not know what to do with that information. They recommended that specialist DA training should be provided for them, and other frontline workers who experience DA issues regularly.</p> <p>Frontline workers have access to specialist DA support to help children understand and cope with the traumatic events that they have experienced and the inappropriate behaviours that many will have learned.</p> <p>However, feedback from some frontline practitioners, including locality workers, indicated that they were unaware that they had access to specialist resources.</p>	<p>O&amp;S Committee.</p> <p>19) There should be stricter regulation of Level 3 incidents by appropriately trained staff. A review should be conducted to examine this issue.</p>
<p><b>Awareness raising in schools</b></p>	<p>20) The Council should work with schools</p>

FINDINGS	RECOMMENDATIONS
<p>Awareness and learning about safe relationships and DA within schools is variable with 67% Primary schools reporting that they include these issues within lessons. There is no data about similar activities in secondary schools.</p>	<p>to advocate awareness and learning about safe relationships and DA.</p>
<p><b>Support for Vulnerable Adults</b>  Current data appears to under estimate the prevalence of DA in SOVA cases. However, research commissioned through the Cambridgeshire Adult Safeguarding Board suggests that DA was evident in 68% of Safeguarding of Vulnerable Adults (SOVA) referrals where violence was identified (on the basis of a sample of 16 cases).</p> <p>Safeguarding leads have been trained and are in place across all Adult Services (i.e. mental health, physical disability, learning disability, older people and sensory services).</p> <p>Peterborough City Council has funded one post at the MARU. Cambridgeshire County Council does not currently fund a post at the MARU. Officers have advised that the Council is absolutely committed to working with the MARU, and that a review is currently under way to ascertain whether a redeployment of resource from fieldwork into the MARU would provide a net improvement to the service currently provided.</p> <p>The group support integrated working at the MARU, and believe that it is highly likely that allocating adult safeguarding resource will improve the overall service provided.</p>	<p>21) Officers should consult the group regarding the findings from the Officer review about adult safeguarding resource allocation at the MARU.</p>

## 1. BACKGROUND

- 1.1 On the 27<sup>th</sup> May 2011, the Safer and Stronger Communities Overview and Scrutiny Committee commissioned a member-led review group to evaluate the provision of domestic abuse (DA) services in the county.
- 1.2. The review was conducted in collaboration with Scrutiny members from Huntingdonshire and Fenland District Councils, as DA was highlighted as a priority issue within the Strategic Assessments produced for the Community Safety Partnerships in these areas<sup>3</sup>. Also, a recommendation of an earlier member-led review group of the SSC OSC had stated that a review of the subject should be undertaken<sup>4</sup>.
- 1.3 The following Members conducted the review:
- Cllr. Sam Hoy (Chairman – Cambridgeshire County Council)
  - Cllr. Virginia Bucknor (Fenland District Council)
  - Cllr. Alex Miscandlon (Fenland District Council)
  - Cllr. Deborah Reynolds (Huntingdonshire District Council)
  - Cllr. Richard West (Cambridgeshire County Council / Huntingdonshire District Council).
- 1.4 The review group presented an interim report to the County Council Cabinet on the 27<sup>th</sup> September 2011 in order to influence funding decisions about DA services being made through the Integrated Planning Process (IPP). The review group recommended:
- 1) Cabinet expand resources within the Community Engagement Directorate devoted to addressing domestic abuse by using the current IPP
- or:
- 2) Levels of Council funding devoted to domestic abuse be maintained within the Community Engagement Directorate at their current levels for the coming financial year
- 1.5 In response to these recommendations, Cabinet agreed:
- a) To thank the Overview and Scrutiny Committee for an excellent and thorough report.
  - b) To take note of this report during the IPP.
  - c) To seek to work with partners to secure support and funding on a cross-organisational basis.
- 1.6 The remainder of this report aims to provide a strategic evaluation of Cambridgeshire's DA services and recommendations for improvement. The report covers the following:

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<sup>3</sup> ['Huntingdonshire Community Safety Plan 2008 - 2011'](#) and ['Fenland Community Safety Partnership 2010 Strategic Assessment'](#)

<sup>4</sup> ['Improving the Education and Training of Professionals to Help Alcohol Misusers'](#)

- Methodology
- Definition of DA
- Evidence about the prevalence and costs of DA in Cambridgeshire
- Partnership working
- County Council Contribution
  - Crisis Support - IDVA Service
  - Prevention - Outreach Work
  - Support for Children and Young People affected by DA
  - Support for Vulnerable Adults affected by DA

## **2. METHODOLOGY**

Review Group Members met and received information from the following:

### **2.1 Cambridgeshire's Domestic Abuse Partnership Manager**

Funded by the County Council, the Domestic Abuse Partnership Manager is the lead Officer responsible for coordinating work across the county to improve services for victims of DA, and provided Members with an overview of the county-wide arrangements for tackling the issue. This included reference to the Joint Strategic Needs Assessment (JSNA) DA report that the Partnership Manager submitted in February 2012.

### **2.2 Home Office sponsored Positive Deviance Event**

Members attended an event to understand the value of the 'Positive Deviance' approach and met with practitioners from several organisations, including Refuge.

### **2.3 Cambridge Women's Aid**

On 30<sup>th</sup> August 2011 at the Cambridge Women's Aid (CWA) building in the City, group members met with two of the workers who provide support to women experiencing every type of DA, from prolonged mental manipulation/bullying through to the highest risk circumstances involving severe physical harm and threats to kill.

The immensely valuable work undertaken by CWA includes the provision of support, information, advice and guidance, and practical help in taking the very dangerous steps necessary to end an abusive relationship. In the latter case, support for women may include moving them and their children into a refuge, where their location is unknown to the perpetrator.

Discussions with the team at CWA were followed by a very productive meeting with seven women who were accessing the services of CWA. The findings of that session are summarised in Appendix C, which has been included to give voice to those with direct experience of abusive relationships.

The review group particularly wishes to extend its thanks to CWA and the women who participated in the meeting.

## 2.4 Multi Agency Referral Unit (MARU)

In November 2011, Members visited the MARU, in Godmanchester, which is a single point of contact for agencies and service-users with DA and 'honour-based' violence issues. Hosted by Cambridgeshire Constabulary, the unit coordinates services provided through the Independent Domestic Violence Advocacy Service (IDVA), the Independent Sexual Violence Advocacy Service, the Constabulary, Cambridge Women's Aid, Refuge, Multi Agency Risk Assessment Conference (MARAC) and other relevant agencies. The unit also coordinates the Sanctuary Scheme which aims to secure the homes of DA victims who do not wish to leave their home.

The Chairman also attended the MARU in May 2012 to understand how Children's social care notifications and referrals are processed.

## 2.5 County Council's Service Director: Children's Social Care

In December 2011, the group met the Service Director: Children's Social Care to understand how DA issues are managed by the teams working within the directorate, and their relationship with other agencies and specialist DA workers.

## 2.6 County Council's Adult Safeguarding and Quality Manager

In December 2011, the Review Group Chairman met the Adult Safeguarding and Quality Manager to investigate the linkages between DA and the safeguarding of vulnerable adults (SOVA) and how these are being managed.

## 2.7 Domestic Abuse Partnership Strategy Event

This event took place in March 2012 and was attended by a large number of representatives from the statutory, voluntary and community sectors. The purpose of the event was to review the outcomes of the previous DA strategy, and to develop the strategic objectives for a new strategy.

The Chairman of the Review Group presented the group's provisional findings to the attendees and requested their feedback. Members also participated in the strategy workshops held during the day.

### Defining 'Domestic Abuse'

## 2.8 The Home Office currently defines DA as:

'Any incident of threatening behaviour, violence or abuse [psychological, physical, sexual, financial or emotional] between adults who are or have been intimate partners or family members, regardless of gender or sexuality'.

The organisations represented on Cambridgeshire's Domestic Abuse Partnership have agreed to use this definition. This commitment to a common definition is important because, as stated by the current Home Secretary, 'effective prevention can only happen when it involves all agencies, working

together to common goals and a common understanding'<sup>5</sup>. However, Members have found some variation in practice; for example, a recent study indicated that the Safeguarding of Vulnerable Adults (SOVA) Team classify incidents of abuse in a way which underestimates the scale of DA<sup>6</sup> (see page 32 for more detail).

- 2.9 These variations sometimes stem from different performance measurement expectations from Government departments. The Home Office recently conducted a consultation to address this issue and to seek views about the options to broaden the definition to encompass under 18s and coercive control (a complex pattern of abuse using power and psychological control over another – financial control, verbal abuse, forced social isolation). The consultation ended on the 30<sup>th</sup> March 2012.
- 2.10 Members recommend that the Cambridgeshire Domestic Abuse Partnership should adopt the new Home Office definition, if it is revised, in order to continue to ensure that there is consistency between national and local agencies. Furthermore, Members believe that the Partnership should ensure that there is a common understanding and application of the definition across agencies. This will entail consideration of data collection issues, which are referred to on page 26 of this report.

### 3. EVIDENCE BASE: DOMESTIC ABUSE IN CAMBRIDGESHIRE

- 3.1 The Joint Strategic Needs Assessment (JSNA) Domestic Abuse report submitted in February 2012 by the DA Partnership Manager provides an in depth analysis of the harm caused by DA in Cambridgeshire, and the consequent scale of the challenge for partners in tackling the issue. The report is attached as Appendix A.
- 3.2 However, some of the headline statistics that the review group wishes to share with Cabinet include the following:
- Estimates suggest that **15,173 women aged 16-59 were victims of DA in Cambridgeshire in 2010/11**
  - **Numbers have risen substantially in recent years** – the number of incidents reported to the Police during 2005 – 2009 rose by more than 41.9%. This led to increased pressure on DA services. For example, the numbers of high risk referrals to the Independent Domestic Violence Advocacy Service (IDVA) rose from 324 in 2005 to 1536 in 2008/09 (an increase of 377%). However, **recent Community Safety Partnership Strategic Assessments indicate a levelling out of countywide reporting** to the Police
  - **DA related referrals to Children's services have increased significantly in recent years** – between 1<sup>st</sup> July 2009 and 30<sup>th</sup> June 2010, the Contact Centre received 10,250 DA related referrals for children and young people at risk

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<sup>5</sup> Home Office, '[Cross Government Definition of Domestic Violence](#)', pg 3

<sup>6</sup> The study was conducted by the Domestic Abuse Partnership Manager for the Safeguarding Vulnerable Adults Board



- 100% of the past 10 Local Safeguarding Children Board (LSCB) Serious Case Reviews have identified DA as a key contributing factor
- At least 75% of looked after children and 50% of children subject to a Child Protection Plan in Cambridgeshire have DA backgrounds
- **584 children and young people were part of Multi-Agency Risk Assessment Conference (MARAC) hearings (for high risk cases of DA where homicide is a risk) in 2010/11**
- In a Cambridgeshire Secondary Survey conducted in 2010, 6% of children reported abuse occurring once/twice a week; 2% once a week and 1% stated that violent abuse was occurring everyday. **The Council sent 2657 notification letters to schools in 2010/11 alone following a police reported incident of DA**
- **Recent research commissioned through the Cambridgeshire Adult Safeguarding Board suggests that DA was evident in 68% of Safeguarding of Vulnerable Adults (SOVA) referrals where violence was identified.**
- Cambridgeshire Constabulary data from 2009 shows that between 24% and 36% of incidents are repeat offences. This is consistent with Home Office data which shows that **DA has the highest repeat victimisation rate of any crime**
- **British Crime Survey data for 2010/11 shows that 39% of those surveyed disclosed that DA had left them with 'mental or emotional problems' and that 4% had tried to commit suicide as a result of the abuse**

3.3 It is also important to note that DA occurs in all sections of society, regardless of factors such as social class. However, the majority of reported DA, which is likely to be a gross underestimate of true levels of victimisation, comes from urban areas within the county. One reason for this is that those living in more rural areas are less likely to have protective family, neighbours and friends who witness and report abuse. Research conducted by the LGSS Research and Performance Team shows that there are 'hot spots' in Fenland, mainly within Wisbech and Whittlesey, and in wards with a high percentage of social housing in Cambridge, Huntingdon, St Neots and St Ives.

3.4 It is important to stress that there are male victims of DA. Current data about male victims is unreliable for several reasons, primarily because men typically fail to report DA to the police. However, 2009 data from Cambridgeshire Constabulary showed that 24% of reported incidents during 2006-2009 came from men. Of the 985 high risk referrals to the IDVAs, 12% were male victims. This fell to 4% in 2010/11 and British Crime Survey statistics indicate that 4% of the male population of Cambridge were victims of DA in the past year.

#### Links with other societal problems, including alcohol and drugs misuse

3.5 The focus of this review was on services dedicated to responding to DA. However, Members are aware that there are often overlaps between DA and other societal problems that necessitate involvement of a wide variety of agencies in order to provide an effective response. DA is typically a complex issue to address, involving a variety of different services at different stages. GP's, Children's Centres, Social Care, Family Support and Mental Health Workers are amongst some of the services that encounter DA issues

regularly. A spectrum of support is therefore required, ranging from universal and targeted services, through to specialist interventions.

- 3.6 Members noted a particularly important relationship (not a causal link) between alcohol and drug misuse and DA. The JSNA states that 15% of victims disclosed that they misuse alcohol and that 9% of them misused drugs. 47% of offenders disclosed that they misused alcohol and 35% of them misused drugs.
- 3.7 The Committee will follow up on these issues as part of the evaluation of the implementation of their recommendations. In the meantime, a review has recently been initiated regarding alcohol misuse, and it is anticipated that the links with DA will be explored further as part of this.

### Financial Costs

- 3.8 In addition to the impact on individuals, families and communities, there is also a significant financial cost to agencies in Cambridgeshire. Each incident can trigger the involvement of a range of different agencies, and as a victim typically experiences DA several times, the costs to the public purse can rapidly escalate.
- 3.9 Research conducted by the Cambridgeshire Crime Research Team in 2005 found that the total estimated average cost per Police recorded offence with a DV marker in 2005 was £15, 566<sup>7</sup>. This is the overall cost to agencies per incident, and as stated above, there are often several incidents per victim. The total costs to local agencies were calculated as £35.5 m for 2005. The majority of these costs were incurred by health services and the Police. The number of recorded incidents have increased in recent years, although recent Community Safety assessments indicate that this has levelled off at the countywide level.
- 3.10 The cost to local economic output caused by DA was calculated to be £20.2 m. Table 1, below, summarises DA related costs.

Table 1 – Costs (2005)

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Criminal Justice System Costs	£15,784,653	£611,230	-	£16,395,883
GP Treatment Costs	£870,723	£202,668	-	£1,073,391
Hospital/Ambulance Costs	£11,353,688	-	-	£11,353,688
Emotional and Physical Costs	-	£81,473,614	-	£81,473,614
Lost Economic Output	-	-	£20,245,758	£20,245,758
Social Services Costs	£1,562,444	-	-	£1,562,444
Housing Costs	£492,788			£492,788
Civil Legal Costs	£292,950	£1,097,647		£1,390,597

<sup>7</sup> Members were advised that insufficient resource is available currently to repeat this exercise, so this is the latest local management information available regarding costs.

Cost	Agency Cost	Victim Cost	Other Cost	TOTAL
Mental Health Costs	£5,147,992	-	-	£5,147,992
<b>TOTAL Cost of DV</b>	<b>£35,505,238</b>	<b>£83,385,159</b>	<b>£20,245,758</b>	<b>£139,136,155</b>
Average Cost per Incident	£1,236	£2,902	£705	£4,843
Average Cost per Police Recorded 'Offence with a DV Marker'	£15,566	£36,556	£8,876	£60,998

- 3.11 To provide a specific example of the costs borne by the County Council's Children's Social Care service, the Contact Centre received 10,250 DA related referrals between 1<sup>st</sup> July 2009 and 30<sup>th</sup> June 2010 at an average cost of £27.45 per referral. The cost of administering these referrals is an estimated £281,000 per annum, not accounting for any further action taken.
- 3.12 The 2005 and 2009 studies also showed that, in line with increased reporting to Police (41.9%), agency costs in Cambridgeshire increased by approximately £56 m. However, it is important to stress that DA is still significantly under reported, and that, ultimately, the greatest costs tend to involve those who are not known to organisations that could provide support.

### Summary

- 3.13 These figures demonstrate well the extremely damaging effect that DA has had in Cambridgeshire, as it does across the UK in general, both in human and financial terms. There is a plethora of data that shows that the costs borne by victims, the local economy and public agencies are very substantial and that these costs have increased significantly in recent years. Reporting to Police has started to level off in recent years, but this is a worrying trend as it is known that DA remains a crime that is significantly under reported.
- 3.14 The majority of the costs to public agencies are borne by Health services and the Police, but there are also substantial costs to other Local Authorities, including the County Council. The greatest costs tend to involve those who are not known to organisations that could provide support.
- 3.15 Given the above, Members believe that there is a compelling business case for public agencies to invest in preventative measures.

## **4. PARTNERSHIP WORKING**

- 4.1 The information presented in section 3 of this report highlights how DA is an issue that cuts across organisational boundaries and can therefore only be tackled effectively through collaboration across the statutory, community and voluntary sectors.
- 4.2 The group were pleased to meet committed and effective practitioners in several organisations across all sectors and are satisfied that there is ample

evidence, on a day to day, frontline level, of effective partnership working to support those in need.

#### Multi Agency Referral Unit - MARU

- 4.3 The MARU provides a seamless service to 999 callers and agencies reporting DA (as well as child abuse, honour based violence and vulnerable adult referrals). The unit, based in Godmanchester, arose from the Making Cambridgeshire Count initiative in 2009 and is led by the Constabulary. Specialist staff are co-located at the site, enabling coordination between the Independent Domestic Violence Advocacy Service (IDVA), the Independent Sexual Violence Advocacy Service, the Constabulary, Cambridge Women's Aid, Refuge and other relevant agencies.
- 4.4 Members visited the MARU and learned that the unit provides a fresh approach to managing those at the highest risk of harm. Reviews of those deemed to be at significant risk or in immediate need of assistance are discussed daily, with representatives of both statutory and non statutory sectors involved. This helps reduce the likelihood of DA escalation and repetition, with obvious benefits to victims whilst reducing the impact on the agencies involved.
- 4.5 The MARU also has other benefits, including:
- Ensuring greater consistency of referral thresholds and actions taken
  - Improving communications and working relationships with partners
  - Reducing costs, e.g. through reducing travelling time and meeting costs
- 4.6 Members found that whilst significant progress has been made in developing integrated working approaches at the MARU, there are a number of public agencies that are not yet represented (although discussions are under way to bring them on board). Examples included the probation, health and housing services. However, it was evident from discussions held at the DA Strategy Event that some voluntary and community groups are not aware that the MARU provides a point of contact for all levels of risk. It is therefore anticipated that this point will be addressed in the forthcoming strategy.
- 4.7 Members have concerns about the current lack of Cambridgeshire representation of the Adult Safeguarding service at the MARU (see page 32) Nonetheless, overall, Members welcome the integrated, positive work being undertaken through the MARU and support its expansion and development.

#### Strategic Arrangements

- 4.8 The MARU plays an important role in coordinating DA services, but is not able to fulfil the role of a countywide strategic group to address all DA issues<sup>8</sup>. Members therefore investigated the adequacy of other key elements of effective partnership working, particularly at the strategic level:
- Strategy
  - Structures

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<sup>8</sup> Agreed at the MARU Project Board meeting in Spring 2011

- Leadership
- Resources
- Data
- Training

### Strategy

4.9 In March 2008, Cambridgeshire's Domestic Abuse Partnership launched its countywide strategy, with an associated countywide, district-wide and agency action plan to<sup>9</sup>:

- Develop prevention and early intervention
- Support protection and justice
- Support those affected by DA

4.10 This strategy expired at the end of 2011. The following achievements were reported to have occurred between 2008/11:

- Adoption of DASH (a common Risk Indicator Checklist for assessing the risks associated with domestic abuse) across the Partnership
- Development of Outreach Adviser posts to support all levels of risk in the community across Cambridgeshire
- Improved information sharing and recording across key agencies;
- Improved data collection and understanding of cost, risk and harm with regards to DA
- Roll out of programmes (inc. community-based programme for those who use violence in their relationships and Freedom Programmes)
- Enhanced (LSCB-accredited) and successful multi-agency training provided to over 2,000 professionals across the county
- Piloting of programmes for children
- Sustainable MARACs
- Development of DAAT/DA Strategy
- Increase in detection / conversion / successful Court outcomes
- New 'move-on' accommodation in the community for those leaving refuge type provision
- Development and implementation of Domestic Homicide Review framework for Cambridgeshire
- Effective IDVAS presence in A&E (Addenbrooke's Hospital)
- Improved Sexual Violence services, including the development and implementation of ISVA posts
- Establishment of MARU

4.11 The following strategic objectives were identified as not having been achieved between 2008/11:

- Development and roll-out of Children's Programmes, including work with schools
- Development and roll-out of Specialist Domestic Violence Courts across Cambridgeshire

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<sup>9</sup> Cambridge Community Safety Partnership, 2<sup>nd</sup> December 2011, '[Update to Proposed Changes to Domestic Abuse Partnership Reporting and Structure / Proposed Actions for Cambridge Community Safety Partnership, 2012-13](#)', pg 21

4.12 Members recognise that overall it is clear that the DA related partnerships have made significant progress against the majority of the objectives within the strategy. There is therefore evidence of successful partnership working. However, Members are sceptical about the alleged achievements in relation to data collection and sharing. Members also particularly wish to see progress in relation to the development and roll out of Children's Programmes. Both these points are expanded upon later in this report.

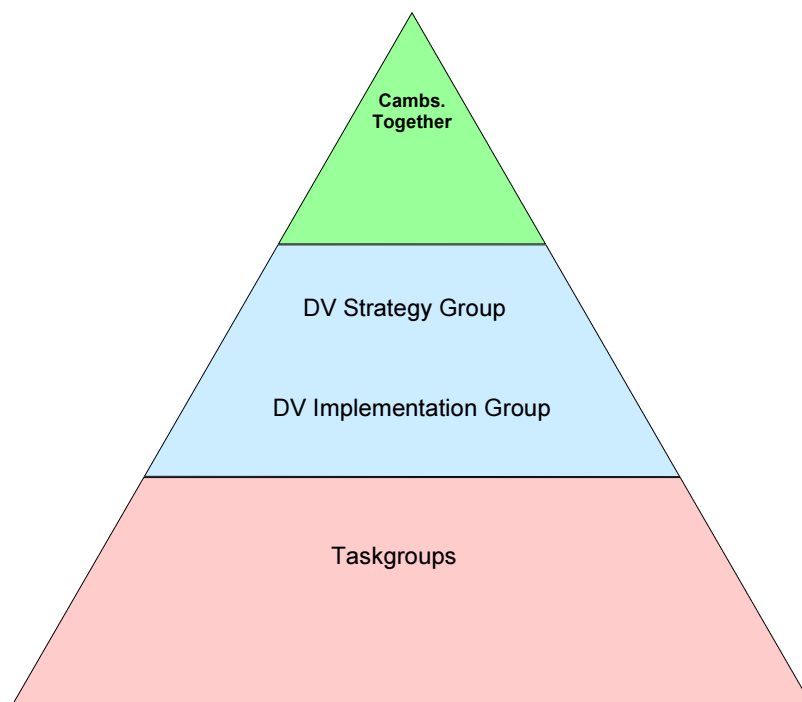
### Structures

4.13 The governance arrangements in relation to DA are complex. This is a reflection of the number of agencies involved and the way in which DA cuts across a wide range of service areas. Members reviewed the rationale behind the arrangements, their coherence and how they are led.

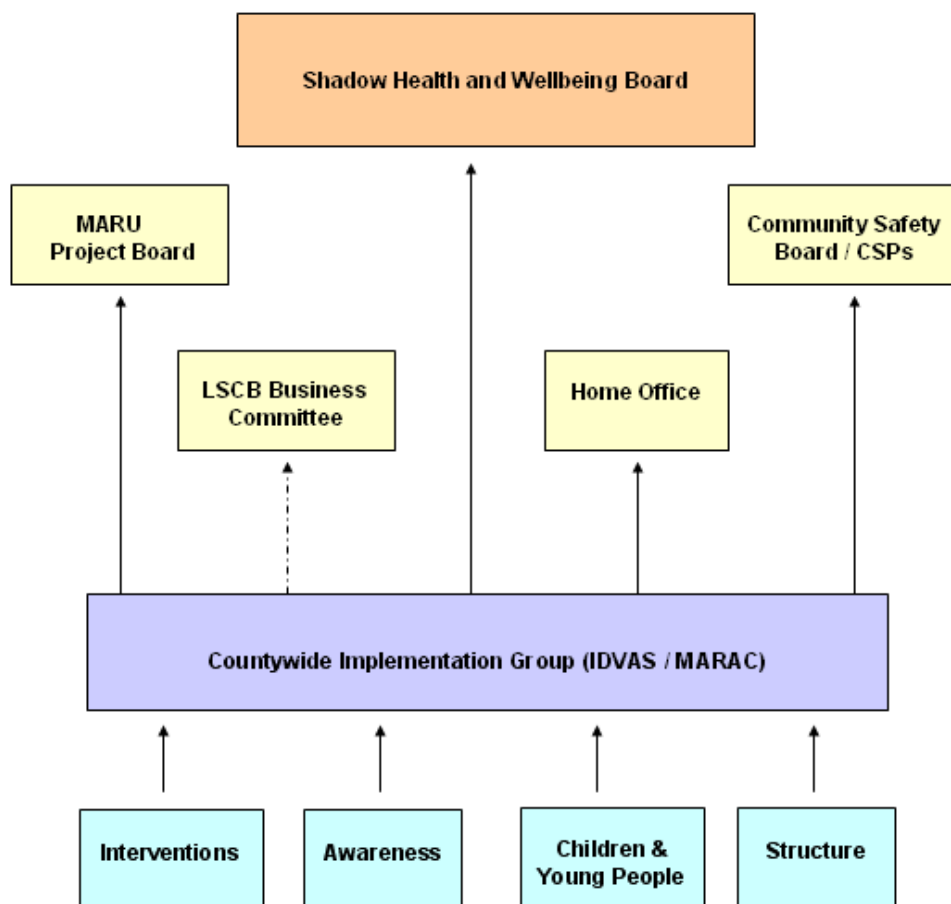
4.14 The Cambridgeshire's Domestic Abuse Partnership was restructured in 2009 to allow a stronger alignment with the strategy that had been agreed in 2008. Three tiers were developed:

- Task groups (prevention and early intervention)
- Countywide Implementation group (protection, justice and support)
- Countywide strategic group (to provide strategic management and a reporting structure to the 'Safer and Stronger Strategic Board', which in turn reported to the Cambridgeshire Together Board

This structure is shown in the diagram below:



- 4.15 In addition, there are other groups that play an important role in relation to DA. These include the District level Community Safety Partnerships (CSPs) and the Local Safeguarding Children Board (LSCB).
- 4.16 In June 2010, both the Safer and Stronger Strategic Board and Cambridgeshire's Domestic Abuse Strategic Group was dissolved and certain functions of that group were transferred to the new MARU Project Board and new Task and Finish Groups.
- 4.17 At a meeting of the MARU Project Board in Spring 2011, it was agreed that the MARU Project Board could not fulfill the function of a countywide Strategic Group for all DA issues, and that work should be undertaken to identify the most appropriate body to take on this work<sup>10</sup>.
- 4.18 During the November 2011 meetings of the MARU Project Board and Cambridgeshire Community Safety Board it was recognised that opportunities had arisen to strengthen relationships across a number of bodies. In particular, it was noted that the new Shadow Health and Wellbeing Board had prioritised DA as a key issue, and that there was therefore an opportunity to link into this Board, thereby broadening the perception of DA<sup>11</sup>.
- 4.19 The following diagram shows the expected future structure of the partnership:



<sup>10</sup> Cambridge Community Safety Partnership, ['Update to proposed changes to Domestic Abuse Partnership reporting and structure / proposed actions for Cambridge Community Safety Partnership, 2012-13'](#), 2<sup>nd</sup> December 2011, pg 21

<sup>11</sup> [Ibid](#), pg 22

- 4.20 Overall, it is clear that the partnership structures have undergone significant changes in recent years. It is likely that the scale of change has created a degree of uncertainty and it is therefore important that any new structures are resilient.
- 4.21 Members approve of the decision by the Shadow Health and Wellbeing Board to prioritise DA issues, as this should raise the profile of DA as a public health issue. This move is a welcome addition to more traditional approaches which focus on DA in criminal justice terms. Overview and Scrutiny Members will review the outcomes achieved by the Board in the future.

### Leadership

- 4.22 The review group sought assurances that measures are in place to ensure that the DA partnership arrangements are led effectively. Firstly, they queried whether partners had demonstrated a commitment to addressing DA, and were pleased to find that in addition to the Shadow Health and Wellbeing Board, the following have chosen to prioritise this issue:
- Cambridgeshire Constabulary chose DA as a strategic priority for 2011/14
  - Cambridgeshire County Council prioritised DA for 2011/12
  - Cambridgeshire's five Community Safety Partnerships have prioritised addressing DA as part of their Strategic Assessment process
  - Cambridgeshire's three Children's Trust Area Partnerships have identified DA as a significant barrier to achieving strategic outcomes and are developing new ways of addressing the issue at strategic and operational levels
- 4.23 In addition, Members are aware that different partnership groups have different lead agencies. For example, the MARU is led by the Constabulary. The Domestic Abuse Partnership Manager (funded by the County Council) performs the role of lead officer to support partnership working.
- 4.24 From the County Council perspective, Members have been advised that there are a number of lead roles, including:
- Deputy Leader and Cabinet Member for Community Engagement – Champion for DA issues
  - Service Director: Community Engagement – Champion for DA issues within the Council
  - Domestic Abuse Partnership Manager – Lead Officer for DA across the Council and DA partnerships
  - Service Director: Strategy and Commissioning (Adult Social Care) – Lead Officer on the Shadow Health and Wellbeing Board
  - Service Director: Children's Social Care – Lead Officer on the MARU Project Board
- 4.25 However, Members had two concerns about the current leadership arrangements (both of which are subsequently being addressed). Firstly, whilst the group could identify a Member Champion for DA issues at the County Council (Deputy Leader) there was not a single Member identified to champion DA across the full range of DA related partnerships. However, Members are satisfied that this issue has been addressed as an Elected



Member has now been identified as Chairman of the DA Partnership Implementation Group.

- 4.26 Secondly, whilst the Domestic Abuse Partnership Manager had been identified as the lead Officer to support partnership working, the group found that this Officer did not routinely attend key partnership meetings such as the MARU Project Board and the Shadow Health and Wellbeing Board. Members were concerned that this post did not have a high profile within the organisation and believed that this was linked to its position within the Officer hierarchy (5<sup>th</sup> tier). However, Members have subsequently been advised that the Service Director: Children's Enhanced and Preventative Services has been tasked with the Lead DA role. The group therefore recommends that the Safer and Stronger O&S Committee reviews the effectiveness of this new arrangement after approximately 6 months.
- 4.27 Concerns about the leadership of the Partnership were also raised by Anthony Wills (Chief Executive of Standing Together) who recently conducted a peer review / audit of the partnership. He found that Cambridgeshire has an 'excellent partnership with a good understanding of local issues.' However, the review also found that specialist services across the county were 'substantially under-resourced' and that the Partnership was 'lacking in leadership'<sup>12</sup>.
- 4.28 Whilst Members welcome that DA has been prioritised across a range of partnerships, there is a risk that this will not be strategically coordinated without strong leadership mechanisms in place. Members therefore believe that there is a strong case to justify the identification of a single Member who has the mandate to lead DA across all the relevant partnership arrangements (working with the existing leads across the partnership), and the responsibility to periodically report on progress made in tackling DA. The group were therefore pleased to learn that Councillor Sam Hoy has been selected to become the Chairman of the DA Partnership Implementation Group, and will therefore, in effect, act as the Member Champion for DA partnership working.

### Resources

- 4.29 Members queried the levels of resources provided by partners to tackle DA issues. They found that:
- The Home Office provides a fund for community safety purposes, some of which is allocated on a countywide basis, which had historically paid for 2 Full Time Equivalent (FTE) IDVAS but that this will be reduced by 50% in 2012/13 to £41,000 (which is the equivalent of 1 FTE IDVAS post). This funding agreement will expire for 2013/14, when that budget is transferred to the new Police and Crime Commissioner. The remaining funding is allocated to the District level CSPs to spend according to their local priorities. Cambridge City CSP, for example, has provided funding for community based organisations to support victims of DA and to prevent repeat DA offences. However, the overall funding from Government is reducing, which will inevitably have an impact.<sup>13</sup>

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<sup>12</sup> [Ibid](#), pg 23

<sup>13</sup> Cambridgeshire's allocation of the Community Safety Fund was cut by 20% from £634,468 in 2010/11 to £503, 597 in 2011/12 (Cambridge Community Safety Partnership Board, '[Funding Issues –](#)

- Mainstream funding for MARAC, IDVA and Domestic Abuse Partnership Manager posts has been provided by Cambridgeshire County Council
  - Constabulary investment in the MARU and other DA related work was significantly increased
- 4.30 Almost half of the DA costs to public services are incurred by the NHS for the treatment of physical injury as well as long term mental health problems. To set the cost figures in context it is estimated that the cost of DA represents an estimated 1.54% of the NHS budget<sup>14</sup>. Members were therefore initially disappointed to find that Health partners had only invested £3000 per annum in DA related services. However, they welcome the recent decision to fund 2 FTE IDVA posts (one of which has been funded at the time of writing), and note that this follows Cabinet's commitment to work with partners to secure additional funding. Members hope that the success of these posts will increase confidence in the value of additional resourcing in the near future and Members hope that Cabinet continues its work in promoting this.
- 4.31 However, Members have been advised that these posts will not generally be of benefit to people living in Fenland who tend to go to hospitals in Peterborough and King's Lynn. Members therefore recommend that Cabinet lobby for additional resources from hospitals in Peterborough and King's Lynn to ensure that there is equitable service provision across the county.
- 4.32 Members recognise that partners have contributed considerable resource to DA issues through their involvement in the current partnership arrangements. However, with notable exceptions, such as the Constabulary, a significant element of the funding burden has been borne by the County Council.
- 4.33 Given the impact of DA on a wide range of statutory services (see table 1) Members believe that it is important for all partners to contribute financially to tackling the issue. It is recognised that there are financial pressures on all organisations, but Members believe that the Cambridgeshire tax payer will derive greater value for money from joint commissioning of DA activities. Members therefore recommend that the DA Partnership investigate the potential to form and manage a pooled budget as this would help focus partners on tackling DA jointly.

### Data

- 4.34 There are a limited range of local data sources for DA most of which only provide a partial picture as much DA goes unreported or unrecorded<sup>15</sup>. In addition, 'data is not being collected consistently; to be able to understand issues/risks more evidence is needed'<sup>16</sup>. However, some improvements have been made in detecting DA.

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[Community Safety Funding 2011-12'](#), pg 1, if using the web link, please click on 'documents from previous meetings', on the July meeting, and then the document is available under agenda item 3). A further 50% reduction is expected for 2012/13.

<sup>14</sup> This estimate is based on a cost model developed by Professor Sylvia Walby in '*The cost of domestic violence 2004*', Women & Equality Unit, University of Leeds, and referred to in the [Cambridge City Strategic Assessment 2011](#), pg 17

<sup>15</sup> [Cambridge City Strategic Assessment](#), pg 13, (produced by LGSS Research Team)

<sup>16</sup> [Presentation to Interim Countywide Strategic Board](#) on the 24<sup>th</sup> November 2011, agenda item 5 (by the LGSS Corporate Performance and Research Manager)

4.35 However, Members investigated whether the information that is recorded is collected and shared consistently across organisations so that there is sound management information for partnerships to utilise. They found that there is significant variation between services and organisations. For example, the JSNA identified that:

- 'There are significant gaps in recording the effects of DA on older people, especially with Adult Social Care and Health providers'<sup>17</sup>
- 'Cambridgeshire and Peterborough Foundation Trust (CPFT) do not collate or produce data on the issue'

4.36 It was also apparent that the data collection and sharing processes across some Children's Services are not appropriate to need. For example, school notifications are not shared with locality managers.

4.37 Members also found that hospitals do not currently record admissions where DA has been a factor and that there are differences between the way the Constabulary record their statistics and the statistics recorded in Strategic Assessments.

4.38 These are just some examples of data issues that the review group uncovered. The review group therefore agreed that DA data must be much more robust and recommended that partners should develop common data standards and that these are adopted, monitored and managed.

4.39 Members have subsequently learned that Leaders and Chief Officers across Cambridgeshire's public agencies have endorsed a new data protocol which supports the presumption of sharing data. It is therefore anticipated that this high level agreement will help to drive operational improvements in DA data sharing.

4.40 The group also found that whilst data about outcomes is collected in terms of the numbers of DA victims who are protected from harm, there was no evidence that qualitative data is collected about the victims experience following crisis support. For example, data is not collected about whether public agency support leads to a positive outcome in enabling victims to reintegrate into the community. Members therefore recommend that DA Partnership investigate ways of collecting data about the overall success of interventions from the perspective of victims.

## Training

### *Police*

4.41 Members noted that a lead Police Officer at the Cambridgeshire DA Partnership Strategy event commented that the suitability of Police Officers attending DA incidents can vary in terms of their sensitivity in dealing with victims. This indicates that DA training may be required in some instances.

### *Freedom Programme*

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<sup>17</sup> For example, Adult Social Care services do not specifically record DA on their 'SWIFT' system

4.42 The Freedom Programme enables DA victims to understand why they are victims and to stop them becoming victims in the future. However, it is not mainstream funded and relies on Community Safety Partnership and Locality based funding. This leads to inconsistencies in areas which cannot afford to run the Programme.

## **5. DOMESTIC ABUSE RESOURCES - THE COUNTY COUNCIL'S CONTRIBUTION TO ADDRESSING DOMESTIC ABUSE**

### Background

5.1 Significant progress has been made in recent years to raise the profile of DA in Cambridgeshire and to allocate resources to tackle DA. Cambridgeshire County Council has been one of the lead agencies in this regard. This includes 'mainstreaming' of DA Partnership and IDVA resources so that they are not reliant on applications for grant funding. This team has been expanded, and the Council is also working proactively with partners to develop the MARU. Therefore, whilst the focus remains on high risk victims, a positive trajectory has been established and the Council now has a solid base to build upon.

5.2 As previously stated, the costs – both financial and emotional – then associated with dealing with the fallout of an abusive relationship are huge.<sup>18</sup> NHS, police and local authority budgets are pressured significantly by each case of DA in which they intervene, which strengthens the case for robust, practical support from the Council and its statutory sector partners for CWA and other voluntary agencies that are intervening early on, helping to prevent the escalation of costs as risk increases.

5.3 It is important to take a 'whole systems' approach to reviewing the causes and consequences of DA and the services involved in addressing it. As stated in section 3, DA is often linked with a range of other societal issues, such as alcohol and drug abuse, which means that prevention of this issue necessarily overlaps with prevention of other issues as well. It is often a complex issue to address, involving a variety of different services at different stages. GP's, Children's Centres, Social Care, Family Support Workers are amongst some of the services that encounter DA issues regularly. There is therefore a spectrum of support for DA ranging from universal and targeted services, through to specialist interventions.

### IDVA Service

5.4 The Council's primary dedicated contribution to addressing DA is the Independent Domestic Violence Advocate (IDVA) Service. Also, through Supporting People the Council commissions CWA and Refuge to deliver outreach work, which is known to help DA victims before they have reached a crisis stage (although data on this is not collected) and therefore supports prevention. Many other Council services, such as children's and adults' social care, also deal with DA and its consequences, but IDVAs alone are devoted solely to it.

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<sup>18</sup> See p. 10-13 of Appendix A

- 5.5 IDVA intervention can only come about after the Police have attended an incident; they then play a significant role in managing the victim's immediate safety. This can involve relocating the victim and ensuring that a place in a refuge is secured. They also provide a degree of support in the following weeks and months, although they are constrained in the extent to which they can do this by their high case loads.
- 5.6 In the group's Interim report to Cabinet, Members highlighted that at full capacity, the IDVA team consisted of only 5.2 full-time equivalents (FTEs), although due to funding and staff turnover issues, only 2.8 FTE IDVAs were available to serve the whole of Cambridgeshire at that time. Members also advised that the IDVA service was only able to support 15% of all those reporting to the Constabulary and that each IDVA was estimated to save the taxpayer £2.7 m per annum. Members therefore felt that there was a compelling argument to increase IDVA resources and recommended to Cabinet that they should do this, or at least preserve funding through the Integrated Planning Process.
- 5.7 Members were pleased that the Deputy Leader announced at the Safer and Stronger Communities O&S Committee on the 14th June that he had approved additional funding to increase support for IDVA's from 5.2 to 7.2 FTE. Taking into account the additional NHS funded IDVA's, this takes the current level of service to 9.2 IDVA's across the county, which is a significant improvement (although at the time of writing, only funding for 1 NHS post has been committed). In 2012/13, the Community Safety Partnerships will fund an additional IDVA, but this funding will then cease. Members stressed the importance of measuring the outcomes achieved by this additional investment, which they will examine when following up on the implementation of their recommendations.
- 5.8 The interim report referred to the preservation or increase of DA resources within the Community Engagement directorate. However, the IDVA service has subsequently relocated to the 'Children's Enhanced and Preventative Services' directorate within Children and Young People's Services and it is clear that there are other resources in other service areas (e.g. the funding for outreach workers) which also have an important role in addressing DA issues. Members therefore wish to amend their recommendation so that the Cabinet is recommended to:

Preserve, or preferably expand, resources devoted to addressing DA wherever they are located across the Council.

- 5.9 The review group wish to stress this point, because whilst they were pleased that Cabinet increased resources for the IDVA service, they were disappointed to find that it was also agreed to terminate the contract for a playworker post within a Refuge. This disappointment stemmed not from the fact that the funding for this activity will be withdrawn; as Members are aware that Officers advised that they felt that the funding could be reallocated to provide better value for money. Members are also aware that this funding will now be used for bereavement counselling; a valuable service. Nonetheless, Members are concerned that this therefore means that there will be a net reduction in DA services in this area, and contend that this could have been avoided through changes elsewhere in the Integrated Plan. However, the

group recognise that their original recommendation did not preclude this change, hence the rewording above.

### Outreach Work

- 5.10 Given that the Cabinet have bolstered resources available for crisis support through the IDVA service, Members considered the possibilities to invest in preventative services that would ultimately reduce the pressure on this and other crisis services.
- 5.11 Members concluded, particularly following consultation with the Domestic Abuse Partnership Manager, that the best value for money would be provided through increased investment in outreach work provided through the Supporting People programme, in collaboration with voluntary agencies. However, additional investment would need to be monitored carefully through appropriate performance measurement.

### Support for Children and Young People

#### *Safeguarding*

- 5.12 The review group met the Service Director: Children's Social Care, and learned that DA is encountered on a daily basis by practitioners, alongside a multitude of other issues. Frontline practitioners therefore have experience in safeguarding children in these situations.
- 5.13 Children's services experience significant pressure as a result of DA related referrals. In 2009/10 there were 10, 250 notifications received at the Contact Centre about children in a DA situation. Qualified Social Workers review these notifications against social care thresholds and make a judgement about whether an assessment is required or not (which is signed off by a qualified manager).

Members initially raised concerns about situations where children are not judged to have met the social care threshold. However, they have been advised that the Barnardos Domestic Violence Risk Assessment Model is being introduced to ensure that there is a consistent approach when making these judgements.

- 5.14 The Chairman of the Review Group subsequently visited the Integrated Access Team (IAT) team based at the MARU in order to further investigate how DA related notifications are processed by the Council's Children's Social Care Service.
- 5.15 The Chairman found that the IAT, which has moved recently to the MARU, comprises three Service Team Managers, four Social Workers a Senior Child and Family Worker and two business support officers. This team currently receives approximately 1,300 notifications a month, with approximately a third of these being DA related. Notifications come from several sources, including social workers and Locality teams. However, the majority of notifications come via the Police's DV unit, also based in the MARU.

- 5.16 The Chairman also met the DV unit and found that the Police grade incidents on three levels, with level 1 being the most severe, and level 3 being the least severe. Levels 1 and 2 are always referred to the IAT. Level 3 incidents are sometimes not referred to the IAT if the DV unit does not judge that it is necessary, although the Chairman was advised that if there were multiple level 3 incidents involving the same person then they would be referred to the IAT. Level 3 incidents are recorded by the DV unit, but this information is stored on a different computer system to that used by the IAT team (although this may change in the future as more integrated working develops at the MARU).
- 5.17 After a notification or referral is received by the IAT, there are four possible actions:
- No further action
  - Enquiries made (MARU colleagues investigate the incident and gather further information)
  - It is judged that the social care threshold has been met, leading to an assessment by a social care worker
  - The appropriate locality team will be asked to observe the situation
- 5.18 Having reviewed the above process, the Chairman welcomed the efforts being made by Children's Social Care to continuously improve and introduce fully integrated working. It is recommended that these developments are reviewed in 6 months time.
- 5.19 However, as decisions about whether to notify the IAT about level 3 incidents rests with members of the DV unit, who do not hold social care qualifications, there are concerns about the appropriateness of these decisions, and therefore that there is a risk that some children will not receive the care they require. It is therefore recommended that this issue is examined, to ensure that there is stricter regulation of level 3 incidents by appropriately trained staff.

#### *Processes and information sharing*

- 5.20 Members have heard from some practitioners that current processes for addressing DA and sharing information on DA across Children's Services (e.g. locality teams links with schools, and the Youth Offending Service) are not clear. Members therefore recommend that these issues should be reviewed by the DA Implementation Group.

#### *Training*

- 5.21 During workshop sessions at Cambridgeshire Domestic Violence Partnership Strategy event held during March 2012, Members listened to workers within the Children and Young People's Service, such as Parent Support Advisers (PSAs), raise concerns about the lack of adequate DA training. The PSAs explained that if they identify DA within a family, they often do not know what actions to take. They advised that, in their view, more specialist training about DA should be provided for them and other frontline workers who regularly come into contact with DA issues, but are not DA specialists. Members believe that this issue should be investigated further.

### ***Specialist DA provision***

- 5.22 Members sought assurances that specialist resources were in place to help children understand and cope with the traumatic events that they have experienced and the inappropriate behaviours that many will have learned.
- 5.23 Members were advised that there is specialist resource available to support children who have experienced trauma and that whilst the County Council does not have specialist support for DA cases, frontline workers are able to access this support via other organisations, such as the Cambridgeshire and Peterborough NHS Foundation Trust. In addition, a new system is being rolled out across localities, whereby each locality will have access to clinicians who will be able to provide additional expertise and linkages with appropriate specialists.
- 5.24 However, focus groups and workshops (Implementation Group / Task and Finish Group members, service users in Wisbech and Cambridge and professionals from Children's Services in City and South Cambridgeshire) have also flagged the need for more awareness of services, prevention of DA and the need for more specialist services within Cambridgeshire<sup>19</sup>.
- 5.25 in addition, Members heard from locality workers and other practitioners at the DA Strategy Event held in March 2012 that specialist DA provision did not exist. It is likely that this lack of awareness about the existing means of accessing specialist support reaffirms the need for further training (see page 25) and communication. Members therefore recommend that this is incorporated into training, and that the effectiveness of the specialist support is reviewed. Members believe that this is crucial to ensure that the root causes of DA are tackled, and thereby ensure that DA does not pass from one generation to the next.

### **Awareness raising in schools**

- 5.26 Members were advised that awareness and learning about safe relationships and DA within schools is variable with 67% Primary schools reporting that they include these issues within lessons. There is no data about similar activities in secondary schools.
- 5.27 Again, Members believe that these activities are important as education about DA is an important part of preventing its occurrence. The review group therefore recommends that the Council work with schools to advocate this approach.

### **Support for Vulnerable Adults (SOVA)<sup>20</sup>**

- 5.28 The Chairman of the review group met the County Council's Adult Safeguarding and Quality Manager, to discuss how DA involving vulnerable

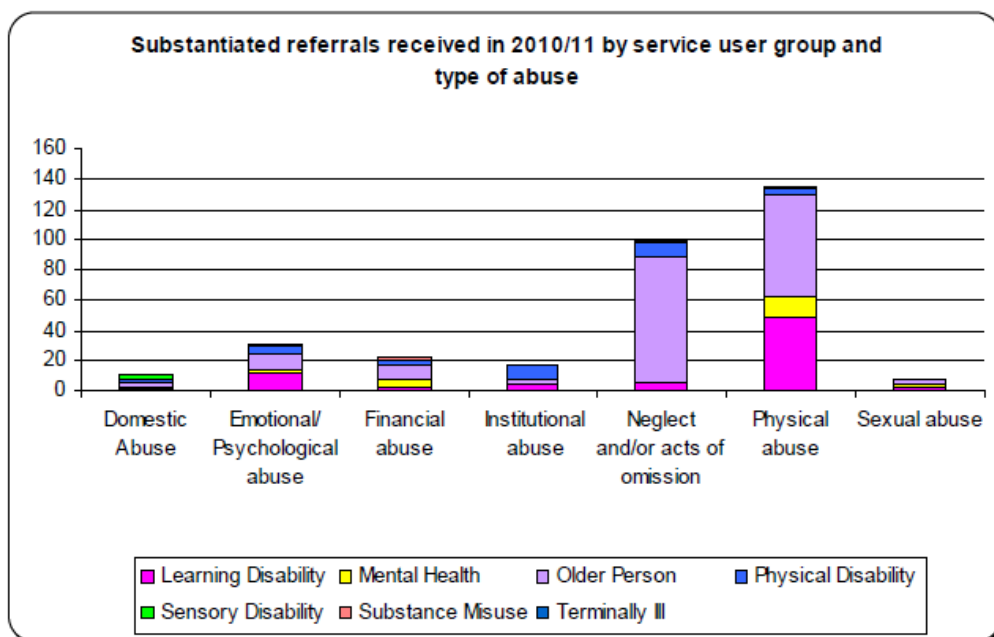
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<sup>19</sup> Cambridgeshire Community Safety Partnerships, [Future of Cambridgeshire Domestic Abuse Partnership](#), pg 26

<sup>20</sup> 'Vulnerable', in this context, refers to adults in receipt of social care services



adults is measured and managed. The Manager referred to the following chart to show the prevalence of DA in SOVA referrals<sup>21</sup>:



5.29 The Chairman challenged the data classifications in the chart, because most of the categories listed are typically considered within the definition of DA. She was therefore concerned that this provided a misleading picture of the prevalence of DA across the county.

5.30 In response, the Manager advised that the classifications of abuse met those laid down in the AVA return ( Vulnerable Adult return) that the local authority has to send to the Department of Health, and that the Cambridgeshire Adult Safeguarding Board had recently received the findings from a study into the relationship between DA and SOVA. This study, conducted by the DA Partnership Manager, had involved analysis of 16 SOVA case files where DA had not been specifically identified. The extract below provides a summary of the key findings and the Officer's recommendations:

*Given that the methodology for this report has its flaws, the author has still been able to clearly identify domestic abuse in 68.75% of the Action Plans provided. This raises a number of issues.*

*It is apparent from the detail contained in the Action Plans provided that addressing the use of violence and abuse in SOVA cases is incredibly difficult for professionals and the individuals/families they serve.*

*Many unanswered questions remain with regards to the context and outcome of each case, and the 'usual' domestic abuse dynamic of victim/offender is often difficult to apply with a degree of absolute certainty.*

*Agency response to each relevant case (where domestic abuse was identified) is often also unclear and does not follow any obvious coherent pattern. Nor is it clear*

<sup>21</sup> [Cambridgeshire Adult Safeguarding Board, Annual Report April 2010 – March 2011](#), pg 18

*where existing services to ‘offenders’ and ‘victims’ could have provided any additional value and/or support.*

*With the information available to the author, it is apparent that no specialist risk assessment/indicator (such as CAADA DASH) was used at any time with the ‘victim.’ Where police involvement had been requested/sought, lines of communication appear to have been poor and responses ineffective.*

*Given the prevalence of identifiable domestic abuse in the 16 Action Plans, it is of concern to the author that, for whatever reason, the domestic abuse was not risk assessed, or in some cases, identified, by the professionals involved.*

*This should not be taken as a criticism of those professionals, but as indicative of the complex synergies and issues between domestic abuse and SOVA that are not well supported by either the usage of existing definitions or by the systems we currently have in place within Cambridgeshire to address those issues.*

*The following actions were agreed at the Adult Safeguarding Board to address the issues raised in the paper:*

- To off-set the risks identified regarding the methodology, it is recommended that further research, with a broader scope, be undertaken to confirm (or otherwise) the findings herein;*
- That additional joint training be resourced for SOVA leads and DA specialists to enable a better understanding of the identification and management of risk;*
- That the specialist DA and SOVA teams at Cambridgeshire’s Multi-Agency Referral Unit (MARU) be contacted in all cases where DA has been identified in SOVA assessments to help manage risk and feed into the SOVA action planning process.;*
- That appropriate representation from the Cambridgeshire Domestic Abuse Partnership is made at all future Adult Safeguarding Board meetings;*
- That ‘easy read’ and other relevant material on domestic abuse issues is developed for use with SOVA clients.*

5.31 Group Members note the complexities highlighted above and recognise that the study provides indicative results only. However, this reaffirms the group’s findings about the need to collate high quality data about DA so that decision makers have adequate management information.

#### SOVA referrals

5.32 The Chairman also queried how referrals involving vulnerable adults are managed. This specific issue was raised because Peterborough City Council has funded a part time SOVA lead within the MARU to assist with risk assessment and referral and act as a vulnerable adult advocate, whereas Cambridgeshire County Council does not currently provide funding for a similar role to cover Cambridgeshire.

5.33 The Manager advised that 92 staff across all Adult Social Care Services (i.e. mental health, physical disability, learning disability, older people and sensory services) have been trained as adult safeguarding leads, and that the continued liaison between the MARU and safeguarding leads was, in his view, the most effective use of resources based on current evidence. He also

advised that the Council is absolutely committed to working with the MARU, and that a review is currently under way to ascertain whether a redeployment of resource from fieldwork into the MARU would provide a net improvement to the service currently provided.

- 5.34 The group support integrated working at the MARU, and believe that it is highly likely that allocating adult safeguarding resource will improve the overall service provided.

<b>Documents</b>	<b>Location</b>
<p>Papers of Safer and Stronger Communities O&amp;S Committee meetings</p> <p>Other sources referenced throughout the report</p>	<p>Scrutiny Team            Room 116, Shire Hall (Contact Robert Jakeman on 01223 699143 or via email: robert.jakeman@cambridgeshire.gov.uk)</p>

JSNA Report - Domestic Abuse in Cambridgeshire (ISSUED SEPARATELY)

**Cambridge Women's Aid Meeting**

A move into a refuge generally secures a woman's physical safety, but the emotional and mental upheaval that such a move involves continues to have a severe impact on that individual's life. Despite this, there is little or no formal support for women leaving a refuge.<sup>22</sup> The impact of a move into a refuge is compounded by several factors, including:

- The need usually, for safety, to terminate any employment that the woman has
- Relocation to a refuge involves settling-in to a new area, often out of county, with a need to break old relationships that might link back to the abuser and an accompanying need to establish new relationships
- The needs of any children in the woman's life, adding further to the distress and pressure of adjustment.

Arising from these discussions were several key lines of enquiry that the group wish to pursue at a later stage of the review, including:

- Discretionary Housing Benefit, and what capacity there is to tailor its provision to better meet the needs of women entering a refuge: the group heard that refuge in the UK is unusual in that the rent paid by women for their stay is funded by Housing Benefit, whereas in many countries refuges are grant-maintained, meaning that access to the service is not contingent upon benefit eligibility
- The future of the Community Care Grant currently used to purchase essentials including white goods for women leaving refuge, which will be abolished in 2013. Funds will instead be administered by the local authority
- Support for women leaving refuge, which is currently non-existent other than that provided by the already overstretched CWA and similar providers.

Discussions with the team at CWA were followed by a very productive meeting with seven women who were accessing the services of CWA. The findings of that session are summarised in Appendix B, which has been included to give voice to those with direct experience of abusive relationships. Key findings from the meeting include:

- Restrictions placed by central government on the provision of Legal Aid will add to the difficulties of those women seeking protection from the legal system
- The accompanying move towards more frequent use of mediation is also problematic for abused women, as intimidation and fear can be used by the abusive partner to tilt the balance of the discussion in his favour: one

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<sup>22</sup> The average stay in refuge is 5 months (CWA figure)

woman described how the police were called to her mediation session when her partner became violent

- Awareness of services that can help is low: one woman described sleeping in a car for four weeks before being made aware of the support offered by CWA
- Although there was some praise for the police, police officers demonstrate varying degrees of awareness and competency when called to DA incidences: one woman described how a police officer inadvertently revealed her location to her abusive partner
- There is greater need for collaboration between agencies when assisting victims of DA
- Concerns around religious and cultural sensitivities can interfere with the level of service provided to ethnic minority women.

The review group asked to stay in touch with the women, who agreed to act as a reference group to be consulted as the review progresses, conclusions are drawn and recommendations are developed.

The review group wishes to extend its thanks to CWA and the women who participated in the meeting.

## Appendix C

### Review group meeting with Cambridge Women’s Aid service users

On 30<sup>th</sup> August 2011, review group members met with seven women who had been victims of domestic abuse. Each accessed the services of Cambridge Women’s Aid (CWA), and they were at varying stages of the dangerous process of moving on from an abusive relationship. The following summarises the comments of each of the women.

Contributor	Comments
A	<ul style="list-style-type: none"> <li>• Police are really good – through them she found out that Cambridge Women’s Aid (CWA) existed</li> <li>• Over many years and two abusive relationships, she had noticed that the police response had changed for the better</li> <li>• Had been through the Freedom Programme</li> <li>• Would probably be dead by now without the support of CWA</li> <li>• GPs should be made more aware of domestic abuse – she would like to see some advertising for CWA and other services in GP surgeries</li> <li>• Mediation with abusive partners is very problematic – police had to be called to one of her mediation sessions when partner got abusive</li> <li>• Thinks, in general, that agencies are getting better at dealing with domestic abuse</li> <li>• Children are ‘left out in the lurch’</li> </ul>
B	<ul style="list-style-type: none"> <li>• Experiences with police tended to have been bad</li> </ul>
C	<ul style="list-style-type: none"> <li>• Physical abuse is much more likely to get a positive response from the police</li> </ul>

	<ul style="list-style-type: none"> <li>• GP reporting of domestic abuse could make things more difficult if the reporting inadvertently compromises the woman's safety</li> <li>• Judges need training on the issues around domestic abuse and how it affects victims and their relationships – how do you prove the mental abuse to a judge?</li> <li>• Getting people to believe that you are being abused is one of the biggest issues</li> <li>• Her daughter is now in an abusive relationship – she also now addresses her mother as her abusive father used to</li> <li>• There is no support for children in cases of domestic abuse</li> <li>• Of CWA, she: 'can't praise them highly enough'</li> </ul>
D	<ul style="list-style-type: none"> <li>• Not a great response from one police officer when she informed them that her abusive ex-partner had been in touch</li> <li>• Huge amount of support from police since abusive ex-partner's release from prison – installed alarms, etc. in her home</li> <li>• In Stevenage the police would wait until there was six of them before entering her property whilst she was being beaten</li> <li>• Her experience is that the police are trying to make changes in how they address domestic abuse</li> </ul>
E	<ul style="list-style-type: none"> <li>• In London, she had bad experiences with the Met response to domestic abuse</li> <li>• Met Police were 'all confused' in their response</li> <li>• Injunctions are meaningless when 'the red mist' descends</li> <li>• Child Protection Team put her in touch with CWA</li> <li>• The reductions in Legal Aid are 'disgusting' and will make things very difficult for those suffering domestic abuse to seek assistance from the legal system</li> <li>• CWA have been great – they have always been available to her, even 'after hours'</li> <li>• The Sharia Council 'shut the door in her face' when she approached them for help – felt that there was too much concern for cultural and religious sensibilities when the focus should be on making the victim of domestic abuse safe</li> <li>• When women leave refuge they shouldn't be left to 'just get on with it'</li> </ul>
F	<ul style="list-style-type: none"> <li>• A police officer inadvertently let her abusive partner know her whereabouts</li> <li>• CWA are the 'best of the lot'</li> </ul>