

Oxfordshire Strategic Review of Domestic Abuse

September 2016



**OXFORDSHIRE
COUNTY COUNCIL**

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PART ONE: Introduction

- What is the review for?
- What did we do?
- Who was involved?
- Definitions
- Recurring themes

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This Strategic Review was intended to

- ◆ Identify the services and determine the extent to which they meet the recognised need and prevent further harm
- ◆ Assess the effectiveness of multi-agency working
- ◆ Examine the current governance and review processes
- ◆ Make recommendations in respect of each of the above

Why do a review?

- ◆ Feedback from stakeholders raised a number of issues that, due to the complex and far reaching nature of domestic abuse, the number of areas of people's lives that may be affected and the multitude of agencies that can be involved, it was decided could only be effectively addressed through a strategic response.

Outcomes for service users

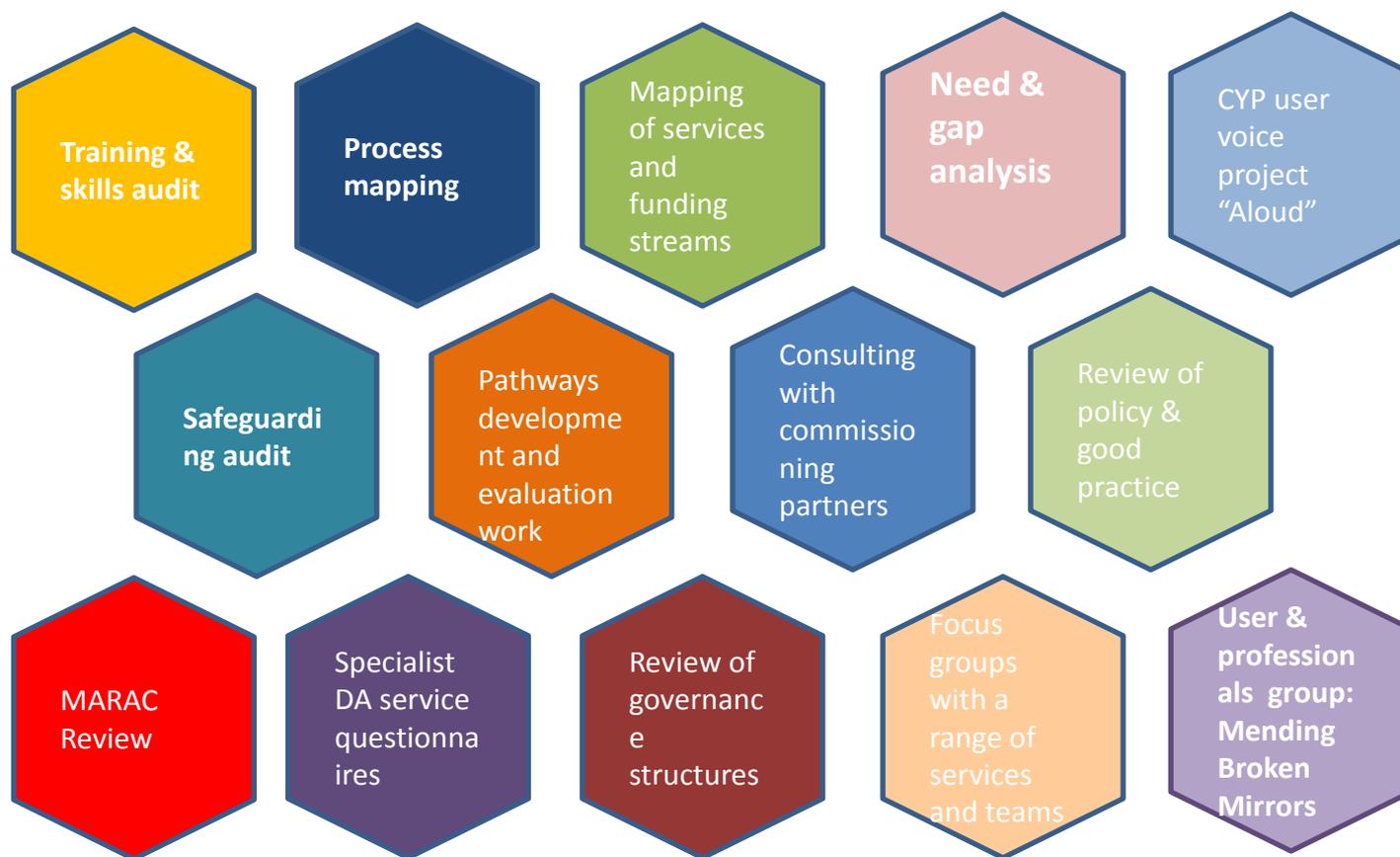
The Review looks at the needs of service users, with a focus on

- ◆ Victims
- ◆ Children living in families with abuse
- ◆ Young people both as victims and perpetrators of abuse
- ◆ Adult perpetrators

User voice

- ◆ Listening to and learning from the voice of those experiencing domestic abuse is a core principle of this Review.
- ◆ Attempts have been made to include the perspective of victim / survivor, child or young person, and perpetrator wherever possible

What did we do to gather information?



Led by the Strategic Lead for Domestic Abuse and **supported by** the Violence against Women & Girls Co-ordinator.

Overseen by a Strategic group representing Children's Social Care, Public Health, Thames Valley Police, District Council, Strategic Commissioning

Advised by the Oxfordshire Domestic Abuse Advisory Group comprising professionals from specialist domestic abuse services and also a broad range of representatives who take a lead role for domestic abuse for their agency.

Who was involved in this Review?

Feedback in a range of formats from a broad range of stakeholders including schools, health visitors, specialist domestic abuse providers, children's and adults social care teams, police, offender rehabilitation services, voluntary & community sector.

Listening to the voices of people who use the services in Oxfordshire, including victims and their children, young people in abusive relationships, and perpetrators of abuse.

Definitions of abuse

“Domestic abuse can affect anybody, regardless of their gender or sexuality, and it occurs across all of society, regardless of age, gender, race, sexuality, wealth or geography”

Worldwide there are a number of definitions used to define abusive behaviour, some encompass or significantly overlap with the definition given in the UK for domestic abuse. Most of the data used here relies on the UK definition although occasionally we have used figures which stem from the wider definitions set out below.

Domestic violence and abuse: The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

Psychological, physical, sexual, financial, emotional

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

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

The [World Health Organization](#) (WHO) defines **intimate partner violence** as *“... any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors.”*

The United Nations defines **violence against women** as *“any act of gender-based **violence** that results in, or is likely to result in, physical, sexual or psychological harm or suffering to **women**, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”*

Overview of recurring topics within this review:

1. Prevalence of domestic abuse in Oxfordshire / “hidden” abuse
 - Evidence nationally from ONS/British Crime Survey that domestic abuse remains significantly under reported & some anecdotal evidence of that locally. Only 7% of those thought to be at risk in Oxfordshire accessed a specialist domestic abuse service in 2015-16 (excluding Victim Support).

675,000
general
population of
Oxfordshire
2015-16

28,000 est.
victims in
Oxfordshire
age 15-59

1,609 accessing
specialist DA
services (and
11,972 incidents
reported to the
police)

306 high
risk
victims

**Victims of domestic abuse in
Oxfordshire , 2015-16**

- Key groups known to face greater barriers to reporting, including people from BAMER communities, people with no recourse to public funds, LGBT communities, older people, learning disabled, physically disabled, the vulnerably housed, and men.
2. Demand for services greater than supply and additional factors such as increasing numbers of victims with no recourse to public funds causing increased pressure for services.

“The new DA offence of Controlling & Coercive Behaviour.....will provide more opportunities to evidence other forms of DA, beyond physical violence “

Louise Rolfe,
National Police Lead on Domestic Abuse

3. New legislation, policy and practice, and how this changes responsibilities and training needs for professionals, and the range of options available for those experiencing abuse. In particular the new Coercive Controlling Behaviour legislation and FGM reporting duties for professionals.

4. Lack of perpetrator interventions in Oxfordshire was the single most common issue that was raised throughout the review.

5. Training and lack of knowledge about domestic abuse for those who are not domestic abuse specialists, including how to spot abuse in its various forms / what help is available / where to refer / what to do & what not to do.

6. Increasing numbers of victims with complex needs or “Toxic trio” effects and difficulties for services in meeting their needs.

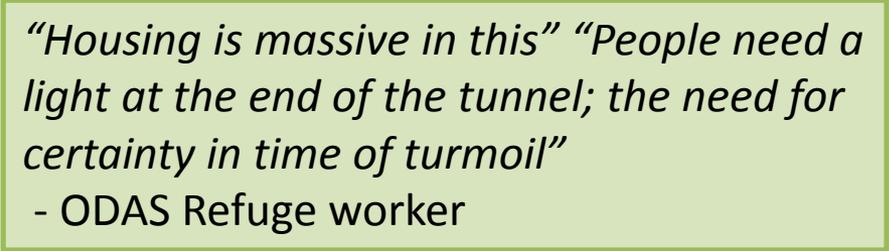
7. Gaps in service provision for young people and gaps in professional knowledge in how to respond to young people in abuse relationships, including peer relationships and child on parent violence.



“Thank you, throughout all this, this is the first time someone has actually asked my opinion.”

8. The need for user voice, including the child’s and young person’s voice, to be strengthened and to be given increased weight within decision making processes as well as in the development and commissioning of services.

9. Housing – key issues raised include difficulties for people in refuge to move on to affordable accommodation, access to refuge due to (reduced provision nationally), lack of consistency of Sanctuary services in the County to allow people to remain safely at home and access to housing for those with no recourse.



“Housing is massive in this” “People need a light at the end of the tunnel; the need for certainty in time of turmoil”
- ODAS Refuge worker

10. The need for greater focus on prevention and on early response including concerns about how changes to both specific and universal services will impact on this.

11. Honour Based Violence and Abuse – a lack of understanding amongst many professionals and lack of specialist service provision

12. Health – as a key element that runs through all domestic abuse issues the strategic input from Oxford Health and the CCG as well as from public health was felt to be crucial to the safe and joined up delivery of services

13. Sexual Violence and Abuse needs better joining up with domestic abuse both in terms of governance and operationally.

PART TWO: Key Facts

- Victims of domestic abuse
- Children in households with abuse
- Young people as victims or perpetrators
- Adult perpetrators

PAGES 10 - 17

KEY FINDINGS DATA FOR OXFORDSHIRE 2015-16 VICTIMS

1 conviction in Thames Valley under the new controlling or coercive behaviour offence (July 2016)



There are over 1000 active Domestic Abuse Champions in Oxfordshire

There was **1** domestic homicide in Oxfordshire
An estimated 71% of victims in Oxfordshire do not report to the Police



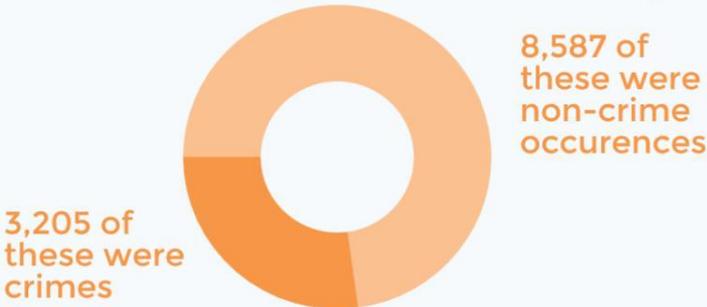
It is estimated there are around 1000 survivors of Female Genital Mutilation living in Oxfordshire

Thames Valley Police recorded **3** incidents of FGM in Oxfordshire

Victims can be assessed up to **4** or **5** times during referral to appropriate services



There were 11,792 incidents of domestic abuse in Oxfordshire reported to Thames Valley Police



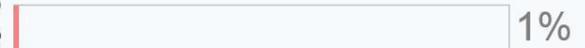
There are 28,000 people thought to be 'at risk' of experiencing domestic abuse



1,609 individuals and families accessed specialist domestic abuse services in Oxfordshire



Of those, 306 were assessed to be at high risk of serious violence and homicide

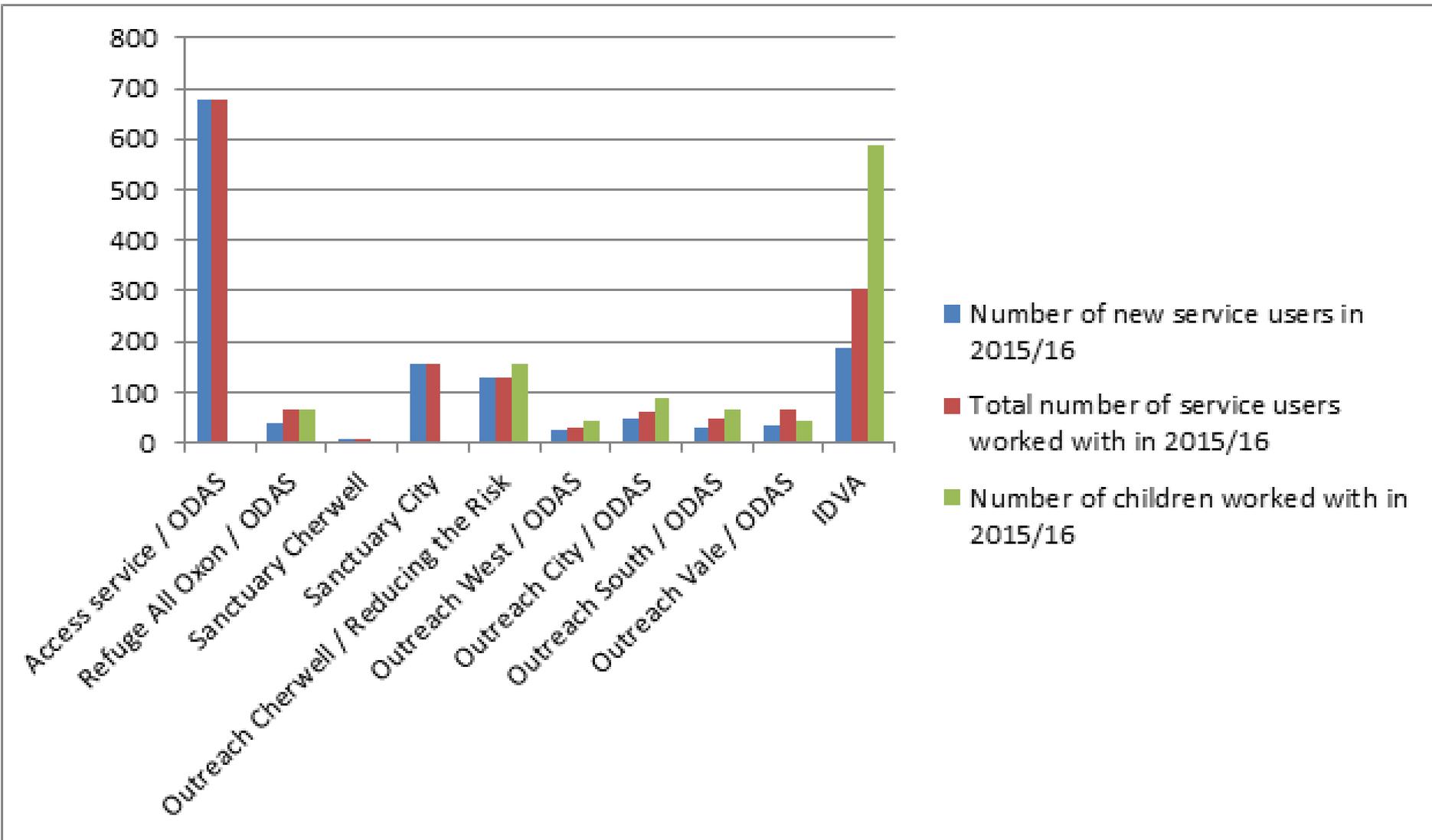


2.6% of callers to the ODAS Access helpline were men



Thames Valley was the fourth top location of callers to the Karma Nirvana helpline
Calls from Banbury and Oxford City accounted for 34% of all calls from Thames Valley (n74)
Thames Valley Police recorded 13 incidents of honour based violence and abuse in Oxfordshire

Number of people using specialist domestic abuse services in 2015-16



KEY FINDINGS DATA FOR OXFORDSHIRE 2015-16 CHILDREN

Of the 3,427 children assessed by Children's Social Care in 2014-15 **1,223 (36%)** had a domestic abuse factor



Of the 4,792 children assessed by Children's Social Care in 2015-16 **1,571 (33%)** had a domestic abuse factor



Of the 1,116 children on Child Protection Plans in 2014-15 **327 (29%)** had a domestic abuse factor



Of the 1,257 children on Child Protection Plans in 2015-16 **310 (25%)** had a domestic abuse factor



Bounce Back 4 Kids supported 70 families

There were **17** children on Multi-Agency Risk Assessment and Management Plans (MARAMP) with domestic abuse as a factor



In its pilot period **Building Respectful Families** supported 23 children and young people and 31 parents to address child on parent domestic abuse

Between July 2015 and July 2016 **SAFE!** Project supported 22 children and young people who had witnessed domestic abuse
15 where witnessing DA was primary cause of referral, 7 where it was an additional offence



Over 1000 children were supported by specialist domestic abuse services

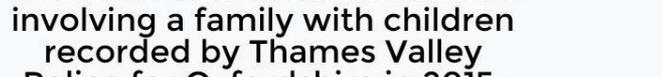
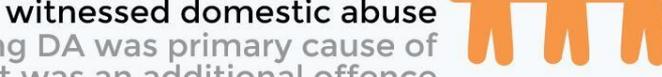
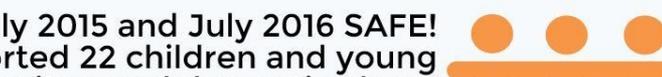
68 children were directly and indirectly supported in Refuge



396 children were indirectly supported by Outreach

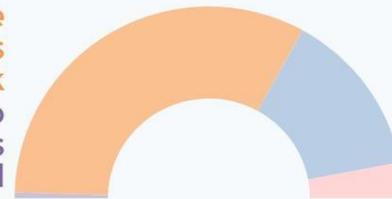


590 children were indirectly supported by IDVA



Of all domestic abuse incidents involving a family with children recorded by Thames Valley Police for Oxfordshire in 2015:

65% were assessed as standard risk
1% where no risk was identified



28% were assessed as medium risk
6% were assessed as high risk

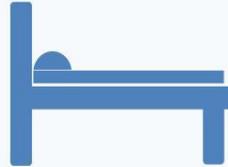
KEY FINDINGS DATA FOR OXFORDSHIRE 2015-16 YOUNG PEOPLE

19-24 year old women are the age group most likely to be at risk of domestic abuse



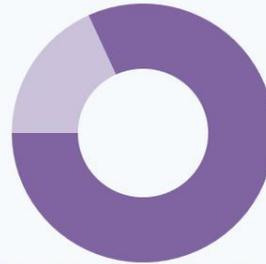
Although evidence suggests women are much more likely to be a victim of domestic abuse, the number of male victims within this age group is growing.

Of 238 accommodation based support bed spaces for vulnerable young people and young parents aged 16-25 **12%** have domestic abuse recorded as a support need on entry to the service.



A snapshot of young people in one supported housing service in 2015 revealed **30%** were currently, or had previously been, in a domestic abuse relationship - all were female.

Between July 2015 - July 2016 SAFE! Project supported **6** young people aged 16-17 who were subject to domestic abuse in a teenage relationship and **14** young people aged 13-15 who were victim to offences within 'teenage relationship abuse'



Another support service were aware of 5 young people who were victims in abusive relationships, including 1 male, and 1 perpetrator who was also male.

There are increasing numbers of young victims assessed as high risk, and young people with complex needs.

In 2015-16, 9 of the 11 15-18 year olds on a Multi-Agency Risk Assessment and Management Plan (MARAMP) with domestic abuse as a risk factor had directly experienced domestic abuse

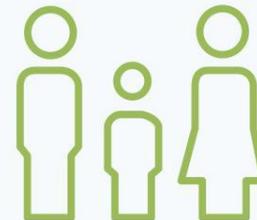
The majority of IDVA service users who return and engage with the service after initial ambivalence are under 25

Of all domestic abuse incidents involving 16/17 year olds recorded by Thames Valley Police for Oxfordshire in 2015:

72% were assessed as standard risk
2% where no risk was identified

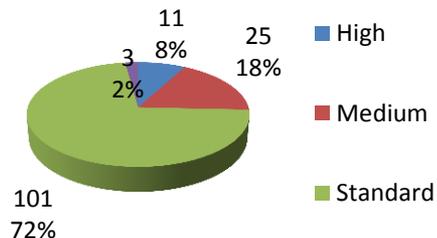


18% were assessed as medium risk
8% were assessed as high risk

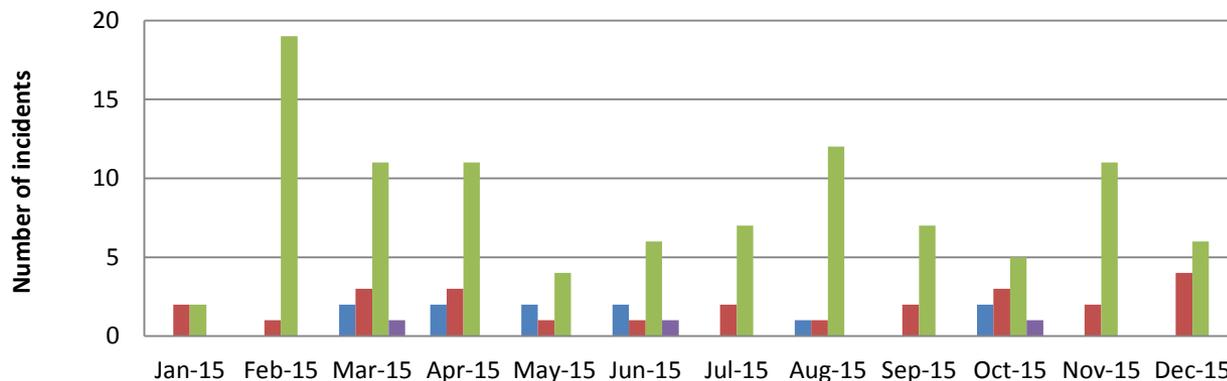


There are increased numbers of Child on Parent Violence seen in Youth Justice Service, and young people displaying perpetrator type behaviours in the home, including controlling behaviours and use of violence against parents and other family members.

Categorisation of 16 - 17 year old victims



Monthly breakdown of 16 to 17 year old victims



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
High			2	2	2	2		1		2		
Medium	2	1	3	3	1	1	2	1	2	3	2	4
Standard	2	19	11	11	4	6	7	12	7	5	11	6
None Identified			1			1				1		

“We have noted that abusive relationships are often regarded as the norm i.e. they do not identify a push or constant belittling as abuse. Young girls in particular seem accepting of abusive relationships.....We have experienced an extreme case of control from X over Y and the severe implications of this relationship which have included financial exploitation, physical abuse, self-harming/threat of suicide, safeguarding (numerous incidents of a missing person), etc.” – A Manager at a Young Person’s Supported Housing service

KEY FINDINGS DATA FOR OXFORDSHIRE 2015-16 PERPETRATORS

74% of all perpetrators of abuse where the victim was assessed as high risk and worked with the IDVA service had an alcohol or drug misuse issue or mental health factor involved, or a combination of those factors



In 2015 **84** men were referred to Community Based Perpetrator Programme 'Making Changes' **42%** of these were self referrals



Of the perpetrators of the 11,792 incidents of domestic abuse recorded by Thames Valley Police for Oxfordshire in 2015-16:



In **95%** of all high risk incidents the perpetrator was male

In **92%** of all medium risk incidents the perpetrator was male

In **28%** of all standard risk incidents the perpetrator was female



152 were already known to the National Probation Service and/or Community Rehabilitation Company



19 were placed onto a statutory Perpetrator Programme to address their behaviour

Of the 3205 domestic abuse flagged crimes recorded by Thames Valley Police for Oxfordshire:

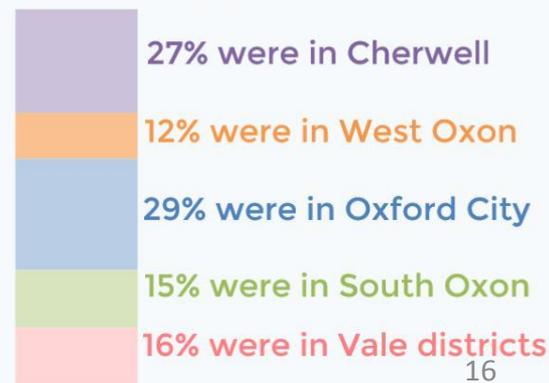


2,357 (74%) were the only report of domestic abuse in relation to that particular perpetrator that year

664 (21%) had 2 or 3 further reports in that year

12 (0.5%) had 10 or more reports of domestic abuse within the same year

Of all incidents of domestic abuse reported to Thames Valley Police in Oxfordshire 2015-16:



Perpetrator age, risk level and repeat incidents

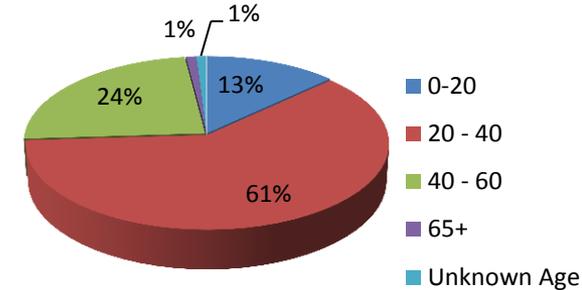
Thriving Families data (incidents with at least 1 child in household)

- 15% repeat incidents within that year (see below)
- 61% of incidents perpetrated by 20-40 year old population
- 13% of incidents perpetrated by those under 20 (right)
- High risk accounted for 6% of all incidents and 95% of these were perpetrated by men 92% of medium risk and 72% of standard risk incident were perpetrated by men (below right)

IDVA data (cases assessed as high risk):

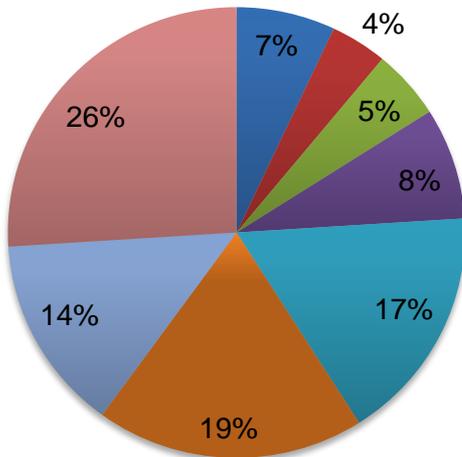
- 74% of perpetrators of high risk incidents had a drug /alcohol misuse or a mental health issue or a combination of these (below).

2015-16 % perpetrators by age (Thriving Families data)



% of perpetrators with substance misuse and/or mental health issue 2015-16 (IDVA data)

- Diagnosed or perceived diagnosed mental illness
- Mental health & alcohol misuse only
- Mental health & drugs misuse only
- Mental health, alcohol and drugs misuse
- Alcohol misuse only
- Drugs misuse only
- Alcohol & drugs misuse only
- No mental health concerns or substance misuse



Number of incidents	% Perpetrators
1	73.70%
2	14.80%
3	5.90%
4	2.60%
5	1.40%
6	0.60%
7	0.50%
8	0.10%
9	0.10%
10	0.10%
13	0.20%
14	0.00%
18	0.00%
19	0.00%
22	0.00%

Number of incidents by risk level & gender of perpetrator 2015-6

Risk Level	Female	Male	Total	%
High	15	269	284	6%
Medium	102	1242	1344	28%
Standard	893	2272	3165	65%
Not known	20	47	67	1%
Total	1030	3830	4860	100%

PART THREE: Thematic issues

- Impact of domestic abuse on children
- Safeguarding
- Health
- Criminal & Civil Justice
- Complex needs
- Housing
- Housing related support,
- “Hidden” victims,
- Honour Based Violence and Abuse,
- Sexual violence
- Stalking & harassment
- Perpetrator interventions

PAGES 18 - 32

Impact of domestic abuse on children

Oxfordshire's Children's social care teams have told us that they frequently see young people who have grown up in homes with domestic abuse alongside other risk factors such as substance misuse and mental health issues. There is a growing recognition in the intergenerational effects of experiencing such adverse childhood experiences (ACE's) as was highlighted in a recent study in Wales. Evidence to support the experiences locally is expansive and compelling.

There is a significant body of research which shows the impacts of either direct or indirect experiences of family violence including increased rate of trauma, mental health issues, and behavioural problems and this has now been recognised in legislation. The harm caused to children by witnessing domestic abuse has also been recognised in the UK by legislation which defines harm to include "impairment suffered from seeing or hearing the ill-treatment of another" (Adoption and Children Act 2002).

Research by McCrory et al (2011) found that family violence is associated with "altered brain function" leading children to become "hyper-aware" of danger. This means they are more predisposed to rage and conflict disorders or anxiety/depression

Children who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life. This can frequently develop into personality disorder which is thought to be transgenerational (Hester, Pearson, and Harwin, 2000; Fonagy and Target, 2003).

A study sponsored by US National Inst of Justice suggests that children who are physically abused are more likely to be arrested later in life for violent crimes, suggesting "intergenerational cycle of violence". There is increased understanding that children witnessing domestic violence are equally affected and outcomes can be very close to those who were directly physically abused themselves. A recent Early Intervention Foundation study found that the impact on children witnessing violence is the same as if they were directly experiencing it causing fear, inhibited behaviour, depression, high levels of aggression and anti-social behaviour. Furthermore, Mooney et al (2009) found that parental conflict, even without violence, can severely impact on children's emotional and mental well-being.

"From victim to perpetrator of violence in the home: The consensus from research is that individuals with a history of abuse in childhood are at increased risk of maltreating their own children and/or partners. Indeed, the links between spouse abuse and child abuse are well recognized and where both types co-occur, the severity and frequency of violence increases." (World Health Organisation, The cycles of violence Key facts, EUR/07/50631214 (2007))

Safeguarding and Domestic Abuse

Multi-agency Safeguarding Hub (Children)

Oxfordshire introduced a multiagency safeguarding hub in October 2014. The MASH currently receives all new child safeguarding concerns in Oxfordshire. Once a concern is reported, a Social Worker assesses whether or not it meets the threshold for Children's Social Care involvement. Referrals that meet the threshold are either fast-tracked for a Children's Social Care Assessment or sent out to MASH partners to gather further information. The intention is that this is done swiftly, to allow better informed decisions, based on multi-agency information, to be made. Those concerns not meeting the threshold for Children's Social Care are signposted to universal and/or early help services, ensuring they receive appropriate support. Domestic abuse notifications from the police account for 20-25% of all referrals to Children's Social Care. Currently approximately one third of children's social care assessments include a domestic abuse issue within the family.

The Multi Agency Safeguarding Hub (MASH) has recently been reviewed. The remodelled MASH will sit within a new First Response and Assessment Service that will receive all new safeguarding concerns for Children's Social Care. MASH partner agencies will continue to Thames Valley Police, Oxford Health, Oxford University Hospitals, Clinical Commissioning Group, Drug and Alcohol Services, National Probation Service, Oxfordshire Fire and Rescue, Youth Justice Service, Oxford City Council, and the South Central Ambulance Service. The function of the Multi Agency Safeguarding Hub will be to share information where hidden harm is suspected and to contribute to the triage of Domestic Abuse Notifications through daily meetings.

Adult safeguarding

Adult social care do not currently collect data on incidents flagged as domestic abuse. It is possible to identify incidents which meet the definition of domestic abuse narrowing the search filter to look at those cases where an alleged perpetrator of abuse against the adult subject of the safeguarding alert lives in the same household and is a partner or family member. Extrapolating from the data available gives us a figure of 296 adult safeguarding alerts for domestic abuse for a 12 month period. Not all contacts or concerns raised will become safeguarding "enquiries"

On receipt all contacts/concerns are triaged to see whether they meet the threshold for further enquiries, i.e. the adult:

- has needs for care and support (whether or not the council is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

In order to do this the threshold of needs matrix on the OSAB website is applied (<http://www.osab.co.uk/professionals/multi-agency-procedures/>). Only about 40% of contacts go to an episode i.e. they meet the criteria for further enquiries under section 42 of The Care Act. **This would mean annually approximately 120 domestic abuse alerts of incidents involving the cohort of people who meet the threshold set out in The Care Act 2014 and a further 180 domestic abuse alerts for whom there were concerns about a person felt to be vulnerable but who did not meet the threshold under the Act.** (see page 26 on "Hidden" for further exploration of this topic)

Hugh Ellis, Adult Safeguarding Lead, stated in relation to the number of domestic abuse incidents in the adult with care and support needs population recorded : *"My suspicion is that it is significantly higher"*.

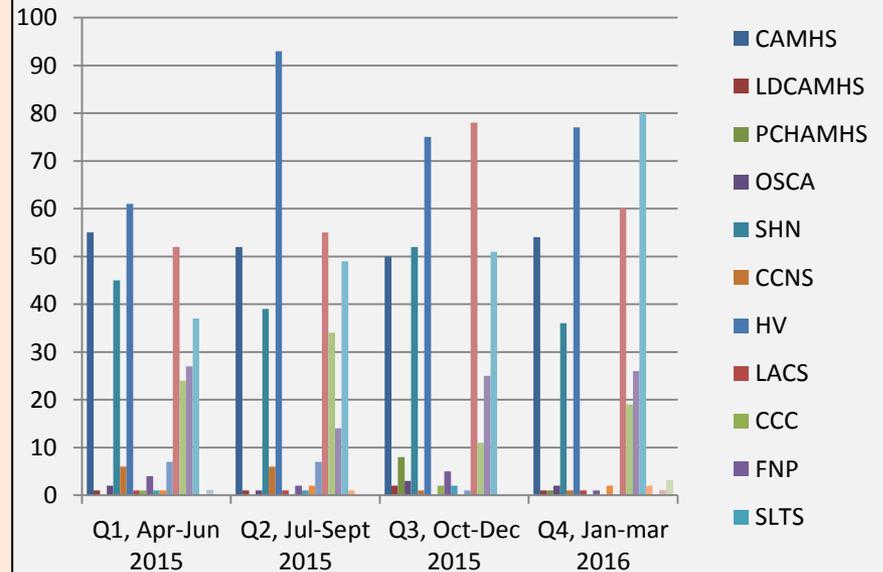
Domestic abuse and health

Identifying domestic violence and abuse form a significant part of the midwife, health visitor or school nurse role. The very nature of such roles mean they are very often the first to become aware of domestic abuse issues within the family. This was strongly evidenced through the user voice work completed as part of this review. The damage domestic violence and abuse causes to physical and emotional health is well documented as are the long term impacts for both victim and children. Identification of need and early intervention work with families can significantly reduce risk of ongoing harm and is important not only for the safety of the victim but to the health and well being of the children and families affected. The cost of physical healthcare treatment resulting from domestic violence, (including hospital, GP, ambulance, prescriptions) is estimated to be **3% of total National Health Service budget** (Walby, 2004). Health settings often represent the one place where it is possible to talk to someone without discovery or threat of reprisal from the perpetrator. The domestic abuse charity Standing Together, drawing on findings from Safelives and the IRIS work with GP practices, found

- The prevalence of DVA is substantially higher in a general practice population than that found in the wider population(IRIS 2011)
- Victims who are identified through health agencies also experience a shorter length of abuse than victims who are identified by the criminal justice system or who self refer (Safelives2012)

In addition to GP practices there is a range of other health agencies and settings in which the population using the services are more likely to be victims of domestic abuse, these include the ambulance service, accident and emergency, mental health services and maternity and family planning. Safeguarding concerns in relation to domestic abuse are commonly raised first through various health related agencies. A key factor for staff working in health is therefore being able to consistently identify and raise concerns domestic abuse.

A report from Oxford Health Safeguarding Team detailing the sources and numbers of safeguarding reports involving domestic abuse for Oxfordshire demonstrates the wide variation between agencies:



While Health Visitors in Oxfordshire appear to be providing a good level of knowledge and understanding of domestic abuse issues and appropriate support and referral, feedback from agencies as part of this review suggest a wide variation amongst health agencies more generally in skill and knowledge about how and where to refer. Specifically, feedback from stakeholders suggests that GP practices often struggle to identify cases of domestic abuse and levels of skill and understanding vary significantly across the county. Some work has already started to increase awareness via training and there is also a pilot planned to assist GP practices with this area of work

Domestic abuse and housing

Domestic abuse and housing

There are essentially two routes to getting help from the local housing authority to find housing: by joining the local housing register or by making an application as a homeless person.

Local Authorities have to give “reasonable preference” to certain categories of applicants for housing, but otherwise have discretion over who is able to join the housing register and who is allocated social housing. This discretion is reflected, to varying degrees in the policies of the district councils in Oxfordshire

Generally a person will require a local connection to the area in which they are applying for housing. Exceptions to the local connection requirements are rare but domestic abuse can be seen as an appropriate exception. Policies state an exception may be made in “life and limb” cases and rarely other exceptional circumstances (Oxford City) or, where there is “risk of violence and harassment” (South and Vale), or somewhat more vaguely where the person has some “special reason” to live in the area (Cherwell).

If accepted onto the housing register the applicant will be banded according to housing need. Broadly speaking, local housing nominations policies in Oxfordshire tend to be banded in terms of the following priority categories:

- ◆ Exceptional: immediate risk
- ◆ Urgent: at risk of violence and or harassment
- ◆ Significant: in temporary accommodation; accepted as homeless; social and or welfare needs

All District housing authorities in Oxfordshire have been using their discretion in relation to victims of domestic abuse but with all areas experiencing ever greater pressures of demand over supply it is increasingly difficult for victims to access housing due to both cost and availability.

A person may apply for housing on the grounds of domestic abuse by presenting as homeless to the Local Authority. Under the Housing Act 1996 the Local Authority is under a duty to secure temporary accommodation if there is reason to believe that the applicant is eligible, homeless and in priority need. There are automatic categories of priority need (for example, pregnancy, dependent children) and categories where the applicant is deemed to be vulnerable for a special reason. Only very rarely will a single person be considered vulnerable within the meaning of the law.

Cherwell District Council state the 11 % of all those presenting to them with housing issues are domestic abuse related.

Domestic abuse and housing support needs

Connection Floating Support Domestic Abuse data 2015-16

- **122** floating support clients living across Oxfordshire disclosed to their worker that they'd experienced domestic abuse **32%** of those had not disclosed the abuse to the police
- **66% had** had police/criminal justice system involvement at some point including 20% who currently had such involvement
- **46%** had current experience of domestic abuse, ie within 2015-16
- **For 52%** the abuse was historical (including some because the perpetrator was in prison or subject to a restraining order.
- **46%** had had no involvement either with social services or either of the two specialist domestic abuse services.
- Risk levels were assessed as follows
 - **33 high - 27%**
 - **43 medium – 35.5%**
 - **41 standard – 34%**
 - **5 not known – 3.5%**

Young people and housing

Housing is also an issue for young people experiencing domestic abuse. Young people very rarely access refuges, tend to have fewer housing options and supported housing providers report struggling to keep them safe even in a staffed environment.

Perception of housing as a barrier: People experiencing abuse often turn first to their local housing department as a way of seeking help. Support agencies report that people are often turned away or asked to supply evidence before being offered help or may not be offered a chance to speak privately about their situation. There is a perception that this means people who are able to present their case appropriately access help whereas those who face additional barriers such as mental health, language or even lack of confidence and self-esteem can often be turned away with no help offered and no risk assessment completed. This view was also heard from service users in both the Aloud and Mending Broken Mirrors (see pages 51-53).

Whilst Single Homeless supported housing services do not collect any detailed data that enable us to see the number of people using their services who have been either victim or perpetrator of domestic abuse they anecdotally report that a significant number of service users have spoken of experiencing or perpetrating such abuse.

“I have been working within the homeless pathway for 2 years in two different services. I have come across several cases of domestic violence from couples who have been living in supported housing and/or rough sleeping. I have worked with one particular woman whilst at Mayday who had a long history of domestic abuse and was a major cause of her becoming homeless. She was also a victim of domestic abuse whilst in the service and disclosed this to staff but did not want to take it any further. I have also seen a woman who we suspected to have been harmed through domestic abuse but she did not disclose this.”

- support worker working for a homelessness service, 2016

Complex Needs and domestic abuse

An analyst based in Oxfordshire's MASH team recently reported the following key findings "a picture of harm for early help cases in Oxfordshire" based on data held in the MASH

Key findings relating to domestic abuse were:

- ◆ The most prevalent individual risk factor identified was Domestic Abuse (found in nearly three quarters of all cases; 72% or 53 cases out of 74), followed by Mental Health (51%), Drug Misuse (41%) and Non-engagement with services (41%).
- ◆ 'Toxic' risk factors (which related to domestic abuse, substance misuse and mental health) were far more likely to exist in combination with another toxic risk factor present rather than in isolation.
- ◆ In cases where Domestic Abuse was present as a risk factor (53), 58% will also have mental health present as a risk factor. For mental health cases (38), this increases to 82% will also have domestic abuse present. For substance misuse cases (37), 76% will also have domestic abuse present.
- ◆ In 38% of domestic abuse cases, sexual abuse is also present as a risk factor within the family. In 42% of DA cases, drugs is also present as a risk, whilst in 34% of DA cases alcohol is also present as a risk.

In relation to the above findings the report notes:

"Given the increased likelihood that, in particular substance misuse and mental health cases will have another toxic risk factor present, all professionals identifying, or who are made aware of, substance misuse or mental health issues, should also be aware of the high probability that there will be another toxic risk factor present in the household. This may improve earlier identification of multiple parental vulnerabilities and enable a more holistic intervention plan to be created."

"Furthermore, it may be pertinent to consider whether services that address these risk factors individually are able to adequately address the likely complex needs of the family (or parents) as a whole. Indeed, are the interventions that address one toxic factor element able to uncover/consider the presence of other toxic risk factors? The evidence in this report suggests that families with more than one vulnerability should not be considered as a rare hidden harm issue, but as a core issue, and should be dealt with as such by services." and finally, "Agencies need to prioritise and target those 'toxic risk' factor individuals in order to make the most widespread impact in reducing harm and costs."

The Anchor Programme is a complex needs pilot project currently being delivered in Oxfordshire for people who have experienced domestic abuse and have additional barriers to accessing services, such as substance misuse and mental health issues. The service offers weekly 1-2-1 sessions with a Support Officer, plus weekly group sessions, managed under Structured Case Management, and supervised by mental health experts on a weekly basis. Early indications are showing the programme to be delivering positive outcomes for victims

“Hidden” domestic abuse

Despite the harm abuse causes, many victims struggle to acknowledge and disclose what’s happening to them and seek support. They face complex personal and practical barriers to admitting abuse and accessing help, as their lives are often closely entwined, in terms of emotions, networks and resources, with that of the perpetrator. There are added factors for some groups exacerbating such barriers.

Older People

Research suggests that for older people the issue of domestic abuse is significant and under recognised with professionals frequently failing to recognise domestic abuse in the elderly population. The experience of domestic abuse for older women may be different from younger women with greater financial dependency, traditional attitudes toward marriage and gender all playing a part.

The data in Oxfordshire shows that some domestic abuse is being disclosed by older people to both specialist agencies and the police but there is also evidence of the specific barriers to reporting of this type of abuse causing it to remain hidden for longer than for other victims.

An ADASS paper in 2015 looking at Adult Safeguarding and Domestic Abuse suggested that older women may experience a number of fears which prevent them getting help: They may feel responsible if the source of abuse is children; they may find it very difficult to access help for a number of reasons including the view that services are for younger people for mothers with children and also that the “self-help” model may be unfamiliar. In this paper the authors also warn of assumptions made by professionals that where there is depression or anxiety that this is a result of health or social care needs when in fact there could be other underlying causes that are ignored.

LGBT+

“There is a growing recognition that incidence may be at similar rate to the hetero community” ADASS Adult Safeguarding & DA 2015

In Oxfordshire there is a marked lack of disclosures from LGBT victims. Additional factors, which may be impacting upon people in same sex relationships, may be:

- Fear of not being believed, if a same sex relationship is “hidden” which can lead to a decrease in family contact and support, and further isolation.
- Fear of response from services to revealing sexual orientation.
- Threats from the abuser to “out”/reveal sexual orientation to families, friends or colleagues as a means of control, preventing help being sought. (Tayside Good Practice)

Learning Disability

Domestic abuse amongst the learning disabled population was raised as a key issue by a number of stakeholders. It was felt that domestic abuse is significantly under recognised by professionals and the skills to identify and address abuse with both victims and perpetrators is often lacking as were the tools and materials for raising awareness and providing mechanisms for disclosure for this population. There are opportunities for building further awareness of domestic abuse both with people with a learning disability and those who work with them.

“Hidden” domestic abuse continued

Black, Asian, Minority Ethnic and Refugee (BAMER)

Despite our local specialist domestic abuse services having a relatively high proportion of BAMER service users, a gap in services and pathways able to provide adequate support to these communities in a meaningful way was raised as a key issue throughout stakeholder consultation.

Cultural tolerance of abusive behaviours can lead to a lack of awareness and understanding of domestic abuse. Local professionals have recognised and sought to address this, including a refugee women’s group focussing sessions on VAWG issues and an ongoing working group considering ways in which awareness and mechanisms of disclosure may be improved within our East Timorese community.

Those within our BAMER communities are more likely to experience abuse from multiple perpetrators such as extended family, and face ongoing pressure and isolation from their community on leaving an abusive situation. They face challenges in accessing services that recognise and address their specific needs and identities, including language barriers and a difference in values and social mores. These challenges are echoed in the effectiveness of generic perpetrator interventions for members of the BAMER communities.

Women with no recourse to public funds and/or insecure immigration status face additional barriers to seeking help; though local specialist domestic abuse service staff demonstrate good knowledge and ability to negotiate these challenges as much as possible within the current landscape.

Men

The British Crime Survey 2012/13 estimated that there were 700,000 male victims of domestic abuse perpetrated by both females and males. In the last 12 months statistics indicate that 4.5% of the male population experienced domestic abuse. This incidence, however, is not reflected in reports to the police or calls to domestic abuse helplines or in the accessing of other specialist domestic abuse services. Reports of abuse to specialist domestic abuse services in Oxfordshire are very low, with men accounting for 2.6% of calls to the ODAS Access helpline and 2% of the IDVA service’s high risk victims.

Physical Disability

Disabled women are twice more likely to experience domestic violence than non-disabled women, and are likely to experience abuse over a longer period of time and to suffer more severe injuries as a result of the violence (BCS 1995). Women’s Aid’s 2008 report *Making the links: Disabled women and domestic violence* found that victims with physical disabilities face unique challenges in accessing support, especially where a partner is their carer.

Despite the prevalence of domestic abuse amongst those with physical disabilities, stakeholder feedback indicated a lack in professional awareness, understanding, and skill to identify and appropriately address abuse. There is opportunity and enthusiasm to improve awareness and mechanisms for disclosure both in those with a physical disability and those who work with them.

Honour Based Violence and Abuse

Whilst we currently have no specialist Honour Based Abuse (HBA) and Forced Marriage (FM) agencies in Oxfordshire, our social care teams, MARACs, Independent Domestic Violence Advisor (IDVA) service and Oxfordshire Domestic Abuse Service (ODAS) all work with cases of HBA & FM. Where necessary local professionals seek advice from Karma Nirvana, a national charity supporting victims and survivors of Honour Based Abuse and Forced Marriage.

A lack of clarity around local pathways for support and risk management in cases of Honour Based Abuse & Forced Marriage has been reported; cases sometimes evoking a sense of panic and quickly escalated outside of the initial worker's control. This was suggested to be a result of a lack of experience and understanding across organisational structures.

Specialist BAMER services in Oxfordshire have recognised a lack of services able to provide meaningful support to communities as a barrier to victims of Honour Based Abuse and Forced Marriage reporting the abuse and accessing help.

Risk Assessment

- Victims of Honour Based Abuse and Forced Marriage can undertake the DASH risk assessment; if they answer yes to questions 17 and/or 18 then the additional HBA questions should be asked. Where Honour Based Abuse is present there should be an automatic minimum of 'Medium' grade.

The ODAS access service telephone helpline currently receives at least one call every month relating to Honour Based Abuse and Forced Marriage.

Safety

- In cases of Honour Based Abuse and Forced Marriage there is specific safety planning, and restrictions who information is shared with.

The Oxfordshire Safeguarding Children Board provide an online 'Forced Marriage, Spirit Possession & Honour Based Violence' e-learning course.

Next Steps

- Adult victims of HBA are supported by ODAS and those at high risk by the IDVA service and MARAC.
- Professionals supporting young victims should follow OSCB's Forced Marriage and Honour Based Violence - Oxfordshire Protocol

Where agencies would like their staff and volunteers to undertake face to face training exploring HBA and FM, they have struggled to identify and access providers .

Female Genital Mutilation (FGM)

A key message throughout the review was the strength of Oxfordshire's sensitive and structured response to FGM. A multi-agency approach, led by the Oxfordshire Safeguarding Children Board, has been fundamental in this success. Oxfordshire's monthly FGM No-Names Case Consultation and quarterly FGM Operational Group meeting provide ongoing focus and support.

Women who have been cut can access the Oxford Rose Clinic at John Radcliffe; a specialist and confidential clinic run by Dr Brenda Kelly to address health and safeguarding issues associated with FGM and a space in which women can discuss FGM related health issues or concerns.

Survivors of FGM, and those who stand in solidarity, can join Oxford Against Cutting's *Rose Community*; currently at 360 members. Oxford Against Cutting, commended for their ability to really get into practicing communities, provide training for Oxfordshire professionals, young people projects, and awareness raising via community education and engagement events and promotional materials.

Feedback on the FGM training provided by OSCB was consistently positive though the need for additional provision, including the training of social care managers, was highlighted throughout.



"The feedback we have from service-users is overwhelmingly positive and demonstrates an increase in confidence in talking about FGM ... Multi-agency work is incredibly useful to know who is doing what, who can support which projects and what the gaps are. Our relationship with Dr Brenda Kelly and the Rose Clinic, for example, has been central to our growth and direction."

Executive Director of Oxford Against Cutting

Stalking and Harassment

The pathways for cases of stalking and harassment will depend upon the relationship between victim & stalker/harasser:

Current or ex partner	<ul style="list-style-type: none">• If the perpetrator of stalking and harassment is a current or ex-partner the DASH risk assessment should be completed and if victims answer yes to question 8 then the additional stalking questions should be asked. Where stalking and harassment is present there should be an automatic minimum of 'Medium' grade. High risk cases should be referred into the MARAC and can be supported by the IDVA service, medium risk cases can be supported by ODAS.
Not a current or ex partner	<ul style="list-style-type: none">• If the perpetrator is not a current or ex-partner the DASH risk assessment should not be completed, but the additional stalking questions can be asked in all cases of stalking and harassment. These cases will not go to MARAC or be supported by the IDVA service, but ODAS may provide support and/or victims can be signposted or referred to Paladin - National Stalking Advocacy Service.

The National Stalking Clinic can provide assessment and consultation for those who have engaged in stalking behaviour.

Whilst stalking and harassment can be experienced in isolation from other forms of abuse, it also occurs as part of the spectrum of domestic abuse; around 40% of those who contact the National Stalking Helpline are being stalked by 'ex-intimates'. Utilised by a perpetrator as another mechanism of intimidation, control and coercion both whilst in the relationship and/or for years after separation, as a result of the pervasive and sustained nature of the offence victims can suffer severe psychological distress. As a result of the stalker's emotional investment in the abuse, and the amount of knowledge they have of their victim, ex-intimate stalking is widely considered to be the most dangerous form. The Metropolitan Police Service found that 40% of the victims of domestic homicides had also been stalked (ACPO Homicide Working Group, 2003) and 1 in 2 domestic stalkers, if they make a threat, will act on it (MacKenzie, McEwan, Pathé, James, Ogloff, & Mullen, 2009).

“Given the percentage of abusers who stalk their partners/exes online, there is clearly a strong link. Social media provides another means of power and control for abusers to terrorise. It also allows them to monitor movements and even locations (if the geolocate feature is activated on the device, for example).”

End Online Misogyny Campaign in *Virtual World, Real Fear* – Women's Aid 2014.

Throughout stakeholder consultation local professionals communicated a need for training on stalking and harassment via digital technologies; highlighting a current gap in understanding and response in regards to the use of technologies in young people's relationships, and when perpetrators continue abuse via their children using smart phones and social media. It was also suggested that, as a result of the risk of physical and psychological harm posed to the victim in cases of stalking and harassment, these cases may benefit from discussion at the MARAC even where the perpetrator is not a current or ex partner.

Sexual Violence and Abuse

Specialist services available to provide support to victims of sexual violence include:

- Oxfordshire Sexual Abuse and Rape Crisis Centre (OSARCC) offer a telephone & email support service, specialist counselling, support groups, an Independent Sexual Violence Advocate (ISVA), and education in schools and colleges
- SAFE! Project offer a one-to-one programme of up to 12 sessions for young people affected by sexual violence. Referrals of victims of sexual offences made up 51% of all SAFE!'s one-to-one programme caseload in Oxfordshire July 2015-July 2016.
- Refuge ISVA Service
- CAMHS Horizon Service
- Step Out at Donnington Doorstep, Kingfisher and Barnardo teams provide support for victims of Child Sexual Exploitation (CSE)
- Solace Sexual Assault Referral Centre (SARC) in Bletchley or Slough

Records of reports of rape offences to Thames Valley Police increased by 49.5% in Oxfordshire between 2014 and 2015. This increase in reports is in line with national trends and is understood to be a result of a myriad of factors improving awareness, confidence and support to report; not necessarily indicative of an increase in incidents. OSARCC report individuals accessing their service unsure as to whether or not to report an offence then, with the support of an ISVA, deciding to go forward with this. The rise in reports to police may also be associated with the new police domestic abuse risk assessment, with a specific question on present or past sexual abuse which, if answered, is also treated as a report of a crime.

Only 15% of cases of sexual violence are reported to the police, all of those who report are entitled to support but current service provision cannot meet this demand. Local services report that there is an increase in demand for services providing specialist support to victims of sexual violence and this is having a negative impact on the time it takes for victims to receive help; currently including up to a nine month waiting list for OSARCC counselling.

OSARCC currently supports 450 women a year. The Rape Crisis England and Wales Toolkit states that, to meet need, Rape Crisis centres should expect and be funded to support 6% of the local female population. OSARCC supported 109 women face to face last year (0.03% of the local female population) and took 879 helpline calls (0.31% of the local female population). Local sexual violence services do not all have the capacity to meet need.

Whilst sexual violence can occur in isolation from other forms of abuse, recognising the significant overlap of domestic abuse and sexual violence is critical in ensuring appropriate responses and support. Support may also be provided by ODAS and the IDVA services where the abuse takes place within the context of a present or past intimate relationship. Service user feedback indicates that IDVA and ISVA joined up working is effective. Whilst there is good multi-agency working with Sexual Violence locally, including the recently revived Oxfordshire Sexual Violence Working Group and the Thames Valley Rape and Serious Sexual Assault group, it has been suggested by stakeholders that Oxfordshire could benefit from improved strategy, policy and resources for the myriad of abuses on the sexual violence spectrum.

Interventions for perpetrators

Perpetrator interventions –There is a growing agreement between professionals working with victims and their families suffering domestic abuse that addressing the needs of the victim and any children involved is not sufficient to reduce the risk.

Although the criminal justice system, supported by voluntary agencies seek to hold perpetrators to account for their abusive and violent behaviours there are many cases which are not prosecuted and do not. The predominant theme coming from stakeholders throughout the review was that there is a fundamental gap for Oxfordshire in the provision of interventions aimed at perpetrators. This issue was raised by a broad range of agencies contributing to this review but in particular by the specialist domestic abuse services and respondents from children’s social care.

Children’s social care report facing difficulties when working to safeguard children in families with domestic abuse because they are unable to find a solution aimed at changing the behaviour of the perpetrator to manage the risks to the child. Referral to [the now closed] voluntary perpetrator programme Making Changes was often regarded as the only action that could be recommended to manage these risks. The problem with this approach is that mandating a particular action for a perpetrator risks is generally viewed to be ineffective and may serve to increase risk. For such an intervention to work the voluntary nature of programme can be critical. During a perpetrator mapping exercise conducted as part of this review it was suggested that preparatory or enabling work with a perpetrator maybe useful. An example of this type of work has in the past been done by a Dad’s worker in an Early Intervention Hub and, although this role is soon to be phased out, having a way of identifying parents who are perpetrators ready to engage in a programme and also working with others to develop an openness to engagement in a programme is seen as an effective model.

Following the recent closure due to lack of funding of the Making Changes voluntary perpetrator programme the only current provision of intervention for perpetrators of domestic abuse in Oxfordshire is of a statutory nature. The Crime Reduction Company (CRC) the private arm of offender management services dealing with lower risk cases, deliver a statutory perpetrator programme for their own medium and lower risk and also high risk probation service clients. The Building Better Relationships (BBR) Programme is an intervention offered only if it forms part of a court order.

There are also a range of other models including 1:1 interventions – Examples of such models can be found locally in Bracknell Forest and the national government commissioned “Drive” pilots currently underway,

The three Drive pilots started in April 2016 “it will test an innovative approach to challenge the behaviour of perpetrators, and co-ordinate the response they receive across all agencies. For the first time in England and Wales, Drive case managers in these three areas will work with some of the most dangerous perpetrators, on a one-to-one basis, to reduce their abusive behaviour.” Safe Lives, April 2016

Domestic abuse and criminal & civil justice

In the United Kingdom there is a range of legislation which is aimed at protecting people from abuse. These include:

Protection from Harassment Act 1997

Domestic Violence Crime and Victims Act 2004 (amended in 2012). This introduced the requirement on all local authorities to carry out Domestic Homicide Reviews where a domestic violence homicide has taken place.

Children Act 1989 (amended by the Adoption and Children's Act 2002). This set out the definition of "harm" as the "impairment suffered from seeing or hearing the ill-treatment of another".

Part IV of the Family Law Act 1996 provides for non-molestation orders and occupation orders. A non molestation order is aimed at preventing a partner or ex partner from using or threatening violence against a victim or their child, harassing or pestering them. Breach of a non-molestation order is now a criminal offence.

An Occupation order regulates who can live in the family home and can also restrict the abuser from entering the surrounding area.

The Domestic Violence Disclosure Scheme, known as

Clare's Law, was established to give members of the public a formal process to make enquiries to the Police about an individual who they are in a relationship with, or who is in a relationship with someone they know,

where they have concerns that the individual may be abusive towards their partner. There are four stages to the scheme, making an application, face to face meeting with police to complete the disclosure, a multi agency panel meeting to consider the request and formal disclosure. The police have set a time limit of 35 days for a decision or disclosure from the point of the application.

Domestic Violence Protection Notices and Domestic Violence Protection Orders were recently introduced allowing a period of time for the victim to decide the course of action after a violent incident, by stopping the perpetrator from contacting the victim or returning home for up to 28
Coercive controlling behaviour – new legislation making this a criminal offence was introduced

There is a wide range of criminal justice agencies working with and commissioning services for victims and perpetrators of domestic violence and abuse. These include:

- ◆ The Office of the Police and Crime Commissioner (PCC). The PCC has made DA one his themed commissioning priorities
- ◆ Thames Valley Police Local Policing Areas (LPAs); and the Thames Valley Police Protecting Vulnerable People (TVP PVP) Unit which includes the Oxfordshire Domestic Abuse Investigation Unit (DAIU)
- ◆ The National Probation Service (NPS) and Community Rehabilitation Company (CRC)
- ◆ Victim Support (VS)
- ◆ The Criminal and Civil Courts
- ◆ The Crown Prosecution Service
- ◆ Witness Care
- ◆ HM Prison Service

While it is beyond the scope of this review to look in detail at how these services operate it is worth highlighting that these services will in many cases be working in tandem with the commissioned services to meet the needs of victims, children, young people and perpetrators. For example, IDVA and Outreach workers may support a victim through court processes and may therefore reduce the numbers of cracked cases that do not follow through to trial. Cases are 'cracked' for a number of reasons but the most significant is the withdrawal of either the victim or witness. Highlighted by participants in the review is the need for an effective mechanism to inform and influence strategic development and service delivery of these numerous civil and criminal justice agencies so that the experiences of service users and agencies may be reflected and accounted for. A review being led by Thames Valley Office of the Police and Crime Commissioner is underway looking at the victim journey through these services across the Thames Valley.

PART FOUR: Domestic abuse specialist service provision

- Access service
- Refuge
- Outreach
- IDVA
- Sanctuary schemes
- Champions network & Reducing the Risk website
- Programmes and interventions
- Funding of services

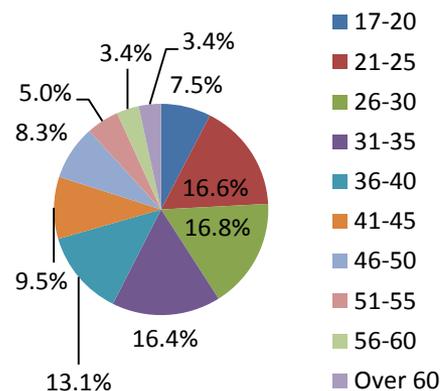
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Specialist service provision **Access service**

Service name	Provider	Area
Access service	ODAS	Oxfordshire & West Berkshire

Service description	Who is using the service?	Referral sources: 42% self, 14% social services, 13% DAIU, 4% IDVA, 2% health, 1.5% housing
Telephone helpline with some face to face support, provides confidential advice, risk assessment and support for people suffering domestic abuse as well as advice to partner agencies. Works with all levels of risk age 16 and up.	<ul style="list-style-type: none"> 97% service users women BAMER referrals 27% 53% people referred were aged 20-40, 26% 41-60, 3.4% were over 60 and 7.5% were aged 17 - 20. No one aged 16 was referred. 8% of referrals were high risk. 	

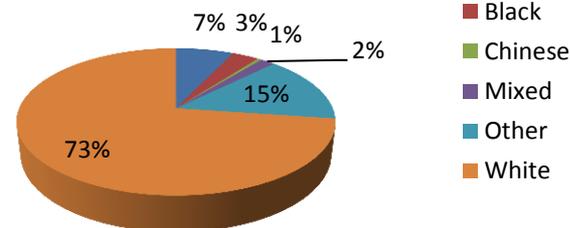
**Access service
% users by age**



Helpline calls by Area	Number	% of total
	1017	17%
Berkshire	256	4%
West Berkshire	992	16%
Oxford City	1491	25%
South	441	7%
Vale	424	7%
West Oxfordshire	358	6%
North Oxfordshire	319	5%
Not recorded	768	13%
Total calls	6066	100%

Positives	Negatives
<ul style="list-style-type: none"> Good partnership / joint working / support offered to non-specialist agencies BAMER referrals high Face to face offered if barriers such as language or mental health prevent effective support by phone Service works with all risk levels and is able to offer confidentiality where victims may not be ready / able to disclose to police/ other statutory agency anonymous advice given Risk assessments & safeguarding referrals 	<ul style="list-style-type: none"> Very few 16-17 year olds, older people, males and people from the LGBT community using the service Demand for the service is high - not always possible to get through on the phone Although support is received by a high number of victims, the service is costly compared with provision in other areas of the Thames Valley. A significantly higher proportion of calls from Oxford City District (25%) with the smallest proportion from Cherwell District (North Oxfordshire) (5%).

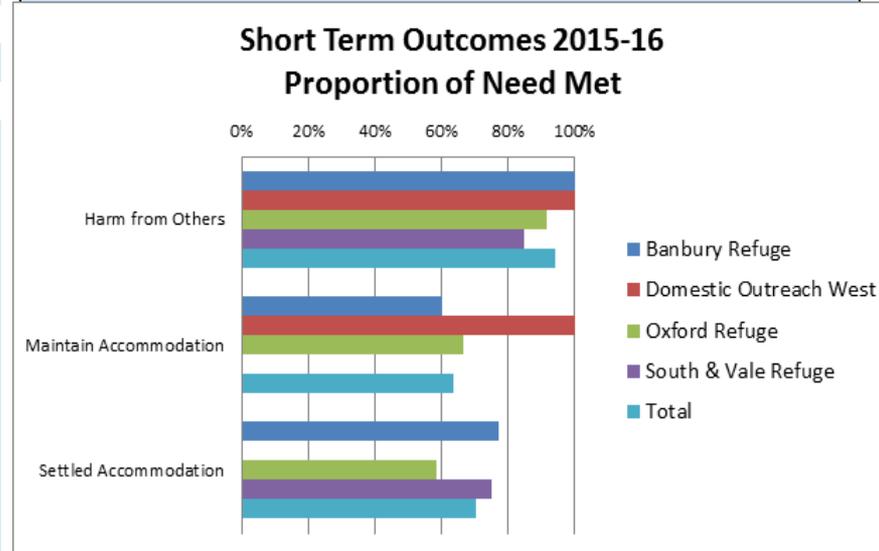
Access service % by ethnicity



Specialist service provision Refuge

Service name	Provider	Area																																				
Refuge	ODAS	Oxfordshire																																				
Service description	Who is using the service?	Move on destinations from Refuge:																																				
Refuge provision for female victims fleeing domestic abuse. Based in four locations across the County, supported accommodation offered to women and their children and to single women. Children's workers are also offered as part of the service.	<ul style="list-style-type: none"> 25% users aged 20-24 years, 52.5% 25-40 years, 22.5% 41-59 years 17% of service users have a disability Access by victims from BAMER communities proportionate to the population is high 	24% moved on to stay with friends or family, 21% to take up a social tenancy, 16% to private rented accommodation, 11% moved back to former home and 11% into supported housing.																																				
		<table border="1"> <thead> <tr> <th>Length of stay</th> <th>Cherwell Refuge</th> <th>Oxford Refuge</th> <th>South & Vale Refuge</th> <th>Total</th> <th>Percent Total</th> </tr> </thead> <tbody> <tr> <td>0 to 6 months</td> <td>8</td> <td>6</td> <td>10</td> <td>24</td> <td>62%</td> </tr> <tr> <td>6 to 12 months</td> <td>3</td> <td>3</td> <td>2</td> <td>8</td> <td>20%</td> </tr> <tr> <td>12 to 18 months</td> <td>1</td> <td>2</td> <td>0</td> <td>3</td> <td>8%</td> </tr> <tr> <td>Over 18 months</td> <td>2</td> <td>1</td> <td>1</td> <td>4</td> <td>10%</td> </tr> <tr> <td>Total</td> <td>14</td> <td>12</td> <td>13</td> <td>39</td> <td>100%</td> </tr> </tbody> </table>	Length of stay	Cherwell Refuge	Oxford Refuge	South & Vale Refuge	Total	Percent Total	0 to 6 months	8	6	10	24	62%	6 to 12 months	3	3	2	8	20%	12 to 18 months	1	2	0	3	8%	Over 18 months	2	1	1	4	10%	Total	14	12	13	39	100%
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Total	14	12	13	39	100%																																	

Positives	Negatives
<ul style="list-style-type: none"> Service is good value for money Keeps women and children safe where there are no alternatives Children's worker is added value and delivering key element of service Independent living plans demonstrate outcomes for service users Resettlement work and work with community based programmes works well Service is countywide Caters for single women 	<ul style="list-style-type: none"> Service mainly caters for women from out of area and as other areas reduce refuge provision it is harder to find refuge for those fleeing from Oxfordshire Difficult to meet the needs of those with complex needs in refuge setting due to risk management issues Move-on increasingly difficult causing some women/families remaining longer than need to Children cannot always access other services when in refuge due to it being deemed temporary e.g. CAMHS, PCAMHS



"In only three cases were we able to place women in a refuge as a place of safety...in most circumstances women are very reluctant to access this type of accommodation and it is also becoming increasingly difficult to source a refuge placement for those who do." Cherwell DC, Domestic Abuse Report 2015-16

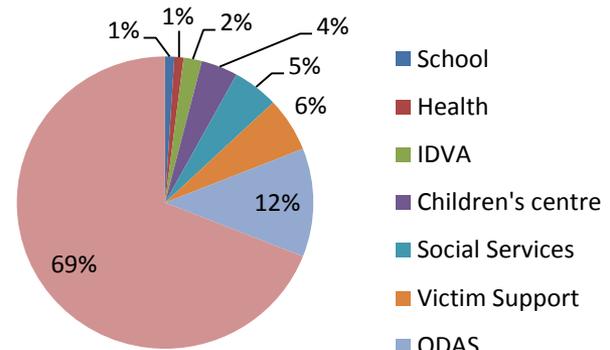
Specialist service provision Outreach services

Service name	Provider(s)	Area(s)
Outreach	<ul style="list-style-type: none"> • ODAS (City, South & Vale, West) • Reducing the Risk (Cherwell) 	City/South & Vale/West/ Cherwell

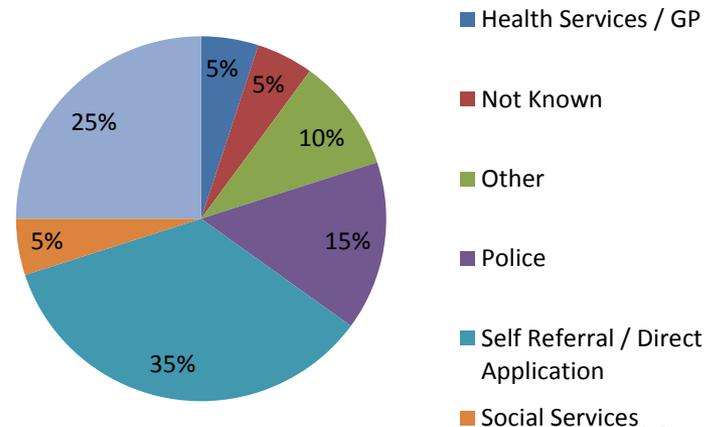
Service description	Who is using the service?
<p>Outreach services offer advice and support to victims of domestic abuse and their children assessed as medium risk. Victims are supported in the community to maintain safety, to be supported through criminal justice processes and to access programmes and other support.</p>	<ul style="list-style-type: none"> • In 2015-16 there were 32 service users for West, 46 South, 33 Vale & 62 in the City. In Cherwell there were 144. • In Cherwell majority of referrals are from the police whereas in other areas there is a more even spread between voluntary and public sector agencies • Good access by BAMER victims

Positives	Negatives
<ul style="list-style-type: none"> • Flexible and needs led services • Good throughput and positive outcomes for clients including keeping safe and maintaining accommodation • Service works alongside delivery of a range of community based programmes • City, West, South & Vale all deliver to a model of independent living outcomes • All services provide regular monitoring reports to commissioners 	<ul style="list-style-type: none"> • South & Vale – some waiting lists for outreach • Service agreements not consistent across County and therefore monitoring is not easily comparable • Caseload in Cherwell is relatively high and indicates a different service being delivered here • West is currently dependent on Oxfordshire County funding • Service limited to victims assessed as medium risk and not available to standard risk victims • Referral sources vary significantly across the County and may indicate different targeted services

Referrals to Cherwell Outreach



Referrals to West Outreach



Specialist service provision IDVA service

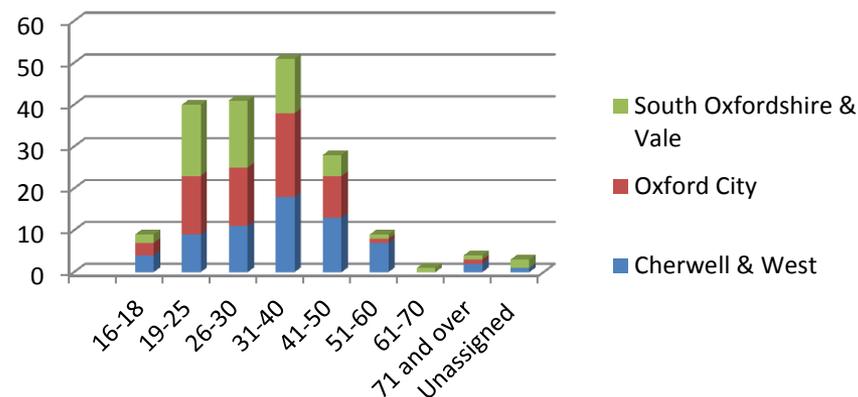
Service name	Provider	Area
IDVA service	Reducing the Risk	Oxfordshire

Service description

Independent Domestic Violence Advisors (IDVA) respond to ensure the safety of victims at high risk. They represent them at MARAC and provide support to overcome trauma, build resilience, explore options for the future and enable access to resources for long term safety and wellbeing. They support parents to safeguard children

Who is using the service?

- 26% high risk victims supported aged 16–25
- 29% BAMER referrals
- 96% women, 1.5% LGBT, 4% Honour related, 7% victims were pregnant
- 10% disclosed previous abusive relationships
- 22% diagnosed/ perceived mental health issue

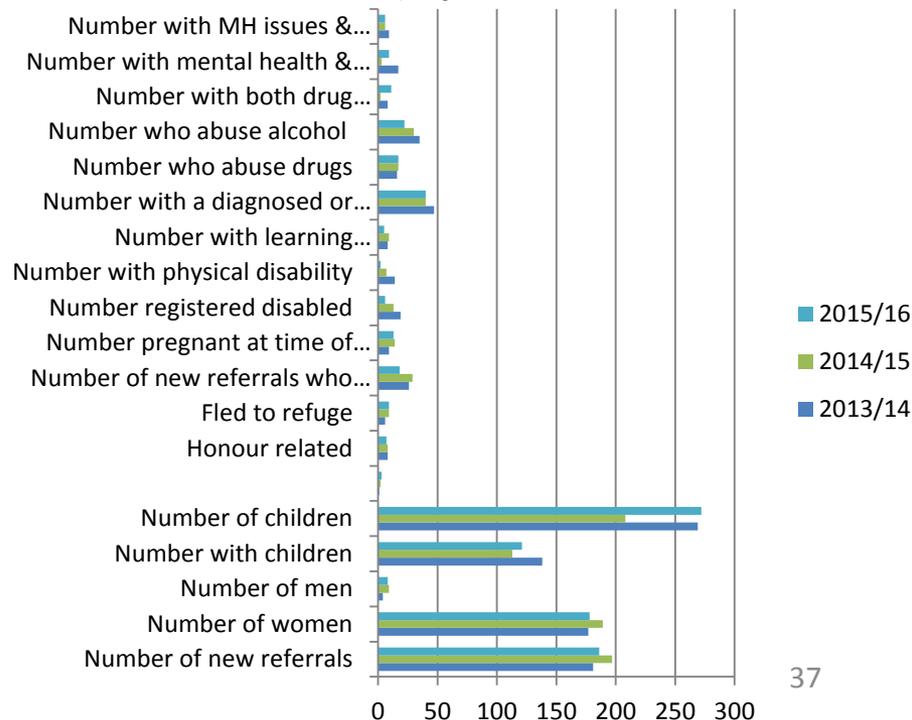


Positives

- Good examples of joint working
- Service ensures victim voice present during multi-agency risk assessment & planning
- Service supports victims through criminal justice processes
- Good range of equalities data collected
- Service accessible and responds to needs of diverse range of clients

Negatives

- Funding insecure – service dependent on range of short term grant funding/ donations
- Victims rarely referred on to other / lower risk threshold domestic abuse services and so not targeted towards solely high risk
- Caseloads and expectations on workers are high
- Needs improved strategically agreed performance measures



Specialist service provision **Sanctuary Schemes**

Sanctuary schemes also known as “target hardening” offer a service to victims to help put in place security measures to keep them safe in their own home. In Oxfordshire there are 4 separate services operating over 5 Districts. Oxford city scheme is delivering a much more prolific service. Currently no information is available from West but number of jobs is thought to be small.

Oxford City Sanctuary Scheme

Key points

- ◆ The service is well accessed, efficient and good value for money.
- ◆ Well resourced both in terms of specialist skill and knowledge needed for assessing the work required and in terms of the funding needed to complete the works.
- ◆ Available to all regardless of housing tenure
- ◆ Evidence positive outcomes for victims: none subsequently became homeless or went into refuge
- ◆ Evidence of cost effectiveness - Over a third of cases cost less than £100, over half less than £250 and in a further 14% funded by Registered Housing Providers (Housing providers providing social housing).
- ◆ There were over 150 jobs completed in 2015/16.

“Based on Women’s Aid suggestion that it costs £5,330 to rehouse a family (our Housing Manager suggests it is more like £8,000 in Oxford), then Oxford City saved £800,337 that year. No one reported homeless and as far as [the service co-ordinator] is aware no one has gone into refuge.”
Liz Jones, Domestic & Sexual Abuse Co-ordinator, Oxford City Council

Cherwell Sanctuary Scheme

Sanctuary work has significantly reduced in recent years.

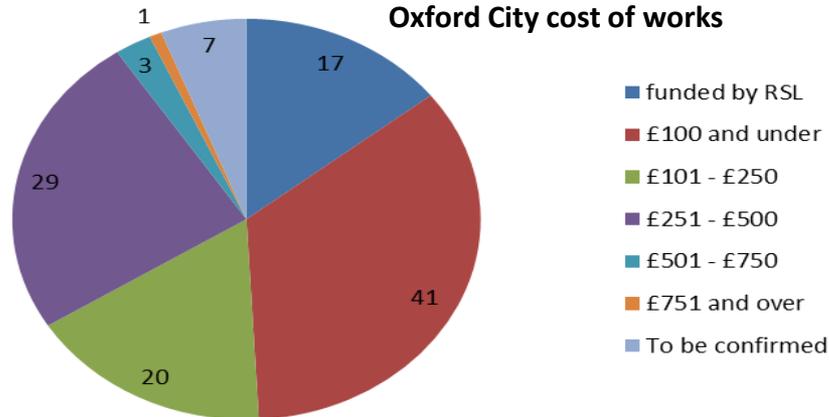
Key points:

- ◆ Cases reduced from 30 in 2013/14 to 7 in 2015-16
- ◆ Work currently being co-ordinated by the Outreach worker
- ◆ District Council works closely with Registered Providers of (social) housing to ensure DA victims works prioritised but data on works completed is not collected / collated
- ◆ Lack of funding for repairs / skilled worker
- ◆ Need landlord permission if victim in private rented sector

South & Vale Sanctuary Scheme

- ◆ Police Crime Reduction Adviser no longer in post creating gap in skill and knowledge
- ◆ service currently co-ordinated by the Community Safety Partnership with support of police neighbourhood teams
- ◆ CSP fund security works if they are private landlord tenants and owner occupiers and Social landlord’s fund their own housing stock
- ◆ 11 referrals in 2015-16

Oxford City cost of works



Specialist service provision: **Champions Network and Website**

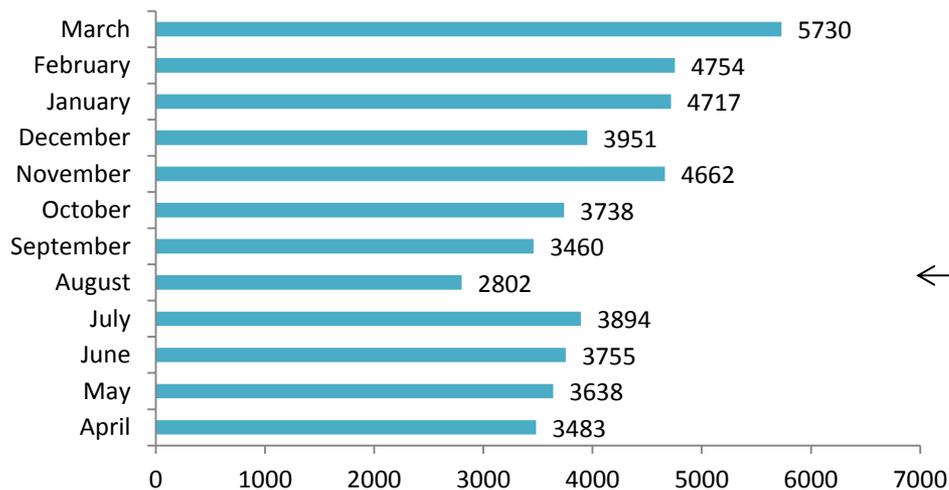
Service name	Provider	Area
Champions Network	Reducing the Risk	Oxfordshire (also developed across Thames Valley & Havering)
Service description	Who is using the service?	
A model to provide early intervention in cases of domestic abuse, the Champions Network trains and supports networks of front line professionals from a wide range of statutory and voluntary sector agencies and schools as Domestic Abuse Champions. Champions provide expertise within their own service and a conduit to other services in the network. They are able to work together to encourage victims to seek help and to link them to the resources they need.	There are 1060 active Domestic Abuse Champions across Oxfordshire. Champions sit within organisations including: police, housing, schools, health, social care, mental health, substance misuse, specialist domestic abuse services, solicitors, probation etc.	

"If it wasn't for the course I don't think I would have felt confident in pursuing what my gut feeling was telling me."
 DA Champion, Oxford University Hospitals Foundation Trust

The Domestic Abuse Champion Model is commissioned via Oxfordshire County Council and the Safer Oxfordshire Partnership to deliver 6 network meetings and five 2-day training courses annually. Current demand for training exceeds provision and there is no availability until April 2017.

"The Champions network still works well to develop understanding and professional confidence across a wide range of agencies."
 Children's Social Care Manager, Oxfordshire County Council

Reducing the Risk Website sessions 2015-16



The Reducing the Risk website acts as a hub of advice and information for both the public and professionals. In 2015-16 the website had 45,584 sessions with the 'information and advice – Oxfordshire' page the most frequently visited. Also provided are an e-bulletin, discussion forum, champion data base and themed materials.

Specialist service provision: Interventions, programmes & counselling services

- Difficulty in collating data and evaluations as no one central point for each programme with the exception of BB4K, SAFE! and BRF.
- Concerns about the future of these programmes with the loss of Children's Centres and Early Intervention Hubs

The Freedom Programme is a rolling 12 week programme examining the beliefs and actions of abusive men, and the responses of victims and survivors, to help victims to make sense of and understand what has happened to them. The relationship does not have to have ended to attend this programme. *In 2015-16 there were 114 referrals via the ODAS access service.*

The DAY Programme is a unique multimedia programme based on The Freedom Programme designed to be used with young people over the age of 14, although it can be adapted for use with young people over 11 years. *In 2015-16 there were 2 referrals via the ODAS access service.*

SAFE! Project offer up to 12 one-to-one sessions focusing on Protective Behaviours and Restorative Approaches to help a young person to regain a sense of safety and build their confidence in order to move on from an experience of victimisation. *In July 2015-16 SAFE! supported 22 children & young people who had witnessed domestic abuse, and 20 who had been in abusive relationships themselves.*

Bounce Back 4 Kids (BB4K) is a support programme developed by PACT that uses therapeutic techniques to support children who have been victims or witnesses of domestic abuse. The programme consists of children's support groups, for ages 5-12, run concurrently with non-abusing parent support groups and is only suitable for families where the perpetrator has left the home.

- *In 2015-16 BB4K supported 70 families in Oxfordshire.*
- PACT reported difficulty in producing accurate data as a result of external facilitators of the programme not always informing PACT of when and where programmes are running, attendance and evaluation. Where BB4K is run without PACT they must be informed and provided with the data and evaluations.
- Best outcomes for children and their non-abusing parent occur when children and parent groups run concurrently, though where the programme is delivered without PACT involvement it is reported that concurrent groups do not always take place.

Building Respectful Families (BRF) is a 12 week group work programme addressing Child on Parent Violence. This model, taken from the Break4Change programme in Brighton, works with both parents and their children (aged 11-18) to encourage better communication and put an end to abusive behaviours. *In its pilot period BRF worked with 14 young people & 21 parents.*

The Recovery Toolkit is a 12 week programme for women who have experienced domestic abuse and are no longer in an abusive relationship. The programme is based on a psycho educational model which aims to provide women who have experienced domestic abuse with the resources to maximise their own potential. *In 2015-16 there were 33 referrals via the ODAS access service.*

The IDVA Service previously facilitated and funded 10 sessions of counselling with **Oxford Counselling Service** for around 6 clients a year. Oxford Counselling Service both provided this service at a discounted rate and started an initiative to try to raise funding themselves to provide counselling to a further 30 IDVA service users. It is hoped that the new counselling service for victims of crime, funded by the Office of the Police and Crime Commissioner, will address the gap in current provision.

Current funding of domestic abuse services

- Oxfordshire County Council commission 29 units of refuge, resettlement, the West Oxfordshire Outreach and the Access/Support Helpline **£336,000** pa (but funding is to be reduced by £137,000 in 2016-17)
- Oxford City Outreach **£35,000** pa (year on year funding)
- South & Vale Outreach **£54,000** P/A (year on year funding)
- Cherwell Outreach **£25,000** (year on year funding)
- Complex Needs Service (new PCC funding, service due to start in October £140,000 total budget, partnership bid with Reducing the Risk).
- IDVA service **£160,000** funded through a combination of Home Office grants, matching PCC (community safety) funding, Charitable Trusts and donations
- Champions Network **£80,000** funded through a number of sources including **(in the current financial year)** £8,000 Oxfordshire CC funding, £16,000 Police & Crime Commissioner funding allocated by the Safer Oxfordshire Partnership.
- DHR Funding (countywide pot): topped up as and when required - shared between all CSPs equally - estimated on average approximately **£10,000** per annum

PART FIVE: Stakeholder feedback

- Key points raised
- Training & Skills Survey
- Safeguarding Audit
- Aloud: Voices of Children & Young People
- Young People Domestic Abuse Safeguarding Pathway evaluation
- Mending Broken Mirrors Users and professionals group
- Process Mapping feedback
- Policy & good practice examples

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Stakeholder key points – what is working well? 😊

The key points about what is working well in Oxfordshire made by agencies and service users during this review may be summarised as:

- Some excellent interagency working: ODAS, Reducing the Risk, SAFE!, DAIU, Health Visitors and many others felt to be doing some excellent joint work
- Much local knowledge and specialist skills– felt to be a wealth of local expertise within specialist services
- A range of specialist support agencies working in a “needs led” way with strong links into the local community
- Specialist domestic abuse services have good relationships with both statutory and Voluntary & Community Sector (VCS) agencies and a strong resource to a range of professionals
- Young people specific services and services working with complex needs clients experiencing domestic abuse are highly valued
- A range of programmes currently delivering strong, flexible and responsive interventions for victims, their children, young people and perpetrators.
- A number of individual workers in a range of agencies delivering exceptional and outstanding service
- Evidence of swift action being taken where a child discloses domestic abuse in the family
- Improved conviction rates in Oxfordshire as trials speeded up with new court processes
- The Champions network is playing an important role in signposting victims and professionals to the right sources of help
- Access helpline and support service is supporting a high volume of victims and referring and signposting effectively
- Current specialist domestic abuse services provide good outcomes for victims and good value for money
- Indication of increasing awareness and understanding amongst both the public and professionals
- Improving focus on domestic abuse in Health



The key points about what is not working so well in Oxfordshire made by agencies and service users during this review may be summarised as:

- Provision of services and understanding in relation to working with Adolescents and Young People experiencing abuse in their intimate relationships
- Lack of interventions and professional knowledge in relation to perpetrators
- Need for improved provision and access to services for BAMER and vulnerable communities
- Current insufficient focus / lack of strategic approach on preventative early intervention / recovery initiatives
- Lack of strategic approach and overview to identifying and achieving “measures of success”
- Too many agencies involved with victims
- Statutory and criminal justice agencies’ sometimes fail to understand complexity of risk and broader impacts of decisions for victims
- A need for more services and improved pathways for victims with mental health / complex needs
- Lack of agreement and understanding between agencies about the assessment of risk, sharing of information and risk management processes
- Housing is a significant problem for people experiencing domestic abuse
- Reducing resources across all agencies, and problems around sustainable income for smaller voluntary and community sector organisations
- Processes and pathways are overly complex and unfamiliar to many agencies or either not in place or not sufficiently well embedded
- Proportion of “hidden” victims (and their children) within Oxfordshire
- Resources not allocated in proportion with strategic need
- Need Public Health to play an enhanced role in working to reduce the long term effects and impacts of domestic abuse
- Need for improved planning to mitigate the impact of the closure of Children's Centres on access to appropriate intervention
- Demand for increased provision of multi-agency domestic abuse training
- Difficulty in feedback loop for referrers to specialist services

Training and Skills Survey

In May 2016 we circulated a Domestic Abuse Training and Skills Survey for Oxfordshire Professionals. The survey received 198 responses across a variety of roles and organisations including children's social care, education, health, housing and specialist agencies.

With frontline roles being the majority of those represented, on average respondents stated they work with or are required to respond to each of the four categories outlined (victims, children of victims, young people & perpetrators) 'at least once every three months'

56% of respondents had completed specialist safeguarding training in the last three years.

70% of respondents had no domestic abuse training within the previous 12 months, and 45% had none within the last 3 years.

"My manager is great, but sometimes more specialist supervision may be needed"

Teacher

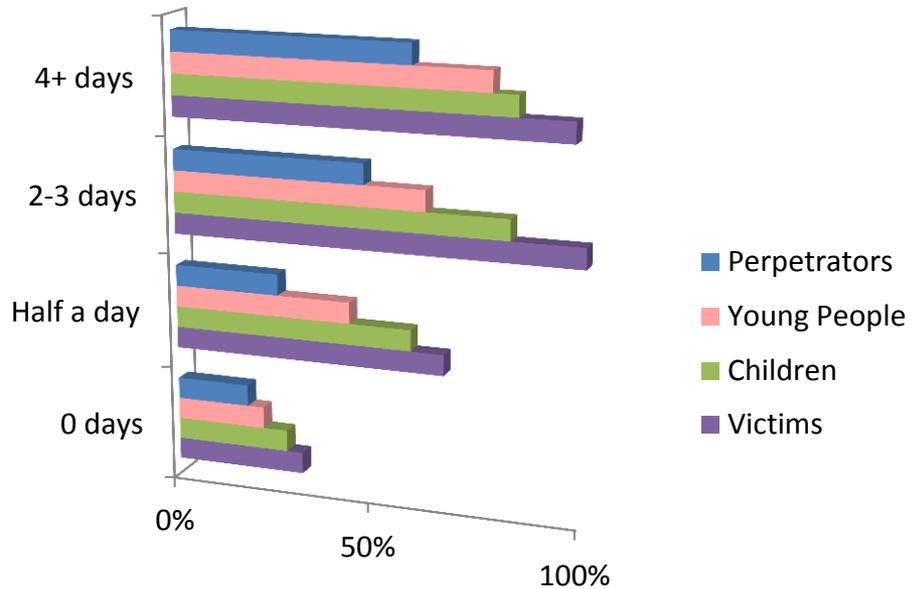
24% of respondents were DASH trained. The need for additional DASH training sessions was raised in both the survey & service meetings.

When asked to consider areas of work where further training is needed, the highest perceived need was 'taking a whole family approach to domestic abuse' with 67%, followed next by 'managing risk with perpetrators' at 55%.

On the whole, the responses demonstrated a lack of professional confidence when working with domestic abuse. However, there was a positive correlation between increased days of domestic abuse training within the last 3 years, and professional confidence in working with the categories outlined.

This lack of confidence in working with perpetrators is reflected in respondents' perceived team gaps in skill or knowledge; with 62% of respondents identifying perpetrators as a gap, followed next by supporting those with learning difficulties, and care and support needs.

**Number of days
DVA training
respondents
indicated
they had
undertaken in
the last 3 years**



Proportion of these respondents who had stated their confidence in working with each category to be 'very confident' or 'mostly confident'

When respondents were prompted for key messages in terms of training and skills some key themes emerged. Respondents wanted training including:

- awareness (including coercive control specifically)
- how to raise the issue when they have concerns
- supporting and signposting those involved
- legal/corporate responsibilities
- services available and how they should work together where domestic abuse is present

Where a preference was stated, all respondents prefer multi-agency face to face training for best learning, and it was suggested this training be practical and case-based. A need for refresher sessions was raised, and others stated training should be brief and ongoing.

Domestic Abuse Safeguarding Audit

In July 2016 we held the second planned peer review audit of the safeguarding of children and families who have experienced domestic abuse. The audit considered cases involving: high risk victims with children on Child Protection Plans, domestic abuse victims with a “Child in Need” (CIN) living with them, Young People who have been victims and or perpetrators. Areas of good practice and current challenges were explored and are briefly outlined below.

Incorporating User Voice

- Evidence of Children’s Social Care (CSC) teams seeking and responding to voice of non-abusing parent and children linked to positive outcomes.
- Evidence of the Independent Domestic Violence Adviser (IDVA) consistently bringing their client’s voice to core group meetings to inform work is an example of good practice, though this was not always listened to.

Working With Young People

- Links between Young People’s Supported Housing services and the Multi Agency Risk Assessment Conference (MARAC) need to be strengthened, including Designated MARAC Officer (DMO) and key worker attendance.
- Widespread lack of expertise in working with young people and domestic abuse, particularly with young perpetrators.

Effective Approaches

- Concern that Children’s Social Care had written engagement with specialist services and that the victim needed to support a prosecution into the statement of expectations of a Child Protection Plan. Questions around the appropriateness and effectiveness of this and also risks, including the possible breakdown of a criminal trial.
- Multiple agencies referred to some victims and/or perpetrators as difficult or unwilling to engage, especially young people.

Awareness and Understanding

- Referral and involvement in assessment by a local Registered provider of social housing, Sovereign Housing, is demonstrative of good awareness and understanding of domestic abuse and an example of good practice for providers of social housing.
- Evidence of good understanding of the risks presented by coercive control and separation by a Children's Social Care worker.
- A lack of recognition of domestic abuse in one case, juxtaposed with the case of a young perpetrator in supported housing, illuminated the need to consider the journey of the child through domestic abuse. To recognise them as potential witness, victim and perpetrator and for work to reflect this.

Multi-Agency Working

- Evidence of good multi-agency communication between the IDVA service, CSC, Health Visitors, Home School Link Worker (HSLW) etc.
- Example of an excellent Home School Link Worker in Rose Hill enabling effective multi-agency approach.
- Multiple agencies noted the difficulty in securing Youth Offending Service attendance at multi-agency meetings.
- Bounce Back 4 Kids (BB4K) did not get invited to Team Around the Child (TAC) meetings, though their work with the child would have benefitted the group.
- Multi-agency response is considered to be more simple and fluid where there is a serious criminal conviction as it results in increased agreement in recognition of risk level
- Inclusion of IDVA in CSC strategy meetings via teleconferencing is preferable to no attendance at all; ideally proactive involvement where professional judgement is that cases will likely involve IDVA post strategy meeting.
- Multi-agency responses would benefit from improved information sharing with non-statutory agencies

Timely and effective Responses

- Evidence of a thorough assessment by Children's Social Care, with smooth transition to the Family Support Team who were timely in picking up of the case and engaged well with the family.
- CSC communicated that the ability to flag MARAC cases on Framework-i would be helpful in informing responses.
- Examples of delays in responses including one case in the MASH for two months and another with a five month delay from deciding that Child In Need was required to commencing planning.
- BB4K persevered in communicating course content to a mother who did not attend the parents group; recognising that concurrent child and non-abusing parent involvement in the programme provides best outcomes.

The “Aloud” project: Listening to the voices of children and young people

Alongside the 2016 Domestic Abuse Safeguarding Audit there was a distinct but linked piece of work aimed at supporting children and young people who have experienced domestic abuse to voice their views and learning from their experience of the services we have in place for them; 12 children and young people and 8 mothers were interviewed. Aloud was developed with the Oxfordshire County Council engagement team.

Key findings from the interviews included:

- Having to retell your story to numerous professionals causes frustration and upset: 76% of respondents said they often had to tell the same information to lots of different people. A further 18% said that they sometimes had to repeat information.
- The difficulty in seeking help is exacerbated by not knowing who to ask or that support is available – especially if you have not grown up in Britain.
- Speakers of English as a second language highlighted the positive impact of being able to speak to people who can speak their first language when seeking help and recovering
- Supporting the non-abusing parent and the child are interlinked; providing the parent with effective support will have a positive impact on the child.
- The importance of play and play therapy for children.
- The impact of positive relationships with professionals, including school staff and key workers.
- Varying experiences of Children’s Social Care; generally revealing a fear and mistrust
- The significance of finding out what is important to the non-abusing parent and child, how they communicate best, and acting upon this in professional response.
- The responses indicated that there is often *a tenuous line to getting help and frequent missed chances*. There were 6 participants (4 mothers and 2 young people) who reported that it was by chance that they managed to get help. And in 3 out of the 6 of those participants the health visitor was the only line of help to the mother and baby.

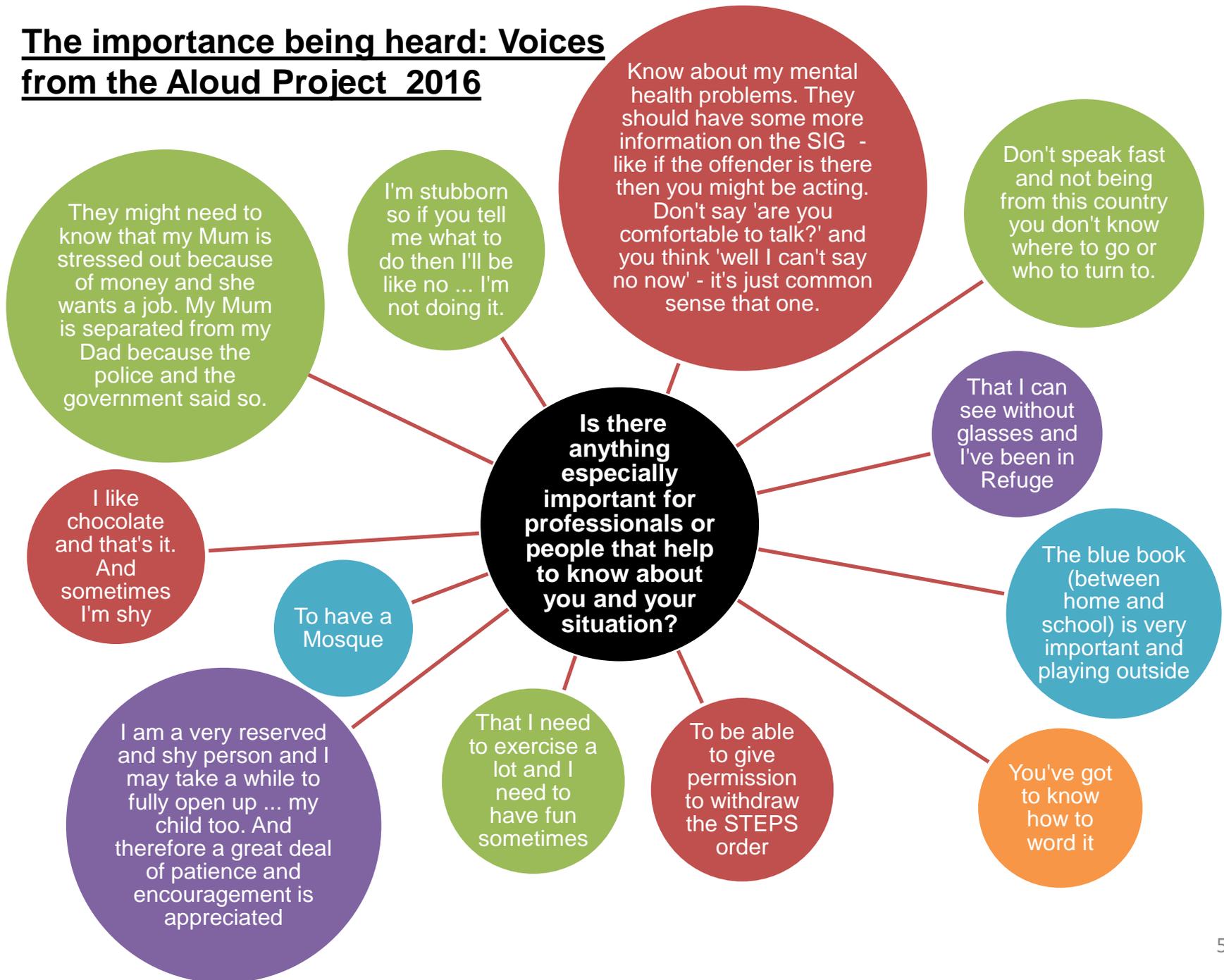
“It's emotionally draining “

“Painful, I wanted to forget but I had to repeat.”

“Everything you get as the Mum is for the child, and everything is to do with (child); it’s all to do with the child.”

“I feel like I’m always being criticised, judged and watched. They are not like giving me praise.”

The importance being heard: Voices from the Aloud Project 2016



Young People, Domestic Abuse & the Safeguarding Pathway

The issue of domestic abuse and young people was discussed with a number of Children's Social Care teams as part of the evaluation of the newly implemented Young People Domestic Abuse Safeguarding Pathway. Staff reported that much of their work with young people involves domestic abuse. Key themes raised about working with young people experiencing domestic abuse were:

- Workers often felt powerless to help due to the young person being either just under or just over 18 and /or the thresholds of care proceedings not being met.
- Teams spoke of the normalisation of abuse amongst young people, the fact that there are often cycles of abuse within families and so the young person will not know any different. Grooming and conditioning of young people to become victims was also felt to be an issue that needed to be addressed.
- In addition to the ability to recognise abuse self esteem was thought to be a big factor for many young victims.
- Staff felt a greater focus on coercive control when working with young people would be helpful.
- Media was felt to have a big impact on young people
- There was also the point made that when a child or young person is growing up in a domestic abuse household it is important for there to be ongoing support after the perpetrator has left the family home to avoid the child then filling the "power vacuum" which is left.
- Young perpetrators will often have a number of victims who all tend to be known to Looked After Teams
- Need for specialist support / crisis provision for young people was also an issue for young people – not appropriate for them to go to Refuge and foster placement often not available
- In relation to the Young People Domestic Abuse Pathway it was felt that this described what was already happening but did change the fact that young people domestic abuse cases would go to MARAC for information and also the expectation that a multi-agency risk assessment and management plan (MARAMP) meeting should take place.
- However it was also felt that staff attendance at Strategy/MARAMP meetings was often difficult due to all teams being pushed and the fact that younger children will usually take priority over young people, concerns whether all agencies were sharing information sufficiently

"Focus needs to be on coercive control, bit more real and every day"

"Victims often blame themselves and it's difficult to intervene"

What's the hook for young people? With parents we can say it's for your children but what is the motivation for Young People?

Mending Broken Mirrors: Users & Professionals Group

The Domestic Abuse User Voice task and finish group was a meeting of survivors of domestic abuse who are current or previous users of local specialist services, a range of local professionals, and a member of OCCs Engagement Team. Later named Mending Broken Mirrors, the group met four times over spring/summer 2016.

The purpose of the group was to develop ways to learn from the direct experiences of victims and their children, young people as victim and/or perpetrator and adult perpetrators of domestic abuse; to ascertain the ways in which service user voice was currently being listened and responded to, and together design mechanisms for incorporating user voice into the development of services and strategy in relation to domestic abuse in future.

In the course of the work

- We asked: Who do you want to hear you? How do you want to tell them? What help do you want them to give?
- We built a 'house' and worked out what is going on now, and ideas for how we can do it better in the future.
- We discussed key issues in current provision raised by service users

The learning from the group is being produced into a booklet to be shared with local services and service users.

The group illuminated the need and enthusiasm for sustained user voice involvement in domestic abuse governance and training.

All those who evaluated the group felt 'very satisfied' that they were able to have their say

"Open space for everyone to contribute. Setting a welcoming tone so everyone comfortable to talk"

"Maybe make it a bit more service user led."

"The atmosphere and environment that allowed everyone an equal voice"

User Voice

Making changes perpetrator programme asked for feedback from men on the group, all of them were involved with Children's Social Care. This is some of the things said

- *Helps to talk to other men as we can relate to what they are going through.*
- *No other professionals will talk to us because we are abusers*
- *I don't know what I would have done without this course.*
- *There is nothing else for men like us.*
- *My attitude to everyone has changed, not just my partner and child. I don't get angry with people in shops anymore.*
- *This has saved my life*
- *Once you know you're abusive, it hurts more when you mess up because you don't want to be that person any more. I can't change without this (Making Changes)*
- *Now I am on here (Making Changes) my social worker is listening to me.*
- *The programme (Making Changes) is vital to prove to our social workers that we are willing to change*
- *My partner had to go on the Freedom Programme and she changed.*
- *Mine did too; it made her see how bad I was. It made me angry to see her change. But now I think it was good.*
- *The Freedom Programme is not much good though if we don't change. Social workers can put our partners on the Freedom Programme and us on here at the same time. That would work much better.*

Voices of 5 men on the **Making Changes programme May 2016**

Mending Broken Mirrors User and Professionals Group feedback:

We spoke about what people who use services want, what is being done at the moment by professionals in terms of listening to voices, and what could be done to improve finding out and listening to service user voices.

Feeling safe and supported in getting help

Being spoken to respectfully is really important and impacts on how you 'engage' with a service and practical considerations to getting to groups (times, childcare, transport) are essential and can be the difference between someone getting help or not

Working with perpetrators

Professionals who work with perpetrators shared feedback on their behalf: They want to be able to speak openly without being defensive, they want to be listened to. Being told what to do all the time and not helped to change is not the right approach

Current issues with services for survivors of domestic abuse.

No clear move on from Refuge and it feels like constant knock backs. Domestic Abuse needs to be in housing strategy and housing need to be at the table. Long waiting lists for support such as counselling and mental health services, being in temporary accommodation can mean survivors & children unable to access services, BAMER groups can get left out.

Police support can be too geared around court and prosecution – it's not just about that for survivors and families. Consent issues for 16-17s and if this may be different depending on whether they are living independently. Each group needs to be heard, everyone should be heard. Cross over with other services e.g. MIND – assertiveness course, self-confidence, healthy relationship. Serious concerns about the closure of Children's Centres and the impact of this on preventative and early intervention work with children experiencing abuse. Lack of a whole family ('think family') approach: there must be parallel interventions (e.g. perpetrator programme + freedom programme at the same time, Bounce Back 4Kids (BB4K) parent & child groups at the same time). Young people aged between 18 and 25 years: there is significant gap in support for those in this age bracket, unless they're a care leaver most service involvement ends at 18. These are emotionally young people. Are adult services tailored enough to their needs? Under 11's: **"Nothing for young children"**, Young people and families: there's no safe place for children to talk about their behaviour except Building Respectful Families programme & Female perpetrators: there's no specialised support available

Process mapping: Victims, Children in families with domestic abuse, and young people experiencing abuse

Below is some of the feedback given during a process mapping exercise completed in April 2016 which looked at processes involved in responding to disclosures of domestic abuse. A further exercise focussing on perpetrators is due to complete in October 2016.

Accessing services

Stakeholders who took part in the process mapping workshop stated that the main issue here was not on receiving the information, but about who may have been missed, and who wasn't accessing the service. Contributors felt that contact is not always made in the first instance due to:

- ◆ Lack of awareness, hidden victims/perpetrators and barriers to disclosure, some professionals do not see the signs, need more skills
- ◆ Some victims do not disclose due to trust although some victims disclose and then take it no further and are not heard from again
- ◆ Lack of support and services for BAMER communities
- ◆ Concerns were raised that Adult Social Care only accepts a small number of referrals (ie due to thresholds).

The need for more universal prevention was raised by stakeholders recognising that **agencies, due to their being stretched, are only involved once there is a problem.** However it is also an issue that there is **a significant proportion of "inappropriate contacts"** and these act to increase caseload where there is an already stretched resource.

- Process Mapping Report, May 2016

Assessing the risk

The process mapping workshop looked at this step and decided the purpose of this stage in the process is to come to the initial decision on the level of risk, and determine the appropriate action at this stage. The group looked at what is working well and what not so well.

Positive/Strengthening Factors:

- ◆ Victims may disclose more if agency is not police Champions network advising people where to go next ref multi-agency approach
- ◆ DMO guidelines in OFHT improved for whole person approach – child and victim
- ◆ Good assessment form that identifies risk and helps feed into intervention plan
- ◆ Concerns are quickly signposted to MASH.

Pain points/Constraints:

- ◆ Differing views of risk between agencies
- ◆ Duplication of DASH assessment (police, Victim Support, IDVA) can confuse client
- ◆ Relying purely on disclosure does not give full picture
- ◆ Standard risk cases can still result in homicide yet less resourced.
- ◆ DASH – difference between Standard/Medium and Medium/High should not be decided purely on tick box.
- ◆ DASH not specific for special needs victims
- ◆ There were also some more general comments about High staff turnover and not enough training or lack of skills within teams in some agencies, a need for better understanding for when DVPOs/DVPNs could and should be used was highlighted and the question "Where is public health agenda in DA?" was posed by one agency present.

Examples of Good practice, policy and research

Measures of success in perpetrator programmes

As part of a broader piece of work on perpetrators named project Mirabal, Kelly & Westmarland, (2015) linked a pilot study on what counted as success to four groups of stakeholders (women survivors, men on programmes, programme staff and commissioners) with Stark's contention that coercive control concerns not just women's safety but also their freedom. This resulted in six measures of success for perpetrator programmes:

- ◆ improved relationship based on respect and effective communication;
- ◆ expanded 'space for action' for women;
- ◆ safety and freedom from violence and abuse;
- ◆ safe, positive and shared parenting;
- ◆ enhanced awareness of self and others for men;
- ◆ safer, healthier childhoods

In previous perpetrator programme studies it has usually been only the third measure that is addressed.

Coercive Control – The DART model

“Proving coercion requires a different approach to evidence gathering. It is about establishing a pattern of behaviour rather than proving individual incidents took place.

Dr Jane Monckton-Smith from the University of Gloucestershire is an expert in coercive control and she has created DART, a new model for evidence gathering, which is being piloted by Staffordshire Police. Monckton-Smith stresses the critical importance of MASHs and the role of frontline services other than the police in building up evidence of coercion.”

C&YP IDVA

Westwood & Larkins Found that in general there appears to be a shortage of specialist domestic abuse services specifically aimed at children and young people in the UK but an evaluation of an advocacy project in the North West (KIDVA – Childrens Independent Domestic Violence Advocacy) revealed a range of positive outcomes: the service was perceived as accessible and safe; trustworthy and confidential; and increased children's feelings of being listened to... *“KIDVA demonstrates the value of relationship-based advocacy...”*

PART SIX: MARAC Review

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Review of MARAC – August 2016 Report from Safe Lives

We asked a consultant from the national domestic abuse charity SafeLives to look at links locally between MARAC and Safeguarding procedures. Alongside this piece of work we were given feedback about how MARACs are operating generally and how this compares to approaches taken elsewhere. The feedback detailed below is taken from the report and will be reviewed by members of the MARAC Review group to consider whether any or all of the recommendations are to be adopted.

“We observed that good quality information and expertise was shared at the Marac, particularly by the Children’s Services, Health, Housing and Substance Misuse representatives. The latter was particularly good at sharing their expertise to aid risk assessment and is a real example of good practice. However, in some instances the information shared strayed from being risk focussed, relevant and proportionate.

It is not possible to fully identify current risks and action plan effectively before all information is shared. Explicitly and clearly recapping all identified risks will help representatives more effectively volunteer actions on behalf of their agency.”

- Safe Lives Knowledge Hub Advisor, who also recommended the following approach be adopted by MARAC Co-ordinators in Oxfordshire

1. Case presented succinctly by referring agency
2. IDVA presents up to date situation including voice of the victim; stating their views, wishes and what they are afraid of
3. Ask each agency in turn (usually starting with police rep) to share risk focussed and proportionate information
4. Chair summarises the risks identified and potential impact, with the expertise of other agencies
5. Agencies volunteer actions to reduce the risk with achievable timeframes for completion, in accordance with the risk
6. Chair or MARAC Coordinator summarises actions

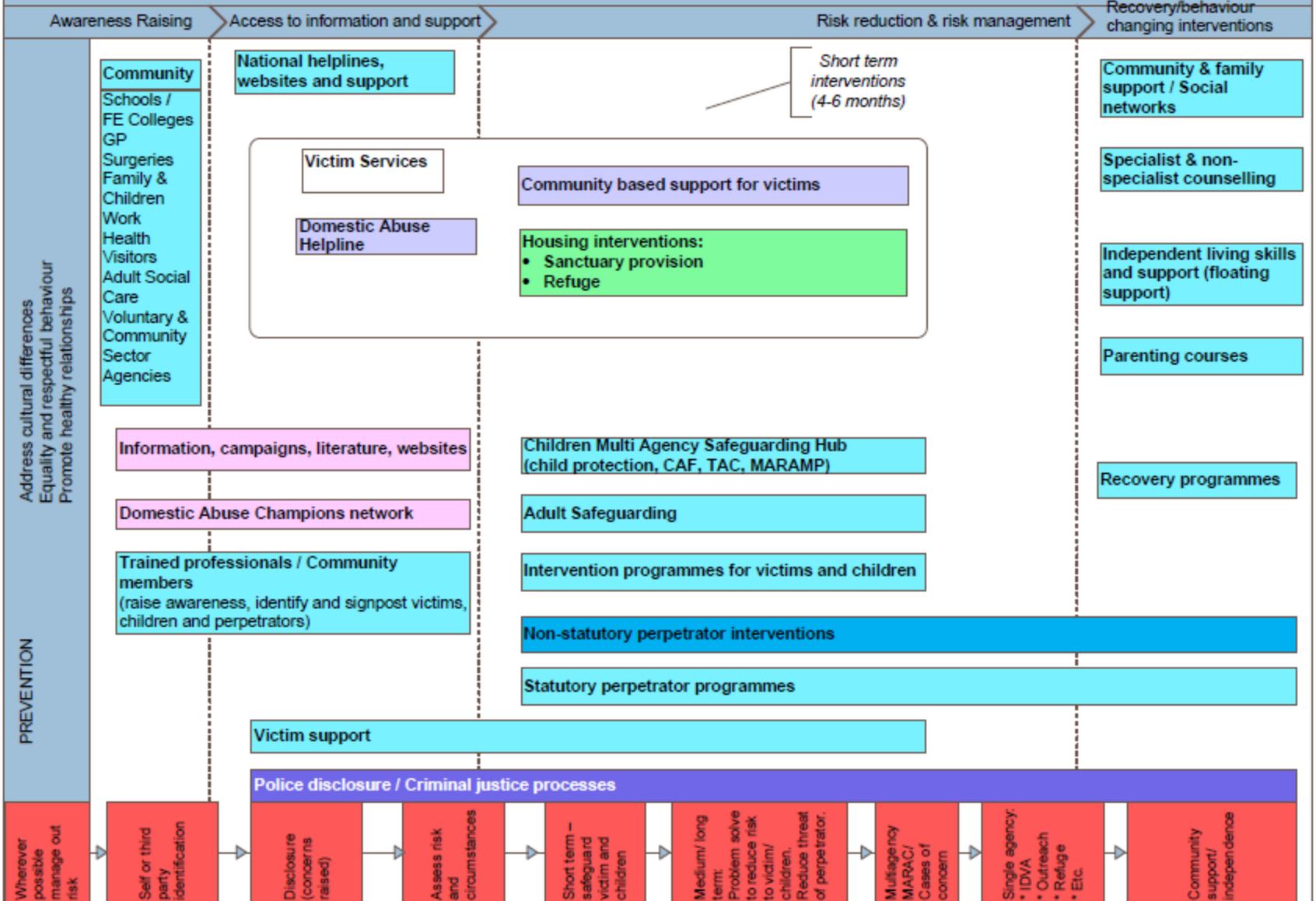
Additionally, structuring cases in the suggested way helps the MARAC coordinator by providing clarity, thereby improving the accuracy of the minutes and action plans.

MARAC Review Action	Outcome
The MARAC Strategic Group and safeguarding boards review and addresses any barriers to identification and referral of high risk cases - consider health settings and Children’s Social Care	Improve early identification of high risk victims and so improve outcomes for them and their children
Administration of MARACi s reviewed to improve quality of referral forms, minutes and action plans	Increase quality of referral information, improve data accuracy and so inform local need
Oxfordshire Domestic Abuse Strategy Group monitor more closely the outcomes from MARAC not only to identify good practice but to review and challenge practice where early identification has been missed.	Increase support to Marac representatives through robust governance structure; improve accountability Improve outcomes for victims and their children
IDVA Service review practice and protocols to ensure that referrals are made to ODAS when risk is reduced from high, maintaining a short to medium-term service for high risk victims only	Increase capacity to ensure that all high risk victims have access to the service; IDVA maintains professional boundaries and victims receive specialist step down and long term support as soon as appropriate. Improve outcomes for all victims and families and build professional relationships locally
ODASG; commissioners and funders ensure that all partners regularly reflect on working practices through auditing (peer), case studies and as a result of learning from SCRs/DHRs	Continually learn about what works well and what does not to improve outcomes for victims and families
The MOP is reviewed to: - Clarify referral criteria to MARAC - Include clear pathway for young people - Include details of Governance structure and escalation procedure for partners who may have concerns about any aspect of the MARAC	Will help to increase identification of those at high risk of domestic abuse, including young people Will improve outcomes for more victims, children and young people Ensure that all partners have clear understanding of the process and governance structure
The Chair uses SafeLives Guidance for Effective Chairing and Chairs’ Aide Memoire	Will set the professional tone of the meeting Improve risk focussed information sharing
The OSCB use the Guidance Framework in Part 3 to maintain an overview of how MARAC is safeguarding children and young people	Improve evidence base for future inspections Help improve outcomes from MARAC for families including the children and young people living with and experiencing domestic abuse
The ODASG, OSAB and OSCB consider carrying out a ‘deep-dive’ exercise in order to explore further some of the issues highlighted within this report to include Practice Points in Part 2. This could include, for example, service user consultation, scrutiny panel/s, MARAC outcomes analysis, further case audits with the engagement of all local agencies.	The issues raised within this report are explored, and issues are identified and addressed. This will build on the work already undertaken, help clarify and meet local challenges and, ultimately, improve outcomes for victims and children

PART SEVEN: Recommendations

- Commissioning
- Governance
- Key recommendations

PAGES 59 - 65



DRAFT: Proposed Domestic Abuse Pathway of services

Descriptions and estimated costs of proposed service provision - 1

Service area and delivery functions	Est. cost
1. Prevention signposting and information	
1a. Champions network	£20,000
<ul style="list-style-type: none"> • Targeted approach to evolving and maintaining the current network of domestic abuse Champions • Service should ensure Champions are widely distributed across a broad range of agencies and teams • able to act as both a source of knowledge and skill for colleagues • able to identify and refer cases of domestic abuse and risk assess where appropriate. • Champions’ line managers should have overview of their work, through supervision and should hold accountability for ensuring the role is maintained and delivered within each agency and / or team. 	
1b. Information and campaigns	£4,000
<ul style="list-style-type: none"> • Provision of awareness raising materials and social media • Information for where to get help for victims, children and perpetrators. 	
2. Community based risk management, support and advice for victims of domestic abuse	
Service 2a. Telephone helpline	£80,000
<p>Confidential telephone support, including</p> <ul style="list-style-type: none"> • the provision of information • risk assessment • safeguarding victims and children • appropriate information sharing referral and signposting 	
Service 2b. Community based support for victims of domestic abuse	£348,000
<p>targeted intervention aiming to deliver service within 4 months on average though support may be “stepped up” or “stepped down” during that time. Provision for</p> <p>a. Any risk level</p> <ul style="list-style-type: none"> • Up to 5 hours further telephone/drop in 1:1 support for victims in need of ongoing support • Dedicated YP Outreach/YPIDVA to support a young person and or their worker(s) – for those 24 years or under • Taking all appropriate actions to safeguard the victim and any children • Contribute to multi-agency risk assessment and management to prevent further harm to victim and children and to hold the perpetrator to account <p>b. Medium or high risk</p> <ul style="list-style-type: none"> • Community based support worker giving advice and support with safety planning, outcomes based support on independent living skills, referral into counselling and alternative support, community based programmes and interventions • Advocating on behalf of victim during multi-agency meetings and processes • Supporting victim through criminal and civil justice processes <p>Service will include qualified IDVAs, specialist workers with a range of skills and expertise to address complex/other specialist needs.</p>	

Descriptions and estimated costs of proposed service provision – 2

Service area and delivery functions	Est cost
3. Domestic abuse housing interventions	
3a.Target-hardening Services <ul style="list-style-type: none"> • Provision of a service for victims to put in place security measures to keep them safe in their own home. • The service should include advice, security and risk assessment and referral alongside the fitting of a range of security measures. • Countywide provision should be ensured with the same quality standards, procedures and outcomes in each District. • The service should be accessible regardless of housing tenure and seamless from the point of use even though a range of partners may be involved in delivery. 	£175,000
3b. Refuge provision <ul style="list-style-type: none"> • The service will provide accommodation based support to women and their children fleeing domestic abuse where there are no other options to keep them safe. • Women and children resident in refuges will be assisted to feel safe and supported • using an outcomes based approach they will be supported to move towards independent living within 6 -9 months of arrival • 29 units for single women and women with children 	£180,000
4. Recovery and independence	
4a. Programmes	£tbc
4.b Counselling	£tbc
4.c Floating support	£tbc
5. Perpetrator interventions	
5a. Community based voluntary scheme such as Making Changes or other (pending outcome of a perpetrator intervention task and finish group recommendations)	£90,000
6. Domestic Homicide Reviews	
6a. Countywide funding pot for domestic homicide reviews	£15,000

Governance and review

Current governance structure

The governance structure for domestic abuse was revised in November 2015 to change accountability for the Children's domestic abuse strategic group to report to the Children's Trust rather than the Oxfordshire Safeguarding Children's Board. In January 2016 there were interim governance arrangements put in place (see appendix 2) pending the outcome of the current Strategic Review which brought the former domestic abuse strategy group and the Children's domestic abuse strategy group together and redefined them as an advisory group for the duration of the Review with the intention there would be proposals for governance going forward once complete.

Feedback was sought on the current governance structure for domestic abuse. The key points raised were that it

- Is complicated and includes multiple reporting routes to partnerships and strategic groups
- Needs stronger links to civil and criminal justice bodies
- Needs to incorporate user voice
- Is unclear on where strategic as opposed to operational work should be undertaken and who should be involved to take issues forward
- Needs to include agencies working in sexual violence and strengthen strategic links between this work and that of domestic abuse
- Does not include effective oversight and accountability for the implementation of actions from Domestic Homicide Reviews
- Needs roles and responsibilities clearly set out to ensure oversight of delivery and effective challenge

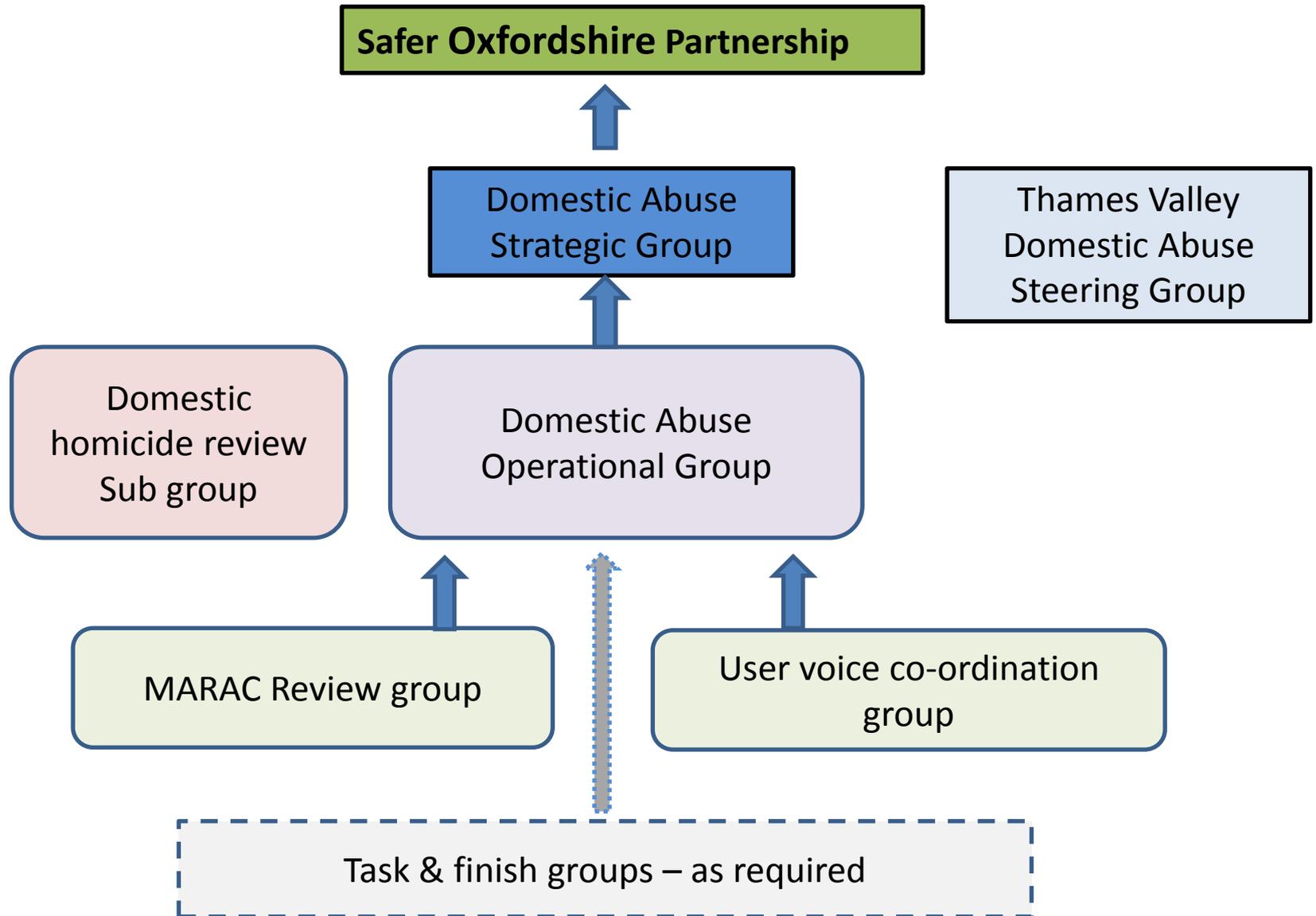
Proposed governance structure

In the proposed governance structure set out on the next page the lines of reporting are simplified and only reports to one partnership body, the Safer Oxfordshire partnership. Links currently being developed between the SOP and other partnerships mean that relevant issues may be raised and shared at this level rather than having multiple lines of reporting and accountability.

Strategic and operational functions are clearly separated and it is expected that broad agency involvement will be present in both strategic and operational groups. The addition of a Domestic Homicide review group seeks to address the current lack of governance to ensure actions from DHR are appropriately carried out and accounted for. The civil and criminal justice group will seek to address matters of concern and changes in the law, procedure and policy relating to domestic abuse. The user voice co-ordination group will seek to take forward some of the learning from user involvement work undertaken as part of this Review and will include reporting to both strategic and operational groups.

All groups from the Strategic Group down will need to be newly set up with terms of reference and membership ensuring appropriate challenge and checks on activity are in place.

Proposed governance structure



Recommendations

1. Endorse and implement a pathway of domestic abuse services based on the identified needs set out in this document (see page 58 - 60 for proposed pathway and service details)
2. Implement the proposed new governance structure for domestic abuse (see pages 59 -60)
3. Set up task & finish groups to consider (i) how to address “hidden” domestic abuse, (ii) improve prevention work, including work in schools and GP Practices (iii) multi-agency approaches and possible improvements to data capture in relation to domestic abuse including environmental scanning across the Thames Valley, (iv) the viability and effectiveness of a range of perpetrator interventions
4. Adopt a co-commissioning approach that identifies resources, agrees a range of outcomes and measures success and implementation.
5. Service user voice to be included in all service development and commissioning work considering the approaches highlighted in this Review and ensuring user voice reporting to both the domestic abuse operational group and to the domestic abuse strategic group.
6. Strengthen connections both strategically and operationally between domestic abuse and sexual violence delivery.
7. Training strategy for domestic abuse to be developed and co-funded to deliver multi-agency training
8. Recommend that the Safer Oxfordshire Partnership develops a 5 year strategic plan for domestic abuse considering the funding for the sustainability of service provision and the longer term outcomes for victims across Oxfordshire.
9. Develop and implement an information strategy to ensure that appropriate and accessible information is accessible both to those affected and those responsible for responding to domestic abuse

Appendices

- Appendix 1: Glossary
- Appendix 2: January 2016's Interim Governance

PAGES 66-68

Appendix 1: Glossary

ASC	Adult Social Care
BAMER	Black, Asian, Minority Ethnic and Refugee
BB4K	Bounce Back 4 Kids
CAIU	Child Abuse Investigation Unit
CIN	Child in Need
CP	Child Protection
CSC	Children's Social Care
CSE	Child Sexual Exploitation
CSP	Community Safety Partnership
DA / DVA	Domestic Abuse / Domestic Violence and Abuse
DAIU	Domestic Abuse Investigation Unit
DASH	Domestic Abuse, Stalking & Honour-based violence risk indication checklist
DHR	Domestic Homicide Review
DOM 5	Police risk indication tool for DASH
FGM	Female Genital Mutilation
HBA	Honour Based Abuse
IDVA	Independent Domestic Violence Advisor
ISVA	Independent Sexual Violence Advisor
KIDVA	Childrens Independent Domestic Violence Advisor
MARAC	Multi Agency Risk Assessment Conference
MARAMP	Multi Agency Risk Assessment & Management Plan
MASH	Multi Agency Safeguarding Hub
OCC	Oxfordshire County Council
ODAS	Oxfordshire Domestic Abuse Service
OSARCC	Oxfordshire Sexual Abuse and Rape Crisis Centre
OSCB	Oxfordshire Safeguarding Children's Board
SARC	Sexual Assault Referral Centre
TVP	Thames Valley Police
VAWG	Violence Against Women and Girls
YP	Young People / Young Person

Appendix 2: January 2016's Interim Governance

