

STANDING TOGETHER AGAINST DOMESTIC VIOLENCE  
A Guide to Effective Domestic Violence Partnerships



In Search of  
Excellence

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# **A Guide to Effective Partnerships**

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## **Introduction**

### **Standing Together**

Standing Together Against Domestic Violence is now known in the UK and internationally as the organisation that drives a fully coordinated response to domestic abuse. Our roots are in the coordinated community response which emanated from Duluth in the United States and we know that true change in the response to domestic violence can only be achieved when all the relevant agencies work effectively together.

Standing Together has been operating now since the late 1990s and it was their pioneering work which helped lead to accepted interventions such as Specialist Domestic Violence Courts, Independent Domestic Violence Advisers and Multi-Agency Risk Assessment Conferences. All these approaches have, as their underlying philosophy, a system of coordination.

The coordinated community response has tended to become a person rather than a system as partnerships struggle to achieve change. Unfortunately this role itself continues to be threatened by the current financial climate and a failure to grasp the importance and centrality of domestic abuse in any ambition to achieve a safe and equal society. Standing Together believe what is needed is a combination of processes and people to create an environment for development and improvement. A lead for domestic violence, an individual who holds the system together and committed partners are essential. The remainder of this document describes how these pre-requisites and other components combine to change the culture around this most damaging of social ills.

As Government policy changes and a growing and welcome desire to tackle the broader issues of violence against women gains traction so should the coordinated response. There is no reason why the approach in this guidance cannot successfully help to address those broader issues. Whilst nothing here denies the fact of men suffering from many of the issues we are trying to affect we do believe that domestic violence or abuse is a gendered crime. The linkages to issues such as sexual violence, honour-based violence and forced marriage and female genital mutilation are clear and a complete approach through a coordinated partnership is the response most likely to have the most benefit.

Language is important in this world and we accept that abuse is often a preferred term to violence. We would like those using this document to regard these terms as interchangeable.

The very term coordinated community response also engenders much heated debate. We accept that the “community” element is often missing. This truth does not remove the need to think of the response in community terms and engage society at all levels. It must also ensure it is having a successful impact on those who suffer or perpetrate this, or similar forms of violence. To remove the word “community” would remove a principle that is too important; we should strive to ensure the objective is achieved – not remove it to ignore a painful reality.

## **Why a Coordinated Community Response?**

Domestic violence is a complex social problem. It harms the whole of society. The outcomes are the responsibility of all the agencies with a remit for health, social care and crime. It damages families and the education of our children; it affects businesses and employers, and increases the demand for housing. Agencies and organisations are often dealing with the same problem from different angles, with different responsibilities for intervention, and are seeking different outcomes.

In the middle of this complexity are the victims and the children suffering abuse. Often they have received little support or conflicting advice, and may even be seen as culpable because they have not found their own way out of the damaging situation.

The scale of the problem is immense. In our experience every children’s service is seeing over 70% of their children experiencing or witnessing domestic violence. Nearly three quarters of children on the ‘at risk’ register live in households where domestic violence occurs.<sup>1</sup> The damage to families, in so many ways, is incalculable.

To provide victims with a better response and increase their chances of escaping harm, the need to weave a unified effort within the local community and services becomes clear.

The coordinated community response (CCR) was initially developed in Duluth, Minnesota, United States. Partners there believed that the coordination of local services would greatly improve the success of the responses to domestic violence, both to keep victims and children safe, and to hold perpetrators to account. They found that the effectiveness of the CCR

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<sup>1</sup> Department of Health (2002). Women's Mental Health: Into the Mainstream - Strategic Development of Mental Health Care for Women, p16.

was enhanced when local responses to the disclosure of domestic violence were consistent. It also became apparent that when people and organisations were held accountable to other members of the CCR the response improved. Later, they noted that subsequent initiatives in tackling domestic violence were also found to be more effective when implemented within an already organised response to this issue.<sup>2</sup>

## Why Produce this Guide?

This latest version of our guidance is the result of Standing Together's long-standing commitment to the CCR and the subsequent development of the role of coordination within local partnerships. The Home Office produced a CCR model, but its strategic view and complexity made it difficult to introduce in a local context. **It is, of course, within the local context, that change and development are possible**, supported by the focus on the broad outcomes as defined by the Government's strategy to tackle violence against women and girls.

This guidance is intended to support the development of effective domestic violence partnerships. At its core lies the CCR. It aims to take the strategic ambition of responding effectively to domestic violence and turn that ambition into operational outcomes. It is not a one-size fits all directive but simply a series of linked suggestions which together can help localities improve their existing response.

Significant progress has been made in tackling domestic violence in recent years, particularly through the success of partnership efforts such as the specialist courts and Multi-Agency Risk Assessment Conferences (MARACs). These are crucial elements of a whole response but only part of a comprehensive solution to this issue. As a result of these innovations expectations have grown that all victims of domestic violence, even those at standard risk, will be helped in increasingly effective ways. This is a deliverable expectation given a strong and broad partnership but often not a reality. Partnerships have stopped developing in many cases and the current 'salami-slicing' approach to financial problems has reduced funding in an area where investment was always less than the issue deserved.

Now is the time to make the case more stridently for improving responses to domestic violence. The scale of its negative impact on society, the historic prejudice towards the issue and its lack of funding make it even more important to make it a priority – philosophically and financially.

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<sup>2</sup> [www.stopvaw.org./Coordinated\\_Community\\_Response.html](http://www.stopvaw.org./Coordinated_Community_Response.html).

## The Future for Domestic Violence Partnerships

The Government's Violence Against Women and Girls (VAWG) Strategy can be managed within existing structures. The intention of this guidance is to create a model of practice for domestic violence partnerships that will allow all of the themes of the VAWG agenda to be included as this develops within localities. Our continuing work in this area demonstrates that local partnerships are taking very different stances on whether to promote VAWG. Allowing for over-simplification the main reasons for not extending the domestic violence partnerships into this broader arena are financial and a fear of being seen to exclude men from any response. This can be seen as false and perverse. Where there is a need, an issue should not be ignored for financial reasons. If males feel excluded the messaging is wrong. The underlying feature of domestic abuse is coercive control. Areas should ensure an equitable and effective response to anyone who suffers such abuse, while attesting to the fact that such abuse is generally perpetrated by men. No partnership should hide this issue.

**Key Point: This guidance can support a broader approach to VAWG.**

What is also becoming increasingly apparent in Government policy is a concentration on the "whole family" approach. Partnerships will do well to develop these links where they do not already exist, whilst acknowledging that the traditional view of a family is not always suitable or relevant in cases of domestic violence. The CCR is the model to address the breadth of victims within the family. It also has the potential to help the perpetrator change their behaviour thereby reducing the likelihood of damage to other families that the perpetrator seeks out in the future.

Finally it is vital to say that partnerships depend on many things, but no partnership can be perfect. One experienced member of a partnership Standing Together visited said that the partnership 'was only as good as the last partner'. This is also relevant with issues such as funding, availability of services, cohesiveness etc. This practical guidance will hopefully ease the path of domestic violence coordinators (or similar) and their partnership colleagues towards better outcomes. The ideal model is aspirational and is a challenge to achieve. What remains clear is that the dedication of the individuals and teams working towards these outcomes is a continuing inspiration. It is also clear that without addressing the components referred to in this guidance; partnerships will be significantly less likely to achieve success.

**Key Point: Success will be more achievable if all the components are addressed.**

## This Guide

### How this Guide Developed

Using Standing Together's experience and expertise, a model based on a number of key components was created and then adopted as a framework in after reviews of over 50 partnerships across the country. These partnerships are of all sizes, structures and histories. The basic concept of the model was found to address the key issues within each partnership, regardless of its current position or context. 40 of these partnerships have now been benchmarked and this shows where gaps are most common and where partnerships consistently underperform. The most significant area that impacts upon the performance of a partnership is:

- Strategic leadership

The components that were most consistently seen to be underperforming are:

- Data
- Policies and processes
- Diversity

The anonymised spread sheet detailing these scores is attached as an appendix.

The first question domestic violence coordinators or those with the lead for this area of work will ask is likely to be, where is this best practice in action? Some of it is noted in this guide, but we have reservations about providing examples of best practice.

First, best practice does not always travel well. This whole guidance is an amalgamation of best practice ideas from the years of experience of all those who took part. More importantly, it is essential to develop locally owned responses. Partnerships should have the confidence to build their own systems and protocols, based on their own experience and ideas and on the components discussed within this guide. If coordinators want wider input into their partnership work, they can contact colleagues or seek advice from the Domestic Violence Coordinators Network (DVCN) forum at [www.DVCN.org.uk](http://www.DVCN.org.uk).

Whilst this guide is about the pursuit of excellence, we must acknowledge that this is a lofty ambition. In our research only three of the partnerships reviewed attained this status. Partnerships have to assess where they are and then seek to improve. It may be that some have to accept that they will take



time to reach the higher standards. What is true is that using these components to assess their current position and performance will undoubtedly point to the areas where swift improvements can be made, especially with concerted effort.

All partnerships can improve despite the challenging times. **Key Point: This guide helps define and describe how improvements can be achieved.**

## How to Use this Guide

This guide is intended to be used primarily by domestic violence coordinators or those in similar posts (i.e. leads for domestic violence in any agency), to help them support their local partnerships to develop a more organised, integrated and successful approach to the elimination of domestic violence (and VAWG). Other partnership members will find it useful as both a guide to, and an explanation of, what they can and should be achieving. Partnership chairs, lead members and heads of services will all find ways of using this guidance to understand the problems and develop solutions. The new Police and Crime Commissioners would benefit from the experience contained within this document, as would domestic homicide review panel members to help them understand how agencies should work together to support victims and keep them safe. **Key Point: Leaders within partnerships should use this guidance to develop local understanding and solutions.**

We have identified 12 components of a successful coordinated community response to domestic violence, each with its own section in this guide. To assess how well your area is doing, there are questions at the top of the sections. Where necessary, the components are then divided into sub-components, each of which is discussed. Taken together, they define the important elements of that aspect of the partnership.

It is also important to say again that this guidance refers in the main to the gender-based reality of domestic violence. It is accepted that all genders suffer domestic violence, as does every possible segment of society, but that it is women who suffer disproportionately. For this reason, and for ease of reading, survivors may be referred to as women. As with VAWG, it is hoped that effective CCRs will impact successfully on all those who experience domestic violence or related crimes and abuse.

The terms ‘victim’ and ‘survivor’ are interchangeable.

## Foundations of Strong Partnerships

Central to their success in delivering a CCR the best partnerships had some strong foundations that had taken time to establish. Though this guidance focuses on concrete operational and strategic steps, it is worth highlighting characteristics of the best partnerships that fed the growth of an effective CCR. Areas with some or all of these foundations will find the introduction of a successful CCR for domestic violence easier. For areas that have not yet developed these, progress and success may be slower to appear.

*The pre-existing characteristics of the best partnerships are:*

1. *An understanding of domestic violence*
2. *Domestic violence as a historic concern and priority*
3. *An ethos of gender equality*
4. *Cross-party political support*
5. *History of multi-agency working*
6. *Developed partnership structures*
7. *Leadership*
8. *Funding*
9. *Communication*

### An Understanding of Domestic Violence

Those senior members of domestic violence partnerships that could demonstrate an understanding of the dynamics of the issue were more effective as leaders within those partnerships. Conversely, it was clear that in the less successful partnerships, members in senior positions demonstrated an inability to either grasp the realities of domestic violence or to seek to develop their understanding of the solutions or their benefits. It became apparent that training on domestic violence may be best directed towards those making the most crucial decisions about strategy, funding and practice.

**Key Point: Despite claims too few people actually understand the dynamics of DV.**

### Domestic Violence as a Historic Concern and Priority

It is useful to have a historically committed and broad approach to domestic violence and one that does not limit its vision to the need for a system of refuge provision, Independent Domestic Violence Advisers (IDVAs) or

MARACs. Where every agency and statutory organisation understands it has a responsibility to respond to domestic violence as a priority, and this response is an accepted part of “what we do around here” so that it becomes an embedded part of local structure and governance, things will improve.

## **An Ethos of Gender Equality**

An obvious and locally acknowledged success factor within one of the best partnership visited was a long-standing commitment to feminism and equality. Female leaders in strategically important positions supported the agenda and the partnership accepted, without apparent question, the need to strive for gender equality. The theme of gender equality was a passion for many of those involved in this partnership (and others), and this was regarded as a benefit generally, but especially in the context of domestic violence.

## **Cross-party Political Support**

In this new era of government a political coalition of ideas and practice may not be such a daunting ambition. Where domestic violence was seen as non-political and fundamentally important to all, partnerships reaped the benefit of continuity and support, particularly the service providers, who sometimes dread a change of administration.

## **History of Multi-agency Working**

Partnership is a word that becomes over-used and potentially meaningless. Where multi-agency working does mean something and has been found to reap benefits and achieve change, the complexities of a domestic violence partnership seem less daunting. A culture of interdependence and co-working makes the challenge a little more survivable.

## **Developed Partnership Structures**

Partnerships that addressed the need to develop structures to respond to domestic violence across the strategic and operational spectrum are likely to be more successful.

In the past, the Domestic Violence Forum (DVF) was too often the only body focused on the issue. When populated by front-line practitioners who lacked the means to create and deliver a strategy, change was slow to arrive. The effectiveness increased in those areas where a structure developed from the DVF to include strategic influence and some of the other factors described below.

## Leadership

Without effective and influential leaders domestic violence partnerships will probably falter. Whilst a dependence on one senior individual who will inevitably leave is a risk, there is no doubt of their importance. As discussed, systems are important but a partnership is also about humans interacting and every partner has a personal responsibility to be part of the process and give a lead. Outstanding partnerships have a history of good leaders.

Corporate leadership is also important. Where the local authority takes this role with vigour, it provides positive momentum. Councils have the experience, connections and skill to make a partnership work. It also seems that the size of the partnership is not a crucial factor in its success, although county-wide partnerships are naturally more complicated to manage. There are economies of scale where local partnerships work together (e.g., to provide training) but a well-structured partnership is effective whatever its scale.

## Funding

A budget dedicated to the strategic partnership, that can fund initiatives and services, is a great way of achieving buy-in, attendance and action. If this is not possible, a local commitment to delivering funding from budgets situated locally is also enormously powerful. Recognition of income generated by the voluntary sector, beyond that paid for through a commissioning process is also a means of understanding the added value of an effective partnership. The “invest to save” agenda is often mentioned in this area but rarely gains much traction. Good data (see below) will make this more likely to be successfully introduced.

## Communication

The process of communication within a successful partnership is like the water in a fishbowl. You only notice the problem when the water leaks away. The ability partners have to discuss success, worries, data, performance or strategy has a direct relationship to the temperature and cohesiveness of their approach. An understanding of each agency’s role, capacity and boundaries removes the likelihood of confusion or disagreement. This will also assist to build up trust and cooperation between partners. Talking really does work.

**Key Point: Keep the water topped up and clean.**

## Domestic Homicide Reviews

*Success does not consist in never making mistakes but in never making the same one a second time.*

George Bernard Shaw

### The key questions:

- 1) Do you know how you will respond to a domestic homicide when one occurs?
- 2) How will you pay for it?
- 3) How will you ensure the recommendations are delivered?

Domestic homicide reviews are a measure of performance and a sad means of achieving improvement.

The updated version of this guidance would be incomplete without greater mention of domestic homicide reviews (DHRs). Whilst they were underway (albeit informally) as the original work was written they are now a requirement for every partnership. Even those areas who have not seen a death caused by domestic violence should be preparing for the inevitable. This short chapter addresses the basic principles of how to run a DHR and some of the lessons already being learnt. Standing Together is best placed to comment on the realities of DHRs because it is conducting more in the role of independent chair (19 at the last count) than any other organisation in the country.

Firstly it has to be emphasised that the following commentary is not intended to replace the excellent training delivered by AVA ([www.avaproject.org.uk](http://www.avaproject.org.uk)) that fully covers the system and practice of DHRs. It is also not intended to summarise all the learning from these reviews; this is a task for the Home Office and one that we hope will be taken on in the near future. Rather it is a guide to DHRs based on our practical experience and is an opportunity to share what we have learned to make DHRs effective so that they work to reduce deaths in the future.

### DHR Practice

Community Safety Partnerships are charged with deciding whether to hold a DHR. On occasions these decisions have been made incorrectly (not holding a DHR when they clearly should have been instituted) or ineffectively (trying to complete a DHR “on the cheap”). Conscience not costs should decide whether a DHR is necessary and the Home Office has, impressively kept to a strong line on this. Partnerships have tried to keep costs down through reciprocal arrangements, but these are rare and often unsuccessful. If payment is necessary the guiding rule must be to source a chair who can chair, who understands domestic violence and has an understanding of partnerships. Easy!

Once a DHR is commenced there are a few rules which Standing Together follow beyond, or in addition to the newly updated guidance from the Home Office which is available on their website.<sup>3</sup>

- 1) **Friends and family:** It is easy to be diverted from achieving contact with family and friends but the value they bring to the process is huge. They add a real quality and insight to the process that enhances the final outcome.
- 2) **Use expertise:** Whether this is a domestic violence specialist service or an expert from a minority culture these can help explain what is “usual” within the setting in which the death occurred. They provide a similar benefit to family and friends. They should be a pre-requisite for any panel.
- 3) **Panel dynamics:** The independent chair must write a report that is accurate, possibly brave and which addresses solutions for the future. This has markedly more power if the panel agrees with the thrust of that report. Involving them in every discussion, every point to be made, every doubt the chair may have will achieve a better report. As important, they will then also support the outcomes of the report and ensure the action plan is delivered as they are part of the process. (We always take at least two opportunities to allow the panel to comment in writing and at panel meetings on the facts, analysis and recommendations we believe illustrate the circumstances of the death.)
- 4) **Do not rush:** The Home Office mention a 6 month time period but this is rarely achievable and the fuller the report the more likely it is to reap the benefits. 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.
- 5) **Action planning:** The problem with independent chairs is their lack of local knowledge. For this reason panels should create the action plan, with the Chair’s support, to ensure that the recommendations are delivered and owned.
- 6) **Listening:** Recently one of our DHR chairs found himself confused over the diagnosis of a perpetrator who was mentally ill. What had actually happened was that the perpetrator had diagnosed himself as bi-polar and this had started to become “fact” and accepted within the DHR panel and some of the health practitioners who worked with him. One panel member had repeatedly commented upon this but it was not “heard” by the chair until the latter stages of the review. This was in part due to the complexities of mental diagnoses but also because the chair simply thought the perpetrator was bi-polar. The lesson from this is that no chair will be expert on the variety of issues which exist within a relationship that ends in death and the expertise of the panel is crucial.

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<sup>3</sup><https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

## Common Weaknesses

The following are a brief summary of the key lessons which are repeated themes within the DHRs we have chaired. They are obviously not exclusive or a complete analysis of what DHRs can teach us. They are also fairly obvious in many cases, but this makes it all the more frustrating that they need repetition.

- Poor adherence to policies/agreed practices e.g. on risk assessment.
- Alternatively, where policies are followed, they sometimes replace professional judgment negating the expertise of the worker
- Failure to understand the dynamics of domestic violence and abuse e.g. escalation, manipulation by perpetrator, victim behaviour
- Information sharing remains patchy (more in practice than principle)
- Limited support for those at standard/medium risk
- Lack of training in relation to domestic violence
- Partnerships are not well coordinated and active
- The limited understanding of how to engage with the ‘toxic trio’ (DV/substance misuse/mental health)
- A culture of routine or selective enquiry and questioning is absent\*
- Safe housing remains a key need for victims
- Provision of specialist domestic violence services is under-resourced
- Commissioning can be problematic, e.g. poor quality of services.

**\*Routine or selective enquiry:** The scale of contacts that victims have with statutory sector agencies is huge. Out of 10 DHRs involving intimate partner violence that we have reviewed we found that each victim had an average of 32.6 contacts with health, 23.6 with social services and 8.4 with housing providers. (These contacts were within the period reviewed which is the period when the growing fact of domestic violence became apparent after the death). Whilst agencies were sometimes aware of the domestic violence through information sharing there was virtually no evidence of routine or selective enquiry.

The debate about some form of sensitive and appropriate questioning rages on (have GPs got the time? what do I do if they say yes?) the simple fact is that earlier discovery of abuse within a relationship may lead to earlier access to safety. Let us not forget that in every one of the case described above the victim died.

Finally let me quote Liz Kelly, of the Child and Women Abuse Studies Unit. She was speaking at a conference chaired by Standing Together and was asked about enquiry in this sense. She noted that workers were worried about how to respond to a “yes” and she said, quite simply, that people should feel honoured that they had been chosen by a victim to receive that disclosure and that respecting that disclosure was the key, not worrying about what to do next.



# The Components of Excellent Partnerships

## COMPONENT 1

### Shared Objective

#### What Is It We Really Want to Do?

#### The key questions:

- 1) Have all the partners committed to a shared vision?
- 2) Can they articulate a series of objectives?
- 3) Do the partners understand the need to work together on equal terms?

The essence of partnership is a joint understanding of the purpose of the partnership. When the partnership is created to tackle domestic violence this becomes even more crucial. The reality of the victim experience, the cultural complexities and the prevalence make this a very difficult subject to tackle. Victims are often blamed, and people and partnerships tend not to understand domestic violence or accept its scale. Additionally, it affects almost every aspect of our society and requires every organisation that “deals with people” to be involved. These factors make it vital that all partners understand what it is they are trying to achieve or activities will become confused, vague or undeliverable. There must be a common philosophy and understanding. The main elements of the shared objective – and how to achieve it are outlined below.

### Vision

*Where there is no vision, the people perish.*

Proverbs, xxix, 18

Vision is a concept beyond targets and defined outcomes and should contain the ethos upon which activity is based. It must be something that all partners can subscribe to, to allow them to commit resources to its eventual achievement, both intellectually and practically. The process of reaching a vision is almost as important as the vision itself. For this reason, it must evolve from consultation and discussion amongst all the partners.

Partners will wish to seek a form of words relevant to the local context, but the vision is not a statement of activity. It is a brief description of what the partners want to achieve. To be effective, easy to remember and refer to, it should not be more than one or two sentences, underpinned by the objectives. An example could be: “this partnership seeks to act collectively to make victims of domestic violence safer through the delivery of the best response at every level and in every instance where victims suffer.”

### ***Examples of issues raised through the formulation of such visions are:***

*Improving the safety of victims and children*

*Holding the perpetrator accountable*

*Reducing the incidence*

*Changing the culture that perceives domestic violence as socially acceptable*

*Developing the role of the statutory sector as responders not referrers*

*Commissioning excellent services*

*Eliminating gender inequality*

*Delivering through partnership*

## **Joint Responsibility**

*Genuine responsibility exists only where there is real responding.*

Martin Buber, philosopher

The domestic violence sector is filled with examples of fantastic initiatives by single agencies. It also has too many partnerships that simply exist rather than deliver. The essence of a partnership is joint responsibility (and action) to provide a response to every aspect of the issue. Victims and perpetrators come into the system in any number ways. Their needs at that time must be addressed or it will take longer for victims to reach safety, with potentially tragic consequences. To attain the defined shared objective all agencies must be linked to the partnership and take on responsibility for working effectively with the victims and other partner agencies. Joint responsibility has a corollary of joint action. It is common for partners to agree action and delegate delivery to a domestic violence team. Whilst coordination is essential, the response is necessarily greater than a small team can deliver. Agencies must commit the time of their staff to the equation. After all it is those staff who see the impact of domestic violence on their clients.

**Key Point:**  
**Partners should hold responsibility for delivery of agreed actions rather than delegating this to a small team.**

## **Equality**

*I want for myself what I want for other women, absolute equality.*

Agnes MacPhail, Canadian MP

Inherent within the reality of domestic violence are issues of inequality. Experience across the United Kingdom shows that this inequality can also be replicated within partnerships. The most obvious area where this occurs is between the statutory sector and the voluntary sector (the development of commissioning can also impact upon this and is discussed later). Inequality has also been observed within these sectors and some partners have a disproportionate influence on funding decisions, service delivery and participation. Where one partner is seen to have undue influence, others may simply leave the field.

Even the most committed organisations can allow their passion and expertise to silence the less confident agencies. If joint responsibility is accepted as a necessity, equality must also be an essential facet of the shared objective. Problems will always exist within partnerships, and to counteract these (and any negative prevailing culture) a refresh of purpose is always helpful perhaps through an annual facilitated strategy day. Such opportunities for an open, constructive and honest conversation can lead to rejuvenation and re-establishing of the partnership.

*This can be achieved by following these principles:*

- 1. Genuine consultation and communication*
- 2. An agreement to share power*
- 3. Effective chairing*
- 4. An emphasis on listening*
- 5. An understanding of each agency's capacity and respect for boundaries*

## Structure and Governance

### The Delivery Mechanism

#### The key questions:

- 1) Do all partners accept accountability to the partnership?
- 2) Does the partnership have strategic direction and the ability to deliver operational outputs?
- 3) Are there effective strategic links to the related areas of work?
- 4) Are there clear and consistent pathways for information to travel throughout the structure?

*Do you wish to be great? Then begin by being. Do you desire to construct a vast and lofty fabric? Think first about the foundations of humility. The higher your structure is to be, the deeper must be its foundation.*

Saint Augustine

The structure is the mechanism that ensures delivery of the vision via the agreed objectives. This is not an overnight process. It can be challenging to devise a workable structure that sees regular attendance and action from the right people in the right agencies, particularly when resources are shifting or reducing. Below are descriptions of what is needed, but it is how these structures fit into the more general local structures that will make them viable, or not. The partnership should develop a complete response to domestic violence and pragmatism will be useful when persuading busy people to take on more responsibilities. Ideally, the structure should display the attributes listed below.

### Effective Linkages

Such links must include a two-way information flow and, ideally, a system of performance management that also works in both directions. It is important for the overarching strategic bodies to understand how responses to domestic violence support their broader efforts. For instance, where victims are supported to access services, children are likely to be safer. Where all agencies are performing their roles well, there are likely to be fewer police call-outs. Similarly, it is useful for the domestic violence partnership to understand where partner agencies are failing in performance terms, so that the partnership can support their improvement.

*Domestic violence partnerships must have strong links to those in a position to<sup>4</sup>:*

1. *Agree local strategic plans;*
2. *Address issues of children's safety and wellbeing;*
3. *Respond to vulnerable adults (in the broadest sense of vulnerability);*
4. *Deal with the health of the population;*
5. *Seek to reduce crime and anti-social behaviour; and*
6. *Commission services.*

<sup>4</sup> We have not used titles of posts or named crucial committees or strategic bodies here, as the constant restructuring of local services (e.g. Children, Health) means the names will date and may then lead to confusion.

## Practical Structures

### Strategic

In the simplest of terms it is essential for the partnership to have a strategic arm and an operational group. The strategic responsibility is to decide the overall aims of the partnership (the direction of work). These aims must be time limited, achievable and coherent (the SMART<sup>5</sup> acronym is useful but seems to have lost influence). The “big” decisions should be made at this level without reducing the ability of the operational arena to make swift tactical decisions. Most importantly, the strategic level must decide about resourcing.

**Key Point: Strategies and actions plans must come with allocated or defined resources.**

Where there are limited and reducing budgets, it is even more important to be as clear about a ‘no’ as a ‘yes’. Such decisions require transparency and consultation, with a commitment to timeliness. The prospect of redundancies is common within the voluntary sector (and increasingly so within the statutory) and will often have a direct impact on service provision. The earlier funding decisions are made, the sooner those who are familiar with managing challenges and victims can plan for the future. What should be avoided is a ‘last in first out’ mentality. Specialist domestic violence services are often relatively new additions to a CCR, yet it is here that major benefits can be found. The failure to embed services and coordination may make them a soft target in times of financial challenge, but this cannot be a justification for their reduction

**Key Point: Make growth or down-sizing decisions together as a partnership.**

Strategic leadership in relation to domestic violence is easier if there is in place a distinct partnership body (a strategy group) that can set clear targets for key partner agencies. (These targets should cut across issues such as crime reduction, sustainable communities and regeneration.) This body will then have a strategy or action plan and data that allow for the management of performance.

The complexities of the existing structures (e.g. health bodies) and the likelihood of leaner staffing structures will make separation more difficult. Strategic activity in relation to domestic violence can fit within the existing, broader partnership structures. The danger of this arrangement is that the overarching body may reduce the emphasis on domestic violence and not give it sufficient time and weight within any meeting. It also may be that this broader partnership structure is not as open to the participation of the voluntary sector. So the broader partnership will need then to adopt the domestic violence vision, including its principle of equality and inclusiveness.

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<sup>5</sup> Specific, measurable, achievable, realistic and timely.

A cautionary example of this process was where a board considering issues of children's safety took on strategic decision-making around domestic violence. They took a narrow view in their focus on children's safety that did not address the dynamics of the violence towards the adult victim, which was the cause of the children's high risk in many cases. In a DHR case which Standing Together is chairing over, the mother was seen as a protective factor for the child, but she was then murdered with the child present.

A prerequisite of successful meetings is an effective chair. In all cases where domestic violence is a key activity or consideration, the chair must have a thorough understanding of the local politics, the strategic drivers and the phenomenology of domestic violence.

### **Operational**

The operational group ensures tactical delivery. They will know the resources available and the aims of the partnership and will have direct contact with those performing the tasks necessary to achieve the aims. Normally at middle management level, members will be the first element of a performance management process and only refer upwards issues that are not within their capacity to resolve. The membership must include the voluntary sector, and they, again, must have an equal voice.

One of the realities of many partnerships is that the role of the domestic violence coordinator (or a person fulfilling this role alongside other responsibilities) becomes the operational arm, with the operational group simply 'nodding through' the coordinator's suggestions, plans and activities. The group should have great influence and act in concert to ensure that their own agencies are delivering the required responses to domestic violence as an integrated service. This is not the role of the coordinator. The coordinator supports their work but does not perform their tasks.

The operational group will be supported by sub-groups. These tend to over-proliferate and result in too many meetings, with too few, or the same, people attending all. Sub-groups should consider themselves time-limited and decide regularly whether they are still needed.

*Examples of sub-groups are:*  
*Training*  
*Services*  
*Children*  
*Health*

A chart describing a potential partnership structure is attached as an appendix. This will require contextualisation and negotiation but as a framework it has proved useful with a number of partnerships.

Additionally, the rapid and helpful growth of the MARACs and Specialist Domestic Violence Courts (SDVCs) introduces the need for other meetings with an operational focus. These should report to the operational group that considers the overall response to

domestic violence, and should be subordinate to that group. Local debate will be necessary to examine how to merge these activities but the common concentration on the criminal justice system should, of course, be broadened to include the wider issues of victim safety.

**Key Point: It is not just about the criminal justice system.**

### **Accountability**

Many agencies come to partnership meetings invested with great power. Others come with very little and are often dependent financially on the other members. This can lead to a power imbalance that stifles debate and reduces the confidence of those probably most expert in the field. Partners should be prepared to give up power and to make themselves accountable to the partnership. This must be supported by a performance management system that demonstrates each and every partner agency's delivery against targets, but also includes freedom to intervene, question and comment. Commissioning can blur the lines of accountability but successful partnerships acknowledge the sensitivity of the commissioning issue and deal with it separately and maturely.

Accountability must be systematic throughout the partnership, not opportunistic or oppressive.

Finally, this guidance does not define the structures necessary to deliver good responses to domestic violence or to change the culture around this issue. There has been the growth of one-stop shops, Family Justice Centres and the MASH (multi-agency safeguarding hubs) and all these may have a place in a CCR. The evidence of our reviews has shown that all such responses can be legitimate and there are arguments for many approaches. The key is to ensure that whatever the local structure, the partnership model suits the local context and available funds. Strategic direction and operational delivery, supported by effective resourcing and accountability mechanisms, remain crucial however the partnership is constructed.

## Strategy, Leadership and Action Plan

### Who Is Doing What and by When?

#### The key questions:

- 1) Is genuine leadership given to this issue?
- 2) Do the intentions of the partnership and the action plan include prevention and early intervention alongside high risk responses?
- 3) Is the statutory sector aware of their responsibility to deliver responses as well as the specialist sector?

*However beautiful the strategy, you should occasionally look at the results.*

Winston Churchill

### Violence Against Women

Partners are commenting that there currently exists a policy vacuum in the domestic violence sector. Should they be developing a Violence Against Women (and girls/children) strategy? Will the additional tasks this entails be funded in any way? The definitive answers to these questions probably lie in the future, but the relationship between domestic violence and violence against women is clear, and this guidance stands by two, hopefully axiomatic, positions.

First, success in responding to domestic violence will open up the possibility of being more successful in responding to other forms of violence against women. Many of the issues within the violence against women agenda are directly related to domestic violence in any event (e.g. sexual violence, forced marriage). Female genital mutilation remains a very limited element of most partnership's approaches. This should receive more attention, and domestic violence partnerships could readily develop a focus on this area with the active participation of health agencies and those dealing with young women.

Secondly, a good domestic violence partnership can expand or restructure to match the demands of a broader approach to gender violence. Such issues must certainly be the subject of consideration within the partnership.

### Strategy or Action Plan?

When deciding the future of a partnership there is a difference between strategic aims and a strategy. Too often a strategy becomes a didactic document that seems to want to train, explain or introduce the problems and needs surrounding the issue. These attractive, well written and costly documents lose their impetus in the second year of what is normally a three year cycle. The third year sees the strategy gathering dust. Many strategies are simply not worth the paper they are written on or the time spent in producing them.

The achievement of results requires a description of the strategic aims, some data to establish why they are necessary, and how it will be demonstrated that they have been achieved. This must be accompanied, or replaced, by a living and breathing action plan. The action plan will also describe a pathway of activity.



*Without wishing to overstate the outputs and outcomes discussion, the action plan will describe:*

- a) the key outcomes sought;*
- b) the outputs necessary to achieve those outcomes;*
- c) the person(s) responsible for producing and reporting those outputs;*
- d) the time by which they will be achieved;*
- e) any resources/ costs involved – and where these will come from;*
- f) a system of review and performance checking; and*
- g) linkages to related strategic plans.*

This document will be the method by which the partnership will know if it is working, where adjustments are needed and how accountability will be achieved.

Any strategy or action plan must be formulated with an eye to the national policy debate, but with clarity about the local context. What is possible in a large conurbation may be unrealisable within a tiny unitary. County and district plans will need to complement each other as it is often at the district level that the relationships exist that will enable delivery of the strategy. The construction of the plan must be based on consultation with all partners and should come from a realistic starting point. When strategies were first written, they were

‘wish-lists’ based on what could be achieved in an optimistic world with no financial restrictions and total commitment. A more pragmatic approach adjusts hope towards realism; consultation conducted openly and with a view to what will be possible in a difficult financial climate is more likely to be able to achieve agreed targets.

## **Contents**

Strategies and action plans are largely dictated by local issues and national policy. The rise of the focus on those at high risk or in the criminal justice system – through MARACs, SDVCs and Independent Domestic Violence Advisers (IDVAs) – whilst vital, has tended to weaken the emphasis on prevention and early intervention. There has appeared to be an ‘either/or’ approach with high risk activities generally predominating. As the recognition grew that there was a real danger of limited resources being weighted towards the high risk end of the abuse continuum so a subtle change of emphasis started to appear. Until this is properly addressed services will continue to wait for victims to be at serious risk before taking action. The services then delivered are often highly professional and effective, but by the time a victim’s situation becomes high risk a great deal of harm has already been done.

Shrinking budgets lead to a suspicion that the increasing drive towards prevention, and early intervention, will falter as high-risk activity will have first call on limited budgets. Whilst this may appear to be an unfortunate necessity, it is not sustainable. Interventions at the high risk end of victimisation are

more expensive and can be less durable because of the complexity of a high-risk individual's position. Despite the difficulty of quantifying prevention, true value for money must lie in prevention and earlier intervention, whilst retaining a professional high risk service for those who are suffering the worst violence.

It is important to acknowledge that prevention and early intervention are often within the remit of the statutory sector. Specialist services will meet victims at the early stages of their abuse, but it is more likely to be the general practitioner, midwife, social worker or teacher who sees the early signs or receives the first disclosures<sup>6</sup>. They are therefore in a position to set the support systems in motion. The role of the statutory sector is vital in prevention (e.g. healthy relationships in schools, linkages to PSHE) or early intervention (e.g. women showing signs of depression at GP surgeries, health visitors seeing young mothers). For this reason and others, it is important that any strategy/action plan is aligned with those of the agencies for whom domestic violence is a direct or indirect priority. The development of 'Think Family' and related governmental policies is an example of an area where domestic violence must be a key consideration.

The illustrative diagram at Appendix 3 demonstrates the problems of focusing on one area of a partnership response. The investigation and prosecution of domestic violence offences is often the area of partnership activity where much effort is concentrated (and counted). Whilst there have been vast improvements in this area the rate of attrition remains high and will never provide the complete answer to the issue of domestic violence especially when victims can be at high risk of harm or death where no crime has been committed, and so many victims do not report the crime when it happens. The aspirational element of this diagram remains some distance from achievement.

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<sup>6</sup> A recent review of 10 domestic homicide reviews completed by Standing Together showed that the 10 victims had had an average of 32.6 contacts with health services during the period under review.

## Representation

### The Right Person May Not be the Strategic Leader

#### The key questions:

- 1) Is every relevant agency represented within the partnership structure?
- 2) Is there good strategic leadership supported by systems and people?
- 3) Is the voluntary sector valued for its expertise and commitment?

*No institution can possibly survive if it needs geniuses or supermen to manage it. It must be organised in such a way as to be able to get along under a leadership composed of average human beings.*

Peter Drucker, management consultant

Domestic violence touches every aspect of everyday life at every level. It is a factor to some degree in most social ills and touches all in society and the wellbeing of that society. It is tempting, therefore, to invite a vast array of representatives to address this issue in all its breadth. All of them may have a role, an interest or a concern. But this approach leads to inertia. The demise of the domestic violence forum as a delivery group can be blamed on a variety of factors, but key catalysts for decay were their amorphous and confused structures and representation.

The right representation at the right level is vital, and this includes agencies as well as individuals. During the process of researching this guidance, there was much evidence of ‘missing’ partners. Most often quoted were health agencies and children’s services, but there were examples of every agency not participating in one partnership or another. To allow productivity, defined purpose and delivery, limits must be placed on membership, while nevertheless maintaining connections to the hinterland of the particular agency. Health is a good example of a vital partner with a massively complicated structure. Representatives from such organisations must commit to reporting to the wider agency structures, even if the representative’s expertise lies in a discrete area of the organisation. For instance, a midwife who is the health representative at the operational level will need to be the conduit for information on the local domestic violence effort not only to her midwifery group but to general practitioners, accident and emergency and other front-line health services. The DHRs are finding that GPs are key professionals for responding to disclosures of domestic violence and need to be drawn in closer to the agenda. Some partnerships have found that having a separate health sub-group achieves this end.

## Agencies

Other agencies, such as probation or generalist service providers, are often important elements of the partnership, and the local context will determine who else should be part of the process. Even if they are not represented

physically at meetings, other agencies should have a responsibility for their participation in subsequent activity. They also may be part of other elements of the structure, such as time-limited working groups.

*The agencies that must be part of the process of delivering an effective domestic violence partnership are:*

- *health*
- *police (and linkages to criminal and civil justice systems)*
- *children's services (including education)*
- *adult services*
- *housing services*
- *specialist domestic violence services*

## Individuals

Too much emphasis, or responsibility, can be placed upon the individual who is seen as the partnership leader. Leadership is vital and the best partnerships have a number of committed leaders. The good partnerships generally have at least one and the poor partnerships have none. Strategic leadership has been found to be lacking in a depressing number of the partnerships we have reviewed and this is probably the key element of any partnership. Even brilliant leadership can fail in the absence of the other partnership components, therefore leaders need to be supported by colleagues, processes and systems.

It is also true that it will often be those who do not recognise themselves as leaders who make the most progress. What is important is securing the right people at the right level.

Such representation should become the accepted standard, and it is for the leadership to negotiate and enforce involvement, attendance and commitment at all these levels.

## **Voluntary Sector**

The voluntary sector has expertise in abundance and their participation at an equal level is vital throughout the partnership. They are well placed to be involved, and must be so, at the strategic level of the partnership, with two caveats. First, the commissioning process can inhibit recipients of local funding who also happen to have the knowledge of the performance of other agencies, from holding their funding agencies to account. This can lead to 'sticky' issues. The solution is to separate commissioning arrangements from strategic activity and acknowledge the problems inherent in these relationships.

Secondly, the voluntary sector must organise itself to be representative, collegiate and mutually supportive. This is not always the case, particularly in an increasingly competitive environment. The needs of the partnership, and its ability to help those who suffer abuse, require this developed and mature approach across the range of charities, including those at the national level. A prior process of debate and consensus seeking amongst this tier may lead to sensible prioritisation and effective use of time. In this difficult climate, voluntary sector agencies must remember the purpose for which they were established. Sometimes the struggle to survive as an organisation affects the ability to focus on the need. Fewer charities working more cooperatively seems to be one of the facts of the future.

**Key point: The voluntary sector must be part of the change, not simply cheering from the sidelines.**

*Bearing in mind the structure described above, a simplified description of what is required would indicate that:*

- *strategic direction requires strategic leaders who understand the broader policy landscape, can make decisions without upward referral and can make funding or resource allocation decisions;*
- *operational delivery will need middle managers who have access to staff and who are used to delivering to targets; and*
- *front-line staff will be part of the sub-group process and be the reservoir of talent to deliver plans and to be consulted on possibilities for action.*

## Resources

### Maximising Capacity and Potential

#### The key questions:

- 1) Does the partnership know how much domestic violence costs its members each year and how much they spend?
- 2) Does the partnership know, and recognise, the value of the voluntary sector in terms of its contribution, financially and in services, to the community?
- 3) Does the strategy or action plan match the availability of funding and other resources?

*There are risks and costs to action. But they are far less than the long range risks of comfortable inaction.*

John F. Kennedy

Resources are not just money, they are also the people involved directly and indirectly in the response to domestic violence. However, in these challenging times it is the specific costs of specialised services and initiatives that are under most scrutiny. Unfortunately the historic underinvestment in domestic violence in previous eras, when its cost to society was not estimated, means that the current financial climate is a significant threat to activity. This is because approaches to domestic violence are not embedded in the culture of organisations and are often funded haphazardly. This results in partnerships reverting to a system of prioritisation based on available funding, which in turn leads to a focus on the high-risk end of the risk spectrum. This may be short-sighted and may, in the longer term, be more expensive and have far greater social costs. Any reduction in efforts to prevent violence or abuse must result, with a crime that is known to escalate in seriousness, in more complex and expensive solutions as the gravity of the abuse grows.

Partnerships should always work to ensure that domestic violence is recognised as a social ill (and that it has a direct link to broader issues such as child protection and gender inequality and not just to crime reduction). In difficult financial times, reducing domestic violence is both socially and economically beneficial.

### Investment

The argument for maintaining or even increasing investment will be difficult to make in a time of austerity. There are three key activities that can help to achieve these results:

- a) **Mapping the costs.** The updated and on-going work by Sylvia Walby<sup>7</sup> has been one of the most productive approaches to this issue, continuing to show the real costs of domestic violence. Some of those who have an eye to spending on this issue may balk at the full costs, as these include issues such as emotional damage. It may be more convincing to use the direct partnership costs, which will always be vastly greater than the investment. CAADA<sup>8</sup> have also worked hard to prove the link between investment and savings to the public purse, although these figures generally relate to high-risk intervention (i.e. interventions by IDVAs or at MARACs). Partnerships should use

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<sup>7</sup> [www.lancaster.ac.uk/fass/doc.../Cost\\_of\\_domestic\\_violence\\_update.doc](http://www.lancaster.ac.uk/fass/doc.../Cost_of_domestic_violence_update.doc)  
<http://www.avaproject.org.uk/media/60461/costs%20of%20dv%20by%20local%20authority.pdf>

<sup>8</sup> [www.caada.org.uk](http://www.caada.org.uk)

these statistics to establish local costs as this will be more persuasive with those making financial decisions.

Some authorities have started to look at the money they spend on refuge spaces for those from outside their areas with a view to saving money by only providing refuge spaces for their own residents. There are several problems with this approach. Survivors of domestic violence who need refuge spaces also usually need to be re-housed where the perpetrator is unlikely to find them, that is, outside their local area. Re-housing locally is likely to be dangerous. These authorities will also need to consider the costs to other areas of refuge space for their own residents. Re-thinking the allocation of costs for refuges spaces cannot be done unilaterally, but must be done in conversation with other authorities and, preferably, nationally. Refuge spaces are often the last resort for survivors escaping extreme violence and cannot be sacrificed to save money.

- b) **Mapping the expenditure and who pays.** Partnerships often undertake an exercise to estimate the investment in services. Refuges are often an expensive item in these costs which can (in the minds of those unclear about the issue) undermine investment elsewhere. It is also true 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. In simplistic terms the health service is the only agency that sees every victim, child and perpetrator. Yet their investment, as was confirmed during the research for this guide, is very limited. Similarly, children's services will generally be comfortable in stating that 60-80% of the children coming to their notice are living with domestic violence. Despite this their investment in the response to domestic violence does not seem to match the scale of their problem, neither within the agency nor in the funding of specialised services. Thus every partnership must continue to try to increase funding from the appropriate agencies.
- c) **Recognise the benefits and it is not just about new money.** The statutory sector already spends an enormous amount of money dealing with domestic violence. According to local partnerships up to 25% of violent crime is domestic violence and it consumes much effort within the criminal justice system. Health and children's services have already been mentioned, with housing being another key area where domestic violence is a major cost. Making these agencies more effective in dealing with this issue and reducing its incidence can save considerable sums of money, and working together successfully in partnership will make this possible.

## Funding and Strategies

The action plan must match the resources available. A strategy or action plan without funding is just a wish list. A plan that does not draw on all the resources available to it will be less effective. In this context, the value voluntary sector organisations bring to the community is often underestimated

or ignored. They generate income, bringing funds and jobs into the community, often from external sources. In one area, the partnership found that 25% of its expenditure on domestic violence came from the voluntary sector through its own fund-raising efforts. Voluntary agencies will normally provide a more cost-effective service than the statutory sector. They can also contribute to local targets where they still exist. Occasionally, their capacity is underutilised. For example, it was found that Victim Support sometimes played no part, or a very limited role, in supporting victims of domestic violence. Often this was the result of poor communication between partners, lack of training or confusion, but this is a government funded resource that can add support, particularly at the standard end of the risk scale.

One of the many dilemmas faced by the voluntary sector is the short-term nature of funding. Mainstreaming<sup>9</sup> has been seen as one answer to this problem in some areas where specialist domestic violence services have been absorbed into statutory structures. This may not continue nor is it always preferable. If domestic violence is not embedded within the broader local priorities, consistent and sustainable funding will be difficult to achieve. It is worth noting that even a three-year cycle of funding can be ineffective as start-up and closure of temporary contracts can take almost a year off the project's activity.

To answer these challenges, it is worth the partnership considering a varied approach and pondering the following:

- i. Does the partnership work well together and recognise the scale of the problem and its costs?
- ii. Does each agency know what domestic violence is costing them every year?
- iii. Is domestic violence embedded in the broader plans for each agency?
- iv. Is domestic violence a priority for partner agencies?
- v. Do the voluntary sector organisations work well together to present a unified front and an explanation of the benefits they bring to the community?
- vi. Are there efforts made to help the voluntary sector build its capacity (e.g. help build bids to trusts etc.)?
- vii. Are consistency and sustainability of budgets partnership goals?
- viii. Have any proposed cuts been risk-assessed to demonstrate the greater value in retaining the service?

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<sup>9</sup> Mainstreaming in this context is used as a term to describe the costs of a previously initiative funded role being taken into the core budget of an agency



## Coordination

### A System Supported by a Team

#### The key questions:

- 1) Do partners commit to the principle of a coordinated system of response?
- 2) Do partners commit to action within that principle?
- 3) Is the importance of the coordinator's role acknowledged with support and trust?

*Man's capacity for justice makes democracy possible, but man's inclination to injustice makes democracy necessary.*

Reinhold Niebuhr, American theologian and commentator on public affairs

Coordination is a system, not a person. The original coordinated community response was designed to ensure that every element of the response (initially in relation to the criminal justice system) worked well both within individual agencies and between partners. Whilst the broader response must now include other agencies, the principle remains the same: coordination is about systematic and collective activity designed to make victims and their children safe and hold perpetrators to account.

**Key Point:**  
**Coordination is a system, not a person, though the complexity of the task requires a dedicated person, or a team, to oversee the process.**

### Scope of Coordination

As outlined previously, it is important that all relevant agencies, i.e. those who are likely to come into contact with people involved in or living with abusive relationships, are part of the partnership. This does not necessarily entail them attending every meeting at every level but having an understanding of how their role can make a difference. Big players must play large roles, but it is only with the concerted effort of all that changes will occur.

Ideally, any actions would come through the development of consensus. Difficult decisions make for stronger debate and, in the end, negotiation and discussion leading to a form of democracy is more likely to result in progress than a forlorn hope of continuous universal agreement. Agencies also have to take responsibility for their actions. The coordinator supports the process but it is the agencies' activities that make the partnership work, and the lead officers from those agencies must take responsibility.

An issue of structure arises here. The advent of MARACs has occasionally resulted in a diminution of activity across the wider sphere of domestic violence. MARACs are effective at reducing risk to high-risk victims.<sup>10</sup> The effective domestic violence partnership will reduce the number of high-risk cases arriving at a MARAC. So for areas overwhelmed by high-risk victims, the new strategy might include renewed support for those at lower risk to reduce the number becoming high risk.

<sup>10</sup> [http://www.caada.org.uk/research/Saving\\_lives\\_saving\\_money\\_FINAL\\_VERSION.pdf](http://www.caada.org.uk/research/Saving_lives_saving_money_FINAL_VERSION.pdf)

## The Coordinator

All of the above shows the crucial role of a coordinator. An individual, or preferably a team, is necessary to oil the wheels of the partnership. They will

**Key point: In those unfortunate locations where the coordinator has disappeared it is essential that a “lead” is identified to promote a response to domestic violence.**

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. To an extent they must be the filter and the innovator. 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 often undervalued and misunderstood. The experience of coordinators and coordination teams around the country is that their roles are large and too time-consuming for them to also support caseworkers and supervise specialist services or victims themselves.

A good coordination team will be the difference between success and warm words that gradually cool. What they are called or where they are located are much less important than the acknowledgement of their importance to the process. The corollary of this is to provide them with trusted responsibility, support and influence. The role is both operational and strategic, and funding should be not an option. It is a necessity.

Unfortunately this revised guidance must face a stark reality. Coordinators are disappearing into generic roles or are simply cut from the budget. One council stated that the coordinator was employed to manage domestic violence “projects” and as those were now complete the role was no longer necessary! No evidence has appeared that justifies this approach. There is no less domestic violence and the difficulty of working collaboratively remains the same. The problem seems to be that domestic violence remains a peripheral issue for all rather than a central issue permeating everything an agency does, or tries to achieve.

And in all honesty there remain vestiges of hugely old-fashioned prejudices about the issue. For example we have been told that refuges are unnecessary because none of the residents are local; or single women can leave the abusive household if they choose to do so. Victim blaming at worst, indifference at best are common factors, even today, in any approach to domestic violence.

No partnership that prides itself on its approach to domestic violence can afford not to have a coordinator.

## Training

### Continuing Commitment to Effective Change

#### The key questions:

- 1) Do partner agencies understand the dynamics of domestic violence?
- 2) Do front-line staff and their managers have the skills and knowledge to identify and respond to domestic violence?
- 3) Is the approach to training linked to the strategy, policies, and procedures?

*If you think education is expensive, try ignorance.*

Derek Bok, lawyer and educator

Training is a key foundation of an effective partnership. It also demonstrates continuing commitment to real institutional and cultural change. The reality of the statutory sector is that there are the believers, the pragmatists and the yet-to-be-persuaded. Whilst domestic violence is not the usual stuff of everyday conversations, it is the stuff of everyday lives. Most people can recount stories of those who did not believe it would happen to them or who know people to whom they are surprised it has happened. The prevalence and nature of abusive relationships across every section of society is not widely understood outside the domestic violence sector. Nor are its causes and impact.

The complexity of the problem and its links to beliefs and attitudes can make it difficult for outcome-oriented pragmatists to commit to tackling it. Training in its widest sense therefore becomes crucial.

### Awareness Raising

The first step is to remove the mystery of the dynamics and the inertia of prejudice. There are many myths connected with the issue which affect everyday practice, e.g. the idea that if the victim would just leave, she would be safe. Victim blaming is found in all agencies who are confronted by the realities of domestic violence. Often front-line workers are harassed, busy and target driven. Victims of domestic violence can be difficult, unhelpful and suffering from multiple and complex problems. They also often cannot understand that what is happening to them is domestic violence and need support to name the abuse. In a world of misunderstanding about domestic violence, it is too easy to define the problem as being the presenting individual, rather than the factors that have led that person towards that worker.

The dynamics of domestic violence must be a core element of the training for all staff in the statutory sector. Ideally, each worker and manager should have a day's classroom training. Where this is unrealistic, partners should agree what is required, within the context of what is affordable and deliver training accordingly. A variety of methods and formats can be used (including induction training, briefing notes, emails, computer-based) but regularity and consistency, both of sessions and messages, are essential. A key outcome of such training will be the development of skills and confidence in staff, which will enhance their specific performance in relation to domestic violence and also in a more general sense.

In the past we have resisted e-learning as too superficial but financial practicalities make this increasingly acceptable if the programme is well-

designed and treated as a foundation to wider awareness and skills. It can also accommodate the training needs of agencies with a high staff turnover at less cost.

## Skills Training

Awareness raising should lead to increased identification. This poses the dilemma for the worker of how to respond. The simple mantra of identify, record, support and consider referral<sup>11</sup> helps but puts pressure on the partnership to ensure there are also services available to take any referrals. Skills training must reflect the local context, procedures and services available. Staff dealing with a broad spectrum of issues cannot be expected to provide a similar service to that of an independent domestic violence adviser (IDVA) but they should be able to provide some form of effective, if limited, response. Certainly safety planning, sensible advice and support services information for victims is a minimum requirement. (This also means that care or referral pathways must be in existence and that services exist, which can deliver on growing expectations from worker and victim alike.)

## Strategy

Training is a facet of the whole strategic approach and should be based on a defined programme. It must be an action that sits within the plan with an understanding of what can be delivered and at what cost. If it is provided by external trainers, local information about services and policies must be included. Also, opportunities to train should not be missed; many councils are introducing induction training for all staff new to the area, and this could include a slot on domestic violence. Conferences also provide the potential for training (albeit as a one-off) as does all training taking place within the statutory sector. The shrinking of funding must lead to an acceptance that lengthy training programmes will be rare and limited, which makes consistency and quality vital. Interventions within and across the broader training agenda can also be highly productive if delivered well.

Lead individuals within each agency can be the catalyst for including domestic violence training within internal processes. Enlightening senior management teams is also a method of securing progress. They can cascade information and exert a powerful influence if they have grasped the issues surrounding this subject and how it integrates with the agencies' own agenda. If the specialist sector continues to shrink, the statutory sector will have to take on more responsibility for responding to those suffering abuse.

**Key point: When making a training plan, be sure to include the training of strategic leaders.**

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<sup>11</sup> Often this is extended now to: ask/record/honour the disclosure/support/safety plan/refer if necessary. This acknowledges the ability and duty of the frontline worker to be more than part of a referral system

Despite an element of pragmatism in these suggestions, there remains no substitute for quality training. A multi-agency team, training a multi-agency group over one day, preferably with some form of accreditation for students, is the ideal. From this will emanate the best outcomes and the most progress.

The following will help to achieve the best training outcomes:

**Practice points checklist**

1. The partnership should discuss and decide the key messages about the nature, scope and impact of domestic violence to be imparted in training, and must ensure that all trainers ‘own’ and promote these messages in their training.
2. Involve managers and supervisors in training, both as participants and co-trainers. Train them first!
3. Ensure trainers are well briefed on current operational issues, realities, and concerns for each agency, and on local services and resources.
4. Deliver multi-agency training where appropriate, so that the training room becomes an opportunity for partnership links and inter-agency understanding to be strengthened.
5. Use information given by participants in training sessions to provide detailed feedback about operational and systemic gaps that need to be addressed, and some solutions, as well as confirming achievements.
6. Ensure that participants leave the training with a clear idea of what is expected of them, what is possible, and what would be safe in their practice around domestic violence issues.
7. Boost participants’ confidence and competence through training that builds from a basis of awareness and understanding of the dynamics, through a knowledge base about procedures, resources and legal requirements, and into skills that they can use on a daily basis.

## Data

### Measuring and Defining Success

#### The key questions:

- 1) Do all partners contribute data that is collated for the whole partnership?
- 2) Is there a system of accountability to which all partners submit?
- 3) Is qualitative consideration of performance a partnership tool?

*It is the mark of a truly intelligent person to be moved by statistics.*

George Bernard Shaw, philosopher and playwright

Despite an ever-present debate about target-driven practice, there can be no doubt that data remains essential in the drive to deliver more effective domestic violence partnerships. This is partly due to its value in convincing the decision makers that such a partnership can reap social and financial benefits. Unfortunately data is also necessary to establish the need to tackle domestic violence in the first place.

**Key point: Lack of data is the excuse to do nothing. To do nothing is to fail.**

Countless national and international studies demonstrate the scale, impact and cost of domestic violence. Every local strategy can quote such figures with ease, but as yet this has not led to the exponential growth of services and activity that these figures would suggest is necessary. Such data must continue to be used, but primarily to lay the groundwork for local data and proof that local activity has worked.

What can work, with some partnership debate and effort, is a simplified, outcome-based, headline approach. Whilst there may be considerable amounts of data under the headlines, partners need to know that action is happening and where it is working and not working. They can then devote resources to effective help and any identified problems.

### Partnership Performance

During this research, data was the poorest area of performance amongst the 12 defined components. Often based solely on police (and/or MARAC) data, the evidence of activity was generally poorly described in statistical terms. Comfort is taken in actions completed and there is a reliance on throughput data rather than outcomes for victims. Many agencies coming into contact with victims do not routinely or selectively enquire about the presence of abuse within a relationship and the data they produce will be accordingly inaccurate. Despite this problem (which should be formally acknowledged within the data reports), efforts to develop information about, say, scale and seriousness undoubtedly supports partnership decision making.

Voluntary sector partners can be hesitant about providing data about their work because they may be competing with each other for commissions. They may also find it difficult to fund data-collection systems. But providing information to the partnership can show the value of the work they do and secure funding to turn successful and innovative projects into core 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.

*The following is a partnership's guide to developing a useful dataset:*

- *Agree a basic dataset that supports and relates to the strategy*
- *All partners should provide data that demonstrates the impact of domestic violence within their agency (it may not be necessary to introduce new datasets; most partners already possess data relating to this issue (e.g. children's services))*
- *Agree aims and indicators that establish the success of those aims*
- *Attach a baseline number to all aims and indicators, which can then lead to local targets*
- *Add regular data reviews to partnership meeting agendas as part of its performance management and accountability responsibilities*
- *Devise a hierarchy of data that allows strategists to view headlines whilst operational managers receive a more detailed picture of the statistical evidence*
- *Include evaluative and qualitative information in the overall performance management process. A strong partnership will listen to the quality data (e.g. survivors' voices) and overlay this on to the numbers. A mature and knowledgeable group will review the evidence and make informed decisions that do not simply rest on those numbers.*

In an ideal world 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 activity. Research can supply detailed and informative data but tends to be limited to a brief period of time. Monitoring tends to be more simple and quantitative. A combination of the two provides the clearest picture of the context within which the partnership is working.

Finally, the original coordinated community response suggested that the tracking of victims, perpetrators and actual cases through the system highlighted successes and issues within the partnership and its processes. This is undoubtedly true but has been found to be challenging to implement. The advantages remain clear, as real cases stimulate understanding and action to deliver improvement. What can replace a tracking system is a process where individual cases are spot-checked within each agency. This is to determine if agreed procedures have been followed and whether the victim received a response that reflected the objectives of the partnership. This reinforces the accountability of partners to the partnership.

## Policies, Protocols, Processes

### Making the Complex Understandable and Continuous

#### The key questions:

- 1) Is the partnership based on individuals or systems?
- 2) Are there protocols or policies for the key areas of activity?
- 3) If so, are there dates for their review?

*Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilisation work.*

Vince Lombardi, U.S. football coach

Many domestic violence partnerships are successful up to a point thanks to a knowledgeable and committed individual. The real strength of a partnership can only be tested when that individual departs. It is also true that a group of individuals cannot ensure that the hundreds of staff involved in the process of responding to victims will do so appropriately and according to the vision. This means that policies, protocols and processes are vital. A systematic approach to practice which is supported by accountability mechanisms is both important and reassuring to staff working in complex areas where domestic violence is not their only work stream.

**Key point:**  
**Systematisation supports inspiration.**

The following are areas where policies or protocols are recommended:

- i. The coordinated community response – where agreements between all partners describe how each agency will operate internally and across the partnership. Such activity can be very complex and where this is the case a separate agreement may be necessary. This protocol is intended to state agreed principles and overarching methods of response.
- ii. Specific protocols – where partners agree on systems that relate to particular elements of the whole response (e.g. SDVC or MARAC protocols). An example of a housing policy is available on the Standing Together website: [www.standingtogether.org.uk](http://www.standingtogether.org.uk)
- iii. Information sharing – this is becoming a less controversial issue than has beleaguered this sector previously. (Unfortunately it is also true that domestic homicide reviews clearly demonstrate that the practice of information sharing remains problematic, particularly for health services.) It is important to include in these policies a reminder of the principle of proportional sharing of information aligned to risk. This ensures that agencies share information supporting the risk, not just because of the policy. Agencies should agree how they explain this to clients and it should be clear how each agency involved uses the information that it receives from others. It is easier to share information in a partnership where all the parties understand each other's processes and boundaries.
- iv. Children coming to notice – the forms required in these cases and subsequent action by the agencies to which they are referred have caused much anguish across the country. Children's services have been inundated with referrals for domestic violence with the accompanying raised expectations that the children will be assessed and resources re-directed to these families. Information sharing is vital but not as a paper exercise that absolves one agency of any responsibility while



increasing another agency's workload disproportionately. Partnerships will need to agree how to address any response and the concerns raised in these cases.<sup>12</sup>

- v. Risk assessments – the introduction of the DASH<sup>13</sup> model of risk assessment should provide increased uniformity in domestic violence cases. Certainly it would be helpful for each agency to be using the same process. As important is the partnership's understanding of how this risk assessment process relates to others (e.g. safeguarding processes).
- vi. Care or referral pathways – these remain one of the most essential elements of the response and the wiring circuit that ensures appropriate responses.
- vii. Common assessment framework – the development of this approach continues to be applied variably around the country and this is particularly true within the voluntary sector. At its heart lies the possibility of a process of earlier intervention for children at risk that can be beneficial in domestic violence cases. Areas should be clear on its use locally – who is using it and what a worker does with the results of an assessment.
- viii. Domestic homicide reviews – these have had a troubled introduction into community safety partnerships but experience shows that where partners work together to explore the facts surrounding a domestic homicide, this can bring about better practice, closure of gaps, and changes of policy (see Government guidance<sup>14</sup>).
- ix. Human resource policies – every partner agency should commit to having an internal policy on domestic violence that addresses the need for an effective response for victims, including practical support, and for perpetrators within an organisation.
- x. Governance policy – setting out the number of meetings, terms of reference, representation, responsibility for minutes, etc.
- xi. Communication policy – how will messages (and information on data) be agreed and published internally and externally? How will the partnership supply information, educate the public, and advertise its role? There are great gains to be made in having a communication strategy and the opportunity to remove confusion between partners.

## Review and Awareness

Policies and processes will require regular review. If policies are to retain their credibility and effectiveness they must be up to date, accessible and

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<sup>12</sup> Despite this originally being written in 2010-11 the issue of the police notifying other agencies of children they have encountered remains unresolved in many places. As a minimum the police should provide accurate information with an assessment of the risk to the children involved and be able to demonstrate they have reviewed the wellbeing of those children.

<sup>13</sup> [http://www.caada.org.uk/practitioner\\_resources](http://www.caada.org.uk/practitioner_resources)

<sup>14</sup> <https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews>

understood by staff. Policy and protocol training should be provided wherever possible and team leaders should have responsibility to ensure that they are included in induction processes for new staff.

## Specialist Services

### Expertise Is Crucial

#### The key questions:

- 1) Are the IDVAs and other services funded sustainably?
- 2) Are there gaps in the service provision for victims?
- 3) Is the statutory sector playing its part in responding to victims?

*At times our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.*

Albert Schweitzer

### Commissioning

Commissioning has failed to deliver the holy grail of reduced costs, increased effectiveness and improved safety for victims. There are areas that have addressed the issue of commissioning more successfully than others but there is no doubt that less well-equipped and qualified organisations have taken on the delivery of specialist services without the experience, ethos and skills necessary to provide appropriate advice. In part this is due to the cost -v- quality equation being falsely calculated and commissioners not always having the necessary knowledge of best practice.

It is also true that the specialist service providers have felt too comfortable, on occasions, in their role and did not respond to the threat of outsourcing impressively. All the guidance in this report should lead to partnerships understanding what they want and need and commissioning decisions will improve. The Aya Project ([www.ayaproject.org.uk](http://www.ayaproject.org.uk)) is a helpful point of reference and included at the rear as an appendix is our simplified version of the questions commissioners should ask themselves when considering embarking on a process that is intended to deliver the holy grail referred to above.

### Core Domestic Violence Services

Nothing in this section detracts from the real and growing need for the statutory sector to deal more effectively with victims at the point of disclosure. Bluntly it is too easy to regard the task as one of referral rather than support. This also brings into question the grey area of signposting or referral. Our experience within domestic homicide reviews has shown that a) a referral culture exists, and b) this referral is often more signposting than a clear approach to ensuring a victim (or perpetrator) receives the support their level of risk or dangerousness demands. (And referrals are rarely followed up to ensure the victim has accessed the services or achieved safety). These are key areas for partnerships to address and monitor alongside retaining and developing the local specialist sector

The rise of the IDVA has been an astonishing development in the output of domestic violence partnerships. The codification of the role of specialist service provider to victims has allowed IDVAs to become omnipresent within the United Kingdom. Maintaining the number of IDVAs and their standards will continue to be a key issue for partnerships in the future. It is here that

funding issues are often highlighted, although all domestic violence services seem to be under threat and in some cases it is the IDVA service that is protected. This demonstrates the focus on high risk, and possibly, the reduction of attention on prevention and earlier intervention.

To an extent the development of the IDVA role has taken the focus away from a broader approach to intervention. Refuges, outreach, post crisis support, services for children and perpetrator programmes are all important areas of provision that may have found the constant search for funding more problematic as the defined role of the IDVA has appeared. 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 after the crisis has been resolved. This is a good example of where partnerships must understand the local context and assess what is achievable within the limits imposed on them, without ignoring the needs.

As so much depends on that local context there can be no absolute rules by which partnerships can direct themselves. There are, however, guiding principles which could be useful when addressing this vital area of the local response to domestic violence.

## **Seamless Service**

Every attempt must be made to ensure that there are no gaps in the service 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.

**Key Point:**  
**Victims find gaps; specialist services fill them.**

In some situations, there may only be one opportunity to provide the support which can prevent further abuse. Also, because of the nature of 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 the referral pathway is logical and clear to all.

## **Recognising and Responding to Need**

Victims and survivors can benefit from support even if their level of risk is not high. Help to rebuild self-esteem, advice about housing and an opportunity simply to share experiences and advice with people in a similar position can contribute to a survivor's return to a safe and productive life. A great deal can be achieved with limited expense, and such broader approaches should be in the thinking of the partnership.

## **Institutional Advocacy**

One of the roles of an IDVA is to represent the victim 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 victims. Accountability and equality of voice are important factors in the health of a partnership. Where improvements can be made in a service to victims of domestic violence, 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 confuse 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 victims 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 both parties.

## **Children and Young People**

The impact of domestic violence on children has been recognised in law. Partnerships must address themselves to the needs of children whilst understanding that creating a safe environment for the non-abusing parent and the child will often solve safeguarding issues. The apparent rise of abusive relationships amongst the young is also an area where action should be considered and another example of where prevention or early intervention (i.e. education in schools) can be beneficial. Disclosure to sexual or mental health services is also common and these services will be helpful members of the partnership.

## **Perpetrator Programmes**

It is an obvious truism that making one victim safe will not necessarily make subsequent victims of the same perpetrator safe. Action to change perpetrator behaviour is essential. Programmes for abusive men can be considered expensive and doubts continue to exist about their effectiveness. Good partnerships tend not to agree with the doubters. The lack of longitudinal studies should not, of itself, negate either the logic or the need for well-organised programmes. The good examples of practice which have demonstrated benefits should also be acknowledged (e.g. DVIP – East London<sup>15</sup>). Simply put, perpetrators must be held accountable and helped to change. A process which challenges such embedded and abusive behaviour may never work for all participants but it certainly benefits those who do change and their future partners.

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<sup>15</sup> For more information about DVIPs activities go to: [www.DVIP.org](http://www.DVIP.org).

The programmes themselves, when run under Respect principles, [www.respect.org.uk](http://www.respect.org.uk), also provide additional and complementary support for women, which adds to the value of the programme.

## **No Recourse to Public Funds**

The Government has partially recognised the need for victims of domestic violence who do not have secure immigration status. 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 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. Standing Together's partnership reviews continues to show that these are areas where local performance is often poor.

## **Sanctuary Schemes**

Sanctuary schemes are a means of providing victims and their children with the ability to remain in their home safely. They exist in some form within most partnership areas. Occasionally they are a means of attaining homelessness targets, but, increasingly, strategic housing departments are grasping the need to support victims for broader reasons. Experience shows that housing provision, or safety in the home, is a key need for a victim. A sanctuary scheme at its best is able to provide supportive housing policies that include home security, rather than home security being its only policy for victims.

## **Use of Existing Resources**

The importance of using existing resources, e.g. staff, is crucial. Firstly, there will never be sufficient funds to provide all the specialist services that a victim could need, so provision must include better use of existing resources, e.g. front-line workers within the statutory sector and more generic services such as Victim Support. Secondly, some constabularies still use their own staff to provide support for victims. Generally, these staff do an excellent job, but it may be that that money is better used to pay specialist service providers so that the police can concentrate on their core tasks. The provision of support for victims is an area that should be part of the mapping of the local partnership and flexible use of staff to add capacity may be a realisable outcome.

**Key Point: Review the use of existing resources and ensure that they are being used to the best advantage.**

## Diversity

### Providing Safety for All

#### The key questions:

- 1) Do the partners know and understand the diversity of the population?
- 2) Is diversity a genuine, strategic priority?
- 3) Is there a joint approach which includes the whole community?

*Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development and building good governance.*

Kofi Annan

Visits and reviews of 50 partnerships revealed that diversity issues were among the areas of greatest concern. The experience of survivors supports this view. Other research shows that victims from diverse (not just BAMER) backgrounds also suffer more and receive a poorer response. The Women's Aid research<sup>16</sup> is an example of the impact of domestic violence on the disabled. Disproportionality in the criminal justice system (an area the CPS is currently examining) also demonstrates that, at least, the experience for victims from some backgrounds is different.

There are, of course, broader issues of society's general attitude and response to diversity which this work is not qualified to comment upon.

There seem to be two practical problems. Firstly, where the population of a partnership area has a massive majority population, that is, white British, the services are pragmatically directed towards that population. Whilst the services provided will say that they support victims from any backgrounds (and clearly try to do exactly that) there remains a concern that those from minority communities feel excluded from the system.

Secondly, there is always a problem of a sufficiency of services. What appears to happen in those areas that have significantly diverse communities is that there are a number of service providers who struggle to work in unison and cope with the demand. This may lead to a fragmented approach with excellent provision which is just unable to cover all the needs of all the communities. It is important that the partnership recognises this issue and develops new provision, or an expansion of existing services, to ensure no community is isolated.

What remains true is that specialist services are aware of these issues and generally do their very best to offer an appropriate service in a difficult context.

Many partnerships are haunted by the problems of responding to a diverse population. None ignore it but all accept that they would wish to do better. No complete solution has been discovered during this process but a systematic approach can help. The following are suggestions which may improve the partnership's activity in this crucially important area:

<sup>16</sup> [www.womensaid.org.uk/downloads/disability%20flyer\(2\).DOC](http://www.womensaid.org.uk/downloads/disability%20flyer(2).DOC).

- a) **Map the diversity.** It remains surprising how many partnerships could not describe the ethnic composition of their area.
- b) **Use the data and the research.** The data can describe the extent of the problem and the research can explain the need and help to provide solutions.
- c) **Treat diversity as a real priority.** It was evident that some partnerships felt that solutions were unreachable and did not devote concerted effort to the issues. Working together will improve a difficult situation although aspirations still may not be realised.
- d) **Turn the priority into action.** As with the more general strategic approach, turn the diversity priority into a series of actions which will demonstrate progress. The whole partnership bears the responsibility for delivery.
- e) **Acknowledge the diversity of diversity.** Approaches to diversity often concentrate on BAMER communities and pay less heed to LGBT issues, the disabled and other minority groups. Often communities would be described as white or black or Asian yet very large numbers of the population would be from Eastern Europe, for whom services were limited.
- f) **Use the community and the existing generic services.** Almost every group in the community has some form of association. Clearly there are dangers that such associations may promote the continuation of traditional practices that victimise women and girls, but many can help promote the idea of equality and the needs of victims. It is often these associations who will both offer and provide workable solutions.
- g) **Use the issue of no recourse to public funds as a test of commitment.** Do the partners understand the dangers of not supporting victims in these situations? Are they prepared to commit funds to protect those at great risk?

This area of work is enormously challenging but one that connects with the issue of equality so powerfully that it must receive the concentrated effort its impact justifies. It simply cannot be regarded as either too difficult or the province of very specialised and tiny organisations. The whole partnership must be part of the solution.



## Survivor's Voices

### Who Knows Better Than They?

#### The key questions:

- 1) Are survivor's voices heard within the partnership?
- 2) Is there a system and process for using the experience of survivors?
- 3) What more can be done to learn from those who have actually experienced the abusive exertion of power and control?

*There were two times in this whole nightmare when my life changed - when I was believed by the policeman, then when I was asked how they could do better.*

An anonymous survivor at a focus group

The voice of the survivor is the most powerful in any partnership – if that voice is heard. They can inspire, inform and explain. Their use is by no means a given within partnerships but there is a growing trend to make use of this valuable resource and some areas have long standing arrangements to consult them. (A very good example of considerable experience is the Seeds Project: [www.seeds-uk.org](http://www.seeds-uk.org))

**Key point:**  
**Survivors can insure, ensure, and reassure.**

An additional advantage of utilising the experience of survivors is that the survivors themselves can benefit from the process. They can gain confidence, self-esteem and move on from a world where they have been controlled to a highly damaging extent. This is a development opportunity for them which they often grasp very firmly.

*The mechanics of consultation are important to consider and the outcomes sought should be clear. Key issues are:*

- *independent facilitators*
- *support for survivors*
- *confidentiality*
- *payment*
- *interpreting*
- *location*
- *recording*
- *methods of delivering feedback*

The intended use of their experiences must be made clear, especially to those acting as witnesses.

Having said this, experience has shown that a reasonable approach supported by specialist service providers creates an atmosphere of generosity and emotion which is particularly moving and helpful. Most importantly, these are local voices commenting upon local practice. Often these experiences are the same from rural to urban partnership, but what is being heard is how a specific partnership is responding and this has tremendous weight.

Finally this process should not just be about the past. Survivors can help to guide future practice, policy and direction if given the training and opportunity to be involved throughout the partnership process. A gradual introduction of survivors to these issues may be necessary. It is unlikely to be productive if at the first meeting of such a group they are asked to pronounce judgement on a complex policy, for example.

The voice of the survivor can convince the unconvinced, re-inspire the tired and change practice– all for a two-hour investment.

## Conclusion

The authors of this guidance accept, unwillingly, that this guidance will be read mainly by those who have a responsibility for leading on the response to domestic violence. In its first iteration these people were generally the domestic violence coordinators. It is a tragedy that this role has been eroded where the prejudice surrounding the issue prevails or by a false belief that this is an area where money can be saved. These are examples of why the nature of partnership work in this sector can be so challenging. It is also painfully true that all partners, specialist service providers and front line staff will find something here which helps them perform better as a worker and a member of society. This may be in relation to colleagues, people in other agencies or acquaintances within their social circle.

The point of this guidance is that domestic violence is ubiquitous. The solutions are indeed complicated but can only be attained if people work together to address the culture of violence or abuse and the practicalities of a response.

Victims will find, and fall through, the gap in any system which is not consistent, complete and coordinated. And abusers will use those gaps to strengthen their exercise of power and control over the victims. This guidance allows any partnership to develop a better approach and work to its own strengths, agendas and context in a practical and pragmatic way. The search for excellence is aspirational but improvement is essential and achievable.

If the foundation of society is the family – in whatever guise – then domestic violence is the cancer in that foundation. To allow women and children, and other victims, to lead safe and fulfilled lives it is essential that the problem is recognised and acted upon in a way which removes risk, satisfies needs and protects the most vulnerable.

This guidance demonstrates how this can be achieved but will not, of itself, create change unless leadership is present. Alongside this leadership must lay understanding and commitment. Despite the current nervousness about the public purse the solutions do not always require extra funding, but they may require different funding. It is worth finding out what partners can stop doing that is simply not as important as stopping domestic violence. As we become accustomed to the financial, social and moral context of our societies so must domestic violence, and the wider issues of violence against women become a task where we respond differently, more effectively and with greater

understanding. In the future we must operate in a way which allows for the achievement of this fundamental human right.

That is to be safe in your own home.

# Appendices

## Appendix 1

### Anonymised Partnership Scores

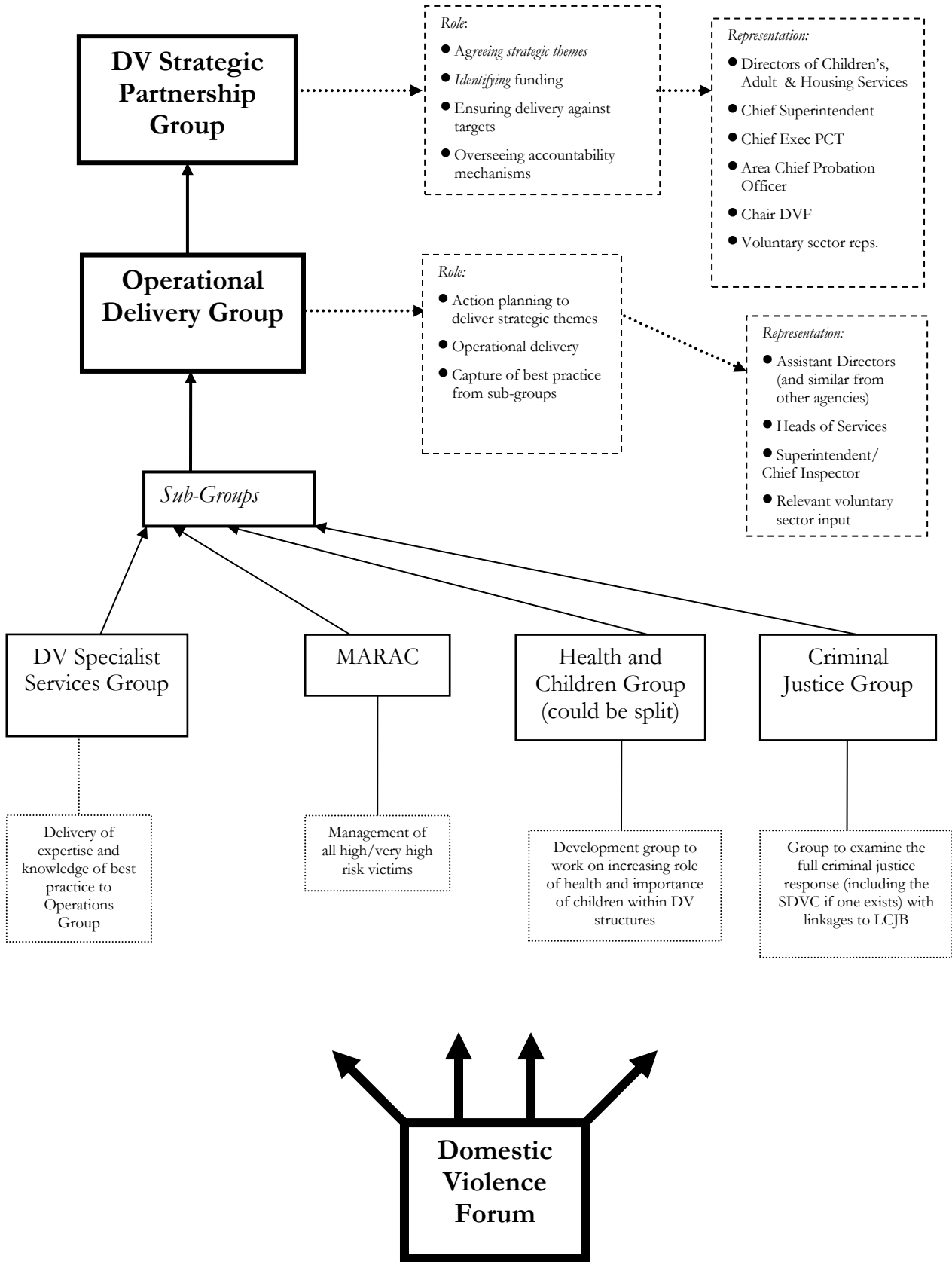
Anonymisation	Overall	Shared objective	Structure	Strategy	Representation	Resources	Coordination	Training	Data	Policies etc	Specialist Services	Diversity	Survivor's Voices	Total Scores	P'ship Average	Partnership Position
(A)	4	4	3	4	3	3	4	3	3	3	4	3	3	44.0	3.4	2
(B)	2	1	2	2	1	2	1	3	2	1	3	1	3	24.0	1.8	19=
(C)	2	2	2	2	3	2	2	2	1	2.5	2.5	1	1.5	25.5	2.0	18=
(D)	3	3	2	3	4	3	3	3	2	2	3	3	2	36.0	2.8	6
(E)	3	4	2	2	2	2	3	2	2	2	3	2	2	31.0	2.4	12
(F)	1	2	1	2	2	2	1	2	2	2	2	3	2	24.0	1.8	19=
(G)	3	3	3	3	2	3	3	2	3	2	3	2	2.5	34.5	2.7	8
(H)	2	2	2	3	1	3	2	3	1	2	3	2	2	28.0	2.2	15=
(I)	2	3	2	2	3	3	1	3	1	2	2	2	3	29.0	2.2	14=
(J)	2	2	2	2	2	1	1	2	1	2	3	2	1	23.0	1.8	20
(K)	2	2	2	1	2	3	3	3	2	2	3	2	2	29.0	2.2	14=
(L)	3	3	2	2	2	3	1	3	1	2	4	2	1	29.0	2.2	14=
(M)	2	1	2	2	3	2	2	2	2	2.5	3	2	3	28.5	2.2	15=
(N)	2	2	2	1	3	3	2	2	1	2	3	3	3	29.0	2.2	14=
(O)	2	1.5	2	2.5	3	3	2	2	2	2	3	2	3	30.0	2.3	13=
(P)	2	2	2	1	3	2	2	2	1	2	2	2	3	26.0	2.0	17=
(Q)	3	2	2	2	2	2	2	3	2	3	2	2	2	29.0	2.2	14=
(R)	2.5	3	3	2.5	2.5	3	2.5	2.5	2	2	3	2	2	32.5	2.5	11=

(S)	2.5	3	2.5	2.5	3	2	2	2	2	2	3	2	4	32.5	2.5	11=
(T)	2	1	1	2	2	2	2	1	2	1	2	2	2	22.0	1.7	21=
(U)	4	3	4	3	4	3	4	3	2	3	3	1	3	40.0	3.1	3
(V)	3	3.5	2.5	2.5	3	2.5	4	3	2	4	3	2	3	38.0	2.9	4
(W)	2	2	2	1	1	2	2	2	2	1	3	2	4	26.0	2.0	17=
(X)	3	2	2	3	2	2	3	3	3	2	2	2	4	33.0	2.5	10=
(Y)	2	2	2	1	3	3	2	1	2	2	2	2	2	26.0	2.0	17=
(Z)	3	3	2	2	3	3	3	3	2	2	3	3	3	35.0	2.7	7
(AA)	2	1.5	2	1.5	2	2	2	2	2	1.5	2.5	2	2.5	25.5	2.0	18=
(AB)	3	3	3	2	2	4	3	2	2	2	4	2	2	34.0	2.6	9
(AC)	2	1	2	2	3	2	2	2.5	3	2	3	1.5	4	30.0	2.3	13=
(AD)	2	3	2	2	2	3	3	3	1	1	3	2	2	29.0	2.2	14=
(AE)	4	4	4	3	3	4	4	3.5	4	3	4	4	4	48.5	3.7	1
(AF)	2	3	2	2	2	2	3	2	2	1	3	2	2	28.0	2.2	15=
(AG)	2	2	2	1	2	2	2	2	1	1	3	1	1	22.0	1.7	21=
(AH)	1	2	1	1	3	1	2	2	1	1	2	1	1	19.0	1.5	22
(AI)	3	3	2	2	2	3	3	3	2	2	3	3	2	33.0	2.5	10=
(AJ)	3	3	3	2	2	2	3	1	2	3	2	1	3	30.0	2.3	13=
(AK)	3	4	2.5	3	3	3	3	3	2	2.5	3	2.5	3	37.5	2.9	5
(AL)	2	2	2	2	2	2	2.5	2	2	2	2.5	2	2.5	27.5	2.1	16
(AM)	2	2	1	2	2	1	2	3	2	2	2.5	2	2	25.5	2.0	
Av.Co mpon. Score	2.4	2.4	2.2	2.1	2.4	2.4	2.4	2.4	1.9	2.0	2.8	2.1	2.5			

Scoring System: 1 = poor, 2 = satisfactory , 3 = good, 4 = excellent

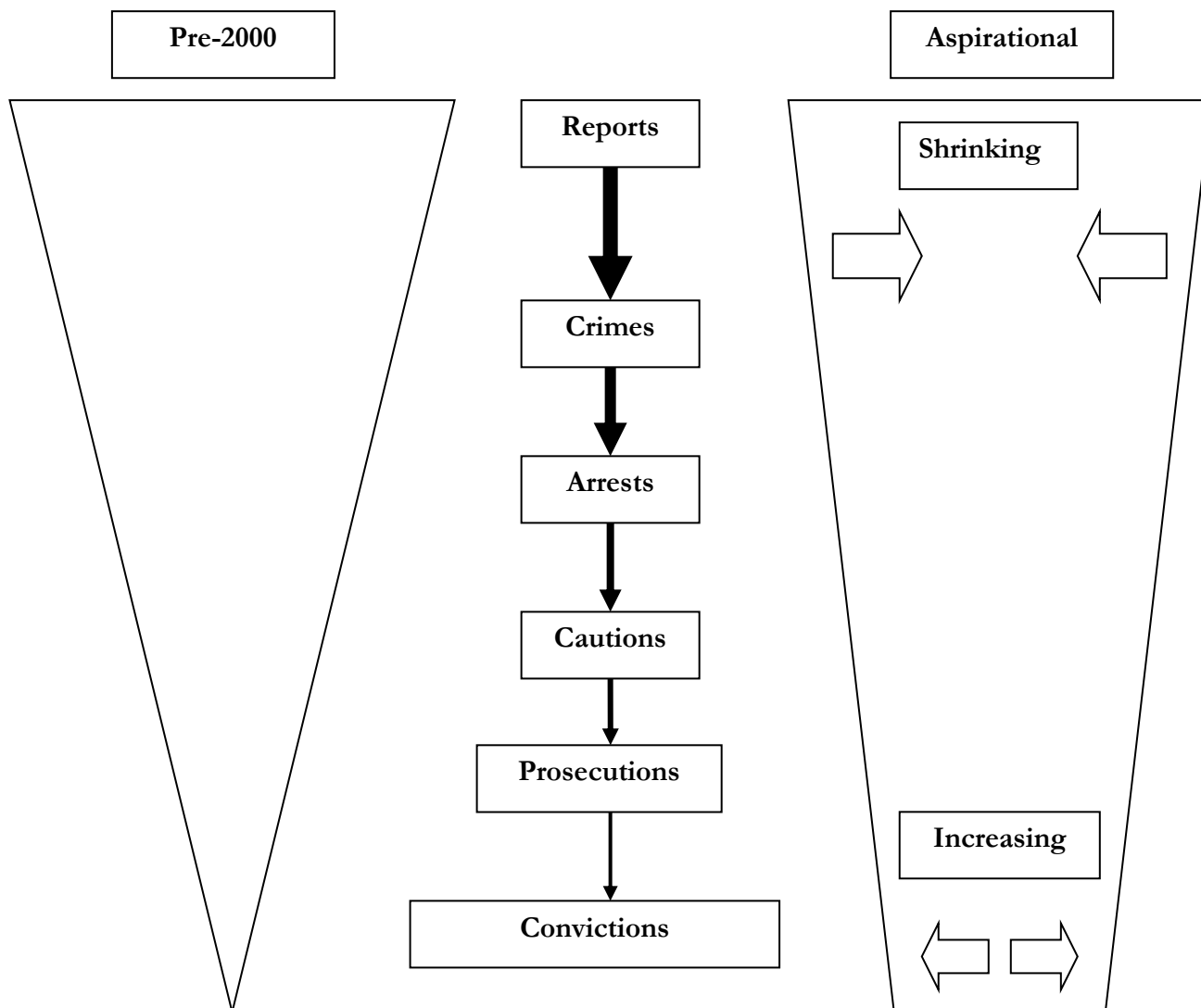
# Appendix 2

## Possible Domestic Violence Partnership Structure



## Appendix 3

### From Reports to Convictions within the Criminal Justice System



- This diagram amply indicates the problem of attrition within the criminal justice system. We also know that only 40% of domestic violence does not get reported. Who then deals with the 60%? The answer, in simple terms, is the community. Through a process of awareness raising and training: Relatives and friends will understand better the ubiquity of domestic violence and how to support a victim
- Frontline workers will more readily “ask the question”
- Perpetrators will be less able to manipulate, hide and control
- Partnerships will deliver better, coordinated responses

## Appendix 4

### MARAC (Multi-Agency-Risk-Assessment-Conference) Top Ten Tips

1. **VALUE YOUR REPRESENTATIVES** – MARAC representatives have a lot of work to do to research cases, attend MARAC and share information and actions with staff. Support them by giving them a one to one induction to their role, answering queries and feeding up to a strategic level if they need more capacity. Be flexible about the number of representatives an agency might need in order to do the work and the order of cases to be discussed. Also don't forget to thank Representatives when they move on, they often stay in touch.
2. **INDEPENDENT & DEDICATED COORDINATION** – Coordinating a MARAC is a full time job. Without independent coordination the MARAC role can easily slide into case management rather than an effective tool to enable agencies to highlight and reduce risk.
3. **EFFECTIVE CHAIRING** – Encourage the Chair to listen to the expertise of the representatives round the table and to focus on the risks from all perspectives, not only from the perspective of their own agency. If you do not have an Independent Chair ensure the agency Chairing has another staff member to represent their agency during the meeting.
4. **QUALITY IDVA SERVICE** – Make it clear in your MARAC protocol the relationship between the IDVA service and the MARAC. Ensure the IDVA service takes MARAC referrals, contact survivors with or without consent and that they have proactive procedures around engaging survivors prior to the MARAC. If possible get involved with the commissioning process of IDVA services to try and include how they will support MARAC cases into their agreements.
5. **EFFECTIVE STEERING GROUP** – Have a steering group that has enough time to review MARAC data and attendance and is populated with Strategic / Agency Leads. Your Steering Group should not be made up of the MARAC Representatives but staff at least one level higher in order to effectively support the work of the MARAC.
6. **MARAC BRIEFINGS & WORKSHOPS** – Go out to talk to front line staff about what the MARAC is and how they can refer. Short 30 minute briefings in team meetings / staff days can really increase the diversity of your referring agencies. If you can, also provide MARAC specific training for front line staff to increase the number of experts on MARAC within any agency.
7. **NO SCREENING** – MARAC Coordinators and Chairs should **not** be turning down a referral because they don't think it is high risk. The referrer is the person working with the case and has considered it high risk. Even if they don't have much information at the time they refer it's amazing what you can find out at the MARAC. It is safer to train a staff member to better spot risk in the future than to miss a high risk case because a form wasn't filled in well.
8. **DOMESTIC VIOLENCE AWARENESS TRAINING** – Sometimes people don't know the basics. Encourage staff to go on local DV training opportunities and remind people of the obvious things like believing a survivor and not informing a perpetrator of the MARAC.
9. **NICE ROOM** – The meeting room's temperature, light quality and proximity to a source of food and coffee can be a big factor in keeping everyone's energy up at the meeting. If you can supply tea, coffee and biscuits then people are even more likely to attend.
10. **SURVIVOR FEEDBACK** – It can be hard hearing about high risk cases on a regular basis and Representatives may need internal support from their agency around this. Survivor feedback can be useful for working out gaps or issues around MARAC action planning. However once a year ask agencies to provide survivor feedback about how MARAC helped reduce risk so staff also know what positive impact their work can have.



## Appendix 5

### 20 questions every Domestic Violence/Violence Against Women commissioning person should ask themselves

1. Do you have to tender?
2. Why are you tendering - is there another way of solving a problem?
3. What expertise around the specialist subject are you using within the commissioning process so that you know what you want?
4. What expertise around the specialist subject are you using within the commissioning process so that you know what you are likely to get?
5. Have you spoken to those who will use the service?
6. What is your price – v – quality ratio?
7. Are you just doing it as a cost-saving exercise? Will this work over time? Will the cheaper deal lead to more expensive outcomes?
8. Is there strategic understanding of the benefits of specialism?
9. What is the track record of those bidding for the contract?
10. What are the principles and ethos of the organisations bidding for the contract? What is their organisational purpose?
11. What will be the lead-in time for the successful bidder to achieve the results that are sought?
12. What damage will the tender process do to the local partnership/relationships?
13. What help will you give to tenderers to ensure a level playing field?
14. How flat is the management structure of those commissioned? Will the contractor be paying for a multi-layered management system?
15. Will the survivors have hot water, be safer, feel supported by someone who understands, be more likely to take the options that are safer and better for them and their children?
16. If you make a decision that upsets the status quo how will the agencies that then exist relate to each other?
17. If you make the wrong decision will you have the courage/ability to cancel the contract?
18. How will you measure success and know when you have made the wrong decision?
19. Will you give contracts for meaningful periods (7years)?
20. Why are you doing this?

## Appendix 6

### 22 Considerations for Tendering Process

#### Tendering process

1. Why are you tendering? Is there another way of showing due diligence in achieving value for money?
2. What is your price – v – quality ratio?
3. How will you ensure that the cheaper deal does not lead to more expense later through poorer outcomes?
4. What proportion of the money spent on domestic violence locally is non-statutory and will this be put at risk through the tender process? If so, how can you mitigate this risk?
5. What damage will the tender process do to the local partnership/relationships? How can you minimise this?

#### Designing the tender

6. Do you know what is being delivered locally now?
7. Is there a strategic understanding of the benefits of specialism?
8. What specialist expertise are you using within the commissioning process so that you know what you want, what is effective, and what you are likely to get?
9. Have you spoken to service users to understand what is important to them and incorporated this in the tender?
10. Have you included in the costings, funding for the successful bidder to develop systems to collect and report on their work?
11. Will you give contracts for meaningful periods (7 years)?

#### Assessing the tenders

12. What help will you give to tenderers to ensure a level playing field and be sure that you are assessing the ability to deliver the service rather than the ability to write a bid?
13. Are there specialists on your panel to assess bids?
14. What is the track record of those bidding for the contract, locally and/or nationally?
15. What are the principles and ethos of the organisations bidding? What is their organisational purpose?
16. What will be the lead-in time for the successful bidder to achieve the results that are sought?
17. Have you balanced the pros and cons of features such as size, history of local delivery, specialist knowledge, national organisation, flexibility, and history of innovation?
18. Will the tenderer ensure that survivors have hot water, are safer, feel supported by someone who understands, be more likely to take the options that are safer and better for them and their children?

#### Assessing the success of delivering

19. If this process and the final decision upsets the status quo how will the agencies that then exist relate to each other? How can you facilitate the repair of relationships to ensure a seamless service?
20. Have you incorporated service users' views in your plan for monitoring the delivery of the contract?
21. How will you measure the success of the delivery of the contract?
22. If the successful bidder does not deliver an effective service, how will you know and will you have the authority/ability to cancel the contract?

## Appendix 7

### Short Biographies of Contributors

**Anthony Wills is Chief Executive of Standing Together.** He came to the domestic violence sector when introduced to the issues and solutions around domestic violence in the mid-1990s as a Chief Superintendent in the police. He helped develop the coordinated response in Hammersmith and Fulham and was an early part of the creation of Standing Together. Since retirement from the police in 2003 he has devoted most of his professional life in national and international settings to helping make domestic violence partnerships work. Over the last seven years he has worked with the Government, the Local Government Association, the Crown Prosecution Service and innumerable local partnerships to achieve best practice. In his current role he continues to believe that coordinated local partnerships in a multi-agency setting can gradually change the experience of victims of domestic violence and alter the prevailing culture that allows such abuse to occur.

**Bear Montique has spent the last 22 years improving the quality of response to survivors of domestic violence.** The most important element of her various roles has been to raise the awareness of victims' needs with all the agencies that will come into contact with them. She has influenced policy both locally and nationally by sharing her knowledge and working constantly in partnership. In 1998 she set up ADVANCE, the first independent advocacy project in London, and developed it into a leading service. Over ten years it has become an example of best practice and expanded into a multi-site project. The advocates' training programme she designed set the template for the national accredited training run by CAADA. Bear was awarded the prestigious National Justice Award in 2008 for her work with victims. In her current role as an independent advisor she helps local authorities, other agencies and voluntary projects to review their response to survivors and their role within the partnership. She also facilitates a focus on effective data and monitoring systems. She believes that by sharing knowledge and listening to survivors' needs, agencies working together can make seeking help a safer and more positive experience.

**Nicole Jacobs has worked in domestic violence policy and intervention for 17 years.** She worked at the Alabama State Coalition Against Domestic Violence in the United States for five years in charge of state-wide training and service standards. In 1997, she came to London as an early worker at ADVANCE, one of the first advocacy (now IDVA service) projects taking referrals directly from Hammersmith and Fulham Police. In 2000, she began working at Standing Together, expanding the CCR efforts into health settings. After returning to the United Kingdom following two years working in the United States at the Institute of Politics at Harvard University, she was part of a small group of individuals and organisations that shaped CAADA's original CAT training programme for IDVAs, and she was the co-trainer on the first six courses. In the past six years she has either worked part time at CAADA or in a freelance capacity. Her activities have included CAT training, Leading Lights assessing and special projects for CAADA. Her freelance work has included clients such as the CPS, Refuge and multiple local authorities, individual refuges, outreach and IDVA projects. She has a B.A. in Political Science and a M.A. in Public Administration.

**Laura Croom is a consultant for domestic violence services.** After an early career in publishing, she trained to be a lawyer before an interest in social policy work took her to the Citizens Advice Bureau. There she initially worked with general clients before developing an innovative project that focused on victims of domestic abuse. She then joined CAADA in its early days to train and promote the work of IDVAs and MARACs. While there she helped build its training programme for IDVAs, developed a structure for information-sharing between agencies, worked with the Government on its

Specialist Domestic Violence Task Force, and undertook research on what made IDVA services work so well. From this, she designed service standards, and then piloted and rolled out Leading Lights, the first accreditation programme for IDVA services. As an independent consultant, Laura has worked with police forces, local authorities, and advocacy services to develop effective partnerships. To further this work, she is now chairing domestic homicide reviews. Her work to date has convinced her of the power of a dedicated worker, backed by a co-ordinated system of support to help victims of domestic violence break free.

**Sarah Lawrence is a lead for safeguarding in Southampton etc.**

**And Standing Together colleagues:**

Beryl Foster, OBE

Tanya Allen

Briony Redman

Peta Sissons

Jessica Donnellan

Tera Lally