In Search of Excellence©

**A refreshed guide to effective domestic abuse partnership work –
The Coordinated Community Response (CCR)**

Contents

Acknowledgements

We would like to start by acknowledging that it would not have been possible for us to create this guide without the support, guidance and resource given so generously by partners and research participants from across England and Wales. Our local and national partnerships continue to inspire and drive us to do this work.

Bringing this report together was very much a collective effort from the following team members at Standing Together; Deidre Cartwright, Fran Richards, Gudrun Burnet, Hannah Candee, Huda Jawad, Judith Vickress, Miranda Pio, Nicola Douglas, Rebecca Vagi, Sally Jackson, Sarah Hughes and Zainab Moallin; and consultant Madeleine McGivern.

Lastly, we give thanks to those living with and recovering from domestic abuse. We hope that our work will improve your access to support and justice.

In memory of those we have lost due to domestic abuse either through murder or suicide.

Glossary of terms

A&E - Accident and Emergency
AVA – Against Violence and Abuse
BME / BAMER - Black, and Minority Ethnic or Black, Asian, Minority, Ethnic and Refugee
By and For services – A service whose staff team reflect their client group and is shaped out of the experiences and voices of their clients.
CCG - Clinical Commissioning Group
CCR - Coordinated Community Response
CMHT - Community Mental Health Teams
CSP – Community Safety Partnership
DA - Domestic Abuse
DAL - Domestic Abuse Link
DAC - Domestic Abuse Coordinators
DAHA – Domestic Abuse Housing Alliance
DASH RIC - Domestic Abuse Stalking and Honour Based Violence Risk Identification Checklist
DHR - Domestic Homicide Review
DVA - Domestic Violence and Abuse
DV - Domestic Violence
IDVA - Independent Domestic Violence Adviser (or Advocate)
IRIS - Identification and Referral to Improve Safety
LGBT+ - Lesbian, Gay, Bisexual, Transgender
LSP - Local Strategic Partnership
MASH - Multi Agency Safeguarding Hubs
MARAC - Multi Agency Risk Assessment Conference
PTSD - Post-Traumatic Stress Disorder
RIC Risk Identification Checklist
SLA - Service Level Agreement
VAWG - Violence Against Women and Girls
V/S – Victim / Survivor

Introduction

Standing Together (ST) is a national charity bringing communities together to end domestic abuse. We exist to keep survivors and their families safe, hold abusers to account, and end domestic abuse by transforming the way organisations and individuals think about, prevent, and respond to it. We do this through an approach that we pioneered, and which we are known across the UK and internationally for, called the Coordinated Community Response (CCR).

Most public services are not designed with domestic abuse (DA) or violence against women and girls (VAWG) in mind, and as a result, they often struggle to protect people. Poor communication and gaps between services put survivors at risk. The Coordinated Community Response brings services together to ensure local systems truly keep survivors safe, hold abusers to account, and prevent domestic abuse. Our model of a coordinated local partnership to tackle and ultimately prevent domestic abuse is now widely accepted as best practice.

We operate across various settings and systems including health, housing, criminal justice and communities, working collaboratively with partner agencies to improve their understanding of, and response to, survivors of domestic abuse, their children, and perpetrators. Without this essential collaboration, organisations work in silos and survivors are forced to navigate services that are not working effectively together to provide early intervention, advocacy, support and recovery services.

Our pioneering work has the principle of coordination as its underlying philosophy. This work has helped lead to the development and implementation of widely recognised effective interventions such as Specialist Domestic Violence Courts (SDVC), Independent Domestic Violence Advisers (IDVAs) and Multi-Agency Risk Assessment Conferences (MARACs).

We strive to deliver survivor-led, trauma-informed work that is centred on a solid understanding of multiple disadvantage and intersectionality. Survivors are at the heart of our work and we have consulted them through previous research and do so regularly through our coordination work. For this refreshed report we have sought input from those delivering and operating within the CCR in order to reflect their experiences, challenges and insights.

Our roots lie in the CCR and we know it works. We recognise that real change in responding to and ending domestic abuse can only be achieved when all relevant agencies work effectively together.

> ***"Standing Together have consistently helped all of us, in this global effort to end violence in the lives of women and children, to think better, do better and in doing so create a better future."***
> *— Ellen Pence, Praxis International, Duluth, Minnesota USA, creator of the CCR Model*

What is the Coordinated Community Response?

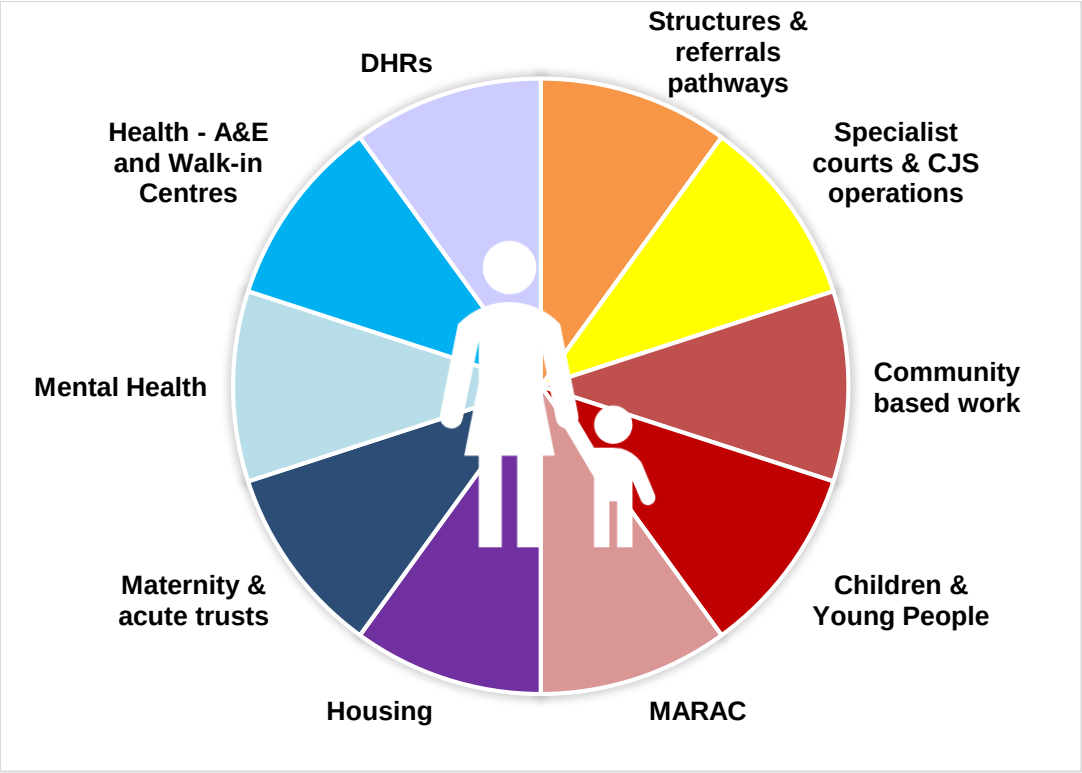
Domestic abuse is a complex social problem that impacts people, communities and services across our society, spanning health, housing, social care, the Criminal Justice System (CJS) and beyond. Agencies and organisations are often responding to one aspect of the issue and/or the same problem from different angles. These same agencies also have their own, sometimes conflicting processes, responsibilities, and measures of success.

Survivors and their children are often caught within these structures, unclear of how to navigate services in order to get the help they need. They may receive conflicting messages and end up being blamed for the abuse perpetrated against them.

The CCR enables a whole system response to a whole person. It shifts responsibility for safety away from individual survivors to the community and services existing to support them.

Every agency who has a responsibility for dealing with survivors, their children and/or perpetrators, must work effectively within their own agency and with all other agencies who also have that responsibility, to secure the safety of the survivor and their children and hold perpetrators to account. The process by which this work is integrated and managed is known as the CCR.

As the graphic below demonstrates, the CCR encompasses the broadest possible response to domestic abuse addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety, working with a wide range of services, pathways, agencies and systems.



The CCR is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse survivor and their children. Instead, agencies hold information that can be shared within an effective and systematic partnership, to increase the safety of survivors and their children. Central to the CCR is the aim of holding perpetrators to account, underpinned by a full understanding of the perpetrators' pattern of coercive control, abusive behaviour and the impact this has on the survivor and any children.

The CCR is made up of twelve components, each of which is discussed in this guide. Behind these components is a set of core values and principles which agencies and partners need to share in order to make the CCR work. These values, principles, and approaches are:

- Collaboration
- Connected with Gender Inequality
- Individual, Intersectional experiences
- Whole System / Whole Person
- Responsibility for safety rests with systems and community
- Perpetrators held accountable
- Support to existing organisational responses (not replacing them)
- Shared understanding, shared Leadership

In order for the CCR to be effective, the responsibility for support and intervention should be spread across agencies, rather than held with a single agency or person. Standing Together believes that a combination of processes and people create the environment for development and improvement in ensuring effective support for survivors of domestic abuse. A nominated lead who can hold the system together and committed CCR partners are essential. This report and guide describe how these pre-requisites and other components are desperately needed in order to change the culture around this most damaging of social ills.

Why produce this guide now?

In Search of Excellence was first written in 2013 as a culmination of Standing Together's experience and expertise in delivering the CCR alongside reviews of over 50 multi-agency partnerships. The report presented insights into the components of successful partnerships, showcased best practice and offered reflections on the challenges faced by professionals working to support those affected by domestic abuse.

Since 2013, laws and policies have evolved, and the Government's approach to domestic abuse policy now recognises that responding to and raising awareness of domestic abuse is 'everyone's business'. In 2015 the Serious Crime Act introduced the offence of controlling and coercive behaviour, criminalising behaviour rooted in power and control. The Domestic Violence Disclosure Scheme and Domestic Violence Protection Orders have also been introduced to increase protection for survivors of domestic abuse.

Despite this evolving policy context, there is a long way to go. The COVID-19 pandemic has shone a much-needed light on the prevalence of domestic abuse in this country and the need for more effective support and response. In 2019, domestic violence killings in the UK were found to be at a five-year high[1]. In the first three weeks of lockdown in March and April 2020,

[1] Thomas Mackintosh and Steve Swann, BBC, *Domestic violence killings reach 5-year high*, 13/9/2019, https://www.bbc.co.uk/news/uk-49459674,

the number of women who were murdered more than doubled[2]. A refreshed and updated version of our guidance is needed now, as policymakers and practitioners seek to address these worrying trends and most significantly, look to protect people from domestic abuse and its impacts, in the most effective way. We believe that an effective CCR is the only way we will ever end domestic abuse completely.

This latest version of our guidance is the result of Standing Together's longstanding commitment to the CCR and the subsequent development of the important role of coordination within local partnerships. It is intended to:

- Demonstrate the current picture in relation to how areas of the country have adapted a CCR, including offering best practice examples
- Support the development of effective DA / VAWG partnerships
- Support local areas to feel confident that they have, or are working towards, a model of good practice in relation to DA/ VAWG
- Ensure local areas are ready to respond to duties and changes to be brought in by the new Domestic Abuse Bill, including statutory duties associated with Tier 1 and 2 Boards
- Restate the CCR as the most effective way to respond to domestic abuse.

We know from our extensive experience within and alongside communities that what may be successful in one area may not be as effective in another, reflecting the nuance in local practices, challenges, and opportunities. A locally developed and owned response, rooted in the equal knowledge, experience, commitment and ideas of partners, is essential.

We know excellence is a high bar. We also know that to protect people from domestic abuse and to end it, no other ambition will suffice. Assessing progress and setting improvement plans are both essential if we are to meet this ambition. We hope and believe that this report offers practical opportunities for policymakers and practitioners to assess, develop and improve domestic abuse services as the search for excellence continues.

[2] Elisabeth Roesch et al, British Medical Journal, *Violence against women during covid-19 pandemic restrictions*, 7/5/2020, https://doi.org/10.1136/bmj.m1712, BMJ 2020;369:m1712; In the UK, a project tracking violence against women noted that deaths from domestic abuse between 23 March and 12 April had more than doubled (to 16 deaths) compared with the average rate in the previous 10 years.

How this guide was produced

As with the previous version of In Search of Excellence, Standing Together combined its expertise with research across multi-agency partnerships. 61 local authority, Clinical Commissioning Group (CCG) and Police Crime Commissioners (PCC) leads were surveyed, covering both rural and urban areas in England and Wales. A range of leads were consulted including commissioners, public health leads, VAWG / DA leads, and policy leads.

We also surveyed 18 specialist services from the same local authorities which included a range of domestic abuse services including IDVA, refuge, women's centres, and domestic abuse forums and partnerships. This gave us extensive insight into the national picture. We followed up with eleven in depth interviews with key stakeholders, enabling us to greater understand how implementation of the CCR currently looks in practice. More details regarding the methodology can be found in Appendix 2.

Our Research

We combined our expertise, our previous research with DA survivors and new research across multi-agency partnerships to produce ISOE.

We consulted:

61 local authority, public health, VAWG / DA, policy, Clinical Commissioning Group and Police Crime Commissioner leads.

18 specialist DA services, including IDVA, refuge, women's centres, and domestic abuse forums and partnerships.

We included **rural** and **urban** areas in **England** and **Wales** enabling us to greater understand how implementation of the CCR currently looks in practice.

How to use this guide

Our ambition is that domestic abuse coordinators and / or leads, as well as all agencies and partners involved in delivering a CCR in their area, will use this guide to lead local partnerships in developing a more organised, integrated and successful approach to the elimination of domestic abuse and VAWG more generally. Partnership chairs, lead members, heads of services and other members will all be able to find ways of using this guidance to understand the challenges and explore solutions. The CCR approach works effectively with both domestic abuse and VAWG partnerships.

The report covers the 12 components we know to be integral to a successful coordinated community response to domestic abuse, each with its own section, plus a section on how to incorporate Domestic Homicide Reviews into the CCR.

To assess how well your area is doing, there are a set of questions included within each of these components which need to be asked of those designing, implementing and evaluating your CCR Partnership. This should always include those using services. There are also examples of good practice and models that can be used to overcome challenges in delivering partnership work in your area.

This is the perfect opportunity to strive to improve responses to domestic abuse. The scale of its negative impact on society, the historic replication of power structures and invisibility of survivor voices can and should be addressed in a coordinated way.

The ideal model is aspirational and a challenge to achieve. We have seen through our research that each area has individuals and organisations who are dedicated, committed, and ambitious. The CCR is a mechanism through which this ambition can be realised, and we look forward to working with you all and to seeing the results.

Framing this report

A note on the effect of structural inequality on women.
In domestic and sexual violence and abuse situations, women are more likely to be victims and men perpetrators. This is represented within British Crime Survey findings[3], Domestic Homicide Reviews[4] and throughout academic research[5]. To appropriately respond to and fully understand what lies behind domestic and sexual abuse, it is essential to recognise this abuse as both a cause and consequence of women's inequality within society. Abuse women face is tied to historical discrimination and patriarchal structures in society whereby sex inequality creates barriers that limit women's choices and services. This has resulted in systems and services often being designed without women's lived experiences being taken into account.

The sexual and domestic abuse women face is more frequent, more extensive, and tied to broader social and structural barriers. These facts mean we use language and examples which typically refer to the survivor as female. We use the terms *victim* and *survivor* interchangeably. This approach is evidence-based and has been endorsed nationally & internationally by bodies such as NICE, the UN and the WHO. These realities do not and should not detract from abuse that men also face, whether from other men or from women, or exclude from this dialogue and model other forms of abuse such as intimate partner abuse in same sex relationships, and child to parent abuse.

It is accepted that anyone can be subjected to domestic abuse, from every possible segment of society, but that it is women who suffer disproportionately. As with VAWG, it is hoped that effective CCRs will impact successfully on all those who are experiencing or recovering from domestic abuse.

A note on strategic and specialist partners and the role of local authorities
In responding to domestic abuse / VAWG a range of agencies come together. This includes strategic leads – most often from local authorities, and specialist partners – agencies and organisations who respond specifically to domestic abuse / VAWG and are experts in this field. For a CCR to be effective both these groups of partners must share a vision and an understanding of each other's priorities and challenges. A key question therefore throughout this report is how both groups of partners view each different component of the CCR and how they can work (better) together.

One overarching question for both strategic and specialist partners discussed throughout this report is the question of what leads and specialist services felt was of most importance in local partnership responses to domestic abuse. Local authorities hold statutory responsibility for domestic abuse responses at community level, so this information and context is relevant to the whole CCR. Different parts of this guide delve deeper into the answers to this question, but the following are some key points to note now:

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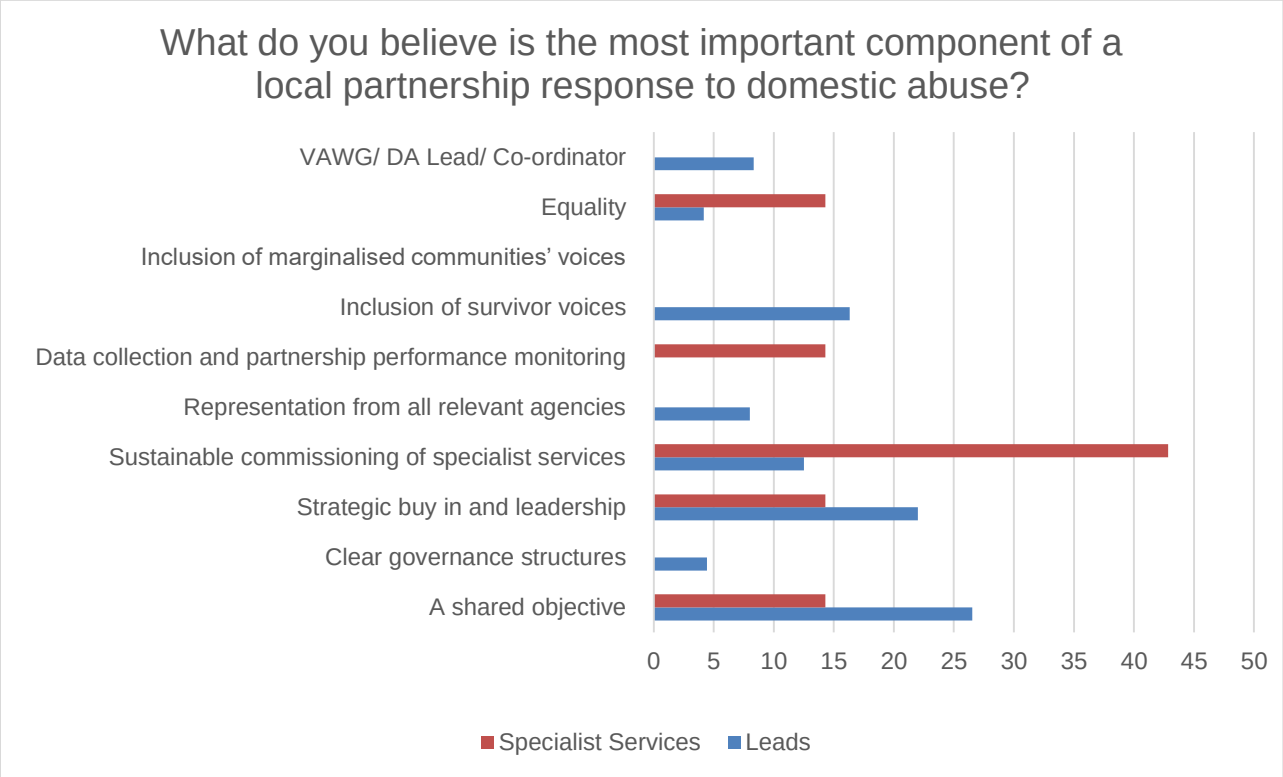
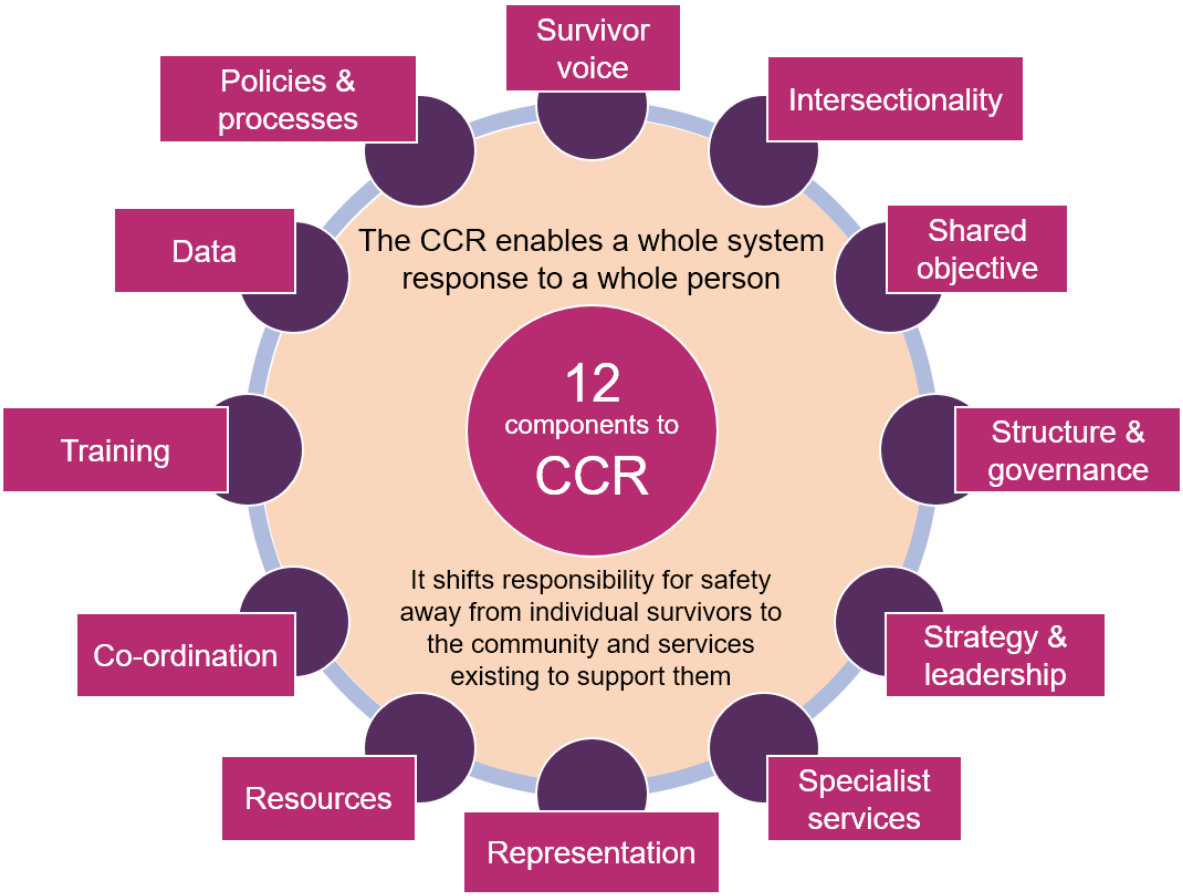
[3] ONS, *Domestic abuse victim characteristics, England and Wales: year ending March 2019* https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2019
[4] Bear Montique, Standing Together, *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process,* https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f633ee1e0e0be6ec5b858a1/1600339696014/Standing+Together+London+DHR+Review+Report.pdf October 2019
[5] Walby, S and Towers, J, *Untangling the concept of coercive control: Theorizing domestic violent crime*, 2018

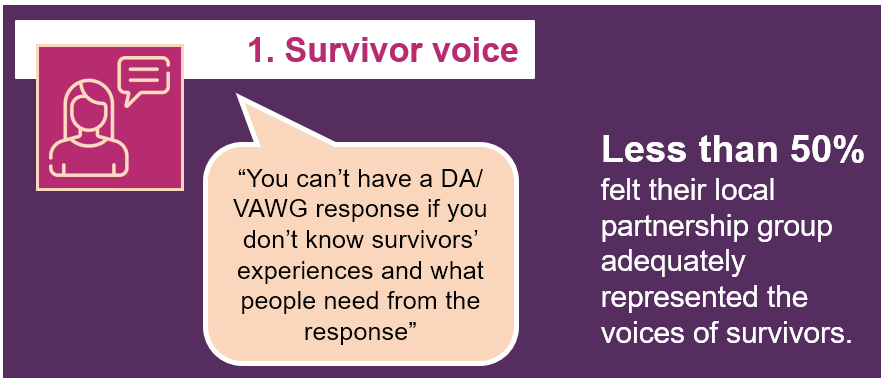
- As with other parts of our survey, there was some disparity in the views and positions of these two partner groups
- Specialist partners overwhelmingly indicated that the most important factor in a local partnership response was the sustainable commissioning of specialist services, an issue we discuss further in section 6
- Specialist services also considered equality across the local partnership response to be an important component of responses to domestic abuse / VAWG; this is considered in more detail throughout the report, including in sections 1 and 2
- Strategic local authority partners indicated a shared objective and strategic buy in were most important, representative of their position holding statutory responsibility for DA / VAWG. They also felt the inclusion of survivor voices is key – something often enabled by specialist agencies within the CRR.



Co-ordinated Community Response



1. Component 1 – Survivor engagement and experience



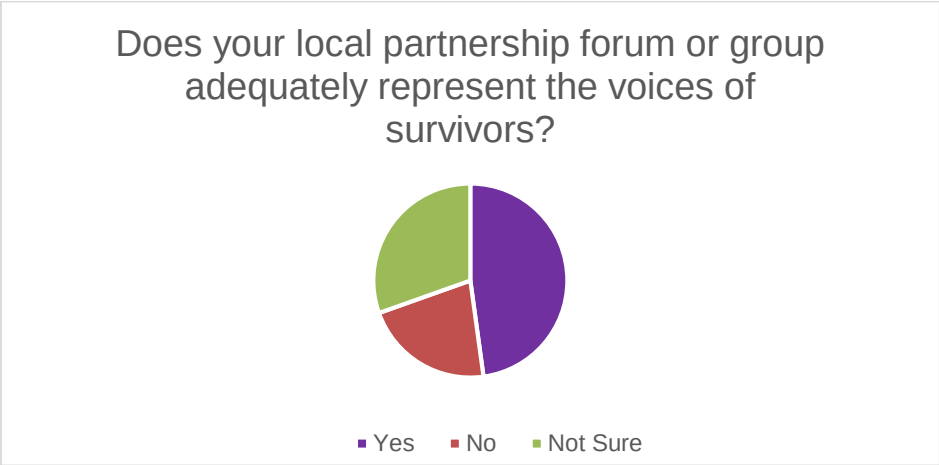
Key questions:
1. Are a diverse range of survivors' voices heard within the partnership?
2. Is survivor engagement safe and trauma-informed?
3. Is there a system and process for embedding the experience of survivors into the CCR?

Survivors and their experiences need to be the key component within VAWG / DA strategies and responses in all areas, but too often the reality is that survivors are a missing voice in the CCR. The CCR should act as the conduit between survivors and the wider partnership, enabling institutions to adapt to changing need and improve practice.

Our research found that survivors are consulted during commissioning processes or in the creation of domestic abuse / VAWG strategies, but that there is a lack of meaningful, ongoing co-production which is properly funded and resourced. Several participants highlighted the challenges of financial cuts and the 'institutionalisation' of domestic abuse / VAWG leading to the disappearance of survivors' forums and the voice of grassroots organisations. This in turn has created a disconnect between agency responses and survivors' actual experiences, which ultimately leads to survivors' needs going unmet.

> ***"You can't have a VAWG response if you don't know survivor's experiences and what people need from the response."***
> — research participant

Survivor engagement
The prioritisation of hearing survivors' voices is an essential component of the CRR. Our survey found that less than half of domestic abuse / VAWG leads felt that their local partnership group adequately represented the voices of survivors.



Specialist services and survivor voices

More than half of domestic abuse / VAWG leads reflected that survivor voices were represented via their specialist domestic abuse service. Whilst there are benefits of this approach, including improving the delivery of services, many survivors, particularly those from minoritised groups, may not access specialist services. Only reaching survivors through other specialist services may be cost effective but limits the voices of the survivor being represented and consulted. Survivors are often referred to or thought of as a monolithic group, despite the wide range of their experiences, and differing forms of oppression they may have been subjected to. Some areas tend to consult with women who are engaging with refuges or other domestic abuse services, which whilst important, risks neglecting the experiences of a whole range of other survivors, who may not be in contact with these services specifically but may be with others.

It is therefore key that opportunities outside of these frameworks are explored in order to engage with a diverse range of survivors, listen to their views, and evaluate and improve practice. Done well, collaboration between organisations and specialist services in seeking survivor voices can enhance the CCR. The following illustrates an excellent example of this:

> One participant working in housing told us about the changes they had made to involve survivors in their work. They built a positive relationship with a local specialist service and created activities such as shadowing each other's work. This collaboration included the specialist service collecting feedback on their behalf from survivors, ensuring the feedback would be independent of the department. They also held a survivor conference, with the aim of making this a regular occurrence. This type of work can greatly improve practice by creating a real understanding of how survivors experience services.

Multiple disadvantage and marginalised survivor groups

As research shows, women with disabilities, older women, women facing multiple disadvantages, and women with no recourse to public funds are less likely to access domestic abuse provision, and so these already marginalised women's experiences remain largely

invisible[6] and their voices unheard (this is also discussed further in Section 2 – Intersectionality). In large geographical areas, experiences of services and the extent to which survivor voices are heard may vary greatly depending on where a survivor lives. Children's voices are also infrequently heard[7].

Ongoing engagement and a continuous process

Often survivor consultation is seen as something which feeds into evaluating domestic abuse / VAWG services and strategies, but consideration should be given to how survivor voices can inform work across the CCR, not just during service evaluation. During interviews, strategic leads told us they would like to see a move from standalone survivor consultations, for example when commissioning, to ongoing input into the CCR. One participant noted that the lessons learned tended to come from stories and that "***the stories were not good stories, whether through a complaint or a domestic homicide review (DHR).***"

Survivors previously consulted by Standing Together told us that they thought survivors should be consulted across a range of mediums including regular focus groups, surveys, anonymous forums, survivor meetings and attendance at strategic partnership meetings[8]. When these methods are delivered using the principles of co-production, they benefit both the CCR as a whole and survivors individually.

Services which are designed and grounded in survivor knowledge and experience are more accessible, and survivors are more likely to stay engaged as, unsurprisingly, services better meet their needs. Projects such as the Commission on Domestic and Sexual Violence and Multiple Disadvantage formed by AVA and Agenda illustrate the positive outcomes of peer researchers in influencing discourse around domestic abuse / VAWG[9].

Our research also found that there is a risk with survivor consultation that after it takes place the task is seen as finished and agencies do not then necessarily buy into the work needed to precipitate change. Several of our participants felt that the real challenge was how to embed the learning from consultations. This illustrates one of the challenges of the CCR, and indeed all domestic abuse policy, where statutory institutions must balance competing priorities and budgets.

Nonetheless, for ethical reasons, alongside a service effectiveness rationale, if survivors are being asked to share their stories, partnerships and agencies should honour this experience by using it to implement meaningful, lasting changes. This can be a real test of the strength of the CCR. Whilst all agencies have financial and resource constraints, goodwill and strong relationships can go a long way towards engineering change. One participant illustrated this by advising that a strong CCR in their area meant that it was easier to create a co-ordinated domestic abuse / VAWG response to the challenges of COVID-19. In another area substantial work took place to understand the lived experience of survivors and address their needs; "***we went through an ethnographic process and picked apart what life was like for them,***

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[6] Aldridge, J, *Identifying the Barriers to Women's Agency in Domestic Violence: The Tensions between Women's Personal Experiences and Systemic Responses. Social Inclusion,* 1(1), 2013, p. 3-12.
[7] Callaghan JEM, Fellin LC & Alexander JH, *Promoting resilience and agency in children and young people who have experienced domestic violence and abuse: The "MPOWER" intervention,* Journal of Family Violence, 34 (6), 2019, p. 521–537. https://doi.org/10.1007/s10896-018-0025-x
[8] Field, M., *Turning Points,* https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f4f68edee09f02ebf00667f/1599039728896/Turning+Points.pdf 2012 [Accessed October 2020].
[9] AVA, Agenda. *Breaking down the barriers, London*. 2019

what the consequences of that were and what it was like trying to get help from the service system. What was apparent is that frequently, it was awful". (Research participant)

Do no harm – being trauma informed

The way in which survivor experiences are captured and heard is also critical, so as to avoid causing any further harm. Survivor Voices have created a charter which sets out key principles and good practice guidance for those seeking to engage with survivors. Their guidance states that 'all work with all people affected by abuse and trauma needs to look unlike and be the opposite of abuse - otherwise it can inadvertently replicate the dynamics of abuse and cause harm[10]'.

Recommendations for ensuring best practice

Based on the results of our research, and our extensive knowledge and experience of ensuring survivor voices are heard, the following principles and actions are recommended to enable the meaningful engagement of those who survive DA:

- All stages of service development, design, delivery and evaluation should be informed by survivor experience and engagement, ideally using co-production approaches
- Attention should be paid to ensuring a diversity of survivor voices are heard. Specialist services are one way to ensure voices are heard, but not the only way
- Survivors should be consulted across a range of mediums including regular focus groups, surveys, anonymous forums, survivor meetings and attendance at strategic partnership meetings
- There should be transparency as to the purpose of these consultations, and appropriate time, support and training should be put in place to make sure that they are ethical and work effectively
- Proper survivor experience can be heard and understood through meaningful engagement and partnerships with other local services such as women's centres, disability and migrant rights organisations and 'by and for' services
- With the forthcoming Domestic Abuse Bill to recognise children as victims of domestic abuse in their own right, this is a key time for DA / VAWG work to include their voices. The voices of children as survivors should also be heard in survivor engagement
- In all engagement with survivors, consideration must be given to how to make this safe and trauma-informed. Using the Survivor Voices Charter can support this
- Building financial and safeguarding arguments to support the need for survivor informed change is key (we also address this in Section 8 – Resources)
- A formal system to ensure the results of survivor engagement are embedded into services and policies is an important tool for use across the CCR.

Good practice case study – engaging survivors and ensuring their experiences are understood

Safety by Experience – reaching survivors in different places and different ways

In 2019, Standing Together and St Mungo's were successful in applying for funding via Homeless Link's Ending Women's Homelessness Fund to develop a new approach for homelessness services' response to women experiencing homelessness and VAWG. The Safety by Experience project aims to learn more about the experiences of women living in

[10] Perôt C, Chevous J & Survivors' Voices Research Group, V1, T*urning Pain into Power - A Charter for organisations Engaging Abuse Survivors in Projects*, Research & Service Development (available via https://survivorsvoices.org/) 2019

homelessness services whose lives have been impacted by violence and abuse, create guidance and resources that can be used across sectors, and ultimately ensure that women feel safer and better supported.

The work was born from the evolution of the Safety Planning Task and Finish Group (later known as the Homelessness and VAWG Action Group), a group consisting of local frontline domestic abuse charities, homelessness charities, Standing Together and local authorities Westminster City Council and Kensington and Chelsea. From 2017 – 2019 these partners developed safety planning guidance for homelessness services to use with homeless women who were experiencing domestic abuse. It became clear from this piece of work that more needed to be done to improve women's safety in homelessness services which involved hearing directly from survivors themselves.

Safety by Experience benefits from the combined expertise of a domestic abuse charity, Standing Together, and a leading homelessness charity, St Mungo's, and has been designed with survivor voices at its core.

Interviews and discussion groups were run over several months which involved exploring their experiences of VAWG and safety whilst homeless, and what homelessness services could do better to support them. The project actively monitors the demographics of the survivors and targets those who are underrepresented, to ensure a diverse representation of experiences. This has included survivors with no recourse to public funds, BAME survivors and LGBT+ survivors, as well as speaking to survivors who have various experiences of homelessness and homelessness support services.

Due to the COVID-19 pandemic, the interviews and discussion groups were run virtually which resulted in being able to reach survivors in a wider geographic area, although also limited the project's capacity to reach survivors who were unable to access technology. The resulting guidance and training package will be developed using their feedback, which will ensure homelessness services' response to women who have experienced VAWG can meet these survivors' needs.

2. Component 2 - Intersectionality

Key Questions:
1. Do all members of the partnership have an understanding of intersectionality and how it relates to the experiences of survivors?
2. Is intersectionality a genuine strategic priority?
3. Does your CCR include a wide range of communities?

What is intersectionality?

The concept of intersectionality was first coined by the Black feminist scholar Kimberlé Crenshaw to demonstrate how the experience of being a Black woman could not be understood in independent terms of either being Black or a woman. Rather, it includes interactions between the two identities, which frequently reinforce one another[11]. An intersectional feminist approach maintains that sex inequality is neither the most important nor the only factor that is needed to understand violence against women in the home. Taking an intersectional approach allows us to recognise that women's identities and social positions are uniquely shaped by several factors simultaneously. These intersecting factors include, among others, race, ethnicity, sexuality, gender identity, disability, age, class, immigration status, caste, nationality and faith.[12]

"Intersectionalities colour the meaning and nature of domestic violence, how it is experienced by self and responded to by others; how personal and social consequences are reproduced, and how and whether escape and safety can be obtained."[13]

[11] Crenshaw, Kimberle, *Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color*, Stanford Law Review 43, no. 6: 1241-299, 1991

[12] Imkaan, *Safe pathways? Exploring an intersectional approach to addressing violence against women and girls – Good Practice Briefing,* London: Ascent (London VAWG Consortium), 2017

[13] Bograd, M, *Strengthening Domestic Violence Theories: Intersections of Race, Class, Sexual Orientation, and Gender,* in N. J. Sokoloff & C. Pratt (Eds.), Domestic violence at the margins: Readings on race, class, gender, and culture (p. 25–38). Rutgers University Press, 2005.

By understanding how and where these systems of domination and oppression converge, we are better able to recognise how patterns of subordination intersect in women's experience of domestic violence.

What this means for the DA / VAWG sector and the CCR

The mainstream DA / VAWG sector's avoidance of a race, gender and class analysis of violence against women, whether unintentional or intentional, has meant that service providers within the DA / VAWG sector have often adopted policies, priorities or strategies of empowerment that either ignore or wholly disregard the intersecting needs of Black and marginalised women. This has resulted in the re-victimisation and marginalisation of these same women. This is also reflected in our survey results, where no respondent said that the inclusion of marginalised communities' voices should be the most important component of a local partnership response to domestic abuse. For the CCR to be truly effective and implemented this needs to change.

Linked to this is, is the notion that Black and minoritised women are 'victims of their own culture'. The use of culture and 'ethnic diversity' as a framework to explain difference has led, in some cases, to a reinforcement of both racism and sexism. This has also silenced women and stopped them from talking about their unique experiences. It is important for all of us to note that 'culture' can sometimes be a code word for othering and exclusion. Reductive cultural explanations can and do problematise women's families and community structures, fuel racism, and prevent a nuanced discussion and understanding of patterns of perpetration, the support women need, and the barriers they face in accessing appropriate support[14].

An intersectional approach is needed to recognise how historic and ongoing experiences of discrimination impact on a woman's experience with service providers within the VAWG sector.

> ***"We try to have conversations around intersectionality so when commissioning and developing services we look at who would be the last person who would approach the service. So, if you think about who would access the service, and it is not usually someone who is disabled, black, gay."***
> — research participant

A key concern and safety for all

In the in-depth interviews with strategic leads, intersectionality did emerge as a key concern and meeting the needs of all survivors was described as an ongoing challenge. In our survey, only 29% of respondents felt that their local partnership adequately represented the local community by including the voices of marginalised groups. Some areas commissioned specialist 'by and for' agencies to provide support to survivors as well as to inform survivor consultation. There was still concern around the extent that these services were actually heard within the CCR partnership, suggesting that appropriate capacity building for 'by and for' providers may not be taking place. As one participant told us, ***"we talk about them a lot but are not often talking with them".***

[14] Thiara, Ravi and Sumanta Roy, *Reclaiming Voice: Minoritised Women and Sexual Violence Key Findings*, Imkaan, March 2020

Some areas spoke about engaging specialist groups such as disability forums in the partnership but that financial constraints had impeded on this work. None of the areas interviewed had a specialist disability service for survivors, although some had made links with existing services such as adult social care to improve responses to older and disabled survivors. Several areas had commissioned IRiSi to work with GPs, and it was felt that this would go some way to targeting older survivors. Some areas spoke of the challenge of meeting the needs of survivors who make up a small minority of the population, and that often there was an over reliance on individual employees within partner agencies to make change happen; ***"all services are LGBTQ friendly, but it depends on LGBT people in the organisations progressing things"*** *(research participant).*

A lack of understanding of the local population was also found to be an issue. One strategic lead told us, ***"previously, there was a lack of understanding about the 'diversity' of people in the county, it's now clear [after a local mapping exercise] there's a wider community of people and we're more aware of that now".***

All areas interviewed felt improvement was needed to increase safety for all.

Recommendations for ensuring best practice

Based on Standing Together's understanding of intersectionality and the results of our research, the following approaches and tools can be used, and are needed to ensure that CCR and all partners and agencies involved take full account of the intersecting inequalities and factors that impact on a person's experience of abuse and access to support services:

- Intersectionality should be treated as a true priority. This means being flexible and learning to meet the specific needs of the different communities locally, recognising difference and diversity in reality. Make sure this is a practical approach – for example, when commissioning services consider who would be the last person to access them; when engaging with a sector or community, think about who is not at the table.
- Staff and volunteers at all levels should be given appropriate and comprehensive capacity building to ensure a better understanding of intersectionality, and training to address racist and cultural assumptions and uncover systems of power and privilege, all of which have an impact on the ways services are designed and delivered.
- Engagement with 'by and for' and community groups can help to greater understand the local population, survivor's help seeking methods, and barriers to accessing support.
- Domestic abuse projects function best when they connect the whole community, and community organisations, more strongly into the CCR. Given the sensitive nature of DVA in communities, it is paramount for a project to be trusted by those it works with. This means building trust over time, and having meaningful, honest conversations to form long-lasting relationships across communities.
- Working with communities in an intersectional way means empowering survivors so that they know where they can go to receive support, without them losing their existing networks.

Good practice case study – intersectionality

Intersectionality in practice: the SAFE communities project

The Safety Across Faith and Ethnic (SAFE) Communities project is a good example of how to effectively adopt an intersectional approach when dealing with domestic abuse and VAWG, in order to improve a system that is currently inadequate for women from faith and marginalised communities.

Faith groups are often seen as part of the problem and are excluded from work or training in how to support those affected by DVA. The project brings voices from these communities into discussions with local authorities and local women's sector. These are groups who often otherwise would not connect, despite potential for natural allyship between statutory, professional, community, faith and grassroots groups in addressing VAWG. Often it is a lack of understanding of each other, and an absence of a mechanism (or desire) to connect, which further reinforces this separation.

The SAFE project worked with a wide range of community and statutory stakeholders to:

- unblock routes to appropriate support
- create new pathways for women who need to access support
- engage at different points in the system and provide support for all involved in the project – from survivors from faith communities to Local Authority policy makers.
-

It worked because of its core understanding of how power manifests in different groups and sectors across the system, and the transfer of this knowledge and understanding to all groups and agencies involved in the project. You can read the impact report here https://www.standingtogether.org.uk/faith-vawg

3. Component 3 - Shared objective

3. Shared objective

Less than 50% of leads and specialist services felt the local partnership had a clear vision against which performance was monitored.

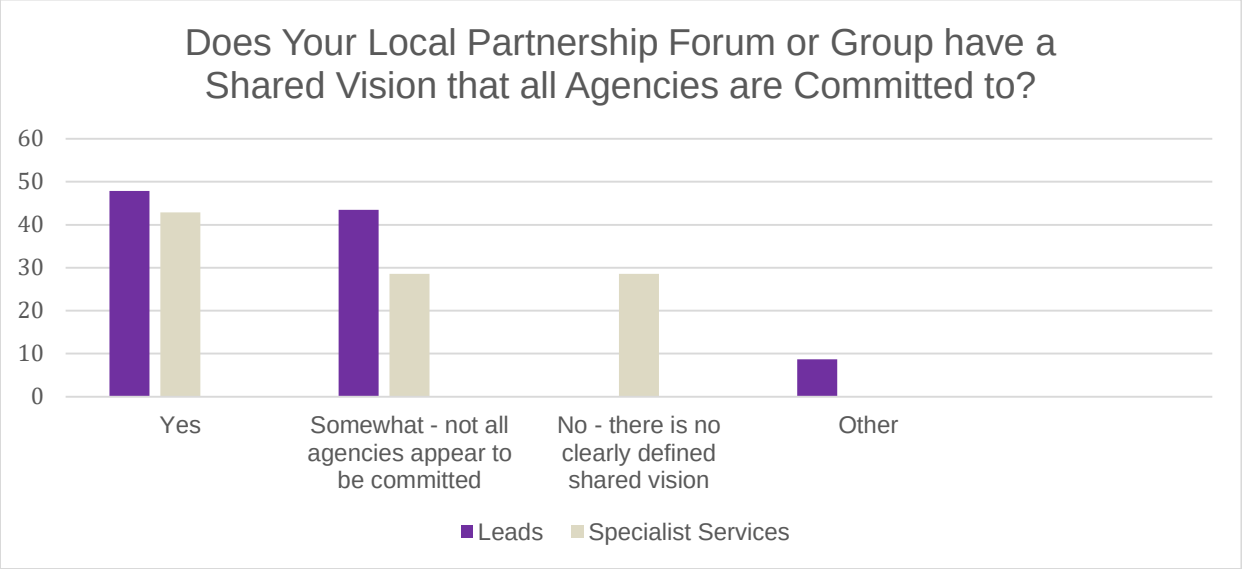
Key questions:
1. Is there a shared vision?
2. Can partners name the objectives?
3. Do they recognise the need to collaborate on equal terms?

Central to a successful CCR is the ability of partners to come together with a joint purpose. Partners will often have different priorities; reducing offending, protecting children or long-term recovery, for example. These are not mutually exclusive and can be addressed through the agreement of an approach, taking a common philosophy and developing a shared objective.

By widening partner remits to focus on improving the safety of survivors and their children, holding perpetrators accountable for their behaviour, improving the journey through services, and challenging the culture that allows domestic abuse / VAWG to take place, agencies can build a shared vision for change. A shared objective connects directly to ensuring good governance of the CCR see section 4 – Governance.

"If I think about where we have challenges with other partnerships its maybe because we haven't established the shared vision."
— research participant

Only 48% of leads and 43% of specialist services surveyed felt that the local partnership had a clearly outlined vision which performance was monitored against.



Shared responsibility across partners
For a shared vision and objectives to be developed, and for the system as a whole to be effective and efficient, each agency must understand and deliver its part. One partner reflected in their interview that **"so *many organisations are responding immediately, and don't have or make time to take a step back and check if the way they are working is fit for purpose. It can end up with people working in silos and can take more time recreating the wheel".***

Our research showed a greater recognition of how multiple issues some survivors face can improve their ability to engage with services, partly as a result of shared objectives to identify every agency's role in the 'bigger picture' or CCR. There is still work to do however. Even where this is a central co-ordination team to support a local response, the quality of that response still depends on individual agencies' delivering their services in a joined-up manner.

> ***"We have different services with different pathways between them. We need to think about how we design that together and commission it together."***
> — strategic partner

Ensuring equality amongst partners
This is perhaps one of the most difficult aspects of partnership working towards a shared objective. Inevitably there will be both commissioners and providers, there will be relatively well funded statutory services and small specialist service with little funding but vital expertise. It is important to recognise this and work to redress the balance.

We must also remember the structural inequalities that can be reflected in many organisations. Can organisations for people with hearing issues fully participate? Could a small specialist organisation find time to be involved? If not, how does the partnership ensure it's informed by these essential voices? It is helpful to ensure that all the protected characteristics are considered when decisions are made.

Considering how different partners support each other within the CCR is a good way to understand each partners' contribution. For example, for the criminal justice system to be effective, it needs support for survivors using the system. For safeguarding services to deliver early intervention, community support must be accessible, trauma-informed and culturally competent.

Recommendations- shared vision and objectives:
In order to create and maintain a shared objective across the CCR the following is needed:

- A shared vision which goes beyond deliverables and data and which is based on shared ethos and outcomes. The vision should be ambitious, whilst enabling all partners to commit to it, offering resources in terms of time, energy and engagement. It should be a collaborative process which is informed by all stakeholders, including those with lived experience. The vision will be a snapshot of the ambition of the partnership and is underpinned by the objectives of the CCR
- Shared responsibility across the partnership, which considers differing dynamics between partners and which articulates clear contributions from each agency and organisation involved in the CCR
- A shared theory of change - for all partners to be able to effectively engage with developing the vision, the partnership may need to invest in training to enhance knowledge of the impact of domestic abuse, trauma informed practice and survivor space for action. Some partnerships find a Theory of Change model helpful in developing this. A theory of change is a useful tool for areas to describe the need you are trying to address, the changes you want to make (your outcomes), and what you plan to do (your activities). The approach can be used for organisations working across partnerships[15] and helps organisations and partnerships to improve its strategy, measurement, communication, and partnership working. Please see appendix 4 for an example of a theory of change
- A willingness to address partnership challenges, for example, through a refresh of purpose. This can be achieved via an annual facilitated strategy day, for example. Such opportunities for an open, constructive, and honest conversation can lead to rejuvenation and re-establishing of the partnership
- Opportunities to celebrate successes as well as identifying outstanding issues and areas in need of improvement. We are all working in increasingly austere times - to make the best use of limited resources, we need to work together effectively.

Example vision for a CCR partnership:

"The CCR partnership will improve survivor safety and hold perpetrators to account via the provision of effective, needs-led services"

[15] NPC, *Theory of change -practical guide,* https://www.thinknpc.org/resource-hub/creating-your-theory-of-change-npcs-practical-guide/, accessed October 2020

4. Component 4 - Structure and Governance

4. Structure & governance

In **92%** of areas domestic abuse was a specific strategic priority

In **72%** this strategy is led by a DA / VAWG commissioner / coordinator.

86% manage their DA strategies through specific DA strategic and operational groups within their larger governance framework.

Key questions:
1. Do all partners understand the governance structure?
2. Does the governance structure allow for challenge from smaller agencies?
3. How do you know that the structure is effective?

Governance structures are the vital mechanisms through which committed partners come together to develop and deliver their CCR to domestic abuse / VAWG. It is through these structures that a shared objective and vision can be agreed upon, and crucially, then implemented. Governance structures refer to different bodies, strategies and areas of practice that are put in place to develop and implement the CCR in any area.

This guidance does not define the exact governance structures necessary to build an effective CCR; our experience and research have demonstrated that there are many legitimate approaches to creating these. Whatever the local structures, good governance should reflect local need and available funding. Domestic abuse / VAWG needs are intersectional and mutually impact every aspect of societal, familial and individual's lives. As such, they should be incorporated into every governing body, at every level, and woven into every strategy that addresses the wellbeing, safety and safeguarding of adults and children in an area. Essentially, coordinated governance is integral to the overall success of the CCR.

> ***"We have created joint working protocols between different boards for example the VAWG board and the Health and Wellbeing board, creating synergies and conversations strategically, and then filtering down to how we work operationally."***
> *— research participant*

Current governance picture

Our research found that in 92% of areas domestic abuse was a specific strategic priority and for 72% this strategy is led by a domestic abuse / VAWG commissioner / coordinator. 86% of respondents told us that they manage their domestic abuse strategies through a specific domestic abuse strategic and operational groups that sit within their larger governance framework**.** Domestic abuse strategic and operational groups often sit under the area's Community Safety Partnerships, or in some areas Health and Wellbeing Boards, or Joint Adult and Child Safeguarding Boards, which are jointly led by strategic partners across health, social care and the police.

Strategic and operational groups

The DA Strategic Boards will often be led by the domestic abuse / VAWG coordinator/commissioner or a statutory lead, such as a community safety or police lead, and are composed of service leaders across police, health, the local authority, specialist domestic abuse services, and other commissioned and voluntary services. This board is usually tasked with devising and delivering the domestic abuse strategy for the local area and will often have oversight of several domestic abuse operational groups. Participants in our research were involved in a wide range of operational groups depending on local strategic priorities such as Modern Slavery, FGM, and in one area a move to a 'wider lens' of domestic abuse and other factors such as substance misuse and mental health. Almost 80% of survey respondents indicated that their domestic abuse work feeds into a higher structure in their local authority, which is promising.

Shared vision, aims and objectives

As outlined in section 3, clearly defined aims and objectives are needed for an effective governance structure, to ensure that all actions and decisions are reflective of and work towards achieving overall domestic abuse, safeguarding and wellbeing strategies. Despite these recommendations, just half of local respondents believed that their governing bodies had this shared vision or a theory of change to go alongside this vision.

Recommendations for ensuring good governance of the CCR:

Creating a governance structure that works together effectively to actualise real and long-term changes in practice requires specific cultural attributes that lead to change. The following are components and signs of a good working CCR governance structure:

- Domestic abuse / VAWG governance and the CCR being reflected in all local governance structures and strategies, not just the domestic abuse strategic board
- Mutually agreed roles and responsibilities between partners and agencies, usually in place using a Terms of Reference and a Business Delivery Plan, both of which can be used to hold the partnership to account
- Having both strategic and operational authority and structures in place in order to be able to make decisions and take actions to facilitate strategic and operational changes, in line with the shared vision and objectives, and delivery and business plans. Both structures should be clear on the division of labour between them
- There should also be an open and bi-directional flow of information and influence between strategic and operational groups which supports the mutual dependence on one another to fulfil their areas of delivery
- Appropriate representation on both strategic and operational governance structures across partners, agencies and all relevant organisations. This means strategic groups should include leaders who understand the broader policy landscape, can make decisions without upward referral and can make funding or resource allocation decisions. Operational groups should include partners who oversee teams and projects and can allocate tasks to their staff. Sub-groups should then include front line practitioners who understand the picture on the front line and can take forwards distinct projects
- Clear frameworks for monitoring and evaluation in order to assess how effectively the CCR is achieving its overarching aim and objectives, whether the roles and responsibilities and corresponding allocation of resources facilitate this, and whether the aim and objectives reflect and meet the needs of those receiving the service.

The United Nations Development Programme (UNDP) defines eight universal characteristics of good governance that can be applied at any level. You can find these, and how to apply them in local contexts, in Appendix 3.

5. Component 5 - Strategy and Leadership

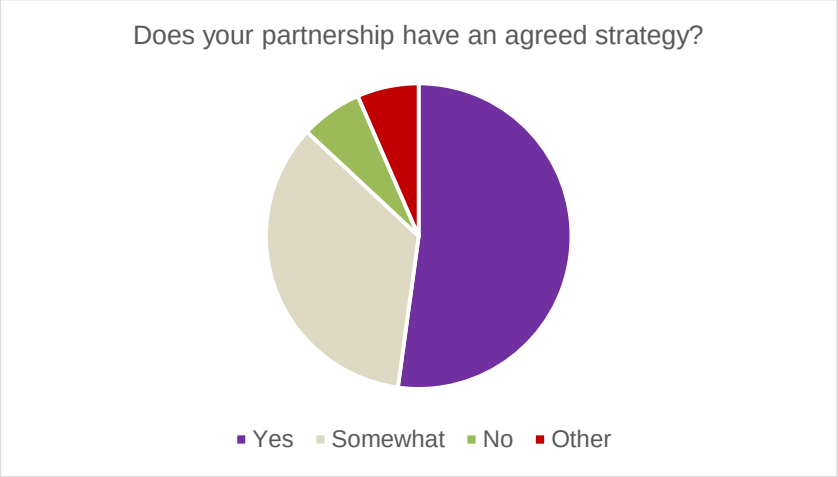
Key questions:
1. Do the strategic objectives of the partnership and the action plan include prevention and early intervention alongside high-risk responses?
2. Are all statutory agencies aware of their responsibility to deliver multi-agency responses effectively as well as the specialist sector?
3. Does your strategy incorporate an intersectional, gendered, survivor-led and trauma-informed approach in its strategic aims and delivery?
4. Do you have a VAWG / DA Strategic Lead / Coordinator to support the effective delivery of the strategy?
5. How is the learning from your local Domestic Homicide Reviews (DHR) embedded in your local strategy?

Strategic responses to domestic abuse / VAWG vary greatly across England and Wales. Many areas only have a strategy focusing on domestic abuse, some have a more comprehensive VAWG strategy and others have no strategy at all.

An effective strategy needs to be intersectional and mindful of the multiple barriers and discrimination faced by survivors from particular groups, including BAME, LGBT+, older women and disabled survivors. In addition, the development of a strategy should be survivor-led and truly reflective of the needs and experiences of all survivors. A trauma-informed approach, grounded in a solid understanding of and responsiveness to the impact of trauma, should be woven throughout the CCR strategy and should inform local strategic plans.

> ***"The more you're working together the better outcomes you're going to be able to achieve, but absolutely it requires strong leadership from a strategic perspective."***
> — research participant

Having a strategy in place
Our research showed us that whilst 74% of areas had a dedicated domestic abuse coordinator of some kind working in their area, most commonly employed by the Local Authority, almost 50% of areas had no fully agreed CCR partnership strategy in place which was reviewed regularly.



Having a local coordinator or strategic lead is part, but by no means all, of the solution in achieving strategic leadership to address domestic abuse and implement the CCR. This role is key to bringing about systemic change, increasing accountability and supports the embedding of a more sustainable response to domestic abuse in the long-term. But as a strategic lead highlighted in our research, ***"whilst it's important to have strategic leadership, it's also about making sure that other agencies and partners are working to that multi-agency culture".***

Data, local context and survivor experience

Strategies and action plans are largely dictated by local issues and national policy. Any strategy must be formulated with reference to the national policy landscape, but with clarity about the local context. What is possible in an extensive urban area may not be relevant to a largely rural area. As one strategic lead reflected during interview ***"we need to make sure our offer is suitable for everyone who has been affected, whether female, male, different race or background, different sexualities, whether they live in a rural location, so we gear our thinking so that our offer supports everybody".***

Strategies should also be evidence based, for example using the learning from DHRs, and reviewed regularly to make sure progress is being made. Our research showed that in 52% of areas there was a strategy that was reviewed regularly, whereas 34% had one but it wasn't reviewed or measured against. See also section 11 – data.

Prevention and early intervention

Strategies and strategic aims need to be pre-emptive and preventative. In some cases, specialist services will meet survivors at the early stages of their abuse; however DHRs have shown repeatedly that most often it will be general practitioners, midwifes, teachers and community members who will see the early signs of domestic abuse and / or receive disclosures. The role of the statutory sector is therefore vital in any activity around prevention and early intervention.

Investigation and prosecution of domestic abuse offences is often the area of strategic partnership activity where much effort is concentrated and measured. Whilst there have been vast improvements in this area, it is not strategic to focus almost solely on this issue; it does not address the various other needs survivors have and the fact that many do not report these types of crime when they do happen. The increased focus on those at high risk, or in the criminal justice system, has impacted the breadth of services available to meet all level of need. There has appeared to be an 'either/or' approach leading to a de-prioritisation of prevention and early intervention responses, which are highly strategic in supporting survivors in the most effective way.

Despite the difficulty of measuring the impact of prevention work, true strategic impact and therefore value for money lies in awareness raising, earlier intervention and a focus on local need in addition to crisis intervention. Until prevention and early intervention are embedded in strategic plans, services will continue to wait for survivors to be at identified serious risk before taking action, at which point a great deal of harm has already been done.

Specialist services

Specialist services who responded to our survey identified two key barriers to engaging with the strategic response locally. 71% stated this was a resource issue and 42% highlighted funding as a barrier. Specialist partners are key in ensuring that strategic responses are informed by best practice and reflective of a fuller breadth of the needs of survivors so action should be taken to ensure their participation.

Recommendations for ensuring effective strategy and leadership within the CCR:

The role of the coordinator or strategic lead within a statutory agency will be crucial in ensuring that a coordinated and effective multiagency response is in place, but the following are also needed to ensure strategic and effective implementation of the CCR:

- A strategy / strategic plan with SMART (specific, measurable, attainable, relevant and time-bound) strategic aims, agreed by all partners
- Strategies that connect to the shared vision and objectives (section 3) of the CCR and the structure and governance of the CCR (section 4)
- A strategy / strategic plan which is formulated with reference to the national policy landscape, but grounded in local context, knowledge and the intersecting experience of survivors
- Proper analysis of data sets which can evidence need and measure progress, alongside a living, breathing action plan which is also aligned to the learning and action plans resulting from local domestic homicide reviews
- A strategy that highlights and outlines the critical role and value of specialist services and the unique expertise they bring to the partnership
- A focus on early intervention and prevention, alongside high-risk interventions in order to keep people safe, prevent DA from taking place, and provide cost savings opportunities. This means a strong focus on the role of the statutory sector which is where survivors at the early stages of their abuse are most likely to come into contact with services.

6. Component 6 - Specialist Services

Key questions:
1. Is there sustainable funding for specialist services?
2. Are there gaps in service provision for survivors?
3. Is the statutory sector playing its part in responding to survivors?

Local specialist services are essential in supporting survivors appropriately and sustainably. Assessing the need within a local area should be the starting point for commissioning processes and allocating resources for specialist services. The CCR is central to this; it is through meaningful partnership work across agencies that we fully understand the local picture and then develop and deliver effective specialist services.

> ***"The local approaches do mirror what is happening nationally, but you need to have the freedom to set up locally. The CCR allows you to break from tradition, to scrutinise the local approach and develop best practice and not just for us but to be fed back nationally."***
> — research participant

Sustainable and efficient commissioning of specialist services
In practice, need is often assessed at the point of commissioning services, leading to a lengthy process. We were pleased to learn from our research that in several areas need is now being assessed on an ongoing basis, meaning that once funding is secured, commissioning services is more seamless.

Sustainable and efficient commissioning was identified by specialist services in our survey as the most important component of a local partnership. Services, particularly smaller, local ones, may have to pool considerable time and resources into the commissioning process which could be better spent developing services and indeed working with survivors.
This can cause disruption to services, collaboration between services and also to survivors.

Specialist services have expressed concern that the process of commissioning has led to bigger voluntary sector agencies being awarded contracts over smaller, local women's sector partners, leading to a loss of specialist local knowledge from trusted providers. Some areas have addressed the issue of commissioning but there is evidence of a trend in awarding

contracts to generic partners, often without dedicated, specialist provision[16]. In part, this is due to the cost versus quality equation and commissioners not always having the necessary knowledge of the extra value brought by dedicated domestic abuse services.

Accountability and equality of voice are important factors in the health of a partnership. This should be given particular consideration in relation to 'by and for' agencies who, due to commissioning and funding structures, can often have limited power. Where improvements can be made in a service to survivors of domestic abuse, all front-line staff have the responsibility to bring this to the attention of the relevant agency so that changes can be made. Funding can complicate this by making it difficult for a service to complain about another agency's practices when that other agency is its funder or sits on the strategic body which decides future funding. This issue may require open consideration at the point of commissioning, but opportunities to improve the service to survivors should not be missed for fear of financial repercussions. Regular partnership reviews of all partners' performance help to make such conversations routine and transparent. A common vision makes this responsibility clear to all parties- see sections 3, 4, and 5.

Core domestic abuse / VAWG Services

Funding, or lack of it, for core domestic abuse / VAWG services continues to be a key issue for CCR partnerships. (See also section 8 – resources). This includes funding for women-only provision, which is an essential part of domestic abuse services. To an extent, the championing of a risk led model has taken the focus away from a broader approach to intervention. Refuges, outreach, post-crisis recovery support, services for children and perpetrator programmes are all important areas of provision. Most partnerships continue to struggle with the conundrum of limited funds, an immediate need to provide for high risk victims and a desire to support them at earlier stages of abuse and during recovery.

Partnerships must understand the local context and assess what is achievable within the limits imposed on them, without overlooking need. As so much depends on that local context there can be no absolute rules by which partnerships can direct themselves. The Domestic Abuse Bill may address these challenges, by placing a statutory duty on local authorities to support survivors and their children within refuge and other safe accommodation- although of course it must be appropriately resourced in order to be effective.

Recognising and responding to need – moving beyond the IDVA / refuge/ outreach model

There has been an increased recognition in recent years that the core services of IDVA, Refuge and Outreach do not meet the needs of many survivors. Research shows that survivors experiencing multiple disadvantage[17], black and minoritized women[18] LGB&T+

[16] Women's Aid, *Why we need to save our services, Women's Aid data report on specialist domestic violence services in England,* https://www.womensaid.org.uk/wp-content/uploads/2015/11/SOS_Data_Report.pdf, 2014

[17] AVA, Agenda, *Breaking down the barriers*, London, 2019 https://avaproject.org.uk/breaking-down-the-barriers-findings-of-the-national-commission-on-domestic-and-sexual-violence-and-multiple-disadvantage/

[18] IMKAAN, *From Survival to Sustainability, 2019 https://829ef90d-0745-49b2-b404-cbea85f15fda.filesusr.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf*

survivors[19], disabled survivors[20] and older survivors[21] have significant barriers to accessing mainstream specialist services, or would prefer to access specialised 'by and for' agencies.

'By and for' agencies can be key in meeting the needs of minoritized women but are often undervalued and underfunded, and they do not always hold the position they should have as a key part of the CCR. When commissioning services, thought should be given to how the needs of all survivors are met. Some participants told us that due to the population of their areas, commissioning services aimed at minoritized survivors was difficult to prioritise. A possible solution was to have 'specialists' within a specialist service, which in some instances relied on the individual interests of a worker and therefore is unlikely to be sustainable.

In recent times different models of specialist services have been developed, including co-location. Co-located workers based in areas such as health, social care, and housing can serve to bridge the gap between specialist and statutory services. Not only are they co-located, but their remit often includes training and advice, enabling them to influence the work of professionals to have a greater understanding of domestic abuse dynamics and how to respond appropriately to survivors and their children. The IRiSi[22] programme is a very successful example of this. Several of our participants noted how positively co-located workers were regarded, and one of the specialist services told us they felt that the integration of specialist and statutory services was key to preventing specialist services from being side-lined.

Since 2015, Standing Together has been part of a co-location project in the London Borough of Hammersmith and Fulham. This includes co-locating representatives from Advance, the local domestic abuse service and the Domestic Violence Intervention Project (DVIP) the perpetrator service within Children Social Care's front line teams. The overall purpose is to better support and safeguard children and families where domestic abuse is a feature. The project has been shown to increase collaboration, partnership working and knowledge around domestic abuse.

Mobile advocacy[23] is similar to outreach services but specifically supports survivors who are experiencing housing issues. There is also an increased understanding that more traditional forms of support do not work for all survivors and a different approach needs to be taken. Several services such as the WiSER project in North London, and the Westminster VAWG Housing First Project (see case study below) take a trauma-informed, flexible approach to supporting women experiencing multiple disadvantage who have frequently been excluded from other services.

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[19] Magić, J. & Kelley, P, *Recognise & Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop, the LGBT+ anti-violence charity,* London, October 2019.
[20] SafeLives, *Disabled Survivors Too: Disabled People and Domestic Abuse,* 2017 https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf
[21] SafeLives, *Safe Later Lives: Older People and Domestic Abuse,* 2016 https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf
[22] https://irisi.org/
[23] Cara Atkinson and Rebecca Vagi with Standing Together Contributors: Mandy Geraghty, Refuge and Angie Stewart, Cambridgeshire Women's Aid , *Mobile Advocacy Toolkit,* https://www.dahalliance.org.uk/media/10655/9_-wha-mobile-advocacy.pdf, accessed October 2020

The focus on a risk led model often means that resources tend to focus on survivors at high risk. As the Council of Europe convention on preventing and combating violence against women and domestic violence (The Istanbul Convention) highlights, a range of services are needed to respond to violence against women and domestic abuse, including prevention work. Early intervention and post-crisis support can both have benefits, and a great deal can be achieved with limited expense. This can include group work, advice and awareness raising and supporting a survivor of abuse to explore their 'space for action'[24] after the relationship has ended. In a broader sense community outreach and awareness raising, such as the Women's Aid 'Ask Me'[25] programme can expand the work into the often missed 'community' part of the CCR.

Sanctuary schemes

For survivors and their children to be safe, they need to have access to a broad range of options, including housing options. Some areas commission types of sanctuary schemes, although there can be a huge disparity as to the level of security a survivor can access. For further exploration of the options, see the Whole Housing Approach to Domestic Abuse Toolkit[26]. Sanctuary schemes should not exist in a vacuum, and survivors who opt for this route should have access to specialist services and support with legal advice should this be required.

Flexible funding

Flexible funding is a relatively new option for survivors in England, introduced in Cambridgeshire, Peterborough and three London boroughs. This funding enables survivors to access stable housing, for example by supporting with costs such deposits, car repairs or school transport which reduces the likelihood that they will need to access emergency housing options. For more information on the principles of Flexible funding, and how to set this up, please see the Flexible Funding Toolkit[27].

Children and young people

Some areas have dedicated young people's workers and / or therapeutic services for example, but much more needs to be done in this area. Proposals in the forthcoming Domestic Abuse Bill will recognise children as victims of domestic abuse in their own right. Whilst the impact of 'seeing or hearing' abuse was recognised in the Adoption and Children Act (2002), this is a necessary clarification that children are and should be treated as victim / survivors. Partnerships must address the needs of children whilst understanding that creating a safe environment for the non-abusing parent is the single best route to achieving safety for children. One of the ways in which some areas are addressing this is by adopting the 'Safe and Together' model, a child centred model which aims to keep the child safe and together with the non- offending parent[28]. Consideration should also be given to services specifically for young people experiencing and perpetrating abuse in relationships. Disclosure to sexual or mental health services is also common and these services will be helpful members of CCR partnerships.

Perpetrator management

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[24] Kelly, L. Sharp N and Renate Klein, *Finding the Costs of Freedom,* 2017

[25] Women's Aid, *Ask Me*, https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/ accessed October 2020

[26] Domestic Abuse Housing Alliance, *Whole Housing Toolkit,* https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/, accessed October 2020

[27] Ibid

[28] https://safeandtogetherinstitute.com

One of the overarching principles of the CCR is that of holding perpetrators to account, but this is a regularly overlooked area of delivery. Often, at MARAC meetings and in DHRs, the perpetrator is 'invisible' and when they are seen it is solely through a criminal justice lens. Programmes for abusive men can be considered expensive and doubts continue to exist about their effectiveness. One of our participants raised concerns that funding perpetrator programmes could take resources away from services for survivors. However, as perpetrators frequently go on to abuse other partners or family members, investing in programmes may in the long term be cost efficient and prevent future violence.

Project Mirabel research shows that perpetrator programmes can be effective in reducing physical and sexual violence, although not all forms of abuse[29]. It is vital to ensure that programmes are of high quality, for example providing support to partners to increase their safety. One of our participants also noted that their area was looking a range of programmes in order to meet the needs of perpetrators, for example, different programmes for serial perpetrators, first- time offenders and young people rather than a 'one size fits all approach'. In other areas, the Multi Agency tasking and Co-ordination (MATAC) has been an interesting development in creating a co-ordinated response which focuses on the perpetrator rather than solely on the survivor.

When looking at perpetrator interventions the focus is frequently on criminal justice and perpetrator programmes, but with the CCR we need to move to making this everyone's business. As one participant told us ***"it felt like perpetrators at the beginning were ghostly figures but the more you sat through the interpretation of people's stories and generated insight, the more you realise that perpetrators were right there. They were right next to a victim/survivor when a social worker came around, for example"*.**

Frequently professionals such as social workers, mental health, and substance misuse workers will be in regular contact with perpetrators but may feel their role is limited to signposting or referral. There is a huge benefit to training these professionals to have a greater understanding of perpetrators and building the confidence to have open and frank conversations with them.

Seamless service

Every attempt must be made to ensure that there are no gaps in service provision and that all those who disclose abuse are provided with the options for safety. It also must be remembered that perpetrators are adept at finding gaps as well. In some situations, there may only be one opportunity to provide the support which can prevent further abuse. Due to commissioning processes, services may be provided by several voluntary sector agencies. In these cases, the partnership should consider the needs of local victims and how to best communicate and streamline the introduction of services so that referral pathways are logical and clear to all.

No recourse to public funds

Survivors with no recourse to public funds continue to be excluded from many specialist services, particularly those which are accommodation based. Women's Aid's No Woman Turned Away Project supports women who face barriers when trying to access a refuge space. Of the women they supported between 12th January 2019 and 11th January 2020 25.1% had no recourse to public funds[30]. The option of returning to an abusive partner, when no other option exists, is no option at all. And this can be fatal. Local partnerships must consider this

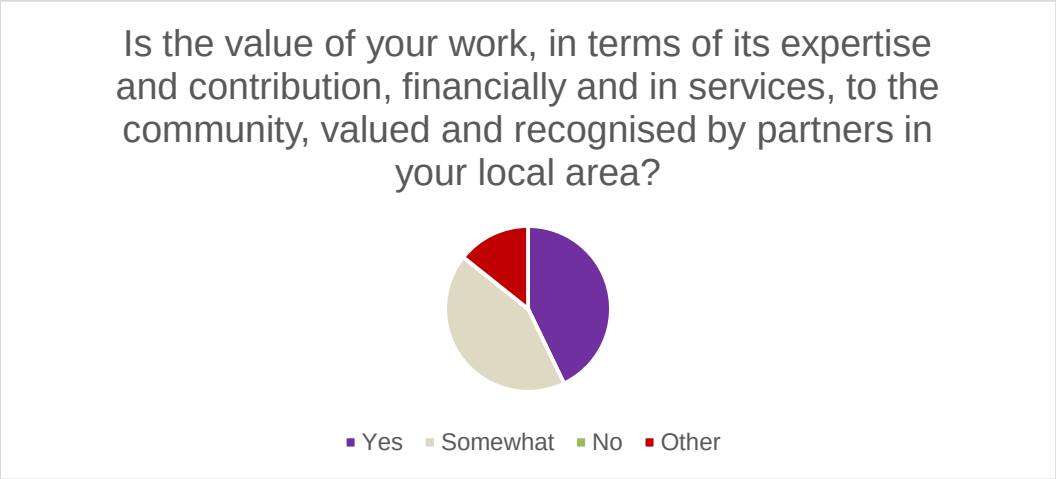
[29] Kelly, L. and Westmarland, N, *Domestic Violence Perpetrator Programmes: Steps Towards Change*, Project Mirabal Final Report. London and Durham: London Metropolitan University and Durham University, 2015

[30] Women's Aid, *Nowhere to Turn,* https://www.womensaid.org.uk/wp-content/uploads/2020/06/Nowhere-to-Turn-2020.pdf, 2020

issue within their locality, in addition to the Government's and their own existing activity. This issue is one which demonstrates a partnership's understanding of domestic violence and its commitment to a diverse population.

Use of existing resources
The importance of using existing resources, for example, staff, is crucial. In the present funding climate, provision must include better use of existing resources, e.g. front-line workers within the statutory sector. The work of the CCR is to embed good practice throughout agencies so that survivors receive a positive response wherever they disclose.

Previous research by Standing Together found that the response survivors received from professionals would often depend on individual approaches, with some experiencing positive and negative responses from professionals within the same organisation[31]. Projects such as Pathfinder in health have gone some way towards providing a template for this work so that health partners are clear on their responsibility to respond safely. One of our participants told us how as a housing provider the process of DAHA accreditation helped them identify ways in which they could work to increase the safety of survivors. This included working in partnership with specialist services, target hardening, moving from joint to sole tenancies and building in increased flexibility for survivors making housing applications. Without this type of work, there is a risk that statutory agencies see their role as one of referral rather than support.



Institutional advocacy
One of the roles of an IDVA is to represent the survivor with other agencies, particularly within the statutory sector, including when an agency is systematically (sometimes inadvertently) conducting itself in a way that is inimical to victims. This is a role which can and should be extended to all those who have a responsibility to survivors. This can be a challenge for specialist services who may be perceived to have less power than statutory agencies. As one research participant told us, ***"we want specialist services to hold statutory services to account but more needs to be done to create a level playing field. There are hierarchies."***

Recommendations for ensuring appropriate specialist services:

[31] Standing Together, Turning Points Survivor Consultation, https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f4f68edee09f02ebf00667f/1599039728896/Turning+Points.pdf, 2012

- The way services are commissioned should take into account the expertise of small specialist organisations and be sustainable and efficient to ensure resources can be directed where they are needed most
- Provision for women only support should be ensured
- Needs should be assessed on an ongoing basis in each area as part of the CCR
- All those who have a responsibility to survivors should act as advocates for these people, including to and with other agencies
- Existing resources need to be used in the most effective and joined up way e.g. through partnership working with a range of different agencies through the CCR
- Funding should be protected and extended for all DA services, including those which prioritise prevention and early intervention
- Survivors who have no recourse to public funds must still be supported appropriately
- Agencies need to work together to provide a range of seamless services to victims, working to overcome any gaps or potential gaps in service delivery
- Work with perpetrators, and training staff to do this work effectively, important from both a reduction in DA and cost saving perspective
- Partnerships must address the needs of children whilst understanding that creating a safe environment for the non-abusing parent is the single best route to achieving safety for children
- New models of support and funding, such as sanctuary schemes, mobile advocacy, colocation work and flexible funding programmes, should be piloted and evaluated and where successful integrated across CCRs
- Local specialist services will be best commissioned, funded and delivered where there is real understanding of the diversity of local need and where specialist organisations are resourced appropriately.

Good practice case study – specialist services

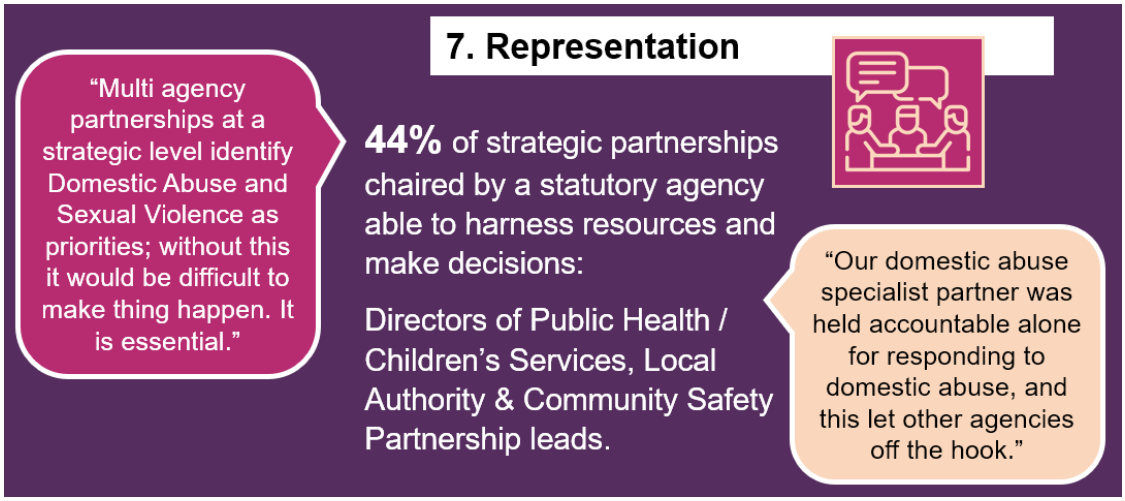
Westminster VAWG Housing First Project

Westminster VAWG Housing First Project is a partnership project between Standing Together, Solace Women's Aid and several housing associations. The project supports women who have experienced homelessness, multiple disadvantage and VAWG. Housing is provided by Housing Association partners and support by Solace Women's Aid. Specialist workers from Solace Women's Aid have low caseloads (typically five clients) enabling them to provide intensive and flexible support. In the first seven months of the project (up until March 2020) outcomes include:

100% tenancy sustainment rate
80% engagement with the service
60% of women supported to access support from drug and alcohol services.
70% of women supported to make a report to the police over historical or current incidents of VAWG or DA.

For more information, please see the Whole Housing toolkit:
https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf

7. Component 7 - Representation



Key questions:
1. Are key agencies represented at the relevant level?
2. Is strategic leadership supported by resources?
3. Are 'by and for' agencies able to engage meaningfully?

Representation from the right agencies, at the right level, is essential for the CCR and associated partnerships to work. This means having strategic representation at the right groups, making sure resources are available to follow through from the decisions of these groups, and ensuring that 'by and for' agencies, often smaller and more resource stretched, are still able to engage and be represented in the CCR meaningfully. (See also section 4).

> ***"Multi agency partnerships at a strategic level identify Domestic Abuse and Sexual Violence as priorities; without this it would be difficult to make thing happen. It is essential."***
> — research participant

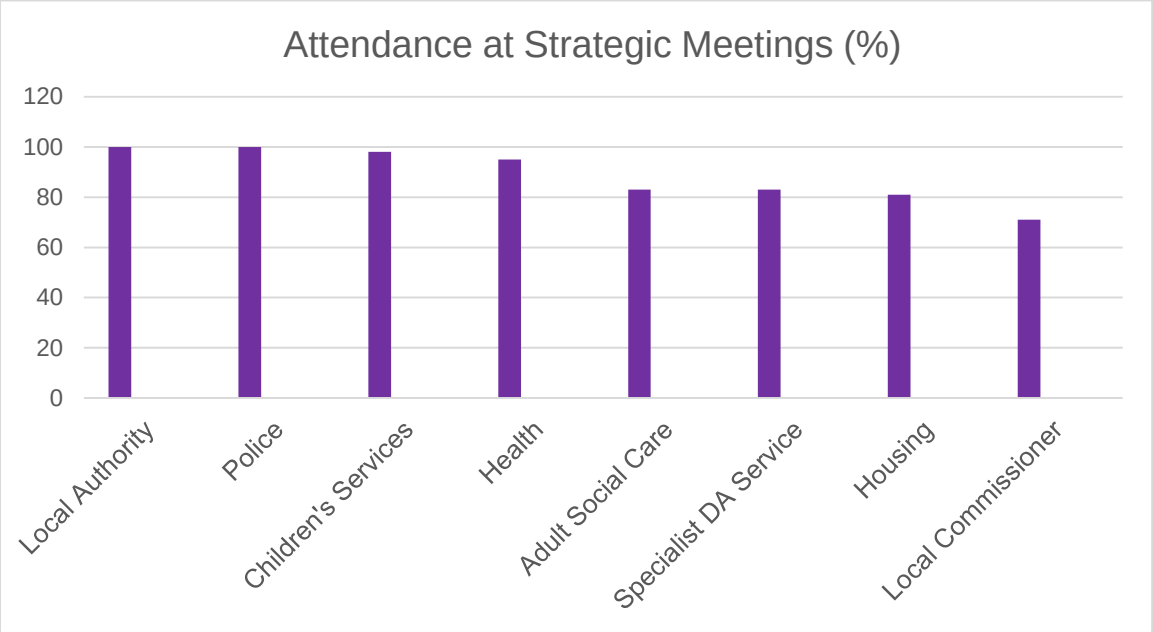
The right people at the right time

The scale and impact of domestic abuse and its connection to many other social problems means it can be tempting to include all local organisations and partners at all meetings and within decision making, leading to overload, confusion and stagnation. Our research found this causes problems; in the words of one strategic lead for domestic abuse, **"domestic *abuse and sexual violence is so cross cutting but if you have everyone there it doesn't work".*** It is both more constructive and productive to create a system where the right people are represented at the right level, bringing appropriate skills, resources and influence. Having the right structure and governance, and using tools such as terms of reference, will help make sure this happens. Where engagement is limited, attempts should be made to explore barriers to participation. See section 4 for more discussion of this.

It was positive to find in our research that 44% of strategic partnerships were chaired by a statutory agency, including Directors of Public Health or children's services, local authority and Community Safety Partnership leads. These roles will often hold suitable seniority to make decisions and harness relevant resources.

Agencies essential to the CCR
Some agencies are central in the delivery of an effective domestic abuse partnership. These include health; police and wider CJS partners; children's social care; voluntary sector partners; adult social care; housing and probation. Others such as therapeutic intervention services, community and children's centres can offer important contributions around broader impact and can engage with operational groups or specific working groups which focus on projects.

Our survey found that most of the key players were in regular attendance at strategic meetings (see chart below). Our survey also found that agency representation was generally felt to be strong, however some partners were less visible than others and where they did attend meetings, they didn't contribute or take learnings back to their organisations*; **"we're good at getting people to show up, but sometimes embedding things is missing".***



(Local Authority (100%) Police (100%); Children's Services (98%) Health (95%) Adult Social Care (90%) Specialist Domestic Abuse Service (83%) Housing (81%) Local Commissioner (71%).)

Agencies most cited both within the survey and during interviews as being less engaged in the CCR were probation and health. It was noted that at times health services tended to be present at meetings, but not always engaged or able to take on actions. The health service's complex structure can make it difficult to ensure the right people engage. Each CCG and Foundation Trust should map out the best person to participate via their domestic abuse and / or safeguarding lead. Probation has undergone significant changes since privatisation in 2014 and plans to bring the service back into public ownership may improve capacity and therefore engagement.

Voluntary Sector
Partners from the voluntary sector hold significant expertise and experience, meaning their participation should be central at all levels of the partnership, not just on an ad-hoc basis.

We know that 'by and for' organisations are often the worst hit by funding cuts in the sector[32] and our research found that commissioning practices also hamper their ability to engage with the CCR (see also section 8 – resources). This all impacts on their ability to take a 'seat' at the table which in turn results in a lack of representation of the voices of marginalised survivors in the CCR – see also section 1 on survivor engagement.

The unequal distribution of power, resource and funding amongst partners should be acknowledged. Only then can partnerships begin to find ways to ensure meaningful representation across partners. Consider for example – can resources be spread across the partnership? Are 'by and for' services being consulted around their capacity and availability? How can power be shared to adapt to the needs of others? Can structures be simplified? This is also discussed in sections 3 and 4 on shared vision and governance.

The added value that partners in the voluntary sector bring should not be overly relied upon or seen as the only agency who is responsible for survivor safety. **"*Our domestic abuse specialist partner was held accountable alone for responding to domestic abuse, and this let other agencies off the hook*".** (interview with strategic leader). The CCR partnership should hold spaces where the voluntary sector can come together collectively to share resources, ideas and collaborate.

Recommendations for ensuring effective representation of agencies and services in the CCR:

- Each CCG and Foundation Trust should map out the best person to participate via their domestic abuse and / or safeguarding lead
- Exclusion of voluntary sector agencies in CCR partnerships can be addressed by separating out commissioning decision making from the business of strategic meetings
- Partner dynamics should be mapped and managed to ensure that partners from the voluntary sector can be heard and included
- Strategic leads from different agencies should be held accountable in meetings, not just for attending but for agreed actions and contributions
- A clear terms of reference which maps out partner representation should be in place.

Good practice case study – representation

Representation in practice – from an interview with a strategic lead

This is one model used to ensure appropriate representation and partner participation in the CCR.

"The strategic group is chaired rotationally, currently chaired by the head of public protection, then public health, and vice chaired by a CEO of specialist VAWG services.

Membership for this group includes all chairs of the working groups, head of children's social care, multi-agency safeguarding hub, police, health, social care and local specialist services. Underneath this there are several working groups, each covering a distinct piece of work and chaired by a senior manager in the relevant field. Each of these groups are supported by an officer from the Community Safety Partnership (CSP)."

[32] Larasi, M., *From Survival To Sustainability*. 2018, [online] Docs.wixstatic.com. Available at: https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf, Accessed 20 October 2020

8. Component 8 - Resources

Key questions:
1. Does the partnership collaborate, grasp the scale of the problem and its costs?
2. Is domestic violence fully embedded within each agency's own planning?
3. Are strategic partners working to improve capacity within specialist services?
4. Are commissioning practices undermining collaboration partnership working?

Resources do not just mean available funding – in kind assets, people, passion, drive and will are all essential elements in the fight against domestic abuse, the costs of which are huge, both economically and socially.

Recent Home Office analysis estimated the cost of domestic abuse [to England and Wales] in the year ending 2017 to be approximately £66 billion[41].

Time and money

As a result of increasing financial pressures on local authorities, focus often falls on the specific costs of domestic abuse service provision. Austerity has placed significant pressure on councils - central government cuts to funding have led to a 17% fall in spending on local public services since 2009/10.[34] In many areas, the specialist domestic abuse sector has been blighted by historic underinvestment, a piecemeal approach to funding and a lack of focus on preventative and early intervention approaches[35]. When asked in our survey about barriers to partnership working, 75% of strategic partners said a lack of funding, and 57% of specialist partners said the same. 49% of strategic partners also said time resource was a major barrier, and 71% of specialist partners said the same.

[33] Home Office, *The economic and social costs of domestic abuse Research Report 107*, 2019
[34] Institute for Fiscal Studies, *English local government funding: trends and challenges in 2019 and beyond,* 2019
[35] Women's Budget Group, *2020 WBG Briefing: Violence against women and girls (VAWG)* https://wbg.org.uk/analysis/uk-policy-briefings/2019-wbg-briefing-violence-against-women-and-girls-vawg/, February 2020

An unintended consequence of the risk-led model (discussed in section 5 – strategy and leadership) has, in some areas led to funding being directed at provision for high risk cases, with little or no resource for vital therapeutic and needs-led support. Women's Aid have highlighted the huge additional costs to the public purse associated with services intervening once a case reaches serious risk of harm instead of using a needs-led approach using journeys of survivors[36]. A lack of funding for needs-led support can also disrupt the ability of both strategic and 'by and for' partners to engage meaningfully. It is important that partnerships take a broader view, recognising that the wider effects of VAWG on society, public services and the economy. In difficult financial times, addressing domestic abuse is both socially and economically beneficial.

Highlighting the need for investment

These key activities will help highlight the need to invest in domestic abuse:

1. **Understand the costs in your area.** Sylvia Walby[37] introduced an alternative methodology based on the number of violent incidents rather than the number of victims to reflect the repeat nature of domestic abuse more accurately. Analysis of the costs of gender-based and intimate partner violence can identify the different scale and location of the impact of this violence on a range of social and economic institutions. These include not only the specialised services for victims but also the legal sector, the health services and the economy
2. **Map the expenditure and who contributes**. It is still the case that funding for any form of domestic violence activity may not come from the area that receives the most benefit in terms of cost reduction. Children's social care see a significant number of cases where domestic abuse is a concern; for the year ending 2017 domestic abuse was a factor in almost 50% of children in need assessments[38]. Despite this, they do not always invest in the wider agenda. Every partnership must continue to try to increase funding from the appropriate agencies

[36] Women's Aid, *Change that Lasts*, https://www.womensaid.org.uk/our-approach-change-that-lasts/#1447244474627-2f2e1134-a953, accessed October 2020
[37] Walby, S & Olive, P, European Institute for Gender Equality, *Estimating the costs of gender-based violence in the European Union,* Luxembourg, 2014
[38] Department for Education, *Characteristics of children in need: 2016 to 2017 England,* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656395/SFR61-2017_Main_text.pdf, November 2017

3. **Highlight the benefits of doing this work**. Health colleagues interact with all members of the household and respond to a range of issues related to domestic abuse[39], the CJS uses significant resource dealing with DA crimes, as does the housing sector. Making these agencies more effective in dealing with this issue and reducing its incidence can save considerable sums of money - working together successfully in partnership will make this possible.

Commissioning processes
Challenges with commissioning came up repeatedly in our interviews with strategic partners who gave valuable insights into the way they impacted long term thinking and innovation. If domestic abuse is not embedded within the broader local priorities, consistent and sustainable funding will be difficult to achieve. Short funding cycles can be ineffective and lead to disruptions in partnership working. As one participant outlined **"*providers ask why services are only being commissioned for 2/3 years. Longer commissioning cycles could be embedded with longer term plans*."** Some areas have addressed this by lengthening commissioning cycles, for example granting longer contracts with the option to extend.

The process of commissioning can hinder the CCR. One domestic abuse lead told us in interview ***"all of the good will and collaboration you see to deliver shared ambitions, it was thrown up in the air through the tender process. A lot of independent organisations who might want to collaborate may not want to where there is a competitive process on".***

Specialist, independent services often bring in funding from a range of sources to enrich the local offer and shine a spotlight on practice in the local area through participating in national and/or international pilots and research programmes. A joint commissioning strategy allows all partners to play their part and improve recognition of the value partners bring – **"b*eing able to jointly commission specialist services means we have buy in with the (key strategic partners), there is no one agency working in isolation"*** (strategic commissioner). By co-ordinating and integrating contracts, services avoid being stuck in a continual cycle of bidding for contracts.

Recommendations for ensuring resourcing levels and models are appropriate:
In challenging financial times, addressing domestic abuse is both socially and economically beneficial:

- The added value brought by local, specialist services should form part of the overall funding and resourcing strategy
- Ensure partnerships take a broader view, recognising the wider effects of VAWG on society, public services and the economy
- Take time to make the business case for increased and more strategic resource allocation for domestic abuse and connected services
- Ensure partners and agencies are aware of the costs of not addressing domestic abuse or putting it into their strategic plans
- Commissioning cycles and processes should be longer and more collaborative to prevent competition and to enable partners to coordinate and integrate their work.

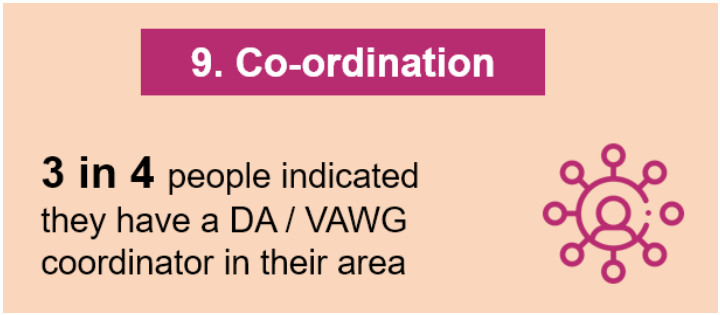
[39] NICE, *Costing statement: Domestic violence and abuse Implementing the NICE guidance on Domestic violence and abuse – how services can respond effectively (PH50)* https://www.nice.org.uk/guidance/ph50/resources/costing-statement-pdf-69194701, February 2014

Good practice case study – resourcing

Sustainable and effective commissioning processes – from an interview with a strategic lead

"Our ambition for the tender is to have an iterative contract; we wrote it as a 5 year contract with an opportunity to extend it by 2 years initially, followed by another possibility for a 2 year extension (leading to a potentially 9 year contract) because we didn't want to go through tendering process again. We wanted to build the relationship".

9. Component 9 – Coordination



Key questions:
1. Are partners aligned with the principle of a coordinated approach?
2. Are partners committed to collaboration?
3. Is the significance of the coordinator's role acknowledged and supported?

The lives of the survivor, perpetrator and their children are impacted by the agencies around them. The only way to ensure that impact is positive is to make sure that all agencies are working together, with the same vision, understanding and goals. Coordination is about systematic and collective activity designed to make survivors and their children safe and hold perpetrators to account. Coordination is a system, not a person.

> ***"We know people don't live single issue lives, but we discuss people within single issues"***
> — research participant

Scope of coordination
Coordination of the CCR is often led by or rooted in local domestic abuse or VAWG strategic and operational groups (see also section 4 – structure and governance) and for coordination to work each partner in the CCR should be signed up and accountable to a shared vision (see also section 3 – shared vision and objectives).

Resourcing is also a factor in the scope and success of coordination efforts. Many agencies are hesitant about information sharing or feel they lack capacity to take part in multi-agency meetings. We know that agencies are often set up to respond to single issues, but as one strategic partner highlighted, that isn't the way people live their lives. Joint working can ensure that survivors at all risk levels can access support, that survivors do not have to continually repeat their story, and that survivors with multiple disadvantages are not prevented from accessing services.

A well-functioning CCR can help to combat other problems that arise from the way that agencies traditionally function and our interviews found partners were positive about the impacts of local coordination of domestic abuse / VAWG work. One strategic partner reflected on the introduction of the 'One Front Door' approach saying that **"*whilst it takes time initially it saves time in the long run*".**

Role of the coordinator and coordination team
75% of people responding to our survey indicated they have a coordinator in their area, highlighting the value still placed on this important role in implementing the CCR.

The coordinator is usually responsible for bringing agencies together, overseeing the formation and maintenance of an action plan and monitoring progress. They will administer meetings, produce draft policies and engage the unengaged. It is the coordinator who will discover, build or renew the linkages between partners and discover the gaps in the operational activity. In producing a strategy or action plan they must ensure that the direction of travel is achievable, whilst also introducing the most effective approaches. The coordinator's role is one that should not be undervalued nor misunderstood.

Coordinating the multi-agency response to domestic abuse in any given area is a full-time job – it is not realistic or appropriate for coordinators to support caseworkers and supervise specialist services or victim/survivors themselves.

Whilst acknowledging the crucial role of the coordinator, it is important to remember that as previously stated, coordination is a system and not a person. Coordinators cannot carry out this work alone. As one domestic abuse lead who carries out the coordination role put it, ***"because I am a dedicated post, it can feel quite isolating, can feel like I'm holding a lot of it as an individual."***

All partners in the CCR are required to play their part, forming an effective coordination team, which can work together and focus on the task in hand. As one partner reflected during interview, ***"with the CCR incorporating so many different agencies, it's important for the lead not to get bogged down by different agencies agendas and focus on the issue".***

Recommendations for effective coordination:

- Each CCR should recognise the importance of having a coordinator to bring agencies together.
- Don't over rely on one person to coordinate everything; this won't work, so getting the balance right between have a coordinator and coordinating role but not overloading them or passing all responsibility to them, is important.
- Ensure all partners are clear on their roles in the coordination process, as well as the wider work to address DA / VAWG.
- Each CCR should give agencies and partners time and resources to address and mitigate for any coordination issues in order to improve joint working.

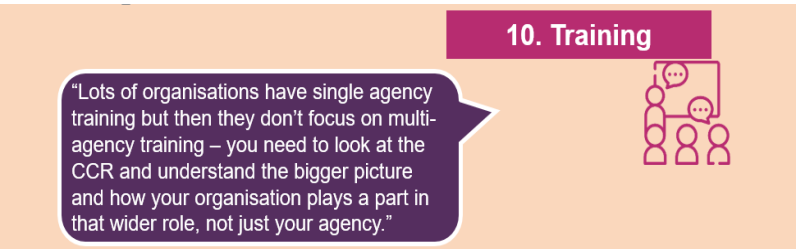
Good practice case study – coordination

Standing Together and Chelsea and Westminster Hospital NHS Foundation Trust – a dedicated coordinator

Standing Together has situated a dedicated domestic abuse coordinator within Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) since 2016. The role includes the delivery of training, development of Domestic Abuse Links, embedding referral pathways and working with relevant leads to update policy and processes.

Staff training evaluations have consistently highlighted improved awareness of domestic abuse, increased confidence and skills in enquiry, and escalation of concerns. The role has resulted in a significant increase in training delivery, identification of domestic abuse and referrals into specialist services.

10.Component 10 – Training



Key questions:
1. Is there a common understanding amongst staff of the dynamics of domestic abuse?
2. Do colleagues at all levels have the skills and knowledge to identify and respond to domestic abuse?
3. Is there a policy for service users and staff?

Training is integral to ensuring that partners across the CCR are working towards the same vision and share an understanding of the dynamics of VAWG / domestic abuse.

> ***"Lots of organisations have single agency training but then they don't focus on multi-agency training – you need to look at the CCR and understand the bigger picture and how your organisation plays a part in that wider role, not just your agency."***
> — strategic lead

A lack of appropriate training

Despite training being an essential factor in supporting people well in help-seeking across services, including health, social care and police[40], professionals working in these services often receive little or no training on the issue whilst qualifying. This results in services being required to upskill staff once they're in post, often with little dedicated resource to do this.

This creates a workforce of people who not only lack an understanding of domestic abuse and how to respond appropriately but may bring their own misconceptions to the role. The consequences of this include survivors disclosing to professionals and being dismissed, disbelieved and / or blamed for the abuse[41]. Where disclosures are handled inappropriately, it can increase risks posed to survivors and their children and prevent them disclosing again.

Research has found that a lack of training can impact the confidence and competence of staff in responding to the issue[42]. Training that is brief and / or infrequent is unlikely to shift deep-seated prejudice, which is why monitoring the agency response to domestic abuse is an essential element in ensuring training is working. It's essential to get this right - practitioners

[40]Walby, S, *The Cost of Domestic Violence: Update 2009*, https://www.google.co.uk/search?q=wlaby+2009+research+on+%20domestic+violence&oq=wlaby+&aqs=chrome.1.69i57j69i59l2j0l3.4477j0j8&sourceid=chrome&ie=UTF-8, 2009

[41] Field, M., *Turning Points*. [online] Static1.squarespace.com. Available at: https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f4f68edee09f02ebf00667f/1599039728896/Turning+Points.pdf, 2012, accessed 20 October 2020

[42] Rose, Diana & Trevillion, Kylee & Woodall, Anna & Morgan, Craig & Feder, Gene & Howard, Louise, *Barriers and facilitators of disclosures of domestic violence by mental health service users: Qualitative study. The British journal of psychiatry: the journal of mental science. 198. 189-94. 10.1192/bjp.bp.109.072389,* 2012

who interact with survivors may be the only professional they are in contact with and are therefore in an important position to facilitate safe disclosure and an appropriate response.

Domestic abuse training – what to include

The following information comes from our research findings and our extensive experience of training professionals in the field of DA and VAWG and can be used to ensure comprehensive training of staff takes place. At the most basic level domestic abuse training across all services should include:

- The definition of domestic abuse
- The epidemiology and root cause of domestic abuse
- How to spot the indicators of domestic abuse
- Tactics used by perpetrators of abuse
- How to have safe conversations about domestic abuse
- Actions that should be taken following a disclosure

When delivered by those with relevant expertise, training incorporating the above points should help to dispel myths and misconceptions that people hold and increase staff confidence in recognising and responding to domestic abuse. Each of the points should be set in the context of each agency, the service they offer and their local area. For example, in healthcare services training should be delivered in line with guidance from intercollegiate documents, NICE guidelines and Department of Health recommendations. Depending on the area in which each service is located, training should include referral pathways to local specialist services. Using case studies and survivor's journeys will bring the training to life.

There is an increasing recognition of the impact that trauma has on the way that people think and behave. This is especially true of survivors of domestic abuse who have often experienced chronic trauma and who, as a result of that, can struggle to access services or present as 'difficult' when they do[43]. Training should therefore be 'trauma-informed' framing indicators of domestic abuse in the context of trauma and outlining actions that should be taken following a disclosure based on trauma-informed principles of safety, collaboration, empowerment, choice and trustworthiness.

Training should also be delivered through an intersectional lens and acknowledge that survivors may be experiencing multiple forms of oppression (see also section 1 and 2 – survivor engagement and intersectionality). This could include highlighting that disabled women are twice as likely to experience domestic abuse when discussing epidemiology or emphasising that practitioners shouldn't make assumptions about the kind of support services survivors may want to access when discussing actions to take.

Domestic abuse training – delivering it effectively

Austerity and limited resources have led to training commonly being delivered through e-learning packages. This is better than no training, but it is not as effective as face to face training. People retain 10% of what they have read vs. 70% of what they say[44], demonstrating the value of discussions that can happen within interactive training settings. The trade-off between time and money spent on training versus the impact on the quality of service provision may not be cost-effective in the long-term, creating further costs down the line. We have seen many organisations respond creatively and flexibly to the restrictions around face to face training during the pandemic, creating virtual and interactive training sessions which attempt to recreate classroom-based learning for maximum engagement.

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[43] Herman, J., *Trauma And Recovery*. New York: Basic Books, 2015

[44] Gravells, A., *Principles & Practices Of Teaching & Training*. London: Learning Matters Ltd, 2017, p.98.

Domestic abuse training is best created by a domestic abuse specialist and then co-delivered by the specialist and a service-specific practitioner. This means attendees will benefit both from the expertise of a domestic abuse specialist and the demonstrable applicability of domestic abuse skills and knowledge in their specific workplace. Training in a multi-agency context lends itself better to a successful CCR.

In recognition of this, many local authority areas commission domestic abuse training as part of the Local Safeguarding Children Partnership (LSCP). These sessions are free to agencies working locally and often delivered by local, specialist partners. One strategic lead outlined that their local area collates data around training attendance and uses it to highlight gaps and which agencies need to engage more as part of their CCR.

How does domestic abuse training fit within broader strategic work?
Training sessions in and of themselves will have limited impact without the organisational structures and processes that allow practitioners to put their knowledge and skills into practice and keep domestic abuse on the agenda. This includes utilising multiple opportunities to teach people about domestic abuse and reflect on internal processes. This could be in the form of staff meetings, supervision sessions, regular mini-teaching slots, lunch and learn sessions or events. Practical opportunities for practice include assessment forms, referral pathways, staff discussions and data collection.

The embedding of knowledge and practice from training into organisations should be led by senior staff members who keep domestic abuse on the agenda and maintained by staff who are willing to 'champion' the cause. This may include enhanced training on domestic abuse and in some cases, staff delivering brief training sessions to colleagues.

The impact of training will remain unknown without routine data collection. Training feedback can inform organisations of whether confidence on responding to the issue has increased for participants and where knowledge gaps remain, but cannot inform agencies on the overall impact of training is on organisational response. For this, broader data collection is needed.

Recommendations and practical points to ensure good quality training:

- The partnership should discuss and decide key messages regarding the nature, scope and impact of domestic abuse to be imparted in training, and must ensure that all trainers 'own' and promote these messages in their training (regardless of whether it is delivered within single-agency or multi-agency settings).
- Involve managers and supervisors in training, both as participants and co-trainers. Train them first!
- Ensure trainers are well briefed on current operational issues, realities, and concerns for each agency, and on local services and resources.
- Deliver multi-agency training where appropriate, so that the training room becomes an opportunity for partnership links and inter-agency coordination to be strengthened.
- Half or full day training sessions can be difficult for staff members to attend, so utilise multiple opportunities to continually upskill staff. Domestic Abuse Links and senior members of staff are best placed to implement and oversee this.
- Ensure training covers the expected standards for each service, is trauma-informed and intersectional, and has the survivor experience at the heart of it.
- Use information given by participants in training sessions to provide detailed feedback about operational and systemic gaps that need to be addressed. Training should be continually revised and updated based on feedback and changes to legislation.
- Ensure that participants leave the training with a clear idea of what is expected of them, what is possible, and what is safe in their practice around domestic abuse issues.

- Boost participants' confidence and competence through training that builds a basis of awareness and understanding of DA dynamics, a knowledge base about procedures, resources and legal requirements, and skills that they can use on a daily basis.
- Organisational processes must keep domestic abuse on the agenda e.g. is domestic abuse part of assessments, referral pathways, supervision sessions and staff meetings? Is this issue championed by senior staff members?

Good practice case study – training

Making training part of partner CCR self-assessment – from an interview with a Senior Commissioner

One Senior Commissioner working within a CCR described how training was one element of a self-assessment that each partner was required to complete every year:

"Each year we have a self-assessment – within that each agency looks at policies, trainings, participation in MARAC / DHR etc. Any recommendations and actions coming out of DHRs also become part of the self-assessment. These self-assessments are helpful, they allow agencies to know why they're there, what's expected and to take more responsibility."

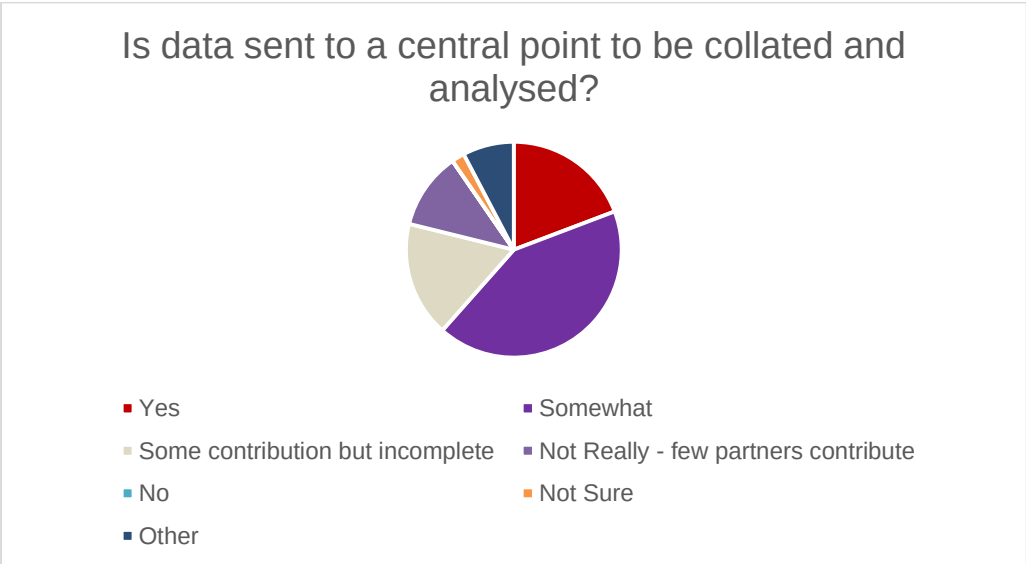
11. Component 11 - Data

Key questions:
1. Has the partnership mapped existing data?
2. Do all partners contribute data that is collated for the whole partnership?
3. Does the partnership have an agreed method of defining and measuring success?

Data collection and analysis gives a partnership the information they need to keep track of trends, develop insights and address issues arising. It can inform partnerships undertaking research, lobbying for change and working to devote resources to the greatest effect. Data remains essential in the drive to deliver more effective domestic abuse partnerships and the CCR. This is partly due to its value in communicating the social and financial benefits of such a partnership to decision makers.

"Help agencies tell the story of what works instead of telling them how to work."
— Janice Miller, House of Ruth, Maryland 2016

Data collection
Despite the recognised benefits of data collection, our survey found that data remains one of the most challenging areas for partnerships to address. Only 20% of the areas we surveyed reported that data was collated and analysed at a central point. This makes it less likely that data is being used to monitor a shared vision and shared objectives, or that there is a shared understanding of what success looks like.



Data challenges
We have found that many services do not collate data in relation to domestic abuse, leading to inaccurate data, for example in relation to scale and type of the DA / VAWG issue.

We have also found that voluntary sector partners can be hesitant about providing data about their work because of they may be competing for commissions. Whilst this feels short sighted and in direct contrast to the spirit of being survivor focussed and to the wider CCR, it is also understood in the context of the commissioning processes and associated challenges discussed in section 8. Commissioners and funders have expressed frustration at the lack of coordination of data collection within the domestic abuse / VAWG sector – commissioning processes are linked to this so also need to be addressed as part of the solution to data collection challenges.

Others voluntary sector partners are hesitant because of concerns around confidentiality and some service providers may find it difficult to fund data-collection systems. services. Partners will need to be sensitive to the funding constraints and conflict of interest for some partners in providing detailed information while requiring enough data to be sure that interventions are effective. This continues to be a challenge for the CCR. One participant told us ***"it was difficult to collect data because some agencies don't keep data in a way that was easy to collect or that was clear, for example social care might have a DA flag on a home and then remove that flag, which is hard to capture. The data sets also need to be right and accurate."***

Ideally partnerships will have a dedicated member of staff who collates the data and monitors performance on behalf of the partnership. Whilst this person would be delivering information there may also be an opportunity for research which could further inform partnership priorities and activity. Research can supply detailed and informative data but tends to be limited to a brief period. Monitoring tends to be simpler and more quantitative. A combination of the two provides the clearest picture of the context within which the partnership is working.

Our recent survey notably uncovered that some respondents have noticed improvements in data collection, submission and accuracy in response to COVID-19. In March 2020 the Government announced dramatic lockdown restrictions in response to the worldwide pandemic. Agencies and CCR partnerships had to mobilise quickly and work together to understand the impact of the restrictions on families and on frontline practices. This demonstrates that agencies can see the benefit of collating and sharing data, and partnerships are valuing the collaboration. One responder said ***"now there is a COVID task group which collects data from multiple agencies including police, the DA service, health and mental health service, housing, drug & alcohol services, social care and sexual violence services. We're monitoring that now as part of COVID reaction and comparing to previous years."*** We hope that this appreciation of the benefits of data collection will continue to be built on.

What to measure
Sharing data within partnerships can move beyond understanding need and individual services' responses to giving an insight into whether the CCR is working as a whole. As one participant told us, this can be a challenge **– *"I can tell you how many crimes we had and referral numbers, but is the system working effectively, that's the bit that's hard to measure*".** Using a theory of change may be a beneficial method in setting out what data the partnership needs to collect and why (see section 3 – shared vision and objectives).

Whilst there will be variation between services, some helpful measures could include:

- Reduction in abuse
- Increase in survivors' ability to safety plan
- Improvement in symptoms related to trauma
- Increase in needs being met
- Increase in survivors' access to community
- Increase in survivors' recognition of perpetrators' responsibility for abuse
- Increase in perpetrators' ability to accept responsibility for abuse
- Increase in survivor awareness of risk factors
- Increase in activities taken to hold perpetrator to account
- Reduction in victim blaming from services
- Increase in community awareness and understanding of domestic abuse

Recommendations for useful data collection and management:

- Map existing data collection within agencies and assess that alongside what data the wider partnership needs and what the data collected will be used for
- Agree a CCR wide definition of what success looks like, to ensure better data collection, effective use of resources and reassure commissioners that interventions are making a real difference to the lives of survivors and their children
- Look to specialist services as experts in data collection and monitoring and evaluation within your CCR – due to increasing pressure from local and national commissioners, they often require a robust system of measurement to provide data-driven, evidence-based and effective services
- Ensure a dedicated member of staff exists who can collate data and monitor performance on behalf of the partnership
- Ensure every partner is clear on what data they should be collecting, why and what it is used for, including enabling the partnership to show the value of the work it does, in order to secure future funding
- Make sure that data is collated and analysed centrally in the CCR as well as by partner agencies and organisations
- Address concerns around confidentiality and competitiveness through training in GDPR (see section 12 – policies and processes) and changes to commissioning processes to encourage collaboration.

Good practice case study – data

Harmful Practices Operational Group – using data and research to improve practice

Kensington and Chelsea, Hammersmith and Fulham and Westminster have a Harmful Practices Operational Group which brings together key agencies in these three boroughs who work with survivors who have experienced or are at risk of harmful practices. In 2019 in order to progress the work of the group, funding was secured for a data coordinator. The group have created an information sharing agreement and agreed key data needed in order to improve responses to harmful practices in the area. An agreement was also made with the local MARACs to share information and data has been collated around harmful practices cases heard at MARAC.

12.Component 12 – Policies and Processes

Key questions:
1. Does the partnership have policies and protocols to work with other strategic boards effectively? (for example, Safeguarding Boards)
2. Are policies and procedures evidence based and survivor informed?
3. Do all partners have a clear understanding of information sharing and is this cascaded to all staff?

Policies set some parameters for decision-making but leave room for flexibility. They show the "why" behind an action. Processes on the other hand, explain the "how", providing provide step-by-step instructions for specific routine tasks. Both are essential resources for partnerships and individual organisations working within the CCR. Ideally, there will be an overarching policy for the partnership and a separate policy and associated procedures for each organisation involved in the response. They should be evidence-based, survivor informed and remain as living documents.

> ***"Some of our own processes can be difficult for survivors of DA. So we (adapted procedures) in order to try and ease the burden."***
> — research participant

A policy for both the CCR and the individual organisations within it sets out what is going to happen, including the stance the organisation will take to ensure this is delivered. This will include elements such as the importance of taking a believing, non-judgemental approach, and being led by what the survivor identifies is most meaningful for their safety.

A process or procedure is the implementation of this policy and offers a framework for staff to know what they can do for each other and for their service users. It considers the survivor's and perpetrator's pathway from the start to the end of the service. It sets out what staff need to do, including who they need to share information with and how to do this. Protecting the safety of adult and children survivors should be at the heart of a procedure, giving consideration to the risks associated with perpetrators becoming aware of survivors accessing support in relation to domestic abuse. More broadly, processes should enable survivors, perpetrators, and children to access services as seamlessly as possible.

Good practice case study – policies and processes

Including policies and procedures in accreditation processes

The Domestic Abuse Housing Alliance (DAHA) accreditation process has eight priority areas, one of which includes Policies and Procedures. DAHA's online toolkit provides clear examples of internal policies and procedures for staff and external versions for service users/residents. The internal policies and procedures will be posted on intranet and highly publicised. For service users, this will be included in on the organisations' external website. This transparency about what an organisation is going to do about domestic abuse offers an important level of accountability.

Developing policies and processes

A strategic lead for the partnership, ideally a specialist DA / VAWG Coordinator with knowledge and understanding of national policy and practice context, is essential in the development of appropriate policies and procedures across the CCR. They can develop an overarching policy and work with agencies to ensure buy in from across the partnership and work to resolve any competing agendas. Some may also have capacity to support individual organisations with developing their own internal policies and procedures.

Local partnerships need to consider what adequate resourcing of this work looks like and how this links to local commissioning of specialist services. The following activities should be considered:

- If a local area is developing their policy and procedures for the first time, it would be helpful to identify an expert lead (ideally the DA / VAWG Coordinator or local specialist domestic abuse service) who can help establish a working group
- Each partner should be able to contribute ideas and priorities into policies and procedures. This will increase engagement with, and adherence to, the shared resources.
- Each policy and procedure will need to be regularly reviewed and updated, which may include consultations with survivors and expert services and stakeholders.
- Policies and procedures need to be widely disseminated and included in staff induction and training programmes.

All policies and procedures need to be informed by expert knowledge and developed alongside survivors and expert domestic abuse services, including specialist by and for services including BAME, LGB&T+, disability services for example so that they are intersectional and inclusive of all survivors and perpetrators. See sections 1 and 2 – survivor engagement and intersectionality.

Policies and protocols for Information Sharing (ISPs)

This specific set of policies and protocols are particularly important and relevant for the CCR to function effectively. They provide the safety foundation for agencies and practitioners within those agencies to feel confident to communicate and share information. They can also produce a joint accountability process. No single agency or individual can see the complete picture of the life of a family or individual, but all may have insights that are crucial to their safety and wellbeing. Survivors, perpetrators and children require a coordinated, multiagency response with all agencies sharing relevant information to develop an action plan that addresses the risks posed. One strategic lead reflected during interview, ***"agencies can work in an isolated fashion, they can be nervous about sharing information or not understand the information they have and the importance of sharing it".***

Sharing information allows for an accurate assessment of risk and identification of needs in order to safeguard and improve the lives of survivors and any children. This means that information must be shared at the earliest opportunity in order to address the issue before risk escalates to the point it is difficult to mitigate or address.

The GDPR and Data Protection Act 2018 are not barriers to sharing information where the failure to do so would cause the safety or well-being of an adult or child to be compromised. They place duties on organisations and individuals to share (process) information (data) fairly and lawfully. Similarly, human rights concerns, such as respecting the right to a private and family life would not prevent sharing where there are real safeguarding concerns. All organisations should have arrangements in place, which set out clearly the processes and the principles for sharing information.

The ISP will detail the relevant data protection principles which allow practitioners to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). To share information effectively:

- all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding and risk identification purposes, including information which is sensitive and personal, known now as 'special category personal data'
- where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information that is necessary, relevant and proportionate to the purpose for which it is being shared. This includes allowing practitioners to share information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent.
- policies and procedures need to be widely disseminated and included in staff induction and training programmes.

Agencies retain responsibility to take appropriate actions in relation to child and adult protection, alongside information sharing. Where agencies collaborate at child protection conferences, MARACs or DHRs, it is essential that any minutes (and any other papers containing confidential case specific information) are retained in a confidential and appropriately restricted manner.

Some organisations face challenges in recording, storing and sharing information. There are times when agencies are concerned about sharing information, or do not understand their responsibility to share to enhance the safety of survivors and their children. Agencies should be clear on how and when to share information. Our 2020 DHR case analysis found that in 43% of cases, agencies knew about the domestic abuse but did not share this information[45].
"This case highlighted that potentially, there may be information that is not known to other services such as the police but it is relevant to establishing whether there are concerns about the household that are relevant to assessing risk to children and vulnerable adults" – taken from the DHR of Sinead Wooding, published March 2020.

Recommendations - policies and processes needed for the CCR to function:

[45]Bear Montique, Standing Together, *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process,* https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f633ee1e0e0be6ec5b858a1/1600339696014/Standing+Together+London+DHR+Review+Report.pdfOctober 2019

Alongside ISPs (covered in detail above) CCR Partnerships will need to agree policies and processes for the following areas, including how to address concerns raised in specific cases, and how to ensure survivor voices are heard throughout these policies:

- **Risk assessments** - The Domestic Abuse Stalking and Honour based violence Risk Indictor Checklist (DASH RIC) has enabled agencies to create a shared language and understanding of risk. It is essential that partners understand how an assessment of risk relates to other processes (e.g. safeguarding children and adults) and what process to follow once risk has been assessed
- **Safeguarding policies & processes** - Local Safeguarding Children's & Adults Partnerships will provide clear processes to follow which cover thresholds and referral information. Again, the focus here is on earlier intervention for children and adults at risk that can be beneficial in domestic abuse cases. It is essential that partnerships are clear on these processes, including when to refer, where to direct this and how to challenge decision making
- **Multi Agency Risk Assessment Conferences** - It is essential that all partners sign up to the MARAC ISP and understand their responsibility to safeguard survivors and their children
- **Domestic abuse policy for staff** - Each partner should hold a staff domestic abuse policy that covers effective response for victims, including practical support, and for perpetrators within an organisation. The Employers' Initiative on Domestic Abuse offers an employer toolkit to assist with this
- **Governance policy** - see section 4 on structure and governance. This policy will include things like clear parameters for the frequency of meetings, terms of reference, membership and responsibilities of partners
- **Communication policy** - this policy and accompanying procedures will define how messages (and information on data) will be agreed and published internally and externally, and how the partnership will supply information, educate the public, and advertise its role clearly to different audiences
- **Domestic Homicide Reviews** - see section on DHRs. An effective CCR will have clear processes and procedures agreed for commissioning, delivering, and implementing learnings for any DHRs they are involved in.

Domestic Homicide Reviews and the CCR

Key questions:
1. Are DHRs embedded within the CCR?
2. Does your area have processes in place to communicate lessons learned and ensure accountability?
3. Are there structures in place to measure the impact of action plans?

Practice and guidance in relation to DHRs has progressed significantly since our original report. Since the implementation of the legislative mandate around DHRs, set out in the Domestic Violence, Crime and Victims Act (2004), the Home Office has updated the statutory guidance twice (2013 and 2016[46]). Despite this, local interpretations of this guidance, a disparity in panel compositions, and the lack of a national repository of findings, have culminated in a very varied picture in practice.

More clarity on when to hold a DHR, and how this process should be integrated and actioned during and beyond the DHR is still needed. The DHR process needs to be viewed not as a siloed review, but as a mechanism of learning embedded within the CCR. Stronger and more practical guidance from the Home Office is needed around complex cases, suicide DHRs and information sharing practices for the non-convicted alleged perpetrator, as well as clearer guidance on publication and storage of DHRs.

"For a DHR process to mean something more than the paper it is written on, all the agencies involved must take on board the recommendations and be accountable for their implementation."
- Bear Montique[47]

Our research found that while local areas had responded to statutory guidance in a myriad of ways, there was a clear commitment to creating mechanisms for strategic oversight of DHRs alongside opportunities for learning. 61% of survey respondents reflected that in their local area, recommendations from DHRs were reviewed at a multi-agency forum and that actions were cascaded and monitored effectively. We would like to see more areas implementing this essential part of the process to ensure that learning is embedded across partnerships.

Standing Together has now chaired over 70 DHRs, during which we have worked with colleagues to build a best practice model, as well as completing two DHR case analysis reports[48] exploring key themes, challenges and areas for improvement. We summarise these themes, offering our learning and experience, in order to make DHRs more effective and therefore reduce deaths in the future.

[46] Home Office, Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575273/DHR-Statutory-Guidance-161206.pdf, 2016
[47] Bear Montique, Standing Together, *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process,* https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f633ee1e0e0be6ec5b858a1/1600339696014/Standing+Together+London+DHR+Review+Report.pdfOctober 2019
[48] Ibid

DHR Practice
Community Safety Partnerships hold responsibility for decision making around initiating and overseeing a DHR. We know that historically CSPs have not always initiated a DHR where they should have and so the updated Home Office guidance sought to help clarify this. As a result, the number of DHRs has increased, particularly where there has been a suicide and the victim has been a victim of domestic abuse.

Areas surveyed in our research reflected various initiatives they had implemented in order to manage the DHR process, including a dedicated DHR coordinator, task and finish groups, thematic action plans, and DHR learning review groups. These local processes are critical to ensuring lessons identified are communicated in the area and to ensure accountability for the actions.

Funding and resources:
Findings from our DHR analysis found that many boroughs have serious challenges regarding funding and carrying out DHRs. They reported that funding of DHRs needs to be addressed by the Home Office and local areas. Funding for DHRs should be reviewed and more assistance given to boroughs by the Home Office. Furthermore, it was recommended that funding of DHRs should be a joint responsibility of the Home Office and all safeguarding statutory agencies within the local authority. There was a theme relating to the disparity between resource spent on delivering the DHR versus resource then spent on addressing the actions and learning taken from the DHR.

> *'I think we tend to spend more money on resourcing the DHR then we do to deliver the actions from the DHR'*
> - research participant

Key lessons from DHRs:
The following is a summary of the key lessons which are repeated problematic themes within the DHRs we have chaired[49].

- Lack of awareness of the dynamics of domestic violence and abuse from agencies coming into contact with the survivor and / or perpetrator e.g. escalation, manipulation by perpetrator, impact of trauma on survivors
- Lack of information sharing between agencies - in 46% of DHR cases[50], agencies including health services missed opportunities to share information or delayed sharing information, resulting in increased risk to victims.
- 43% of DHRs showed that agencies knew about domestic abuse being present in cases but did not share this information. Agencies need to be clear when and how they share information with other agencies, where they have the responsibility to share information and where they have the power to do so (see section on policies and processes).
- Missed opportunities by a range of different agencies to ask about victim's relationships and wellbeing e.g. health services, housing services
- Lack of consistent DASH risk assessments carried out - within IPV DHRs 56% of Risk Assessments were not undertaken or done poorly.

[49] See also, Bear Montique, Standing Together, *London Domestic Homicide Review (DHR) Case Analysis and Review of Local Authorities DHR Process,* https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/5f633ee1e0e0be6ec5b858a1/1600339696014/Standing+Together+London+DHR+Review+Report.pdfOctober 2019
[50]Ibid

- Lack of focus on perpetrators and risk they pose to others by organisations coming into contact with survivors and perpetrators

Recommendations

The following recommendations are based on good practice examples and solutions identified from the DHR processes Standing Together has been a part of:

- **Friends and family** - community safety partnerships should inform them once a decision to hold a DHR has been reached. Attempts to engage family and friends in the process should take into account that whilst their involvement could offer an opportunity to give valuable insights into the lives of those they have lost, it can be a painful process for some. There may be challenges in engaging with friends and family, but chairs and panel members must be creative in ensuring that they have extinguished all options, as well as ensure they attempt again at different points. Specialist advocacy should be sought in order to assist them to fully understand and navigate the process. Advocacy After Fatal Domestic Abuse (AAFDA) gives peer and expert support after fatal domestic abuse[51]; the Victim Support Homicide Service also provides a support service via the National Homicide Service[52] and Hundred Families offer information and practical advice for families bereaved by people with mental health problems[53]. Family and friends should also always be offered a chance to inform the Terms of Reference and given ample time to feedback on draft reports.
- **Use expertise** - our research has highlighted the need for panels to reflect the diversity of the local area, and the DHR case. All panels should include a domestic abuse specialist, as well as specialist community agencies. This will better reflect communities' specific needs and experience and be able to better ensure intersectional and trauma-informed analysis in the report. Local areas should be open to paying for smaller local specialist services for their valuable participation in the DHR.
- **Panel composition and equity** - the chair is responsible for writing a report, however this is not done alone. The panel must be involved throughout the process and take a proactive part in analysing not only their own involvement, but other agencies as well. The agencies will be responsible for implementing any learnings identified, thus, it is crucial that they identify, understand, and agree with the report outcomes. The report must be able to clearly show panel probing and reflection. We encourage agency reflection at all panel meetings. Whilst the chair may need to make a decision if there is disagreement, overall, the panel should feel a sense of ownership and accountability to the report and its findings.
- **Do not rush** - the Home Office states reviews should be completed within a 6-month time period, but this is rarely achievable. Two caveats exist around this general point; first, there must be no delay in implementing changes that are obviously required. Secondly, unnecessary delay is a problem and may be evidence of an unwillingness to accept some unpalatable truths. However, delays due to a trial, or to give the family more time to be able to engage for example, will result in a more complete picture.
- **Action planning** - independent chairs will lack certain local knowledge, for this reason the CSP and panel members should create the action plan, with the Chair's support, to ensure that the recommendations are delivered and owned locally. These must be SMART actions and be aimed at the correct level. Local areas should have a system in place to ensure actions are completed, and family's updated.

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[51] AAFDA, *Domestic Homicide Reviews – for families*, https://aafda.org.uk/help-for-families/domestic-homicide-reviews-for-families/, accessed October 2020

[52] Victim Support, *Homicide Service,* https://www.victimsupport.org.uk/more-us/why-choose-us/specialist-services/homicide-service, accessed October 2020

[53] Hundred Families, *The Victims*, http://www.hundredfamilies.org/, accessed October 2020

- **Independent chairs** - when commissioning an independent chair, reference should be made to ensuring they encompass not only the skills listed by the Home Office but have enhanced knowledge about the complexity of domestic abuse dynamics. Our research highlighted that local areas wanted a national DHR chair to have a code of conduct and recognised qualifications. Chairs should be victim-led, professionally curious, and able to facilitate panel discussions to identify meaningful lessons.

Additional recommendations to address broader issues raised in DHRs which connect and sit in parallel with what is needed for an effective local response to DA / VAWG:

- The CCR should be embedded in all local areas.
- Improved understanding of coercive control and dynamics of abuse via training and awareness raising is needed for all agencies coming into contact with victims and perpetrators, and ideally community members and the public in general.
- Increased use of DASH risk assessments across all agencies is needed – otherwise agencies are not asking the right questions to identify risk.
- Development of systems within agencies to identify victims and perpetrators for agencies coming into contact with both groups.
- Improved record keeping and information sharing across agencies.
- Intersectionality needs to be embedded across all DHRs and processes.
- Prevention initiatives should include local communities.

Recommendations and Conclusion

This guidance is the result of learning from our experience in delivering effective partnerships and most importantly, the experience from those around the country that lead and work within partnerships. This includes those operating in urban and rural areas, both large and small local authority areas, and across areas where needs are complex and diverse. Thanks to the input and views of strategic leads, key domestic abuse / VAWG stakeholders and a range of local providers, we know this document reflects the complex reality of partnership working and what is needed for a truly effective CCR.

Since first producing this guide, the DA / VAWG policy landscape has changed significantly. With the advent of Domestic Violence Protection Orders (DVPOs) and the offence of Coercive and Controlling Behaviour, police have greater powers to act. Practice relating to Domestic Homicide Reviews (DHRs) has evolved and new guidance has been produced to improve agencies' practice and prevent further deaths from happening. In some areas the remit of specialist services has widened to include co-location with other statutory services and there has been a greater focus on reaching a wider range of survivors. We are awaiting the Domestic Abuse Bill which has the potential to have a dramatic impact on responses to domestic abuse.

CCR has never been more needed

Most recently COVID-19 has shone a spotlight on domestic abuse and its effect on adult and child survivors. In the first three months of lockdown, there was a significant increase in calls to domestic abuse helplines[54], and deaths at the hand of a partner, ex-partner, or family member rose significantly. In the first three weeks of lockdown, there were 16 domestic abuse killings[55]. On top of this terrible loss, we anticipate that more than two million women and men in the UK will experience domestic abuse this year.

A strategic response to DA will be informed by survivors, data driven, intersectional and mindful of the multiple barriers and discrimination faced by different survivors.

Our Findings

This is everyone's business

Locally developed, local owned

Partnership is the only strategic way

Deliver more than just a crisis response to DA

Ensure shared responsibility across agencies, coordination and good governance

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Recognise the diversity of survivor experience and be trauma informed

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Protect 'by and for' services, focus on prevention & early intervention, fund DA work appropriately.

[54] June Kelly and Sally Graham, BBC, *Coronavirus: Domestic abuse helpline sees lockdown surge,* https://www.bbc.co.uk/news/uk-53498675, 23rd July 2020

[55] Jamie Grierson, The Guardian, *Domestic abuse killings 'more than double' amid Covid-19 lockdown* , https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown, 15th April 2020

"If we have learned anything during COVID-19, it is that we do not have sustainable and systemic support for domestic abuse. The postcode lottery and all the cracks in the system have shown all the more. We desperately need a more co-ordinated community response to face down challenges in the year ahead and build back a better response to domestic abuse."

- Nicole Jacobs, Domestic Abuse Commissioner for England and Wales

This is everyone's business

National and local government and decision makers have a huge part to play. We are calling on both central and local government to recognise the huge importance of implementing a coordinated and strategic response to tackling domestic abuse / VAWG, using the CCR. Relevant ministers in England (including the Home Secretary, Secretary of State for Health and Social Care, Secretary of State for Housing, Communities and Local Government, the Minister for Crime and Policing, and Minister for Women and Equalities) and in Wales (including the Minister for Health and Social Services, the Minister for Housing and Local Government, and the Minister for Mental Health and Wellbeing) all have a role to play in ensuring a focused, coordinated and comprehensive programme of work across government departments in order to tackle domestic abuse / VAWG is implemented.

Police and Crime Commissioners, senior leaders across local authorities and the third sector working on domestic abuse / VAWG need to ensure that the same happens at a local level – no more silos, unsustainable and poorly managed commissioning processes that pit local expert organisations against each other, no more passing the buck to another organisation or agency.

The following recommendations should be implemented at national and local levels, alongside the specific recommendations listed at the end of each section of this report.

Keep DA / VAWG high on the agenda.

Working with our partners across the country, we know the realities of the struggle to keep domestic abuse high on the agenda, and at the same time we have witnessed the outstanding work in areas where professionals are using their CCR partnership to ensure they provide the best response to both domestic abuse crisis incidents and to ensure long-term recovery support. With this in mind, we want local areas to feel confident that they have, or are working towards, a model of practice for domestic abuse / VAWG that really works. We have seen in practice how the Coordinated Community Response is the model that works best.

Deliver more than just a crisis response to DA / VAWG

Standing Together has implemented its pioneering CCR to domestic abuse for decades, and it has never been more needed. It is a way of way of thinking and operating that brings people together to address domestic abuse. Bringing people together, working together and standing together to end domestic abuse is what we do, and it works. It is often assumed that this approach is taken everywhere, but we have found this is not the case. Many areas simply have a crisis response in place, without any system to recognise early signs or prevent further abuse. Implementing the CCR will change this and in a time of ever shrinking budgets it also ensures we make the best use of the resources available to us.

Ensure shared responsibility across agencies, coordination and good governance

In order for the CCR to be effective, responsibility should be shared across agencies, rather than held by a single agency or an individual. We know that a combination of agreed processes, structures and committed individuals create the right environment for development and improvement. Coordination is a critical component in this work.

Often, the domestic abuse or VAWG lead, holds this function and is responsible for holding the system together. Since first producing this guidance we have seen the role of domestic abuse or Violence against Women leads / coordinators go from being a single post concentrating on domestic abuse (in some, but not all areas) to a position which has responsibility for broader community safety issues, such as anti-social behaviour or work vulnerable people. The trend in watering down and reducing resources for this crucial role whilst domestic abuse continues to be the issue that is most likely to have a major impact on our violent crime levels, our short and long-term health needs, safeguarding for adults and children, and fundamentally on women's lives, needs to be reversed.

Recognise the diversity of survivor experience and be trauma informed
There has been an increased recognition that more needs to be done to make sure that services are survivor focussed. Survivors need to be at the heart of the work we do, and a greater understanding of what a trauma informed response might look like needs to be embedded across services. Meeting the needs of all survivors (not just those who access specialist services) must be high on all our agendas. We are now recognising the diversity of those who perpetrate and are subjected to abuse. It is critical we are mindful of the multiple barriers and discrimination some survivors will face when accessing services. Every effort needs to be made to break barriers, address gaps in accessibility and ensure our services are fully inclusive.

Protect 'by and for' services, focus on prevention and early intervention, and fund DA work appropriately
The crucial support of 'by and for' services must be protected and enhanced. We have learnt that as well as focusing on recognising and responding to high risk cases we must understand and address the needs of all survivors, to ensure our services are effective. Funding for prevention and early-intervention work must not be sacrificed and instead should be prioritised, alongside crisis support services. This is better for those impacted on by domestic abuse / VAWG, and more strategic on a resource basis. Funding levels should be protected and increased where needed, and funding should come from a range of budgets and agencies, reflecting the knock-on impact that domestic abuse has on other issues, for example in relation to housing, health, and children and adult social care.

Partnership is the only, and most strategic, way
We have seen that a strong, effective partnership approach is the most efficient and effective way to ensure local provision meets the needs of those subjected to abuse and holds the abusers to account. There is no doubt that partnership working can be challenging at times. It requires perseverance, diplomacy and it is important that these systems are embedded locally to ensure that these new working structures are seen as core business and implemented long-term.

Ultimately the CCR is the most effective mechanism to keep survivors safe and improve long-term health and wellbeing outcomes for the whole community.

This guidance will support you to understand how well your partnership is working and identify any areas for improvement. The CCR ensures that everybody takes responsibility for ending domestic abuse and VAWG. A partnership is always evolving and this practical guide will ensure that you are able to check that it is as effective as it can be, and that you are providing

the most effective response to keep adult and child survivors safe, and hold abusers to account.