



# Coordinating the Future:

*A national conference for those delivering the Coordinated Community Response to domestic violence*

*Wednesday 23<sup>rd</sup> April 2008, Imperial College, South Kensington, London*

## Post-Conference Report





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**Standing Together Against Domestic Violence**

Room 44D  
238-246 King Street  
The Polish Centre  
London W6 0RF

**Telephone:** 020 8748 5717

**Fax:** 020 8748 5921

**E-mail:** [admin@standingtogether.org.uk](mailto:admin@standingtogether.org.uk)

**Website:** [www.standingtogether.org.uk](http://www.standingtogether.org.uk)

**Registered charity number:** 1088844

**Registered company number:** 4283131

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# Introduction

On the 23<sup>rd</sup> April 2008 Standing Together held a conference for domestic violence coordinators in London. This turned out to be the largest ever gathering of coordinators and their partners and was regarded by the 300 delegates as a great success. Whilst there were specific aims for the conference an underlying ambition was to recognise and value the work done by coordinators around the country. This is often an unrecognised and undervalued role yet one which deals with the most challenging of issues. Domestic violence affects vast numbers of the population and is an important factor in determining the health of the society in which we live. Despite this, it is not sufficiently prioritised nor funded (or sometimes even understood) even though the solutions to the problem are known.

Of course it is this solution and all its elements that the conference sought to explore. We wanted to provide coordinators with a chance to hear colleagues and practitioners describe their experience and successes and consider how to fit them into their own context. The theme therefore of the conference was the **Coordinated Community Response**, portrayed in workshops rather like a jigsaw where all the pieces are obviously part of a whole but which only really work when they are all put together.

This report is intended to provide an overview of all the speeches and workshops to act as a reminder of what people heard and, where a workshop was missed, brief details of the content. It is a working document containing opinions and commentary that we hope you will find useful.

Standing Together wish to thank the Home Office for part-funding the event and all those who helped and supported us on the day. Most of all we wish to thank the coordinators for their tireless efforts to make victims and their children safer and hold perpetrators to account.

## Conference Aims and Outcomes

### Aims

- To share and enhance understanding of the current context of domestic violence coordination and its importance
- To provide a support and networking opportunity for those responsible for developing and sustaining domestic violence partnerships

### Outcomes

- Participants will leave the conference having a greater understanding of the government-endorsed coordinated community response
- Participants will be able to share and discuss solutions to their current questions and problems faced by their local partnerships
- A report of the conference will be made available to attendees alongside the results of the survey of coordinators
- A national Domestic Violence Coordinators association will be considered by the delegates
- Feedback forms will be completed to assess the success of the conference and the extent to which its aims have been achieved

**Anthony Wills**  
**Chief Executive**  
**Standing Together Against Domestic Violence**

# Standing Together Against Domestic Violence

Standing Together coordinates the ground-breaking partnership which responds to the crime of domestic violence in the London Borough of Hammersmith and Fulham (LBHF) and coordinates the Specialist Domestic Violence Court at West London Magistrates' Court serving LBHF and Kensington and Chelsea. We also coordinate the Multi-Agency Risk Assessment Conference in the same two boroughs. This work has been developed out of many years of multi-agency work. The methods have been inspired and re-inspired by the Domestic Abuse Intervention Project in Duluth, Minnesota, USA. Like the Duluth Project, Standing Together aims to keep the survivor and their safety at the heart of the process.

## Standing Together's definition of domestic violence:

"Domestic violence includes any form of physical, sexual or emotional abuse within or after an intimate relationship"



*"[The conference] was a good exchange of good ideas and good practice; with interesting research by Standing Together and genuine acknowledgement of the complex and important role of DV coordinators."*  
Delegate

# Conference Agenda

<b>9.50</b>	<b>Chair's introduction and welcome</b> <i>Dale Simon</i> Head of Office for Judicial Complaints
<b>10.00</b>	<b>Coordinating The Response to Domestic Violence - the future</b> <i>Anthony Wills</i> Chief Executive, Standing Together Against Domestic Violence
<b>10.25</b>	<b>Proving The Unseen</b> We know that victims seek help for the effects of domestic violence but rarely disclose the root cause. This research, funded by London Councils, will demonstrate how such victims seek help across two London boroughs. But do the agencies know what they are dealing with? <i>Tanya Allen</i> Data Development, Research & Tracking Officer, Standing Together Against Domestic Violence
<b>10.40</b>	<b>Questions and Answers</b>
<b>10.50</b>	<b>Refreshments and networking</b>
<b>11.15</b>	<b>Workshop session 1</b>
<b>12.15</b>	<b>Workshop session 2</b>
<b>13.05</b>	<b>Lunch</b>
<b>13.50</b>	<b>Workshop Feedback</b> Presenters detail key findings from the workshop sessions.
<b>14.20</b>	<b>Guest Presenters Panel Q&amp;As</b> Your chance to address all workshop presenters
<b>14.50</b>	<b>Turning Data Into Funding</b> Exploring the importance of keeping effective data and using it to describe your success and ensure your work is maintained through sustainable funding. <i>Diana Barran</i> Chief Executive, CAADA
<b>15.10</b>	<b>Have your say! / Refreshments</b> During this break grab a post-it pad and fill our message boards with thoughts, convictions and proposals from the day to move this agenda forward.
<b>15.35</b>	<b>Internet Survey Results</b> What are the DVCs telling us? <i>Peta Sissons</i> Training & Information Officer, Standing Together Against Domestic Violence
<b>15.45</b>	<b>Outstandings Awards</b> <i>Baroness Helena Kennedy QC</i>
<b>16.10</b>	<b>Closing Address</b>
<b>16.15</b>	<b>Post-conference drinks reception</b>

# A CLASSIC response to domestic violence



Presented by **Anthony Wills**

## **Chief Executive: Standing Together Against Domestic Violence**

The first speech to the conference was a little about the philosophy of dealing with domestic violence but more about context, process and pragmatics. Anthony Wills used the device of a mnemonic (Classic) to describe the key factors which were essential to successfully delivering a coordinated response. The following is a brief version of the speech where Anthony was keen to demonstrate a basic description of the solutions to domestic violence and to emphasise the role of coordinators in reaching those solutions.

### **Coordination**

The experience of victims is to fall through the gaps of any response to domestic violence. This response is often incomplete and poorly organised, meaning that the gaps are bigger than the solutions. It may be that victims do not have the wherewithal, understanding or courage to grip the rungs of the various ladders lowered to help them survive the experience of being abused. But society must not be surprised by this. The position of the victim is one of experiencing escalating dominance by a partner which weakens them daily until they neither have the self-esteem nor confidence to assert their human rights. The power and control exerted by another prevents them easily demanding support and a less than effective response will confirm their own fears that there is no solution, they do have to live with the situation and they must remain in fear. Sometimes the response even confirms their opinion that it must be their fault.

For this reason agencies must work together in an equal and coordinated partnership, voluntary and statutory sector alike. Agencies must cede power to the greater purpose of the partnership and be prepared to accept accountability for the role they must play. Their activities must produce a better response within their own agency and across the partnership.

And this must happen in a way where one element does not affect the efficiency of another element or reduce the safety of the victim. This is why a coordinated community response should exist and the role of the coordinator is vital.

Words are not enough. Coordination requires systems and protocols which support those systems, agreed by partners. It is also necessary in a world of budgets and measurement to collect data which establishes the success of the process. Without such attention to the more mundane and frustrating aspects of the partnership it is impossible to achieve evidence of success or ensure sustainability.

### **Leadership**

We must face the reality of continued access to government funding. No government will fund the responses needed for domestic violence in their entirety. Whilst many persuasive arguments can be made to place domestic violence at the heart of government action there is absolutely no sign that it will predominate in its thinking, now or in the future. This current Government has however showed great leadership in supporting some aspects of the response to domestic violence and they have provided funds to these to a considerable level. Independent Domestic Violence Advisers (IDVAs), Multi-Agency Risk Assessment Conferences (MARACs) and Specialist Domestic Violence Courts (SDVCs) are the most recent and supported areas of good practice and they continue to be crucial planks of government policy. It should not be forgotten though that domestic violence coordinators

themselves were often initially funded by government as they were recognised as good practice in such places as Hammersmith and Fulham.

Of course Government policy moves on, other issues bubble to the surface and there is an expectation that their policy guidance will be taken on by local government and their partners within the local setting. The transition from national to local funding is rarely smooth. Many people claim not to know what “mainstreaming” actually means or simply fund their practice from NRF, LAA or Safer Community budgets. It is a difficult world within the localities and until domestic violence is recognised as the single most important priority for local partnerships it will not attract all the funding it requires. However the benefits accruable from an effective response to these issues make sound financial sense (see the presentation, P45, from Diana Barran from CAADA on some of the potential savings available). Most of these benefits, if realised, will fall to Local Authorities and their partners, particularly Health and the police.

It is for these reasons that the response must be led from within Local Authorities and in conjunction with their key partners. Local Authorities have the right, duty and the responsibility to take that lead and harness their power to the known solutions to deliver the changes necessary to large numbers of their population.

## **Advocacy**

Advocates or IDVAs are the most fundamental development in the direct response to domestic violence. Their value at the point of crisis is accepted and acknowledged in almost every setting around the country. Arguments still persist around the borders of the definition, for example, when does an outreach worker become an advocate, but these are gradually fading as these roles become embedded in a complete response.

IDVAs are the only people who unconditionally support the victim. Whether the victim chooses to prosecute, stay with their partner or ignore the best possible advice, IDVAs will continue their support. The level of training and expertise that they attain and their results speak volumes but even they are under threat from temporary or limited budgets. Unless victims, who have been so damaged by their experience, are provided with a first class, expert and professional service they will continue to float dangerously around the perimeters of a system which simply cannot provide them with timely solutions.

Of course IDVAs are not just advising victims but advocating for victims. Their knowledge of the realities facing victims places an absolute responsibility with them to speak on behalf of victims. This is both for the individuals who may have been let down by the processes of the partnership but as importantly where agencies are failing to respond effectively in terms of their policies. This “institutional advocacy” role is now recognised as a key element of their task yet remains one which partners can occasionally resent or ignore. To allow it to be provided most effectively the independence of the IDVA service is very important. Such independence can often be assured by the service being established within a voluntary sector setting but the key proof of independence is whether the IDVA can criticise any partner regardless of whether that partner funds them. Without the confidence to do so in these circumstances they cannot be regarded as independent.

## **Structure**

Put simply all that is needed in structural terms is a strategic group, supported by an operational group who include the “victim’s voice” in their deliberations. Of course it is never that simple. The multiplicity of partnership groups across a variety of issues makes yet another meeting unenticing. The lack of awareness of the causes, factors and solutions to domestic violence often leaves the field to be filled with committed people who may not be placed strategically or influentially to achieve change.

Domestic violence fora are often optimistically regarded as the vehicle for delivery but they are just as often talking shops which neither have the funding nor the clout to achieve change of a substantial nature.

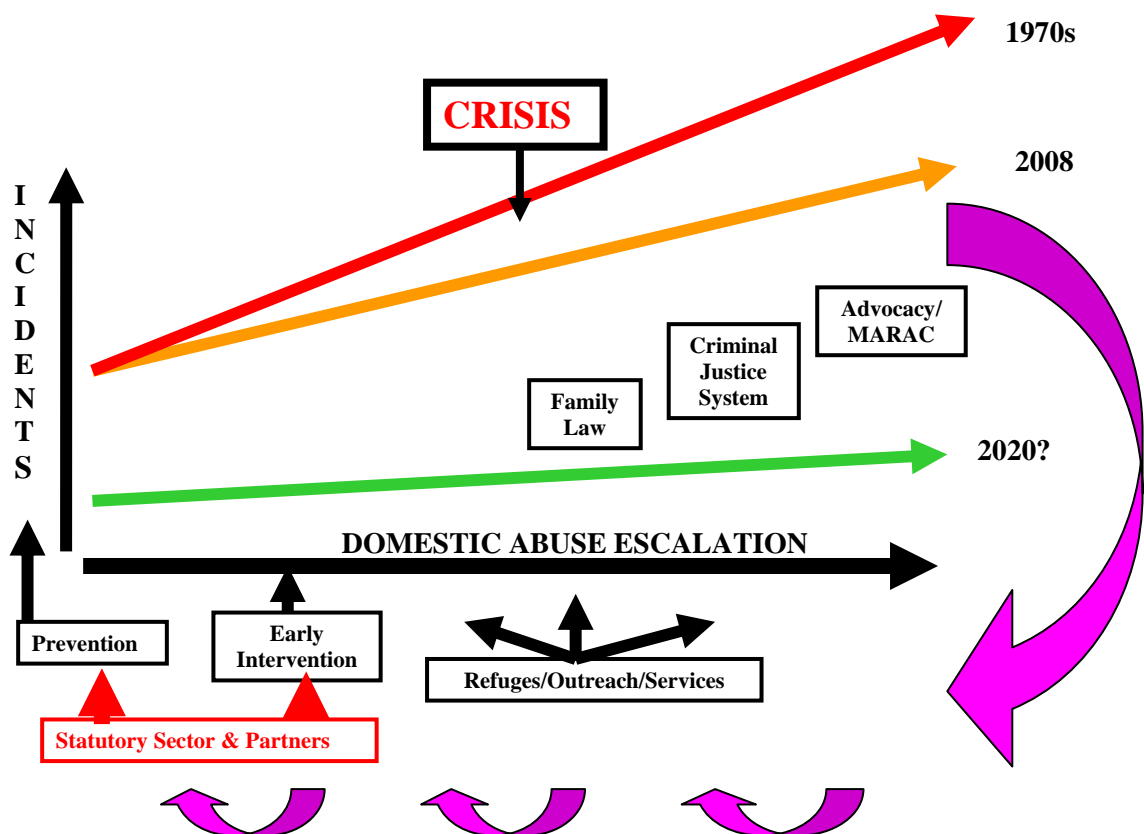
Context is all and coordinators must analyse the strengths and weaknesses of the local position. Seeking champions, being indomitable and pressing the financial, moral and pragmatic case are vital elements of their role. Acknowledging the challenge reduces levels of frustration but no coherent structure will mean no delivery.

## Services

The diagram containing the basic response model below shows what has been achieved and what must be our ambition for the future. Whilst there is now a more effective interventionist approach at the point of crisis, this is not the only experience of victims and a coordinated community response must address other issues. These complimentary approaches (e.g. earlier intervention) can prevent domestic abuse worsening (or even happening if introduced sufficiently early), change the culture around relationships between intimate partners and prevent significant financial outlay.

The concept of services to victims started with the refuge movement in the 1970s and has been of paramount importance in the changes we have seen since. It can now appear that such specialist services are being undervalued as commissioning becomes standard practice. Too many housing associations are taking on the role because they appear to be able to provide economies of scale. But can they deliver the services necessary to a victim to keep them safe? In many cases it is a financial equation rather than one of understanding the specific needs of service users and can be a dangerous policy.

Examples of service provision utilising the best quality practice alongside a good business case are available. In West Mercia and Hartlepool services are being provided by those who have the expertise and can deliver in a “business” sense. Whilst the voluntary sector cannot possibly provide the whole response to victims in every locality and on every occasion, these are examples of specialist service delivery, based in the voluntary sector delivering their expertise where most required.



## Information Sharing

What a sensitive and frustrating subject this has proven to be despite the reams of paper and good practice that has been produced. Often the Health sector is criticised most heavily in this area but responsibility lies with the partnership not individual agencies. Whilst each partner must abide by its policies and never forget the rights of individuals, there is a bigger picture. The reality of the domestic violence world is one of a victim inserting her or himself into various agencies, often with domestic violence not being identified and finding a variety of responses. The only certain thing is that the position of that victim will worsen if the response is inappropriate or lacking in some other way. The strength, quality and breadth of response can be vastly enhanced if the extent of the abuse and its characteristics are known.

This can only be realised if agencies tell each other what they know.

There are any number of protocols describing information sharing principles but two simple rules or considerations should be applied which should keep the welter of theorising and text to a minimum.

- 1) Agencies which come into contact with a person who is suffering from domestic violence can only respond effectively if they know as much about the victim as possible. If they fail to take appropriate action in a case where the likelihood of escalating violence is known (as it always is in domestic violence cases) they are putting the victim at risk and making their own position vulnerable.
- 2) The dangers of not sharing information are potentially life threatening. The dangers of sharing information are not.

## Culture Change

The diagram referred to above demonstrates how decades can pass before change can be embedded. Most in the sector feel that even the latest innovations are not sufficiently mainstreamed to ensure their survival as an accepted function of local government. The issues of gender, which are a fundamental element of domestic violence, have still to be resolved and one would be brave to predict how these will play out over the coming years.

What is true is that we do have a better understanding of the issues surrounding domestic violence and more people have attained that understanding. It is now a larger part of the response of the statutory sector and practice has improved dramatically since the 1970s.

What we cannot do is judge ourselves day by day, month by month or even year by year. We, and particularly domestic violence coordinators, are addressing some of the strongest traditions of society and small steps towards an evolutionary and organic change are all that we should expect. It is having the courage, the vision and the commitment to that change that will allow us to transform society to the extent that one individual's domination of another becomes unacceptable, addressed, confronted and prevented.



*"I loved the acronym CLASSIC – that will be my Mantra in all my work"*

Delegate

# Proving the unseen

Presented by Tanya Allen

## Data, Research & Tracking Officer: Standing Together Against Domestic Violence

### A research study by Standing Together Against Domestic Violence

Standing Together Against Domestic Violence were commissioned by the London Councils to undertake research into the extent of help seeking by known victims of domestic violence across various statutory and voluntary agencies.

The results of this research project were presented at the conference. The report is titled **Completing the Jigsaw: Help seeking by survivors of Domestic Violence; what's the problem?** and gives an insight into the extent of domestic violence as a cross-cutting theme and the responses that agencies deliver, both when domestic violence is identified and when this has not been recognised. This crime remains hidden from public view and often from the view of the worker who is trying to resolve the presenting issues of an individual who is unsafe, lacking confidence and suffering from significant abuse. Unless the causes of these symptoms are identified it is axiomatic that solutions offered to those symptoms are unlikely to be effective.

The executive summary and key findings of the report are provided below and the complete report will soon be available for download on the Standing Together website ([www.standingtogether.org.uk/publications](http://www.standingtogether.org.uk/publications)).

There are very clear lessons to be learnt from this research which we believe would be applicable in any domestic violence partnership context. These are discussed in slightly more detail below and at greater length in the full report. Whilst there will be remarkable similarities in the problems facing such domestic violence partnerships, their structures, policies and funding arrangements will all be different. For this reason we make some broad recommendations and points which we feel must be addressed.

### What our research shows: The Facts

- Domestic violence is **a common factor** in the lives of large numbers of people accessing the statutory sector and is almost always allied to other significant social problems.
- Domestic violence is often **not identified** as a factor in the lives of victims who are seeking help for a variety of issues – but so often it lurks in the background as a key factor.
- The **statutory sector are not sufficiently trained** to deal with domestic violence in terms of the dynamics, identification, response, or referral pathways – where they exist.
- **Information sharing does not take place** to the extent it should amongst agencies all dealing with the same family.
- **Earlier intervention** at the pre-crisis stage is both essential and likely to be less expensive but relies on effective training, identification and information sharing.
- **Specialist services** are valued very highly but are insufficiently funded to meet demand.

## Executive Summary & Recommendations

### The research

As a result of many months of examination of databases, interviews with frontline workers and a questionnaire with survivors we found that certain crucial issues emerged repeatedly. These are outlined below and form the basis of our major conclusions.

The findings of this research have also facilitated the formulation of some broad recommendations for agencies, partnerships and practitioners within the public and voluntary sectors.

The complexity of local partnerships and the current position of those partnerships make it difficult to be anything other than general in these recommendations. Many of the existing strategies to deal with domestic violence will include all or some of the issues contained in this report. Standing Together's position is that the responses to domestic violence are often incomplete or under funded. This will rarely be through a lack of knowledge or motivation on the part of those whose primary remit is domestic violence (i.e. Domestic Violence Coordinators) but it is hoped that this report will be useful in supporting the issues that those working with domestic violence struggle with daily.

We have attempted to present the conclusions and recommendations in sequential order in order to demonstrate the development of a whole response to domestic violence. However, we must emphasise that training is of paramount importance throughout the development of any process, and essential as one of the first steps in implementing new responses, initiatives and procedures.

### Prevalence of domestic violence

The research was based on the searches of various databases for victims who were known to have been involved in a police incident of domestic violence. Ninety percent of those known victims were found on at least one other agency database that we searched.

One agency allowed us to review their records more extensively allowing us to provide a more detailed analysis. This demonstrated that our sample of victims had many other issues in their lives to which agencies had to respond. These covered significant problems such as children truanting, child abuse, substance misuse and a variety of housing issues. Importantly, domestic violence was a distinct theme which ran through so many of these social ills. Whilst domestic violence may not always have been the primary (or presenting) issue to which agencies are responding, it is significantly prevalent.

***Recommendation: Introduce or develop a coordinated community response in line with Government policy.***

An overriding factor in agencies' response to domestic violence is the complexity of the issue and its prevalence and scale. This report throws further light on this and (again) makes the case for more concerted effort. This can only be achieved if the response is designed around a coordinated approach. The Government policy of supporting a coordinated community response is well known and the model is a very sensible means of developing a considered and coherent form of coordination.

The recommendations which follow should naturally flow from a coordinated community response but are crucial elements of an approach which seeks to introduce a broader programme of activities. Prevention, early intervention and responding to crisis are the areas of activity which will make a difference.

### Identification of domestic violence

Despite its consistent appearance on agency databases, this research highlighted that domestic violence is not always identified by the agencies. For 36% of our sample domestic violence was not identified on individual agency databases (apart from police). This is despite the fact that the victims were in contact with other agencies (sometimes many) and had reported the matter to the police.

If domestic violence is strongly correlated (if not the cause of) with the issues with which the victims present to the agencies, it is essential that it is systematically and accurately identified by those agencies. Otherwise it seems unlikely that those agencies can solve problems for individuals and families when they are not aware of all the underlying issues.

***Recommendation: Routine enquiry to be implemented and forms/databases to be designed to allow this to be noted on case files.***

Early identification of domestic violence is very important to ensure that a problem solving approach is likely to be successful. Whilst training is an important aspect of this, a policy of establishing its existence will support the training.

Routine enquiry is fundamental in ensuring a consistent approach to domestic violence. A clear policy of routine enquiry should be in place and agreed by relevant personnel and sufficiently senior levels. The methods of effective routine enquiry should be included, together implications of disclosure and available routes of referral for staff to refer clients who disclose domestic violence.

There should also be clear spaces on paperwork and electronic files for the outcome of the enquiry to be recorded by staff. This can also act as a practical prompt or checklist for staff to remind them to make the enquiry and be sure to ask the relevant questions.

These relatively simple implementations can be remarkably effective in helping identify domestic violence consistently.

### **Training**

The vast majority of the gaps in the working practices of agencies, and the frustrations of staff dealing with domestic violence on a daily basis could be addressed by effective training.

We have emphasised the importance of identification of domestic violence but this is not always a simple process; it requires an understanding of the ways in which domestic violence manifests itself and the effect it has on the victims and their children. Focus on the role of the perpetrator is crucial, not least because of the risks inherent in dealing with such individuals, especially if not identified as such. An understanding and appreciation of the dynamics of violent relationships would allow agency workers to see a more accurate picture of the situation their clients are presenting. It would provide opportunities to recognise the subtle signs of domestic violence which facilitates early intervention and prevention. Such early intervention of course reduces the scale and impact of domestic violence and its human and financial costs.

Very few staff we interviewed had received any kind of formal domestic violence training. This demonstrates many missed opportunities for agencies to improve their response to the needs of their clients.

***Recommendation: Introduce training programmes in identifying domestic violence and understanding the dynamics of domestic violence.***

Training remains the factor which leads to change across agencies. Frontline workers must understand the dynamics of domestic violence to ensure they deal with the case appropriately, especially in terms of their reaction to victims and perpetrators. It is also important to allow them to identify more cases than was demonstrated in our research and without training this will be very difficult to achieve. Such training will also enable them to look beyond the boundaries of their given role and assist in reducing the 'remit-driven culture' which was found during the interviews for this research.

Thus it is recommended that local domestic violence partnerships institute a training programme for frontline staff which directly addresses the dynamics of domestic violence (including perpetrator behaviour). Any training programme should also explore methods of identifying domestic violence as

a factor in clients' background where it is not specifically disclosed, and how to enquire safely and appropriately.

### **Information sharing**

We found that the identification of domestic violence by agencies did not necessarily lead to information, some of it vital, being shared with other agencies. In over a third of cases where victims were known to the police and had contact with at least one other agency, domestic violence was not identified by any of the other agencies. This indicates that agencies had not shared their knowledge of the case with their partner agencies.

Domestic violence tends not to be systematically contained within the standard forms or checklists which are used by staff as part of client assessment. It also appears not to be systematically flagged so that colleagues and other agencies can quickly and easily see that domestic violence might be an issue. Data protection concerns were regularly quoted as a significant barrier to the sharing of information both within organisations and between organisations.

While the collation of all relevant information is vital to achieve workable outcomes for victims of domestic violence, the systems used to gather information are integral in enabling those outcomes to be reached.

***Recommendation: Information Sharing Protocols to be established and must include health agencies.***

Information sharing remains the single most challenging aspect of the partnership approach to domestic violence. It is difficult to address this concisely within this document but it is a fact that successful Multi-agency Risk Assessment Conferences (MARACs) have negotiated a way through such problems. The CAADA website ([www.caaada.org.uk](http://www.caaada.org.uk)) provides significant support on this subject.

This research demonstrates the need but it remains the responsibility of agencies to agree an information sharing protocol. The likelihood of serious harm (and pragmatically, criticism of inter-agency working) makes this a vital area of developmental need, particularly with health agencies. Furthermore, an information sharing protocol also allows workers to share information with confidence and predefined parameters.

Thus it is recommended that information sharing protocols be established which include the health agencies on the basis that significant harm to victims is likely if knowledge is not shared between relevant agencies.

### **Responding to domestic violence**

Responding to domestic violence is clearly a complex task for any agency. It is rarely the only issue which requires action and the longer such issues continue to develop, the more difficult they are to resolve. Responding to domestic violence at the crisis stage often limits the effectiveness of any intervention and it is widely recognised that intervening at earlier stages is vital to the reduction of domestic violence and associated issues. This could be achieved if effective training were introduced, leading to speedier identification.

***Recommendation: Policies and practice should be introduced within public sector agencies which addresses the earlier (pre-crisis) aspects of domestic violence.***

Training and earlier identification of domestic violence will lead to the possibility of pre-crisis interventions which may be within the effective scope of the statutory sector. There will continue to be an absolute need for specialist services (see below) but the public sector agencies can introduce policies and actions which safely address the needs of the victim and children and hold perpetrators to account.

## The specialist service provider

The role of the specialist service provider cannot be overstated. The specialist agencies can respond directly to the domestic violence thereby assisting and enabling victims to negotiate their way through other agency procedures. Furthermore, they provide an invaluable referral route for agencies whose direct remit is not domestic violence.

However the existence of specialist services is limited and thus their effectiveness cannot be fully realised by the majority of agencies and practitioners.

***Recommendation: Analysis of prevalence (using evidence from this research) should be conducted and specialist services should be commissioned according to defined need.***

This research has demonstrated the value of specialist services and their limitations in terms of funding and capacity. If these recommendations are followed more cases will be identified and some of those may be resolved without recourse to the specialist sector. Despite this all the evidence points to a need for more services at an advanced and professional level, particularly at the point of crisis.

## Key Findings

### Database searches

- Of the 100 people in the sample (all of which were on the police database due to at least one incident of domestic violence), 90% were in contact with at least one other organisation apart from the police.
- There is evidence that if the police record an incident of domestic violence, there is a strong possibility that the victim in the incident is also on the databases of agencies similar to those searched.
- Of those who were on other databases apart from the police's, 64% had domestic violence identified by at least one of the organisations they were in contact with.
- However, 36% of the sample did not have domestic violence identified at all, by any other agency apart from police.
- In fact, 14% of the sample had contact with the police and at least 2 other organisations and domestic violence was not identified at all, by any of the agencies.
- It was found that domestic violence is more likely to be identified the more agencies a person is in contact with.
- There was little evidence that this identification led to information sharing between agencies. In other words, one organisation identifying domestic violence does not necessarily increase the likelihood of another agency being aware of the domestic violence.

### Survivor questionnaires

We analysed information provided by survivors themselves. From the 30 completed questionnaires we found that:

- Survivors had contact with an average of 5 agencies.
- In all cases domestic violence was the primary reason for contact with at least one of the agencies they were in contact with.
- We were able to fill some of the gaps in our knowledge about contact with the health sector in particular.
- We found that only 3 of the survivors had not had contact with a health sector organisation within the past 5 years, meaning that 90% had some kind of contact.

- 44% of these respondents stated that they had contact with the health agencies as a direct result of domestic violence.
- A&E, police and the specialist domestic violence services contacted scored highly in relation to how helpful survivors found the service.
- Agencies which scored lower in relation to how effective survivors felt they were included housing, social services & benefits.

### **Interviews with front line workers**

Interviews were conducted with a number of front line staff in the boroughs of Brent and Hammersmith & Fulham.

The interviews clearly and strikingly highlighted some common themes which ran through the responses from those staff:

#### ***Remit driven cultures***

- Front line staff, specifically from statutory agencies, emphasised the specific remits of their roles and agencies. For example, they were limited to ensuring children are protected, or that offenders are arrested and charged, or that the survivor is re-housed.
- However, there were some interesting contradictions in light of this theme. For example, at the same time as the interviewees recognised that they had specific remits which were limited in relation to the range of needs of survivors of domestic violence, there was a strong sense of frustration that what they were doing was not stopping the domestic violence completely.
- Thus, staff appeared to be constrained by the remits of their roles, but their personal responses were much broader than their capacity to respond.

#### ***Early Intervention***

- Overwhelmingly the interviewees recognised that their roles were primarily to deal with the crisis end of domestic violence. Despite this, there was a very strong feeling that early intervention with perpetrators, survivors and children would impact positively on their role.
- There was a level of frustration amongst workers that the impact they can have is limited in its effectiveness because their intervention is so near to crisis stage.
- Survivors' low self esteem featured in the interviews. For example, there was an emphasis on the part of the frontline workers of the need for a level of 'after care' to help survivors rebuild their lives and self esteem and reduce the chance of future abusive relationships.

#### ***Need for DV specialist agencies***

- There was widespread acknowledgement that specialist domestic violence services are extremely valuable for agencies to which they can refer clients.
- However there were also a limited number of domestic violence specialist agencies to receive referrals. This created some frustration for staff as they were aware of the need for further support and service for their clients, but did not have the option of a referral route to get such support.
- Those agencies which did have referral routes to Independent Domestic Violence Advocates (IDVAs) and other specialist services did value the services very highly.

#### ***Lack of / need for training***

- It became apparent that the majority of interviewees from statutory agencies had received no formal domestic violence training.

- The specialist domestic violence agencies were well trained, and those staff who worked for statutory agencies and had received specific training had received it in their previous roles with Refuge and similar agencies.

### ***Information sharing***

- Generally interviewees said they felt more confident to share information if they had the consent of their client, but often they were not confident to ask or explain to the client about why they might share the information.
- Practitioners were much more likely to share information if led by legislation, particularly in relation to children.
- Lack of training was also highlighted in some cases when discussing the issue of information sharing.

*“Tanya Allen’s research in particular made me want to find out more.”*  
Delegate

# Workshops

There are many areas of practice which constitute a coordinated community response. Clearly the functioning of the partnership is an essential piece of the jigsaw but other areas regularly predominate in discussions examining a whole response. We hoped that the subjects we chose matched the needs of attendees and were the relevant issues which concerned them on a daily basis.

The conference was specifically designed to allow each delegate to attend two workshops. The three for two ticket offer was intended to allow local partners to come together and to spread their experience of the workshops in six out of the eight subject areas. Each of the guest speakers were chosen for their success in their own area of expertise and were allocated very little time to describe their own project or field. The very clear intention was to allow others to share their experience and concerns to allow a consensus to appear.

The outcomes we were seeking from the workshops were:

- Positive suggestions for solutions, not simply a list of problems;
- Shared understanding about what works, why and for whom;
- How we can embed the lessons learnt in a way that leads to lasting change.

Notes from the workshops (bearing in mind the presenters each ran two) were merged, transcribed as best as possible and form the bulk of the reports below. Much of the workshops are based on personal experience and opinion which we believe is useful but please note that this may not represent the views of all of those involved in the workshops. Delegate comments are shown as bullet points after the presenters introduction and may be statements, questions, advice or general opinions on the issue being discussed.

Our thanks must go to the presenters who were prepared to abide by the limitations placed upon them and with their willingness to present their experiences.



*“One of the most helpful aspects of the day was the different workshops and the range of different speakers from different areas.”*

Delegate

## Workshop I

### Health and domestic violence – an essential partnership

#### Intention of workshop

An opportunity to understand the vital role health agencies can play in issues of domestic violence and how to develop an effective role within the partnership.

**Trish Harrison**, Manager – WORTH (West Sussex IDVA Services)

#### Introduction

Trish Harrison works for West Sussex County Council Safety Department as a Project Manager with WORTH. It began in 2001 with 4 DV workers. As a result of research commissioned from Roehampton University it was clear that Health was the missing link in the local partnership.

Trish outlined the task of the workshop: to identify general solutions to specific problems; to see where, how and for whom solutions are working; how to embed for lasting change and to stress positive solutions.

Between 2001-2003 there was much discussion amongst partners and a great deal of “slogging around” negotiating. Eventually a champion was found, a consultant in A&E, who really wanted to do something about the impact of DV. A pilot was conducted which showed that routine enquiry was a key element of good practice in A&E. The study looked at the number of times a survivor came into A&E with DV. Examples which proved the point were: some cases came in 30 times before a murder; some had attended 60 or 70 times and one case came in on 112 occasions before disclosing DV. This was not early intervention, but crisis intervention. These results were used to put together a business plan for the County Council. The invest/return relationship based on Sylvia Walby’s figures and methods was used to support the case. They received full Council support and so the work went into the Councils strategy at the highest level. They received £150,000 for one year to conduct routine enquiry. This of course led to a stronger evidence base and the need for services post disclosure.

When Health became a statutory partner in the CDRP in 2004 this allowed the Worth Project to receive funding and employed 3 full time case workers, trained in how to ask “**the**” question.

Trish’s task is now to expand this service across the county. Based in health the project will consist of 22 support staff. These are a mix of IDVAs and Outreach. All but 2 are in 4 hospitals and based in A&E (close to the largest IDVA project in the country). Working with a population of 750,000, the budget is £1.1 million

#### Delegate Participation

- Whilst most of the delegates in the workshop had Health engaged in their county/city there were still significant gaps
- Lack of policies, slow to formulate policies (including a national policy); it’s hard to know where to start a coordinated response – at A&E or where?

**Solution:** get Health to develop a policy county wide. Need all strategic parts of health around one table – partnership, commissioning, practitioners. This should report to the DV Strategic partnership. (*Cumbria* an example; Sylvia Walby figures helped, and these are only the tip of the costs iceberg)

- 2004 Health became a statutory partner in CDRP. The statutory duty lies with the PCT. This was the solution in Sussex. They identified a champion in the hospital. If you can't start with the ideal in Health, start anywhere you can. You need both the Duty and the Will.
- Demystify Health, look at what can be delivered. Demystify DV structures.
- Lack of national policy – get one locally. As a working plan the 2004 DOH DV guide is a good resource manual and free. It is in 3 parts, strategy; practitioners and the victim and the closest thing to an overarching policy.

NHS staff view is that there are many policies, so they are cautious about another, but it's a good start. Trish began to train all to ask the DV Question, they don't feel the need for a policy yet, but to sustain over time you need to have a policy.

- **Challenge** – there are conflicting agendas; child protection; cost effective messages; time limits.
- DV needs to be properly part of Public Health agenda
- Front line training is needed, with so many staff and sections its hard to know where to start. Training needs to be mandatory.

**Solution:** Just do it, deliver where you can; If you can't start in an ideal place; start anywhere; identify people/champions in the organisation who can deliver within their own organisation. The DV Board should cascade information down within the organisation. (Milton Keynes took 4 years to identify an interested lead).

Find a champion. Train the trainers. (Brighton PCT now leads on health training, sits on the DV Forum, has done a day for GP's).

- Fast track is needed to health services for residents of refuges – those who may lose services, and those being referred to the MARAC.
- **Challenge:** Getting it out of Child Protection; DV had been tagged onto the Child Protection role.

**Solution:** MARAC has helped to take DV out of Child Protection and helped the Health reps on MARAC to focus on the victim of DV.

- **Challenge:** Health visitors and Nurse Practitioners are making routine enquiries, but GP's will not, saying they have no time. There is a resistance to seeing it as something they should be doing.
- **Challenge:** In one area it is impossible to get Health or Education to the DV Forum or the MARAC.
- **Challenge:** Continuity of training for all staff with staff turnover and agency staff (a) keeping it all going and (b) getting staff to attend training even if free. The strategic level is not giving staff the protected time.
- **Challenge:** Strategic engagement - all parts of Health don't want the same thing. No clear guidance to the DV Coordinators from Health. No boundaries so there is overlap. Police officers deliver training at Winchester Hospital and training is variable. £1 billion is spent in Health on regularised training.
- **Challenge:** There are huge gaps in the dissemination of information from the strategic to the operational levels in Health.
- **Solutions:** (Bournemouth) It took 5 years to formalise information between Police and Health, going through all the legal loopholes. This brought DV up to a strategic level; raised the profile of DV in Health for the first time; got the Director of Health on Board; Health reps came to the DV Forum and onto the MARAC. They disseminated information from the DV Coordinator to Chief Execs and Directors; kept banging on the door; made Help cards for GPs; the Director of

Public Health sent them to all GPs; now they 'spew out' information when the DV Coordinator phones them about the MARAC, they have the written agreement of the Heads/Chief Exec to attend MARAC.

- **Challenge:** MARAC is not compulsory to engage with all the time, unlike the MAPPA; a statutory framework is needed to manage offenders and victims in the same place.
- Hampshire have had MARAC for 2 years but can't sit back, need to re energise. Southampton and Portsmouth fortnightly MARAC.
- MARAC is the focus of Govt policy; most Women's Aid members engage with and support MARAC but MARAC concentrates on the few very high risk cases; risk goes up and goes down; is it relevant for all these agencies to look at a case in one room if they can't do much; 1 in 10 women in Refuges have reported to the police; inter-agency work needs to go on all the time, on more cases; victim choice and empowerment may not be there in a MARAC.
- It can be a problem that DV sits, like Child Protection, with individuals. One area used MARAC as a tool and 'scared a GP senseless' as they had been seeing a victim and did not know about the abuse. MARAC can be awareness raising on cases and Murder Reviews can be the same.
- **Solutions:** (Tunbridge Wells) there was little in place for those experiencing DV; meet, talk, don't give up; insist on advocacy. Find a person with passion, a champion, with influence.
- Marianne Hester showed that perpetrators were disclosing to their GPs.
- Learn the new language of Health; talk the cost argument; crime doesn't impress them; learn new ways to work with and engage with Health; learn the Health agenda.
- Public Health's coordination role is very useful, coordinating the strands of Health.
- Focus on the Health effects of DV in Public Health within the PCT.
- Be on the right groups at the right level.
- Be solution focused, Health know most of the effects of DV, they want options, what to do, but health is their responsibility.
- In one Local Safeguarding Children Board, their mandatory training has a minimum slot on domestic violence; another hook is the effects on children.
- (Trish) One wish – that across the whole of Health there were procedures to consider DV as part of the diagnosis.
- (Mother of a murder victim) Daughter went to the local hospital 30 times; mother saying, "look he will kill her", she told the ambulance – they told her it was a drink problem and daughter was given Valium. They are using it now as test case to show that DV should be part of screening. Alcohol is a barrier to diagnosis.
- **Solution:** Download screening tool for alcohol and DV from the website [www.gldvp.org.uk](http://www.gldvp.org.uk)
- (Trish) It is very resource hungry to keep getting Health staff to ask the question but they will use their resources for their own members of staff to engage with patients. Health staff already do emergency work 24/7. They now expect to identify DV and also alcohol and drugs. This has led to a specialist alcohol worker with the Worth team. The alcohol reduction agenda is coming soon to A&E and may usurp DV. Data will be needed from A&E to continue to make the case. The project will hold medical staff's hands and are soon going in to 2 more hospitals; they also have 2 IDVAs in Court alongside the 20 in Health.

Funding came from pump priming money from the LAA; split funding between CJS/Police; some from PCT/Hospital Trust, the majority is County Council budgets and the Public Protection Task Force.

Capacity is always an issue due to large numbers of disclosures. Because people may not be ready to take up the support options services and resources have always evened out.

The Worth project takes the adult referrals from anyone. They risk assess and refer to (a) Court based IDVA; (b) other agencies; (c) WORTH IDVAs

### **Where can routine enquiry and prevention work?**

- Midwives and Health Visitors see all women having children
- Every new patient appointment at a GP surgery should get a screening Q on DV.
- Cervical screening is another place to ask.
- Asking helps to bring the issue to the forefront

### **Key messages**

**Health is essential**, you can't protect DV victims without it. 90% of the population will engage with Health over the next 2 years. This includes information from GPs; sexual health; emergency services. We need to understand the structure of health; their agenda and language. Then we can talk to them in meaningful ways. Primary care is the starting point as they have a statutory responsibility under the CDRP.

**Funding is a screen** masking issues, not the issue. The statutory sector have lots of money, it is a choice. The more you ask for the easier it is to get. £1 million is easier to raise than £100 thousand.

Ask for large amounts, then you get to talk to the highest strategic decision makers. Make a good case for investment with return. Focus on the reasons for and against the work, apart from funding. If the person you are talking to does not have the will, go and talk to someone who does. Never confuse funding with what you want to do.

**Embed** – You have to have policies at the highest level, at a strategic authority level. Work from the top down and bottom up. Be persistent. Show where it hurts the local authority e.g. in call outs; incidents; crimes; get attention in high risk cases.

**Professional Training** – get DV into professional training - introduce routine enquiry for all new patient appointments.

*“Brilliant forum for discussing pockets of good practice, ideas and struggles. Interesting and engaging.”*  
Delegate, Health and DV workshop

## Workshop 2

### Children and domestic violence – starting young

#### Intention of Workshop

Children are profoundly affected by domestic violence. This workshop will discuss ways that agencies can work together to help children start to recover from the impact and explore early intervention and other approaches to help safeguard children.

*Linda Finn, Coordinator Stronger Families Project, London Borough of Sutton*

#### Introduction

Workshop attendees were very interested in the project being run by Linda in Sutton and most of the discussion focused on this rather than wider issues around what had worked in terms of the children's agenda in other local authorities.

- Linda is seconded from the PCT to Children & Family Services. The post is shared so embodies the multi agency ethos of the project. The secondment is now in its 6<sup>th</sup> year! The post is joint funded and hopes in the future to include money from Safer Sutton Partnership.
- There was no history of support services for children in the borough before this project began.
- Detrimental effects of DV on children are physical, psychological, behavioural, academic attainment and can have short and long term impact. Children may act out aggression or become withdrawn.
- Children under 5 are likely to be more affected because they have less ability to articulate what is happening. They are more likely to suffer from PTSD than older children (though this reaction is rare).
- There is a clear need for practice interventions for very young children but this is an area where there is relatively little work going on. Linda's project only covers children aged 4-16 years so no service for 0-3yrs, which creates a dilemma.
- It's particularly difficult for BMER children to access support – it can take up to 17 attempts to get help.
- Group work approach is very valuable. A 12 week programme gives children the chance to talk about their experiences. It helps children to know that this happens in other families and to other children.
- Examples of artwork and comments produced by children on the project were shown – 'he threatened to kill me', 'he forced us to watch', 'he pushed me and slapped me around the face', 'abuse went on from 10 a.m. to 10 p.m. at night'. Drawing of large spider-man defending a small house.
- The project is based on that from London Ontario where it has been running for 22 years. It reflects different stages of child development. Groups cover ages 4-6, 7-8, 9-11, 12-13 and 14-16 years old. So there are different groups running over 5 days per week. Mothers are offered a parallel programme.
- They work with families where the perpetrator is no longer in the home but the child may still see him through contact arrangements.

- The Project is effective because it operates on a genuinely multi-agency basis. It is collaborative and not dominated by a single agency. Those involved include probation service, BEST, education, voluntary sector, social services, CAMHS, health visitors, school nurses. Staff are released by their employers to enable them to carry out the training and undertake the group work sessions.
- The key to success is to have commitment both from top down and bottom up within agencies.
- Other trainers can bring skills Linda does not have e.g. ability to form a bridge with education, developing skills for mothers.
- Positive additional outcomes are that practitioners have felt more confident to routinely ask DV question; improved communication between different agencies.
- Has taken some time but DV is now being included as a priority in inter-agency and departmental plans e.g. Children & Young People's Plan.
- Project focuses on children but needs to be part of a raft of initiatives which include services for women and for men. A need to include men as positive role models and to support men in their fathering and help them to understand the effects of their domestic violence on their children. Piloting the 'Caring Dads' project with probation.

## Delegate Participation

**Q:** What involvement do health visitors and school nurses have in the project?

**A:** They deliver both children's and mothers' components of the programme. Now seeking to get more men involved in delivering children's part of the project to give positive role models.

**Q:** Why do you feel the need to involve men as trainers?

**A:** It is important for gender modelling discussions. Particularly important for male children.

**Q:** Is it possible to purchase the programme?

**A:** It was set up by Peter Jaffe. Further information can be found by searching for his name on the internet. Cost is around \$80 (Canadian).

**Q:** What is the referral process?

**A:** This has just been restructured and is now level 4 or 5 on common assessment framework. Usually made via CAF or self referral.

**Q:** Does violence need to have ceased for a family to come onto the project?

**A:** Work happens with families where the perpetrator is not in the home though he may still be having some contact with the child. Part of the project is to cover safety planning for the child so it is important the perpetrator is not in the home. The challenge is to look at how we might work in the future with children where the perpetrator is still in the home.

The biggest referrers are social services followed by education, CAMHS, health, probation and the voluntary sector. All referrals are assessed so a decision can be made on whether they can be taken onto the group. Not all referrals made by social services are appropriate.

**Q:** In one area they are running a similar programme but are concerned about using just people who volunteer. Felt the project needs a certain skill base to be effective and volunteers may not be the people best qualified for this. Delegate was also interested if anyone else funds a full time facilitator as felt the project was unsustainable without that.

**A:** Agreed that you need people with the right skills to make the group work effective. They need to understand the dynamics around women and children, have an understanding of child protection and understanding of risk management. Need to avoid people who really don't get it but also important to remember some people can be trained up. Can be paired with people who have more experience

or better understanding. Be clear what skills your trainers have – some may be better working with just the children or just the mothers.

It's very important to get buy in at a strategic level. One way can be to sell it as ongoing professional development e.g. for 3<sup>rd</sup> year social work students. There is no SLA in Sutton at present but do hope to get this eventually.

**Q:** One housing officer is responsible for ASB and wants to get a perspective on how housing links into the children and DV agenda.

**A:** Housing is a big issue in DV. The perpetrator may make a victim sign over the tenancy of the house, he may be homeless and accrue debts on her behalf. It was felt the project in Sutton did not have a close enough link with housing.

**Q:** Do you have any involvement with SureStart?

**A:** Sutton has involved SureStart with children of 4 years old and above.

**Q:** Is any work done with under 4s?

**A:** Good source of info is [www.wavetrust.org](http://www.wavetrust.org). Good interventions but may be very costly.

Southampton was a SureStart trailblazer so did develop a response to DV because issues arose around behaviour of children in crèches. Would like to develop a therapeutic programme to address this.

**Q:** One area has a play therapist to work with children but it is very specialised and there is a struggle to keep up the funding.

**A:** Emphasised the difficulties round working with women who are not in a safe environment. Have to do the best you can within the context you are working in.

**Q:** How do you recognise if a child has recovered?

**A:** You can only expect the process of recovery to start in the 12 weeks covered by the project. There are pre and post group questionnaires. At the beginning children will often say they will intervene in the DV but by the end they usually know they should get away and call the police. But it can be a very long journey to recovery.

**Q:** Do you refer children on after the programme?

**A:** Sutton does have an add on anger management programme. But there is generally little opportunity to refer on. May not meet the thresholds for CAMHS services. CAMHS used to offer play therapy but this is no longer available to children of certain ages. Ideally would like to see wrap around programme of play and art therapy but this is a long way off.

**Q:** Can parenting strategies be used to pick up families where there is DV?

**A:** They have a Parenting Coordinator in Sutton (previously the Children's Fund Coordinator) and she has put 'Caring Dads' at the top of her strategy. But other authorities may not be so fortunate.

- Need to get DV into every plan you can. For example she has been trying to get it into CYPP since 02-03 but has only managed it this year. Need for a high level strategy group around children.

**Q:** Are women perpetrators covered by the Sutton project?

**A:** The project takes a feminist perspective so this is not addressed. However children do talk about the impact of DV on the mother's ability to parent.

**Q:** How do you deal with children in refuges or temporary accommodation?

**A:** Very difficult. Refuges are under resourced in Sutton and this is an area that needs to be addressed. Housing are now represented on the DV Strategy Group but are only just beginning to come on board.

- One area's project requires the perpetrator to have been out of the home for 6 months. Cited case where 3 siblings were on project at separate times but the mother would not engage at all.  
Linda Finn: The project is child driven and will still be offered if the mother does not engage but prefer to do it with her involvement.
- One delegate working on Family Intervention Team around ASB. Finds parents can be terrified of children. Children are often traumatised by DV, may be extreme bullying of siblings – often evidence of DV up to 5 years earlier which is still having an effect on child and linked to ASB.  
Linda Finn: Felt need to engage with children earlier before they are too traumatised. Neither mother or children may make that link between the past abuse and current behaviour. Also a need for work around the abuse of the mother by older sons.
- In the Sutton Pupil referral unit 80% of children affected by DV and amongst 11-14 year olds it was **100%**.
- One delegate who sits on MARAC and wants to see eviction for DV perpetrators. Comparing data shows a high number of ASB incidents involve DV.  
Linda Finn: Raised 'Caring Dads' programme but emphasised this was not a substitute for IDAP.
- I to I is a useful resource from women's aid.

### **Examples of other services with children which worked well:**

- One Trust: Works with older child offenders. Many have self harm and suicide issues and many have been Looked After Children (LAC). They can't go into emergency accommodation but are very vulnerable so there is a huge issue around housing for this group. There is a danger children will fall through the gap.
- Bournemouth PCT: Their housing rep is invaluable on the MARAC. They also have a very good pack for DV delivery project in schools. Need to do more work around prevention and engage teachers but it is difficult as the curriculum is so packed.
- Linda Finn said they don't have a schools project in Sutton. Something which should be in place across the country. In Canada strong anti-discriminatory procedures are in place.
- Davina James-Hanman: You can use gender equality duty to bring teachers on board. May need to deliver training by 4-6 shortish twilight sessions. Most effective where you emphasise the effect the work will have on classroom behaviour and bullying.
- LBHF: Runs a DV prevention project in Hammersmith & Fulham schools. Huge number of resources out here for this sort of work and you need to pick and mix what works for you. Not a problem engaging schools but key is to be flexible over how you deliver and then you will get results.
- Southampton: Works on a programme for violent young people. By the time they reach this they are pretty desperate. The children do engage but the problem is that there are no services to send them on to.
- Mansfield: Their Step by Step project is based on the Sutton model.
- Linda Finn now runs an add on anger management programme. There is a need to forge links with other agencies e.g. CAMHS for this sort of work. When doing this it is important to be able to use a language that the agencies understand to convince them of the relevance of the work to them e.g. when talking to CAMHS it's useful to refer to trauma.

## Key messages

Practitioners on the ground must be supported by strategic level commitment. Try to **bridge the gap** from coalface to strategic managers.

**Consider the issue of gender.** There is a 'Caring dads' programme with probation doing work with abusive men; this is not a substitute for IDAP programme.

**Funding of posts** doesn't have to come from one partner e.g. both the PCT and Social Services fund this Sutton post. Be innovative in your job descriptions; link the preventative and the recovery agendas.

**Don't give up** - it takes time. This is to aid children's recovery. There are not adequate services to refer children to; or thresholds are too high; we need to understand the processes so that we can get more help for children.

**Work to reduce the significant damage** especially to the very young, the research shows a worrying level of harm to young people. Need to look at preventative programmes in schools; teachers are already burdened by the curriculum; we need to help teachers/schools to do this and not leave it to them.

*"An Informative and interesting workshop, providing insight into addressing issues of DV for children and how to access other services and 'educate' other professionals."*

Delegate, Children and DV workshop

## **Workshop 3**

### **Policing and domestic violence – understanding the culture and best practice**

#### **Intention of workshop**

Discover how the police can respond proactively to domestic violence within a partnership setting.

*Dean Henson, Detective Chief Inspector, West Yorkshire Police*

#### **Introduction**

Detective Chief Inspector Dean Henson is currently the Crime manager at Wakefield, which is one of five districts in the West Yorkshire Police Area. There are 330,000 residents and the police record 7000 DV incidents a year.

In 2006 he took over responsibility for the investigation of domestic abuse. At that time the response to DV was poor and there had been two recent DV related murders. Other issues included:

- Arrest rates as low as 31%
- Repeat victimisation at 55%
- A low police detection rate
- No MARAC or multi agency approach
- The area had been refused SDVC status

The Police introduced a number of initiatives such as:

#### **Ring Back Policy**

Any police officer that attended the scene of a domestic incident must contact their supervisor from the scene for advice and to ensure positive action in cases where no arrest was made.

Result - An increase in arrest rates for DV from 31% to 70%

#### **MARAC**

Established early in 2007 this involves representatives from the Police, Family Services, WDH, Midwife, PCT, Mental Health Trust, Education Dept, Probation, Alcohol team, CAFCASS and safe@home staff. They meet monthly to review high-risk cases. Since its commencement it has reviewed 87 cases (the last meeting in April reviewed 14 cases).

Result - Reduction in repeat victimisation from 55% to 34%

#### **Safe@home**

Launched in May 2007 this is a multi-agency domestic abuse service located in one location, which includes Police, local authority and PCT. This unit provides victim counselling, housing sanctuary/target hardening, child advocacy, social workers and perpetrators groups. All the agencies are able to refer victims and perpetrators are able to self refer. The unit is part funded by local authority with main statutory agencies providing staff at no cost.

The unit consists of 17 staff as follows:

1 Manager (has joint responsibility with Police Inspector for performance of the service); 1 assistant manager; 2 target hardening/housing officers; 3 victim counselors; 1 perpetrator worker; 2 social workers; 1 child advocacy worker; 2 IDVAs; 1 MARAC/referral officer; 1 stats management officer; 1 Police Officer

Result - There has been a reduction in repeat victimisation from 55% to 34%

### **Investigation of DV Incidents**

Dean highlighted a number of key police initiatives which he believed were responsible for the improvement in police performance:

#### ***Use of Body worn cameras (Headcams)***

In October 2007 the local authority provided 9 headcams for patrolling officers attending DV incidents. These are small video cameras attached to the officer's helmet or body. This has led to the obtaining of better evidence, which is shown to an offender during interview and has allowed for victimless prosecutions. The District now has 29 cameras.

#### ***Police Violent Crime Team***

1 Sergeant and 7 Investigators are now dedicated to the investigation of DV matters. The team covers seven days a week. They have made effective use of 999 tapes and bad character evidence during interviews and proactively support the victim, attending court with them. Whatever happens all victims are referred to the safe@home team. This has led to an increase in police detections from 31 – 49%.

#### ***Training of Police Officers***

Professor Emily Allison has trained all front line police officers dealing with issues around the victim and crime scene for ½ day and a full day for dedicated DV Investigators to maximise evidence.

#### ***Wakefield now has SDVC status***

### **Delegate Participation**

- Delegates discussed about head cams - costs and who could use them. The cameras cost £1400. The Home Office has recently issued guidance to all police forces on their use.
- Concerns were raised regarding how risks can change from Med/High/Low and that services need to be able to assess according to need. Risk does not follow a natural path. What happens if victims do not access police? Also concern that statutory agencies in establishing service do not remove funding for local refuges.

Safe@Home is multi-agency funded and they will deal with middle tier cases (Medium risk). They have a referral system in place for all victims. All high-risk cases are managed by MARAC. They will work with victims to try to keep them in their own home using targeting hardening and other best practice. There are some refuges in Wakefield and whenever these have any vacancies they will advertise space on the Refuge website. Funding is always an issue.

- In one area the local authority and courts run a sanctuary scheme (also supports male victims). Communication and information sharing is a concern between all agencies when working with victims and they also have concerns regarding regular funding.
- Concerns were raised regarding the difficulty of getting women into refuge as many had been taken over by Housing Associations and it was often difficult to get emergency access to accommodation, as victims did not meet the criteria.

It is important that when working with non-statutory agencies you establish whether they really are able to offer 24/7 services, if in doubt Refuge will check. Refuge also raised the importance of having a dedicated/nominated individual they can liaise with when referring clients.

- Concerns were raised that with new focus on police protection units and Every Child Matters police resources may be moved away from DV or that they will only concentrate on high risk cases. Also, there was no consistency across police areas - with some forces having DV officers dealing with victims and dedicated investigators dealing with offenders.
- The group agreed that there had to be a holistic approach to response that looked at children, ongoing protection and risk. All agencies needed to use a common risk assessment model. CAADA model for IDVAs.
- The group agreed that it was essential that good practice was embedded so that when people moved on (particular police officers) service delivery did not suffer.
- It is important that services are located within the community in one place - to reduce the need for the victim to travel.
- One delegate who worked with the police in a DV unit but was not a police officer raised concerns about the difficulty she had communicating with senior police officers at a local level. She did not understand the police structure and how she could raise concerns/issues of bad practice and try and improve the police response.
- One delegate (a Supt in charge of public protection) said it was essential that police responses and in particular victim care was joined up. He chaired a monthly meeting with call handlers, response team officers, the DCI in charge of public protection and CPS. They reviewed performance across all areas to identify areas for improvement. He would hold individuals and supervisors to account for performance.
- One delegate said they had a pass to go into police station and had direct contact with the DI and could raise cases that would be looked at and dealt with. It was important that anyone working in the police station knew who he or she could go to at a senior level to raise concerns.
- All agencies also need to make use of local authority strategic partnerships such as CDRP if they want to raise concerns regarding delivery at a service provider or police operational level.
- It was also important that calls and responses are monitored to make sure that the policy is being complied with.
- A delegate asked Dean why he thought arrest rates had gone up:  
Because there had been a cultural change (training of staff) and there was clear accountability (call back scheme by Supervisor); It was not just about detections - victim satisfaction was also important and that there was no repeat offending.
- In delivering training it is important that everyone understood:
  - How does the police role fit into the partnership role?
  - It is a mutually beneficial process
  - The dynamics of DV
  - That all police staff, including PCSOs, received a level of training and awareness.
- There was then a discussion around the benefits of having a DV register. No one was against the idea but concerns were raised regarding:
  - What would we do with register?
  - It could help ensure future victim protection if offenders got into new relationship
  - Disclosure of information - would it be published or could people access it?
  - It would allow proactive management of offenders. Like the sex offenders register offenders would be required to tell police when they moved etc.

- All statutory agencies have a duty of care if they know someone may be at risk to take some form of action to minimise that risk.
- Wakefield has been drug testing offenders for “Trigger” offences, they are now piloting for violent offences and also screening for alcohol. It was important to invest in front end delivery – alcohol/drug referral and treatment orders only after conviction. Need to deal with cases where no conviction. Possible use of a civil order to push into drugs/alcohol treatment?
- Wakefield also debriefed violent offenders when sober to identify locations they had been drinking as a result have identified number of new premises which they will now target to prevent offences.
- Need to get messages out to public about the consequences of their offending. Perhaps the judiciary emphasising that sentences are increased when DV present?
- Glasgow have used Celtic football club to get messages to offenders.

## Key messages

There has to be **strategic vision** and leadership from all agencies and influence where things are not working. Has to be accountability for all partners and agencies.

Need to **mainstream** activity based on best practice, taking account of the needs of all agencies. Stop working in Silo's. Need to engage survivor/support agencies.

Need to have **clear roles** and responsibilities across the partnership and processes which are clear, documented and transparent.

Need for **monitoring and review** of policies and procedures at strategic and local level to ensure compliance.

*“Interesting learning about the great work in Wakefield. The discussion strongly emphasised the need to ensure and deliver good communication and leadership.”*

Delegate, Police & DV Workshop

## **Workshop 4**

### **Working with Perpetrators. Making victims safer – working with abusers**

#### **Intention of Workshop**

Making victims safe is only 50% of the answer. This workshop will address the need and effectiveness of well-organised programmes for perpetrators.

*Jo Todd, Director, Respect*

#### **Introduction**

Respect is a membership organisation set up in 2000 looking into perpetrator programmes and has now expanded into looking at other issues.

Accreditation is now about to be rolled out for perpetrator programmes. Accreditation Standards can be downloaded from their website ([www.respect.uk.net](http://www.respect.uk.net)) - standards relate to voluntary perpetrator programmes. Probation has their own means of accreditation for IDAP or CDVP programmes.

National phonelines are established and Respect has a public policy role.

An interactive website is about to be rolled out for contact between fathers and children. This will be monitored, where specified, by court orders.

#### **Delegate Participation**

- The group confirmed that there are 2 types of perpetrator programmes:
  1. Delivered by the probation service and some prisons: CDVP and IDAP
  2. Voluntary sector/community based programmes (which the RESPECT accreditation standards relate to)
- The Devon area has both voluntary and probation programmes – both are very different and they are still assessing which is best.
- General comment made that there is a need for early intervention and concerns that programmes aren't inclusive i.e. where the perpetrator does not speak English.
- In one area the IDAP is over-subscribed/under-funded and no voluntary programme is available.
- Question - do other areas have paid administrators? Should the DV coordinator administer it? The general consensus of the group is no.
- Issues raised of not competing with own sector i.e. MARAC/IDVA. For example, one organisation got funding but now locally they want that funding to go elsewhere. In this area they worked across 2 towns to centralise costs, recognising that it has to be run like a business.
- Sustainability of perpetrator programmes mentioned.
- Thresholds? What guidance should families and children's services be taking? What experience have other groups had around child contact? Have Respect collated outcomes nationally?
- Women's support must be integral and supportive of children, especially where the family is still living together.

- Q. Are there perpetrator programmes for same sex DV cases?
- It's clear that perpetrator programmes are different in all areas.
- Q. Should non convicted perpetrators go onto IDAP.  
A. IDAP is designed to reduce offending, voluntary programmes are the obvious solution where there is no conviction.
- Community based programmes have different goals i.e. Safety/children  
- awareness that these community based programmes are expensive to run.
- Q. How much do we know about the outcomes/ successes of perpetrator programmes?  
Jo informed the group that a researcher has now been employed by Respect to carry out research on outcomes but this may take several years.  
Commented that Probation have their own research established for IDAP.
- No one in the group had any experience of perpetrator programmes being used with men who don't speak English.
- Concerns were raised in the group that if IDAP programmes aren't accessible to men who don't speak English are we missing out of offering vital support to these survivors who are also likely not to speak English? (as women's service not available when perpetrator not placed on IDAP).
- The Al-Aman programme in Hammersmith works with Arabic men. There is awareness of the need to bring in communities and encourage their support of the programmes.
- It is apparent that there are very few programmes dealing with this issue. This may be an issue with the number of BME men going through the SDVCs.
- It is also apparent that no other ways are being used/piloted to address perpetrators behaviour and change violent men.
- The group discussed whether a procedure should be implemented for when men who have therapy/counselling who disclose violence towards partner/threats of violence for safeguarding the women/children.
- Jo talked about the importance of projects having Respect membership and not to endorse them through silence.
- It is important that services are inclusive and hear the views of perpetrators and survivors. Felt in the group this was happening though women's support service.
- Pendle in Lancashire have a programme for female perpetrators.
- The point was raised that where the perpetrator is under 18 and dealt with in youth court they are not recommended for IDAP and there are no equivalent programmes for youth offenders.
- The hope is that using Respect standards will encourage funders to support community programmes.
- The importance of research of outcomes could not be rated highly enough as a priority for the sector.
- In terms of accreditation: projects will have 3 years to sign up to standards, as there is a resource issue to implement the standards.

### **General Concerns:**

- Fundraising for the placements, concerns that Social services are referring to non Respect membership organisations
- How to deal with disclosure on Community programmes?
- Lack of male programme facilitators
- Working with young perpetrators
- Language issues
- Data collection of effectiveness & UK based research
- Level of support for women. Feedback varies from area to area
- Feedback that at the end of a 2 year community order perpetrators still had not started IDAP
- Issue raised that does attendance on IDAP teach perpetrators how to abuse in other ways? And this emphasises the importance of women's safety worker.
- The lack of male workers in the roles is also having an impact. Need to recruit more men into the sector for these jobs in delivering the programmes.
- Q. How do we find out what the local quota of probation places are?  
A. To request the information from probation as many have local targets which they have to meet. Courts are key to the process of establishing sufficient numbers of places and can obtain this information for the partnership.

### **Key messages**

Need to **make programmes better** than they are now – meet accreditation standards being rolled out by Respect. Need to involve local areas and services in feedback on this.

**Frontline workers** need guidance on how to intervene with perpetrators. There are safety issues for predominantly female workers.

**Embed cross cultural working;** need specialist serviced in areas of BAME high density; young relationships – they may have grown up with it, now in their first teen relationship - need to deal with them differently from grown men – also preventative work needed with this age group; same sex DV – we recognise that these needs are not being met.

**Work together for funding** - use a joint voice - we don't want to squabble against each other for money – Refuges vs IDVA vs MARAC vs IDAP. We need more money from the Government for it all.

A huge **increase in capacity** is needed. In most areas there is too much need and not enough space.

*“Highlighted a lot of the issues/concerns around perpetrator programme, standards and funding and safety of victims – adult and child.”*

Delegate, Perpetrator workshop

## Workshop 5

# Lesbian, Gay, Bisexual and Trans (LGBT) domestic violence

### Intention of Workshop

This workshop will address LGBT issues, including barriers to reporting, unique needs and best practice.

**James Rowlands**, Domestic Abuse Coordinator, London Borough of Richmond Upon Thames

### Introduction

James is a social worker by training and worked in the Cardiff Safety Unit. He set up a project working with gay, bisexual and trans people and heterosexual men. Now a DV Coordinator for the London Borough of Richmond upon Thames, James is also the Co-Chair of the LGBT Domestic Abuse Forum (see appendix 2 for LGBT DA contacts).

3 key questions for the session were:

- What do we know about domestic violence in LGBT communities? (prevalence, risk etc.)
- What works? (there is no Probation Service response). Do we need specialist services?
- What are the barriers and challenges? The theoretical challenge – a heterosexual model is used. Monitoring – is anyone collecting the data? How do we deal with counter allegations?

### Delegate Participation

- The best research available in the UK is published by Catherine Donovan on the CAADA website (provisional report), the research identified 'top 10 physical things' indicating core similarities to the experiences of heterosexual women  
[http://www.caada.org.uk/library\\_resources/Cohsar%20Final%20Report.pdf](http://www.caada.org.uk/library_resources/Cohsar%20Final%20Report.pdf)
- In this core sample, people are more likely to report to a GP (unusual in a heterosexual context). Only 10% of people report to police and 10% report to a specialist LGBT organisations.
- Reporting is the issue – not dealing with the individuals.
- The problem is how agencies are getting the message out and not using the routes that work. In a study of routine enquiry, 3.4% of women and 1.8% of men disclosed – women were more likely to be asked.
- There are different agendas for different agencies, competing priorities can negatively affect the response. An example is of a case where the perpetrator and the victim were not identified - both people were arrested. A neighbour called the police but those people were unlikely to report again.
- Options are important. In Birmingham they have taken experience from Harrow, giving cameras to partner agencies which can support prosecutions. Also a Civil Orders Partnership where the victim is in control has made a difference to cases which would not have been reported to the police.

- Under reporting is still such an issue – people won't go to health or the police - but they know we are gay workers so they come to us.
- Counter allegations – even in cases where the identity of the perpetrator should be clear because of counter allegations they are not identified – there are very few specialist services to help resolve this lack of awareness and knowledge.
- There is no theoretical response to perpetrator interventions. IDAP is written for heterosexual men – there also needs to be a service for survivors running alongside.
- What scope is there for the IDVA role? They are used to responding to counter allegations and may have dealt with LGBT DV.
- No matter how professional or caring someone is – can a GP respond effectively? What are their comfort levels in dealing with sexual violence or will levels of discomfort obstruct a full risk assessment.
- How do you make the case to a commissioner to pay for an additional LGBT service? Risk indicators are shared but there are additional specific factors around sexual orientation, gender identity and social isolation. An IDVA can incorporate this using the LGBT power and control wheel ([http://www.caada.org.uk/library\\_resources.html#11](http://www.caada.org.uk/library_resources.html#11)).
- MARAC – does a specialist representative attend every meeting or is there a consultancy type link?
- 'We sit on the Forum and are pulled into the MARAC when there's a case'.
- In one MARAC a woman's sexual orientation was used as an aggravating factor of risk – 'the fact that she was a lesbian'.
- SPECSS+ model includes 'cultural isolation'. Do those police officers know the questions to ask which relate to 'cultural isolation' in a LGBT context?
- In Richmond there has been one case in 6 months – we know from prevalence that it should be proportionally the same as for heterosexual women.
- Issues of under reporting are similar to those in relation to under reporting in black and minority ethnic (BME) communities – the same questions apply. What do LGBT communities do? Where do they go? There needs to be more work with GPs given the stereotyping of lesbian women where some women cannot access cervical screening because it's thought 'they don't need it'.
- James Rowlands has never seen a risk indicator tool which is inclusive of LGBT specific issues. Significant factor is that a huge number of perpetrators are ex heterosexual male partners of lesbians. Women are less likely to kill each other. Murder is more prevalent in gay male relationships (compared to lesbian relationships). MARACs are not working for LGBT people - not because of the MARAC model – there are silos of practice – LGBT practitioners are sometimes deemed as specialist just because they are gay and have taken an interest in the area or are the only gay person in the office.
- The Dyn Project is the only evaluated project with a CJS perspective: [http://www.caada.org.uk/library\\_resources.html#11](http://www.caada.org.uk/library_resources.html#11)
- Theoretically MARACs should work well. It does not need to be an LGBT IDVA but in practice they must take into account specific needs. Ideally the individual should be asked what service they want but there is no choice so the generic sector needs to ask what they should be doing. MARACs generally don't include LGBT. 'We talk about the coordinated community response, it just needs to include LGBT communities – and not as an afterthought.'

- Experience of linking LGBT and DV Fora in Brighton and East Sussex was that it can be a very lengthy and difficult process because of lack of trust. Communities are saying they want specialist services which is also difficult. 'We're trying to build in competencies among generic services.' Also considering seconding a development worker to take these issues forward.
- Often housing interviews take place in reception – not an interview room and people are placed in hostels. 80 'safe house' beds in the country – better than 5 years ago – high demand (full waiting list).
- There is no accredited training – a small number of people in the field – best people to approach are MALE, Broken Rainbow, LGBT Domestic Abuse Forum.

## Key messages

There is tension between **generalist and specialist** services. Do MARAC have an LGBT rep? If not, where do you get it? There is only the voluntary sector to look at. Generalist services need to take responsibility to see that LGBT needs are met.

**Risk Factors;** what is common between heterosexual and LGBT DV? What can any generalist provider recognise as a problem? For example, in one area it was discovered that professionals don't ask young gay men or lesbians about sexual violence. We need tools and networks to start to deliver this work.

**Coordinated Community Response;** the LGBT sector is not well funded/resourced. The statutory sector has an obligation to engage with LGBT. A need to go out and engage in a substantive fashion which brings resources with it.

*"An issue that is highlighted regularly but little is around on a way forward. This workshop helped with this."*

Delegate, LGBT and DV workshop

## **Workshop 6**

### **Diversity – fear of the unknown**

#### **Intention of Workshop**

Honour based violence and forced marriage are just some of the problems of domestic violence in diverse communities. This workshop will seek to demystify, explain and offer solutions in this vitally important area.

*Jasvinder Sanghera, Founder and Director of Karma Nirvana, Author of “Shame”*

#### **Introduction**

Jasvinder Sanghera (JS) introduced the workshops by outlining the work of her organisation, Karma Nirvana, a national project that she established as a result of her own experiences of watching her sisters submit to arranged marriages and running away from her family at 16 to avoid the same fate.

So-called “honour violence” is an increasing issue. JS explained that Karma Nirvana is now taking on 15 new cases a week and receiving 200 calls for support a month. On April 11<sup>th</sup> they launched the ‘Honour Network’ and a national helpline staffed by male and female survivors that had received over 100 calls to date. Contact and calls come from those being forced into marriage, those who had been disowned by their families and those who had married and were now reluctant sponsors of people coming into the UK.

The helpline number is 0800 5999 247 (9am to 9pm)  
The office number is 01332 604098

#### **Delegate Participation and discussion**

- **How to mainstream this work**

JS noted that victims often talk to a friend, not necessarily an Asian friend, so she recommended mainstreaming through education, for example within the PHSE curriculum. She mentioned that the DFES is currently developing a poster campaign for schools. Forced marriages also need to be part of domestic violence education (not ‘hate crime’).

It would be a mistake to believe that a community with only a small minority community would not be experiencing forced marriages – in fact, a small community might contain more isolated individuals than a larger community. Also this was not only a South Asian issue – it might be experienced within Iranian or Kurdish communities to give only two examples. The majority of victims are British-born.

Where a partnership took proactive steps to put communication, systems and support in place, they would find that people accessed that support. The Government Forced Marriages Unit is a 24/7 resource available to those working in this field.

- **The importance of working within child protection policies**

JS recommended partnerships should develop strong protocols and have them signed off at Director of Social Services level. She advocates that the age of sponsoring someone to come into the country should be raised from 18 to 21.

- **That this is not a diversity issue**

If treated as such, there remains the risk that people will feel constrained by cultural or religious sensitivity. It needs to be dealt with as child protection, domestic violence, rape, risk, human rights – as appropriate – and anyway as a crime. Even in arranged marriages duress can be a

factor. It is also important to consider the impact on siblings, and treat the matter as a whole family issue.

- **How partnerships and advocates should work**

JS recommended debating these matters within community safety partnerships within a confidential and 'safe' environment. From there, partners should develop a local action plan with clear accountability.

She explained that she had developed a risk assessment template and shared the information with Police. She was now trying to identify Force leads for information sharing between Police Forces. The Police had had some success in working with community leaders to change beliefs, but this was hugely challenging.

JS outlined a key role for Housing in relation to people with no recourse to public funds and mentioned that good practice had been developed in relation to this in Bradford. She argued that following the ruling in *Oxfordshire v Khan* and using the National Assistance Act, the Every Child Matters framework, the Human Rights Act and the forthcoming Forced Marriages Civil Protection Act<sup>1</sup> were useful ways of gaining support for victims including gaining social services assessments and refuge provision. Organisations that tried to ensure victims were being dealt with as asylum seekers were not employing good practice.

The 'Luton' report, accessible through the Karma Nirvana website, contains a wealth of research and good practice recommendations.

- **How to work with young men who were affected**

JS stressed that this was an issue for men and couples as well as women. There were challenges in relation to refuge provision and the Forced Marriages Unit was now supporting the development of suitable provision. It is important to have male project workers, and a network of male survivors. JS felt that men's experience post-marriages is often different from that of women, and that issues for gay men also needed to be considered. However, it was important to establish suitable men's services in their own right, not to expect women's service to expand to meet this need.

- **How vital it is to keep in touch with survivors and victims**

JS stressed the importance of establishing a new community and support for survivors and victims to replace their former communities and families. There may well be more than one perpetrator in these cases, and the wider support was therefore very important.

- **How risk assessment and managing risk are crucial activities**

Whether the victim is at home or has left home, risk assessment and management provide the basis for all subsequent interventions and support. If a victim wants to remain in a family and/or marriage and understands the risk, then they should be supported.

- **That the criminal justice process needs to understand victim impact**

JS gave an example of a successful prosecution and outlined how much work had been done with the victim in relation to her 'owning' what had happened as a crime. It is also the case that often those in the system do not understand how a parent can behave in this way and this makes them unwilling to accept that it has happened. The CPS has appointed a national lead, and the Forced Marriage Unit is now writing guidance for Crown Prosecutors.

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<sup>1</sup> This becomes law in the autumn and gives a duty to statutory agencies (including Crown Prosecutors, Education, Police, Primary Care Trusts, Social Services) to monitor and respond to cases.

## Key messages

Forced marriage and so called honour violence is **not a diversity issue**, you will get stuck in religious doctrine and cultural issues. This involves child protection, domestic violence, human rights, multiple rape. This approach will lead victims to identifying it and practitioners to dealing with it.

Be proactive to **help communication** – at Karma Nirvana we have open and honest communication. We get schools and young people engaged in the issue. It is important to get survivors involved, a network for a support, families disown and the risk doubles.

It is important to **support victims**. The honour networked opened on April 11<sup>th</sup> 2008. We need to be aware of how to sign-post victims; there may be more than one perpetrator.

**Risk assessment;** It is crucial to use MARAC

The forced marriage civil protection bill comes into place in Autumn 2008 and is applicable to all statutory agencies.

*“Excellent insight into the work taking place through Karma Nirvana’s lobbying and also some of the ways other areas have taken the HBV issue on.”*

Delegate, Diversity workshop

## **Workshop 7**

# **Domestic violence forums. Harnessing the potential of the frontline**

### **Intention of Workshop**

DVFs continue to operate all across the UK. Are they delivering to their potential? Explore how to make them do exactly that.

**Sally Jackson**, *Manager - Hidden Violence and Abuse, Portsmouth City Council*

### **Introduction**

What works within the Portsmouth Forum (*see also handout notes appendix 2*):

- Having a violent crime lead in police above the DV forum
- All bids come to the forum, so agencies do not compete against each other and can join forces to put together a funding bid (if forum does not agree it doesn't happen)
- 20 – 25 are in each meeting / strategic managers / meets quarterly
- Sub groups in between are important for operational issues from local frontline staff to practitioners. Children sub groups would include social care, education etc
- Targets are set by practitioners and then it's up to the forum for action plan
- The DV Coordinator is NOT the forum coordinator, she coordinates at a more practical level
- Jigsaw Approach = genuine partnerships. The local authority role is to empower not to take over. The voluntary sector should lead the way and use their expertise. Agencies held to listen to the voluntary sector even if they say things we don't want to hear. DV is about power & control: the LA should not itself exercise power & control.
- You need some passionate people with commitment then build structure around them
- Look at the crisis point then look at what happens after crisis, a whole package for support is needed
- Look at evidence based work, there is lots of information around, use it
- Aim to mainstream work in agencies

### **Delegate Participation**

- One DV Coordinator set up commissioning groups: there is a conflict of interest if people are commissioning themselves (if this is the same as DV forum people) and conflict between a campaigning role & commissioning.  
A. The DV forum can act as a filter and pass commissioning to others. It can also pass the campaigning role to others.
- In one DVC area the project management board is a strategic role . The DV forum has little power – how can one empower group?  
A. Money is power – if the grant fund is large & in the hands of the forum, it will have power (but the forum itself is not funded in Portsmouth).
- How do you manage funding bids through the forum?  
A. People discuss them informally first then they are raised at the forum

- Some forums are registered charities, what are the advantages? How many are voluntary sector?  
A. Can be from voluntary sector. Where there is no charitable status, but have links to a local charity then would have more possibility of a successful bid.
- Who chairs the forum?  
A. Portsmouth have had a series of different people, most important is that the chair has a real understanding of DV & diversity, whatever agency they come from.
- In Bath & NE Somerset a private sector solicitor chairs and is able to challenge all agencies. This point is supported by another delegate & a forum chaired by a magistrate also works well.
- You should have a job description for your chair and an induction. Offer training to the chair from the voluntary sector.
- What makes a forum successful? How do you avoid too much networking but no delivery?  
A. Measurement – one being making people safer. But this is difficult to measure.
  - Do a gap analysis & build an action plan and update it regularly
  - Recognise networking & then practice development by getting in expert speakers
- In Staffordshire the steering group provides information to practitioners four times a year. Encourage agencies – have speakers, do training.
- Bromley has a very active forum – up to 35 / 40 people. Health and housing association are involved, they meet all their targets and networking is a benefit. Reward money is not going to DV, but going to keep council tax low [problem echoed by others].
- In Wales it's difficult to fill void posts, sometimes for years.  
A. Problem is that Coordinators get overwhelmed with DV work dumped on them. You need to keep their JD short and make sure they refuse extra work
- There is a need for a national standard (and association?).
- Charge for training, pay voluntary sector to release staff for training.
- 2 areas have found that the forum has become more of a coffee morning  
A. Run development days once or twice a year (as Portsmouth), be clear what you want out of the forum, value what agencies are doing, set small achievable targets. The LA can enable this to happen.
- Q. How do you manage in a wide area?  
A. Have a JD for chair, induction, training (change yearly or every 2 years) have LA undertake admin tasks. Sally Jackson (Portsmouth) prepared to share their JD if people are interested.
- Lancashire Chair of Forums: Get right strategic level, have good training for agencies, change time of forum so different people can attend. But there is a problem with GPs attending.  
A. Have sub-groups so practitioners can meet together & managers can meet at strategic level. People will turn up if it is relevant to their level/work.
- In Derbyshire there are 5 forums in the county, how do you avoid talking shop?  
A. You can have outputs as targets, this can be networking meetings as such....outcome is then getting people to the right agency for help whichever one they present to. Networking in itself is a benefit.
- Job description for coordinator?  
A. Have it project based (Portsmouth).
- Women's Aid: You can get guidance from the Home Office on DV forums & role of Chair etc  
Q. Do people use gender impact assessment?  
A. In Portsmouth yes. An outcome has been to have women only services and some help for all (men as well).

- Suffolk: The roll-out of MARAC has helped – do a presentation to people involved in MARACs and this helps get agencies involved. Portsmouth: reducing victimisation = outcome of successful MARAC – keep stats & use this as argument for cost effectiveness of MARACs.
- North Somerset: The CDRP has given more power to the DV Forum which is now incorporated into it. Q. Who has decision making power?  
A. There should be one role per agency not per person & make certain the voluntary sector are seen as experts
- Do risk assessments to decide who to priorities & train agencies.
- Derbyshire. Have a risk assessment tool which directs agencies to the appropriate tool (see Derbyshire website).
- Q. Expectations of agencies, where do I put priority? MARACs can last 5 hours. Can't then expect people to attend forum on monthly basis as well. If it is happening at operational level, why prioritise forum?  
A. Be clear why you want a forum. Don't have it just for sake of having it. Have flexible structures, times change, you may not need it. NO longer requirement under DVIP to have quarterly information.
- Don't forget most survivors do not want to use the CJS – don't just concentrate on MARACs, don't just stick with BVPIs.
- MARAC is high risk – need also to concentrate on early intervention & don't just help people at risk of murder.
- Swansea: The Welsh Assembly does require that DV forums are run – there is no option.
- Witness Care Unit: DV victims are offered safety planning in some areas.
- Victim Support: Outreach workers do help with safety planning.
- North East: Develop an outreach service and within 48 hours ensure a risk assessment is done. Need to make sure the outreach service are trained to manage risk themselves rather than pass it on to other agencies. Need to fight to keep money we have – stand your ground – argue.

## Key messages

**Structure of forums;** need a good solid structure with job description for the chair. Be clear about what you are meant to be achieving.

DV Coordinator and Forum Coordinator – enable but don't do the work; all work cannot be completed by the coordinators.

**Funding is power.** Funding bids come through the forum, partnership working on combined bids. £2 million has been saved in Portsmouth by being effective in the use of money.

**Accept the quiet stages;** people are passionate about this subject and it will peak again. Look at the huge advances in domestic violence work, more Refuge places, MARAC, IDVA and outreach services.

**Adapt to local need,** not what you would like to be doing

*“A useful pointer from a DV forum already working well, gaining best practice knowledge.”*

*“Gave us clear focus on determining what we are trying to achieve.”*

Delegates, DVFs workshop

## **Workshop 8**

# **Specialist Domestic Violence Courts. Luxury or necessity?**

### **Intention of Workshop**

The criminal justice system is only part of the answer to domestic violence so should every court area have an SDVC?

*Anthony Wills, Chief Executive, Standing Together*

### **Introduction**

- See the list of SDVC components on the workshop handout (see *appendix 2*) – if you have all of these then you are doing very well. All 12 components are needed to ensure a complete ‘CJS’ system to respond to DV.
- SDVCs are a good thing. There are more convictions from such a court but it also introduces key elements of a Coordinated Community Response.
- Trial only SDVCs are not so effective. It is clustering and fast tracking that provides the most benefit from within the court.
- Safety is the most important thing. MARACs are crucial for safety. IDVAs focus on safety also – not just at the courts.
- The SDVC national review showed that not enough is done within the SDVC system for BME communities.
- SDVC data is a concern as collection is patchy and performance management often ineffective.
- Linking the SDVC to children and children’s issues is a problem. There is a need to consider what is to be done with children of perpetrators – there is a sad lack of linkage to children within the SDVC system.
- See appendix 2 for web information on a national SDVC review and the components of an SDVC.

### **Delegate Participation**

The majority of delegates have an SDVC already – 11 are trying to develop an SDVC

#### **CHILDREN IN DV**

- Nottingham: They have a new Young Witness Service programme focusing on the children in DV cases. There was already a specialist Young Witness Programme and now they have a specialist DV section within that. This is provided by Victim Support Nottingham from Comic Relief Funding. 3 months of support is provided for children that are witnesses and are referred by social services.
- Wirral: There is the need to focus on getting vulnerable witnesses into court but also need to address how to look after children of victims going to court. They have an agreement with Sure Start for providing child minding while parents go into court. The children stay with the child minders prior to the court case so that they get familiar with the surroundings and are

comfortable there when left on the day of the court case. This is funded half by Sure Start and half by the CPS Partnership.

- NW Hampshire VS: Have similar Witness Service support and Victim Support services whether the children are witnesses or victims. Several others have services like this linked into their court.

## **DATA COLLECTION & AGENCY BUY IN**

- Several areas have data problems. What is others experience of getting data?
- Anthony Wills (AW): There is CPS data but it has gaps around other agencies such as police and probation. Standing Together employ a data analyst to collect data on every case which is costly but the best solution to have quarterly data on SDVC.
- One delegate stated: our data and CPS data doesn't match. The CPS say we're in the red over the last couple of months but are data says we're not. We have trouble collecting data because partners don't collect data in good time. Need help from the partnership to deliver data. Had a data person but the employment was too costly. CPS or Court help on data collection would be great.
- AW: West London has problems with performance data. ST knows exactly what happens with every case, so horrified when the report said we were in the red. Data from CPS is bound by whatever the CPS measures. Figures were out from ours by 67%.
- South Gloucestershire: Have two systems of collecting data: 1. Via IDVAs who are good at collecting data and 2. Via the Monthly Operation group that supports the SDVC – supported by lots of agencies and at which the SDVC cases are reviewed. A pro-forma is given out in advance for each agency to make notes per case and everyone is willing to fill in their bit. There is also some data received through the MARAC.  
When asked how she achieved willing participants? Name and shame them if they do not; pull rank and get their managers involved; prove that it's working to get it funded and well attended; feedback the good news stories, agencies love positive information. LCJB have been great supporting the court in her area.

Her email is: [Charlotte.Badlan@southglos.gov.uk](mailto:Charlotte.Badlan@southglos.gov.uk)

- Devon: Data collection from partners can be relatively easy to achieve. One page of data is required each of the partners and they are phoned everyday for a month until it is received.
- Police Cumbria Partnership Support: They manage the data and have access to police and CPS data and can get statistics from the courts.
- One delegate states that in their area the LCJB has to be pushed – it often comes down to personalities.
- AW: The National Government has gone as far as it can. There is a need to take these issues on a local level. Get a really good trainer to come and train people high up in the chain, and convert them.
- South Gloucestershire: If your LCJB is really not helping, contact one that is helping and get them to liaise with your LCJB to assist and convince them.
- The area needing work on with the SDVC is the buy-in from Defence Solicitors.
- AW: Not sure if buy-in from Defence Solicitors is absolutely necessary. If the court works then Defence Solicitors are taken on the journey anyway. If you can get them on board that's better. When SDVCs work effectively then Defence solicitors see there's no point seeking another adjournment because victims won't drop out – often leading to an early guilty plea.
- Access in Glasgow: Defence Solicitors appreciate knowing more about DV so they know when the wool is being pulled over their eyes by defendants due to understanding the abuse better.

## SDVC THE PROCESS

- Wirral: Are we losing pressure to have SDVCs?
- AW: The good partnership working in areas is often not matched by performance and West London SDVC can be an example of this. From an accountancy point of view is it worth having an SDVC if it takes money from MARAC and IDVAs? The answer is that it should be all these approaches.
- Is CJSSS is causing trouble with the SDVC?
- AW: CJSSS (simple, speedy, summary). A new approach in courts with varying responses to its delivery and success. Some people think it's great, some people don't. The idea is to get cases completed more quickly and effectively. Connect the CJSSS process to make it work with the SDVC system. Need the SDVC structure to support the process. Need a well developed operational group that looks at processes and makes them work, it needs that level of practitioners involved.
- Cumbria: Ran CJSSS and SDVCs and it was helpful throughout. The SDVC protocol was based on CJSSS.
- Some Magistrates Courts say they don't need an SDVC because of CJSSS. But they need the SDVC components which is where the greater change can occur. More dialogue with courts is needed.
- If you can get a couple of Magistrates on training you can transform things. Carry out multi-agency local training and share experiences of victims in some small way to build the way for change. The head of legal services / clerk of the court is where the power is to make the court consider DV and train on it.
- One area reported that CJSSS is making the SDVC harder to work.
- AW: CJSSS shouldn't damage the SDVC. Some of the problems with West London SDVC can be that Police may not get the best evidence; there can be an 8 week wait before CPS make a charging decision; the CPS lawyer who makes the charging decision is not the one who prosecutes the case; there are different legal advisers who are trained on DV but don't know the ins and outs of the case. We mustn't hold the victim responsible for the evidence, it is the agency who must make prosecutors effective.
- In some courts around the country the CPS examine cases quickly and prosecute quickly. They have a designated CPS lawyer and Legal Adviser for DV who take responsibility for the process.
- One example of the experience of being a pilot SDVC was: very first case was a common assault and the victim had special measures (video link) but the court would not let her access the building through the side entrance. The delegate sat with the victim until they were allowed in but the wait caused the victim distress. The prosecutor knew nothing about the case, the perpetrator brought in late evidence. Makes her wonder if the voluntary sector are being heard or listened to – any operational group should have the voice of the victim there. Need a good structure in place to support the process.
- Problem with triple listing of DV cases. It's down to the government target on time limit for cases at court. Cases end up going into the non-SDVC Court or coming back at a later date. All courts have speed targets. Cluster courts have single listing as compulsory, if there is double listing the other case is non-DV and goes on second.
- One area was trying to get referral links to drug misuse and DV services. Need to secure these referral routes. Would be great to have IDVAs trained in substance misuse.
- One partnership had an IDVA paid for by DAAT for drugs and alcohol misuse cases. They also collect data on that to show the strong link between these issues.

## **AFTER THE SDVC**

- Wimbledon Council: Scenario happening where the perpetrator is sentenced, Probation inform services when the perpetrator is going to be let out. The case is high risk and goes to MARAC, and the Housing officer is then asked to move the victim on. It seems once the perpetrator is released the woman has to be moved on, which is a faulty concept. The suggestion is the victim is not safe any other way, not safe in a refuge. Perpetrator should be held to account and rules should be put in place to protect the victim.
- Can get safety from the family/civil justice area but you can't get legal aid so it's a real problem if you can't afford an injunction.
- Bedfordshire: With sex offenders they serve their term in prison and are then managed in the community, there are all sorts of measures to manage this risk. Why not have a domestic abuse register?
- AW: Jim Gamble suggested that and it did not achieve support. Brian Moore, the new ACPO lead, is still pushing it. MAPPA, PPO and MARAC can do that sort of thing. Tuned in partnership can do it but it is easier with statutory backing.

## **TYPES OF SDVC**

From people in sessions: Majority cluster courts, only a couple of trials only courts.

## **DV TRAINING**

- CPS South West: Magistrates Training – really good training available from local forum, opposite JPs.
- CPS West Lancashire: DV training delivered 18 months ago, either a morning or an afternoon. Have a difficulty getting buy in from Magistrates for a full days training.
- Nottingham: Magistrates were queuing up for half a days training in Nottingham. The influence to encourage training comes from the head of legal services / Clerk of Court.
- Training can transform the way the Court's deal with DV.
- One delegate stated that they had a JP who struggled to see the difference between a minor assault on the street and abuse in the home. You can complain about Judges to the Ministry of Justice.
- South Gloucestershire: You must have a trained bench. In our SDVC the Clerk won't let anyone sit in the SDVC unless they've trained.
- CS Partnership Birmingham and previous Magistrate: Struggle with the issues – why isn't DV training mandatory? Why are some of these cases staying in the Magistrates' Court when they should be going to Crown Court? We need to gear up and train Magistrates more, influence them. Go via the heads of legal services to do this.

## **THE AWAITED RESTRAINING ORDER**

- There's a restraining order in the DV Act but no commencement. It was meant to be in force on the 1<sup>st</sup> July 2008. Pressure must be put on getting the restraining order available for Magistrates and CPS to have an answer to what to do with released perpetrators in the community. The government have had all the credit for the Act without putting it into effect.

## **PUBLIC PROTECTION UNIT**

- Birmingham: Will SDVC be affected by changes to do with the public protection unit? SDVC may be asked to deal with other matters, more than just DV.
- South Yorkshire Police: Public protection units deal with high risk offenders/victims. Have SDVC and fast track but don't have an actual court.

## **IDVAs at COURT**

- South Yorkshire Police: One issue in this area for police is who is going to service the court? IDVAs are too busy already. There are resource issues and problems around delivering the big agenda. The majority of DV cases are non high-risk cases and only high-risk get the specialist services.
- AW: IDVAs play a vital role at court and are needed for accreditation. They can identify and support those who have not benefited from a referral process. They are also an excellent source of information both for the prosecution and for the victim if not present at court.
- Dorset: We have two specialist courts, MARAC and IDVA. Our courts very rarely have IDVAs at court, the IDVAs go to MARAC.
- SDVC IDVA: An IDVA being there enables the victim to come to court. They support the client and look after their safety and everything that involves. Also outside of trial days they can assist the victim e.g. Bail conditions varying for the defendant, an IDVA can ring the client and check that these new conditions are okay for them and IDVA can stick up for the client in court if they're not.
- London Probation Woman's Safety Officer: It is much easier for a victim to come back to a person they know, even if it is not for long term support. The risk can go up and down in a case but it is still good to have one person as a link to them.
- Dorset: The majority of cases in SDVC are not high risk
- Other: We don't have finances for sufficient number of IDVAs. Instead we have a police officer that goes in to deal with issues that arise.
- Teesside SDVC: Even if your court is only dealing with guilty pleas and input at the PSR stage IDVAs have an influence and can help. Reviewing the court process is helpful in order to see the link and see what does work.

## **FUNDING**

- Buckinghamshire: Wanted an SDVC but need IDVAs – they have trouble getting funding for IDVAs because they don't have an SDVC. Where are people getting their funding for IDVAs outside SDVC from?

### **Responses:**

- 2 IDVA posts funded, one by CSU and one from local Borough
- Community Safety Team at Local Borough Council
- From Local area agreement and Northern Rock funding
- Birmingham has 4 SDVCs, 5 IDVAs funded by the community safety team and the partnership
- Refuge and Kent Police funded one each.

## **IDAP**

- Leicester Probation: Trends are appearing showing the Impact of the SDVC on sentences. Increase in IDAPs but Probation can't service the demand so only carried out in high risk cases. Other sentences have to be found. Mostly custody for DV happens in Leicester.

## **POLICE HELMET HEAD CAMERAS**

- Strategic Domestic Abuse in Wales: Magistrates threw a Court case out due to lack of evidence but managed to get it back in from head camera footage from police. If you can get head cameras then that's great evidence. Head camera footage and photos are really convincing evidence to have.

- Wakefield: We use head cameras – they are compelling evidence. Contact them if you want someone to convince people they should get them.
- Do we need head cameras to convince Magistrates to prosecute? Already need 2 police officers and forensic evidence.
- Cost effective to have head cameras as it leads to more guilty pleas. The cost argument is therefore to have better evidence earlier and an earlier guilty plea.

### **NON-PHYSICAL DV**

- CPS: Can SDVCs do more for emotional abuse DV? Success of SDVC is the quality of personnel involved. A dedicated prosecutor understands the facts of DV and a legal adviser with dedication. Trained magistrates have better chance of other forms of abuse being appreciated.
- Birmingham: It's difficult to demonstrate sufficiency of proof for non-physical DV. Better to do orders via the civil court on these aspects because lower standard of proof there. DIY injunctions, letters from local authority so Victim doesn't need to be in court – think laterally of other routes to get results for survivors. Very few psychological cases go through the court – would need a test case to open the doors.
- With psychological and emotional abuse lots of cases are not coming to court because it's not physical abuse. Police agree there needs to be a collection of 3 or more reported incidents of shouting then high risk enough to go to MARAC. If case has gone to the MARAC then it's high enough risk for court to take it seriously.

### **Key messages**

The key point is that an **SDVC improves** the experience of the CJS for the victim and their safety. They also support aims of all the statutory sector agencies. Partnership works and the SDVC is an example of this – where it is working well and funded well is where there is a strong partnership working together. The SDVC is but one element of a fully **coordinated community response**.

**Data collection;** those who were successful had a coordinator pushing them, this is what made the difference

**Children;** there are many issues and also many solutions offered – people with solutions to caring for the children in DV case have secured funding and support from partner agencies.

**Fundraising and support** for IDVAs and **training for court staff** on DV issues. We mustn't argue amongst ourselves.

*“I was particularly interested in the witness services for young people – an area of work needing more discussions/implementation.”*

*Delegate, SDVC Workshop*

# Turning data into funding

Presented by Diana Barran

Chief Executive: CAADA



## Types of Data

- From your project:
  - Qualitative
  - Quantitative
- From Partner Agencies:
  - Qualitative
  - Quantitative

Note reality of 'shared' outcomes

[www.caada.org.uk](http://www.caada.org.uk)

2

Safety is complex and very hard to measure.

Safety is a key outcome all partners are working towards. There has to be coordination, trust and a partnership to look at safety outcomes and which bits each partner contributes to.



## What can you measure?

- Baseline
- Inputs
- Outputs
- Outcomes
- Impact

[www.caada.org.uk](http://www.caada.org.uk)

1

**Baseline:** what a person's life was like before – capture as data

**Inputs:** time spent, people involved

**Outputs:** counselling sessions, times at MARAC, court cases

**Outcomes:** safety

**Impact:** cost more widely e.g. impact on society and also a few costs avoided



## Example 1: The MARAC

- Inputs=cost to run MARAC
- Outputs=# of cases
- Outcomes=reduction in repeat victimisation
- Impact=cost saved to society

www.caada.org.uk

4



## Outputs

- Number of cases referred to and reviewed at MARAC
- Source of referral
- Data relating to diversity including ethnicity, sexuality and disability
- The total number of children involved

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An extra set of questions become relevant when looking at the outputs.

The bulk of referrals in early months come from the police. Look at how to open that out.



## Outcomes

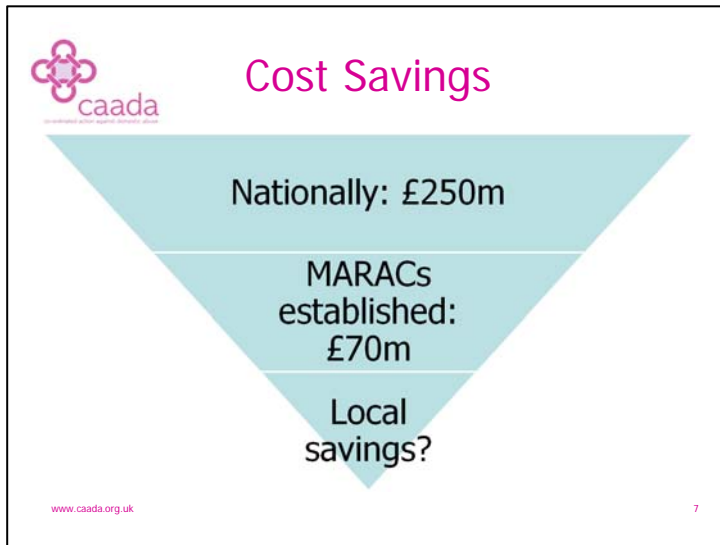
	Total Cases Reviewed as at December 2007	Data from mature MARACs
Number of Cases	9,300	1,705
% of non-police referrals	21%	17%
Repeat victimisation	29.7%	30%
% of cases from B&ME victims	4.6%	11%
% of referrals from LGBT communities	0.2%	0.7%
% of disabled victims reviewed	1.0%	0.6%
% of male victims reviewed	1.8%	1.5%

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### Outcomes of MARAC

There is a lack of referrals from BME community. Up to 11% if working over a year



In terms of impact....

Look at the number of cases resolved because of intervention by MARAC – who knows what this saving might be?

**Example 2: NI32**

Reduction in repeat victimisation through MARAC

- Some Ideas:
  - Inputs: average # agencies per case
  - Outputs: average # actions per case, total actions, actions per agency
  - Outcomes: reduction in repeats
  - Impacts: reduced attendance at A&E, fall in children on at risk register etc

www.caada.org.uk 8

NI32 is a national indicator on reducing repeat victimisation for every agency that attends MARAC

There is then the potential to harvest richer evidence for more funding.

DIP sample cases where abuse continued and where is stopped

**Example 2: NI 32**

- Opportunity to shape future funding
- Opportunity to learn more about what works
- Opportunity to identify where funding could be directed to best effect

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CAADA is carrying out data collection with 8 IDVA services. It's important to spell out things we think we know in our bones.

Look at what has happened where abuse has ceased.

*“Diana Barran has given us the tools to implement MARAC’s”*  
Delegate

# The Outstandings Awards

**Awards for outstanding work within the field of domestic violence**

**Presented by Baroness Helena Kennedy, QC**



## **About the Awards**

Domestic violence continues to be a difficult issue to resolve and the coordinators' role is often challenging and slow to deliver rewards. It remains one of the least recognised and complex roles within community safety and other disciplines.

As a means of recognising those who have provided excellent work in this difficult area we asked local councils to nominate a coordinator for an "Outstanding" award when they have performed particularly meritoriously. The winners were judged by an independent panel to have performed the best within the context of their role. These awards were presented at the conference by Baroness Helena Kennedy, QC.

## **Key Messages from Baroness Kennedy**

- Domestic Violence is the most important area of social policy
- We have seen a lot happen over the years but still it is not enough – judges still ask 'why doesn't she leave?'
- Myths still exist that it is a working class issue but it cuts through all classes
- Used to be blamed on the drink, it was thought to be 6 of one half a dozen of the other. 'Women make men hit them'. It does affect men too but the majority are women.
- Has been a long hard slog to get DV issues recognised in the court
- Courts used to ask couples to kiss and make up to get it out of the court
- We now hear about women with no recourse to public funds who are being sponsored for 2 years by their husbands; in DV situations it is difficult to leave, to get benefits or access to refuges.
- There are many women in government who accept this as a serious issue and need to push the door as hard as they can whilst there are people in power who will listen
- This is an issue in all kinds of relationships, both heterosexual and homosexual, about power imbalance
- Today I wanted to pay tribute to those working on the frontline in recognition of their wonderful work
- I work at the other end – women kill and I have to battle to get the court to understand the long term abuse that has been occurring
- There is still much to be done

## “Outstandings” Award Winners



**Cathy Newman**

Family Safety Unit Manager  
Wirral Metropolitan Borough



**Charlotte Badlan**

Domestic and Sexual Violence Coordinator  
South Gloucestershire Council



**Lynne Bosanko-Williams**

Domestic Abuse Coordinator  
Caerphilly County Borough Council



**Dee Edwards**

Domestic Violence Coordinator  
Sandwell Metropolitan Borough Council



**Roy Tomlinson**

Community Strategy Officer  
Devon County Council



**Claire Churchley**

Domestic Abuse Coordinator  
Bedfordshire County Council



**Sue Bridge**

Domestic Abuse Partnership Coordinator  
Cheshire County Council



**Louise Branch**

Domestic Abuse Coordinator  
North Somerset Council

# National DVC Survey

Many attempts have been made to understand and explore the experience of Domestic Violence Coordinators. This important role is defined in many different ways but we felt it was important that we sought to try and achieve a clearer picture of the role, how it was constituted and funded, and the issues confronted by post holders. To this end we asked all Domestic Violence Coordinators to complete an online questionnaire (see appendix 3 for a copy of the questionnaire).

A brief summary of the early findings were presented at the conference and the opportunity was taken to remind delegates of the survey's existence. We have now concluded this process and have received a total of 85 replies. The following is an analysis of those results. The complete results will be available shortly on the Standing Together website: [www.standingtogether.org.uk](http://www.standingtogether.org.uk)

## General

- 85 responses were received.
- 74% (n=63) work solely on domestic violence.
- The majority (77%) of posts are funded by partnership contribution and mainstream sources.
- Approximately 15% of posts are funded by more than one source.
- All 'Government Funding' was only from the Welsh Assembly.
- 87% (n=74) manage the Domestic Violence Forum as part of their role.
- 98% have a Victim Support and / or Woman's Aid refuge in their area.
- One quarter reported having specialist services for Black or other minority groups. However, 44% have specialised domestic violence services for Asian communities in their area.

## Multi-Agency Risk Assessment Conference (MARAC)

- 92% (n=78) have a MARAC or something similar in their area.
- In 88% (n=69) of these, the Police act as Chair (in two cases police are co-chair with Probation and the DVC)
- MARACs are held fortnightly in 19% (n=15) of areas where there is a MARAC or similar. In a further 64% (n=50) of cases the MARAC is held on a monthly basis.
- 45 of the respondents (58% of those with MARACs) felt that there were gaps in attendance. The most common agencies mentioned in this respect are health professionals (16, including 6 A&E), adult care/protection workers (11), drugs/alcohol services (10), probation (6), mental health services (5), Children's Services / Social Care (5) and schools/education sector (4).
- Over  $\frac{3}{4}$  (n=61) of those with a MARAC or similar, review an average of up to 20 cases at every meeting (28 between 1-10 cases; 33 between 11-20 cases). In 6 cases there are more than 20 cases reviewed on average.

## Specialist Domestic Violence Courts (SDVC)

- 41 (48%) have an SDVC in their area. For 19 (22%) development of an SDVC is in progress.
- 39% of those with an SDVC (n=16) have a combination of cluster and fast track domestic violence cases. A further 11 have cluster cases and 6 have fast track cases.
- The majority (27 / 66%) of those with an SDVC scored it 3-4 in terms of how it is performing (1 being poorly performing and 5 being performing very well). 3 scored above this, and 5 scored below.
- 44% considered that witness care / IDVAs were good elements of their SDVC. Other good elements mentioned were partnership / coordination of agencies (15 / 37%) and the training of staff / judiciary (8 / 20%).

- Over a third (14 / 34%) of those with an SDVC considered listing to be a challenge in relation to the SDVC. This was mainly related to the capacity of the court to list all domestic violence cases into the SDVC, as well as ensuring cases are listed appropriately and within the SDVC.
- The awareness and sentencing decisions by Magistrates was felt to be a challenge for 8 (9%) respondents. For 5 respondents (12%) a challenge was commitment of agencies in the SDVC, namely Crown Prosecution Service (CPS) and Probation.

### **The role of the DVC**

- For the majority (62 / 73%) funding was mentioned as being a problem / barrier related to the role of DVC. Getting strategic support and commitment from senior management was mentioned by 28 (33%).
- Other problems / barriers mentioned were ensuring that partners understand the importance and impact of domestic violence (20 / 24% - the health sector was directly mentioned by 5 of these respondents), getting and keeping domestic violence on the agenda (14 / 16%), limited time and resource to do the role of DVC (15 / 18%), limited provision of services in the area (13 / 15%), influencing partner agencies (12 / 14%) and negotiating politics between agencies / getting agencies to work together (11 / 13%).
- In relation to what works well in the role / area, the majority (53 / 62%) felt that the specialist support services / IDVAs worked well. The MARAC was mentioned in 41 (48%) cases. Other elements that were mentioned were multi agency & partnership working (36 / 42%), the Domestic Violence Forum (12 / 14%), the SDVC (17 / 20%), training programmes / initiatives (12 / 14%) and having dedicated groups to drive specific projects (11 / 13%).

### **Partnership delivery**

- The majority (80%) scored support to victims highly as something that their partnership delivered well. Crisis response (69%) also scored highly.
- Perpetrator accountability was considered to be an area partnerships did not score so well, with 45% scoring a rating of 1-2 for this element.
- The responses were most spread in relation to Prevention and Early intervention work. For these elements the responses were approx one third low scores, middle scores and high scores.

### **DVC influence with agencies**

- Overall there was high scoring in relation to influence with agencies, particularly with Police (84% scoring 4-5), Children's Services (67%) and the Voluntary Sector (84%).
- CPS, Health and the Courts appeared to score the lowest in relation of DVCs having influence. 28% scored CPS 1-2 in relation to level of influence, 26% scored the same for Health and 24% for the Courts.

### **Positive changes in domestic violence sector**

- Nearly a quarter (19 / 22%) felt that the development of MARAC had been the most significant positive change in the domestic violence sector in the last 5 years.
- Other elements which were mentioned as positive changes was recognition of domestic violence as a public issue (16 / 19%), awareness raising of the impact of domestic violence (12 / 14%), IDVAs (13 / 15%) and partnership / multi agency / coordinated responses to domestic violence (12 / 14%).

### **New policies sought to develop a better response to domestic violence**

- There was a wide range of suggestions to this question. The most common related to having a robust commitment to funding / funding policies. 19% (n=16) of the respondents who answered this question made a suggestion in relation to this.

- Other suggestions included domestic violence policies being developed in the workplace / employers (13 / 15%), domestic violence to be included in school curriculum / more work to be done with children (9 / 11%).
- 8 (9%) wanted an SDVC. Mandatory training for all agencies was sought by 8 (9%) of respondents. 7 (8%) respondents wanted more multi-agency accountability / protocols and the same number felt better information sharing / data collection would help provide a better response to domestic violence.

### **About the respondents**

- The length of time in post appeared fairly spread, from below 1 year to between 3-4 years.
- The vast majority stated they took on the role of DVC due to their passion for DV issues (77 / 91%). Other common reasons were a desire to help others (37 / 44%) and for career prospects (17 / 20%).
- Over three quarters of respondents' roles sit within a Local Authority. The remainder are within various statutory agencies, apart from 6 who are within a charity.
- Over half (54%) coordinate in a unitary structure. A further 43% are split between and district and county structure.
- 48% are on a permanent contract. The remainder are employed on a fixed term contract.

### **Specific areas of expertise and desired areas to develop**

- Over half (53%) felt an area of their expertise was in partnership working or coordination.
- Other common areas of expertise were working with survivors (22 / 26%), strategy / policy (21 / 25%), training (10 / 12%), working with perpetrators (8 / 9%) and project work / development (8 / 9%).
- These areas of expertise were also regarded by some respondents as areas they wished to develop. 14% (n=12) stated they wish to develop in the area of partnership working / coordination. 13% (n=11) wished to develop in the area of working with survivors.
- Other areas that respondents wished to develop ranged from developing policies and protocols (13 / 15%), Criminal Justice process and the law (6 / 79%), strategic planning (6 / 7%) and funding / fundraising (6 / 9%).
- Over half (59%) stated they would be prepared to be paired or grouped with colleagues who would benefit from the areas of expertise and who have experience in areas respondents would like to develop.

### **Association of DVCs**

- The vast majority (76 / 89%) felt it would be a good idea to have a network of DVCs.
- The aspects which appeared to be most useful (over 90%) were to get contacts in the domestic violence field, view current research on domestic violence, for information on areas of best practice, to get updates to the law regarding domestic violence, and to have an annual national DVC meeting.
- Three quarters of respondents would be happy for Standing Together to take the lead on setting up such an association. All but one of the remainder were not sure.

### **Quotes taken from the questionnaire responses received:**

#### **Q: What would you say are the challenges with your SDVC?**

*"We recognise that currently there is not sufficient IDVA support available to meet demand/need.... but working to secure further funding to expand on the service."*

*"Focus on victim safety is secondary to agency process or 'successful' outcomes."*

**Q: What would you say are the main problems/barriers that you encounter as a DVC?**

*“Main problem is there is too much work and not enough staff and funding. It remains a battle to keep it on the agenda as a priority issue for funding.”*

*“The police do not easily accept the expertise of workers in the sector.”*

*“Funding is a perennial problem. The goodwill is there but sometimes having to go through due processes and procedures takes months (if not years) with partners taking inordinate amounts of time to reach a decision.”*

*“Strategic support is not systemic but relies on a few individuals passion and commitment.”*

*“Seem to spend a lot of my time fire-fighting these issues between agencies. Understanding the frustrations felt by the Voluntary Sector about service provision. Some projects evolve from good ideas but are not driven through the strategy and have a tendency to 'spin off' working in their own silos - then the expectations is that it will then become the responsibility of the Strategic group and ultimately the DV Coordinator.”*

*“Funding should not be 'hit and miss' depending on which area you are in - every area should have funding relevant to its' size / demographics.”*

*“All Agencies / Partners should agree to share information, as they do with adult protection / child protection as the effects of domestic abuse can be and are as catastrophic for all those living with it.”*

*“Young people need separate services tailor made for them as they would not relate to the term 'domestic abuse' as they would not perceive that as being what happens to them.”*

*“The profile of the borough (affluent) means that there is limited recognition that domestic abuse is a cross cutting issue. At the level of the Local Strategic Partnership, this means the focus on quality of life measures like the environment often seem more important than domestic violence. There is also some difficulty in integrating an increasingly professionalized approach to domestic abuse, alongside either generic professionals or agencies that are resistant to this process (e.g. those who have previously deployed volunteers). Strategic support can be variable and is heavily dependent on individual working relationships (though not exclusively), rather than institutional commitment.”*

**Q: What would you say works well in your role/area?**

*“Excellent partnerships result in excellent services.”*

**Q: What would you say has been the most significant positive change in the domestic violence sector in the last 5 years?**

*“A slow but sure recognition that DV is not a matter that should be dealt with in the home or occasionally by the police, but an issue facing thousands of women and children (and some men) on a daily basis and which requires a multi agency approach.”*

*“The introduction of the DV Coordinator has helped to increase the profile and allow the work to have a dedicated role that commits time to it.”*

*“The way Police deal with domestic violence incidents and are now much more victim focused.”*

*“There has been an increase in awareness in the fact that domestic abuse is not just physical abuse.”*

*“The increasing focus on evaluated models that have led to a focus on standardised practice challenged institutional lethargy and encouraged the development of good, multi-agency working.”*

**Q: Is there a new area where you would like to develop your knowledge?**

*“The role of DV Coordinator is seen as a minute takers role, by some within Local Authority. The role is a position of Junior Officer on a nationwide basis therefore a deskilling of specialist knowledge occurs. I have made a difference and been able to influence and change things, however, it has been a constant challenge and battle, and I have done far above my remit as I am passionate about domestic violence.”*

**Q: Why did you take on this role of DVC?**

*“For me DV is the most important and crucial area of my community safety role and the one I am truly committed to.”*

# DVCs Association

The aims of the conference were:

- To share and enhance understanding of the current context of domestic violence coordination and its importance
- To provide a support and networking opportunity for those responsible for developing and sustaining domestic violence partnerships

These two important aims we hope were satisfied through the content, schedule and organising of this conference. However, whilst they may have been fulfilled at this one day event they need constant work. This necessity led to the development of one of the conference outcomes:

- A national Domestic Violence Coordinators association will be considered by the delegates

From the feedback received from the conference (stating strongly that the networking opportunity it provided and sharing of information was most highly valued) and from the survey results obtained there is overwhelming support, want and need for a DVCs association. DVCs want to be able to contact each other, to problem solve with others, to share experience and experiences with others, to support each other, to have a forum for networking and to be a voice in policy making. As stated previously, Standing Together would be prepared to take on the role of administering such an association.

“A DVCs best resource is each other and that is what we should be able to take away from a conference”

“It would have been very useful to include email contacts on delegates list to sustain networking opportunities following conference”

“A National Association of DV Coordinators a good idea”

“I hope Standing Together will be able to get the funding to coordinate the Coordinators network”

“Let’s have a national network of coordinators to lobby for change & standardise best practice on a variety of interventions

We envisage the association functioning as a repository for good practice, problem solving, providing latest information etc and may take shape in the form of a website with updates via newsletter.

For further information or to give us your views and comments please email [j.bowes@standingtogether.org.uk](mailto:j.bowes@standingtogether.org.uk)

# Your feedback

Delegates were provided with an evaluation form in order to provide us with feedback from the day. As well as this, delegates also had the opportunity to leave thoughts and post general comments on message boards at the venue.

A snapshot of all feedback is shown below. Feedback of a similar nature has been grouped together into categories, with some individual responses quoted to reinforce the messages. In total, 117 evaluation forms were returned

## **DID YOU FIND THE EVENT INFORMATIVE?**

Yes 113      No 0      In Parts 1      OK 2

## **WHY IS THAT?**

### ***The speakers and the workshops***

“An excellent and wide range of speakers and subjects were covered”

“All speakers and those that attended have a great wealth of knowledge – information everywhere - thought provoking day!”

“Found the workshops very informative, particularly the one undertaken by Jasvinder Sanghera”

### ***Knowledge***

“Wide knowledge and subject area covered”

“I am new to the role of IDVA. Great to take away some good practices when establishing IDVA, MARACs and SDVC”

“New information and knowledge gained, new perspectives, practical ideas to implement within my agency, networking, the shared struggles and achievements of all attendees felt supportive!”

### ***Shared experiences and networking***

“Great opportunity to hear/share practice and experiences and solutions nationally. Interesting to compare issues with equivalent counterparts”

“Excellent range of perspectives and opinions”

### ***Reinforcement, reflection and reminders***

“Good update and reminder about key issues and how far we have come on a journey”

“It allowed me to listen and discuss and wide range of issues and opinions”

“Good to take time out to think about the national picture and impact that this has had on local work”

“Time to sit back from daily role and consider new ways forward”

## **WORKSHOPS**

Each workshop session was attended by an average of 28 delegates. A common comment from the delegates was that they would have liked more time in them as there were so many avenues to discuss.

“Very well led. Great sharing of best practice” (Health Workshop)

“There was very little time to really engage in a free flowing debate, however, the particular subject matter could have been a whole day in itself” (Children Workshop)

“Interesting to see different policing in different areas. Also saw what was not being done by Police” (Police Workshop)

“Frustrating that there is so often little new to say about programmes. Good to learn about accreditation scheme and new initiatives developing for young perpetrators” (Perpetrator workshop)

“Very informative – a topic which is not often spoken about – but is very interesting and eye opening” (LGBT workshop)

“Good introduction into how to initially deal with forced marriage as child protection and the challenges facing isolation” (Diversity workshop)

“The DV model spoken about was very different to our own, but I still found good ideas to take back to my areas” (DVs workshop)

“Fascinating demonstration of different practices across the country” (SDVC Workshop)

## **WERE THE PRESENTATIONS FROM THE MAIN SPEAKERS USEFUL?**

“Covered topics relevant to DV coordination; gathering data, fundings, statistical work by Tanya Allen particularly interesting”

“Great selection and subjects were wholly relevant”

## **WHAT WAS THE MOST HELPFUL ASPECT OF THE CONFERENCE?**

### ***Workshops***

“Feedback from the workshop speakers so that we knew what groups discussed, not just the two that I attended”

### ***How others work and Networking***

“Discussions involving LGBT, and it was great to be able to network and share information with colleagues from a national perspective and learn other authorities approaches to domestic abuse”

### ***Speakers***

“Diana Barran explaining so clearly the baseline/output/outcome/impact model. We will use it!”

## **AS A RESULT OF TODAY WHAT IS THE ONE THING YOU PLAN TO CHANGE IN THE NEXT FEW MONTHS IN RELATION TO YOUR WORK ON DOMESTIC VIOLENCE?**

We received over 100 enthusiastic responses to this question! They covered putting into practice learnings taken from each of the workshops and the main presentations; passing on information from the conference to colleagues and partners, and:

- Building and strengthening partnerships
- Obtaining mainstream funding for DVCs
- Development of MARAC
- Developing stronger operational policies and procedures

“[I am going to] chase people for information and focus on partnership and relationship building amongst agencies”

“I will take a renewed and fresh approach to Health – never give up!”

“I am going to target more CEOs and people in charge of strategic direction”

“Help our DV forum establish what their role is and how they can achieve this”

## **DO YOU FEEL THAT THERE WERE ANY ISSUES/AREAS NOT DISCUSSED THAT WOULD HAVE BEEN OF BENEFIT?**

Again, here we had many passionate responses. These include:

- Supporting those with no recourse to public funding
- DV and housing
- DV and mental health/disability
- New government agendas
- More on prevention work
- Young people where both are victims and perpetrators
- More work on how to link the DV agenda and sexual violence agenda
- Female perpetrators

“Disability needs to be incorporated into these events in the same way as BME or LGBT issues are”

“Housing – what impact does it have on victims/survivors of domestic violence?”

“More on SDVCs and the future”

## **OVERALL HOW WOULD YOU RATE THE COORDINATING THE FUTURE CONFERENCE? ANY FURTHER COMMENTS?**

Very good 49      Good 52      Satisfactory 9      Poor 0

### **Your Comments**

“A great day – informative and inspiring”

“Well organised, well attended and well received by all I spoke to”

“Extremely good opportunity to share information. Good range of relevant topics discussed”

“Did not learn very much that I didn’t already know but a great opportunity to network, so thank you”

“It was very affordable and that was helpful”

“It was fantastic to see so many other DV Coordinators and to celebrate the good practice taking pace around the country”

### **Future Conferences**

“Look forward to the next one. There is a great need for a conference such as this – look at the numbers that attended. Need for this annually and would be pleased to come again”

“Please have another conference”

“This could be a three day event and explore further each issue/workshop! Please can you make it an annual event”

### **General Comments**

“DV Coordinator posts need to be full-time mainstreamed”

“Domestic violence/abuse should be accepted as a public health issue and moved out of crime reduction”

“More recognition of importance of involving survivors perspectives in policy, planning and development”

“Concern about the widening agenda particularly falling to Domestic Abuse Coordinators – with no extra resource”

“Specialist provision is recognised as a necessary service. Funders should ensure that the specialisms are maintained and retained as long as required e.g. Specialist Asian Women’s Refuges which provide a vital service to society and women and their children fleeing abuse”



# Appendix I

## Biographies



**Anthony Wills**  
**Chief Executive, Standing Together Against Domestic Violence**

Anthony took up his current role in 2007 and is building on Standing Together's excellent reputation for partnership working and specifically the co-ordinated community response. Previously he had focused on developing domestic violence partnerships, particularly as a consultant to the Local Government Association. He continues to work closely with central Government in relation to the Specialist Domestic Violence Court systems being developed around the country.

His decision to work in this sector stems from his experience as a Chief Superintendent in the Metropolitan Police, at Hammersmith and Fulham (1997-2003). It was his realisation (albeit rather late in his career) of the importance of this agenda that led him to support the Standing Together project from the outset. He also sits on the Metropolitan Police Authority Domestic Violence Board, is a member of the London CPS Hate Crime Scrutiny Panel and is an honorary lecturer at the University of Westminster.



**Dale Simon**  
**Head of Office for Judicial Complaints**

Dale is a Barrister who was Called to the Bar of England and Wales in 1986 (Inner Temple), in 1989 she was also Called to the Bar in the Caribbean Islands of Antigua and Barbados. Dale worked in private practice, specialising in childcare law and criminal defence work, until she joined the Crown Prosecution Service (CPS) in 1992.

Dale became a District Crown Prosecutor in 2000 and her last position was head of the West Central London Prosecution service, which has responsibility for CPS prosecutions in the London Boroughs of Hammersmith & Fulham and Kensington & Chelsea.

Throughout her 14-year career with the CPS Dale was actively involved in equal opportunity work. In 1999 Dale joined the newly formed National Equality Committee, and became the Chair of the sub-group on Women in Spring 2000. The sub-group produced the CPS national action plan on Women and work/life balance. Dale also worked on the CPS project teams that drafted the first and second CPS Race Equality Schemes in 2002 and 2005, and the CPS Policy on the prosecution of Racist and Religious Crime.

Dale was the CPS London lead on Domestic Violence and in 2005 produced the Service Level Agreement (SLA) between CPS London and the Metropolitan Police Service on the handling of domestic violence cases.

In January 2006 Dale left the CPS to take up her current post as the first Head of the newly created Office for Judicial Complaints (OJC); as Head of the OJC Dale provides advice and assistance to the Lord Chancellor and Lord Chief Justice in the performance of their joint responsibilities for judicial conduct and discipline.

Dale has been on the board of Trustees for Standing Together for 2 years.



### **Dean Henson**

#### **Detective Chief Inspector, West Yorkshire Police**

Dean joined West Yorkshire Police in 1987. He started his career as a uniform constable in Wakefield before moving to Leeds where he served as a Detective Constable. He was promoted to Sergeant in Leeds before returning to CID as a Detective Sergeant. Having served as a Detective Sergeant for a number of years he was promoted to the rank of Inspector again being appointed as a Detective Inspector.

Dean was instrumental in developing Multi-Agency Teams across West Yorkshire aimed at reducing crime by becoming offender focussed. Prior to becoming the Detective Chief Inspector for Wakefield District he was a Detective Inspector in the Forces Organised Crime Group where he had responsibility for investigating organised crime. In his current role he is responsible for District crime and performance.



### **Diana Barran**

#### **Chief Executive, CAADA**

Diana Barran is the Chief Executive of CAADA, Co-ordinated Action Against Domestic Abuse. She was previously a Donor Adviser and Head of Grant Development for New Philanthropy Capital and co-authored a guide for donors and philanthropists about the Domestic Violence sector called "Charity Begins at Home."

After graduating from King's College, Cambridge in 1980, Diana went into the City as an investment banker. She founded one of the first European Hedge Funds in 1993.

Diana is a trustee and member of the Finance, Investment and Audit Committee of the Henry Smith Charity, a leading grant making trust with annual grants of over £20 million. She is also trustee of the Hestia Fund, a grant making trust that specialises in supporting advocacy projects. She was awarded the Beacon Prize for England in November 2007 for her work addressing domestic violence and in 2008 was elected a Fellow of the RSA.

She is married and has four children.



### **Baroness Helena Kennedy QC**

Helena Kennedy practises predominantly in the criminal law, undertaking leading work of all kinds. She also undertakes judicial review, public inquiries and sex discrimination work. She has acted in many of the prominent cases of the last decade including the Brighton Bombing Trial, Guildford Four Appeal, the bombing of the Israeli Embassy, the abduction of Baby Abbie Humphries and a number of key domestic violence cases. She is currently acting in cases connected to the recent wave of terrorism.

She is the former Chair of the Human Genetics Commission and a member of the World Bank Institute's External Advisory Council and a board member of the British Museum. She stepped down as Chair of the British Council in July 2004 after completing six years. She was Chair of the Inquiry into Sudden Infant Death for the Royal Colleges of Pathologists and of Paediatrics, producing a protocol for the investigation of such deaths. She Chaired the Power Inquiry's campaign, [makeitanissue.org.uk](http://makeitanissue.org.uk), which called for the next phase of constitutional reform to be a more inclusive, democratic process involving ordinary citizens. She is the Chair of Arts and Business, a Bencher of Gray's Inn and a Member of the House of Lords speaking on issues of human rights and civil liberties.

A frequent broadcaster and journalist on law and women's rights. Her publications include the widely acclaimed *Eve Was Framed: Women and British Justice* (Vintage, 1993) which has been fully updated and has been reissued in paperback, March 2005. Her new book *Just Law: The Changing Face of Justice and Why It Matters To Us All* (Chatto & Windus, 2004) was

published in paperback, March 2005.



**James Rowlands**  
**Domestic Abuse Coordinator, London Borough of Richmond Upon Thames**

James Rowlands is a registered Social Worker and an Independent Domestic Violence Advocate (IDVA). James is currently the Domestic Abuse Coordinator for the London Borough of Richmond Upon Thames. His experience includes establishing the Dyn Project (a domestic abuse service for gay, bisexual, trans and heterosexual men in Wales) and working with colleagues on the national LGBT Domestic Abuse Forum, of which he is currently Co-Chair ([www.gldvp.org.uk](http://www.gldvp.org.uk)). In addition, he is a facilitator for the Probation Service on the Integrated Domestic Abuse Programme (IDAP) and delivers training for CAADA on work with lesbian, gay, bisexual and trans (LGBT people) and heterosexual men.



**Jasvinder Sanghera**  
**Founder and Director of Karma Nirvana, Author of “Shame”**

Author of “Shame” a personal testimony and a national campaigner & advocate on the issues of South Asian women & domestic violence and honour based crimes. As the Director of Karma Nirvana, Jasvinder is a leader on raising the voice of victims & survivors who experience crimes rooted in the name of honour. Jasvinder is a survivor of a forced marriage & the founder member of Karma Nirvana, now an Asian Men & Women’s Project of local, regional, national & international significance a national voice on the issues of South Asian Women.

In November 2007 Jasvinder was awarded the McWhirter Courage and Citizenship award and the Woman of The Year award 2007 in the category of a ‘Window to the World,’ saluting a woman whose courage and determination to bring to our attention the plight of other human beings – often at risk to herself – changes the way we think about the world.

Jasvinder was also awarded: the Asian Woman of Achievement Award 2005 in the Social & Humanitarian category in recognition of the contribution to and making a difference in the lives of South Asian women & children; the GG2 2005 - Achievement through Adversity award, presented by Sir Ian Blair, Commissioner of the Metropolitan Police, in recognition of her achievements and unrelenting determination; Hero of the month by Marie Claire for December 2004 issue; The Times/Natwest Community Enterprise Award in recognition of being an entrepreneur and for outstanding commitment to disadvantaged communities.



**Jo Todd**  
**Director, Respect**

Jo is the founding Director of Respect – the UK association for domestic violence perpetrator programmes and associated support services – responsible for developing services and promoting best practice in work with perpetrators.

Jo has worked in the domestic violence sector for fifteen years, including many years spent working with survivors of domestic violence from a wide range of communities. Jo has run groups for perpetrators of domestic violence and provided supervision and consultancy for staff running these groups – both in the voluntary and statutory sectors.

Jo has a Masters degree in the Sociology of Gender from Essex University and is a qualified person-centred counsellor. She has carried out training and consultancy work across the UK and abroad, including in Germany, the Republic of Ireland, Mexico and Jordan, and is co-author of a 3 volume practitioner manual, ‘Working Towards Safety’ (Iwi & Todd, DVIP, 2000).



**Linda Finn**  
**Coordinator Stronger Families Project, London Borough of Sutton**

Linda Finn qualified as a Registered General Nurse and Registered Children's Nurse in 1984. In 1989 she undertook her Health Visitor training and worked for some years within the London Borough of Sutton in an area of substantial deprivation. During this time she also worked as a therapist in a community based children's Sleep and Behaviour clinic that offered behavioural modification to families of children up to and including the age of 9. She spent two years working as a Senior Health Visitor for child protection, offering supervision, consultation and support to staff members across the borough. During this time she also worked within child mental health services, offering social skills training, to children who were affected by ADHD and Aspergers Syndrome. She was seconded to Social Services in 2000 to implement the evidence-based Webster Stratton parenting programme. She co-ordinates six groups a year across three sites within the borough. It is delivered in community settings in partnership with a range of agencies. The project won a runner-up prize for innovative practice in the London Modernisation Awards in 2003.

Linda is presently the co-ordinator for a Group Treatment programme for children who witness woman abuse, which offers concurrent groups both to children and mothers affected by violence within the home. Again, it is a research-based programme and the borough is presently offering three groups for children at a time. She is also involved in developing a specific parenting programme for women who have experienced, or are experiencing, violence within the family home. She is also developing a programme that offers anger management support both to children and to parents.



**Peta Sissons**  
**Training and Information Officer, Standing Together Against Domestic Violence**

Peta has been involved with Standing Together since its conception more than 10 years ago. She trains managers and practitioners in the partner agencies.

Peta has also worked since 1992 as an independent consultant and trainer in the Awareness in Practice partnership.

She is passionate about partnership working and refuses to retire.



**Sally Jackson**  
**Manager – Hidden Violence and Abuse, Portsmouth City Council**

Sally, a qualified RGN, was working in G.U. Medicine at the time when we were seeing the first cases of HIV. This prompted Sally to work for a voluntary organisation providing practical and emotional support to those affected by HIV. This is where Sally first trained to become a trainer, with issues such as HIV Awareness, Sexual Health, Women's Health and Sexuality.

She moved to Portsmouth and for something completely different, spent two years with Radio Victory presenting a lifestyle programme.

Following that Sally got a 'proper' job as Co-ordinator of The Portsmouth Domestic Violence Helpline, 2 years later she became Domestic Violence Project Development Officer for the City Council and developed the Early Intervention Project (EIP) in the City. EIP was one of the first Advocacy projects nationally. Sally developed the Portsmouth Training Co-Operative a not for profit organisation. She now manages the Hidden Violence and Abuse Team, which covers crime issues such as Domestic Abuse, Racial Harassment, Homophobia, Rape & Sexual Assault, Prostitution and the Abuse of

Vulnerable Adults. Portsmouth has been successful in gaining specialist Domestic Abuse Court status and in November 06 opened a county SARC. The Early Intervention Project provide the ISVA service for the SARC. Sally is also part of the CAADA MARAC training team. In her spare time she supports Portsmouth Football Club, which shows she is an optimist at heart!



**Tanya Allen**  
**Data Development, Research & Tracking Officer, Standing Together Against Domestic Violence**

Tanya has worked for Standing Together for nearly four years. She is the woman behind Standing Together's reputation for high quality tracked case data. She has previously been a Crime Analyst for the Metropolitan Police Service, and has worked in the private sector in the Field Marketing industry where she conceptually designed and implemented an online client reporting tool for real time analysis.

She has recently been awarded a Masters in Criminology and Criminal Justice from the University of Surrey. Her interests are in data analysis and information management.



**Trish Harrison**  
**Manager – WORTH (West Sussex IDVA Services)**

In 2000, Trish left the world of commerce to join the West Sussex County Council Domestic Violence Team.

Neither an academic, nor a theorist, she is results orientated, solution driven and bottom line aware. Combining commercial experience with statutory ethos has enabled her to develop unique and innovative frontline services for victims of domestic violence (DV). These services save costs for a wide range of agencies, and make a positive difference to the lives of victims.

Trish turned the West Sussex plan for a health based response to DV into a highly successful reality – **WORTH**. She now focuses on extending this service across West Sussex, meaning that victims of DV will have immediate access to specialist support 24/7- 365.

Alongside continuing delivery and development of **WORTH**, Trish is also developing **WISP** (WORTH Individual Support Programme) a service for children and young people suffering the personal devastation of DV.

# Appendix 2



## 1. Workshop 5 LGBT handout

The Lesbian, Gay, Bisexual and Transgender (LGBT) Domestic Abuse Forum is a network of practitioners, activists and researchers working around the issue of LGBT domestic abuse. It exists to provide a forum in which to meet, network and exchange good practice. For more information contact the Co-Chairs on [lgbtforum@gldvp.org.uk](mailto:lgbtforum@gldvp.org.uk) or go to <http://www.gldvp.org.uk/>

The contacts below have been identified as sources of information and support for LGBT people, either specifically around domestic abuse or for other issues. Whilst all reasonable care and attention has been taken in collating this information, the LGBT Domestic Abuse Forum cannot assume responsibility for any omission or error it contains or any loss caused as a result.

### LGBT domestic abuse contacts in the UK

*Broken Rainbow:* 08452 60 44 60 or <http://www.broken-rainbow.org.uk/>

Support for LGBT people experiencing domestic violence.

*The Dyn Project:* 0808 801 0321 or <http://www.dynproject.co.uk/>

Provides support to men who are experiencing Domestic abuse from a partner in Wales.

### LGBT domestic abuse contacts in London

*Bede House:* 020 7232 1107/020 7237 9162 or go to <http://www.bedehouse.org/>

Service for LGBT people experiencing domestic abuse who live, work, study or socialise in Southwark

*Galop:* 0207 704 2030 (Shoutline) or <http://www.galop.org.uk/>

Provides information, advice and practical support to LGBT Londoners who have experienced homophobic or transphobic abuse, sexual abuse, problems with the police, or domestic violence. Galop can help people report homophobic or transphobic crime to the police through our anonymous 3<sup>rd</sup> party reporting scheme.

### LGBT housing

*Albert Kennedy Trust:* 020 7831 6562 or <http://www.akt.org.uk/>

Provides support, mentoring, foster care and advice to young LGBT people up to 21 and occasionally 22-25 years old.

*Gay Men's Shared Housing:* 020 87432165 or <http://www.thresholdsupport.org.uk/gaymensshared.html>

Provides accommodation based medium term temporary housing and support to Gay Men who have been the victims of same sex domestic violence, homophobic violence and/or gay related hate crimes.

*Stonewall Housing:* 020 7359 5767 or <http://www.stonewallhousing.org/>

Provides supported housing, advice and advocacy for the lesbian, gay, bisexual and transgender communities in London.

*Triangle Wales:* 0808 801 0306 or <http://www.trianglewales.co.uk/>

Support and information for LGBT people with housing needs in Wales.

### Other LGBT organisations

*Gender Trust: National Helpline:* 0845 231 0505 (national helpline) or <http://www.gendertrust.org.uk/>

A charity working to help adults throughout the United Kingdom who are Transsexual, Gender Dysphoric, Transgender or those who's lives are affected by gender identity issues

*Imaan:* <http://www.imaan.org.uk/>

A social/support group for LGBT Muslims.

*Karma Nirvana:* <http://www.karmanirvana.org.uk/> or 01332 604 098

Works with survivors of forced marriage and 'honour'-based violence. Services include a Honour Network Helpline on 0800 5999 247

*London Lesbian and Gay Switchboard:* 0207 837 7324 or <http://www.llgs.org.uk/>

London Lesbian & Gay Switchboard (LLGS) provides an information, support and referral service for lesbians, gay men, bisexual people and anyone who needs to consider issues around their sexuality.

*Naz Project London:* 020 8741 1879 or <http://www.naz.org.uk/>

Provides sexual health and HIV prevention and support services to targeted Black and Minority Ethnic (BME) communities in London.

*PACE:* 020 7700 1323 or <http://www.pacehealth.org.uk/>

PACE is London's leading charity promoting the mental health and emotional wellbeing of the lesbian, gay, bisexual and transgender community. They offer counselling, family support, advocacy, youthwork and employment training.

*Polari:* 020 7255 4480 or <http://www.casweb.org/polari/>

Polari works on issues affecting older lesbians, gay men, bisexuals and trans people.

*Press for Change:* <http://www.pfc.org.uk/>

A political lobbying and educational organisation, which campaigns to achieve equal civil rights and liberties for all trans people in the United Kingdom, through legislation and social change.

*Stonewall:* 08000 50 20 20 (Info Line) or [http://www.stonewall.org.uk/information\\_bank/](http://www.stonewall.org.uk/information_bank/)

Stonewall works to achieve equality and justice for lesbians, gay men and bisexual people. Stonewall's Information Service provides details about a number of different topics and local support groups, activities and services for lesbian gay and bisexual people.

*Terrence Higgins Trust:* 0845 1221 200 (THT Direct) or

<http://www.tht.org.uk/howwecanhelpyou/needhelpnow>

Terrence Higgins Trust is the leading HIV and AIDS charity in the UK, and the largest in Europe. THT Direct provide information, advice and support and are a gateway to services within Terrence Higgins Trust and services provided by other organisations.

*UK Lesbian and Gay Immigration Group:* 020 7922 7811 or <http://www.uklgig.org.uk/>

Information and advice for LGBT people who have immigration issues.

### **Generic domestic abuse organisations**

*Men's Advice Line:* 0808 801 0327 or <http://www.mensadvice.org.uk/>

Provides a range of services aimed primarily at men experiencing domestic abuse from their partner.

*The National 24 Domestic Violence Helpline:* 0808 2000 247

24 hour national domestic violence helpline operated in partnership between Women's Aid and

Refuge.

*Respect:* 0845 122 8609 or <http://www.respect.uk.net/>

For people who are abusive to their partners and want to stop.

## **Information for practitioners**

### *Coordinated Action Against Domestic Abuse (CAADA)*

A charity established to encourage the use of independent advocacy as a way to increase the safety of survivors. CAADA has an extensive library of resources, including information relating to LGBT people, available at [http://www.caada.org.uk/library\\_resources.html#11](http://www.caada.org.uk/library_resources.html#11). For guidance relating to LGBT and MARACs (Multi-Agency Risk Assessment Conferences) go to <http://www.caada.org.uk/toolkits.html>

### *The Greater London Domestic Violence Project (GLDVP)*

The GLDVP is a second tier service for the London domestic violence sector which works to strengthen the sector by identifying common goals, promoting joint planning and minimum standards between agencies, ensuring that good practice in domestic violence work is transferred across London. They bring together key agencies to develop London-wide policies, raising awareness about domestic violence and increasing the effectiveness of inter-agency work. For further information, go to: <http://www.gldvp.org.uk/>

### *LGBT Domestic Abuse Scotland*

Website for service providers who work with people who have experienced, or are currently experiencing, domestic abuse <http://www.lgbtdomesticabuse.org.uk/Home.htm>

### *LGBT Domestic Abuse Forum*

The LGBT Domestic Abuse Forum is a network of practitioners, activists and researchers working around the issue of LGBT domestic abuse. It exists to provide a forum in which to meet, network and exchange good practice. For more information contact the Co-Chairs on [lgbtforum@gldvp.org.uk](mailto:lgbtforum@gldvp.org.uk) or go to <http://www.gldvp.org.uk/>

## **Further resources:**

### **Housing options for Lesbian, Gay, Bisexual and Transgender people experiencing domestic abuse**

This guide was written by Stonewall Housing, with support from the LGBT Domestic Abuse Forum, the Greater London Domestic Violence Project (GLDVP), Broken Rainbow and Comic Relief. This guide is designed to give lesbian, gay, bisexual and transgender (LGBT) people who have experienced domestic abuse an overview of their housing options. It makes reference to specific services and practice in London as Stonewall Housing is a London-focused charitable organisation. However most of the information contained here is applicable across the UK, although housing legislation may differ in Wales, Scotland and Northern Ireland.

[Click here to download leaflet](#) or go to <http://www.stonewallhousing.org/>

### **Domestic violence resources for Lesbian, Gay and Bisexual people experiencing domestic abuse**

Two new leaflets have been produced for LGBT people experiencing domestic abuse. The leaflets funded by Government Office for London and written by GLDVP and Barking and Dagenham PCT are available to download below.

[Domestic Violence - A resource for lesbian and bisexual women](#)

[Domestic Violence - A resource for gay and bisexual men](#)

Or go to <http://www.gldvp.org.uk/>

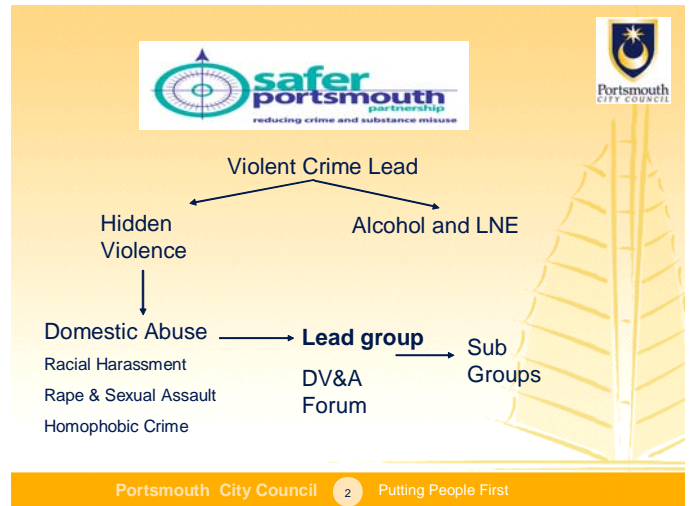
## 2. Workshop 7 DVFs handout



**Portsmouth CITY COUNCIL**

### Domestic Abuse Forums

Harnessing the Potential



**safer portsmouth partnership**  
reducing crime and substance misuse

Violent Crime Lead

- Hidden Violence
  - Domestic Abuse
    - Racial Harassment
    - Rape & Sexual Assault
    - Homophobic Crime
- Alcohol and LNE

Domestic Abuse → **Lead group** → Sub Groups

Lead group: DV&A Forum

Portsmouth City Council 2 Putting People First


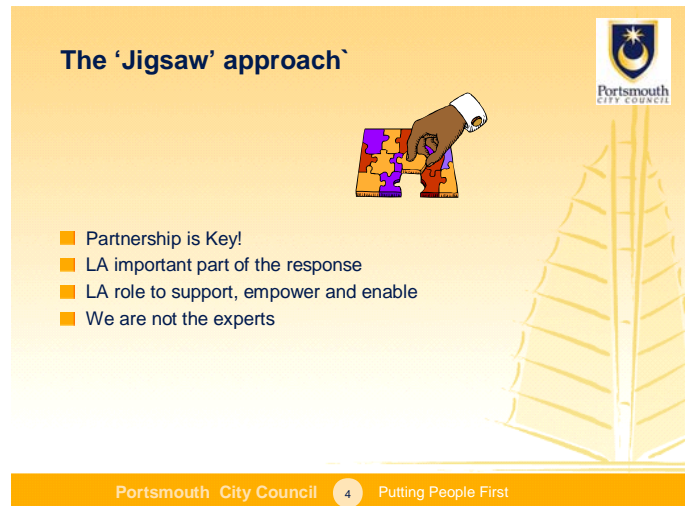
### Sub Groups



- Frontline
- Children
- Health & Sub misuse
- SDAC
- White Ribbon
- Data & information

Portsmouth City Council 3 Putting People First

### The 'Jigsaw' approach`

- Partnership is Key!
- LA important part of the response
- LA role to support, empower and enable
- We are not the experts

Portsmouth City Council 4 Putting People First

### In conclusion



- Passion - Don't forget why we do it!
- Commitment - Long term aims
- Evidence based - prove it works
- Mainstream - Take ownership not take over!
- Partnership - working together works!
- People, people, people!

Portsmouth City Council 5 Putting People First

## 4. Workshop 8 handout

### The Specialist Domestic Violence Court Components

1. Partnership working – structure, protocols
2. Multi-agency Risk Assessment Conferences (MARACs)
3. Identifying cases – definition, process
4. Independent Domestic Violence Advisers (IDVAs)
5. Dedicated staff and training (police, CPS, court, probation, others)
6. Court listing – fast track or cluster, combination
7. Equality/Diversity
8. Data collection and monitoring
9. Court facilities – environment and Special Measures
10. Children’s services
11. Perpetrator programmes
12. Other links – PCT, SARC, Sanctuary Scheme, Housing, Substance Misuse

#### **SDVC Resource manual link:**

<http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence59.htm>

#### **SDVC Review – “Justice with Safety” links:**

[http://www.cps.gov.uk/publications/equality/sdvc\\_review\\_index.html](http://www.cps.gov.uk/publications/equality/sdvc_review_index.html)

<http://www.crimereduction.homeoffice.gov.uk/dv/dv018.htm>

# Appendix 3

## National DVC Survey – copy of the questionnaire

Full results are available shortly on Standing Together's website [www.standingtogether.org.uk](http://www.standingtogether.org.uk)

### Domestic Violence Coordinator Survey - Coordinating the Future

This survey is being administered by Standing Together Against Domestic Violence in conjunction with the forthcoming conference; **COORDINATING THE FUTURE: A National Conference for those Delivering the Coordinated Community Response to Domestic Violence**. Standing Together coordinates a groundbreaking partnership response to the crime of domestic violence in the London Borough of Hammersmith & Fulham.

This questionnaire is aimed at Domestic Violence Coordinators (DVCs) or equivalent across statutory and voluntary sectors, nationwide. Its purpose is the identification of the realities of being a DVC in 2008 and to help move the agenda of domestic violence forward.

Results from the survey will be presented at the conference in London on April 23rd 2008 and will also be available from Standing Together in a post-conference report. We will ensure that messages resulting from this survey and the conference workshops are available to those who make domestic violence policies and provide funding to make change happen.

Note:

- When answering the questions please think about your current role
- The post of Domestic Violence Coordinator is referred to as DVC throughout the questionnaire (we are aware that a variety of titles are used to represent this position)
- All answers are strictly confidential

Thank you, on behalf of Standing Together, for taking part in this important survey.

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1) Does your role incorporate other tasks aside from domestic violence? *(tick all that apply)*

- Solely domestic violence
- ASB
- Hate Crime (e.g. race/homophobia crime)

Other (Please Specify):

---

2) How is your post funded? *(tick all that apply)*

- Mainstream
- Local area agreement
- Neighbourhood renewal fund
- Charitable funding (e.g. trusts)
- Partnership contribution
-

Don't know

Rather not say

Other (Please Specify):

3) Are you responsible for managing the Domestic Violence Forum as part of your role?

Yes  No  On Occasion

4) Which of the following services for survivors of DV are you aware of in your area? *(tick all that apply)*

Independent Domestic Violence Advisor Service (IDVA)

Women's Aid / Refuge

Victim Support

Children's Worker

Drugs & Alcohol Counseling

Sexual Assault Referral Centre

Specialist DV services for Black communities

Specialist DV services for Asian communities

Specialist DV services for other minority ethnic groups - please specify in field below

Specialist DV services for other diverse groups (i.e. disabled / LGBT) - please specify in field below

Other (Please Specify):

5) Please list the ethnic minority groups in your area with approximate percentage of total community. If unsure please state 'don't know'.

6) Do you have a Multi-Agency Risk Assessment Conference (MARAC) or similar in your area ?

(MARAC - multi agency meeting which shares information and develops risk management plans for very high risk victims of domestic violence)

Yes - we have a Marac

Yes - we have something similar to a MARAC

No - we do not have a MARAC or similar in the area (go to Q9)

Don't know

7) If you have a MARAC or similar in your area:

Who chairs this? (state position/organisation)

How often do you meet? (e.g. weekly/monthly)

Are there any significant gaps in attendance? (state positions)

What is the average number of cases you deal with in each meeting?

If you have something similar to a MARAC please briefly describe

8) Do you have a Specialist Domestic Violence Court (SDVC) in your area?

Yes  No  In Progress

9) If you have an SDVC in your area please answer the following:

Overall, how well do you feel it's performing? (can use scale 1-5 with 5 being very well and 1 being poorly)

What would you say are good elements? (list briefly)

What would you say are challenges? (list briefly)

Is it a fast track, cluster, combination of both, or trials only court?

10) Thinking about your role, what would you say are the main problems/barriers that you encounter? Briefly list (e.g. funding, provision of services, partner influence, strategic support, functioning of DVF etc)

11) What would you say works well in your role/area? Briefly List (e.g. as above + services to victims, children's services, IDVAs, SDVCs, Maracs etc)

12) How well would you say your DV partnership delivers the following? (please rank below from 1-5, with 5 being very well and 1 being unsatisfactorily):

	1 Unsatisfactorily	2	3 OK	4	5 Very Well	6 Don't Know
Support to victims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator Accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention

13) In your role of DVC what influence do you feel you have with the following agencies in relation to their approach to DV (please rank below from 1-5 with 5 being strong influence and 1 being no influence - please note additional tick box if agency listed is not part of the partnership):

	1 No Influence	2	3 Indifferent	4	5 Strong Influence	6 Agency not in Partnership
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) What would you say has been the most significant positive change in the domestic violence sector in the last 5 years?

15) What 3 new policies would you seek to introduce in your area in order to continue to develop a better response to DV?

1.
2.
3.

16) How long have you held your current DVC post?

- Below 1 year    1-2 years    3-4 years    More than 5 years

17) Why did you take on this role of DVC? *(tick all that apply)*

- Passionate about DV  
 Career prospects  
 Just fell into it  
 Desire to work helping others  
 Public Sector security/benefits  
 Remuneration  
 Don't know

Other (Please Specify):

18) In which location does your role sit?

- Local Authority  
 Voluntary agency  
 Other e.g. Police, health, housing (Please Specify):

19) What type of local authority structure do you coordinate in?

- Unitary (Borough etc)  
 District  
 County  
 Other (Please Specify):

20) Is your current post:

Permanent

Contract

Other (Please Specify):

21) There are a multitude of skills and experts in the DVC world. The following 3 questions are asked with a view to linking DVCs together to develop or pass on new skills.

Do you consider yourself to have a specific area of expertise, and if so what is it? (e.g. working with victims, policies, partnership coordination)

22) Is there a key area where you would like to develop your knowledge? (e.g. working with victims, policies, partnership coordination)

23) Would you be happy to be paired/grouped in a support group with colleagues who would benefit from your areas of expertise or who have experience of the areas in which you would like to develop?

Yes    No    Not Sure

If no, why not:

24) Please indicate your annual salary as DVC. Your answers are strictly confidential.

Below £15k

£16-25k

£26-30k

£31-40k

£40k +

Rather not say

25) Standing Together believe that there should be an association of Domestic Violence Coordinators. This would provide a source of information, contacts and best practice specific to the area in which DVCs work. As importantly it should be able to give a stronger voice to coordinators in the development of policy and legislation. Standing Together would be prepared to take on the role of administering such an association but it would require resources to manage the tasks involved.

Thinking about the idea of a DVC Network, please answer the following questions:

Do you think such an association is a good idea?

- Yes  No  Not Sure

26) Please indicate how useful you might find the following if it were provided by a DVC network. (Please use the scale 1-5 with 5 being very useful and 1 being not useful at all).

	1 Not Useful	2	3 Indifferent	4	5 Very Useful
Contacts in the DV field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current research on DV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Areas of best practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Updates to the law re: DV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directory of DV services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly regional DVC meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual national DVC meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DVC online community message board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DV positions vacant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27) What do you think would be a reasonable price to pay for such an association?

- Up to £50 per year  
 Up to £75 per year  
 Up to £100 per year  
 £100 + per year  
 Wouldn't pay

28) Would you be happy for Standing Together to take the lead on setting up this association?

Yes  No  Not Sure

29) Are you going to be attending our conference on April 23rd at Imperial College, London?

Yes  No  Not Sure

30) Would you be happy for us to contact you in the future? (strictly NOT for marketing purposes)? If so, please provide us with contact details please. Please note that these are confidential.

Job title:

Location (i.e city / town where based):

Name:

Email address:

# Appendix 4

## Glossary

### Glossary of abbreviations and terms used in this report

<b>ACPO</b>	Association of Chief Police Officers
<b>ASB</b>	Anti-Social Behaviour
<b>BAME</b>	Black and Asian Minority Ethnic Communities
<b>BEST</b>	Behaviour Education Services Team
<b>BMER</b>	Black Minority Ethnic and Refugee Communities
<b>BVPI</b>	Best Value Performance Indicator
<b>CAADA</b>	Coordinated Action Against Domestic Abuse
<b>CAF</b>	Common Assessment Framework
<b>CAFCASS</b>	Children And Family Counselling And Support Services
<b>CAMHS</b>	Children And Mental Health Services
<b>CDRP</b>	Crime and Disorder Reduction Partnership
<b>CDVP</b>	Community Domestic Violence Programme
<b>CJS</b>	Criminal Justice System
<b>CJSSS</b>	Criminal Justice: simple speedy and summary
<b>CPS</b>	Crown Prosecution Service
<b>CYPP</b>	Children and Young People's Plan
<b>DA</b>	Domestic Abuse
<b>DAAT</b>	Drug and Alcohol Action Team
<b>DFES</b>	Department for Children, Schools and Families
<b>DOH</b>	Department Of Health
<b>DVC</b>	Domestic Violence Coordinator (or equivalent, such as Domestic Abuse Coordinator)
<b>DV</b>	Domestic Violence
<b>DVF</b>	Domestic Violence Forum
<b>DVIP</b>	Domestic Violence Intervention Programme
<b>IDAP</b>	Integrated Domestic Abuse Programme
<b>IDVA</b>	Independent Domestic Violence Advisor/Advocate
<b>JP</b>	Justice of the Peace
<b>LAA</b>	Local Area Agreement

<b>LAC</b>	Looked After Children
<b>LCJB</b>	Local Criminal Justice Board
<b>MAPPA</b>	Multi-Agency Public Protection Arrangements
<b>MARAC</b>	Multi-Agency Risk Assessment Conferences
<b>NRF</b>	Neighbourhood Renewal Fund
<b>PCSO</b>	Police Community Support Officer
<b>PCT</b>	Primary Care Trust
<b>PHSE</b>	Personal Health and Social Education
<b>PPO</b>	Prolific and other Priority Offender
<b>PRU</b>	Pupil Referral Unit
<b>PSR</b>	Pre-Sentence Report
<b>PTSD</b>	Post Traumatic Stress Disorder
<b>SDVC</b>	Specialist Domestic Violence Court
<b>SPECCS+</b>	Separation, Pregnancy, Escalation, Community awareness & isolation, Stalking, Sexual assault + Factors – <i>child abuse, use of weapons, strangulation, drug/alcohol abuse etc</i>
<b>SLA</b>	Service Level Agreement
<b>ST</b>	Standing Together (Against Domestic Violence)
<b>VS</b>	Victim Support
<b>WDH</b>	Wakefield District Housing