



# **Nottinghamshire Domestic Abuse Review Funding and Commissioning Arrangements**

## **Foreword**

This review was established to ensure that domestic violence and abuse survivors in Nottinghamshire receive good quality commissioned support that reflects their needs as well as best value. I would like to thank all those who contributed particularly survivors, the specialist domestic violence sector and key stakeholders.

This review found that there is a high level of satisfaction with current commissioned services. This also tallied with a similar review in Nottingham City.

Important themes which emerged from the review, and recent conferences held in Nottinghamshire in May 2014, demonstrate the need for a joint approach to the commissioning of services between the Office of the Police and Crime Commissioner and Nottinghamshire County Council to ensure best value for money, to avoid duplication and to address identified gaps in provision.

Areas identified as requiring more focus include increased support for medium risk survivors, especially those with complex needs, continued work with teenagers experiencing abuse, more flexible approaches to working with children who have lived with domestic violence and further research regarding the impact of preventative programmes in schools. There was a very clear message from the conferences that Restorative Justice was not appropriate as a solution to adult domestic violence

This review mainly focused on commissioned services in the third sector. However, this cannot be looked at in isolation. There is evidence available from other reviews which demonstrate that statutory services for victims of domestic violence and abuse require improvement, for example, the HMIC Inspection (2014) and the former Police Authority Domestic Abuse Scrutiny (2013), which are referred to in the body of this report. Indeed the survivors of domestic abuse who participated in this review were keen to highlight some of the problems.

I am committed to reducing the harm caused by domestic violence and abuse. The Police play an important part in this process and I am working with them to ensure a joined up approach to solutions for the HMIC report and this document. However only 20% of domestic violence is reported to the Police and I believe a key priority must be to make sure service provision supports those who never enter the Criminal Justice System. For those who do choose or end up in the Criminal Justice System there must also be in place appropriate good quality services to ensure successful prosecutions of perpetrators of this very damaging crime.

I am convinced if we get the commissioned services to victims of domestic violence and abuse right, not only will this be cost effective but will aid the recovery from frightening, unhappy, often unhealthy lives and allow survivors and children to increase their potential and to contribute more fully to community wellbeing.

**Chris Cutland**  
**Deputy Police and Crime Commissioner**  
**June 2014**



Chris Cutland.

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## **Part 1: Context Setting:**

### **1. Introduction**

Tackling domestic violence and abuse is a top priority for the Safer Nottinghamshire Board, the Police and Crime Commissioner and the Health and Wellbeing Board.

A substantial amount of money is invested in domestic violence and abuse activity. Historically this has come from and through a variety of different sources and agencies and has often been time limited.

For example, Nottinghamshire County Council currently spends just under £1.2 million on commissioned services which is just one element of a 'pot' of funding that Community Safety Partnerships, the Police and Crime Commissioner, District Councils and a number of other agencies also contribute to.

While various efforts are made to co-ordinate activity at the local level, it is questionable whether the allocation of funding is as 'joined up' and effective as possible. Given pressures on budgets and the priority attached to domestic violence and abuse, the need for this is increasingly important.

Support for this review was obtained from the SNB performance Group on 30/08/13.

There were three aims to the Review:

- Review the current level, allocation and effectiveness of public expenditure to address domestic violence and abuse within Nottinghamshire
- Make recommendations to improve and expand joint commissioning arrangements
- Inform budget decision making for 2014/15 and commissioning and tendering arrangements for 2015/16

This review is not intended to detail the success or otherwise of current provision, but to identify needs for the future. It is Nottinghamshire County Council's role to monitor the performance of the currently commissioned services. It is our understanding and from feedback gathered within for this document that there are no major issues regarding this.

The following identifies the funding streams that have been included in the review and those which were specifically out of scope.

#### **In Scope**

- County Council commissioned and grant aided service provision in domestic abuse including:
  - Public Health
  - Adult Social Care and Health
  - Children, Families and Cultural Services Social Care
  - Community Safety Partnerships

- Dedicated resource and training provision across the following partner agencies:
  - Police
  - Police and Crime Commissioner
  - Home Office
  - District Councils
  - Probation

### **Out of scope**

- Work funded through other streams such as charitable donations, for example Big Lottery funding
- Services funded through NHS, CCG and other statutory agencies. This work will be considered in terms of service provision in the county but is out of scope in terms of direct recommendations. Whilst specific health service funding is out of scope we have worked closely with Public Health in the preparation of this report and as a result have learnt more about what service is offered through primary and secondary care. This is important due to the interconnectivity of the services that are required to support domestic abuse survivors
- Services for survivors of domestic abuse in Nottingham City were not included in this review. A separate review (Safe from Harm) was undertaken in 2013 which produced similar findings to this review.

### **Process**

As part of the review stakeholders, partners and providers were interviewed in a semi structured manner. A list of those consulted is contained within appendix 1.

Information regarding male survivor service provision in the county was obtained through the current service provider of this service through questionnaires with current service users (see appendix 2). This information was necessarily limited by the small number of suitable service users available for survey.

Opinion Research Services (ORS), an external research company, was commissioned to carry out additional consultation work with male and female survivors of domestic abuse, professionals who use domestic abuse services, for example social workers, probation officers, the police, council workers, and service providers. Further information about this company can be found at [ORS.org.uk](http://ORS.org.uk).

Alongside the survivor consultation work undertaken, partners were generous in sharing information from their recent consultation exercises. Included are Victim Support for sharing information from their Listening and Learning review and also the Crown Prosecution Service (CPS) for sharing information from their focus groups.

Details of domestic violence and abuse funding for 2013/2014 was requested from Nottinghamshire County Council, the Police and Crime Commissioner (PCC) and the seven Districts of Nottinghamshire. Stakeholders and partners were also requested to provide details of any spend they made on provision specific to domestic violence and abuse. Data was obtained from the office of the Police and Crime Commissioner and Nottinghamshire Police in respect of domestic violence offences.

A thematic approach was adopted which largely reflects that used within Nottingham City's Safe from Harm review which separated out perpetrator services and strategic services. The themes and definitions adopted can be seen in Table 4, page 24.

The Nottinghamshire branch of Victim Support works with a significant number of domestic violence and abuse survivors, indeed 17% of those that they see are survivors of a domestic abuse incident. Victims Funding is due to transfer to the PCC from October 2014 and therefore this piece of work also came into the scope of the project.

## **2. Definition**

This Review has adopted the Home Office definition of Domestic Abuse:

*Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse:*

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

*Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”\**

*\*This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

This definition is sometimes also referred to as Intimate Terrorism and is distinct from Violent Resistance or Situational Couple Violence.<sup>1</sup>

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<sup>1</sup> [http://www.caada.org.uk/documents/IPV\\_implications\\_children\\_slides.pdf](http://www.caada.org.uk/documents/IPV_implications_children_slides.pdf)

Violence and abuse which falls outside of this definition was not in scope for the review. Sexual Abuse Services were also not reviewed. These were reviewed separately by Nottinghamshire County Council's Community Safety Team, and there is a sexual abuse Joint Strategic Needs Assessment in production this year. The outcome of that work and this Domestic Abuse Review will help inform future commissioning decisions.

Domestic violence and abuse is not a new phenomenon but as more research is undertaken understanding of its causes and the extent of the damage that it triggers is improved. There is increasing recognition that domestic violence and abuse is not an isolated act but is part of a pattern of behaviour designed to control and intimidate the victim. Violence against women is rooted in pervasive attitudes, cultures, norms and traditions that have been perpetuated over time and which have allowed abusers to act with relative impunity.

Seeking to underpin its commitment to address relationship abuse, the Government changed the definition of domestic violence to include 16 and 17 year olds and coercive behaviour in March 2013. One purpose of this change was to help to raise awareness of teen abuse amongst practitioners and Police, and prevent young people from falling through the gap between child protection and domestic violence and abuse services. However domestic abuse also affects those under 16 and teenage intimate partner violence is an area of study currently gathering further attention.

### **3. Impact**

Domestic abuse is not simply a community safety or criminal matter and does not always consist of a criminal act of violence; indeed in only 25% of instances of domestic abuse will the Police be called. Abusive behaviours will not necessarily trigger an offence but when perpetrated as a course of action designed to control or intimidate can result in significant harm.

The World Health Organisation<sup>2</sup> identifies various health effects of exposure to intimate partner violence. These include:

- HIV and other sexually transmitted diseases
- Induced abortion
- Low birth weight and prematurity
- Harmful alcohol use
- Non fatal injuries
- Fatal injuries
- Depression and suicide

Other impacts can include:

- Homelessness
- Loss of income or employment
- Isolation
- Substance misuse

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<sup>2</sup> WHO 2002



Alongside this emotional effects can include: <sup>3</sup>

- Sleeping too little or sleeping too much.
- Changes in eating patterns.
- Difficulty concentrating, or intense concentration to keep intrusive thoughts at bay
- Hyper vigilance to surroundings, or a decrease in awareness of surroundings.
- Avoidance of thoughts, feelings, places, activities, people and /or conversations that trigger memories of abuser and/or the trauma.
- Irritability, or absence of emotional responsiveness/reactivity
- Feeling detached - from experiences, from other people in life,
- Loss if interest, loss of hope.
- Apathy or outrage
- Lack of ability to recognise or experience more than a limited range of emotions (e.g. anger, sadness, guilt and/or shame).
- Anxiety - this can range from mild to panic attacks.
- Flashbacks. This can be emotional, physiological, and/or cognitive
- Fear: for physical, emotional, economic safety; for children's safety; for ability to recover

Children also experience the effects of domestic violence and abuse whether or not they are directly targeted by the abuse. Effects on children who experience abuse can include:

- Risk of direct injury
- Stigma and isolation
- Anger and aggression
- Post traumatic stress disorder
- Adolescent delinquency
- Problems with concentration and attainment<sup>4</sup>
- Withdrawal
- Aggression or bullying
- Problems in school, truancy, speech problems, difficulties with learning
- Attention seeking
- Risk taking
- Anxiety, depression, fear of abandonment
- Drug or alcohol abuse
- Eating disorders
- Feelings of blame/ responsibility<sup>5</sup>

Children living in homes where domestic violence and abuse is present are also classed as survivors. Children, both under and over 16, can also be survivors of domestic abuse within their own relationships.

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<sup>3</sup>THE IMPACT OF DOMESTIC VIOLENCE ON EMOTIONAL WELL BEING Nancy Marshall, M.S., M.F.T.

<sup>4</sup> Nicky Stanley 2005 research "Children Experiencing Domestic violence, A Research Review"

<sup>5</sup> [http://www.caada.org.uk/documents/Using%20data\\_to\\_shape\\_a\\_better\\_response\\_for\\_children\\_slides.pdf](http://www.caada.org.uk/documents/Using%20data_to_shape_a_better_response_for_children_slides.pdf)

## Economic Impact

It is estimated that in the UK in any one year 20% of employed women will take time off from work and 2% will lose their job because of domestic violence and abuse.<sup>6</sup>

The major services used by survivors of domestic abuse are identified below and result in significant cost:

- The criminal justice system: the Police, crown prosecution services, courts, probation and prisons
- Health care (both physical and mental health): GPs and hospitals are the major costs
- Social services
- Housing and refuges: the cost of emergency Local Authority housing and refuges
- Civil legal services: solicitors and including injunctions

The national cost estimates are summarised below:

**Table 1**

Services	Cost 2001 £m	Cost 2008 £m
<b>Criminal justice system</b>	1017	1261
<b>Health care</b>	1396	1730
<b>Social services</b>	228	283
<b>Housing and refuges</b>	158	196
<b>Civil legal services</b>	312	387
<b>Total</b>	3111	3856

Add to these estimates of economic costs based on work days lost and human and emotional costs based on estimates of what people would pay to avoid such injuries and the total increases.

National cost estimates are as follows:

**Table 2**

	Cost 2001 £m	Cost 2008 £m
<b>Services</b>	3111	3856
<b>Lost economic output</b>	2672	1920
<b>Human and emotional costs</b>	17,086	9954
<b>Total</b>	22,869	15,730

A breakdown of local costs can be seen in chapter 5.

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<sup>6</sup> Sylvia Walby – 2004

## Value for Money

Current budget pressures will inevitably result in the financing of domestic abuse provision being placed under scrutiny. However, the figures above strongly suggest that failing to comprehensively address the problem will trigger far more costs overall and represents a short sighted approach. Several studies have been undertaken which attempt to quantify the return on investment in domestic abuse services. The New Economics Foundation undertook a study for Refuge which found that for every £1 spent on refuge provision, a social return of £3.54 is generated<sup>7</sup>. CAADA have estimated that for every £1 spent on the MARAC process, £6 of public money can be saved annually in direct costs to agencies such as the police and health services, creating an overall saving of £740 million<sup>8</sup>. Sanctuary has also been assessed as providing costs savings, a report by the Department for Communities and Local Government argued that significant costs savings were achieved through a reduction in homelessness and a reduction in the number of domestic abuse incidents.<sup>9</sup>

## 4. National Context

More than one in four women and nearly one fifth of men say they have experienced domestic violence and abuse since the age of 16. In 2012/13 there were 88,110 domestic violence cases in England and Wales that were referred to the CPS. However, this does not reflect the total number of people arrested for an offence. Between arrest and referral to the CPS the police may decide that no crime has been committed or that there is insufficient evidence to proceed. Of the cases referred to the CPS the decision to charge was made in 64.6% of cases.<sup>10</sup>

Research consistently shows that the majority of those experiencing domestic violence and abuse are women and the majority who perpetrate it are men<sup>11</sup>. It is also the case that men and women's experience of domestic abuse varies greatly and the risks are also different. Women who experience abuse are more likely to be repeat victims with 32% of those who experienced abuse doing so on at least 4 or more occasions compared with 11% of men. Men are more likely to be repeat perpetrators of domestic abuse<sup>12</sup>.

### Male Victims

Men also experience domestic abuse both in heterosexual and same sex relationships.

Statistics are available which state that as many as 1 in 6 men experience domestic violence. However, these figures need to be read with regard to the wider context of domestic abuse. Analysis of the British Crime Survey shows women suffer greater injuries, and are more likely to experience repeat victimisation and sexual assaults from a male partner, and to live in fear and isolation. Research of the Scottish Crime Survey found that approximately 50% of men that had been identified by the survey as victims had in fact perpetrated severe abuse and injuries to their partners (who they claimed were abusing

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<sup>7</sup> [www.refuge.org](http://www.refuge.org)

<sup>8</sup> CAADA, Saving Lives, Saving Money, 2010

<sup>9</sup> Department for Communities and Local Government, The Effectiveness of Schemes to enable Householders at Risk of Domestic Violence to remain in their own homes, 2010

<sup>10</sup> Pat Strickland, Domestic Violence, Standard Note SN/HA/6337, House of Commons Library

<sup>11</sup> WHO preventing intimate partner and sexual violence against women 2010

<sup>12</sup> Walby and Allen, 2004; see also Coleman *et al.*, 2007.)

them). Similar findings have been highlighted in research by Equation<sup>13</sup>, a Nottinghamshire based third sector organisation, and also by the Dyn project in Wales.<sup>14</sup>

None of this means that male survivors should not expect an equal level of support. However, this support must be distinct and appropriate for their needs. The findings of this review support the assertion that a separate approach needs to be taken for male survivors.

## The Statistics

- More than one in four women (4.8 million) aged between 16 and 59 have been affected by domestic abuse<sup>15</sup>
- 40 to 50% of women who have experienced domestic violence and abuse are raped within their physically abusive relationship<sup>16</sup>
- The cost of violence against women and children runs into billions of pounds. Costs include the costs of providing public services for victims, the lost economic output of women and the human and emotional costs of violence for victims. An indicative figure for the minimum cost of violence against women and children is £36.7 billion per annum<sup>17</sup>
- 50% of women in prison report domestic violence and abuse and one third report sexual abuse<sup>18</sup>
- Almost one eighth (12.4%) of lesbian/bisexual women have been victims of partner abuse (non-sexual)<sup>19</sup>

When these statistics relating to domestic violence and abuse are viewed alongside issues relating to trafficking, forced marriage, female genital mutilation, honour-based violence, forced prostitution and sexual harassment at both work and in public spaces as well as significant under-reporting, a picture emerges of a significant proportion of UK women having experienced some form of violence or abuse.

## National Policy Context

In 2010 the coalition Government launched a new cross government strategy 'Call to End Violence against Women and Girls' (VAWG). The strategy emphasises four distinct themes:

- **Prevention** of violence against women and girls by challenging the attitudes and behaviours which foster it and intervening as early as possible
- **Provision** of adequate levels of support where violence does occur
- **Action to reduce the risk** to victims and ensure that perpetrators are brought to justice
- **Partnership work** to obtain the best outcome for victims and their families

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<sup>13</sup> Equation, Supporting Men who Experience Abuse from (male or female) intimate partners

<sup>14</sup> Robinson, A. & Rowlands, J. (2006) 'The Dyn Project – Supporting Men Experiencing Domestic Abuse'

<sup>15</sup> VAWG report

<sup>16</sup> Martin, E. K., Taft, C. T., & Resick, P. A. (2007). A review of marital rape. Aggression and Violent Behavior,

<sup>17</sup> Home Office, 2010

<sup>18</sup> Exclusion Unit (2002) Reducing re-offending by ex-prisoners. London. HMG Cabinet Office

<sup>19</sup> British Crime Survey, 2009/10

VAWG brings together 8 strands of policy under one umbrella:

- Domestic violence and abuse
- Sexual violence
- Stalking
- Trafficking for sexual exploitation
- Prostitution
- Female genital mutilation (FGM)
- Forced marriage
- Crimes said to be committed in the name of 'honour'

### **Istanbul Convention**

On 8<sup>th</sup> June 2014 the UK signed up to the Istanbul Convention<sup>20</sup> on preventing and combating violence against women and domestic violence and abuse. It has not yet been ratified which means that the UK have yet to consent to be bound by the treaty. Governments that agree to be bound by the Convention will have to do the following:

- Train professionals in close contact with victims
- Regularly run awareness-raising campaigns
- Take steps to include issues such as gender equality and non-violent conflict resolution in interpersonal relationships in teaching material
- Set up treatment programmes for perpetrators of domestic violence and abuse and for sex offenders
- Work closely with Non Government Organisations
- Involve the media and the private sector in eradicating gender stereotypes and promoting mutual respect

### **Victims Code of Practice 2013**

A new Code of Practice for Victims came into force on 1 December 2013. It meets the UK's obligations under the EU directive. The new Code sets out victims' entitlements as well as service provider duties. There are separate sections detailing children and young people's entitlements and corresponding duties for agencies. There is also a section for businesses and enterprises, including charities.

The people who are entitled to receive services under the Code are:

- Victims who have made an allegation that they have directly experienced a crime (or had the allegation made on their behalf)
- Close relatives bereaved by murder
- Family spokespeople for families bereaved by crime or disabled victims unable to communicate
- Parents and guardians of children under 18
- All businesses (including charities)

There are enhanced entitlements for victims of the most serious crime, persistently targeted victims and vulnerable or intimidated victims.

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<sup>20</sup> [http://www.coe.int/t/dghl/standardsetting/convention-violence/default\\_en.asp](http://www.coe.int/t/dghl/standardsetting/convention-violence/default_en.asp)

This code includes survivors of domestic violence and abuse who report any criminal behaviour to the Police. The way in which victim services are funded is also changing with MOJ funding likely to fall within the remit of local Police and Crime Commissioners in the future. It is therefore important to ensure that support services for domestic abuse survivors who report crimes to the police are considered within this review.

### **Public Health Outcomes Framework for England 2013-2016**

This framework has four domains, the first “improving the wider determinants of health” includes domestic violence and abuse. The role of the NHS in working with partners to contribute to the reduction of domestic abuse is specified by the government and in particular refers to improving information sharing about violent assaults with partners. The National Institute for Health and Care Excellence (NICE) has developed guidance for health and social care in their work to support identification, prevention and reduction of domestic abuse.

### **Women’s Aid England Model Outcomes Pilot**

Women’s Aid England and Imkaan are together developing a national model outcomes framework to support effective performance management of domestic violence and abuse services. As part of this work they are piloting their model in different areas nationally. Nottingham is taking part in this pilot through Women’s Aid Integrated Services. The results of this are expected later in the year.

### **Domestic Violence and Abuse Disclosure Scheme (Claire’s Law)**

In 2012/13 Nottinghamshire Police applied for and were chosen as one of four force areas to pilot a new national scheme called the Domestic Violence and Abuse Disclosure Scheme. Within existing legislation Police have the power to disclose information to an individual if it might help protect them, about previous violent offending by their partner. This pilot aimed to introduce a consistent process for this disclosure. Between July 2012 and September 2013 a total of 83 applications were made to Nottinghamshire Police. Disclosure was made in 12% of these cases, this was the lowest disclosure rate of the four areas due to low applications.<sup>21</sup>

Overall the scheme was considered to be a success with the police and partners giving positive feedback about the opportunities it gave to potential survivors to make informed decisions within their relationships. Safety planning was thought to be essential to the process and efforts had been made to ensure IDVAs or support workers were available to attend the disclosure with the Police. In Nottinghamshire this role was undertaken by the IDVAs currently in role.

The Home Office announced its decision to roll out this scheme in March 2014. This decision has implications on the resource for the essential support service attached to the practice of disclosure currently provided by IDVAs.

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<sup>21</sup> Domestic Violence Disclosure Scheme Pilot, Home Office, Nov 2013

## 5. Local Context:

### Prevalence

The majority of domestic violence and abuse remains hidden, i.e. it is not disclosed to authorities. This makes it a challenge to accurately describe and analyse levels of need across Nottinghamshire. The refreshed Nottinghamshire JSNA on domestic violence and abuse provides useful data not only on the size of the problem locally but the context of this within a national picture and information on the impact of domestic abuse.

Using data from the British Crime Survey (BCS) the updated JSNA identifies that gender plays a significant role in those who are survivors of domestic abuse; it states that just under one in three women between the ages of 16 and 59 will experience domestic abuse in their lifetime. Applying BCS data to Nottinghamshire reveals that 157,464 people have experienced domestic abuse within their lifetime, 101,438 of whom are female and 56,026 male. The JSNA goes on to identify that:

“This is an underestimate of the total number of people who have experienced domestic abuse throughout their lifetime as it does not include those aged 60+ years. It is important to note that women are more likely to experience repeated and severe forms of domestic violence and abuse, including sexual violence and are also more likely to have sustained psychological or emotional impact or result in injury or death. Men are victims of domestic violence and abuse, however within the estimated figures of men reporting domestic violence and abuse there is thought to be an element of perpetration”<sup>22</sup>

The population size of each district is relatively consistent therefore the estimated prevalence of domestic abuse across the districts of Nottinghamshire is also relatively consistent with between 20,000 and 25,000 people aged between 16-59 estimated as experiencing domestic abuse at some point in their lives in each district.

The JSNA also identifies that within the last 12 months 27,431 people of which 16,344 are female and 11,087 are male have experienced domestic abuse within the last 12 months. Again, the prevalence across the districts is consistent with 4,000 people estimated to have experienced domestic abuse in each district within the last 12 months.

Data obtained from one of Nottinghamshire's three hospitals relating to disclosures of domestic abuse to the maternity services confirms locally the national evidence that pregnancy is a high risk time for women at risk of domestic abuse. Work is continuing to expand the collection of data from all of Nottinghamshire's hospitals to gain a better understanding.

In Nottinghamshire 41% of violence crime with injury is domestic abuse related. Figures show that reporting of domestic abuse is increasing across the area, this is welcomed as an indication that confidence in Police response is improving. However, a recent review by HMIC indicated that whilst much has been done to improve the Force's response to domestic abuse in Nottinghamshire, there remain areas for improvement. This is discussed in more detail in chapter 10.

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<sup>22</sup> Nottinghamshire JSNA Domestic Violence and Abuse

## Local Cost of Domestic Abuse

The estimated cost of domestic violence and abuse to each of the local authorities in Nottinghamshire is highlighted below. All figures are pro rata by population:

**Table 3**

	16-59 yr old male and female population	Total cost not including human and emotional costs)	Physical and mental health care costs	Criminal Justice costs	Social Service Costs	Housing and refuges	Civil legal services	Lost economic output	Human and emotional cost (not included in total)
	Thousand	Million	Million	Million	Million	Million	Million	Million	Million
<b>Nott/shire</b>	<b>387</b>	<b>79.0 (100%)</b>	<b>23.7 (30%)</b>	<b>17.2 (21.7%)</b>	<b>3.9 (4.9%)</b>	<b>2.7 (3.4%)</b>	<b>5.3 (6.7%)</b>	<b>26.3 (33.3%)</b>	<b>136.1</b>
Ashfield	58	11.9	3.6	2.6	0.6	0.4	0.8	4.0	20.6
Bassetlaw	54	11.1	3.3	2.4	0.5	0.4	0.7	3.7	19.1
Broxtowe	59	11.9	3.6	2.6	0.6	0.4	0.8	4.0	20.6
Gedling	56	11.4	3.4	2.5	0.6	0.4	0.8	3.8	19.6
Mansfield	50	10.2	3.1	2.2	0.5	0.3	0.7	3.4	17.6
Newark and Sherwood	54	11.1	3.3	2.4	0.5	0.4	0.7	3.7	19.1
Rushcliffe	56	11.3	3.4	2.5	0.6	0.4	0.8	3.8	19.6

## Local Policy and Strategy in Nottinghamshire

Domestic violence and abuse is a priority for the Safer Nottinghamshire Board, the Nottinghamshire Health and Wellbeing Board and the Police and Crime Commissioner and as such is embedded within the strategies of these organisations.

**The Safer Nottinghamshire Board's** Domestic Abuse Framework identifies 9 strategic objectives.

- Raise awareness of domestic and sexual violence and increase confidence to disclose abuse, seek support and report to the Police
- Reduce repeat victimisation of domestic violence and abuse
- Ensure victims are effectively protected against re-victimisation and supported to recover from domestic violence and abuse
- Reduce the volume and severity of domestic violence and abuse
- Promote and develop positive and healthy relationships to prevent domestic and sexual violence happening in the first place
- Bring perpetrators to justice and reduce re-offending
- Reduce sexual violence offences



- Improve partnership arrangements to improve outcomes for victims/survivors
- Ensure effective performance management and sustainability

These have been drawn up in line with local partnerships' strategic plans, strategies and national policy:

- Nottinghamshire Police and Crime Plan 2013
- Nottinghamshire Health and Well Being Board report 2013
- Standing Together Review of the SNB partnership arrangements for ending Violence Against Women and Girls 201223
- Nottinghamshire Anti-Bullying strategy
- Nottinghamshire Child Poverty strategy
- Community Safety Partnership Reports
- Domestic Homicide Reviews
- Violence Against Women and Girls

Performance of the framework is managed through the Domestic and Sexual Abuse Executive Group. This Group has recently been refreshed to ensure that it provides a Co-ordinated community response to commissioning and tendering services. For details see appendix 5.

**Nottinghamshire's Health and Wellbeing Board** includes domestic violence and abuse within its key priority of "The Wider Determinants of Health and Well-Being"

### **Stella Project Mental Health Initiative. (SPMHI)**

This initiative ran from 2010 to 2013 and looked at the co-relationship of domestic violence and abuse, mental health and substance use:

"Services commissioned to support women with mental health problems, problematic substance use and experiences of violence against women (VAW) often work independently, despite the co-relationship of these issues. Frontline practitioners do not always have the training, assessment tools or referral path-ways to address all three issues when they co-occur. Operational and monitoring frameworks do not always make the links between the issues which result in women falling through gaps in service provision.

The aim of the Stella Project Mental Health Initiative was, therefore, to empower service providers across the three sectors of substance use, mental health and violence against women to develop this work through knowledge transfer, policy development support and promoting strong partnerships and monitoring mechanisms." Nottingham was one of the pilot areas.<sup>24</sup>

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<sup>24</sup> [http://www.avaproject.org.uk/our-resources/reports--publications/the-stella-project-mental-health-initiative-evaluation-\(201113\).aspx](http://www.avaproject.org.uk/our-resources/reports--publications/the-stella-project-mental-health-initiative-evaluation-(201113).aspx)

Recommendations from this initiative include:

- Practitioners should receive specialist training on the co-relationship between substance misuse, mental health and violence against women in addition to single issue training
- Training materials should be developed that recognise and value the different approaches to working with client's backgrounds and focus effective engagement between sectors
- Practitioners need accurate guidance and training on the impact of data protection legislation on how they can and when they should be sharing information within and between agencies
- To enhance the sustainability of the SPMHI project beyond the immediate funding period, it is recommended that more agencies are engaged in the project's networks, with particular attention to mental health services.
- The importance of collecting data on referral pathways needs to be given prominence in continuing the SPMHI's work. Agencies should take this work forward, developing simple data collection mechanisms to identify both problems in pathways and examples of good practice that can be replicated
- The process for referring women within and between agencies often appears to rely on 'old relationships'. Agencies should focus on developing formalised clear referral pathways that exist independently of the individuals involved in them
- More research is needed to identify the barriers to effective joint working, such as where agencies have rules or processes that mean clients with certain needs cannot be referred on to them and how to overcome them
- Negative preconceptions and stereotypes about women with overlapping and complex needs are widely held. A national campaign is needed to inform and educate both the general public and practitioners

### **Nottinghamshire Domestic Homicide Reviews Recommendations – Common Themes**

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence and Abuse, Crime and Victims Act (2004). This provision came into force on 13th April 2011. The purpose of a Domestic Homicide Review is to:

- a) Establish what lessons are to be learnt from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims
- b) Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result
- c) Apply these lessons to service responses including changes to policies and procedures as appropriate
- d) Prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working<sup>25</sup>

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<sup>25</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/209020/DHR\\_Guidance\\_refresh\\_HO\\_final\\_WEB.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209020/DHR_Guidance_refresh_HO_final_WEB.pdf)

The amount of funding required for this is determined by the number of Domestic Homicide Reviews that take place. A set amount is usually ring fenced for this purpose.

A review of four Domestic Homicide Reviews within Nottinghamshire outlined 12 common themes:

- Following existing procedures fully and effectively
- Gaps in information sharing
- Training and Awareness
- Improved use of risk assessment tools
- Cross Allegations
- Victims and perpetrators reluctant to engage
- Child Protection
- Attendance at meetings
- Strategic leads / champions
- Access to historical and other relevant case records
- Use of specialist services
- Minimal change to key worker interface

#### **Her Majesty's Inspector of Constabulary Inspection (HMIC), published March 2014**

In November 2013, an HMIC inspection into how Police Forces are responding to domestic violence and abuse was commissioned by the Home Secretary. This inspection covered all police force in England and Wales and reported in March 2014. HMIC considered the following areas in their inspection:

- the effectiveness of the Police approach to domestic violence and abuse, focusing on the outcomes for victims
- whether risks to victims of domestic violence and abuse are adequately managed
- Identifying lessons learnt from how the Police approach domestic violence and abuse
- Making any necessary recommendations in relation to these findings when considered alongside current practice.

Thirteen recommendations were made as a result of this review. Of specific note are those with implications at a partnership level, they include:

- Further develop the existing tasking process on giving safeguarding actions to beat managers so that officers know the intelligence requirements and both the DART and the MASH are provided with intelligence updates on these tasks
- With partners, review the efficiency and effectiveness of the current separate arrangements of the DART and the MASH. Ideally, two important outcomes would be: the identification of one central referral point; and a fluid and transparent process whereby safeguarding actions would reduce the risk from high to medium and therefore negate the need to refer them to the MARACs, thereby focusing valuable expertise on those most difficult and challenging cases
- With the CPS and Courts, reduce the double listings of domestic abuse cases to improve victim engagement and attendance

- Have a stronger, more formalised process on prevention, identification and management of serial and serious perpetrators with clear ownership and actions from officers and how partner agencies will work with the police to reduce re-offending
- Review the contact officers and staff have with victims throughout their involvement with the police to give one single point of contact who is able to update them and not duplicate contact.
- Review the process by which repeat standard risk cases are identified and put in place measures to monitor this to ensure risk assessments accurately reflect a series of low level incidents
- Review the means by which victims are updated if a perpetrator is released from custody and ensure that risk assessments are reviewed at this stage
- Publicise the role of the specialist team in order that all staff understand what they do and how they can help make victims safer

### **Police Authority Domestic Abuse Scrutiny Committee findings, July 2012**

Following the murders of Casey Brittle and Denise Skilbeck a scrutiny committee was established by the Police Authority to review domestic abuse practice within Nottinghamshire. It resulted in 26 recommendations to improve the way that Nottinghamshire police and partners manage domestic abuse cases.<sup>26</sup> These include;

- The Police should continue to work with partners to make arrangements to resolve the inconsistent support for victims from incident to Court as this is considered critical to securing successful outcomes, and there should be an analysis of the victim journey to understand what impedes women's attendance at Court.
- The Police should continue to support partners to explore ways to reduce victims' fear of giving evidence and attending court.
- The Police should review with its partners processes to introduce a stage which would trigger an intervention to stop the escalation of repeat calls for medium risk victims.

Evidence of the impact which support can have on successful outcomes is demonstrated in a snap shot of the SDVC (Specialist Domestic Violence Court) which showed that 46% of effective trials had an Independent Domestic Violence Adviser (IDVA - Women's Aid) and that 84% of survivors in prosecution cases which were discontinued had declined an IDVA (Scrutiny Findings 2012).

### **Sexual Abuse Services Consultation September 2013**

This Consultation review was carried out by the Nottinghamshire County Council Community Safety team who consulted with a wide range of stakeholders involved in the provision of sexual abuse services countywide since April 2013.<sup>27</sup> This work intended to:

- Scope the current provision of sexual abuse services in the county
- Consult with stakeholders and Safer Nottinghamshire Board (SNB) partners on current and future sexual abuse priorities
- Identify future priorities for the development of services across the county

<sup>26</sup> <http://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Scrutiny-Findings/18th-July-2012-Item-10a-Scrutiny-Committee-Domestic-Abuse-Final-Report-AppA.pdf>

<sup>27</sup> Sexual Abuse Services in Nottinghamshire – Briefing Paper, Nottinghamshire County Council, Community Safety, 18/09/13

- Make recommendations based on the findings and produce a sexual abuse strategy for the county

As a result of this review, 10 recommendations were made. These were:

- Produce an Integrated Domestic and Sexual Abuse Strategy for Nottinghamshire
- Set up a Sexual Abuse Task Group (accountable to the Domestic and Sexual Abuse Executive Group and SNB), which is responsible for the sexual abuse work stream of the action plan and to improve partnership collaboration. Development of a clear referral pathway for professionals to use, with clear signposting to up-to-date web resources and best use of the capacity available within existing services, for women and men
- Development of a clear referral pathway for professionals to use, with clear Sign-posting to up-to-date web resources (County and City council, services web pages)
- Develop a film jointly with Notts Healthcare Trust on how staff should confidently deal with sexual abuse disclosures and signpost victims to the appropriate agencies
- Introduction of routine inquiry on sexual abuse for healthcare professionals
- Development of the current 'Sexual Abuse awareness cards' to emphasise the work of the SARC and need for a referral within 7 days for forensic evidence
- That the three recommended performance measures are collected by Women's' Aid charities, Rape Crisis and the 24 Hour Helpline to ensure a wider picture of service demand for sexual abuse
- Ambassadors within organisations across Nottinghamshire – to provide advice and knowledge on where victims can go for support
- A robust commissioning framework for sexual abuse services, linked to the commissioning of existing sexual health and awareness services in line with the NHS England '*Securing Excellence in commissioning sexual assault services for people who experience sexual violence*'
- Ongoing consultation with victims of sexual abuse via the services currently providing support to inform and shape strategy and service development

### **Nottingham City Domestic Abuse review.**

In October 2013, Nottingham City Council completed its Safe from Harm Review<sup>28</sup>. It made several recommendations including:

- The current level of investment into the commissioning of specialist DSVAs services is maintained by partners. This will require all partners to continue funding the specialist services (£2,543,492) as well as looking at ways of resolving the £297,000 annual funding gap
- A joint commissioning approach to be taken by NCC, Nottingham Clinical Commissioning Group, Crime and Drugs Partnership and the Police Crime Commissioner's Office in the commissioning of all services in Nottingham and recommends aligning commissioning arrangements with Nottinghamshire County Council and NHS England where this is appropriate. The Crime and Drugs Partnership will co-ordinate this approach

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<sup>28</sup> <http://www.nottinghamcity.gov.uk/article/23840/Commissioning-of-Adult-Children-and-Family-Services>

- That the Child Development Strategic Commissioning Review will take forward work to investigate ways of releasing resources to invest in Early Intervention measures
- Refresh the Nottingham DSVa strategy and action plan being developed by the Crime and Drugs Partnership
- The Health and Wellbeing Board will identify how to champion addressing DSVa at a strategic level in Nottingham

There are recurring themes within these reviews. The first and most common being the need to improve training opportunities for staff within organisations to better understand domestic violence and abuse and how they respond to it. There is evidence to suggest that action has been taken in some organisations. However, this is inconsistent and the fact that it continues to be a theme, particularly in the most recent recommendations by HMIC, demonstrates that there is a need for this to be addressed more robustly.

The response to medium risk and repeat victims was identified in the 2012 scrutiny review and continues to be an area where more resource is recommended, featuring again as it does in the HMIC report. Effective information sharing and clear structured pathways into support services thread through most of the recommendations and strategic intentions across the county. This links to the ongoing support for survivors through the court and CPS process which is a common theme. Also identified within many of the reviews and local strategies are the complex needs of survivors and how best these should be met. There should also be a consistent approach and level of provision to survivors of domestic violence and abuse in the City and County.

Of note is the commonality of many of the findings of the various reviews. It is clear that strategic approaches have taken these on board within their planning but the recurrence of the themes raises questions as to the extent to which these approaches have so far been implemented and embedded.

### **Recent history of Commissioning in Nottinghamshire**

Historically Nottinghamshire is well known for having a comprehensive and good quality level of service provision within domestic violence and abuse. There have been a high number of local, grassroots Women's Aid and other third sector organisations working with survivors and successfully attracting funds to secure provision.

In 2011 the County Council carried out a review of domestic violence and abuse services which identified several emerging themes. The findings of this review resulted in a new commissioning framework that centred around two main commissioned providers, one for the north and one for the south of the county. The county split followed the MARAC division with Bassetlaw, Mansfield and Newark and Sherwood comprising the North of the County and Ashfield, Broxtowe, Gedling and Rushcliffe comprising the South. There remained additional funding for additional service providers through grant aid provision.

The rationale for this change was to streamline service provision in order to lessen confusion for service users and agencies when deciphering who provides what service. There was also a need to provide greater consistency in the availability of services across the county.

After a tender process, Nottinghamshire Women's Aid (Notts WA) was awarded the North contract and Women's Aid Integrated Services (WAIS) was awarded the South contract. This meant that some services previously delivered by other organisations within these areas were transferred to either Notts WA or WAIS. For both Women's Aid organisations this has meant working in districts they were familiar with and also new districts, for example Nottinghamshire Women's Aid now work in Newark and Sherwood where previously they had less contacts and WAIS are working with survivors in Broxtowe and Ashfield.

## **Part 2: Findings**

### **6. Current Service Provision in Nottinghamshire**

#### **County Funding**

The way service providers are funded within the scope of this review is complex. There are two main ways services are funded. Services are either commissioned through a structured tendering process or they are funded by grant aid. Grant aid is given on a three year cycle and this aligns with the timeframe for the commissioning process. Various organisations contribute to both these funding streams.

Within the commissioned funding streams there are gaps which are currently plugged by one off grants that are found from other sources on an ad hoc basis. For example, in 2013/14 the domestic violence and abuse champion's fund filled a gap to pay for a shortfall in MARAC funding caused by changes in local authority finance.

There are also additional services that are funded by the Police and Crime Commissioner and the Safer Nottinghamshire Board.

This review looked specifically at what had been spent during the year 2013-2014 and the findings represent that snapshot of funding.

#### **Ministry of Justice funded victim services including Victim Support**

Consultation with Victim Support highlighted that 17% of their contact is with survivors of Domestic Abuse. The current Ministry of Justice (MOJ) funding for all victim services including Victim Support will be transferred to the PCC from October 2014.

Victim Support are the only agency that specifically offer support to medium and standard risk male survivors (although Equate will offer this where identified). They also find that many of the victims for more generic crimes experience domestic abuse. In this way they identify many survivors who may not ordinarily have accessed support.

The MOJ has notified PCCs of indicative budgets for the commissioning of support services for victims' of crime including Restorative Justice services for 2014-15 and 2015-16. The funding allocation is determined using a population based formula, with the Nottinghamshire PCC receiving £466,000 for 6 months from October 2014 to March 2015.

There are currently three court IDVAs who work on behalf of the County, and one for the City which are funded by MOJ grants

The PCC will ensure that the current level of Court IDVA provision is funded until March 2015.



## District Funding

Each district funds domestic violence and abuse services to varying levels. Data was provided to the review from each district giving varying degrees of detail as to how this was spent.

Decisions on how this funding is allocated are made at district level and are aligned to the SNB Domestic Abuse framework.

Funding originating from the Police and Crime Commissioner is also allocated to Community Safety Partnerships to fund community safety work. Much of this is spent on domestic abuse services, adding to the total across the county.

The review found that during 2013/14 at least £363,999 was spent by the seven districts on domestic abuse services in 2013/14.

This was spent on a wide variety of services including:

- Domestic violence and abuse co-ordinators and prevention officers
- Freedom programme provision
- The physical aspects of Sanctuary schemes
- Drop in services
- Strategic support to MARACs, Vulnerable Person Panels, Joint Area Teams etc
- Training and awareness raising
- Medium risk workers
- Work in schools
- Domestic Homicide Reviews

It is apparent from the list above that some of the work funded by the districts crosses over with those covered by commissioned and county grant aided services. This may be to “top up” a service where there is felt to be additional need. There are also important projects which are not covered by central funding suggesting that without district funding, these local services may be compromised.

Districts agree to spend on domestic abuse in line with Safer Nottinghamshire Board's Domestic Abuse Framework, managed through the Domestic and Sexual Violence Executive. The Executive is in place to consult and discuss matters relating to domestic abuse across the county to support effective spend and avoid duplication. However, the extent to which this is utilised when funding decisions are made is unclear. What is clear from the consultation is that districts value the ability to be able to respond quickly to emerging local need and support local providers. However, the review found there is a strong body of opinion that believes this spending could be better co-ordinated and done more effectively, summarised by the quote below:

“Districts continue to work on their own agendas and outside of any apparent co-ordination” (A Service Provider)

The review highlighted a lack of clarity in the way that money is spent within the districts by both Local Authorities and county wide organisations such as the Police when mapped against the SNB Domestic Abuse Framework. Some deficits of co-ordination or consultation across the county when deciding how to spend this funding were discussed. This can result in fragmentation and a lack of consistency in service provision. There appears to be scope to develop a more co-ordinated approach to spending within districts which avoids duplication, helps address gaps and improves efficiency through co-operation.

## Themes

The review separated service provision into five themes; these are defined in table 4 below. There are some overlaps and the themes do not stand alone, some elements of service provision cross over. However, for the sake of clarity it was helpful to categorise the services delivered. These themes took into account national policy and also the themes used by Nottingham City Council in their “Safe from Harm” review. Services that cover more than one theme have been placed within the category which either best describes their service provision or where most of their service provision is focused. The themes are:

**Table 4:**

### Themes Definitions

Strategic Services	These are services that co-ordinate our response to domestic violence and abuse. They tend to provide pathways into the other categories rather than provide the service themselves. Services that provide both strategic value and also service provision have been included in the relevant service provision category below
Early Intervention and Prevention	Early Intervention services are those targeted at children and young people in general and not specifically those who are identified as being survivors of domestic abuse. These services aim to intervene early to educate about domestic abuse and prevent abusive behaviours and attitudes forming and challenge existing beliefs. Prevention services are identified as those which target the population as a whole and are not focused on survivors of domestic abuse. Again, they aim to prevent abusive behaviours and attitudes forming and challenge existing beliefs. These services include education, training and awareness raising services which although by their very nature may support survivors in particular, are also available and useful for the wider population. These services are not dependent on abuse having been perpetrated.
Survivor Services	These are identified as services specifically for survivors of domestic abuse, including male survivors and children. These services require abuse to have been perpetrated. This includes services sometimes referred to as “secondary prevention” i.e to prevent further incidents of domestic abuse.

Protection and Criminal Justice Services	These are services for survivors of domestic abuse who have contact with the criminal justice system as a result of the perpetrator's behaviour. This includes contact with the police and the courts.
Perpetrator Services	These are services specifically targeted at challenging and changing the behaviour and attitudes of perpetrators of domestic abuse.

When matched to the themes adopted by the review the division of the mainstream commissioned, grant aid funding and Police and Crime Commissioner small grants funding (ie not including that spent at district level) looks like this:

Theme	Amount spent	% split
Strategic	£90,712	5%
Early Intervention and Prevention	£86,635	5%
Survivor Services	£1,234,577	67%
Protection and Criminal Justice	£418,138	23%
Perpetrators	£0	0%
Total	£1,830,062	100%

### Wider Landscape of Service Provision

There is a significant body of domestic abuse work carried out within Nottinghamshire that is not easily financially measureable as it forms the mainstream of various statutory and other service provision, or is funded through other streams such as charity grants. Costing this was not within the scope of this review but it is important to recognise that the provision within scope is not the sum total that Nottinghamshire offers. Some examples of this (but by no means all) are:

- Work currently carried out by Nottinghamshire Probation Trust which includes the IDAP course and one to one work with perpetrators by offender managers trained to challenge and address attitudes and behaviour
- Work carried out by Targeted Support Youth Justice with emerging perpetrators and young perpetrators including group and one to one work
- Work carried out with Substance Misuse services. It is recognised that there is correlation between domestic abuse and substance misuse and therefore inevitably recovery services across the county will encounter and tackle this as part of their service delivery
- Nottinghamshire healthcare resource, in particular specialist workers who link to MARAC, safeguarding and domestic abuse training
- Courts, including the costs of the Specialised Domestic Violence Court provision
- CPS, including the costs of specialist Domestic Violence Prosecutors
- Police Force, including day to day work with survivors and perpetrators.

The review highlighted the potential to work with the agencies that carry out this type of work to align objectives and look for ways to fill gaps in a “cost neutral” sense, ie for mainstream services to pick up gaps where it fits within their strategies and agenda. Standing Together Against Domestic Violence and Abuse supports this approach noting;

“...there will never be sufficient funds to provide all the specialist services that a victim could need, so provision must include better use of existing resources, for example, front line workers within the statutory sector and more generic services such as victim support”<sup>29</sup>

It is also clear that the services directly funded by those agencies in scope do not represent the full range of services available. Service providers are skilled at accessing funding from other avenues such as charitable grants which pay for numerous services which complement those detailed in table one. It was not possible to map all of these due in part to commercial sensitivity and the often short term nature of the funding but there is obvious value in being aware of what other work is being carried out, once again, to prevent double funding and to identify ongoing gaps. The drawback of this type of funding is that it is often insecure and therefore does not allow for security of service provision. For this reason this review attempted to gain a consensus on what services are felt to be “core” provision that need to be mainstream and afforded long term funding to help inform decision making.

### **Level of service provision**

There is considerable data available which highlights what domestic violence and abuse services should be available. Much of this is focused on “crisis” intervention, i.e. services needed during or in the immediate aftermath of abuse. However, there is a growing recognition for the need for “recovery” services – those needed to support women and their children after the abuse has ended and when they are in a safe place. It is argued that only then can they begin to address the emotional and mental damage and repair relationships and therefore prevention of repeat instances.

An informal Public Health led review of current services against draft NICE recommendations when cross referenced with national and local evidence of what good service looks like, paints a largely positive picture of service provision in Nottinghamshire. Most of the recommended core services are available to some degree and mechanisms are in place which demonstrates genuine attempts to work in partnership.

However, there are noticeable gaps in terms of core services and several areas of emerging need where little or no provision is available. The most noticeable of these is within perpetrator work. Currently Nottinghamshire does not offer any voluntary perpetrator programme. There is provision by way of IDAP, the Probation run domestic abuse programme and through offender management by the police but this is extremely limited and only for those within the criminal justice system thus representing a more “coercive” model.

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<sup>29</sup> In Search of Excellence; Standing Together Against Domestic Violence

Most of those consulted felt that more needs to be offered to perpetrators. Whilst there is service provision for those who are within the criminal justice system through IDAP or offender management, by the time perpetrators can access this they are likely to already be serious established perpetrators. Nottinghamshire currently does not offer any voluntary programmes or intervention for those not within the criminal justice sphere. This was felt to be a gap by many although there was no agreement on the nature of support that should be provided. The evidence base for perpetrators programmes is not convincing and they are also necessarily costly due to the essential support that needs to be given to survivors and their children alongside the perpetrator work. A high number of those consulted felt that more provision should be available for children who experience domestic abuse within the home. It was also felt that the current focus on teen survivors was positive and was an area worth investing in further.

Almost all those spoken to felt that a higher level of funding should go into early intervention and prevention work. It was largely agreed that over time, this should help reduce the prevalence of domestic abuse and therefore lessen the demand for survivor services. However, there was extreme reluctance to divert any funding away from current survivor services towards early intervention. Suggestions to address this problem include: improved streamlining of current provision, avoidance of double funding and overlaps and improved use of mainstream, statutory services.

It was felt that a consistent programme of intervention across all schools in Nottinghamshire would be a positive way forward in ensuring maximum access to specialist education around domestic abuse. Improved co-working and co-commissioning arrangements were the most popular ways to represent the best way to maximise effectiveness of the current budget. Other options included better use of universal provision or to secure additional funding from alternative sources.

The widening of the Government's definition of domestic violence and abuse to include those aged 16-18 has been widely supported and has led to an increased focus on this age group. Locally this need is also apparent to those working within the sector;

"We've seen a growing number of sixteen and seventeen year old girls and young perpetrators. And Nottingham city MARAC was recently selected by the Home Office to participate in a scrutiny panel ...so you know , this is a significant areas of work that we're starting to do in Nottingham and Nottinghamshire and an area of work that I think we will need to grow" (A Service Provider)

In addition, key stakeholders and providers in attendance at the domestic violence and abuse event held in Nottinghamshire (13<sup>th</sup> May 2014) agreed more emphasis should be placed on teen work with both survivors and emerging perpetrators.

In Nottinghamshire there are several projects which have been funded to work with young survivors and perpetrators of domestic abuse and various conclusions are emerging. The most pressing is that there is a specific skill set required to meet the needs of this group, workers need to be skilled youth workers as well as trained in domestic abuse. The current approach across the county in respect of this group of services users is relatively uncoordinated.

For example the Office of the Police and Crime Commissioner funded several pieces of work in this area through the small grants process in 2013-14. This disconnect is being addressed by the creation of a cross city/county Task and Finish group chaired by the Deputy Police and Crime Commissioner which will report to the City and County Children Safeguarding Boards.

The Listening and Learning Report (2012) was commissioned by the Victims Commissioner for the arrival of the Police and Crime Commissioner and aimed to represent the views of victims and service providers in Nottinghamshire. This found that overwhelmingly, female victims were positive about the voluntary sector provision, the understanding, empathy, support and help received. Gaps identified concerned specialist areas, for example support for children, and identification and support for those suffering honour based violence. It also noted the lack of specific agency support for Lesbian, Gay, Bisexual and Transgender (LGBT) survivors. Stakeholders commented on the need for a more co-ordinated approach to victims<sup>30</sup>

## **Service Provision by Theme**

### **Strategic Services**

#### **Multi Agency Risk Assessment Conferences (MARACs)**

MARACs, which were established during the period 2008 to 2010, are felt to be important in managing high risk survivors of domestic abuse. According to Home Office figures published in May 2014, the number of female homicides reduced from 102 in 2008/2009, to 75 in 2012/2013. This would suggest that the presence of MARACs is having an impact upon harm reduction. Nottinghamshire MARACs are currently undertaking a self assessment process which has evidenced much good practice and high levels of partnership working. However, there is large scale agreement that these could be improved.

There is scope to improve the consistency of the North and South MARAC practices and also between the County and the City. Some of those consulted would like to see actions coming out from the MARAC meetings followed up. Data from the refreshed JSNA highlights the number of cases that go through the MARAC on an annual basis and all those consulted recognised that the numbers were high and could be difficult to manage. The JSNA also highlights the number of children involved with those cases discussed at MARAC level and identifies that this represents a small number of those affected overall by abuse.

Feedback has also suggested that MARACs fail to make the most of the opportunity to address the behaviour of the perpetrator more robustly. Whilst it is agreed that the main focus of the MARAC process is ensuring the safety of the survivor there is also a responsibility to use MARACs to facilitate more effective challenge of the perpetrator. This approach is supported by CAADA who identify four main ways of addressing perpetrator behaviour; divert, manage, disrupt and prosecute.

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<sup>30</sup> Listening and Learning report 2012, Victim Support, commissioned by the independent Victim's Commissioner

They highlight that:

“Perpetrators can go to extreme lengths to facilitate their abuse; the MARAC team need to keep one step ahead of the alleged perpetrator and make continuing abusive behaviour difficult, if not impossible”<sup>31</sup>

The safety and protection of women and children is undermined by not having a robust process for the management and supervision of serial perpetrators. Appropriate controls need to be put in place to manage perpetrators. There is scope within Nottinghamshire’s MARAC processes to improve this element of their response.

### **Vulnerable Person Panels.**

Domestic violence and abuse cases are not currently discussed in all Vulnerable Person’s Panels but all have recently agreed to include domestic abuse medium risk cases in the future. There are local differences between districts in relation to attendance and purpose along with issues surrounding data sharing. It appeared that where someone (usually a district domestic violence and co-ordinator) had taken the lead in managing these, improvements were noted.

### **Domestic Abuse Co-ordinator - district**

The domestic violence and abuse co-ordinator role varies across the districts. Some districts do not have a specialist domestic violence and abuse co-ordinator and some combined this role with a provider role. It is clear that the role is valued within districts both by Local Authorities and providers. It is particularly effective in supporting smaller providers by ensuring they are visible and engaged across the system. However, many felt that there were conflicts of interest within the various ways the role is devised and that this does not always support effective coordination of services across the county. It was evident that some co-ordinators feel a lot of responsibility and loyalty towards their local providers and as a result are not always seen to be able to provide impartial advice or challenge to the same organisations. This can result in providers being shielded or protected rather than supported to develop within a changing commissioning landscape.

One individual said

“we need independent Domestic Abuse Co-ordinator posts who will represent all groups ... without bias or favour” (A Service Provider)

The review found that there was a lack of clarity across the sector in terms of the vision and strategic direction. There was the view that a larger initial commitment to funding in strategic services such as co-ordinators could help to address this:

“heavily invest in the strategic roles to give clarity to commissioning intentions. They would have a clear role and purpose and providers would get strategic direction from them” (A Service Provider)

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<sup>31</sup> CAADA.org.uk



A strong feeling emerged that whilst the ability to respond to local and district need is crucial, this response must work co-operatively and within an overall strategy with a clear focus on agreed good practice.

## **Encompass**

This project intends to implement a process by which all schools in Nottinghamshire are informed of a domestic abuse incident involving children which has been reported to the police by the next working day. This is starting with a pilot in Rushcliffe, Newark and Sherwood in September. The work is led by the Multi-Agency Safeguarding Hub (MASH) with all costs being met by mainstream services.

## **Domestic Homicide Reviews**

A review published by the Home Office in November 2013 identified some common themes when responding to domestic homicides<sup>32</sup>. What this document highlights is the familiarity of the “lessons to be learnt” that are contained within it. Information sharing and multi agency working is a particular area where improvements are recommended. This has been identified locally within the Domestic Abuse scrutiny review and local consultation supports this message. In particular within this theme the Home Office report identifies issues relating to the bailing of perpetrators.

Another key finding relates to the awareness of the safeguarding needs of children. Common in our consultation was the view that more needs to be done to protect and work with the child survivors of domestic abuse.

The message from this appears to be that we need to look more closely at how we embed the learning from Domestic Homicide Reviews within our strategic approach so that changes required in our response are consistently applied. Tracking of actions from the reviews appears to be a resource challenge which needs to be addressed.

## **Early Intervention and Prevention**

One of the strongest messages in respect of this review was that more needed to be invested within Early Intervention and Prevention and the work needs to be better co-ordinated and aligned across the districts and in partnership with the city. This would allow for economies of scale and also ensure that a consistent message was being delivered across Nottingham and Nottinghamshire.

“(we) need far more education. I’m not keen on lots of little projects, there should be one overall programme – this needs structure – don’t fiddle with lots of little different pots of cash” (a commissioner)

This is not without its challenges, it was identified that it is

“very difficult to get into schools due to their independent academy status” (A Service Provider)

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32 Domestic Homicide Reviews: Common Themes to be Identified as Lessons to be Learnt, Home Office, 19/11/13



Alongside this there was no consensus on how to attract an increased level of funding for this other than to not divert funding from Survivors Services.

Steps have already been taken through the Domestic and Sexual Abuse Executive to ensure that partnership work on domestic and sexual abuse is integrated with the work of Children's Services. Arrangements have been made for a regular reporting arrangement between the Domestic and Sexual Abuse executive and Nottinghamshire Children's Trust which oversees the provision for children and families in Nottinghamshire.

Work for teens and emerging perpetrators and survivors was valued. The need for work in this area is reflected in the comment below:

"There's loads and loads of teenagers that are in controlling relationships even if it's just little things like their partner won't let them on Facebook or whatever...but they don't see it; they just see it as they're over protective. And because they're young they don't think that if they do say anything anybody will believe them." (Survivor)

There are currently several smaller pilot projects in place which are believed to be needed. These have only been in place for a matter of months and so have yet to be evaluated.

However, the lack of adequate funding for work with teenage perpetrators was raised as a significant concern by all parties involved in the second phase of the consultation process.

"You know, these are the times we should be nipping it in the bud....long-term there would be a lot more money saved." (Midlands Women's Aid)

It is therefore recognised that an increased spend on early intervention and prevention if successful would lessen demand on Survivor Services in the long term.

"Primary prevention really, is an area in which we could do with a lot more investment."

A sustained and consistent approach was preferred with suggestions for a whole community model as delivered in Aspley in the city.

### **Survivor Services.**

The current service provision that is available was generally felt to be vital and it was a universal view that specialist services were crucial to ensure an effective response for survivors. All those consulted would like to see more availability. However, it was noted that the way the roles are currently funded can restrict flexibility, for example, there was a lack of clarity over "local outreach support" and "floating support". There are also felt to be opportunities within these roles whereby service provision could be more streamlined. Ensuring positive outcomes for survivors is felt to be the most important consideration and commissioning for outcomes is one option that could allow for more flexible service provision within a climate of reducing funding.

Another consistent message from consultation is that limiting the length of time a provider can offer support to a survivor was unworkable at best and harmful at worst. Consultees spoke of the individual needs of each service user and that the support required depended on each individual circumstance. Some survivors require only short term support, for others recovery is a far longer journey. There was particular concern about the time limits placed on support for children:

“The Children’s Outreach service is contracted to deliver six sessions only to children. We’re talking here about children who are recovering from harm and that is really inadequate and we are all the time being asked by children and their non-abusive parent - their mums or carers- to extend that”

### **Outreach and Floating Support Workers.**

Both of these services offer a similar type of support to survivors of domestic abuse. Floating support is provided within the commissioned services and is the provision of support for those affected by domestic abuse to maintain current tenure/occupation or resettle from refuge. It can take the form of one-to-one support, drop-in surgery sessions or peer support groups.

Outreach support is funded via grant aid and offers a service in line with that described above. This grant aid funding has been evenly split between all women’s aid organisations across the county.

A frequent issue raised during consultation was a lack of clarity between floating support workers and outreach workers and the rationale of having both. All agreed that this type of service provision was essential but there was general consensus that there was a clear benefit in simplifying how it was funded and delivered.

“There is confusion over who is delivering what service, too many are involved and there is no clarity over who is doing what”

### **Domestic Abuse Link Workers (DALWs)**

This is a relatively new post which works with families who are at the threshold of social care. They work to lower risks not only providing services for women and children but also reducing the pressure on service further down the line.

“They are a key part of the work force and prevent the seriousness of cases escalating to the point whereby they become child protection cases, this helps manage workloads and of course is positive for the client”.

There is also evidence to suggest that the level of communication between social care and domestic abuse service providers and understanding of different roles is improved.

## Refuge and Supported Housing

Within Nottinghamshire there are currently 4 refuges. One is owned by Leicester Housing Association (LHA) and run by Nottinghamshire Women's Aid, this is in Mansfield.

The remaining three are owned by Nottingham Community Housing Association (NCHA). They are in Bassetlaw where the service is run by Nottinghamshire Women's Aid; in Newark where the service is run by Newark Women's Aid and in Broxtowe where the service is run by Midland's Women's Aid.

As owners of the refuges NCHA and LHA have control over who they allow to run the services that are delivered from their buildings. These services have been funded by the County Council for many years prior to commissioning and so were included in the commissioned work which went out to tender in 2012. LHA were happy to allow the winning provider to deliver services from their building. However, NCHA preferred to keep their existing arrangements intact. This meant that where the existing refuge service provider did not win the tender, the specific services funded by the commissioning process were the responsibility of a different provider. In the case of two of the NCHA owned refuges the new provider was not given permission to deliver the service from the refuge which meant other arrangements had to be made, for example delivering the support work to children via schools. This led to a disjointed service for children within refuge accommodation and a lack of consistent and co-ordinated performance monitoring from the County Council. All those spoken to as part of this review were of the opinion that this led to a decline in the quality of the service.

Consultation with NCHA confirmed that their position remains the same going forward, namely that they are not able to extend their partnership arrangements and so will only work with those providers already delivering services from their refuges. LHA have also confirmed a similar position. This creates an ongoing risk to the services funded by the County Council if they are included within a commissioning structure and are not won by those already working within the refuge. If this is the outcome then once again, permission for the services to be delivered from the refuges will be denied meaning alternative arrangements will need extending or putting in place. There is the option to fund these services outside of the main commissioning arrangements. However, there are significant concerns surrounding being tied to a provider that has not been through a commissioning process in terms of fairness and performance management.

Consultation within the districts indicates that there is potential to secure refuge building from other providers who may be able to offer more flexibility in their approach to service provision. Both Housing Association also provide homes for supported housing to two different providers their view remains the same as for refuges and partnership with specialist organisations

## Helpline

Women's Aid Integrated Services (WAIS) run a countywide 24 hour free-phone domestic violence and abuse helpline. A drop in service between 10pm and 6pm complements the helpline. The helpline identifies needs and risk of harm and acts as an entry for women and children into other public services. The primary functions are:

- Crisis support
- Gateway to services
- Sexual violence helpline and triage service
- Emotional support
- Support for health, other public sector and voluntary sector agencies - including providing an up to date list of refuge space across the East Midlands

The helpline is available 24 hours a day on a freephone number, enabling women to call whether or not they have access to money or credit on their mobile phone. Support is available in a woman's first language through bilingual staff or Language Line. Over 1 million domestic violence and abuse cards are in circulation in Nottinghamshire promoting the helpline. The helpline number is owned by WAIS.

Nottinghamshire's refreshed JSNA identifies that a qualitative study highlighted within NICE Public Health Guidance demonstrated that a 24 hour helpline helped abused women understand abuse, make changes to their lives and provided links to available support and service provision.<sup>33</sup>

The Nottinghamshire helpline specifically was reviewed by the Nottingham Domestic and Sexual Violence Needs Assessment. This identified the 24 hour domestic violence and abuse helpline as a core service: "absolutely essential for the protection and prevention of harm (including crisis provision)." The assessment reasoned that the helpline provided "immediate support and advice" and that whilst there exists a national helpline, in its current form it still only "diverts to the local helpline for access to emergency hostel provision out of hours" and thus does not replace the local helpline service. It also highlighted the important role that out of hours support plays in preventing "self harm, suicide, homelessness and children going into care over night".<sup>34</sup>

This service is a cross over service used and funded by both the City and the County. More recently gaps in funding have emerged which have resulted in short term solutions which threaten the stability of the service.

Helplines were considered important, particularly for people in rural communities where there is little other provision

"the helpline is important, we need to have out of hours services as most victims need help during quiet periods when most services are closed"

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<sup>33</sup> Nottinghamshire Refreshed JSNA 2014

<sup>34</sup> [http://www.nottinghamcdp.com/neighbourhood\\_crime\\_and\\_justice/domestic\\_violence.aspx](http://www.nottinghamcdp.com/neighbourhood_crime_and_justice/domestic_violence.aspx)

However, questions were raised whether local helplines were the most efficient way of meeting this need

“there are 26 different domestic violence and abuse helplines across the UK. Is it the best use of funding to establish county-based ones given that there is a national domestic abuse helpline and Victim Support line? Would it be better to amalgamate them and share expertise?”

Nottingham City’s Safe From Harm review concluded that they would continue to fund this service.

### **Medium Risk Repeat Workers and University Research**

This is a long term piece of work commissioned by the Police and Crime Commissioner and spans three years from November 2013. The project covers both the City and the County and has allowed for three workers to be employed to work specifically with survivors assessed as medium risk, two of these work in the County, North and South. They work closely with the Police to minimise the risks.

The associated academic project has numerous objectives. In particular it aims to identify triggers for repeat victims and opportunities for associated support and prevention with an emphasis on methods used for identifying what has happened in relationships and how future relationships can be built without domestic violence and abuse. It will also explore how the repeat victims of medium risk domestic abuse case management are managed within the voluntary sector groups providing support, identifying what improves the victim’s journey to recovery.<sup>35</sup>

“We think that this cohort of women will be in chronic and enduring abusive relationships, where there will almost certainly be mental health and substance use...so when we’re talking about complex needs, we think that this service may be able to address some of that need”

### **Medium Risk Workers**

These are different to the above and are funded by both the county and districts. This role works closely with the Police supporting those survivors who have been identified by the DASH assessment as medium risk and therefore not meeting the threshold for MARAC referral. Positive feedback from the Police has been given about the impact of this service.

The recent HMIC inspection report viewed this joint working arrangement as emerging good practice stating

“There is emerging good practice that where the beat manager and women’s aid officer jointly visit a victim they provide a more holistic safeguarding package for the victim. Early indications are that this is reducing repeat victimisation and increasing confidence in the police”

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<sup>35</sup> <http://www.nottinghamshire.pcc.police.uk/Document-Library/About-Us/Tenders/Final-Consultants-Tendering-Brief-2---Domestic-Violence-vs-5.pdf>

The value and positive impact of having a specialist worker present was reiterated by key agencies at the Nottinghamshire Domestic Violence and Abuse event in May 2013.

This review has highlighted some confusion surrounding the two “Medium Risk” worker roles and their remit, picking up on a common theme of a proliferation of terms for workers who carry out similar roles. There is scope to address this as part of the review process.

## **IRIS**

IRIS is an education and advocacy intervention for General Practice (GP) staff and includes a training and support programme focused on the identification of women experiencing domestic violence and abuse. Trials have demonstrated that the intervention had a substantial effect in increasing the referrals to an external specialised domestic abuse agency. Cost effective analysis indicates that IRIS is likely to be cost effective to society<sup>36</sup>. IRIS is currently being implemented in Mansfield and Ashfield with the support of their Clinical Commissioning Group (CCG). Nottingham West CCG has recently run an IRIS tender programme. Other areas are considering implementation. The costs going forward are likely to be less than that attributed to this project in 2013/14. NICE guidance published in February 2014 specifically recommends that “GP practices and other agencies should include training on and or referral pathway for domestic violence and abuse”<sup>37</sup>

The importance and impact of effective referral practice by GPs is reflected in the comments made by survivors:

“I think GPs need more information, you have a relationship with your GP.”

“It was going to my Doctor’s....they put me onto NIDAS.”

## **Freedom Programme**

This programme is offered to women recovering from domestic violence and abuse and it helps them to find a social context for their experience and to understand what they have been through. It is cited as a particularly effective programme and there is a strong desire to expand its delivery outside of the Partnership Plus areas and across the county. It is a nationally recognised programme and feedback from survivors is consistently positive.

“The first week, I was like wow... it was just like somebody had turned a light on because I thought ‘I’m not on my own’”

I just couldn’t understand why people were saying these things when I couldn’t see it but as soon as I went on the Freedom programme I was like ‘wow, how foolish am I?’”

A comment from a survivor who took part in the focus groups confirms the importance of this programme;

“I think a lot of women are in denial about it” (A Survivor)

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<sup>36</sup> Nottinghamshire JSNA Refresh 2014

<sup>37</sup> NICE; Domestic Violence and Abuse; how health services, social care and the organisations they work with can respond effectively, Feb 2014

## **Sanctuary**

Sanctuary provides home security, such as additional locks and alarms and is provided alongside outreach support. This service is recognised to be hugely important for survivors who wish to remain in their own homes, allowing them to retain the community links and reducing disruption their lives and the lives of their children. By allowing women to remain in their own homes it reduces the costs inherent in refuge provision and/or re-housing. In some districts the cost of these schemes is absorbed by the local Registered Social Landlords. There is recognition of the cost effectiveness of providing this scheme when the alternative is high cost re-housing. A 1 Housing in Bassetlaw is an example of this. Other districts provide funding to ensure this service is available and employ contractors to deliver it. Nationally there is work underway, which is being led by the ACPO, to Kite Mark the term “Sanctuary” as there have been a number of issues raised because not all areas adhere to a common definition.

## **Criminal Justice and Protection Services**

These services largely work with high risk survivors and are funded through a combination of MOJ funding and commissioned county council funding.

## **Independent Domestic Violence Advocates (IDVAs)**

The Independent Domestic Violence Advocates (IDVA) is a government initiative introduced to reduce the number of Domestic Related Homicides. MARAC IDVAs focus on high risk clients by supporting at a point of crisis, supporting them to plan appropriate safety management strategies. The IDVAs role at MARAC is to represent the views of the victim at the meeting and to liaise where possible between the victim and partner agencies to ensure that the safety plan is implemented. The IDVA will normally be responsible for the case management

The Court IDVA role involves supporting survivors to access and navigate through the Criminal Justice System. They provide one to one support, information sharing and work closely with the specialist CPS prosecutors within the Specialised Domestic Violence Courts.

There is a strong view that the work of the IDVA is vital and becoming more relevant as survivors are encouraged to report to the police. In terms of court IDVA's Nottinghamshire employs fewer than the number recommended by CAADA, there are currently three IDVAs who cover county survivors, the suggested number is four.

MARAC IDVAs work with high risk survivors whose safety is discussed at MARAC meetings. The MARAC and Court IDVA's are currently employed separately and there is scope to explore whether these roles can be merged to allow for a more streamlined service. However, the importance of these roles and the fact that they provide very specific services led to a view that these roles need to continue to be specifically commissioned.



## Specialist Domestic Violence Courts

Some time was spent looking at Nottinghamshire's Specialist Domestic Violence Courts (SDVC) and the attached Court IDVAs. These are located in the Nottingham and Mansfield Magistrates Courts. As highlighted above, the MOJ funds the court IDVAs currently. This funding will transfer to the PCC from October 2014.

It was clear that the SDVC are highly regarded, not only locally but nationally. This is highlighted by a letter received by the specialist CPS workers from The Centre of Justice Innovation which stated

"What we observed was a court demonstrating all the elements of a well run SDVC. As only the seventh SDVC we have seen to date it was head and shoulders above the others we have seen....The information sharing between you, the court and the IDVA struck as a significantly positive example of what good SDVCs should look like"

Information from the CPS detailed the extent to which IDVAs are considered to positively impact upon successful court outcomes through their support of survivors and their role in providing information to the court:

"...Previously the defence would often approach the prosecutor and suggest that the victim had or was going to retract, or wanted the bail conditions lifted. This would often lead to spurious applications or adjournments. Thanks to the IDVA's we have the most current information available" (CPS Representative)

IDVA's ongoing support to women throughout the court process is viewed to be directly related to the likelihood of survivors feeling able to see the process through:

"They provide immediate feedback to women following court hearings, improve confidence in the Criminal Justice System and can deal with immediate concerns/anxieties /myths about what will happen next"

"In my experience, we have seen an increase in the number of victims attending court supported by IDVAs. In my view they have positively impacted on the overall rates of attendance at trial"

"The complexity of the Criminal Justice System means support for the victim is essential to have the best chance of justice" (CPS Representative)

It is noted that simple attendance at a trial can often persuade a perpetrator to plead guilty as they often rely on the belief that the survivor will not attend and the case will therefore be thrown out.

The impact on civil proceedings and Restraining Orders was also noted:

"IDVAs play an essential role in obtaining information for applications for Restraining Orders. The court will ask what the views of the victims are and in the absence of any material provided by the police, the information supplied by the IDVA is paramount. This is particularly important given the financial restraints for remedies in the Civil Courts." (Police Representative)



It is felt that the Specialist Domestic Violence Court has enabled far more survivors to be able to give evidence and secure the prosecution of more perpetrators. It is clear that the court IDVAs and the SDVC work hand in hand and one would not be able to effectively function without the other:

“before court IDVAs and SDVC, there used to be complaints about lack of support survivors felt they had. IDVAs have plugged a gap – with the reduction in the number of police they are doing more hands on work that police can’t.”

It is generally felt that the current arrangements for provision of IDVAs is working well, the individuals were commended on their commitment to the role and the support they provided to survivors. A higher workload in the South of the county was noted with additional pressures as a result. This would seem to be supported by the MARAC figures within the refreshed JSNA.

What came out strongly when examining the SDVC process is the positive impact a criminal justice outcome can have for a survivor. It was noted that a little support and explanation will allow a survivor to feel confident to follow this route. It is suggested that often police lack the time and experience to be able to give this and as a result the IDVA work is vital.

There remains scope for improvements to the overall service. It is felt by stakeholders and providers that there is an underuse of special measures within courts and that IDVA contact should be face to face when possible and not by phone. It was also identified that there are areas where IDVA commissioned tasks were being undertaken by other service providers triggering duplication.

## **Male IDVA**

This service is currently delivered separately and one IDVA covers the whole of the county working with male victims assessed to be high risk. Survivor feedback in respect of this service is limited due to the numbers involved. However, those stakeholders consulted who have contact with the male IDVA identify the service provision as essential. There is recognition of the need for this service to be separate from services for women and children but at the same time for communication and relationships between the two to be strong and open and honest in their nature.

The need to be able to assess clearly the service user is critically important in order to identify and challenge primary perpetrators and to be able to effectively support the male survivor.

“You can’t work safely around male victims if that’s integrated into female support”

Currently there is only specialist support provided for high risk male survivors. There is a gap in terms of support for those who do not fall within this definition. It was found that Victim Support are the only service who provide formal support for male victims who are not considered high risk.

## **Women's Safety Workers**

Wherever there are perpetrators it is essential that work is undertaken to support the survivor and/or partner of that perpetrator. Evidence shows that whilst a perpetrator is undergoing work challenging his behaviour there is a likelihood that his abusive behaviour may continue or increase in severity/frequency before it improves. Ideally support should also be in place for children also affected.

In Nottinghamshire Women's Safety Workers have been funded by the Probation Service and with funding from the Safer Nottinghamshire Board to manage the risk of harm from offenders. The feedback from Probation staff is that this service has been essential when managing perpetrators undertaking the IDAP programme and those who are assessed as high risk. They note that not only have the workers enabled greater safety for the survivors but they have also worked to pick up on risk factors previously unknown and identified previously unknown survivors.

## **Perpetrator Services**

As discussed earlier in the review, currently Nottinghamshire does not offer any voluntary perpetrator programmes. The lack of perpetrator work is considered a significant gap.

Currently police management of perpetrators is limited. The HMIC report identified a weakness in the practice of Nottinghamshire police when it came to managing repeat perpetrators:

"The identification and management of the worst domestic abuse offenders is not a formalised process and there is no clear ownership on who and how these perpetrators are tracked and monitored" (HMIC Report)

It made a specific recommendation to:

"Have a stronger, more formalised process on prevention, identification and management of serial and serious perpetrators with clear ownership and actions from officers and how partner agencies will work with the police to reduce reoffending" (HMIC Report)

HMIC recognised the work MARACs were doing to identify serial perpetrators and concluded that the force need to do more to tackle offenders systematically.

## **Integrated Domestic Abuse Programme (IDAP)**

The Integrated Domestic Abuse Programme is available to those perpetrators who have been convicted of an offence and are subject to a Community/Suspended Sentence Order or who are on licence from prison. There is also one to one work carried out with offenders by the Probation Service, Youth Offending Services and Targeted Support Youth Justice. All of these interventions are for those subject to statutory intervention and therefore do not represent voluntary services.

There is a strong view that more work should be done with perpetrators but there is no agreement on what. Many feel that perpetrator programmes are not sufficiently evidenced as successful enough to warrant their cost. There are several examples of programmes that are available, however, attrition rates are high and the evidence for effectiveness is far from conclusive.<sup>38</sup>

A pilot in respect of voluntary perpetrator work in Nottingham city was undertaken by NDVF (now Equation). This was reviewed in 2008. This 6 week course was a joint enterprise between NDVF, who carried out work with the perpetrators, Women's Aid who worked with survivors and Nottingham City Children's Social Care who supported the children within the relationships. The findings of this pilot tended to support the overall view that perpetrator work is complex and costly and attrition rates are high, yet, when it works perpetrator intervention can be successful in reducing risk and prevalence.

There is general agreement that this theme needs closer attention and that Nottinghamshire should offer some form of voluntary intervention for perpetrators.

### **Summary of Identified Gaps in service provision**

Throughout the review those consulted were asked to identify gaps within both service provision and the commissioning process. These are threaded through this report.

An informal review of service provision against the draft NICE guidelines undertaken by Public Health identified that from 17 recommendations, room for improvement was suggested in the following areas:

- Commissioning: develop an integrated strategy
- Commissioning: establish an integrated care pathway
- Services: create an environment for disclosing domestic violence and abuse
- Asking about domestic violence and abuse
- Equality and diversity: overcoming barriers to accessing services
- Mental health interventions
- Commissioning Programmes for people who perpetrate DVA
- Integration of training and referral in General Practice

The full NICE Guidance in relation to responding effectively to domestic violence and abuse has now been published. The most common themes to emerge when looking at gaps in current provision have been discussed on page 25. These include work with children survivors, early intervention and prevention, teen abuse work and perpetrator services. In addition to this the emerging work with medium risk survivors is viewed as vital and something which needs to be embedded within the wider offer of support. These were also themes which emerged from the Nottinghamshire Domestic Violence and Abuse Conference, May 2014.

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<sup>38</sup> Domestic Violence Perpetrator Programmes; What Counts as Success? Dr Nicole Westmarland, Prof Liz Kelly, Dr Julie Calder Mills

Also raised are the challenges presented by complex needs survivors who can often experience mental health problems and substance misuse problems. Accessing support for them can be difficult. In general it would appear that the services are available but that more needs to be done to ensure they are offered in a cohesive fashion and that all agencies involved in delivering services have an increased awareness of domestic abuse and the pathways for support.

Other areas where gaps have been identified are:

- Male medium risk victims
- Males aged 10 to 17 and 18 to 25 (perpetrators but victims during childhood)
- LGBT survivors
- People with no recourse to public funds
- Women who are abused by their children
- Forced marriage and Honour Based Violence
- Women living in isolated / rural communities
- BME groups including eastern European women
- “Elder abuse” by families and children
- Stalking
- Investigation into Female Genital mutilation locally

A clear theme which emerged from the survivor’s consultation and the event in Nottinghamshire is the importance of making sure appropriate support is available for women from a variety of cultures and backgrounds, which includes Muslim and new emerging communities.

The comments below evidence the need for this support:

“There was a massive stigma within our community that you don’t go outside; you don’t talk to anybody outside...” (Survivor)

“..especially when you’re coming from a very strong religious culture influence. I was a practicing Muslim so it’s almost like you’re whistle-blowing..” (Survivor)

Similarly with regard to the provision for LGBT backgrounds:

“I did particularly look if there was anything locally for gay people but there isn’t. They have phone support places but there’s nowhere specialist that gives you support in Nottingham. There is nothing here so you kind of keep looking around thinking ‘where do I go?’ so there is a gap there, there’s no provision.” (Survivor)

## **7. Performance**

Performance data from Nottinghamshire County Council has been submitted which details performance relating to commissioned services and also performance linked to grant aided services. The Domestic and Sexual Abuse Executive monitors performance across the county amongst its responsibilities, see appendix 4 for further details.

Commissioned services have more detailed performance management arrangements than those which are grant aided allowing for a more sophisticated analysis of what is working and where problems lie. Performance data for grant aided services is more anecdotal and more difficult to assess. This is not unexpected, the level of funding for grant aided services is far lower than commissioned services and so a higher level of performance monitoring would be disproportionate and unrealistic. However, it does mean that it is more difficult to measure the effectiveness of grant aided work and accountability of funding.

The commissioned services are overall performing to a satisfactory level. Lower performance levels seen in some areas at the initial point of the contract are improving as arrangement settle in and there is confidence that by the end of the financial year most targets will have been met.

Highlighted concerns surround the MARAC. There are high workloads across the county and targets in relation to completed actions are not being met.

Despite the fact that both commissioned services are exceeding targets in terms of the number of children they are engaging with, there remain long waiting lists, particularly in the north of the county.

Client outcomes for all services recorded within the official performance data are generally positive, in particular in the north of the county. This is likely to represent the more problematic process of embedding the new services which were experienced in the south as a result of an increased level of change to pre existing service providers.

The grant aided services continue to reach survivors and performance data indicates that positive outcomes are being achieved, however, the performance data gathered is limited reducing the level of analysis possible.

### **Performance measurements**

Where there is more than one commissioner for a service co-commissioned services provide monitoring information to all commissioning organisations who may use different performance outcome frameworks. There is a cost to the service in terms of staff time and the financial investment to provide.

The requirements of commissioners for performance information were noted by several providers during consultation, who suggest that the current framework is so complex due to the numerous funding streams that all their time is spent “being answerable”. A strategic approach to performance management was supported allowing for consistency across the county and city and potentially across the country.

“Neither the city or the county, nor indeed ourselves, are able to provide a coherent picture of the impact our services have because we’re reporting on forty three different sets of outputs and outcomes. There is no co-ordinated framework in the city or the county for what commissioners want to see from the service that they commission”

“Performance reporting timeframes are difficult as different commissioners have different reporting years for different elements of projects. There is not a lot of consistency in terms of how information is requested back to the county. Monitoring is amorphous; there is nothing defined. There are differences for the city and the county”

A national pilot of an Outcome Framework developed by Women’s Aid England and Imkaan is currently underway with WAIS taking part in Nottinghamshire. This has various aims at local and national levels.

“At a local level, organisations will be able to continuously identify survivor needs and develop their services accordingly... The framework will also provide a set of survivor-identified outcomes to inform funders’ commissioning processes. At a national level, the outcomes framework will enable nationwide data collection to build a clear evidence base of the nature and extent of VAWG, to assess the effectiveness of the range of support and interventions available, and to provide an opportunity for benchmarking and best practice development.”<sup>39</sup>

The development and implementation of a county wide outcome framework is one that has support across commissioners in Nottinghamshire to simplify the process of gathering performance data for providers and to ensure that we are effectively managing this. It would also give scope to work more closely with the city in jointly commissioning services which overlap. The pilot is expected to be completed by April 2014.

What this review clearly demonstrates is an opportunity to improve performance reporting arrangements by taking a strategic approach, aligning where possible with the city and possibly national arrangements. This would free up local providers allowing for more innovation and also enable accurate and relevant performance management across the entire sector.

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<sup>39</sup> <http://www.womensaid.org.uk/page.asp?section=0001000100350001>

## **8. Commissioning arrangements**

The recently implemented commissioning arrangements whereby the county was divided into North and South were explicitly addressed with providers and stakeholders throughout consultation.

There is general understanding and acceptance of the reasons for the change in commissioning arrangements.

“I can see the point.... It avoids duplication” (Service Provider)

“It was the right thing to do, to split the county and focus” (Police Representative)

Feedback highlighted some initial difficulties that some stakeholders and providers experienced immediately following the commissioned split. This was largely triggered by confusion over who was providing what service and what services were available. These problems were resolved over time and it was identified that face to face meetings helped improve communication.

The above was not a universal experience; other organisations such as the police reported that the commissioned providers were working well in partnership and sharing best practice across the county.

Relationships between providers appear to have been affected by the changes in the commissioning structure and the response to this. This has impeded the level of communication and opportunities for joint or joined up service provision;

“In some ways this (the new commissioning arrangements) has strengthened service provision as you have two strongly funded organisations which supports the sustainability of domestic violence and abuse services. They are the main providers of core services and so can help provide end to end provision and ensure smooth referrals for women and children. On the other hand, smaller providers feel they have been commissioned out and this has impacted on relationships between the mains and the smaller.” (Uncommissioned Service Provider)

“not allowing the children’s worker into their refuge was not helpful. It’s about the women and children” (Service Provider)

There are some strong views on how this could be addressed:

“there should be something clear in each contract that ensures they must work together - no matter if they do not get on!” (Commissioner)

“Although this would not work for uncommissioned services with accountability”.

Stakeholders that cover the county as a whole were most happy with the new arrangements and some felt there was scope to commission on a wider basis;

“what is the rationale for two providers if the need and outcomes are the same? One would be more efficient and if the providers are not currently configured to provide a county wide services then they need to work collaboratively to ensure that they can do this”. (Commissioner)

“In terms of planning the commissioning of services, co-ordinate to avoid duplication, waste and misunderstanding is essential”

From information from the consultation and performance records the new arrangement presents as one that despite some initial problems is working and represents a clearer arrangement for provision and a cost effective commissioning arrangement. The split between north and south allows a local focus to remain whilst achieving economies of scale and more streamlined provision arrangements.

There is general consensus that a further significant change to the North/South structure within the county would be damaging at this stage as the current arrangements are still relatively new and would benefit from further stability. It is felt that wholesale changes may result in the loss of some of the quality already inherent in much of the services currently provided.

“Enhance and maintain what we’ve got where possible, there are lots of good services out there” (Police Representative)

“We have to make some changes but also support innovative projects and ideas to develop services” (Domestic Violence Officer)

“what is required is a big strategy that is delivered by agencies but massive strategic changes could create even more confusion and inconsistency for victims and providers” (Children’s Services Representatives)

It is strongly felt that a longer term strategic vision which resulted in security in funding for services would create a safer and more secure sector focused on making long term changes rather than looking at short terms wins.

Improvements in service delivery and cost effectiveness could be achieved through the adoption of a more strategic commissioning approach focused on outcomes. This would introduce more flexibility to the system and allow service providers to innovate to reach outcome based targets rather than be restricted by output based targets:

“... we want to respond to need but we have a contracted output, you know, we’ve got a throughput figure that we have to achieve” (Service Provider)

Equally strong is the view that there was a need to retain the ability to be able to respond to local and emerging need that may present outside of the timeframes set by the commissioning cycle.

“we need to be flexible and fluid to respond to emerging need quickly alongside core provision” (Service Provider)



It is apparent that certain areas of the sector are more developed than others in their approach to future challenges. Some have responded positively to the new arrangements and are preparing their organisations to be in a position to respond to future needs. Others will need more support with this or may chose not to participate in the commissioning process. The review identified various services which were also commissioned within the city. It is largely agreed that joint commissioning of these services made sense both financially and for reasons of consistency across the city and county.

It is clear that the development of an integrated, outcome focused commissioning strategy is one which has sound support across the sector and amongst stakeholders. This is also one of the recommendations contained within the recently published NICE guidelines.

Those services within the commissioned contract will then benefit from increased security of funding allowing service provision and pathways to become more stable. The results of the consultancy indicate that the following current service areas should be included in the commissioned contract:

- Floating Support – including Freedom programme provision
- Domestic Abuse Link Work
- Children's Support Work
- Women's Safety Work
- Work with teen survivors
- Court and MARAC IDVA
- Male IDVA
- Medium Risk Work
- Training and Awareness

Additional consideration needs to be given to the 24 hour free helpline. Nottinghamshire City are funding this until 2016 and then it will go out to tender, although this may prove complicated as WAIS own the telephone number. The services identified above have deliberately been identified by their work area rather than role. This allows for improved streamlining of roles to achieve greater service connectivity and efficiencies.

An outcome based commissioning strategy will not require roles to be filled but rather outcomes within the above areas to be achieved, bearing in mind the evidence where it is shown there is a need for particular services.

## 9. Crime and Policing

Figures from Nottinghamshire Police indicate that “domestic violence and abuse accounts for 41% of the reported violence with injury, a significant percentage being repeat victims of domestic violence and abuse”<sup>40</sup>

HMIC figures also identify that 21% of 434 assaults with injury, were domestic abuse related and 73% of 695 harassment offences were domestic abuse related.

Since 2011 there have been two Independent Police Complaints Commission (IPCC) investigations into domestic abuse homicides and a Domestic violence and abuse Scrutiny (2012) which made a number of recommendations aimed at improving the confidence of survivors to report abuse and improving the response of police.

Figures show an increase in reporting of domestic abuse over the past four years which can be viewed as representing an improving picture in terms of the confidence of survivors to contact the police, possibly as a result of their response to the aforementioned recommendations.

Currently, Nottinghamshire police are closely monitoring their first time reports of domestic abuse and repeat reports. There is recognition that an increase in first time reports can largely be viewed as positive rather than reflecting an increase in domestic abuse, it demonstrates that more of those experiencing abuse are prepared to call the police for support.

Repeat reports are more complex. Should a survivor have to call for a second or third or fourth time, this suggests that the intervention or action taken on the first occasion was unsuccessful and did not deter a further domestic abuse incident. Evidence shows that a woman will experience 35 assaults before calling the Police. It is also shown that it takes an average of 7 police call outs for survivors to build up the information and the confidence they need to leave a relationship<sup>41</sup>. These statistics starkly demonstrate the scope for improvement in ensuring survivor confidence in the response they will get when they report domestic abuse to the police. Work is underway by Nottinghamshire Police to reduce the number of repeat call outs. The Police and Crime Commissioner is monitoring this data closely.

There has long been a call for an increase in prosecutions where victims are not the main source of evidence. These rely on evidence from response officers gathered at the time of the call out and the use of body worn cameras is widely acknowledged to be a useful tool in this regard. Both the IPCC reviews and the Domestic Abuse Scrutiny made recommendations which include working to improve the way in which such prosecutions could be pursued. Nottinghamshire police have yet to adopt this as an indicator of performance. It has not been possible to obtain data on the current number of prosecutions where victims are not the main source of evidence.

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<sup>40</sup> <http://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Police-and-Crime-Plan/Refreshed-Plan/Draft-Refreshed-Police-and-Crime-Plan-2014.pdf>

<sup>41</sup> Womensaid.org

There are numerous reasons why domestic abuse survivors may not wish to proceed with prosecution and they are complex. Many stem from a fear of the consequences, either from the perpetrator or their associates/family, the impact on their children, a desire to keep the survivor's family/relationship intact or a lack of knowledge about what the reality of taking a criminal justice route. There is a view that a society which rejects domestic abuse would always prosecute a perpetrator whilst supporting the survivor through the process

HMIC carried out a national inspection at the end of 2013 which reported back on 26<sup>th</sup> March 2014. This contained 13 recommendations including several which have implications across the wider partnership; these are detailed on page 18. What is immediately apparent from these recommendations is that the problems highlighted are not unfamiliar which means that on the one hand the force are aware of where they need to make clear improvements and work is already in progress to improve their response. However, it is also apparent that not enough has been done at a strategic level in the past to implement the changes recommended by previous reviews. This needs to change.

More positively the HMIC report highlighted that for every 100 domestic abuse crimes recorded there were 83 arrests in Nottinghamshire. This compares with between 45 and 90 for most other forces. However, only 29% of the crimes recorded resulted in a charge with 23% resulting in a caution and HMIC expressed concern about this. More needs to be done to improve prosecution and conviction of offenders and to hold them to account through the courts.

Local concerns were raised about the lack of genuine commitment to addressing domestic abuse by the Police. Despite a clear message from the Force that domestic abuse is taken seriously, for many, the actions and behaviour of the Force does not always support this. One individual said

“Breaches of bail and restraining orders need to be taken seriously – getting a survivor to get to the point where she has made a complaint and got a restraining order is really difficult – if these are not then acted upon – it gives the message that the system will not save you from this man”

Survivors interviewed for the Listening and Learning report stated

“He went to prison for beating a lad up in Hucknall but he can beat women up and nothing happens to him – it makes me feel like nothing”

“Domestic Abuse is not seen as a real crime such as burglary and theft and Domestic Abuse is hidden crime and covered up”

There remain clear issues of trust in relation to the support and help the police give. The Medium Risk Worker pilots underway facilitate police officers being joined by specialist domestic abuse workers to support the survivor at the initial point of contact. These have yet to be fully evaluated but initial feedback from survivors and stakeholders is extremely positive and suggest that confidence in the police's response is improved when they are accompanied by a specialist.

However, much of the feedback for this review indicates that the response of the police to victims of domestic violence and abuse, still falls short of expectations. Key themes are not being believed and not taken seriously:

“A lot of the victims I deal with, the one thing they feel is that the police don’t believe what they are telling them”

“The police can’t just go out with their pocket book and start collecting their evidence. They need to have a conversation even just for the first five minutes to see how they are and engage with them. The consensus is that there is a desensitisation among some police officers”

Survivor feedback backs this up:

“I had one police officer that made me feel like ‘seriously, why are you calling me up tonight?’ I was like, ‘well he was parked at the end of my road for three hours today’ and he said ‘it’s a public road you know’.”

“You feel like you’re wasting their time”

The HMIC report also refers to a lack of clarity on the role of various police teams and officers within teams which can cause confusion:

“The role of the domestic abuse investigation team and officers within the DASUs is unclear to many officers and staff. This means that inaccurate assumptions are made about who will make sure a victim is updated about their case, who is dealing with the victims throughout the investigation and criminal justice processes and victims may, as a result, not be contacted. Sometimes when victims are contacted the information they are given was incorrect and raises expectations unnecessarily. ....There is a lack of clarity about who is responsible for informing a victim when a perpetrator is being released from prison”

The issues captured within the above segment from the HMIC report were frequently expressed throughout the consultation period of this review.

“The police had not rang to tell me that he’s free on the street, ...they still haven’t rang me to tell me they released him; I just know because he rang me.”

“They said they’ll come and collect his belongings from my flat; that was five months ago and they still haven’t been to this day to pick it up”

There was some evidence of support from the police, although this was not consistent and suggests much depends on the individual officer who attends the scene. However, what is apparent is that if the right support is given this does make a real difference to the survivor and the eventual outcome:

“I was very supported by the police, very pleased. The police officer kept in contact with me and kept me safe. He phoned after 2 months to check if I was still safe”

“The police also gave me emotional support and was willing to listen to me and discuss my options”

“The police officer that dealt with my case...I felt like we were friends than she was a police officer. I think if I’d have had anyone different it probably would have been a lot worse but she was lovely”

“I do think it comes down to areas because I’m in (names town) I think the police at (names town) are amazing. They even come and knock on the door randomly saying ‘we’re just in the area, we thought we’d come and check on you’ and things like that. I have that all the time”

Police data indicates that in Nottinghamshire violent crime is one of the highest volume crimes of total crime in the country. With respect to violent crime in the county, domestic violence and abuse accounts for approximately 40% of this figure. In addition, recent figures show the percentage of domestic violence and abuse crime involving repeat victims is around 39%. The Police need to take more effective action to reduce the number of repeat victims with known offenders. This could include setting local targets which reduce the time between the reported incident and arrest to twenty four hours. Control measures should include the use of appropriate bail conditions, and consideration should be given to establishing a dedicated arrest team for repeat offenders.

However it is important to also note Police action on its own is not sufficient to achieve a reduction in the number of incidents. A holistic approach is required which ensures services are available to support survivors of domestic violence and abuse, and that more work is undertaken with medium risk victims. At a recent Honour Based Violence conference in Nottinghamshire (May 2014) the message was very clear;

“It’s not just about the Police..” (Survivor)

A criminal justice outcome is not always favoured by the survivor. Listening and Learning heard from some women who wanted a different outcome and gave various reasons for this. There is also evidence to suggest that if women were better supported during the criminal justice process this would help them through this:

“I was too frightened to go to court and I had no protection”

“If the police had arrived with someone from Women’s Aid it would have made a massive difference”

If the court process was more accurately explained to survivors and if the support provided was more consistent and relevant to their needs, then this is likely to allay a substantial amount of their concerns and result in improved outcomes.

## **10. Governance and Working Together**

The Domestic and Sexual Abuse Executive is the current function in Nottinghamshire with oversight of domestic abuse strategy and provision. Its terms of reference have recently been revised and are attached as appendix 4. This group reports to the SNB and the HWB and is aligned to the LCJB and NSCB. This executive is crucial in ensuring cohesion and oversight of domestic violence and abuse work within the county. However, as is highlighted previously, it is clear that not all domestic abuse work and funding is discussed at this executive and this can cause significant problems. Throughout the review period there were several examples where smaller projects or pilots had been set up without consideration of work already ongoing or without consultation with the wider service landscape. This resulted in the possibility of repeating work already being undertaken, or opportunities for joint working being lost. This adds to the disconnect felt to be characteristic of county service provision

Some issues related to transparency of decision making regarding to funding and also impartiality were raised through this review.

As joint commissioning opportunities are further explored, there will be a role for this group to have increased awareness of the work of its counterpart in the city and counter representation at each executive.

Throughout the consultation it was clear that there was disparity between providers in terms of willingness to work together and an understanding of what work was being done elsewhere in the service area. There were really positive examples of providers examining the provision of services across the county and working to fill gaps, thereby finding a niche for themselves and adding value to the overall provision of service to survivors. However, there were also clear examples of providers with less knowledge of what was happening across the county and who were duplicating work that other service providers were commissioned to deliver or not fully contributed to existing arrangements. The need to have better joined up work across the County and with the City, with less new initiatives popping up, was also a key message emerging from the domestic violence and abuse event in Nottinghamshire.

There is also room for improving the understanding of the full range of work being undertaken. Excellent small pilots are being carried out by innovative providers. However, this is not shared in a systematic way so that others are aware and survivors from across the county can benefit. There are possibly commercial reasons for this. However the result is lost opportunities for sharing innovation and expertise across the county.

This sense of competitiveness has arguably been exacerbated by the commissioning process but the evidence suggests that there are elements of parochialism that have been within the sector for many years. This can be positive in allowing for those agencies which align to form strong relationships but there is a risk that the sector can become disjointed, lose direction and purpose.

The review found that currently within the county there is a lack of a clear sense of vision in terms of what the sector is aiming to achieve. One individual stated:

“(When I came to the service) I was searching for clarity and vision – where did I fit in?”

“There needs to be better communication and joint working between agencies, we need to be doing the same thing with the same mission”

There is general acceptance that agencies and organisations need to be communicating better in order to provide better services and alongside this there should be improvements in the understanding of each other’s roles:

“We need a better understanding of what we are each doing so that if we can’t provide the support ourselves, we can go elsewhere to see what is available there”

It was suggested that increased initial investment in strategic services could help set a clearer agenda, encourage all providers to share in the vision and enable them to contribute to this.

# **Nottinghamshire Domestic Violence and Abuse Service Review**

## **Summary of findings**

**April 2014**

### **Introduction**

It is estimated that in the financial year 2013/14 over £1.8 million was spent on specialist domestic violence and abuse services within Nottinghamshire County. This includes funding given through commissioned services, grants, and direct employment of Domestic Violence Coordinators (some have other titles). The funding has been provided through Nottingham County Council, District Councils, the PCC and Nottinghamshire Probation Trust, with the County Council contributing the greatest amount of money. For the purposes of this review the areas of domestic violence and abuse services examined have been divided into the following categories and the division of funding each part is set out below.

- Strategic services (5%)
- Early Intervention and Prevention services (4.1%)
- Survivor Services (67.5%)
- Protection and Criminal Justice Services (22.9%)
- Perpetrator work 0%

The review did not include main stream work relating to domestic violence and abuse such as the work of the Police, Social Care, and Children's Services, nor did it include independent charitable project funding obtained by the specialist third sector.

The review drew on evidence from one to one discussions between the Police and Crime Commissioner's Office and key stakeholders, focus groups with survivors and specialist sector stakeholders by a consultancy firm and an on-line questionnaire for the general public but specifically targeted at survivors.

### **Overview**

On the whole, there is a high level of satisfaction with the specialist services provided. There is a strong correlation in the views expressed in the first phase of the consultation process with those of the survivors and specialist sector stakeholders in the second phase of the process. There is recognition of the need to develop more early intervention and prevention work. However, there is also an overwhelming view that this should not jeopardise funding either from services for survivors or from the protection and criminal justice areas. More work should be undertaken with perpetrators, but as there is minimal evidence to demonstrate the effectiveness of programmes, there is a strong feeling that Nottinghamshire should not invest heavily in these at this stage.

There is recognition that in times of austerity there is a need to review budgets for specialist domestic abuse and violence services, but all acknowledged their importance and felt that a reduction in services is likely to be a false economy.



Main findings included:-

**Strategic considerations.**

- At the present time, there are gaps in 'joined up' thinking around how differing funding streams are spent and on what services. There are numerous risks inherent in this approach chiefly the concern that money does not follow evidenced need. There is also the risk of duplication and a lack of clarity on what gaps remain. As a result service provision could end up disjointed and fragmented
- There is clear recognition across the districts that there is a need for a coordinated approach and there are numerous functions in place to support this, for example joint meetings and Domestic Violence Coordinators. However, there appears to be scope to improve on this to increase the level of consistency.
- There are differences of opinion whether the last commissioning arrangements led to a lack of clarity on which service provider is delivering which service or whether this has actually improved. This appears to be a situation which is getting better with time and as the arrangements become more familiar, but there remains scope for closer partnership working
- Current performance reporting could be improved, made more consistent and less time intensive. There is support to explore a countywide performance framework and look to align this with the City.
- Additional grants are not managed under any agreed framework resulting in risk of duplication and/or unfilled gaps
- The current structure does give individual Districts and Community Safety Partnerships scope to fund services that are assessed as needed within their own area, which is a strength as it allows for local knowledge and experience to inform local services
- There are areas of provision which are closely aligned to the city; for example the helpline and early intervention work within schools. Co-commissioning could allow for increased consistency and sustained provision as well as provide economic benefits
- The challenges in mapping the service provision highlighted in this report indicate a need for all services and not just specific domestic violence and abuse services to work far more closely together so that a true picture of provision can be established. Various ingredients are missing from this review, for example a true picture of provision within healthcare, mental health and other areas. All the 'landscape' services need to be round the table in order to maximise the potential of added value from mainstream provision

- Police response to domestic abuse continues to be of concern by some victims and some partner agencies and as also highlighted in the recent HMIC report. The focus should be on reducing the number of repeat incidents and crimes to protect women and to reduce the overall level of crime whilst still encouraging disclosure and reporting to the Police
- There are clear differences across the sector in terms of provider maturity and preparedness for a changing commissioning environment
- **Early Intervention and Prevention services**
- There is strong support for more investment within the theme of early intervention and prevention. However, a large percentage of stakeholders stated that they did not want this at the expense of survivor services
- **Survivor services**
- Whilst there is a difference of opinions about certain details, there is general agreement that there is a “core” of service provision which is required to ensure a good level of service to Nottinghamshire residents
- Relationships between some providers have suffered as a result of the changes in the last commissioning structure and this has impeded the level of communication and opportunities for joint service provision. However, the two main commissioned providers have maintained good communication and co-operation which provides consistency between services in the North and South of the County
- Survivors complained of having inappropriate time limited support which was not helpful in some cases
- There are examples of a lack of clarity over different service provision areas. For example, the differences between outreach and floating support work are unclear. As a result it is sometimes perceived that there is duplication in the funding of these services. However, all the services have waiting lists so there is no evidence that funds are not being fully utilised
- There is a need for services to be survivor centred and tailored to individual need, which includes a Single Point of Contact, clear signposting to appropriate services and better publicity about what is available.
- Sharing of databases and information when appropriate
- Certain areas of work do not appear explicitly at all in current commissioning and grant aid, for example, FGM and HBV, and those without recourse to public funds
- There is a need to fund reactive services to respond to hotspots and new areas of work

- Support within two of the refuges is currently undermined by problems in reconciling strategic commissioning intentions with the needs of the Refuge owner
- Victim Support currently provides support for male survivors assessed at medium or standard risk. Nationally they will only provide support to standard risk men and women survivors in the future making a need to re-examine support for male survivors who are not high or standard risk
- The helpline is on the whole considered essential as a first point of call and as an aid to professional workers supporting survivors
- The support workers for teen abuse funded by the PCC have identified a particular set of skills required to work with this age group
- **Protection and Criminal Justice Services**
- SDVC and IDVAs are valued highly and make a clear positive difference to survivors attending court
- The male IDVA role is vital and needs to be retained. There was a strong feeling that this should be delivered separately from female and children's services
- **Perpetrator work**
- There is strong support for more work with perpetrators but a lack of clarity on what form this work should take
- There is an opportunity to improve offender management around domestic abuse using the Integrated Offender Management model

# Nottinghamshire Domestic Violence Review Recommendations

**April 2014**

## **1. Future joint commissioning**

**This should be outcome based and meet the needs of:**

- 1.1 Children living with domestic abuse, including working in partnership with Children's Services.
- 1.2 Women living with domestic abuse, including;
  - Medium risk women to include a partnership with the police
  - High risk women to include a specialist IDVA to support women going through SDVC and MARAC. There needs to be an increase of court IDVAs working in the county to CAADA recommended levels and to take consideration of the impact of working to support the rollout of the Domestic Violence Disclosure Scheme
  - Teenage girls living with or experiencing domestic abuse
  - Refuge and supported housing support provision (see below)
  - Support to meet the needs of women experiencing domestic abuse
- 1.3 High risk and repeat medium risk men living with domestic abuse. This requires separate delivery from services for women and girls.
- 1.4 24 hour free helpline. This needs to be aligned with the City and requires countywide commissioning.

All commissioned services should demonstrate an understanding of and ability to deliver services from survivors from BMER and LGBT backgrounds.

## **2. Early intervention and prevention**

Greater investment needs to be made by commissioners in early intervention and prevention programmes, such as work with teenage perpetrators.

## **3. Training and awareness raising**

More training should be available, particularly for GP's, (Iris project) Police and other professionals.

Training and awareness raising could also be co commissioned with the City.

#### **4. Time limitations of work with survivors**

Time limitations for survivor services, in particular work with child survivors should not be rigidly endorsed.

#### **5. Refuges and supported Housing**

Consideration should be given to alternative methods of providing refuge and supported housing services. Two options are offered; that refuge and supported housing is funded outside of the next commissioning cycle to allow alternative refuge accommodation to be explored which will align with the Local Authority's strategic commissioning intentions. Or that the commissioning process is delayed for up to 12 months to allow for this exploration work to take place and for refuges and supported housing to be included in the commissioning cycle.

#### **6. Work with perpetrators**

The review revealed that more evidence is needed before investing in perpetrator programmes and that some funding should be found to research these further. In the meantime, partners should be encouraged to use an offender management approach, particularly for serial perpetrators, to improve the protection and safety of women and children.

#### **7. Restorative Justice**

Based upon the consultation with survivors of domestic abuse and feedback from key partners attending the domestic violence and abuse conference on 13<sup>th</sup> May 2014, the use of restorative justice is not appropriate for cases of domestic violence and abuse involving family members.

#### **8. Grant aid**

A grant aid fund should continue but lessened to support a process of innovative work and emerging need.

#### **9. Geography of commissioning**

The model of two main commissioned services, one for the North and one for the South should remain with county wide contracts for the Helpline and for training and awareness raising. Further exploration of co-commissioning with the city in the future should be considered where there are common services. (However, the IRIS project, funded by CCGs, is separately commissioned at present due to funding source.)

## **10. Funding**

Victim Support recently made a statement that in the near future they will only offer support to victims assessed as standard risk. Medium risk cases, as is the current practice with high risk cases, will be referred to specialist organisations. 18% of Nottinghamshire (City and County) victims are domestic abuse survivors. Taking into account the statement from Victim Support, consideration should be given to a proportion of the funding from the generic funding for victims being transferred to specialist domestic violence and abuse provision

## **11. Performance framework model**

There is work required towards adopting a jointly agreed County and City wide performance framework model.

The County Domestic and Sexual Violence and Abuse Framework/Strategy is refreshed in light of the recommendations of this review and aligned where appropriate with City objectives

Work is required to engage all Districts in the refresh of the Framework/Strategy to secure agreement from them, Police and statutory agencies to work to this.

## **12. Strategic overview**

All relevant statutory bodies need to be represented on the Domestic and Sexual Violence and Abuse (DSVA) Executive and work is undertaken to explore improved “mainstreamed” provision of services particularly within the Early Intervention and Prevention theme.

Stakeholders and providers, including the Police and the PCC to work with the DSVA Executive when planning domestic abuse related work/funding within the County.

## **13. Data collection**

Methods of measuring the prevalence of domestic and sexual abuse which do not rely on Police and crime data are explored.

## **14. Police role and other partners**

The Police explore working alongside Offender Management partners and in line with the above research to develop robust integrated offender management principles and practice for serial perpetrators.

Nottinghamshire Police improve evidence collecting to reduce victims’ need to attend court, reduce the number of repeat victims and improve Criminal Justice outcomes. This includes collaborative work with partners to improve consistency in the support service provided from incident to court.

Nottinghamshire Police implement the HMIC Inspection recommendations which are appropriate to Nottinghamshire. Police and partners should work together to develop and implement a single improvement plan to take forward;

- The Safe From Harm Review
- The County Domestic Violence and Abuse Review
- HMIC recommendations where appropriate to Nottinghamshire

## **15. Preparation for new commissioning**

The Local Authority to support County providers to become “market ready” in time for re-commissioning.



## Consultation

### Meetings

	Name	Agency	Date
1	Chris Walker	Community Safety	02/10/13
2	Mark Taylor	Probation	13/11/13
3	Anne Chester Walsh	Children's Social Care	17/12/13
4	Bob Ross	Adult Social Care	14/10/13
5	Ann Murphy	Early Intervention	
6	Laurence Jones	TSYJ	19/11/13
7	Michelle Manion	CPS	24/02/13
8	Barbara Brady	PH	28/10/13
9	Nick Romilly	PH	19/09/13
10	Amy Newberry	PH	04/10/13
11	Olwen Edwards	Victim Support	13/11/13
12	Helen Chamberlain	Police	19/12/13
13	Nikki Smith	Police	05/11/13
14	Rachel Miller	TSYJ	10/01/14
15	Mandy Green	Notts WA	09/10/13
16	Val Lunn	WAIS	15/10/13
17	Kerry Sullivan	Equation	15/10/13
18	Rachel Adams	PH	05/11/13
19	Holly Dagnall	NCHA	11/02/13
20	Debbie King / Rosa Keneally	Notts Healthcare trust	13/11/13
21	Julie Gardner	Notts Healthcare Trust	11/10/13
22	Alice Grice	Councillor	19/11/13
23	Jane Lewis and Rasool Gore	City commissioners	08/01/14
24	Anne Halliday	Courts	19/11/13
25	Simon Torr	Police	22/01/14
26	Holly Dagnell	NCHA	11/02/14
27	Holly Venn	NCHA	11/02/14
28	Lisa Hayden	NIDAS	19/02/14
29	Lynn	Broxtowe Women's project	04/02/14
30	Catherine Saunders	Newark Women's Aid	12/03/14
31	Marlene Ferris	Midlands Women's Aid	12/03/14
32	Nicki Richards	Newark, Sherwood and Bassetlaw	15/11/13
33	Rebecca Thompson	Broxtowe	15/11/13
34	David Jayne	Gedling	15/11/13
35	Wendy Green	Rushcliffe	Apols
36	Marsha Mann	Mansfield/Ashfield	apols
37		LHA	No response



## Appendix 1

### Survivor Consultation

<b>Group</b>	<b>Date</b>	<b>Facilitators</b>
Survivor workshops	Feb / Mar	ORS
Provider interviews	Feb/Mar	
Stakeholder and provider forum	26 Feb	
Questionnaire for website	Dec/Jan	
Male	Dec/Jan	Equation



## **Domestic Abuse Services Questionnaire**

A review of the funding of Domestic Abuse Services in Nottinghamshire County is currently being carried out. We are asking those who reside in Nottinghamshire County and who have experience of domestic abuse about their experiences of accessing and using local services. We are keen to ensure that we capture the views of all those affected and this includes male survivors.

This consultation is confidential, participants are completely anonymous and the information will only be used by the council to inform future service provision. If you think you need more space to write your response, please feel free to write on additional sheets.

A separate review of city services has recently been completed.

### **Services Accessed**

1) What type of support did you seek and where did you first go to get support?

2) Were you referred to a specialist / different agency and if so, what was your experience of this process?

## Appendix 2

3) What was your experience of the service you accessed?

4) Was it easy to access this service? (*circle*)      **Yes**    **No**    **Don't Know**

5) What were the good things about the service you accessed?

## Appendix 2

6) What could have been improved?

### Court Process

7) Did you have any contact with the Courts? ( <i>please circle</i> )	<b>Yes</b>	<b>No</b>
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8) Was this a Specialist Domestic Violence Court? ( <i>please circle</i> )	<b>Yes</b>	<b>No</b>
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9) What was your experience of the Court System?

## Appendix 2

10) How could your experience have been improved?

11) What other help and services would you like/have liked?

### **Any other comments**

12) Please let us know any other comments you have:

**About You***All of the following 'About You' questions are optional***Age**

What is your age?

0-15	<input type="text"/>	46-55	<input type="text"/>
16-25	<input type="text"/>	56-65	<input type="text"/>
26-35	<input type="text"/>	Over 65	<input type="text"/>
36-45	<input type="text"/>		

**Disability**

Do you consider yourself to be disabled?

Yes	<input type="text"/>	No	<input type="text"/>
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If yes, please state

**Race**

What is your ethnic origin?

White	British	<input type="text"/>	
	Irish	<input type="text"/>	
	Gypsy or Traveller	<input type="text"/>	
	Any other white background – please state	<input type="text"/>	<input type="text"/>
Mixed	White & Black Caribbean	<input type="text"/>	
	White & Black African	<input type="text"/>	
	White & Asian	<input type="text"/>	
	Any other mixed background – please state	<input type="text"/>	<input type="text"/>
Asian/Asian	Indian	<input type="text"/>	
British	Pakistani	<input type="text"/>	
	Bangladeshi	<input type="text"/>	

## Appendix 2

	Chinese	<input type="checkbox"/>	
	Any other Asian background – please state	<input type="checkbox"/>	<input type="text"/>
Black/Black	Black/Black British	<input type="checkbox"/>	
British	African	<input type="checkbox"/>	
	Caribbean	<input type="checkbox"/>	
	Any other Black background – please state	<input type="checkbox"/>	<input type="text"/>
Other Ethnic	Arab	<input type="checkbox"/>	
groups	Any other ethnic group – please state	<input type="checkbox"/>	<input type="text"/>

## Sexual Orientation

What is your sexual orientation?

Heterosexual/Straight	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>
Lesbian or Gay Woman	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>		<input type="checkbox"/>

## Thank You

Many thanks for completing this questionnaire.

**Nottinghamshire Office of the Police and Crime Commissioner**



## **Nottinghamshire Domestic and Sexual Abuse Executive Group Draft Terms of Reference**

### **1. Aim**

To make a significant contribution to reducing domestic and sexual abuse through oversight of partnership activity and commissioning arrangements.

### **2. Main Responsibilities**

- 2.1 To develop, implement and monitor a County-wide strategy for addressing domestic and sexual abuse
- 2.2 To work with partner agencies and other established partnerships to achieve a coordinated approach to domestic and sexual abuse work across the county ensuring that all relevant strategies and delivery plans are appropriately aligned.
- 2.3 To ensure that the views of survivors of domestic and sexual abuse are systematically and regularly gathered and that they inform planning and decision making.
- 2.4 To ensure that equalities issues are fully considered and addressed in all aspects of the group's work.
- 2.5 To maintain an up to date awareness and understanding of relevant research and key national and local policy and best practice developments and to ensure that this is shared and informs strategy and action planning.
- 2.6 To provide governance for the North and South Nottinghamshire Multi Agency Risk Assessment Conferences.
- 2.7 To establish, where appropriate, joint funding and commissioning arrangements for domestic and sexual abuse services and related initiatives and to ensure that this is aligned with agreed priorities.
- 2.8 To keep under review partnership arrangements to ensure they are co-ordinated and effective
- 2.9 To be responsible for setting and managing performance indicators.
- 2.10 To monitor and evaluate the effectiveness of domestic violence initiatives in receipt of partnership funding and ensure that this informs future planning.



## Appendix 3

### 3. Membership

**Chair:** Nottinghamshire Domestic Violence Champion (currently John Robinson, Chief Executive of Gedling Borough Council)

Members of the group will hold a senior management role and have strategic responsibility for domestic violence within their organisation or partnership. The following organisations are represented:

- 3 Community Safety Partnerships
- Nottingham Crime and Drugs Partnership
- Nottinghamshire Police
- Nottinghamshire Probation
- Nottinghamshire County Council Public Health
- Nottinghamshire County Council Community Safety
- Police and Crime Commissioner
- Clinical Commissioning Groups representative
- \*Nottinghamshire Healthcare Trust
- \*North and South Domestic Abuse Service contracted providers
- \*Sexual Abuse service provider (following establishment of SA T&F Group)

\* As commissioned service providers these partners will not be involved in discussions or decisions about commissioning – see Declaration of Interests below

### 4. Roles and Responsibilities of Members

Members of the group will:

- Work together effectively to ensure the Nottinghamshire Domestic and Sexual Abuse Framework and Action Plans are implemented.
- Ensure they are sufficiently briefed to be able to reflect the views of the organisation/partnership they represent in meetings.
- Contribute relevant information from their service area and / or locality.
- Be responsible for ensuring that any local or internal plans involving domestic and sexual abuse are aligned with the Nottinghamshire Framework.
- Collate and contribute relevant monitoring and performance management information.
- Consult about the work of the group, where appropriate.
- Champion the work of the group in their service areas, wider networks and localities.

### 5. Meetings

#### Frequency

- The Domestic and Sexual Abuse Executive will meet quarterly.
- An annual schedule of meetings will be agreed.

#### Declaration of Interests

- Any member having a personal or prejudicial interest in specific agenda items or decisions should declare this at the start of the meeting. This includes

## Appendix 3

interests arising from involvement with organisations operating in the domestic violence service sector.

### Decision Making

- All members will be able to participate in decision making except where a domestic violence voluntary sector member or other partner agency declares an interest.
- Decision making will where possible be made by consensus, where this is not possible decisions will be made by majority, with the chair holding the deciding vote.

### Papers

- The agenda and supporting papers will be circulated at least seven days in advance of meetings.
- Meeting minutes will be taken and circulated to partner organisations as soon as possible.

### Officer Support

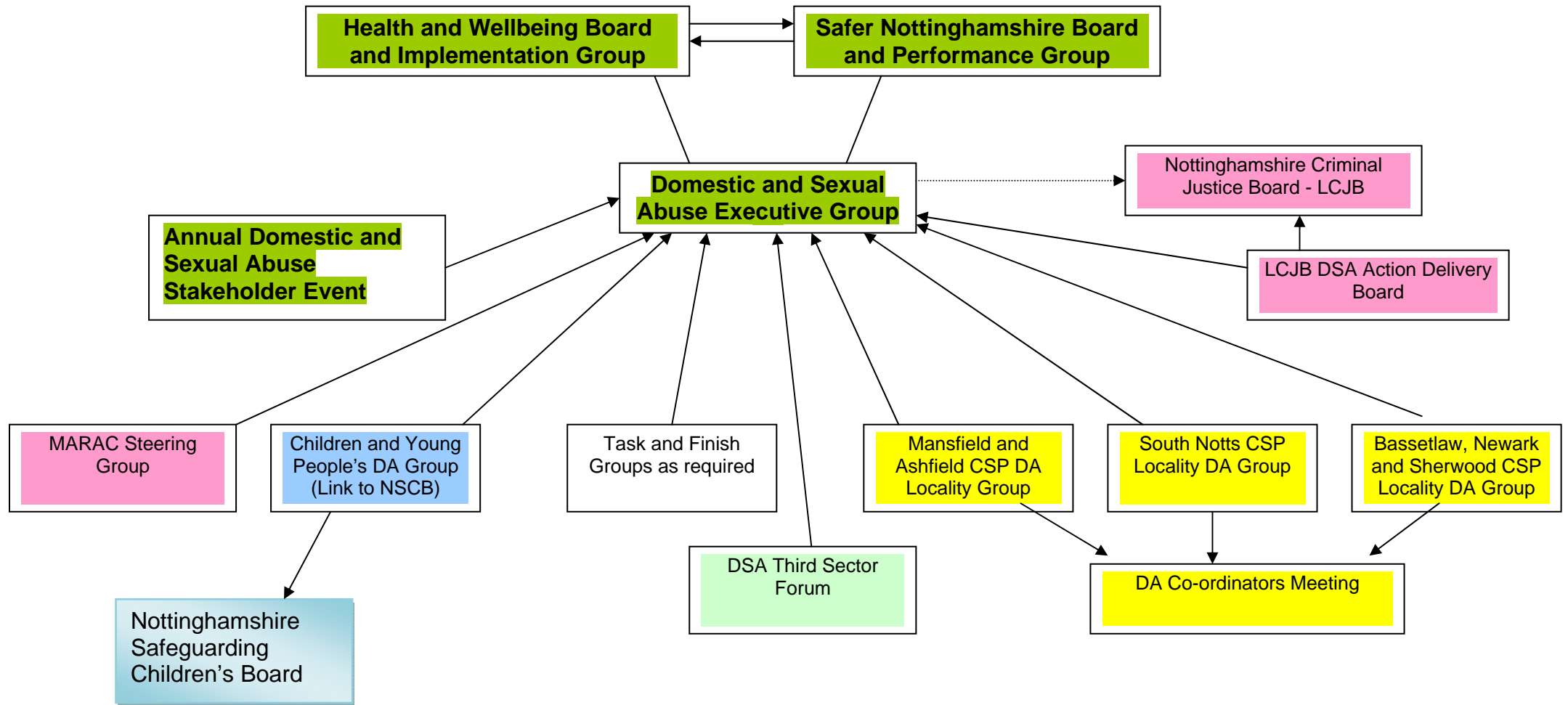
- Support will be provided by the County Council's Public Health Manager with responsibility for domestic abuse (Rachel Adams)

## **6. Reporting arrangements**

- Annually to the Safer Nottinghamshire Board and Nottinghamshire Health and Well-Being Board. Issues of concern that arise between annual reports to the Board will be taken to the SNB Performance Group for consideration.
- Quarterly to Local Criminal Justice Board Domestic Violence Sub- group which leads on Specialist Domestic Violence Courts and cross City-County Criminal Justice response to DV
- The Executive will also report to the Nottinghamshire Safeguarding Children's Board, and Nottinghamshire Safeguarding Adults Board, to ensure domestic violence issues are fully represented in these forums

## **7. Structure – see overleaf**

**Safer Nottinghamshire Board - Domestic and Sexual Abuse Partnership Working Structure – Revised 2013**





### Summary of Services and projects

Those in **Orange** are currently commissioned.

Service	Information
Refuge	Nottinghamshire County Council and NHS Nottinghamshire County jointly commission two specialist Domestic Violence services to provide refuge services to women. Refuge is a critical feature of the service providing a safe place for women and children escaping Domestic Violence. Refuge offers safe 24 hour emergency accommodation for women and children escaping Domestic Violence. They have specialised staff that help and support women and children to deal with their practical needs. Evaluations of Refuge (referred to as Shelter in the literature) indicate that a stay in a Refuge can reduce the frequency and intensity of new violence, increase victims feeling of being safe and that after two weeks of living in a Refuge women were less depressed and more hopeful
Refuge Support	Advocacy accompanies Refuge use and is also available to victims without them leaving their own home. In Nottinghamshire this is via outreach, floating support, supported accommodation and drop-in session). Advocacy involves the provision of advice, safety planning, support, information and liaison between victims and institutions and organisations to negotiate access to and the use of community resources (such as police, health, criminal justice, housing and legal services). Evidence from peer review journals concluded that intensive advocacy (12 hours or more duration) can help reduce physical abuse one to two years after the intervention and that brief advocacy (less than 12 hours duration) increased the use of safety behaviours both up to and beyond one year after the intervention
Floating Support	Provision of housing related support for 100 women age 16+ who are affected by DV to maintain current tenure/occupation or resettle from refuge. Can be one-to-one support or drop-in surgery sessions, peer support groups. Priority for Sanctuary cases, those at risk of eviction, and women resettling from refuge. Outputs <ul style="list-style-type: none"> <li>• Take referrals from partners and IDVA service and prioritise according to risk and need</li> <li>• Maintain and monitor waiting list to ensure priority need is recognised</li> <li>• Home visits or meetings in safe locations, sign posting, advice and support and information</li> <li>• Agree individual support plan</li> <li>• Link to Childrens Outreach service and other ch/yp support services</li> <li>• Liaise with health/housing/ social care/education/ police as needed to support the family to improve safety and general well-being</li> <li>• re-risk assess before closure</li> </ul> Outcomes provided: <ul style="list-style-type: none"> <li>• Utilisation - target 98% (total 100 units)</li> <li>• Throughput</li> <li>• Successful case closures (planned and supported) – Target 98% of closures successful</li> <li>• Reason for case closure: Plan completed, Moved area, Lost contact</li> </ul>
Local Outreach support	Additional support for survivors of domestic abuse in line with services offered above
24 hour helpline	In Nottinghamshire there is a confidential 24 hour 7 days a week telephone helpline for those affected by Domestic Violence. It offers advice, information and support on issues such as housing, child protection, immigration, welfare rights and health issues. This helpline also offers advice to professionals who may be supporting women and children experiencing Domestic Violence. An evaluation demonstrates victims gain important information and access increased levels of support through their use of Domestic Violence helpline services.
Children's Outreach	This provides One-to-one, group work and signposting to relevant services for 180 children and young people affected by Domestic Abuse. Support should be planned following a Common Assessment Framework needs assessment. Outputs: <ul style="list-style-type: none"> <li>• Publicity and liaison with partners to encourage referrals</li> <li>• Support child/young person with self esteem, self-confidence, understanding of healthy and unhealthy relationships</li> <li>• Liaise with health, education and social care as required and support safeguarding intervention as necessary</li> <li>• Maintain independent relationship with child/young person so that issues such as contact with non-resident parent, difficulties within family etc can be shared</li> </ul>

	<ul style="list-style-type: none"> <li>• Measure diversity:</li> <li>• Record origin of referrals, and reason for involvement</li> <li>• Record referral on to other services with details</li> </ul> <p>Outcomes measured:</p> <ul style="list-style-type: none"> <li>• Number of children supported – target 180</li> <li>• Number of CAFs completed – target 80%</li> <li>• Outcomes achieved eg understand DV better, feel happier at school, feel safe at home, fell more confident about social activities etc etc</li> </ul>
Domestic Abuse Link Workers	<p>Early intervention within Children's Social Care is provided through Domestic Abuse specialist workers seconded into Assessment Teams. Domestic Abuse Link Worker staff should have an existing part-time role in the domestic abuse service. They are managed by the Social Care Team Manager, who passes on medium risk referrals to the DALW who then makes contact with parent to offer further information and support. They work within Social Care advising social workers about Domestic Violence and making contact with families to offer support</p> <p>Outputs:</p> <ul style="list-style-type: none"> <li>• Prompt contact by telephone with cases referred.</li> <li>• Safety planning advice and information – home visit if appropriate</li> <li>• Escalate to safeguarding assessment where further concerns are raised</li> <li>• Link with social care staff and JATs – provide specialist information</li> </ul> <p>Outcomes measured:</p> <ul style="list-style-type: none"> <li>• Action taken within 3 days of contact coming into Children's Social Care in 80% of cases</li> <li>• Reduction in repeat DALW alerts becoming referrals to Children's Social Care. Baseline and reduction target to be set in April</li> <li>• Increased NCC staff awareness of domestic abuse and confidence in responding</li> </ul> <p>The DALWs also ensure a high level of skills sharing. They inform Social Care staff about domestic abuse and in turn they learn about Social Care work, especially issues relating to thresholds which they help others understand. They are a key part of the work force and prevent the seriousness of cases escalating to the point whereby they become child protection cases.</p>
Medium Risk Repeat Workers	<p>The aim of the Medium Risk Plus services to be commissioned is to collectively reduce domestic abuse, particularly repeat victims and its effects in Nottingham and Nottinghamshire through effective partnership working and innovative and flexible support with survivors of domestic abuse.</p> <p><b>Objectives</b></p> <p>The objectives of this service are to:</p> <ul style="list-style-type: none"> <li>• Support and protect service users to develop and implement personal safety plans for themselves and their children as applicable.</li> <li>• Ensure a high level of confidentiality is maintained and improve data sharing and working together.</li> <li>• Improve the efficiency and clarity of ownership of case progression and improving information and intelligence exchange.</li> <li>• Improve working together to assess the viability of the risk process for referrals and identify repeat victims and improve wider impact at early stages.</li> <li>• Manage the risk assessment process in terms of domestic abuse through the use of the Domestic Abuse, Stalking and Harassment (DASH) risk assessment process and escalation of local response to risk cases – prevention and intervention.</li> <li>• Encourage the involvement of service users in the support planning process including identifying their own goals and to work creatively with service users to achieve their goals.</li> <li>• Improve activity and intervention ensuring that it is timely, proportionate and necessary.</li> <li>• Regularly reassess risks to determine patterns and appropriate support in line with Co-ordinated Action Against Domestic Abuse (CAADA) guidelines.</li> <li>• Support service users to plan for, and develop skills in order to be able to manage the transition to life without domestic abuse and ensure service users and their children are linked in with appropriate agencies.</li> <li>• Work with service users and their children to increase confidence, self esteem and to develop positive coping strategies. This may be via one to one work, access to support groups, play and support opportunities for children, training, education, employment or voluntary opportunities.</li> <li>• Include and involve service users in the running and development of their services as well as supporting them to be involved in their local community.</li> <li>• In consultation with researchers identify key lessons learned regarding length of support, different approaches and methods, consistency of staff.</li> </ul>

Medium Risk Workers	There are three of these workers. One, in Ashfield North is funded through a one year grant by SNB. Bassetlaw and Newark fund another post and the third is funded by Ashfield CSP for Ashfield South. They focus on those survivors assessed to be at Medium risk.
Healthy Relationships	In Nottinghamshire school based programmes such as Social and Emotional Aspects of Learning and Personal Social and Health Education contributes to children and young people's understanding of what constitutes a healthier relationship. A more targeted Domestic Violence prevention programmes called the GREAT project commissioned by the Safer Nottinghamshire Board is being implemented in schools within Partnership Plus locations (communities which experience very high levels of crime). Funded for 2 years the first year evaluation demonstrates positive outcomes and the programme appears to be an effective tool in changing knowledge, attitude and behaviour. This local evaluation is in line with emerging findings from published literature which has found that school based violence prevention programmes are effective at increasing students' knowledge, have positive effects on attitudes, increase skills and even self-reported decreases in perpetration of teen dating violence. EQAUTE is the sister programme run in secondary schools. There is also a scheme called Dragons Den which is run in Ashfield and which is a far smaller intervention which discussed domestic abuse alongside other messages.
IRIS	Following the publication of a UK based randomised controlled trial <sup>3</sup> in 2011 a new approach called Identification and Referral to Improve Safety (IRIS) is being adopted within Primary Care in some parts of the England. The programme includes practice based training sessions, a prompt within the medical records to ask about abuse and a referral pathway to a named Domestic Violence advocate who also delivers the training and provides further consultancy to practices. The primary outcome was recorded referral of patients to the Domestic Violence advocacy service. The results show that 12 months after the intervention training 21 times as many victims of domestic abuse had been referred in the intervention practices than in the control group. This provides evidence that the intervention improves the response of clinicians to women experiencing Domestic Violence. A UK-based cluster randomized controlled trial examined the effectiveness of the IRIS programme on the identification and referral of DV cases from general practice. IRIS is an education and advocacy intervention for general practice staff and includes a training and support programme focused on the identification of women experiencing DV, an appropriate initial response by clinicians, and referral to a specialist advocacy service to assist with non-medical needs and issues for victims of DV aged 16+. The intervention had a substantial effect on increasing the referrals to an external specialist DV advocacy agency. Within the practices that received the intervention, there were 223 referrals compared to the 12 referrals in the control group. The results indicate the intervention group was 22 times more likely to make a referral than the control group. Cost effective analysis identifies that IRIS is likely to be cost effective and possibly cost saving for society <sup>1</sup> . The IRIS approach is currently being implemented in Nottingham City and Mansfield and Ashfield. Other CCGs are considering this
Information and Resources	Much of this is focused on the information cards produced by Equation. They produce 70,000 cards per year which are disseminated by police, probation, social care and other services. They are also in bars and pubs and include details of how to access support including the helpline number. Equation also produce information booklets and other materials for professionals and survivors. Some districts also produce their own information packs and resources
Awareness Training	These are courses which are open to professionals across the county. The first is Domestic Abuse awareness and is an introduction level course for professionals to help understand the complexities of working with domestic abuse. The second is a course for those professionals working with perpetrators and aims to support them in their work in altering harmful attitudes and behaviour.
MARAC IDVA	<p>IDVA support to MARAC victims:</p> <ul style="list-style-type: none"> <li>• contact within timescales</li> <li>• advice information support advocacy sign posting etc</li> <li>• represent victim at MARAC</li> <li>• deliver MARAC actions</li> <li>• re-risk assess before closure</li> </ul> <p>Outcomes measured</p> <ul style="list-style-type: none"> <li>• percentage of victims engaged - 80% target</li> <li>• diversity achieved (various targets for hard to reach groups)</li> <li>• agency attendance - 90% target</li> <li>• repeat cases - 25% target (to maintain flow of new cases and monitor high risk repeats)</li> <li>• actions within completed 14 days - 100% target</li> </ul>
COURT IDVA	These are posts currently funded directly by the Ministry of Justice. The IDVAs offer support to survivors of domestic abuse where the perpetrator has been brought to court and who are going through the court system as the victim of an offence. They offer advice and support throughout this process.
Domestic Abuse Co-ordinators	In Nottinghamshire several districts employ a domestic abuse coordinator. Their roles differ slightly between area, for example in Rushcliffe the coordinator has a dual role as a support worker. All are required to design and deliver training and all act as a champion within their districts. They promote the needs of their community within a DA context and advocate on behalf of local service providers. An important aspect of their working is linking in with other districts and the county as a whole to ensure joined up think and provision across the county. There are two districts where the coordinator role is carried out by the CSP manager.
Male IDVA	The male IDVA supports male victims of domestic abuse from male or female perpetrators. He offers advice and support and if relevant, will represent at MARAC
Encompass	Encompass aims to inform schools of domestic violence incidents (involving children) which have been reported to the police by the next working day. The information is

	communicated to the “Key Adult” in the school, the Safeguarding lead. This includes domestic violence incidents that children are involved in or witness, and households in which children live but were not present at the time of the incident. This ensures that schools are aware of incidents and more informed about their home environments enabling them to provide ongoing support to children and young people.
MASH	The Nottinghamshire Multi-Agency Safeguarding Hub (MASH) is designed to improve and accelerate information sharing between agencies. It will involve collaboration between Police, the Local Authority, Probation and the NHS to respond to safeguarding enquiries from professionals or the public which relate to children and vulnerable adults. Information on previous Domestic Violence and related risk assessments will be some of the information that can be shared by partners within the MASH to inform safety planning and signposting to support services. It is anticipated that safeguarding interventions will be implemented more quickly and effectively as a result of the MASH process.
DHRs	Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011  The purpose of a DHR is to: a) establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims; b) identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result; c) apply these lessons to service responses including changes to policies and procedures as appropriate; and d) prevent domestic violence and abuse homicide and improve service responses for all domestic violence and abuse victims and their children through improved intra and inter-agency working.
WSW for IDAP	This is a specific post funded by Probation which supports the survivors of the offences committed by the men undergoing the Integrated Domestic Abuse Programme. This is viewed as an important service as it is recognised that risk can increase when a perpetrator is challenged about his behaviour. This provides one to one support for the survivor for the duration of the programme.
SDVCs	Specialist Domestic Violence Courts have been operating at Nottingham Magistrates Court since May 2006. The courts, held on Wednesday mornings each week, promote a co-ordinated approach to tackling domestic violence. Criminal Justice agencies work together with voluntary specialist support services and strategic partnerships to provide better services for victims and more effective treatment of offenders. Agencies work together to identify, track and risk assess domestic violence cases and share information so that more offenders are brought to justice, victims are protected and further violence is prevented. Victims are supported throughout their case by an accredited Independent Domestic Violence Advisor (IDVA) who offers victims one point of contact during and after their case.
WSW for HRT	This service was provided by the SNB through PCC funding and back filled to end of March 2014 by the DV champion's fund. This provided women safety worker support to survivors of domestic abuse perpetrated by offenders supervised by Probation's High Risk Teams.
IDAP	IDAP stands for the Integrated Domestic Abuse Programme. This is run by Probation for perpetrators convicted of domestic abuse who are subject to either a statutory Community or suspended Sentence Order or are on prison licence and have a requirement to undertake this course. IDAP is a groupwork programme that aims to challenge male perpetrators of domestic abuse and change abusive attitudes and behaviours.
Specialist Domestic Violence Nurses	Both of Sherwood Forest Hospitals Foundation Trust (SFHT) and Nottingham University Hospitals Trust (NUHT) Accident and Emergency departments have a lead Domestic Violence nurse who co-ordinates training, advises staff, oversees risk assessment and referral of patients who disclose Domestic Violence.
<b>PCC community safety projects 2013/14</b>	
Awareness raising	Two projects have been funded by PCC small grants which raise awareness of domestic abuse using a variety of methods: <ul style="list-style-type: none"> <li>Domestic Violence Awareness raising – Broxtowe Women's Project - Production and dissemination of publicity materials to raise awareness of domestic violence and support services.</li> <li>Youth Crime, Domestic Violence and Organised Crime, Crimestoppers Trust - Contribution towards service to help young people to pass on information about crime anonymously, as well as contributions towards domestic violence and organised crime awareness raising initiatives.</li> </ul>
Campaign Against Forced Marriage	Awareness raising events to highlight domestic violence and forced marriages within Muslim communities. The aim of the project is to educate the Muslim Community (specifically Muslim Women) about the signs of Domestic Violence and Forced Marriages and identify the support services available to Women. A PCC small grant has funded 2 workshops to address this theme
Teen support programmes	Several services for young people (mainly girls) affected by domestic abuse have been funded by the PCC small grants process. These include: <ul style="list-style-type: none"> <li>Support for children and young people affected by domestic abuse provided by Family Care; Provision of 1:1 support for children and young people 13-16 years at risk of affected by domestic violence in their own homes.</li> <li>Teen Relationships abuse support worker provided by NIDAS – Consultation, support and awareness raising work with young people aged 16-17 years;</li> <li>Support Teenagers in Abusive relationships (STAR) project - Outreach support work with girls and young women at risk of domestic violence, sexual exploitation, honor</li> </ul>

	<p>based violence, forced marriage and stalking, provided by NottsWA</p> <ul style="list-style-type: none"><li>• Hands are Not for Hurting provided by NottsWA. - Therapeutic group intervention programme to address the impact of domestic abuse on women and children.</li><li>• Teen relationships domestic violence pilot programme provided by WAIS - Pilot project to develop an appropriate targeted response and referral pathway for teenage girls aged 13-17 who are experiencing intimate relationship abuse.</li></ul>
MacKenzie Friend	Pilot project to provide specialist support at Civil/Family Courts for victims of domestic violence who have no other representative.
Group Workshop	We R Here - Provision of workshops to support victims of domestic violence in South Notts
Sanctuary	<p>This service is for survivors who wish to remain in their own homes, allowing them to retain the community links and reducing disruption their lives and the lives of their children. Sanctuary provides home security, such as additional locks and alarms and is usually provided alongside outreach support. By allowing (mainly) women to remain in their own homes it reduces the costs inherent in refuge provision and/or re-housing. In some districts the cost of these schemes is absorbed by the housing department of the local authority – there is a recognition of the cost effectiveness of providing this scheme when the alternative is high cost re-housing. Bassetlaw is an example of this. Other districts provide funding to ensure this service is available.</p>

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### Glossary of acronyms

BME	Black and Minority Ethnic
CPS	Crown Prosecution Service
DALW	Domestic Abuse Link Workers
DART	Domestic Abuse Review Team
DHR	Domestic Homicide Review
DSVA	Domestic and Sexual Violence and Abuse
FGM	Female Genital Mutilation
HBV	Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
IDAP	Integrated Domestic Abuse Programme
IDVA	Independent Domestic Violence Advocate
IRIS	Identification and Referral to Improve Safety
JAT	Joint Access Team
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian, Gay, Bisexual, Transgender
LHA	Leicester Housing Association
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi Agency Safeguarding Hub
MOJ	Ministry of Justice
NCC	Nottinghamshire County Council
(NO)PCC	(Nottinghamshire office of the) Police and Crime Commissioner
NCHA	Nottingham Community Housing Association
SARC	Sexual Abuse Referral Centre
SDVC	Specialist Domestic Violence Court
SNB	Safer Nottinghamshire Board
VAWG	Violence Against Women and Girls
VPP	Vulnerable Persons Panel
WAIS	Women' Aid Integrated Services
WSW	Women's Safety Worker

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## **Nottinghamshire Police and Crime Commissioner**

### **Victims' Views: support services for survivors of domestic abuse in Nottinghamshire**

#### **Appendix 7**

As with all our studies, findings from this research are subject to Opinion Research Services' Standard Terms and Conditions of Contract

Any press release or publication of the findings of this research requires the advance approval of ORS. Such approval will only be refused on the grounds of inaccuracy or misrepresentation

# Summary of Findings

## Introduction

1. ORS was commissioned to conduct two separate, but related areas of research:

Research with survivors of domestic abuse in Nottinghamshire (excluding Nottingham); and

Research with all other victims of crime, and the people who work with victims, in Nottingham and Nottinghamshire.

Both sets of research employed the same methodology with victims and survivors.

2. The research with survivors of domestic abuse aimed to inform the results of a service review into domestic abuse services in the county, overseen by a partnership between the Commissioner and public health in Nottinghamshire County Council.
3. The research with all other victims of crime aimed to inform a new Victims' Strategy for Nottinghamshire and a future service delivery model.
4. Research with survivors of domestic abuse in Nottingham was not included, as this would repeat many elements of the work of Nottingham City Council's comprehensive Safe From Harm review, conducted in 2012.
5. This report sets out the summary findings from our research with survivors of domestic abuse in the county. A separate report of our findings from our research with victims is available from the Nottinghamshire Office of the Police and Crime Commissioner.

## Methodology

6. The research sought answers to the following questions:

What outcomes do survivors want to achieve through support services?

How and where do survivors access support and how easy was it to access?

What do survivors think about the support services they have used?

What do survivors think are the most important elements of future support services?

7. Focus groups and in depth interviews were held with 51 survivors, all of whom were service users of either Broxtowe Women's Project, Nottinghamshire Integrated Domestic Abuse Services (NIDAS), Nottinghamshire Women's Aid or Women's Aid Integrated Services (WAIS). Participants were recruited through these organisations. The views of survivors from different equality groups (age, disability, gender, race and sexual orientation) were actively sought.

8. The view of providers of domestic abuse support services were sought through telephone interviews and attendance by some at a wider victims' provider forum.

## Researchers' note

9. The consultation (reported here as summary findings) has yielded a great deal of information about the support available to survivors of domestic abuse currently and what is required in future. The Nottinghamshire Police and Crime Commissioner (the Commissioner) will determine the way forward, but below are some areas to consider in doing so. Some of the suggestions were made by participants themselves and others by the researchers. They are all founded on the findings of this research.

## Main Findings

### What do survivors want?

10. Survivors, providers and stakeholders acknowledged that desired outcomes are dependent on the individual survivor and where they are in their support 'journey' - and this must be borne in mind when providing victim-centred services.
11. There are, however, some common desired outcomes among domestic abuse survivors when seeking support. Most commonly they initially wish to escape from their relationship, to feel safe from harm and, where applicable, to protect and make a better life for their children - whereas when they become stronger, factors such as improved health and wellbeing, reducing isolation and getting justice become more important. These wants must be considered in future service design.
12. Some women in abusive relationships do not seek support for various reasons, one of which is a lack of recognition of domestic abuse within a relationship - especially when the abuse is non-physical. A high-profile awareness-raising campaign (with a focus on verbal and mental abuse) may assist some of these women to identify problems and seek support.
13. The threat of Social Services involvement is another deterrent to reporting domestic abuse and it may be that, where possible, women can be offered some reassurance in respect to their greatest fear: that their children will be removed from their care.
14. Other reasons for not seeking support for domestic abuse (feeling that the situation is not sufficiently serious to warrant reporting; a feeling of embarrassment or shame; a fear of the unknown; and fear of repercussion and reprisals on the part of the perpetrator) are more difficult to address but should also be considered in terms of service design and possible awareness-raising campaigns.

## What is working currently?

15. Stakeholders and providers were of the view that the range and availability of specialist services and the support given during processes such as MARAC and MAPPA helps achieve positive outcomes for survivors, as does the quality of support services - especially in the voluntary sector.
16. The mixture of larger and smaller providers should be retained as both offer significant, but different, benefits. Small, locally-based providers build up positive relationships with other organisations in local areas and ensure women are aware of what is available to them – and being locally-based is important for outreach support as it means shorter travel distances for clients and meetings in familiar, convenient venues. However, the ‘wrap around services’ and online case management systems of larger providers are thought to increase efficiency, lessen confusion and ease the journey for clients.
17. Many survivors noted their positive experiences of the support received from various organisations. However, such positivity is by no means universal and it should be the ultimate aim of the Police and Crime Commissioner to ensure all domestic abuse survivors (or at least as many as possible) are offered the same high level of service from all agencies and organisations.
18. Some survivors have received excellent support from Nottinghamshire Police. They commented on practical help (such as fast-track alerts, regular patrols, escorts and panic alarms) – as well the understanding, time and emotional support they have had from officers. Several participants also commented positively about information provision and updates; simple follow-up calls from officers are very much appreciated by survivors in terms of feeling safe and cared for. It is shown below that such positive support from the Police is not universal, though survivors are entitled to expect that it should be.
19. Those who have used the services of voluntary organisations such as Broxtowe Women’s Project, Nottinghamshire Integrated Domestic Abuse Services, Nottinghamshire Women’s Aid, and Women’s Aid Integrated Support were almost universally positive about them - and the contribution the support offered makes to achieving positive outcomes for survivors should not be underestimated. Indeed, many reported improved levels of confidence, self-esteem and empowerment, greater emotional strength and a feeling of being more educated about domestic abuse.
20. In terms of the most important aspects of the support provided by the above organisations, programmes such as Pattern Changing and the Freedom Programme were thought to be essential in enabling people to recognise domestic abuse and change their behavioural patterns to prevent them falling into abusive relationships in future. Further, domestic abuse survivors can feel that they are ‘on their own’ in terms of what they have suffered or are suffering - and attending group sessions with and receiving emotional support from people to whom they can relate can make them feel less isolated. As such, courses such as these must be maintained (or even enhanced) where possible.



21. A few survivors had received apparently excellent support from their GP - particularly with respect to the provision of good advice and effective signposting or referrals to more appropriate services (including specialist domestic abuse organisations, counselling and mental health services). Again, however, such positivity about healthcare services was not universal, suggesting a potential need for training in this area.
22. A number of survivors reported positive experiences of support received before, during and after the court process, again chiefly from voluntary organisations such as Women's Aid, the Broxtowe Women's Project and NIDAS – but also from Witness Protection. This has undoubtedly encouraged them through the process and should be offered, where possible, to all those facing the court process.
23. Feeling safe is a fundamental need of domestic abuse survivors – and some reported how practical measures such as fire proof letterboxes and personal alarms that link to the Police have been essential in helping them achieve this. As such, it would be beneficial in terms of positive outcomes if all survivors were informed of and offered appropriate protection measures to be taken up as required.

## Views on future services

### Survivor-centred services

24. Ensuring support services are survivor-centred and, where possible, tailored to individual needs was considered imperative in ensuring that desired outcomes are achieved.
25. An important desire for survivors at the point of disclosure is that they are listened to, heard, believed and free from judgement or blame – and survivor-centred services should ensure that all survivors are treated in a way that offers this. Further, it was said that survivor-centred support should include a tolerance of people's choices to stay in abusive relationships (within safeguarding boundaries), even if these go against what would be advised by a supporting agency.
26. It should also be noted that survivors often perceive that agencies and organisations 'side with' perpetrators and offer them more support than they themselves receive. Also, it was considered unfair that it is more often than not the survivor that must change her way of life following disclosure. Given the stated importance of providing victim-centred services, it is important that the survivor is treated as the victim of the situation and is given the necessary support and protection to live as normal a life as possible without fear.
27. Another issue with respect to providing services that are tailored to a survivor's needs is the inappropriateness of time-limited support (as people's needs are very individual). Providers in particular were keen that people should be able to 'dip in and out' of service provision whenever they choose, be it months or years after initial access.

## Signposting and joint-working

28. The importance of proper signposting to appropriate services should not be underestimated. The research has clearly shown that when referrals are timely and appropriate, the outcomes for survivors (and their children) are far more positive - borne out by many women's suggestions that, without appropriate support after disclosure, they would more than likely have returned to their abusive relationship. As such, ensuring that all potential referrers – and especially those on the 'front line' – are aware of the organisations and agencies offering support to survivors is imperative (while also taking care not to 'bombard' women with offers of support immediately after disclosure for fear of them 'shutting off').
29. The importance of joint-working and information sharing between agencies and organisations must be recognised insofar as the most positive outcomes result when they combine to offer good support to survivors of domestic abuse.

## Information provision

30. Some organisations and agencies were accused of not keeping survivors sufficiently up-to-date with the progress of court cases and perpetrators' release dates. This must be addressed insofar as a lack of information provision can cause disillusionment and disengagement and can have a serious negative impact on survivors' fear levels.
31. Further, there is a need for clear, accessible, accurate and up-to-date information for survivors insofar as *it may be first thing* [they see]. Further, as people will inevitably be at different stages of their support 'journey' and have varying requirements, a database of available services and their remits will help them choose what they require to meet their needs.

## Single point of contact

32. Survivors complained about being passed from one organisation to another and having to tell their story many times to different people, suggesting that (where possible) a single support co-ordinator or point of contact would be beneficial. This was supported by the stakeholders and providers in terms of continuity, developing trusting relationships and avoiding the duplication of resources – though it was acknowledged to be potentially difficult to provide in practice.

## Services received (Nottinghamshire Police)

33. The primary complaints made by domestic abuse survivors about Nottinghamshire Police were in relation to:

A general lack of care, support and understanding

The judgemental attitude of some officers towards survivors - and the sense that domestic abuse is not taken sufficiently seriously by many

Being taken less seriously when reporting a repeat incident of domestic abuse

A feeling of not being believed – and a sense that officers often take the perpetrator’s word over theirs, even in the presence of physical evidence

A failure to intervene at the ‘threat’ stage – and being told that no action can be taken in the absence of physical violence

The burden of proof falling on the victim, who is frequently told that no action can be taken against the perpetrator because of a lack of evidence (which is difficult to obtain as the vast majority of domestic abuse takes place within the home and away from potential witnesses)

A lack of recognition of the emotional impact of non-physical threats; and that these constitute domestic abuse as much as physical violence does

The inconsistency of individual officers’ dealings with domestic abuse survivors

The quality of support varying from area to area.

34. In light of the above, it is suggested (by the researchers and participants) that all front-line police officers should receive additional specialist training in domestic abuse so that they recognise its seriousness and learn how to deal with incidents, survivors and perpetrators appropriately, effectively and consistently. Further, within any future training scheme, emphasis must be given to the many hidden aspects of non-physical domestic abuse and their emotional implications for survivors.
35. Relating to the above, all domestic abuse incidents must be carefully scrutinised and investigated to ensure perpetrators (many of whom are skilled manipulators) are not ‘playing the system’.
36. The word ‘domestic’ should not be used to denigrate the gravity of a situation – and women should never be made to feel disbelieved or that they are wasting police time when reporting an incident, especially in circumstances of repeat abuse.
37. Where possible, police officers should be encouraged to proactively intervene at the aforementioned ‘threat’ stage to prevent the escalation of abuse.
38. If a domestic abuse case cannot be taken further due to a lack of evidence, full explanations for why this is the case must be provided to the survivor to mitigate the potential for a sense of injustice and a reluctance to report future incidents. Simply saying ‘there is a lack of evidence’ is not sufficient; women need to hear the explicit reasons why a case will not stand up in court if they are to accept the situation.
39. Other suggested improvements to support services and outcomes for survivors that the Commissioner may wish to consider are: the development of an official procedure to deal with repeat complaints of domestic abuse; and a specially- and highly-trained domestic abuse officer in each police station to provide support and advice.

### Services received (Victim Support)

40. Survivors said that the generic support provided by Victim Support was not sufficiently specialist to deal effectively with domestic abuse, which can often involve very complex situations. As such, it is imperative that Victim Support is aware of the specialist organisations available – and is signposting all relevant survivors to them so they know where to access support when ready.
41. Also, some participants said that the initial offer of help from Victim Support is made too early for many survivors, who are not ready to talk about their experiences so soon after disclosure. As such, they felt it should always be available to access when survivors are ready - but that an apparent lack of follow-up means that this is not always the case. Resources permitting, follow-up contact with those who decline the offer of support initially would be recommended.

### Services received (voluntary organisations/charities)

42. Despite the high praise for the support offered by specialist domestic abuse organisations, the length of time it can take to access their services is an issue due to demand outstripping supply. Given their value to survivors and their apparent importance in achieving positive outcomes, it would seem that the provision of additional resources to these agencies would be beneficial.

### Services received (domestic abuse helplines)

43. Though domestic abuse helplines were thought to provide good practical information and emotional support and were considered imperative for those in an overly-controlling relationship or living in rural areas, the cost of calling them from a mobile phone was a concern. In fact, the Nottinghamshire domestic violence helpline run by WAIS is in fact free to call from a mobile, but this should be better publicised.
44. It should also be noted that the helpline run by WAIS was considered important as a source of information and support to agencies and organisations as well as survivors.

### Services received (healthcare services)

45. Some GPs apparently provide little or no signposting to specialist domestic abuse support services. Survivors reported that doctors are more inclined to prescribe medication than to offer or signpost towards support. This suggests a need for more knowledge and awareness of available services so that GPs know of options other than medication.
46. Increasing doctors' knowledge and ability to recognise domestic abuse (and its long-term effects) was considered essential – as was the need for a consistent approach to domestic abuse within primary care. Other suggestions for improvement that the Commissioner may wish to consider encouraging were: more routine follow-up contact (or 'check-ups') for domestic abuse survivors, using a variety of methods to contact survivors such as text messaging; and developing a domestic abuse 'flag' system that shows on GP records.

47. The support and follow-up contact provided by secondary care to hospitalised survivors also appears to be in need of improving if possible – most likely in partnership with other organisations if they can be informed of a patient’s needs at the point of discharge.

### Services received (children and young people)

48. Though the children of some survivors have received excellent support and understanding from their children’s schools, others reported that some teachers are unable to deal with their children’s emotional and behavioural issues. This suggests a need for teacher training in recognising and managing children and young people who are experiencing domestic abuse within the home.
49. There is excellent support available for children and young people that helps achieve very positive outcomes, but the general consensus is that it is not available for long enough and thus has only short-term positive effects. Where resources permit, longer-term support - which is a crucial form of prevention/early intervention in breaking patterns of abuse - must be offered to young people.
50. Stronger Families and Hands are not for Hurting are examples of positive interventions that could be available on a more long-term basis in the south of the county as well as the north.
51. Although again resource dependent, obtaining specialist assistance for children and young people from CAMHS and Social Services should be simpler and quicker.

### Suggested improvements

#### Support through the court process

52. If women feel insufficiently prepared for the court process, this can lead to statement retraction because women are afraid and unsure of what will be expected of them. As such, the provision of support to all survivors before, during and after court is absolutely imperative – as is offering Specialist Domestic Violence Courts and Independent Domestic Violence Advocates (IDVAs).
53. One positive example of court support is NIDAS’ ‘end to end’ support (in the form of a court support service within the Mansfield Specialist Domestic Violence Court) for people going through the criminal and civil justice systems. The organisation sees the benefits of providing this support and would like to continue to do so.
54. Women feel far more intimidated and less safe in family courts than they would in a specialised domestic violence court, due to the lack of specialist measures such as witness rooms and IDVAs. There would be benefits to implementing these special measures in all courts used by domestic abuse survivors.

#### Emotional support (someone to talk to)

55. Most survivors (and stakeholders and providers) stressed the vital importance of emotional support in the form of ‘someone to talk to’. Indeed, the women who receive this (mainly from

voluntary organisations) feel it helps them enormously in moving toward their desired outcomes. However, there is apparently a lack of informal out-of-hours support for women who feel down or anxious outside office hours. Both survivors and stakeholders suggested there would be potential benefits in developing this provision, possibly using alternative methods of communication such as social media, text messaging or a carefully moderated internet chat system.

### **Emotional support (counselling)**

56. A service gap that appears to need addressing urgently is the availability of specialist counselling, which was recognised as essential in achieving positive outcomes for domestic abuse survivors - many of whom described access difficulties due to long waiting lists.

### **Practical support**

57. Providing support with accessing education or employment for those who are ready for it is essential, but difficulties were reported in relation to current Job Centre procedures and benefit restrictions. Women should be encouraged and enabled to undertake developmental courses, and any restrictions on their ability to do so should be examined.
58. One of the main needs of domestic abuse survivors is to feel safe. Something that prevents this is the difficulty faced by those wishing to remove their ex-partner from a tenancy. Again, procedures should be examined to ensure that in proven cases of domestic abuse, it is easier for the perpetrator to be taken off the tenancy.

### **Accommodation services**

59. Although refuge provision is essential, some women (and their families) find the restrictions on their freedom difficult in communal facilities. If more provision is to be developed in future, it may be prudent to consider self-contained units, which are typically considered preferable by survivors.
60. The need to prevent the potential isolation of refuge-based children is important: it was suggested that they must be proactively offered access to activities within the community. This is particularly important given the loss of statutory funding for children's refuge worker posts at some refuges.
61. One survivor was offered a refuge, but on the condition that her 12 and 14 year old male children could not move in with her. This was not possible and so the family had to take emergency housing which was, she said, of an unacceptable standard. This highlights a potential need for more accommodation-based services for families with older male children, as well as better quality emergency housing.
62. Floating support must be available to survivors in making the transition from refuge accommodation to living independently once more.

## Services for teenage survivors of domestic abuse

- 63. Raising awareness of domestic abuse (in its various forms) among young people is essential in enabling teen survivors to recognise what it is they are suffering - and work must also be done to encourage disclosure, which is minimal among teenagers currently, for fear of not being believed.
- 64. Teen advocates are being used successfully by one provider and could potentially be rolled out elsewhere.
- 65. A pilot is being run by three organisations (including WAIS and NIDAS) that provides one-to-one support for marginalised and vulnerable teenage girls. The pilot partly arose in response to the lowering of the definition of domestic violence to age 16. This was considered to be a growing area of work that will need developing in future.
- 66. It should also be noted here that increasing the awareness of young people about domestic abuse more generally was considered essential as a means of early intervention, which would be most effectively done within the school environment. However, messages must be consistent.

## Services for male survivors of domestic abuse

- 67. Although female sufferers of domestic abuse were acknowledged to be in the majority, the lack of services for - or at least a lack of knowledge of what support is available to - male sufferers of domestic abuse was noted. There is a need to identify whether additional services in this area are required – and if not, to raise the profile of existing services to encourage more male victims to disclose and seek support.
- 68. The male Independent Domestic Violence Advocacy service run by Equation was considered to be a positive service for male high risk victims that should be maintained.

## Services for perpetrators

- 69. The lack of adequate funding for work with perpetrators was raised as an issue by providers. They suggested a specific focus on supporting teenage perpetrators (and indeed those up to the age of 25) insofar as it is an important aspect of early intervention that has the potential for significant savings in the long-term.

## Services for minority groups (BME women)

- 70. There is an apparent lack of recognition of domestic abuse within Muslim communities, and it was reported that cultural and religious influences can deter women from reporting incidents and accessing support. Muslim women should be supported to recognise an abusive relationship, and culturally-appropriate services should be provided to assist them with their situations.
- 71. One provider said that the growing community of Eastern Europeans is providing further challenges for agencies, particularly since it takes time for workers to form links with and to gain the trust and confidence of these communities. This provider is raising awareness by translating

information about domestic violence into Polish, Latvian and Lithuanian and delivering the IRIS advocate educator training to workers - and others could be encouraged to do the same.

### **Services for minority groups (Lesbian, Gay, Bisexual, and Transgender)**

72. There is an apparent lack of specialist support services for members of the lesbian, gay and transgender community within Nottinghamshire. Lesbian and bisexual survivors reported feeling marginalised within more generic organisations, fearing judgement and a lack of understanding of their situation. They also reported having to fight the widespread perception that domestic abuse only happens in heterosexual relationships. The development of a specialist worker post for the city and county may be desirable.

### **Services for disabled people and people with complex needs**

73. One provider identified others who tend not to access services and should be targeted for intervention in future, including physically disabled, learning disabled and deaf and hearing impaired women. They also highlighted the poor links between mental health, substance misuse and domestic abuse services – and the subsequent gaps in service and poor outcomes for women suffering all three issues.
74. It is recognised that a ‘medium risk plus’ service is to be delivered in the City and County over the next two years. This will be aimed at helping women with complex needs and will be properly evaluated to determine its success.

### **Services for women suffering honour-based violence**

75. One domestic abuse provider suggested that there is a gap in provision for women at risk of forced marriage (an issue that affects both South Asian Women and the Travelling Community) and honour-based violence. The latter is apparently a particularly prevalent issue in the city and must be considered by city commissioners when designing future services.

### **Services for women suffering abuse by their children**

76. Women suffering abuse at the hands of their children face difficulties in respect to not being taken seriously by the authorities and, as a consequence, not being offered assistance with their situation. There is a need for such abuse to be both recognised and taken seriously - and for signposting towards appropriate services.

### **Restorative justice**

77. The general consensus was that restorative justice is not appropriate for cases of domestic abuse.



## Overall comments

78. Overall, the researchers agree there is no need for root and branch rethinking in terms of domestic abuse support services (the quality of which should certainly be recognised). However, an overall strategic approach to service provision is required within which some prioritised changes can be made to meet stated gaps in service.



*This project was carried out in compliance with ISO 20252:2012.*