CAADA co-ordinated action against domestic abuse

Hertfordshire Domestic Abuse Review

Review of Countywide Domestic Abuse Framework and Provision of Services

December 2014

caada
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Contents

We would like to thank all service providers, local authority stakeholders, the Community Safety Unit, and the Office of the Police and Crime Commissioner (PCC), who we spoke to and met during the course of producing this review. Their willingness to share information and expertise helped us shape this report. We recognise the widespread commitment and expertise among those providing services to victims of domestic abuse. They work in a sector with many challenges. It is the evidence and views of many of those in the sector that have informed our report. We hope that this report makes a real difference to the lives of families living with domestic abuse and helps to make them safe.

Disclaimer[1]

The funding amounts, engaged referral numbers and other figures in the report have been derived from information provided to us by services and funders. This data was not available on a consistent basis or time frame and in some cases we have had to impute the numbers from other sources or using our national datasets and experience of the sector. We believe that these numbers should be used as best estimates but not as exact figures.

[1] This report is provided under the terms of our contract with Hertfordshire County Council dated 10th September 2014.

1 Executive summary

1.1 Introduction

In September 2014, following an invitation from Hertfordshire's County Community Safety Unit, CAADA began to review how the key public and voluntary agencies in the area respond to domestic abuse. The review focused on the response of the specialist domestic abuse services (both commissioned and grant funded), and the referral pathway into and out of these services from the main statutory agencies. We did not review the direct response of the main statutory agencies however some of our recommendations are also relevant to them. The review was supported and funded by Hertfordshire's police and crime commissioner. CAADA is a national charity. We regularly advise police and crime commissioners and local services across the country how to improve their response to domestic abuse.

Our review recommends changes to the whole system of responding to domestic abuse in Hertfordshire. CAADA believes that these recommendations, if implemented in full, will mean that more families in Hertfordshire will get appropriate help more quickly.

1.2 How we went about the review

CAADA interviewed specialist staff in domestic abuse services, as well as staff working for council services, the police, probation and health services. We also spoke to twelve women who had experienced domestic abuse about what more would have helped them. CAADA reviewed the funding for domestic abuse services, and the staffing, ways of working and referral routes for the commissioned services that exist in Hertfordshire. We looked at data from the police and from domestic abuse services, and compared these with national benchmarks.

1.3 Findings

We applaud Hertfordshire for recognising the need to improve services for victims and children in their area and commissioning this review. We found that there is some good practice in Hertfordshire but, as in the majority of areas around the country, there is a need for significant further change to improve provision and the options available for families affected by domestic abuse.

1.3.1 Identifying victims, children and perpetrators as early as possible

In common with all areas, in Hertfordshire the police identify most victims and perpetrators of domestic abuse. The process to refer high-risk victims from the police to the independent domestic violence advisor (IDVA) service is working well. However, relatively few victims (those in just 3% of incidents compared to a more usual range of 10 -22%) are assessed as high-risk compared to other forces. There are also fewer referrals of victims with mental health and substance misuse issues than expected.

The police increased the capacity of their domestic abuse unit during 2014. This, together with the decision to refer all cases with more than three callouts to the MARAC (multi-agency risk assessment conference) means that more high risk families will be identified for referral to MARAC earlier. We are concerned that other agencies, in particular A&E, mental health and substance use, are not consistently identifying and referring victims. Only the police and probation routinely identify perpetrators.

The capacity of the Independent Domestic Violence Advisor team and MARAC have been overstretched. This limits the effectiveness of the response to victims. Pathways to specialist support for medium-risk victims are unclear, leaving these victims to negotiate their own way among multiple agencies and providers. While there is a system to look at the risk to children, there is currently no system to look at risk to adult victims and their children in the round or record data across agencies about the level of risk and needs of families.

Services could be improved by expanding existing arrangements in the Targeted Advice Service to look at the risk to children and adults in their entirety. The agreement to implement a MASH is a welcome development as is the proposal to develop Family Safeguarding Teams through the DfE Innovation Fund if the bid is successful.

1.3.2 Specialist domestic abuse services

In terms of specialist domestic abuse services in Hertfordshire, there are six refuges, a countywide IDVA service, a small amount of commissioned provision for perpetrators and children, and some other services such as support posts and helplines. Domestic abuse services across the county are helpfully all already under one brand, Sunflower, and accessible through one website.

It is good that the IDVA service for the county is managed through one contract so it is not fragmented between different providers. The service has six IDVAs who support 694 high-risk victims[2] and this costs £270,000 (£390 per victim). The average annual caseload for the IDVA service is more than double our recommended level at 120 per IDVA per year meaning that the service is significantly overstretched and outcomes for victims are suffering as a result. The Police and Crime Commissioner's Office has provided funding for an additional three IDVAs but this remains an area for concern.

There are six refuges in Hertfordshire, and the number of refuge beds per capita is at the national average. Eighteen support workers support 241 victims and this costs £720,000 (£3,000 per victim). The average annual caseload for refuge support workers is 13 victims per year, which is lower than the national average.

There is very limited provision for medium- and standard-risk victims. There is also little provision for children in specialist commissioned services, with around £100,000 allocated to supporting those whose mothers are living in refuges. We understand that there are about 2,500 cases open to Children's Services of which 60% have domestic abuse as an issue. There is little in the way of specialist commissioned support for families from minority communities or for families with complex needs although almost 800 families experiencing domestic abuse were supported through the Thriving Families programme up to the end of September 2014. Provision for perpetrators in and outside the criminal justice system is very limited.

1.3.3 Funding

Hertfordshire spends £1.64m specifically on domestic abuse services. This is low compared to other counties at just £120 per police incident compared to a usual range of £146-£236. The impact of this funding is diluted as it is divided across 36 funding streams, which leads to fragmentation in services.

The majority of funding (49%) is from the county council's housing support service, and pays for refuge places and some associated outreach for those victims and their children who are in refuges. The remaining funding is currently piecemeal and insecure. The IDVA service is funded at a level of £29 per police incident, compared to a usual range of £27-£102. This leads to practitioners working with caseloads

[2] The IDVA service received referrals of 1,163. We use an estimate of engaged victims, net of repeats.

that are too high. Our recommendations aim to give a better balance to provision.

1.3.4 Leadership and governance

There is a real enthusiasm to better protect families amongst many of the committed leaders and practitioners we met but current governance arrangements do not fully support this. Across Hertfordshire, there is no single plan to respond to domestic abuse that is joined-up, funded at the appropriate capacity or enjoys the right support across all agencies. Some critical agencies are not engaged in the domestic abuse strategy, do not contribute funding or refer victims for help. Services are not commissioned together to give a whole-system response, based on risk and needs analysis.

Domestic abuse is significantly underfunded compared to other parts of the country. Funding and engagement from clinical commissioning groups, public health and council services is disproportionately low compared to the extent to which the cost of failure lands on these agencies. Funding for domestic abuse response is also fragmented across many funding streams, leading to inefficiency, and is not allocated on need and risk.

Local services do not work to common standards or shared outcomes which inform service development or funding decisions. There is no scrutiny of how well the county as a whole is responding to domestic abuse, and the arrangements to ensure learning from innovative practice and from domestic homicide reviews are inconsistent across the partnership.

1.4 Recommendations

Our overall recommendation is that Hertfordshire should create an effective care pathway for domestic abuse from initial identification to step down and recovery, so that families living with domestic abuse can be made as safe as possible.

To do this, Hertfordshire must aim to:

- Identify all victims, children, and perpetrators of domestic abuse, as early as possible and ensure robust referral and care pathways are in place.
- Make sure there is enough capacity to respond by risk and need to all families and perpetrators affected by domestic abuse.
- Make sure that all domestic abuse services are accredited and effective.
- Foster innovation, learning and development across all agencies.

What this will look like:

- Bring in joint commissioning of all domestic abuse services countywide, based on an agreed understanding and thresholds of need and risk.
- Set up a champions' network, where workers in all agencies are trained in domestic abuse awareness and how to refer victims for help.
- Build on the Targeted Advice Service (TAS) approach for addressing risk to children, by including related issues such as parental substance misuse and/or mental health problems and by reviewing risk to both the victim and the child in the round with the aim of providing linked support. In the

longer term, this can be the place where anyone can raise a concern about a victim. It would triage all children where there is a safeguarding concern as well as adult victims of domestic abuse, including those without children.

- For victims and families at all levels of risk, make sure that universal services provide information and signposting.

- For victims and families at medium and high-risk, make sure there are enough IDVAs and specialist caseworkers helping victims and families to be safe. There also needs to be support to recover once the abuse has stopped, with linked support for children.

- For victims and families at high-risk, ensure that MARAC is appropriately resourced so it can make high- quality action plans to stop high-risk abuse. Make sure that there are enough specialist community and residential domestic abuse services. The Hertfordshire Partnership should also pilot proactive management of serial and repeat perpetrators.

- Build capacity for innovation, learning and development, so that Hertfordshire knows what works to stop domestic abuse, and can roll it out.

The overall cost of implementing CAADA's recommendations is £2.4m. This would mean Hertfordshire spending £175 per police incident and £1,200 per (expected) service user – closer to the range of spending we see elsewhere. It would also allow a more balanced allocation of funding to community- based provision that supports families to live safely in their own homes. We assume that funding for refuge provision will remain unchanged. A significant investment via a pooled budget in the expansion of the proposed MASH (or One Front Door), the IDVA service for high-risk victims and specialist caseworkers for medium risk victims will be required. This should provide the basis for earlier identification and more consistent provision of a linked response to the non-abusing parent and their child.

2 Current domestic abuse services provision in Hertfordshire

2.1 Referral arrangements

There are clear pathways for high risk victims but too few victims are being identified and referred to MARAC.

Overstretched IDVA /MARAC capacity is inhibiting the effectiveness of the identification and response to victims.

Pathways for medium risk victims are unclear, leaving these victims to negotiate their own way among multiple agencies and providers.

Non-police statutory agencies, in particular health agencies and children's services, are not identifying and referring victims.

There is no systematic coordinated review of risk to both victim and children, and no clear pathways to linked support for victims and children.

The agreement to implement a MASH is a welcome development which should transform access to support. There is very little (non-criminal justice) identification and response to perpetrators. Referrals of victims with diverse needs are generally low relative to the local population.

2.1.1 Victims

Table 1: Hertfordshire Police incident data in the year to July 2014

Police incidents by risk level	DASH RIC thresholds	Numbers	%
High risk	>14	364	3%
Medium risk	8-13	3,439	25%
Low risk / not known	0-7	9,855	72%
All incidents		13,658	
(repeat rate)		41%	

The majority of victims visible to agencies are those that contact the police. The police attend around 14,000 incidents of domestic abuse, of which about 4,000 are medium or high risk.

Referral pathways from the police to support services, namely IDVA and MARAC, for high risk victims are clear but there are a number of issues of concern:

- The police are under-identifying high risk victims at 3% (364) of incidents compared to other police force areas where we typically see high risk at around 10% of all incidents. This may in part be due to the risk thresholds being set high at 14+ ticks on the ACPO DASH for high risk.

- In a welcome development, the police have invested £280,000 in additional capacity in the Police Domestic Abuse Unit (DAU) and have begun to address the under-identification of high risk victims.

- MARAC referrals were low compared to benchmarks, but a recent change to referral criteria has led to a marked increase. This has not been reflected in a similar increase in the rate of identification of high risk victims as it appears that the 'new' victims are still regarded as medium or lower risk.

- There is well-founded concern that the increased capacity in the Police Domestic Abuse Unit and the application of the new MARAC referral criteria is exacerbating an already overstretched IDVA/MARAC system. We view this as a temporary issue which should resolve with adequate IDVA capacity and improved referral and assessment arrangements within the proposed MASH. There may be a case for holding fortnightly MARAC meetings or splitting the current footprint of the three MARACs into five MARACs to match the double district structure used by council services for children but this should be addressed in conjunction with the MARAC Development Officer.

Referral pathways from the police to support services for medium risk victims are unclear.

- We could not find any evidence that victims assessed as medium risk by police (in 3,439 incidents) were offered tangible support beyond sign-posting as their cases are not routinely tracked. This is concerning, because of the under-identification of high risk victims by police. We think there will be a number of victims in this cohort who would be reassessed as high risk by IDVAs if they had enough capacity to do this work.

- Support services for non-high risk cases are very fragmented with geographical gaps in provision, leaving victims to navigate their own way among multiple agencies and providers, and even if these victims do access support, not all services routinely risk assess or work to sector standards.

We know there are likely to be many more victims in contact with other statutory agencies, but they are not being routinely identified. Referral pathways from non-police agencies to support services are less clear, and under utilised. This is reflected in very low referrals to the IDVA service and MARAC from non-police statutory agencies:

- Combined referrals from council services for children, primary and secondary care, education, mental health, and substance use services are very low at only 3% of all MARAC referrals. Housing referred 9% and probation 3%.

- We note a similar picture for non-police statutory agencies referrals to the IDVA service, with the exception of council services for children and health visitors which account for about one fifth of referrals to the IDVA service.

2.1.2 Children

Council services for children do not have reliable consistently collated or monitored data on the numbers of children where domestic abuse is a concern, other than DV notifications from the police. We would expect there to be a number of referrals to council services for children where domestic abuse is not the presenting need, but is a risk factor. These cases are concerning because unless there is police involvement, pathways to support services for the adult victim which could significantly reduce risk to both the parent and child, are unclear.

- Council services for children referred only 15 cases into MARAC in the year to March 2014. Education and primary care services did not refer any at all. Nationally, this is around 2.2% but there is a wide range with some MARACs seeing over 15% of referrals from primary care and 7% from education.

- Council services for children and health visitors do refer to the IDVA service, but as data is not available, we were unable to ascertain whether these were as a result of DV notifications from police circling back around the system or if these were new cases without police involvement.

In Hertfordshire the police record all incidents where a child is a witness or present in the house, and notify the Targeted Advice Service (TAS). Where the child is under 5 years old, the notification (including details of the risk level and incident) is also sent to health visitors. In the year to July 2014, there was a child in the house or a witness in 40% of high and medium risk incidents.

TAS is a multi-agency triage service for all safeguarding children concerns, to ensure the right response to children at risk the first time, without delays. The TAS team comprises mainly social workers (5 FTE) with some participation by probation (0.3 FTE), health visitors (0.2 FTE), and two civilian police staff. There are a further 10 to 12 information and advice researchers, who provide a consultation advice line for practitioners.

- In the year to July 2014, the police provided TAS with 7,791 DV notifications, a quarter of which were in respect of children already known to children's services and a further 7% (548) lead to a new referral to children's services. One fifth (1,664) of the notifications were transferred to the Integrated Education System (IES) for children not meeting child protection thresholds, but where some concerns remain. 42%(3,247) of notifications are simply recorded as a contact, and a letter is sent to the family, and 8% (618) are 'no further actioned' (NFA'd).

- DV notifications do not constitute a referral but a 'contact', and as such the notification cannot be described as a referral pathway, rather it is a screening mechanism for child protection services with more timely sharing of information. Unless thresholds are met, the information is not shared with other agencies, for example schools, without the consent of the parent.

- The focus of TAS is on the risk to the child only, and no further assessment of risk to the parent is made or investigated by the TAS team.

- In any case there is very little provision of linked specialist domestic abuse services for both the child and the parent, and therefore no consistent referral pathways particularly for those children who do not meet child protection thresholds.

- We understand that there is agreement to implement a countywide MASH, to triage domestic abuse cases of all risk levels (with children) and to enable potentially a more dynamic response from agencies. It is likely that this will build on the existing TAS arrangements. This is a welcome development, which should improve identification and referral, and thus safety for victims and children, but only if the risk to both child and parent are assessed and linked support services are commissioned. The proposal to develop Family Safeguarding Teams through the DfE Innovation Fund is also a welcome development if the bid is successful.

Table 2: Hertfordshire Police incidents for the six months to September 2014 where children were present in the household or witnesses

Police incidents by risk level (for 12 months to July 2014)	Total police incidents	% total incidents	Incidents with children present (DV notifications)	% of incidents
High risk	364	3%	159	44%
Medium risk	3,439	25%	1,352	39%
Low risk	9,855	72%	2,682	27%
All incidents	13,658		4,194	31%
Notifications to health visitors (children under 5)			~4,000	
TAS notifications for the same period (children any age)			7,791[3]	

2.1.3 Accessibility to services

Victims, who contact the police, will be referred to an IDVA and MARAC if they are assessed as high risk. Where a crime is recorded and the victim consents, they will be contacted by Victim Support who also manages the IDVA service.

Otherwise in Hertfordshire all domestic abuse services are amalgamated under the Herts Sunflower branded website, so that victims can access one point for all information and links to local and national services. Due to a cut in funding, the associated helpline for Herts Sunflower is run as a separate (underfunded) charity. The helpline staff members attend local domestic violence forum meetings and maintain an up to date directory of all local services and programmes. Trained volunteers provide a signposting only service from 10am to 10pm Mondays to Fridays.

In spite of the Herts Sunflower website and helpline, victims not identified as high risk by police or other agencies must negotiate a confusing and fragmented pathway to access information and support. For example:

- Victims can self-refer to the IDVA service, any of the six refuges, two outreach services or attend drop in sessions at two women's centres. All of these services offer different types of support, have different access criteria and work to different standards of practice.
- Young people accessing the Herts Sunflower website are directed to national services such as the Hideout or Freedom Charity or 'This is Abuse', the latter via Channel Mogo (for young people in Hertfordshire). We were unable to navigate to any local domestic abuse service via these links.
- In addition to the National Domestic Abuse Helpline, there are six local helplines for victims of domestic abuse and a further four for victims of sexual abuse or rape (see appendix 13, table 7).
- Professionals are able to call any of these 11 helplines and the IDVA service for advice.

[3] More than one child per incident.

Table 3: Breakdown of % of diverse groups accessing services

	Population	MARAC	IDVA	SARC
B&ME	19.2%	14.8%	34%	25.9%
LGBT	5-7%	0.1%	0%	Not recorded
Disability	14.3%	1.3%	6%	10.8%
Male victims	n/a	2.9%	3%	6%
16/17yr olds	3.3%	3.5%	2%	9.6%

The IDVA service is seeing a higher percentage of B&ME victims than the local population but this does not translate into MARAC referrals. The reasons for this are unclear. We did not receive B&ME data from the majority of the refuge and outreach services.

There are currently no local specialist domestic abuse support services for victims or perpetrators from diverse groups, and accessibility to existing services is often not recorded. Victims and services are expected to access information and advice from national organisations as needed. A number of agencies raised this as an issue, particularly in relation to B&ME and male victims. The Herts Sunflower helpline identified receiving an increase in calls from male victims, and from victims from minority ethnic backgrounds.

For victims with complex needs (mental health and substance misuse issues) there is just one service in Broxbourne for families with alcohol and domestic abuse issues run in partnership by Safer Places and Crime Reduction Initiatives (CRI) supporting 35 families a year.

There is some evidence of screening for domestic abuse at assessment by substance misuse and mental health services, but there are no referral pathways or domestic abuse protocols to inform workers what to do with disclosures. It was unclear what training is provided to enable workers to screen effectively. We were not made aware of any data collected on numbers of disclosures to give insight into the prevalence of these dual or multiple issues.

2.2 Description of existing service provision in Hertfordshire

One countywide IDVA service with 6 IDVAs supports 694 mostly high risk victims with funding of £270,000 or £390 per engaged victim. The average annual caseload for the IDVA service is around double the recommended safe caseload at over 120 per IDVA per year. It is unlikely that victims are achieving expected outcomes at these caseloads.

18 support workers supported 241 victims in six refuges with funding of £720,000, almost £3,000 per accommodated (engaged) victim. The average annual caseload for refuge is 13 per support worker.

There is limited and highly fragmented provision for medium and standard risk victims.

There is little specialist commissioned provision for children. There is broader provision within services such as CAMHS and Thriving Families.

There is very little provision for perpetrators. Outcome monitoring is not consistently tracked.

Table 4: Domestic abuse service services in Hertfordshire

Services in Hertfordshire	Number of engaged victims supported	FTE[4] support workers (FLP[5])	Caseloads	£ m expenditure (per victim)
IDVA service (1 service)	694	6	120	£0.27m[6] (£390)
Refuge (support only)[7] 7 refuges, 5 providers	241	18	13	£0.72m (£2,980)
Other community-based support for all risk levels	316[8]	9	na	£0.31m[9]
Domestic abuse service provision (community and refuge)	Unknown overlap/ out of area	33		£1.30m
New IDVA posts not included above				£0.13m
Funding for children in refuge not included in above				£0.11m
Funding for perpetrator programmes				£0.04m
Other (helpline, Domestic Abuse Co-ordinator, Domestic Abuse Recovering Together (DART), etc)				£0.11m
Total spending on domestic abuse in Hertfordshire These figures include £53,000 from grant making trusts.				£1.69m

Table 4 shows only the engaged service users and does not indicate a far higher rate of referrals to all services. This is not to deny the work done with victims who do not engage fully with support.

2.2.1 Community-based services

In Hertfordshire there is one IDVA service with 6 IDVAs (plus 3 new posts pending) for the whole county, managed by Victim Support under one contract. In addition, there are two further IDVAs located in hospitals but these were not in post for the period we reviewed.

There is a serious and potentially dangerous gap in provision for high risk victims resulting in unsafe IDVA caseloads, high levels of unmet need, high attrition rates, and only signposted pathways to step down and recovery or victims who are most at risk of serious harm or murder.

[4] Full time equivalent.
[5] Frontline professional.
[6] This figure excludes the funding for the new IDVA posts which were not included in this analysis as they were not yet in post.
[7] Refuge costs are for support only and not the cost of buildings and maintenance which is funded by housing benefit in the form of rent (an additional £0.76m).
[8] The data provided for other community-based services (mostly outreach) is that recorded on performance indicator returns to Accommodation Solutions, but also includes the alcohol project run by Safer Places, and an estimated caseload for two advisors at the Hertfordshire Women's Centre.
[9] Includes around £40,000 of funding from grant making trusts

- There were 1,163 referrals to the IDVA service (including 19% repeat victims), of which an estimated 857 engaged[10]with the service. We estimate this to be 694 victims net of repeats.

- The proportions of engaged victims advised on various interventions appear low compared to national benchmarks, indicating a high level of attrition. We believe this is most likely due to a lack of capacity to maintain engagement (Appendix 12, Table 4).

- Caseloads for the IDVA service are above 120, when the recommended caseload per FTE IDVA is 60-70 engaged victims.

- The IDVA service does not monitor outcomes so we are unable to say whether the service is achieving positive outcomes for victims. We do not believe it is possible to achieve national benchmark outcomes for victims at these caseloads.

As a result of changes to MARAC referral criteria, the IDVA caseloads have increased further. In response, 3 new IDVA posts have been funded to March 2015. The first 2 months' referrals using the new criteria indicate that well over 3 additional IDVAs would be required to absorb the additional referrals, and thus the new posts will not reduce the overall caseload to safe levels.

Locating IDVAs in health settings will enable identification of some hard to reach victims. The profile of victims accessing the hospital-based IDVAs is likely to be different to those identified by the police, therefore these 2 hospital posts are unlikely to reduce existing caseloads to safer levels. For example, the IDVA in the Lister hospital has worked, in the first 13 weeks in post, with an annualised caseload of around 60 victims, 30% high risk and 70% medium risk.

Provision for medium risk victims in the community is both fragmented and limited. All of these services provide far more support, often unfunded, to many more victims than indicated in Table 4, so imputed caseloads are not a fair reflection of the work done. Outreach services attached to refuge and the women's centres provide group recovery support, drop in sessions, and some one-to-one support. Services appear to be working with all risk levels and receive some referrals from MARAC, but they are not consistently delivered to agreed sector standards on a risk-led basis, cases are not tracked and outcomes are not routinely monitored.

Linked specialist domestic abuse services for the child and the parent in the community is limited and ad hoc. Funding is piecemeal and insecure and access to the services is not based on the assessed risk to both parent and child.

Victim Support: for those victims of a recorded crime who consent to support, the regional victim care unit of Victim Support will call victims to offer support and advice (open 8am to 8pm Monday-Friday and 9am to 5pm Saturday). Last year 100 domestic abuse victims were supported by volunteers. Victim Support maintains an up to date local directory, receives daily updates from refuges on line, and ensures all volunteers are adequately trained. Even though the service is centralised on a regional basis covering Essex, Hertfordshire, Cambridgeshire, Bedfordshire, Norfolk and Suffolk, staff is allocated to counties and 60% of victims are from Essex and Hertfordshire. We were not able to determine the extent of duplication between the service offered by Victim Support compared to that offered by the Local Herts Domestic Abuse Helpline, which provides signposting only.

[10] Engaged victims with a known risk level.

2.2.2 Refuge

There are a total of 84 beds (units) with room for around 150 children of victims in refuges in Hertfordshire, managed by five different providers under six contracts.

Refuge is provided by 18 frontline practitioners in the refuges supporting 241 victims. Caseloads for victims receiving accommodation-based support are markedly lower than those receiving IDVA support. The average caseload for refuge is 13. This compares to an estimated average[11] in England and Wales of around 17, and the recommended safe IDVA caseload of 60-70.

Children of victims in refuge receive dedicated support linked to support for the non-abusing parent.

We address the provision of and recommendations for refuge in detail in Section 5.

2.2.3 Other domestic abuse provision

Recovery and step-down support is provided by refuges and women's centres offering group recovery programmes, one-to-one support and counselling, with some additional group programmes facilitated by children's centres. There is limited support for male victims. We estimate that around 370 women participated in about 26 recovery programmes from multiple providers, with very limited and insecure funding.

There are 3 programmes supporting male perpetrators in both the community and criminal justice/civil court services. Within the Criminal Justice System (CJS), there were less than 100 men who started the Integrated Domestic Abuse Programme (IDAP) (62 completed), while outside the CJS, there were 12 who began a programme because of their Family Court involvement and just 10 starting the voluntary perpetrator programme Hertfordshire Change. There is also a small Caring Dads programme. The number of places on the programmes is extremely limited in comparison with the number of perpetrators. Additionally, the police have interventions in place for a small number of serial perpetrators. At the time of the report we were not provided with information on the number of domestic abuse serial perpetrators targeted or the criteria used to identify them.

There are several training programmes in Hertfordshire covering domestic abuse awareness and risk assessing facilitated by a number of organisations. Training is not co-ordinated or quality controlled. Information on courses is not managed centrally and may be difficult to navigate. There is no monitoring of the impact of any training on identification or referral rates to either MARAC or the IDVA service.

The Sexual Assault Referral Centre (SARC) works with men and women from the age of 16+ who have experienced sexual violence within the previous 12 months, offering support with the criminal justice process, safety planning, accessing health support and signposting to other sexual violence services for counselling. In the last year 251 people accessed the SARC.

[11] Derived from the Women's Aid Annual Survey 2013 (Annex pages 39 and 45) Estimated numbers of beds (units), victims and frontline practitioners in refuges in England.

2.3 Funding of domestic abuse services in Hertfordshire

Total spending on domestic abuse services in Hertfordshire is £1.64m which is low compared to benchmarks. There are 36 different uncoordinated funding streams.
The majority of funding is paid by Accommodation Solutions for refuge and some outreach. The remaining funding is piecemeal and insecure.

Half of the all funding of services goes to a relatively small number of victims and their children in refuge, creating a distortion in the allocation of resources versus need, in part because of the underfunding of the IDVA service.

There is no ongoing dedicated funding for perpetrator programmes outside the Criminal Justice System.

Current funding for domestic abuse in Hertfordshire, as outlined in the following tables, amounts to £1.64m. This funding is provided in 36 different uncoordinated funding streams.

Half (£0.8m) of all funding into domestic and sexual abuse provision is commissioned by Accommodation Solutions (Health and Community Services Directorate) to service providers delivering accommodation-based or outreach (floating) support. The remaining half (£0.8m) of funding from various other sources, including the PCC and County Community Safety Unit (CCSU) and Children's Services is piecemeal, uncoordinated and insecure.

The allocation of funding for support provided to victim services either in the community or in refuge is distorted by the acute lack of funding for the IDVA service:

- 44%[12] (£0.72m) of funding is paid to refuge to support 241 victims at an average cost of almost £3,000 per victim. A further 6% (£0.01m) is paid to support children in refuge.

- 16% (£0.27m) of total funding is allocated to the IDVA service to support 694 high risk victims[13] at an average cost per victim of £390, around half the recommended spend per victim. A further 8% (£0.13m) has been allocated for the additional IDVA posts[14].

- A further 16% (£0.27m) is allocated to other community-based services. This excludes the funding from grant making trusts, which contribute another 2-3% (£0.04m).

Health funds less than 3% (£0.04m) of all funding into domestic service provision. East and North Hertfordshire CCG pays for an IDVA post in the Lister hospital. The PCC has contributed to the other health IDVA post in the Watford hospital.

We were not made aware of any ongoing dedicated funding for perpetrator programmes outside of the criminal justice system, except for £35,000 for two small pilot programmes for 10 men each in Hertfordshire Change, and some £8,500 for Caring Dads from the targeted parenting fund. A further

[12] This excludes rental income paid by housing benefit to cover the building and utilities.
[13] 16% of victims supported by the IDVA service were medium risk.
[14] The additional funds for new IDVA posts and the hospital posts are not included because over the period reviewed these IDVAs were not in post yet or for long enough and there were very few associated referrals.

estimated £270,000[15] funds the SARC in Hertfordshire.

Table 5: Analysis of sources of funding

Sources of funding[16]	Amount (£'000)	% Total
Accommodation Solutions	813	49%
PCC or Herts County Constabulary	300	18%
County Community Safety Unit	172	10%
Children's Services	148	9%
Borough/district councils	140	9%
NHS (CCG)	40	3%
Ministry of Justice	30	2%
Total	£1.64m	100%

Table 6: Analysis of funding for services

Funding for services[17]	Amount (£'000)	% Total
IDVA (high risk victims) including new posts	402	24%
Other community provision (Outreach, alcohol project)	271	17%
Total community-based provision	673	41%
Refuge (support element only)	718	44%
Refuge children's support	94	6%
Total refuge provision	812	49%
Perpetrator programmes	43	3%
Other (Helplines, Domestic Abuse Co-ordinator, DART, hotel costs for victims)	114	7%
Total spend on domestic abuse services	£1.64m	100%

[15] As NHS England has the lead commissioning responsibility for sexual assault services, we have not included the SARC or other sexual violence provision or this funding in our review.
[16] The funding amounts, used in the report have been derived from information provided to us by services, and funders. This data was not available on a consistent basis or time frame and in some cases we have had to impute the numbers using other sources. We believe that these numbers should be used as best estimates but not as exact figures.
[17] As above.

2.4 Current leadership and governance in Hertfordshire

Governance structures are not yet in place to effectively plan, commission and scrutinise services for domestic abuse.

Without an overarching strategic plan, services are not commissioned in the context of the whole system, resulting in shortages in capacity, ineffective scrutiny, and poor use of resources in places '.

Domestic abuse is underfunded compared to other cross cutting social issues.

Funding and engagement from health and children's services is disproportionately low compared to the extent to which the 'cost of failure' lands on these agencies.

Outcomes from any learning and development, if translated into practice, are not monitored.

Where the health and safeguarding needs of domestic abuse victims and their children are not being consistently addressed by agencies (often due to resources) that are able to have a significant impact on their wellbeing outcomes.

Domestic abuse is a complex, cross-cutting social issue requiring multiple interdisciplinary agency responses, and the same agencies suffer the financial cost of getting it wrong - local analysis suggests up to £517.5m[18] - whilst the victims and their families suffer the very real human cost.

It is clear that domestic abuse services should be planned and commissioned jointly, as it is for drug, alcohol, and mental ill health support services. It is our view that in Hertfordshire, the governance structures to achieve this are not yet in place, and the danger is that vulnerable adults and children are falling through the gaps in the system between commissioners.

As yet there appears to be no overarching strategic plan addressing every stage of a victim's journey from identification to recovery, agency goals are not aligned and decision making is not evidence-led. The various funders and commissioners with responsibility for planning provision appear not to have a clear understanding of the prevalence of domestic abuse by risk, or the capacity required to support the current visible need. As a result:

- Capacity shortages appear to inhibit the effectiveness of interventions and the development of the specialist skills necessary to address additional vulnerabilities, for example where significant drug, alcohol, or mental health issues are present or other hard to reach groups such as B&ME, teenagers, or LGBT victims.
- Services do not appear to be required to work to consistent sector standards.
- Safety and wellbeing outcomes are not effectively scrutinised and services are not collecting consistent data or outcome metrics. For example, the IDVA service collects data on outputs and referrals but not outcomes, and the refuge data is focused on housing rather than victim safety outcomes.
- Inefficient referral arrangements both in and out of services can lead to disengagement and the

[18] The figure of £517.5m, imputed using the Local Government Authority Ready Reckoner tool, was provided to us by the CCSU.

inefficient use of resources. For example, where there are unclear protocols and/or high thresholds for referral from specialist adult services to universal services. This is particularly true for victims in refuge needing housing, children not reaching child protection thresholds or vulnerable adults not reaching adult safeguarding thresholds.

- There is only very limited provision for perpetrators.

- Evidence is not being consistently kept about the impact of existing commissioned services on the safety of victims and children.

Governance structures are not yet in place to effectively plan, commission and scrutinise services for domestic abuse. Thus, a coherent commissioning framework which might foster wider participation is not yet in place.

The result is that:

- Domestic violence services are underfunded in Hertfordshire.
  - We have comparative data for a number of counties, and at £120 per police incident, Hertfordshire is the lowest we have seen yet, the range being from £146 to £236 per police incident. Hertfordshire is not unusual in underfunding IDVA services at £29 per incident, where we have comparative data for other counties ranging from £27 to £102 per police incident.
  - Table 6 indicates that funding per service user for domestic abuse is well short of that for other cross cutting social issues. £1.64m of funding for domestic abuse amounts to around £820 per victim. The comparable figures for drug and alcohol services are £2,600 per service user, and mental health services at £17,000 per service user.

- There is very little funding or in kind provision from public health, the CCGs or council services for children.

This leaves the providers to patch together multiple insecure fragmented funding streams. There are too many small grants for individual projects or posts which are funded in isolation rather than planned within the context of the whole system.

Table 7: Comparison of spend per service user for similar services

Information	Spend	Service users	Spend per service user
Domestic violence services	£1.64m	2,000[19]	£820
Drugs and alcohol services [20]	£8.7m	3,300	£2,652
Mental health services[21]	£17.0m	1,000	£17,010
Learning disability (health and social care)	£131.4m	3,700	£35,512
Supported living (learning disabilities and mental ill health)	£15.8m	680	£23,279

Without a functioning strategic (as opposed to operational) partnership, the risk is that the health and safeguarding needs of domestic abuse victims and their children are not consistently addressed by

[19] Using our estimates of around 2,000 visible high and medium risk victims who may be at the point of seeking help (see section 3).
[20] Hertfordshire Public Health Directorate Revenue and Capital Budgets 2014/5- 2017/18
[21] Hertfordshire Health & Community Services Directorate (as above)

agencies that are able to have a significant impact on their wellbeing outcomes.

- Consistent data regarding the prevalence by risk of domestic abuse within non-police statutory agencies, such as health agencies or children's social services is neither collected and analysed nor scrutinised by any domestic abuse fora or other planning or commissioning body. Unless these statistics are routinely counted and scrutinised, these agencies are unlikely to acknowledge domestic abuse as a priority in their own strategies.

- Domestic abuse is conspicuous by its absence from any Joint Health and Wellbeing Strategy (JHWS) or Hertfordshire Safeguarding Adults Board (HSAB) or Hertfordshire Safeguarding Children Board (HSCB) priorities in Hertfordshire. There is very limited data outlining the impact of domestic abuse on the health and wellbeing or outcomes for adults or children in the joint strategic needs assessment (JSNA), HSCB and JHWS documents in Hertfordshire, despite there being clear evidence available nationally.

- Both funding and engagement from non-police statutory agencies such as health and children's services is disproportionately low, compared to the extent to which the 'cost of failure' lands on these agencies.

- There have been 5 Domestic Homicide Reviews (DHRs) in Hertfordshire and another has been initiated. The themes emerging from these mirror those emerging nationally. These are:
  - Awareness and training for healthcare professionals
  - Risk assessment: consistency and quality
  - Information sharing
  - Complex needs: not addressing or understanding domestic abuse

It is not clear that the learning and development from these reviews are being effectively translated into practice across the wider partnership, as there appears to be little in the way of consistent scrutiny and evidence to confirm that implementation is making a difference in practice.

- Both substance misuse and domestic abuse were secondary criteria in the initial Thriving Families' framework. In Hertfordshire substance misuse was a presenting factor in 21% of families versus 24% where domestic abuse was a factor. Since October 2013, public health via the Health and Wellbeing Board has commissioned five Substance Misuse Family Intervention Workers embedded in the Thriving Families programme teams to focus their support where substance misuse is a priority presenting factor. We were not made aware of any funding committed to domestic abuse under this programme despite it being more prevalent.

3 Capacity requirements in Hertfordshire

This section presents a summary of the prevalence of domestic abuse and the need for IDVA and other support workers. A summary of these numbers by MARAC area is available in Appendix 6.

3.1 Context

Hertfordshire has a population of 1.1m residents, in 10 local authority areas, divided into 5 double districts for and broadly covered by two CCGs and three MARACs. A diagram showing the structure is provided in Appendix 5.

3.2 Police and MARAC data

- There were 13,658 police incidents related to domestic abuse reported in Hertfordshire in the year to July 2014; the repeat rate was 41%. These numbers have limited usefulness in planning support capacity because:
  - Not all victims of domestic abuse will report to or be identified by the police.
  - They are incidents and not people, and we don't know if the repeats are due to a few victims calling many times or many victims calling a few times.

- There were 364 (3%) police incidents assessed as high risk. This is very low compared to other force areas, for example Essex at 11% or Humberside at 12%.

- There were 3,439 (25%) police incidents assessed as medium risk.

- There were 694 cases referred to MARAC in Hertfordshire in the year to July 2014, by excluding repeat cases this translates to approximately 570 individuals. Hertfordshire police identify only 43% of MARAC cases in Hertfordshire, the IDVA service identifies a further 24%.

Table 8: Summary of Hertfordshire Police and MARAC data

Police and MARAC data (Estimates are rounded)	Cases/ incidents	Individuals (estimates[22])
Police incidents (all risks) year to July 2013 Hertfordshire	13,658	8,000
Repeat rate (all risks)	41%	
Police incidents (high risk/rate)	364 (3%)	200
Police incidents (medium risk/rate)	3,439 (25%)	2,000
Police incidents (high and medium risk/rate)	3,803 (38%)	2,200
MARAC cases (12 months to July 2014)	694	570

[22] It is not possible to accurately derive the number of victims involved in police incidents, and the police do not provide this data. This is an approximation of the number of victims net of the repeat rate.

Number of children (associated with MARAC cases above)	937	770
% repeat cases at MARAC (average across Hertfordshire)	18%	

3.3 Estimates of need for the purposes of planning capacity

In this section we present our estimates of the number of victims, children, and perpetrators in Hertfordshire for the purpose of planning capacity for support and intervention. These estimates should not be regarded as a needs assessment because we think there are many more victims that are not being identified, or are hard to reach and will not engage. Our recommendations focus on providing sufficient capacity to support currently visible victims and their children who may be at the point of seeking help.

Table 9: Summary of estimates of numbers of victims and children in Hertfordshire

Victims of domestic abuse	Police incidents (victims net of repeat rate victims	Number of victims (women only)	Number of children of victims	Visible victims (male and female) who may engage with support	Children of those visible victims	Number of IDVAs to support visible victims
High risk	364 (200)	1,800	2,000	1,000	1,000	15
Medium risk	3,439 (2,000)	2,800	3,000	1,000	1,100	12
High and medium risk	3,803 (2,200)	4,600	5,000	2,000	2,100	27

3.4 Victims

To support 1,000 high risk victims, 15 IDVAs are required.

To support 1,000 medium risk victims, 12 IDVAs (or similar) are required.

We estimate that there are around 4,600 high and medium risk (female[23]) victims of domestic abuse in Hertfordshire. This includes those currently visible to agencies, primarily the police, and those who have not formally disclosed domestic abuse. These are broken down between 1,800 high risk victims and 2,800 medium risk victims.

We estimate that there are around 1,000 high risk and 1,000 medium risk victims of domestic abuse who may be both visible and at or near the point of help seeking. We used these numbers to plan capacity for support. In practice, we recognise that risk is dynamic and not always so clear-cut. Our recommendations include capacity to support both high and medium risk victims in the same service.

[23] We base our calculation to plan capacity to support visible victims on the estimated number of female victims because there are very low levels of engagement of male victims with support services.

We arrive at these numbers using best estimates as follows:

- Most needs analyses start with the Crime Survey England and Wales (CSEW) whereby estimates of prevalence are applied to the local population, but this calculation includes any domestic violence of any severity, with no indication of risk level, or propensity to engage with support services, and is not very useful for planning support services.
- We refined this calculation by applying a factor to account for a lower apparent prevalence of domestic abuse in Hertfordshire, and to include the over 60s, resulting in an estimate of around17,700 female victims.
- We used proxies in the CSEW data, for example: moderate or severe force, moderate or severe injuries, or many times in the last year to estimate that 26% of female victims in Hertfordshire are high and medium risk victims, that is 4,600 women.
- We used proxies of all three forms of abuse (domestic violence, sexual assault and stalking), and severe force in the last year to estimate that 40% of this group were high risk, that is 1,800 victims and the other 2,800 are medium risk victims.
- Finally, to estimate how many victims might be at a point where they will seek or engage with support, including male victims, we used our MARAC and Insights datasets – we have called these victims 'visible' to agencies. We estimate there are around 1,000 high risk and another 1,000 medium risk victims at a point where they may engage with support. We think there are many more victims that are visible but are not being identified, or are hard to reach and won't engage.
- To estimate the capacity required to support these 'visible victims' we used an IDVA caseload[1] of 65 for high risk victims and 85 for medium risk victims.

3.5 Victims needing refuge

Due to the lack of available local data we were unable to describe the risk and vulnerability profile of the women who were accommodated in refuge. Nor can we provide an estimate of required refuge capacity, in part because of the complexities associated with the need for out of area provision. In Hertfordshire 84 beds (units) is in line with national benchmarks, but caseloads are lower.

See Section 5 for a more detailed discussion of refuge provision in Hertfordshire.

3.6 Children (of victims)

We estimate that there are around 5,000 children living with high and medium risk victims of domestic abuse in Hertfordshire. These are broken down between 2,000 children with high risk victims and 3,000 children with medium risk victims.

We estimate that there are around 1,000 children with high risk and 1,100 children with medium risk victims who may be with visible victims at a point of help seeking.

The risk to every child whose parent is suffering domestic abuse should be assessed to establish both the risk of harm to them and any impact on their development.

We estimate that about 5,000 children are living in high and medium risk households in Hertfordshire, of whom 2,100[24]are children with visible victims. Many times this figure will be living in standard risk homes, where the children may still be at risk.

- In the year to July 2014, police made 7,991[25]notifications to TAS of domestic abuse incidents of any risk level, where a child under was present (or a witness) in the household, around 4,000 of which are notified to health visitors because a child under five was present.
- About one quarter of these notifications was in respect of children already known to children's services.
- Police data indicates that a child is a witness or present in the house at around 44% of high risk incidents, and 39% of medium risk incidents. Using these actual numbers and adjusting for the repeat incident rate, police are identifying around 1,700 children exposed to high or medium risk incidents of domestic abuse.
- There were 937 children associated with MARAC cases in Hertfordshire.
- There were 2,500 children receiving services from Children's Social Care teams of whom about 60% were as a consequence of domestic abuse.
- We have not estimated the specialist capacity to support children living with victims of domestic abuse, but rather outlined options among universal services.

3.7 Perpetrators

The 1,000 high risk victims and 1,000 medium risk victims will be associated with a similar number of perpetrators.

There will be nearly 570 known perpetrators associated with victims whose cases are heard at MARAC. A high proportion of perpetrators of high risk abuse have a criminal and anti-social history.

[24] Using both local police data and our National Insights dataset, we estimate that around 60% of victims have dependent children, and in Hertfordshire there are almost 1.8 dependent children per family.
[25] This is the number of children present or witnesses, but includes repeat incidents.

- We did not have local data for the number of perpetrators of domestic abuse, but we can assume that, except for a small proportion of serial perpetrators, the number of visible perpetrators would broadly match the number of visible victims.

- There are almost 570 MARAC victims (net of repeats), and thus a similar number of perpetrators of high risk domestic abuse.

- Research indicates that 50%[26] of perpetrators have a criminal record and where there was evidence of criminal and anti-social history at the point of referral; victims experience more severe abuse and more frequent abuse.

[26] Safety In Numbers: A multi-site evaluation of Independent Domestic Violence Advisor services, November 2009. Table E1: Perpetrators' (n=2567) Criminogenic behaviours and aggravating factors.

4 Recommendations

4.1 Leadership and governance

We recommend that:

- ✓ A board is configured comprising senior agency leaders able to align the governance, priority setting and strategic capability of all 'participating agencies' to implement:
  - A whole system strategic plan including co-ordinated needs assessment, capacity planning and priority setting informed by all agencies' data on the prevalence and impact of domestic abuse.
  - Strategic commissioning with pooled budgets where participating agencies agree the total budget and contribute in the appropriate proportion or otherwise with seconded posts.
  - Evidence-led decision making and continuous scrutiny of commissioned services' outcomes.
  - Effective partnership working and collaboration with other governing bodies such as Health and Wellbeing Board, Hertfordshire Safeguarding Adults Board or Hertfordshire Safeguarding Children Board, etc.

It was not within the remit of our review to prescribe how this should be achieved in Hertfordshire, but we have reproduced excerpts from the Structure and Governance section of "Standing Together Against Domestic Violence: A Guide to Effective Domestic Violence Partnerships"[27] on the following page as a guide to the principles to be considered. We understand that this could be reconfigured from existing arrangements.

- ✓ The board considers transferring responsibility for the actual commissioning function to an existing council body[28] with joint commissioning and procurement expertise (we have provided an IDVA service specification with a suggested outcome monitoring framework for commissioners).

- ✓ All commissioned services (IDVA and refuge) are required to use the same dataset of demographic and risk profile, and outcomes monitoring framework to report to the board.

- ✓ The board agrees a regular reporting regime with statutory agencies. The following are examples of the kind of data we believe should be monitored:
  - Police incidents by risk level as a percentage of all incidents.
  - MARAC and IDVA referrals from police by risk level and by referral criteria (repeat/ escalation versus assessed risk).
  - The number and percentage of serial and repeat perpetrators by severity of incident and by assessed risk to the victim.
  - The number of children referred to TAS and/ or other council services for children where domestic abuse is a concern as a percentage of the total referred. Analysis to be presented by assessed risk to the parent and age of children present.
  - The numbers and percentage of children where domestic abuse is a concern who do/do not reach the threshold for a statutory intervention and the percentage of those provided other

[27] http://www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/Publications/HOP_-_guidance-_final_July_2011.pdf
[28] In Hertfordshire there is a joint commissioning partnership between the county council and the National Health Service which commissions health and social care for people with mental ill health, learning disabilities and problems with substance abuse.

support.

- The number and percentage of victims referred to the MARAC and IDVA service by health agencies (GPs, health visitors, mental ill health services, acute services).

Excerpt from: Standing Together Against Domestic Violence: A Guide to Effective Domestic Violence Partnerships

Domestic violence partnerships must have strong links to those in a position to:
1. agree local strategic plans;
2. address issues of children's safety and wellbeing;
3. respond to vulnerable adults (in the broadest sense of vulnerability);
4. deal with the health of the population;
5. seek to reduce crime and anti-social behaviour; and
6. commission services.

In the simplest of terms it is essential for the partnership to have a strategic arm and an operational group. The strategic responsibility is to decide the overall aims of the partnership (the direction of work). These aims must be time limited, achievable and coherent. The "big" decisions should be made at this level without reducing the ability of the operational arena to make swift tactical decisions. Most importantly, the strategic level must decide about resourcing.

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

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4.2 Referrals

To 'get it right the first time', we recommend that:

- ✓ A 'champions' network' (similar to that being piloted in Stevenage) is implemented across the county. This means designating a lead professional in every statutory agency to take on the role of champion, with responsibility for data monitoring and training and advising frontline practitioners in their agency as well as providing a link person for the IDVA service (see Appendix 2 for more detail). We assume that the training and co-ordination role could be provided in a 0.5 FTE fully funded £50,000 post/including admin at a cost of around £25,000.
- ✓ The board prioritises development of the front door (MASH) to improve referral and risk assessment and to ensure appropriate and timely responses (an outline of the principles for a front door/ MASH and recommendations is included in Appendix 2). We estimate the full cost of providing one additional IDVA (or domestic abuse specialist) to this role including some additional administration cost is £60,000.

[29] http://www.standingtogether.org.uk/fileadmin/user_upload/standingUpload/Publications/HOP_-_guidance-_final_July_2011.pdf

Other options to consider:

- ✓ The champions' network will require a training and network co-ordination role and the front door (MASH) would benefit from some of the functions of either the Victim Support or the current Herts Sunflower helpline, such as volunteer co-ordination for some helpline support, and maintaining a directory of local services, marketing and awareness raising.
- ✓ One option is to create a new role incorporating some of the Herts Sunflower functions to be merged with that of a Champion's Network training and co-ordination function as these roles fit naturally together. We assume that the helpline/directory/marketing part of the role could be provided in a 0.5 FTE fully funded £50,000 post/including admin at a cost of around £25,000.
- ✓ The other option is closer integration of Victim Support with the front door/MASH. We recommend that when the exact functions of the champions' network and front door/MASH) are clarified that stakeholders are consulted on the options.

4.3 Domestic abuse service provision

We recommend that:

- ✓ The board commissions one large IDVA-like community-based service to ensure:
  - That the services work to an agreed model of service provision with standards of best practice, and governance, including risk-led support, multi-agency intervention, supervision and consistent and relevant outcomes monitoring and that all practitioners and service managers work within a robust management framework with clear lines of supervision and accountability.
  - There is sufficient service capacity, appropriately located, to meet the range of risk and needs of victims and children from crisis to recovery. In Hertfordshire this means commissioning a team comprising: at least 15 IDVAs to support expected high risk victims, and a further 12 IDVAs (or other domestic abuse workers) to support medium risk victims (see box on next page/ specimen service specification provided as a separate document). We estimate the cost of providing a fully funded 15 IDVA service is £800,000. A service extended to medium risk victims would cost and additional £500,000, that is a total fully funded service cost of £1.3m.
  - That there are clear streamlined care pathways both in and out of services supported by agreed joint protocols for referrals from and to universal services, and secondments and co-location arrangements among all the agency partners. There are minimal direct cost implications.

- ✓ To ensure children's safety, we recommend that linked specialist domestic abuse services for the child and the parents is provided that addresses not just the impact of domestic abuse but also issues such as substance use and parental mental health (for example Place2Be or MPACT+). We are unable to make specific recommendation for how this provision for children should be provided but we do recommend that HSCB should monitor provision and outcomes for children exposed to domestic abuse. We refer to our recently published document "In plain sight: Effective help for children exposed to domestic abuse". We have not provided a cost estimate for this support.

Our approach to responding to children living with domestic abuse is based on a couple of key assumptions. Firstly, we assume that all children living in homes with domestic abuse are at risk of harm, and that the presence or not of domestic abuse should be routinely established in child safeguarding cases. Secondly, that the risk level of the adult victim and the risk level of the child are not directly correlated. Thus, a child could be at high risk of harm because of their own vulnerabilities even if the adult victim is standard risk. Equally, two children in the same family could be at different levels of risk. Finally, we understand that growing up in an environment of 'toxic stress' such as is created by domestic abuse, results in both psychological and physiological damage to the child, while in the case of very young children, it can cause neurological harm. As a result, children growing up with domestic abuse should be prioritised in terms of the support that they receive from services that can protect them and reinforce their resilience.

Other options to consider:

- ✓ All victims should be offered the option of recovery programmes (preferably with some linked recovery support for children or individual support from universal agencies). The CAADA service specification designates a lead practitioner responsible for recovery whose role is to build up the network to offer good step down, rather than deliver the programmes. They will have a smaller case load so that they have time to co-ordinate activities. We would recommend that the IDVA service is provided with a budget to purchase 'recovery' programmes as needed. Using an estimate of £2,600 per course with an average of 16 participants each, and assuming that 15% of engaged service users take up recovery this would cost an estimated £50,000. The lead practitioner would also co-ordinate support for specific issues (e.g. ongoing substance use problems) with local universal agencies.

IDVA service specification: Description of CAADA recommended team

In our service specification, IDVA teams are large unit(s) of up to 20 IDVAs, potentially divided into smaller operational teams, but managed and supervised under one structure. We know from our Insights National Dataset of over 25,000 victims, that the combination of large multi-skilled teams and manageable caseloads enables IDVAs and other support workers to engage and support more victims more intensively including mobilising recovery support, and thus enhancing the safety and recovery of many more victims.

The teams are multi-skilled, with a number of 'lead IDVAs' each specialising in a particular area, e.g. the criminal justice system, family courts, substance use, mental health, recovery support, young people, safeguarding, sexual violence, perpetrator risk management, housing, LGBT, B&ME, and male victims. Where specialisms within multi-skilled teams exist elsewhere in the country, we see a marked increase in engagement from partner agencies, both in terms of identifying new victims and providing integrated care pathways; a significant improvement on mere signposting.

The lead IDVAs will be responsible for providing specialist advice to their colleagues and co-ordinating a response which is appropriate to their particular specialism. This means building effective links with partner organisations which might include co-location, secondments, working with partners to provide in-house support or priority referrals.

The IDVAs can be located in a range of different settings, chosen to enable all main victim groups to access services easily. This could include a presence with criminal justice agencies, or one or more health settings or community-based centres, but should be tailored to local need and age profile. Particular consideration should be given to accessibility for teenagers, victims with disabilities and those from minority communities. Alternative venues to support male victims should be offered where appropriate.

These large multi-skilled teams of frontline practitioners:

- Provide a greater depth of service, allow different practitioners to develop particular expertise (specialisms), and enable a more professional and rounded response to the full range of victim needs and any additional vulnerabilities.
- Are able to identify and support victims earlier because they can be co-located in a greater range of settings.
- Are more resilient and give development opportunities for frontline practitioners.
- Provide consistency of approach and high quality case management.
- Can be more responsive to changes in risk and need.
- Are more cost effective, in terms of administration, management and overhead costs, including costs of implementing outcome monitoring and quality standards.

4.4 Refuge

Please refer to the separate Section 5 on refuge.

4.5 Other

- ✓ In other areas we have seen a health representative for MARAC cases whose role is to liaise with GPs when one of their patient's cases is heard at MARAC. The role includes passing on any information that the GP has decided to share at the MARAC, and after the meeting, passing back relevant information to the GP, including agreed actions. We propose this as an option to be considered by the CCGs as a way of contributing an in-kind resource to the MARAC at an estimated cost of £40,000.

- ✓ We recommend that service innovation is fostered through the funding of pilot programmes, including funding to track evidence of outcomes. Grant making trusts will often match fund innovative projects. We would suggest an initial grant fund of £100,000 to fund a pilot intervention with perpetrators, that focuses on managing the risk of serial and repeat perpetrators.

- ✓ We recommend the board considers implementing bi-annual Scrutiny Panels with an independent chair to do a 'deep dive' review into specific areas of performance at a cost of £10,000 per year.

- ✓ DHR reviews and learning: We recommend that for any future DHRs, Hertfordshire uses an independent chair to lead them through two or three DHRs at an estimated cost of £30,000. We would suggest considering using Standing Together, who have been involved in the DHR process from its inception and have built a body of knowledge and skills, and an effective process that delivers clear outcomes at a competitive cost.

- ✓ We recommend the partnership embeds the necessary infrastructure in terms of case tracking, demographic and abuse profiling and outcomes monitoring within the IDVA service to so that the IDVA service can participate as a 'partner agency' in the new Troubled Families (Thriving Families in Hertfordshire) extended framework. Funding for this is available for each family who achieves success and will be paid in two parts: an upfront attachment fee of £1,000 per family and a results-based payment of £800 per family.

The full cost of an IDVA in a 'CAADA recommended team' is estimated at between £45,000 and £50,000 per IDVA. At a reduced caseload of 30 MARAC cases, and assuming a 50% success rate, the IDVA would be fully funded by the £1,000 attachment fee plus 50% of the £800 results payment.

To be eligible for the expanded programme, each family must have at least two of the following six presenting issues. Our preliminary research indicates that almost all MARAC cases would fulfil these criteria:

- Parents and children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help.
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness.
- Families affected by domestic violence and abuse (100% of MARAC cases).
- Parents and children with a range of health problems.

The cost of the various recommendations where available is summarised in the following table.

Table 10: Summary recommendations and cost implications

Aims	Approach	Recommendations	Marginal cost (Estimate)	Notes
To create an effective pathway from initial identification to step down and recovery	Commission domestic abuse services to ensure that all services are accredited and effective	Board to implement joint strategic commissioning of all services	Minimal	The cost of the current Domestic Abuse Strategic Programme Board (DASPB) and administration of multiple funding streams to be saved/utilised more efficiently
To identify victim, children and perpetrators at earliest opportunity and ensure robust referral and care pathways are in place	Tier 1: All risks: Open access services that do not specialise in domestic abuse are competent to provide information and signposting	Develop champions' network including training front line practitioners (train the trainers) to encourage early disclosure, support and access to universal services. Includes a training and network co-ordination role	Co-ordination only: £25,000	Cost is in mainstream posts – add to role description Training and Network Co-ordination role (0.5 FTE post £50,000 shared with Front door helpline)
	Front door/MASH to provide a single point of contact for all safeguarding and domestic violence enquiries	Incorporate current helpline functions – volunteer network, marketing, and directory of local services or	£25,000	Herts Sunflower Helpline marketing and volunteer scheme roles (0.5 FTE post £50,000 shared with champions' network)
		Integrate Victim Support Victim Care Unit for standard risk victims of a crime who consent to receive support	Minimal	Included within existing Victim Support funding
		Implement a front door /MASH by extending the TAS service for all child safeguarding, all domestic violence with children, and high risk domestic violence without children. Phase 1 to include an IDVA on the team	£60,000	Extension to existing TAS arrangements (Cost of 1 additional IDVA plus administration)
To ensure adequate capacity to respond by	Tier 2: Medium and non MARAC high risk victims: To	IDVA service (1,000 medium risk victims – 12 IDVAs)	£500,000	Pooled commissioning/in kind posts

risk and need to victims, children and perpetrators	provide structured multiagency community-based support by specialist agencies including recovery support for victims and children	IDVA service (1,000 high risk victims – 15 IDVAs)	£800,000	Pooled commissioning/in kind posts
		Linked child support such as Place2Be or MPACT+, or Home Start for under 5s	Mainstream cost	Provided by council services for children for meeting statutory thresholds. Voluntary sector for
		Recovery to include group work and/ or individual support from universal agencies	£50,000	£2500 per course/15 victims x 2000 x 15% Excludes specialist counselling
	Tier 3: High risk MARAC victims or those in need of refuge: As above plus MARAC – and either structured multiagency community- based or residential support by specialist agencies	Refuge provision remains unchanged but reviewed	£800,000	Maintain funding but review use of refuge
		MARAC	Mainstream cost	Expand MARAC capacity to three fortnightly MARACs or 5 monthly MARACS.
		MARAC health representative	£40,000	Mainstream health post (in kind resources)
		Perpetrator interventions (Serial/repeat perpetrators)	To be funded by innovation grant	
Maintain and monitor system development and quality	Innovation, learning and development	Innovation and development grant funding for pilot schemes	Up to £100,000	Match funding for pilot schemes with GMT
		Bi-annual Scrutiny Panels with independent chair to 'deep dive' into specific areas of performance	£10,000	Cost of independent chair and learning development
		Domestic Homicide Review Independent Chair and Consultancy (3 reviews)	£30,000	Cost of Standing Together per review for three reviews
Total cost			£2,440,000	

5 Refuge provision in Hertfordshire

5.1 Victims accommodated in refuge

There are a total of 84 beds (units) with room for around 150 children of victims in refuges in Hertfordshire, managed by five different providers under six contracts.

In the year to 30 March 2014, an estimated 241 victims were accommodated in the Hertfordshire refuges. The average stay in refuge is an estimated 18 weeks (about 4 months). The cost of the support to those victims was £718,000, an average of almost £3,000 per accommodated victim. This figure excludes housing benefit paid to the refuge to cover the bricks and mortar element which we estimate is a further £770,000.

Table 11: Accommodated victims and associated costs for refuges in Hertfordshire.

Refuge providers Hertfordshire	Accomo-dated victims	Beds (units) of refuge	FTE support workers in refuge *estimate [30]	Annual caseload per FTE support worker	Cost per accomo-dated victims
Welwyn Hatfield Women's Refuge	31	10	2.0	15	£2,186
St Albans and Hertsmere Women's Refuge	60	22	5.5	11	£2,933
Watford Women's Refuge	24	8	1.0	24	£3,601
Safer Places (Refuge A Broxbourne)	62	19	4.0*	16	£2,616
Safer Places (Refuge B Broxbourne)	14	10	2.0*	7	£6,097
Stevenage Women's Refuge	26	9	2.0*	13	£3,215
Dacorum Women's Aid	24	6	1.5*	16	£2,384
Total (weighted average)	241	84	18.0	13	£2,981

We were not provided with demographic data or risk profiles of accommodated victims by the providers and these are not monitored by commissioners so we are not able to comment on accessibility for minority groups. Most refuges will exclude women with older teenage boys, and most refuges have limits on accepting women with substance misuse or mental health issues.

Referral pathways and access criteria to the different refuges are inconsistent. One refuge, for example, accepts women on a first come first served basis rather than on the basis of the highest risk. Another, Safer Places, employs a senior IDVA/ISVA to triage all cases at intake on the basis of risk and protective factors. Even under this latter arrangement, they estimate that they accept 20% of cases because of unmet housing need.

[30] Where refuge providers were unable to meet with us or provide the exact numbers, we have made estimates based on benchmarks.

Average annual caseloads in refuge (13[31]) are low compared to benchmarks. There are contractual obligations to provide a certain number of hours per week of support to victims and this is likely to be a factor. This results in a distortion compared to the IDVA services with caseloads of 120 per year.

Due to the lack of available data we were unable to determine whether the most vulnerable women were accommodated, and we are unable to provide an estimate of required refuge capacity, in part because of the complexities associated with the need for out of area provision. Nationally, refuge provision is around 70% of the Council of Europe targets of 1 refuge bed per 10,000 population, and in Hertfordshire 84 beds (units) equates to around 75% of a targeted 112 beds (units).

5.2 Funding for refuges

Funding for refuge is provided from three sources for different purposes:

- Accommodation Solutions funding pays £668,000 for the support provided to victims in refuge. This is a non-standard rate per unit; the average support cost per unit per week is £164 but it ranges from £130 in Welwyn Hatfield to over £200 in Watford. We understand that these rates were set historically and the basis for the original calculation is not known to commissioners. This is at the low end of support costs per unit per week nationally. Further funding of £50,000 for support in refuge is provided by some district or borough councils. (Accommodation Solutions also pays another£145,000 for outreach (floating) support to Safer Places and St Albans and Hertsmere Women's refuge, but these amounts are included in our analysis of community-based support).

- Children's Services pays £94,000 for support provided to the children of victims in refuge. The rate per child per week varies from £10 to £16.

- Housing benefit pays an estimated £770,000 for 'rent'. This includes building related expenses such as utilities, maintenance, service charges, security etc. which means that there is no standard rate per unit or bed. The average rent per unit per week in Hertfordshire is estimated at £176. We were unable to ascertain the basis for the calculation from the providers.

[31] Derived from Women's Aid Annual survey 2013 (Annex pages 39 and 45), Estimated numbers of beds (units), victims and frontline practitioners in refuges in England. Estimated annual caseloads are around 17

Table 12: Funding per unit (bedspace) for refuges in Hertfordshire.

Refuge providers[32] Hertfordshire	Beds (units) of refuge	Funding (£,000)	Support per unit / week £	Rental income £ *estimate	Rent per unit /week £ *estimate
Welwyn Hatfield Women's Refuge	10	67,753	£130	150,000	£288
St Albans and Hertsmere Women's Refuge	22	175,965	£154	200,000	£175
Watford Women's Refuge	8	86,413	£208	54,000*	£130
Safer Places (Two refuges Broxbourne)	29	247,551	£164	226,000*	£150*
Stevenage Women's Refuge	9	83,585	£179	84000*	£180*
Dacorum Women's Aid	6	57,207	£183	56000*	£180*
Total (weighted average)	84	718,474	(£164)	770,000	(176)

Table 13: Accommodated victims and costs for refuges compared to funding for IDVA services in Hertfordshire

Information	Number of engaged victims	Funding	% of funding
IDVA service	694	271,000	27%
Refuge provision	241	718,000	73%

Table 13 shows that refuge received nearly three quarters (73%) of funding allocated to either the IDVA service or refuge for support provided to mostly high risk victims[33].

[32] Some data were provided to CAADA during meetings or in templates by providers and others from funding organisations. In some cases the rent has been estimated or calculated using annual accounts for the year to March 2013, or other data sources.

[33] We were not provided with the profile of victims accessing refuge but for the purposes of this analysis we assume they were a similar profile to those accessing the IDVA service. The use of refuge is complex due to the need for out of area provision and that there is likely to be some overlap between the victims accommodated in refuge and those accessing the IDVA service.

5.3 Leadership and governance: refuge provision

Having to flee domestic abuse reduces a woman's connection to local support services and networks, is hugely disruptive to any children having to leave their homes, schools and friends and very often leads to significant difficulty in establishing an independent tenancy. For some women it is genuinely unavoidable, but refuge must be the last resort for victims and children.

The issues with refuge provision in Hertfordshire are consistent with the national picture.

Refuge provision is commissioned in isolation rather than planned within the context of the whole response to domestic abuse from referral to recovery whether in the community or in refuge. The impact of this is that the majority of funding for domestic abuse is allocated to supporting the relatively small number of victims in refuge.

We understand that the amount of funding provided is based on historical precedent, and the model of funding is inflexible because support is attached to beds (units) of accommodation. This not only skews provision to housing outcomes, but means providers have limited flexibility in the way they support victims.

We are concerned that the current funding model where support is attached to beds (units), does not encourage continuity of care and support for women, especially for those who need ongoing risk management and support once rehoused. We acknowledge that this is challenging given the need to offer refuge to women from out of the local area.

There is a fundamental disconnect in the commissioning of refuge in that Accommodation Solutions pays for the support element for victims, but the providers have little or no control over the outcomes being monitored which are planned departures. This often means an acceptable place to go to, rather than a measure of safety and wellbeing for women and children. The key driver of a 'planned departure' is within the remit of a wholly different department with no clear link with positive outcomes for service users. In some cases local authority housing services appear to use scarce refuge beds as a quasi housing solution (see discussion below).

Furthermore, the mechanism, by which housing benefit is paid to refuge providers to discourage voids, has the unintended consequence of providers not being able to retain vacancies in case of emergencies.

Commissioners do not appear to monitor consistent victim focused safety and wellbeing outcomes. In common with other services, unmet need is not monitored. We were not provided with data on the length of stay, the range of support offered or safety and wellbeing outcomes so we were unable to comment on the effectiveness of refuge for victims. It is our understanding that a planned departure occurs when agreed needs and goals have been met and very few departures are unplanned. Anecdotal evidence suggests that needs and goals are often met well before departure.

There is little flexibility in provision to accommodate the wide range of needs that women have, including those where secrecy of location is paramount (e.g. in cases of stalking or 'honour'-based violence), as opposed to those where women need high levels of support because of substance use

or mental ill health. There are very limited options for women who do not wish to be accommodated in hostel type accommodation.

We would argue that there is a distinction between victims needing emergency refuge accommodation and those who remain in refuge for longer because of multiple additional vulnerabilities (complex needs), many of whom do not need to be in a secret location. Arguably, at least some of these victims
would be better served by specialist complex needs providers where the domestic abuse specialist is just part of the overall support package.

Fragmentation in service provision leads to inconsistent practice, inflexibility, and structural inefficiencies. Five different organisations require 5 management structures. They have 5 different points of access and each refuge must foster relationships with each of the relevant local authority statutory agencies.
Structures are not in place for effective interagency collaboration. This is particularly problematic for housing. Every provider cited issues with local housing departments /services as the most significant obstacle to effective support and efficient use of resources. Examples of how this manifests in practice are:

- Safer Places estimates that 20% of cases do not need refuge but they accept victims who have nowhere else to go.
- Another reported only one emergency admission in the previous 5 months, due to no move on housing available.
- Others report having to move victims to hotels or B&Bs, with subsequent disengagement from recovery/ schools etc, in order to move victims into a priority category for housing.
- Some service providers indicated that they believe that Children's Services regard a child in refuge as 'no longer at risk' and that all their support needs are met by the child support workers in refuge.

5.4 Recommendations: refuge

Refuge should be used as intended, as temporary, emergency, safe accommodation for those most at risk of harm and in need of a safe place for short periods as a last resort, with effective support to integrate into the community.

Our key recommendation in this review is for senior agency leaders and commissioners to align their governance, priority setting and strategic capability in order to commission a whole system response to domestic abuse. For commissioners of refuge we recommend that:

- ✓ In the near term the overall number of beds (units) of refuge should not be reduced.
- ✓ Commissioners consider either pooling or aligning their funding with other participating agencies to plan and commission a whole system domestic abuse response based on risk and need.

- ✓ A simple dataset is adopted across all providers (refuge and other community services) which includes data on the demographic, risk and needs profile of service users, the interventions that they access and their safety and wellbeing outcomes.

- ✓ The monitoring of commissioned services should track outcomes that are significant for victims and their children rather than having such a predominant focus on housing.

- ✓ A joint protocol is agreed with all housing departments from each of the ten local authorities so that each local authority housing department treats all applications for priority housing equally and consistently[34], and where housing providers are held to account if they block moves to rehouse refuge victims. Consideration should be given to having a secondment or named officer from local authority housing to sit within a central team to process all housing applications/needs according to agreed joint protocols.

- ✓ Clear thresholds and protocols are established with other universal services (for example adults safeguarding and mental ill health and drug and alcohol services for complex needs and other highly vulnerable victims, both in terms of providing supported accommodation and other longer-term support).

- ✓ Current referrals to MARAC from refuges are reviewed to ensure that the high risk victims in refuge receive a multi-agency support plan where appropriate and that there are actions taken to address the behaviour of the perpetrator, including where they are in another area. Similarly, where victims meet the criteria for adult safeguarding support, this should be offered and the impact monitored.

- ✓ All children of victims in refuge should have a full social care and medical assessment to ensure that their physiological and psychological needs are met both while in refuge and then continuing in the community. A child in refuge typically needs support from a therapist and child development specialist. They also need time away from their mother so that she can address her own needs. Thus a support worker who can offer sessions in the play room is a valuable part of the service.

5.5 Other options to consider for refuge

We have included some options for consideration with local providers. Some are where we have found a good practice example that has the potential to be rolled out consistently across the county, others are models we have found elsewhere either in other areas or in other social contexts.

- ✓ Establish a common system for identifying whether or not a refuge referral is suitable, or whether there is a community-based support option that would be safe for the specific case. We noted the approach followed by Safer Places who employ a senior IDVA/ISVA to triage all cases at intake on the basis of risk and protective factors. The impact of this approach is tracked in terms of identifying appropriate/inappropriate referrals as follows:

[34] There is a precedent for this: There is a joint protocol for offender accommodation as part of the Integrated Offender Management programme.

- Assessed referrals that do not need refuge: 18%
- Those that may not need refuge but are accepted because there is no alternative: about 20%
- Those that really do need refuge: 41% high risk
- Other housing issue: 6%

✓ Designate some existing refuge provision for intake and assessment. The use of refuge capacity is highly complex, including the need for 'out of area' provision, the requirement by housing benefit to limit voids (unused bed spaces) and the fact that some women and children stay in refuge longer than is either needed or healthy because of a lack of move on housing. This results in some women in crisis being unable to access refuge and other women who would like to leave, being unable to do so.

Some refuges are now trying to address this by allocating some beds (units) for shorter term support and triage, known as intake and assessment. Women stay for a short period during which the most appropriate option is planned with them. The intake and assessment model includes an onsite warden/reception post, with IDVAs providing initial assessment and support. This shorter term element naturally fits the IDVA role and incorporating these IDVAs into a larger team with access to multi-disciplinary skills would not entail much adjustment to working practices, but would have a positive impact on outcomes for victims because of the wider range of specialist skills available to them. The cost of any voids in beds (units) designated for intake and assessment has to be underwritten. Crucially, this provides continuity of support for women when they leave refuge and live again in the community.

✓ Commissioners should consider a more flexible funding model where support is decoupled from the number of beds (units). We have seen this approach used successfully in a number of areas[35] where the cost of building management and an on call duty manager is within the negotiated rates paid by housing benefit and the IDVAs provide the support to victims in refuge, which continues after departure. The IDVAs are usually co-located on rotation in the refuge during work hours but they also hold a number of cases in the community as well. Where there are well-funded large IDVA teams, the refuge cases can be shared among a number of IDVAs, and victims benefit from a wider range of specialist skills and continuity of support.

✓ One model of provision that we have seen elsewhere in the country is an agreement with the local housing association or provider to provide dispersed units (self-contained flats) which victims move into after initial intake and assessment. These flats then become their secure tenancy and victims continue to receive support in the community. There is always a guaranteed number of flats for use in this way. This arrangement means that women who engage with services and have their children settle in schools are not then moved again once safety goals are met. We understand a similar approach is used by the North Hertfordshire Homes supported living model for people with learning disabilities.

✓ Review the range of accommodation options to provide more flexible provision. In particular for:
- Women with complex needs
- Women where secrecy of location is of the utmost importance

[35] Including Hull and Cumbria

- Women who do not wish to be in hostel type accommodation
- Women with older sons
- Women needing to stay near to their community networks and their children's schools
- Men who need refuge

In some areas we have seen domestic abuse support organisations become Registered Social Landlords having acquired several dispersed units providing a wider range of options. In these models support is provided by the community-based teams, much like an IDVA service.

✓ Consideration should be given to reducing the number of individual refuge contracts from the current 5, to reduce management costs and build in consistency of support.

6 Appendices

Appendix 1: Victim consultation summary

We completed a victim consultation as part of the review. With the support of Watford Women's Centre we spoke to 12 women, all of whom had experienced domestic abuse services in Hertfordshire, to find out their experiences of accessing services, and give them the opportunity to provide their views on what would improve victims' access to domestic abuse services and their outcomes. We asked a series of questions and offered the opportunity for them to provide other information they wanted us to be aware of.

The key themes that arose were the need for fast interventions when a victim is in crisis with proactive contact by services rather than expecting a victim to reach out, and that support should be in person rather than over the phone. They spoke of the need for support for their partners and their children. They also highlighted their fear of being in refuge and unable to leave. They reflected how agencies, especially children's services, saw them as the 'problem' rather than their partner or ex-partner.

Swift interventions: Many of the women spoke about being given numbers or speaking to someone once but not receiving a follow up call. Issues with lack of refuge spaces or funding when there was no recourse to public funds. The women highlighted how difficult it is to seek help and when there is a waiting list, or call back a couple of weeks later, the moment has passed or it may not be safe, or they may feel disillusioned with services. The clear message was that when in crisis and/or extremely isolated, a victim needs to be contacted proactively and offered understanding and support. Where that had happened, victims gave positive feedback on the difference it had made.

Advertising of services: All of the women spoke about the difficulty in knowing what support is available and where to get help; even when they had had some intervention from a domestic abuse service previously. The majority of the women said they wouldn't feel comfortable to call a helpline. Women who did not originate from the UK spoke of difficulty finding information relevant to their situation, of language barriers, and cultural difficulties in recognising domestic abuse.

Interventions for all members of the family: A common issue raised was finding support for children, and of long waiting lists when support was identified. One woman had a positive experience of her partner completing a perpetrator programme and spoke of the importance of his behaviour being addressed.

Awareness raising for young people: both for children and young people growing up in domestic abuse households and experiencing abuse in their own relationships. All the women believed it's important that young people understand the dynamics of domestic abuse in order to recognise warning signs. Additionally, teachers need to be aware of forced marriage and HBV to both recognise signs and impart information to young people to give them a route to seek help.

Multiple routes of access: A common point raised was having somewhere to go for face to face support, and its importance in combatting isolation, and the benefits of meeting people in similar situations. Drop-ins were seen as a vital access point; most suggested locations were GPs, children's centres and CABs.

Types of support: Women differentiated between what support is needed at crisis, and to recover from their experiences. They viewed the IDVA role as practical support with safety measures, and a point of information and advice to understand options and navigate through the criminal and civil courts. All the women had completed or were attending domestic abuse groups and spoke highly of the impact on their understanding of domestic abuse, their confidence, and practical skills in decision making. Some women were attending counselling. A gap identified was one-to-one support when awaiting group programmes, and for providing opportunity to talk about the situation and decision making. Several women said that without a crèche they would not have been able to attend programmes.

Suggestions:

- Clear route into support: not too many numbers.
- One worker that co-ordinates, is contact point for the whole journey.
- Specialist advice for legal issues such as visas and recourse to public funds.
- Refuge: One month rolling license so that the focus is on move through and it's not too daunting.
- Information in range of languages, and access to interpreters.
- Information to combat cultural 'norms' that may make it harder for someone to recognise situation and know they can get help.
- Advice on child contact and space for supervised contact.
- Flexible approach, people might struggle to make appointments, might not know what they want.
- Professionals such as police, GPs and children's social care to have up to date information on services, and to be trained to recognise signs of domestic abuse and understand the dynamics.
- Professionals to communicate so that victims do not have to repeat themselves too many times, or do not get conflicting information.

Other comments:

Police: most women gave positive feedback about their experiences of the police, spoken to well, had things explained well. One woman gave example of reporting a breach of injunction and having to explain to the attending officer what an injunction was and of going to court to give evidence and some paperwork missing the correct date and the case getting dismissed.

Mixed feedback on whether one telephone number for all domestic abuse support: key issue for the women was that it must not be automated as they wouldn't stay on the phone; needs to feel personal.

Refuges: issue raised about 4 month license feeling too long and wanting to move through system quicker, and a concern about staff making problems with funding known and women feeling that they need to stay so that the refuge receives income. She said there was a feeling that the refuge staff didn't want them to move on and therefore didn't help them to.

Quotes from the victim consultation

"When I arrived in the refuge they told me I would be there for 4 months, it scared me, it felt like a death sentence."

"My son had brilliant support in the refuge, but since moving out I have found it really difficult to get support for him, he has behavioural issues. Still not found the right thing. I feel pushed from pillar to post."

"Leaving my ex-partner was the best thing I ever did, but my son's behavioural problems got worse. I don't know who to call."

"I don't think refuges should make you aware of their funding issues. You feel responsible for bringing in money, makes you feel that you shouldn't leave. All the girls felt like that."

"The police give you a number but when things are bad you don't know what to do. You need someone calling you, being understanding and giving you options."

"The police were really helpful. They explained MARAC to me and kept me updated. I found the police more helpful than my social worker."

"I didn't call the police as in my country they wouldn't help you and I didn't know what to expect."

"At the time things were really bad, he kept strangling me, I thought he was going to kill me. I wanted to go someone safe with the kids but I was not entitled to benefits and social services refused to pay. I had to leave without the kids as it was so bad. But I went back as I didn't want the kids to be there without me."

"I couldn't find specialist advice about my situation [spousal visa], I spoke to a solicitor who told me
I had to stay with my partner."

"I was told I was high risk but I didn't get much help. I talked to someone a couple of times but they didn't call me, I think they expected me to call them but I wasn't in the place to do that."

"I wouldn't call a helpline, doesn't feel like a real person. You need to see someone face to face."

"My son is getting help at school but he had to wait for a year."

"My mum took me out of school when I was 17 and to Pakistan to marry. I came back pregnant with a black eye and no one said anything."

"My partner has done a programme, it's been good for him. He acknowledges his behaviour, deals with things better. He hasn't hurt me and doesn't speak to me badly. The kids are happier. It took 4 social workers for them to finally listen to me and put him on a programme – they always focussed on me but I wasn't the problem."

Victim consultation questions

- How did you find out what domestic abuse support was available?
- Did you contact a service or did someone refer you?
- How many people did you speak to before it was the right service/person?
- Is there anything that could have been done to make it easier for you to access services?
- What advice would you give to someone who wanted to get domestic abuse support in Hertfordshire?
- Was there any support you needed that wasn't available?
- If you could design domestic abuse support and access to services – what are the key 2-3 elements?
- Any other comments

Appendix 2: Champions' network and One Front Door (MASH)

2.1 Improving identification, access and referral

We have made two specific recommendations for improving the current system of identification, access referral and triage for cases of domestic abuse, particularly those involving children.

To 'get it right the first time', we recommend that:

- ✓ A 'champions' network' is implemented across the county.
- ✓ The board prioritises development of the front door (MASH) to improve referral and risk assessment and to ensure appropriate and timely responses.

These aim to build on the current Targeted Advice Service (TAS), but our recommendations also assume that there is a step change in the way that services are commissioned so that there are services that victims, children and perpetrators can be referred onto and that the links between the risk to the child and the adults are consistently reviewed. Without this, improving initial referral and identification will not result in materially better outcomes and potentially creates a flood of referrals to agencies without the capacity to address them.

2.2 A champions' network

We recommend building on the champions' approach that has been started in Stevenage, by designating a lead professional in every statutory agency to take on the role of champion, with responsibility for data monitoring and training and advising FLPs in their agency as well as providing a link person for the IDVA service. We particularly recommend that professionals within services that are accessed by minority communities such as community centres, sexual health clinics, faith groups and schools for example, are encouraged to become champions as referrals will only ever reach specialist services if there are higher levels of identification and disclosure from these communities in a place that feels safe and non- discriminating to them.

2.3 A front door/MASH

There are a number of principles, which we believe should underpin an effective early response to domestic abuse specifically and child safeguarding concerns in general. We have set these out in the box below.

Getting it right the first time: One Front Door

- One front door: Ideally, every area will have a single referral point or 'front door' so that there is no confusion about where to refer a case. This should apply for all safeguarding cases involving children and all domestic abuse cases[1]. In practice, there is obviously a lot of overlap between the two.
- Increase the range of people who can refer: Research shows that friends and family are usually the first person who victims or children will disclose abuse to, rather than professionals. By encouraging referrals from friends, family and victims themselves, we believe that it will allow an earlier response to a wider range of cases. Clearly this has big implications for volume and so would need to be implemented in stages.
- Identify risk, needs and vulnerabilities for each family member at the same time: In practice, this will allow professionals to make more informed decisions about their interventions and link obvious risks, needs and vulnerabilities and provide a better response to families.
- A balance between crisis and longer term planning: the TAS would review incidents in a multi-agency team each day and provide an immediate response. However, a regular MARAC will still be needed to ensure that a broader perspective is taken particularly for those cases where an immediate intervention has not been effective, and where the IDVA reports that the victim needs further support. The MARAC needs to hold the balance of focus between victim, child and perpetrator.
- A multi-agency response is essential to identify and respond to risk: We expect a minimum initial screening team of the police, children's services and the IDVA for every case. A full MASH team would include substance use, mental health, probation, child health and education.
- Resources follow risk: High and medium risk cases would be offered specialist interventions, while standard risk cases would be offered either universal services (e.g. school pastoral team) or volunteer support (e.g. victim support).
- Legal and safe information sharing and storage: All information sharing and storage must be legal and safe about each family member.
- Consistent data collection to promote learning: Data needs to be collected from every area so that a national picture is built up of the profile of cases, interventions and outcomes.

How this might be achieved in Hertfordshire is set out below:

- Include wider expertise in the TAS team: as a first step, we suggest building on the current TAS team by seconding an IDVA to work with them. The IDVA can help to identify domestic abuse when this is not the presenting need, which will frequently be the case with safeguarding referrals. They will also be able to risk assess domestic abuse cases where there is no existing risk assessment, or review the risk assessment and potentially identify patterns of behaviour which would suggest risk to either the child and/or the adult victim. The IDVA can also ensure that appropriate referrals are made for the victim, which should in turn improve the safety of the child. This could be resourced either on a rota basis or via a dedicated practitioner. We assume one FTE IDVA for this post (in addition to the IDVA capacity required to support high risk victims).

As a second stage, the team should be widened to include a representative from mental health services, and substance misuse services, and the capacity reviewed for the IDVAs. We expect that

it might need to be increased from 1 to 2 practitioners. This will allow fuller identification of material risk factors to children and adults, and link to those agencies that can potentially provide a single point of contact for the child, and both parents/step parents.

- Extend the referral criteria: We understand that Hertfordshire plans to extend the work of the TAS to create a Multi-Agency Safeguarding Hub (MASH) that includes children and 'vulnerable' adults. We recommend that this should include initially all domestic abuse victims with children (with consent if not high risk). As capacity requirements are clarified, this should be extended to high risk domestic abuse victims without children.

- Build clear onward referral pathways: There needs to be clear and agreed referral pathways for victim, perpetrator and child for further support, not only to the IDVA service but also to universal services and others such as Victim Support volunteers for other risk levels. Similarly, there need to be clear referral pathways for children of all ages, both to council services for children for those meeting thresholds and to universal services for those who don't. Finally, there needs to be clear responsibility for managing the behaviour of the perpetrator in cases of domestic abuse.

The principle of having the single 'Sunflower' brand to make it as simple as possible for victims to access help is a sound one. The awareness raising and maintaining a local directory of support options are important functions of the associated helpline charity. However, we understand that in practice, the helpline volunteers can give accurate signposting information but that they cannot ensure that this translates into support. One arrangement would be to integrate or redirect the helpline to the domestic abuse specialist in the MASH (potentially supported by the current volunteers), who could speak to family/friends and victim who self-refer in as well as providing advice and support for professionals. Ana to this arrangement might be to more closely integrate the service provided by Victim Support.

- Have clear criteria for information sharing that links the risk between adults and children: There are some instances where information sharing is automatic, such as where a child is considered to meet (S47) or (S17) thresholds or an adult victim is high risk or medium risk with consent. Having clarity about the criteria for both adults and children is important, as we believe that this helps to make the links about the risk to both children and adults.

For example, if a child does not meet social care thresholds but the victim or perpetrator is judged to be high risk then information would be shared. This aims to ensure that indirect risk to the child is not overlooked. We note that around 50% of referrals to the TAS effectively result in no more than a letter being sent to the family. A broader team will encourage better identification of risk, in particular between adults and children, rather than focusing predominantly on a single member of the family. The presence of an IDVA in the MASH will mean that links to other information will be made. For example it is particularly important to check systematically whether parents or children have been to MARAC, if they are repeat referrals and whether IDVAs are working with the victim. Similarly, the presence of specialist substance use and mental health services will address equivalent information in relation to these issues.

- Risks to children: Our approach to responding to children living with domestic abuse is based on a couple of key assumptions. Firstly, we assume that all children living in homes with domestic abuse are at risk of harm, and that the presence or not of domestic abuse

should be routinely established in child safeguarding cases. Secondly, that the risk level of the adult victim and the risk level of the child are not directly correlated. Thus, a child could be at high risk of harm because of their own vulnerabilities even if the adult victim is standard risk. Equally, two children in the same family could be at different levels of risk. Finally, we understand that growing up in an environment of 'toxic stress' such as is created by domestic abuse, results in both psychological and physiological damage to the child, while in the case of very young children, it can cause neurological harm. As a result, children growing up with domestic abuse should be prioritised in terms of the support that they receive from services that can protect them and reinforce their resilience.

Appendix 3: IDVA service specification Hertfordshire

A specimen service specification is provided as a separate document.

The estimated cost of the service is outlined below.
The cost of a team of 15 IDVAs for high risk only is £800,000.
The cost of a team of 27 IDVAs for both high and medium risk is outlined below at £1,364,000.

Estimated cost of community based domestic abuse services in Hertfordshire

	Estimated number of victims	IDVA or Support workers
High risk (visible and requiring support)	1,000	15
Medium risk (visible and requiring support)	1,000	12
		27
NI and Pension on cost rate	20%	

Staff costs services:	Salaries	FTE	Incl NI and pension	Estimated cost
IDVA / support workers	26,000	27.0	31,200	842,400
Administration	20,000	3.0	24,000	72,000
Management of domestic abuse services	35,000	2.5	42,000	105,000
Cost of domestic abuse service (region)				1,019,400
Other costs				
Training, service accreditation & data monitoring	15,000	2.0		30,000
% Admin/travel / overhead / contingency		30%		315,000
Total cost of IDVA provision				1,364,400
Cost per FLP				£ 50,500
Cost per engaged service user				£ 680

Appendix 4: Perpetrator programme options

4.1 Context

Over the past 10 years, services for victims of domestic abuse have developed considerably while interventions with perpetrators have not changed to the same extent. There are a number of accredited community-based perpetrator programmes, with associated partner support, and most recently the Integrated Domestic Abuse Programme has been largely replaced with the Building Better Relationships programme delivered by the probation service. However, perpetrator programmes only reach a minority of abusive men and consideration should be given as to how other perpetrators are managed, and their behaviour addressed. This is reflected in the limited dedicated provision for perpetrators of domestic abuse in Hertfordshire, where we estimate around 100 men completed some form of programme last year the majority of which were court ordered IDAP provided by probation.

4.2 Perpetrator interventions

We have set out some broad categories of perpetrators and outlined the recommended best practice for each. Most of these are less directed at commissioners in a funding capacity and more at the PCC and Chief Constable in particular, in their role of effectively addressing domestic abuse and ensuring that their resources are used in the most effective manner. Our research into MARAC suggests that all too often cases reach the MARAC threshold after multiple callouts, each of which has been treated as an individual incident rather than recognising a pattern of behaviour and abuse. We assume that this is true more broadly at other risk levels given the high levels of repeat victimisation in this area.

In common with our work on victims and children, we recommend prioritising visible perpetrators first; i.e. those where the victim is known either to the police or another agency, or in particular those with children in the home. In Hertfordshire, we estimate that 1,000 high risk victims and 1,000 medium risk victims will be associated with a similar number of perpetrators, and that there will be nearly 570 known perpetrators associated with victims whose cases are heard at MARAC. Our research shows that where perpetrators are known to police, many are criminally active in other areas too.

MARAC perpetrators: The local MARAC data shows that the police know about 70% of this group of perpetrators either for domestic abuse and/or other criminal behaviour. In our recent briefing on managing perpetrators at MARAC[36], we recommended that a risk management plan should be implemented for every MARAC perpetrator, typically led by the police which addresses their behaviour rather than reacting to an individual incident. This can include a range of approaches from 'diversion' with incentives to change including support with substance use issues, employment and housing, to management, disruption and prosecution. Some examples of the kinds of responses recommended are shown below:

- Arresting and charging the perpetrator for a criminal offence.
- A disruption plan managed by a single point of contact within the police or probation service,

[36] http://www.caada.org.uk/documents/Managing_Perpetrators.pdf

using surveillance, overt targeting, Automatic Number Plate Recognition (ANPR) systems, flagging, uniform patrols etc.

- Consideration by the police for Potentially Dangerous Person status where there is no previous criminal conviction.
- Consideration for MAPPA Management or Integrated Offender Management.
- Review of MAPPA 3 status after expiry of license conditions.
- Address serial perpetrators in line with local procedures.
- Community mental health assessment.
- Consideration for an anti-social behaviour order.
- Withdrawal of tenancy.
- Referral to substance misuse services.
- Ensuring links are made with Child Protection work and Family Court hearings.
- Offer community perpetrator programme, where appropriate.
- Referral to Respect, Samaritans or other support network.

Community Perpetrator Programmes: In Hertfordshire this is currently being piloted in Stevenage under the name 'Hertfordshire Change'. Since the programme only began in April 2014 it is too early to comment on its impact. However, we are conscious that there tend to be very high levels of attrition in voluntary perpetrator programmes and so it will be important to monitor what percentage of those starting the programme, actually finish it and the feedback from their partners about changes in their behaviour.

Perpetrators with significant substance use and/or mental health issues: Our Insights data shows that about half of the partners of women accessing support from specialist domestic abuse services have problematic drinking habits that contribute to their violence. Whether or not a case is referred to MARAC, this is a group where the police need to make the links with specialist support to address these issues and use the same mix of 'diversion and disruption' to encourage perpetrators to engage with these services.

Dedicated risk management: CAADA is currently working in partnership with Social Finance to test out new models of working with perpetrators which we hope will complement existing provision. In particular, we believe that there is potential to create a new role of a Perpetrator Risk Manager: a case worker who works with a perpetrator to address the range of challenges in their life and track the risk that they pose to their partner, children and others. Our hypothesis is that this caseworker would liaise very closely with the IDVA service and might be co-located. Ideally, there would be a dedicated person assigned to both the victim and the perpetrator who would be able to monitor and manage risk proactively. Currently, provision for perpetrators is highly fragmented, resulting in very low levels of engagement within a group who are by definition challenging to engage. We are happy to discuss this in more detail when we have completed our piloting of the approach.

We believe that there needs to be a phased approach to dealing with perpetrators. The level of expenditure on dedicated expenditure to address the behaviour of perpetrators is only that which probation funds to provide around 60 men (completing IDAP), and a voluntary perpetrator programme available to a small number of those who need some sort of intervention or risk management.

4.3 Recommendations

Our recommendations are directed more at universal services, in particular those within the Criminal Justice System and those dealing with substance misuse and mental health issues.

We recommend that:

- ✓ The MARAC and police increase their focus on managing MARAC perpetrators: one of the key findings of the HMIC report both locally in Hertfordshire and nationally, was the 'single incident' focus of the police when responding to domestic abuse. The decision by Hertfordshire police to refer cases to MARAC after 3 callouts, gives the opportunity to intervene earlier in managing the behaviour and risk posed by these perpetrators. However, it does need to be addressed methodically with a dedicated risk management plan for each person, carefully co-ordinated with other agencies (particularly substance use, mental health and of course the IDVA service). We recommend implementing all the recommendations from our recent guidance on managing perpetrators at MARAC[37].

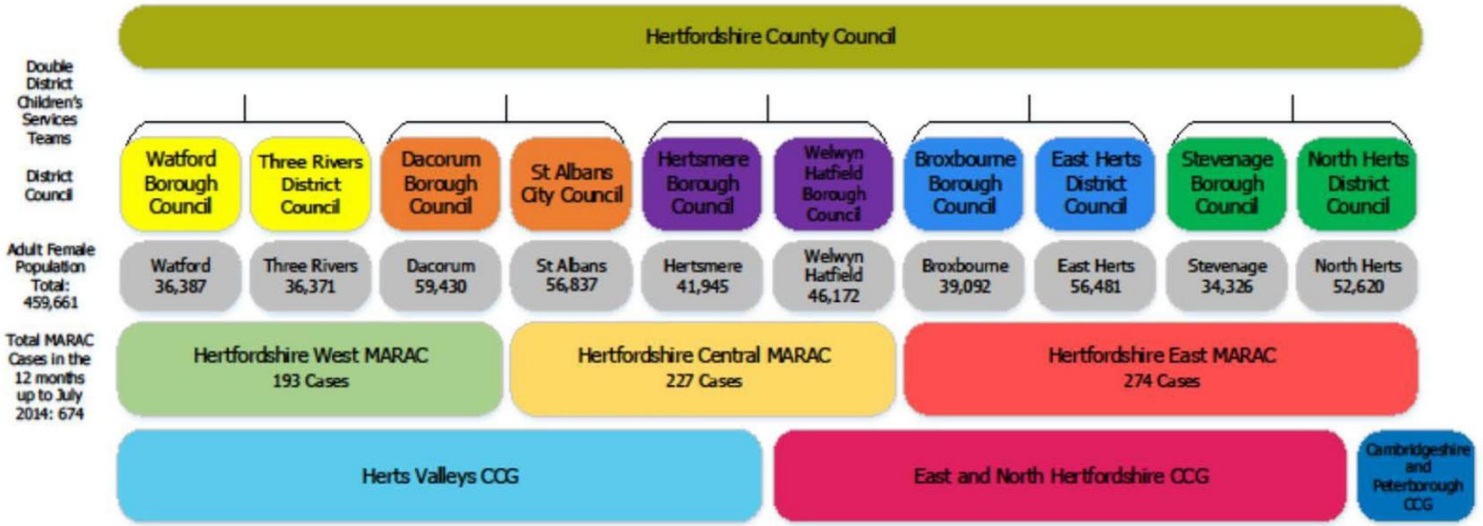
- ✓ A designated lead IDVA within the newly commissioned team has responsibility for liaising with the police and other partners to ensure that there is a clear picture about the status of the perpetrator, whether or not he is complying with orders, bail conditions, substance use programmes etc. They should have experience in working with both adult offenders and young people who harm.

- ✓ Outcomes from the new community perpetrator programme are monitored and that secure funding is provided to develop this further if outcomes are encouraging.

- ✓ Innovation funding is used to fund a pilot intervention with perpetrators. We would suggest an initial grant fund of £100,000 to fund a pilot intervention with perpetrators, that focuses on managing the risk of serial and repeat perpetrators.

[37] http://www.caada.org.uk/documents/Managing_Perpetrators.pdf

Appendix 5: Diagram of the structure of Hertfordshire local authority areas



Appendix 6: Data analysis by MARAC area

Table 1: Data analysis by Hertfordshire MARAC area

	Hertfordshire Police Force	Central	East	West
Total population	1,116,062	351,230	442,367	322,465
Total female population aged 16+	459,661	144,954	182,519	132,188
Police incidents (all risks) year to July 2013	13,658	4,235	5,416	4,007
Repeat rate (all risks)	41%	41%	39%	43%
Police incidents (high risk / % total)	364 (3%)	104	145	115
Police incidents (medium risk / % total)	3,439 (25%)	1,045	1,410	984
Police incidents (high and medium risk)	3,803 (38%)	1,149	1,555	1,099
MARAC cases (12 months to July 2014)	694	227	274	193
Number of children (associated	937	306	380	251
% repeat cases at MARAC (average across	18%	18%	19%	17%
CAADA estimates need:				
High risk (visible)	1,000	300	400	300
Medium risk (visible)	1,000	300	400	300
Children of visible high and medium risk victims	2,100	600	900	600
Number of IDVAs required high risk	15.0	4.5	6.0	4.5
Number of IDVAs required[38] medium risk	12.0	3.5	4.5	3.5
Total number of IDVAs[39] High and medium risk	27.0	8.0	10.5	8.0

[38] Rounded to nearest FTE.

[39] Rounded to nearest FTE.

Appendix 7: IDVA and MARAC referrals in Hertfordshire

Table 2: Referral numbers to MARAC and IDVA in Hertfordshire by agency

Referrals by agency to	IDVA		MARAC	
IDVA (most of these originate from the police where risk is upgraded)	-	-	170	24%
MARAC	347	30%	-	-
Police	148	13%	301	43%
Council services for children	134	12%	15	2%
Adult social care	4	0%	-	-
Health (mainly health visitors)	101	9%	1	0%
Substance misuse	6	0%	5	1%
Probation	10	1%	19	3%
Housing	48	4%	64	9%
Other voluntary sector/ domestic abuse services	161	14%	46	7%
Others	53	5%	73	11%
Self-referral	151	13%	-	-
Total	1163		694	

We understand that the police do not always pass details of incidents or the police risk assessment to the IDVA when they make a referral (148 referrals). In addition, one third of referrals (347) to the IDVA service come from the MARAC, most originating with the police, and these cases are not routinely re-risk assessed by the IDVA ahead of the MARAC. It is not considered safe practice to wait until the MARAC meeting to fully share risk information with the IDVA.

Appendix 8: Detailed funding streams by funder

Table 3: Analysis of funding for services

Funding for services[40] (£'000)	Accommodation solutions	PCC /HCC	CCSU	Children's Services	Borough district Councils	NHS (CCG)	MOJ	Total Amount (£'000)
IDVA (high risk victims) including new posts		233	130			40		402
Other community provision (Outreach, alcohol project)	145	27		46	23		30	271
Refuge (support element only)	668				51			718
Refuge children's support				94				94
Perpetrator programmes			35	8				43
Other (helplines, Domestic Abuse Co-ordinator, DART, hotel costs)		40	7		66			114
Total spend on domestic abuse services	813	300	172	148	140	40	30	£1.64m

[40] The funding amounts, used in the report have been derived from information provided to us by services, and funders. This data was not available on a consistent basis or time frame and in some cases we have had to impute the numbers using other sources. We believe that these numbers should be used as "best estimates" but not as exact figures.

Appendix 9: List of current funding streams in Hertfordshire

Hertfordshire Domestic Abuse Review:
Review of Countywide Domestic Abuse Framework and Provision of Services
Sources of funding for all commissioned provision.

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
CS	Children's Services	14,930	Refuge CYP	Children's worker in refuge	WHW Refuge	Welwyn Hatfield	Mar, 2015
AS	Accommodation Solutions	51,153	Refuge	Refuge core	WHW Refuge	Welwyn Hatfield	Mar, 2015
BC DC	Welwyn Hatfield Bo Co	16,600	Refuge	Refuge core funding of £40,000 but some allocated to outreach (£19500 plus 20% oncosts)	WHW Refuge	Welwyn Hatfield	Mar, 2015
BC DC	Welwyn Hatfield Bo Co	23,400	Other community	Refuge core funding of £40,000 but some allocated to outreach (£19500 plus 20% oncosts)	WHW Refuge	Welwyn Hatfield	Mar, 2015
CS	Children's Services	16,866	Refuge CYP	Children's worker in refuge	STAHW Refuge	St albans Hertsmere	Mar, 2015
AS	Accommodation Solutions	141,965	Refuge	Refuge core	STAHW Refuge	St albans Hertsmere	Mar, 2015
AS	Accommodation Solutions	15,170	Other community	Floating Support	STAHW Refuge	St albans Hertsmere	Mar, 2015
BC DC	St Albans DC	27,000	Refuge	Refuge core	STAHW Refuge	St albans Hertsmere	Mar, 2016
BC DC	Hertsmere DC	7,000	Refuge	Refuge core	STAHW Refuge	St albans Hertsmere	Mar, 2015
CS	Children's Services	14,657	Refuge CYP	Children's worker in refuge	SVG NH Refuge	Stevenage	Mar, 2015
AS	Accommodation Solutions	83,585	Refuge	Refuge core	SVG NH Refuge	Stevenage	Mar, 2015
CS	Children's Services	13,638	Refuge CYP	Children's worker in refuge	Watford W	Watford	Mar, 2015
AS	Accommodation Solutions	86,413	Refuge	Refuge core	Watford W	Watford	Mar, 2015
CS	Children's Services	24,111	Refuge CYP	Children's worker in refuge	Safer Places	East Herts Broxbourne	Mar, 2015
AS	Accommodation Solutions	129,800	Other community	Floating support	Safer Places	East Herts Broxbourne	Mar, 2015
AS	Accommodation Solutions	247,551	Refuge	Refuge core	Safer Places	East Herts Broxbourne	Mar, 2015
CS	D&A (Schools and families) - Social Care and Education	45,500	Other community	91,000 over 2 years -Alcohol and Domestic Abuse Support Services in refuge, approx 35 families per year – Broxbourne and East Herts (HCC1205833)	Safer Places	East Herts Broxbourne	Aug, 2014
CS	Children's Services	9,734	Refuge CYP	Children's worker in refuge	Dacorum WA	Dacorum	Mar, 2015
AS	Accommodation Solutions	57,207	Refuge	Refuge core	Dacorum WA	Dacorum	Mar, 2015

Funding information has been determined from various sources; not all verified.

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
PCC / HCC	PCC	27,500	Other community	IDVA trained DAW for Generic DA work at Women's Centre	Herts WC	Stevenage	Mar, 2015
MOJ	MOJ Rape crisis funding	30,000	Other community	IDVA Trained Rape Crisis worker at Women's Centre	Herts WC	Stevenage	Mar, 2017
BC DC	Mainstream SGV BC	50,000	Other	Domestic Abuse Coordination (£100,000 over 2 years)	SBC	Stevenage	Sep, 2015
PCC / HCC	Hertfordshire Constabulary	69,188	IDVA	IDVA service (incl MARAC coordinator)	Victims support	HCC	Mar, 2015
CCSU	Herts County CSU	130,000	IDVA	IDVA service (incl MARAC coordinator)	Victims support	HCC	Mar, 2015
PCC / HCC	Hertfordshire PCC	69,045	IDVA new	IDVA service - additional 3 IDVAs new posts (Nov 14 to Mar 15 - 5 months only)	Victims support	HCC	Mar, 2015
NHS	E&NH CCG	40,000	IDVA new	IDVA service - Lister hospital	Victims support	HCC	Mar, 2015
PCC / HCC	Hertfordshire PCC	18,189	IDVA new	IDVA service - Watford hospital (9 months only)	Victims support	HCC	Mar, 2015
PCC / HCC	Hertfordshire PCC	4,472	IDVA new	IDVA service - Watford hospital (Top up for full year)	Victims support	HCC	Mar, 2015
PCC / HCC	Hertfordshire PCC	6,675	IDVA	IDVA service	Victims support	HCC	Mar, 2015
PCC / HCC	Police mainstream posts	64,800	IDVA	IDVA service (2 posts managed by VS paid by police)	Victims support	HCC	ongoing
CCSU	Herts County CSU	7,289	helpline	Herts Helpline	Herts Helpline	HCC	Mar, 2015
BC DC	Councillors Locality Grant funding	15,816	helpline	Herts Helpline	Herts Helpline	HCC	Mar, 2015
PCC / HCC	PCC	20,000	Other	£30,000 split between -Coordinator fo rmedium risk MARAC / MARAC rep for SBC (£20,000)	SBC	Stevenage	Mar, 2015
PCC / HCC	PCC	5,000	Other	£30,000 split between -Training/delivery for a DART/MR MARAC (£5000) (Free evaluation by NSPCC)	SBC	Stevenage	Mar, 2015
PCC / HCC	PCC	5,000	Other	£30,000 split between - Core / discretionary funds for DART (£5000)	SBC	Stevenage	Mar, 2015
PCC / HCC	PCC	6,000	Other	Employer training re DV	Evolve/Sosafe	HCC	Mar, 2015
CS	Targeted parenting fund	8,500	Perp	Caring Dad's Perpetrators	HACRO	HCC	Ended 03/2014
CCSU	Herts County CSU	35,000	Perp	Herts change programme	Herts Change	HCC	Mar, 2015
PCC / HCC	Estimate emergency hotel accom	4,500	Other	Police pay for hotel accom if unable to access refuge overnight. (£2242 last six months 21 victims / 29 nights)	Police	HCC	ongoing
		1,643,254					
Other funding							
GMT funding for refuge STAHWR		52,867					
SARC funding (Estimated)		272,000					

Funding information has been determined from various sources; not all verified.

Appendix 10: Details of referral arrangements by agency

10.1 Police

Frontline officers complete the ACPO DASH risk assessment on first contact with victims. The DASH is forwarded to the Harm Reduction Unit who research case history. High risk (14+ ticks or professional judgement) cases are passed to a Domestic Violence Officer (DVO) to contact the victim, complete safety actions and onward referral to MARAC and IDVA. It is not clear how long DVOs stay in contact with a victim which may lead to duplication of support with the IDVA service. In total there were only 3% of incidents assessed as high risk so there are very few referrals to IDVA service from police. The referrals to IDVA do not include incident or DASH details.

Cases that score 8-13 are graded as medium risk and the reviewing Sgt will make a decision whether to allocate a DVO and refer to the IDVA service. Cases with risk score of 9 and under are no further actioned (NFA'd). Other risk levels may be picked up through the Victim Support Care Unit as all recorded crime are contacted by Victim Support where consent is granted.

For all incidents, regardless of risk level, where children are present or linked to a family a DV notification is sent to TAS, or if the child has been directly harmed, the Joint Child Protection Investigation Team. Notifications are sent to health visitors for all children 0-5 regardless of victim risk level.

The length of time for onward referrals is not clear as feedback given indicates it can take up to a week. All victims are given the Hertfordshire Domestic Abuse Helpline at the incident.

10.2 Council services for children

All referrals for children's social care go to the 11 assessment teams. All referrals that do not meet the threshold for children's social care and all DA notifications, including some that may have been directly referred to Children's Social care, go to TAS. which is a triaging team primarily facilitated by social workers with input from police, probation and health. Notifications from police include the risk grade. All high risk referrals are researched by TAS and police and passed straight to the assessment teams. Medium risk referrals are researched by TAS and police, including network checks and contact with the family and the team manager will oversee the follow on actions. Standard risk referrals are researched and either contacted for further assessment, or written to with no further action, and in some cases there is no follow up at all.

The TAS will refer into other social care teams, notify the school with consent and provide information and advice to families, and may instigate a CAF to be completed to enable identification of and referrals into other services. TAS does not refer to MARAC or IDVA. TAS does not complete a DASH with adult members of the family. In the year to March 2014 children's social care made 15 referrals to MARAC and 134 (12%) referrals to the IDVA service. Children's social care makes some referrals to domestic abuse programmes for victims and perpetrators.

10.3 Adult social care

Risk is included in service user assessments, including risk from others. Domestic abuse is not explicitly asked about so may be missed depending on how questions are asked and the understanding of the service user if they do not recognise the different types of domestic abuse they may be experiencing. Data is not collected on numbers of domestic abuse disclosures. There are currently no domestic abuse protocols in place, though a domestic abuse policy and referral pathway is currently in development. There is not a clear definition of the thresholds for ASC intervention where domestic abuse is a concern. In the year to March 2014, ASC made no referrals to MARAC and 4 referrals to the IDVA service.

10.4 Health (mental health/GP/hospital)

Referrals for IAPT counselling or mental health services are made through the Single Point of Assessment (SPA) process. The Wellbeing Service (IAPT) screens for domestic abuse on assessment. There are no domestic abuse protocols in place to guide staff when a disclosure is made and no data is collated to show numbers of domestic abuse disclosures.

Health visitors receive domestic abuse notifications from police for all victim risk levels with children aged 0-5. Health visitors will make contact with all victims either face to face or by phone. As part of referral they receive incident details and risk grade. Referral timescales vary from 24hrs to one week.

Health agencies make very limited referrals to services. In the year to March 2014, health agencies made 100 referrals (9%) to the IDVA service in the year to March 2014. These referrals were predominantly made by health visitors. In the same year health agencies made no referrals to MARAC. From July 2014, two hospital-based IDVA posts commenced with the aim to increase identification and referrals from A&E, sexual health and maternity departments. Safeguarding children referrals are made to TAS or direct to the relevant specialist team.

10.5 Housing

As would be expected, there is no central housing team in Hertfordshire; each of the 10 districts has its own housing department with individual policies and procedures...Information received from 5 of the 10 districts indicates that data is recorded for the number of households suffering from domestic abuse who were accepted for assistance under the homelessness legislation. Only Watford provided these details with 9 households meeting this criterion in the year to March 2014. Stevenage Borough Council has introduced DASH training for a champions' network and referral pathway which includes housing and report an increase in identification and referral to domestic abuse services. In the year to March 2014, housing made 64 referrals to MARAC (9%) and 48 referrals (4%) to the IDVA service. We were not provided with the number of referrals made by housing to refuges.

10.6 Local authority variation

Domestic abuse is overseen in each of the 10 districts by Community Safety Partnerships comprising of organisations who work together to reduce crime and disorder. Common aims include

reducing the number of domestic abuse incidents and raising awareness of domestic abuse amongst the public and staff.

The districts vary in the number of additional aims in relation to domestic abuse and how the aims are actioned. For example, Stevenage Borough Council funds its own domestic abuse co-ordinator and projects, and some other districts fund domestic abuse programmes, whereas some districts do not fund any domestic abuse projects. Stevenage is planning to pilot a 'medium risk MARAC' for cases with risk score of 10-13 or professional judgement. Cases will only be referred with consent. Stevenage was the only district that had domestic abuse referral protocols in place and fed back an increase in referrals to domestic abuse services. Other districts gave details of domestic abuse training in place, but not of referral pathways.

Appendix 11: Details of accessibility for diverse groups

B&ME: The IDVA service is seeing a higher percentage of B&ME victims than the local population but this does not translate into MARAC referrals. The reasons for this are unclear. We did not receive B&ME data from the majority of the refuge and outreach services.

'Honour'-based violence/ forced marriage: The police have implemented training for all grades on 'honour'-based violence and forced marriage as they believe they have a low reporting rate for these issues in common with most other forces. We were not made aware of any awareness programme within schools. Our experience is that awareness raising without a care pathway is ineffective, and any improvement identification or disclosures would require that clear care pathways were in place to provide support.

LGBT: There is low representation for victims identifying as LGBT. This was recognised by the IDVA service and MARAC steering group as an area of development, and will need to be part of a countywide plan to address identification of domestic abuse within the LGBT community to increase access to domestic abuse services and reports to police.

Complex needs: Service providers gave examples of working with victims with complex needs, primarily substance misuse and mental health issues, but do not collect data to indicate the level of these needs within domestic abuse services.

CRI provide the majority of the substance misuse services in Herts. They do screen for domestic abuse at assessment but do not keep data on the number of disclosures. CRI made just 6 referrals to the IDVA service, which we believe indicates low disclosure rates.

Mental health services do assess for risk at assessment, but not specifically domestic abuse. There is no referral pathway or protocol in place for management of disclosures, and no data is monitored on the number of disclosures.

Disability: Low case numbers at MARAC and with the IDVA service. This may be partly due to identification or lack of clarity about the definition of disability. There are few referrals into IDVA or MARAC from adult social care which is likely to indicate lack of identification of domestic abuse.

16-17 year olds: We identified no specialist domestic abuse support for 16-17 year old victims. The IDVA service will work with this age range, but not all outreach services do. For young people who harm family members there is a service Hertfordshire Practical Parenting Programme which worked with 112 families last year to develop strategies to manage the abusive behaviour. There are no specialist commissioned interventions for teenage intimate relationship abuse.

Male victims: High risk male victims are supported by the IDVA service. For men at medium risk of harm there is not a clear pathway for support as some outreach services will work with men, but the majority do not. The Sunflower website includes male victims in the definition of domestic abuse, but there is no clear signposting for male support.

Appendix 12: Details of service provision in Hertfordshire

12.1 IDVA service

One IDVA service covers the whole county. The core team is based in Hatfield, with drop-in sessions in Stevenage and Welwyn Hatfield districts, and IDVAs located at hospitals in Watford and Stevenage. At the time of the report there were 6 community and 2 hospital IDVAs, and 1 FTE administrative support, with recruitment planned for an additional 3 community IDVAs. One of the IDVA posts is the Team Leader, providing 0.5 FTE management support and 0.5 FTE casework.

The IDVA service works with female and male victims from the age of 16 who are at high risk and very high risk of serious harm; DASH score of 10+. Support offered includes safety planning, court support, advocacy, and signposting, and is facilitated mostly by phone calls but can include face to face contact. Referrals outwards include to refuge, outreach and domestic abuse programmes. IDVAs attend MARACs and local Domestic Violence Forums. Cases are closed when actions are complete and the risk has reduced. For a small number of victims, quality of service questionnaires are completed at case closure.

Table 4: IDVA service data for the year to March 2014 compared to national benchmarks (CAADA Insights: A Place of Greater Safety)

IDVA data	Referrals (not victims)	% referrals	National Insights data High risk
Referrals to the IDVA service	1163		
Repeat rate	19%		17%
Engaged referrals (those with a known risk	857	74%	N=3869
Safety plan completed (as a % of engaged referrals)	783	91%	94%
Legal advice sought with civil justice system orders (as a % of engaged referrals)	207	24%	16%
Advice with criminal justice system (as a % of engaged referrals)	329	38%	58%
Housing advice (as a % of engaged referrals)	300	35%	51%
Advice with health and wellbeing (as % of engaged referrals)	407	47%	77%
Access to refuge (as % of engaged referrals)	80	9%	7%
Victims with mental health issues[41]	48	6%	40%
Victims with substance misuse problems	32	4%	9-13%

[41] The IDVA service does not count the number of victims with mental health or substance misuse issues. These figures represent those victims who were advised about or referred to services.

12.2 Refuge

St Albans and Hertsmere: provides 22 rooms over 3 properties with 18 designated as emergency placements for women at high risk of harm and 4 rooms as move on. Up to 34 children can be accommodated along with additional space for cots. The refuge is staffed with 5.5 FTE and 1.5 FTE

Children's Support Workers. The refuge will accept women with complex needs depending on the level of need, and staff are trained on mental health and substance misuse.

Watford Women's Refuge (St Mungos Broadway): provides 8 rooms over two properties; 7 for women with their children and 1 single room. 16 children can be accommodated with age limits of 14 for boys and 16 for girls. The refuges are staffed weekdays with emergency out of hours support provided by phone. Admissions can only be made during office hours. The refuge is staffed by 1 FTE Support Worker, 1 FTE Children's Support Worker and managed by 0.8 FTE Co-ordinator. Assessment is based on whether the victim is ready to separate and whether they pose a risk to the other residents. They do accept victims with complex needs depending on level of need and will aim to link them into relevant local support services. 50% of service users are from Hertfordshire.

Safer Places Broxbourne and East Herts: has two refuges which can accommodate 29 women and their children. They are staffed with 6 FTE Support Workers, 1 FTE manager, and 1 FTE Children's Support Worker. Referrals into the refuges are assessed by risk level and circumstances. Admissions can be made outside of core hours.

Welwyn Hatfield Women's Refuge: accommodates 10 women and up to 25 children plus cots. The refuge accepts girls of all ages and boys over 16 if in full time education. Referrals are accepted on a 'first come first served' basis, with no DASH risk assessment being completed. Admissions take place during office hours. Victims with substance misuse issues can be accommodated if on a treatment programme and able to abstain from alcohol or drugs within the refuge. The refuge is staffed by 2.0 FTE Support Workers and 1 FTE Children's Support Worker. Management support is provided by a Manager and Deputy Manager.

Hightown Praetorian & Churches Housing Assoc (Dacorum & Stevenage): accommodates 15 women with their children in two properties. The refuge provider did not meet with us or provide information on their service so we do not have further details of the support provided. We were provided with the numbers of accommodated victims and we have used benchmarks to estimate FTE staff, and caseloads.

12.3 Outreach /other community-based services

Outreach support is provided by 2 women's centres and 3 of the 6 refuges providers. There is no common risk assessment and referral process, and services appeared to be working with all risk levels. We were not provided with any outcome monitoring or evidence of case tracking beyond signposting. There is extremely limited recovery support for men as some services are women only. There is no specialist support for victims from minority groups.

Herts Women's Centre: has 1 FTE domestic abuse support worker (new post) and 1 FTE rape crisis

worker (caseload 52). Support includes one-to-ones and groups. DASH is completed as part of initial assessment. Support is offered to male victims at designated times in evenings and weekends.

Safer Places: provides outreach support in Broxbourne and East Herts from their resource centre in Broxbourne. There are 4 FTE outreach workers, all of whom have completed Level 3 Skills for Justice training, and 2 have completed IDVA training. The DASH is completed with all clients and support is risk led; high risk victims receive intensive 1-1 support, medium risk less frequent and standard risk are supported by volunteers. All clients can access a daily drop-in and a 24hour helpline. Accommodation Solutions reports show that outreach was provided to 73 victims in the year to March 2014. Safer Places provided support to 800 women in Hertfordshire last year.

St Albans and Hertsmere: 2 FTE Outreach Workers who work with 120 women and receive referrals from a range of agencies, particularly health visitors and children's centres. Workers complete risk assessment but not the DASH. Work with victims with complex needs and have developed links with CRI for victims with substance misuse issues. Accommodation Solutions reports show that outreach was provided to 85 victims in the year to March 2014.

Three Rivers: 0.5 FTE outreach post is joint funded by Three Rivers district council and Thrive Homes to provide support to 90 medium risk victims. This post has only been filled for 6 months during which 28 victims were supported.

Watford Women's Centre: 1.5 FTE DA worker providing one-to-one support and group work to 187 women. Workers use DASH to risk assess and refer to IDVA and MARAC if high risk. Attend MARAC and local DV forums. Is a member of Women's Aid and adhere to the Women's Aid standards. The domestic abuse post is unfunded this year and the DV service is due to close.

Welwyn Hatfield: provides an outreach and resettlement service for both women leaving the refuge and any women in the borough experiencing DA. The service provides information and advice, signposting and referrals and has a weekly drop in service. Support was provided to 84 victims in outreach in the year ending March 2014.

12.4 Recovery (step down) provision including other counselling

In Hertfordshire, recovery (or step down) programmes are provided by outreach services attached to 3 of the 6 refuges, or the women's Centres or in conjunction with children's centres. Victims access recovery programmes after being signposted to one of these services, or by self-referral. Evaluations are completed with the women attending group programmes, but not more in depth outcome monitoring. There are no group programmes available for male victims, and some limited opportunity for counselling at one of the women's centres. There is no specialist support for victims from minority groups.

Many of the outreach providers facilitate programmes such as the Freedom Programme individually and in conjunction with local children's centres, with limited interventions for children. There is no central funding stream for domestic abuse programmes and the attendance and outcomes are not monitored outside of the services providing them. We identified 8 providers that facilitated around 26 programmes in a 12 month period with attendance of approximately 370 women.

There are no specialist counselling services for victims of domestic abuse. Generic counselling is

provided at both women's centres. Herts Women's Centre provided counselling to 300 women and men over a 12 month period. The counselling is free if referred by a GP via IAPT, or agency and self-referrals pay on a sliding scale depending on income. Watford Women's Centre provide up to 2 years counselling for an average of 270 women a year.

Evolve: facilitated by Welwyn Hatfield Refuge outreach workers: evening classes for groups of women helping them to identify and understand domestic abuse in their relationship, perpetrator behaviour, the effects it has on their family and their own emotional well-being.

Safer Places and CRI alcohol and domestic abuse: aims to work with family on increasing risk from both the domestic abuse and alcohol. 1.5 FTE workers directly support 35 families over a year, and a drop-in session is provided at CRI services.

12.5 Training and awareness

A variety of agencies are delivering domestic abuse training but it is not co-ordinated and it is unclear how a professional would find out details of training available as it is not included on the Sunflower website or Herts Direct.

HCC: The CCSU currently provide a foundation 1 day domestic abuse awareness course. Over 18 months 284 professionals attended from a range of agencies including HCC, health, housing associations, police, district councils and schools. There is a plan to improve consistency and ensure quality standards, and introduce tier 2 training courses.

District councils: Feedback from 5 districts indicates that domestic abuse awareness training is facilitated within the councils. Stevenage introduced DASH training and champions' network.

DV Forums: We have been provided with information that some training is facilitated through the DV forums, for example Safer Places provides training to Broxbourne Domestic Violence Forum. We have not been given in depth details about DV forum training.

Evolve: Funded by Stevenage BC. Provides employers with three tiers of training; HR managers to update them on the issues of domestic abuse and its impact on the workplace and a discussion around existing support provision within the organisation, team leaders and managers and delivers the key messages essential to providing support and signposting for a staff member affected by domestic abuse, and frontline staff to help raise their awareness. The plan for the programme is to encourage Evolve to sell the product across Stevenage to larger scale employers.

Helpline: as part of their funding, deliver training for professionals for HCC and the district councils which has included train the trainer champions' style courses. Additionally provide bespoke training.

Safer Places: delivering domestic abuse awareness and DASH training to professionals, particularly Children's Centres.

Children's Social Care: domestic abuse training is included in Herts own social work academy.

Police: recent domestic abuse training for all grades which included focus on HBV, forced marriage and stalking and harassment.

Schools: Herts for Learning deliver staff training programmes to secondary schools including

'Preventing Violence and Abuse in Teen Relationships'. Over the past 2 years funding was provided via the teenage parent strategy for 10 schools to receive this training. This was a one-off and schools are expected to source training internally. Herts for Learning have recently secured funding from public health for a further 16 schools. Lack of strategic oversight or direction results in ad hoc training, and therefore ad hoc interventions for school age children, which is not consistent across the county.

12.6 Helplines/websites

Hertfordshire has 7 domestic and sexual violence helplines that victims, perpetrators or professionals can access, plus direct lines to a further 3 service providers. (see Table 7 in Appendix 13). As well as providing these numbers, the Sunflower website also provides numerous national helpline or service numbers.

Hertfordshire domestic abuse helpline is a registered charity facilitated by trained volunteers operating weekdays 10am to 10pm for victims and perpetrators as well as professionals. It is confidential, requesting no identifiable details from callers, aiming to offer a supportive listening service with options to signpost on to domestic abuse services, and/or other support services. The helpline number is given out by the police at every domestic abuse incident, and by other domestic abuse services. Local refuges provide the helpline with details of vacancies. The charity also does some marketing and awareness raising in the community.

12.7 Victim Support

The police refer all crimes to victim support. There is a regional centre that has domestic abuse trained volunteers who contact victims and complete a DASH assessment. High risk victims will be referred to the IDVA service, medium and standard risk victims are referred to a victim support community service for support from an accredited volunteer. At the time of the report we had not received data on levels of engagement and services provided.

12.8 SARC

SARC covers whole of Hertfordshire supporting both men and women. Current referral criteria: incident must have happened within previous 12 months, self-referrals from age of 18 and partner agency from age of 16. SARC also provides FME for over 13s and currently this for police referrals only until crisis workers are recruited, then will be for any referral. Support is provided by 2 FTE ISVAs, 1 FTE admin and 1 FTE manager.

12.9 Services for children

There are limited specialist services for children linked to support for the non-abusing parent, and they are mainly found in refuges but even this is inconsistent. We were not made aware of any dedicated funding outside of universal services specifically for children living with domestic abuse although there are broader services such as Thriving Families who will support a minority of cases. We understand that almost 800 families experiencing domestic abuse were supported through the Thriving Families programme up to the end of September 2014. Where there is provision, it is commissioned in silos with no overarching plan, therefore funding is inconsistent and piecemeal, and there is no real sense of the scale of the interventions needed. It is positive to see there are

plans for additional interventions in 2015, but this will be both small in number of placements available, and short-term. We were not made aware of any additional funding streams.

Refuge Family Support Workers: Each refuge has a children's support worker which is part funded by Children's Services, and topped up by grant making trusts. This leads to inconsistencies as each refuge is different in the funding it secures. Support offered is a mixture of play sessions and supporting the child to settle into a new school, or link in with local resources such as children's centres.

Safer Places: facilitate AVA Community Group parallel parenting programme in Broxbourne and East Herts. We were not provided with the number of groups that have taken place.

Herts Protective Parenting Programme: Funded by grant making trusts, for young people who physically harm family members is an intervention to develop strategies to manage the abusive behaviour. Work is completed with both the parents and the child, individually and together. 112 families were supported in a 12 month period. 30% of the families also had parental domestic abuse ongoing.

One Herts One Family: Provide practical and emotional support to parents and children aged 5-11 where there are historic or current issues of domestic abuse and/or substance misuse. Support for children includes play therapy. They work with 60 families over a year and on average 75% have domestic abuse issues. The project has been funded by the Big Lottery until April 2015 and is currently facilitated by Westminster Drug Project.

The following are generic services where domestic abuse may be a feature:

Family Nurse Partnership: is a universal service for mums aged 18 and under working with 100 young women over a 12 month period. 40% of the mum's reported current domestic abuse issues.

Families Feeling Safe (previously Action for Children): A generic protective behaviours programme: 9 week group programme for mums, dads or carers completed over a term with a 10th session follow up the following term. Group work with children: 8-10 sessions, and groups for parents and children: 2-4 sessions. Courses not specifically aimed at domestic abuse but can be for that cohort and specific Domestic abuse groups have been commissioned. Feedback from the service manager is that the majority of women attending do have domestic abuse issues. Course aims to develop strategies to manage safety and implement protective behaviours for self and children. Children's Social care teams also deliver these programmes for women and children.

Future Programmes

NSPCC DART (Domestic Abuse Recovering Together): Stevenage Borough Council has allocated £5,000 of PCC funding for this pilot programme pilot programme which commences in January 2015. A 10 week parallel group programme mothers and children aged 7-11. NSPCC will complete an evaluation of the programme.

AVA: Childhood Support Services are planning to fund £3,000 for AVA's Community Group Project which is a 12 week programme for children aged 4 - 21 covering a range of areas related to domestic abuse with a concurrent group for mothers.

Stefanou Project, Healthy Relationships Healthy Baby: A GMT funded pilot commencing in April 2015, work is planned to pilot interventions with both parents and young babies by a whole family approach to tackle the cycle and impact of domestic abuse and deliver better outcomes for infants and young children.

Watford Rape Crisis and Sexual Abuse Helpline has been awarded £12,000[42] from the PCC to increase capacity to deliver services to 14-16 yrs and older or disabled victims through paying for specialist training for two abuse counsellors, and promoting the centre's services.

12.10 Service provision for perpetrators

There is very limited provision for perpetrators. Within the CJS, there were less than 100 men who started the IDAP programme (62 completed), while outside the CJS, there were just 12 who began a programme because of their Family Court involvement and just 10 starting the voluntary perpetrator programme, Hertfordshire Change.

Hertfordshire Change: pilot programme from April 2014. Operated by Relate in partnership with Stevenage Against Domestic Abuse, it is a community Domestic Abuse prevention programme for men who want to take positive steps to change the way they behave in relationships. Based on the power and control model, it's a group work rolling programme of 27 sessions for up to 10 men. Alongside this is a women's service providing support for women whose (ex) partner has been referred to the programme. Funding of £35,000 is provided by HCCSU.

Caring Dads (HACRO): Is a parenting programme for adult male perpetrators of domestic abuse. It does not call itself a perpetrator programme and the focus of the programme is the impact of the dad's behaviour on the family. Children's social care is the main referrer (80%) and Cafcass (20%). There is no Women's Safety Worker and the family must have a worker, usually a children's social worker to be the link for any risk concerns. Each programme has 17 sessions facilitated by two sessional workers, who can also provide court reports. 29 (50%) people completed the course last year. The Programme has links with the Hertfordshire Probation trust. Children's services paid £8,500 to fund one course. Future funding is insecure. A TOPSE parenting form was completed at the start and end of the course.

IDAP (Probation): Integrated Domestic Abuse Programme is a court ordered group work perpetrator programme based on the power and control model which can be part of a community sentence or a condition of a prison licence. It comprises 27 sessions split into nine modules exploring effects of domestic abuse, identifying the beliefs and attitudes which underpin violence and abuse, managing behaviours and feelings, reacting without abuse and responsible parenting.

DVPP (Cafcass): Family courts can order men to complete a Domestic Violence Perpetrator Programme. In Herts Cafcass can fund placements on IDAP facilitated by probation.

[42] Funding for sexual violence services are not included in this review.

Table 5: Perpetrator programme attendance and Women Safety Worker numbers Apr13-Mar14

Programme	Number started	Number completed	No supported by WSW	Cost
Herts Change	From June 2014 10	n/a	10	£2,500 per person
Caring Dads	43	29	n/a	£8,500 per course (up
IDAP	92	61	92	£4,600 per person
DVPP	12	8	12	£1,500 per person

Appendix 13: Provision by local authority area and helplines

Table 6: Refuges, outreach, recovery and step down providers by local authority

Local authority area	Refuge (number of beds and children spaces)	Step down Provider/ programme	Women's centre
Watford Three Rivers	Watford Women's Refuge (8 beds 16 children) (No outreach)	Watford Women's Centre My Life	Watford Women's Centre
Dacorum[43]	Dacorum Women's Aid (6 beds Est 12 children) (No outreach)	Hemel children's centre My Life	
St Albans Hertsmere	St Albans and Hertsmere women's refuge (22 beds 42 children)	St Albans and Hertsmere Women's Refuge (outreach) Understanding Relationships	
Welwyn Hatfield	Welwyn Hatfield Refuge (10 beds 25 children)	Welwyn Hatfield refuge (outreach) Understanding Relationships	
Broxbourne East Herts	Safer Places (29 beds 49 children)	Safer Places (Outreach) Freedom	
Stevenage[44]	Stevenage Women's Refuge (9 beds Est 18 children) (no outreach)	North Herts & Stevenage Women's Resource Centre Freedom	Herts Women's Centre
North Herts		North Herts Children's Centres Freedom	

[43] Provider was unwilling to meet with the review team (estimates have been used).
[44] Provider was unwilling to meet with the review team (estimates have been used).

Table 7: Helplines for victims of domestic or sexual abuse in Hertfordshire

Helplines for victims in Hertfordshire	Hours	Calls per annum
Hertfordshire Domestic Abuse Helpline	10am – 10pm Mon-Fri	2,653
Safer Places (Essex and Hertfordshire)	24 hour emergency	n/a
St Albans and Hertsmere Women's Refuge	Office hours	n/a
Welwyn Hatfield Women's Refuge	Office hours	487
Victim support (Regional Victim Care Unit – all crimes) (Essex/Hertfordhsire/Cambridgeshire/Bedfordshire/Norfold/Suffolk)	8am-8pm M-F 9am-5pm Sat	n/a
IDVA service	Office hours	n/a
SARC Helpline	9am-4pm Mon-Fri	TBC
Watford Rape Crisis and Sexual Abuse Helpline	10am -12pm Mon-Sat	n/a
Herts Area Rape Crisis and Sexual Abuse Helpline (HARCSAC)	7.30-9.30pm Thurs only	n/a
Herts Women's Centre (Rape Crisis)	9am-4pm Mon-Fri	37
Other:		
Herts sunflower website	Website	
Channel MOGO for young people in Hertfordshire	Website	

Appendix 14: Types of service provision/glossary

- IDVA services are an evidence-based innovation in the domestic abuse sector focusing on keeping victims safe in their own homes. The role of the IDVA is to mobilise an effective multi- agency risk-led response including MARAC.

- Refuge provides beds (units) for victims with accommodation-based needs. Funding from Accommodation Solutions pays for the support given to victims in refuge. Housing benefit pays for 'rent' which includes building-related expenses, such as utilities, maintenance, service charges, security etc. Refuge is an open access service and victims stay until they are ready to 'move on'.

- Outreach/Other community-based services provide support to victims in the community or to women when they leave refuge. It is an open access service either on a one to one basis or in groups, sometimes provided by refuge or by the Women's Centres in Hertfordshire.

- Recovery and step down: this includes both educational and life skills programmes, often delivered as group work, thus offering peer support, and should be an integrated part of the core services listed above.

- Helpline: victims and professionals can call local helplines for advice and signposting.

- Victim Support (VS): support is offered by a VS volunteer to mainly standard risk victims who called the police, where the incident resulted.

- Sexual Assault Referral Centres (SARCs) provide acute services including forensic examination and advocacy, as well as counselling and support for victims of sexual abuse including historic abuse.

Acronyms

ADCS Association of Directors of Children's Services

B&ME Black & Minority Ethnic

CAFCASS Children & Family Court Advisory & Support Service

CAMHS Child & Adolescent Mental Health Services

CCG Clinical Commissioning Group

CPD Continuing Professional Development

DA Domestic Abuse
DfE Department for Education

DHR Domestic Homicide Review

DPA Data Protection Act

DV Domestic Violence

FTE Full time Equivalent (staff post)

IDAP Integrated Domestic Abuse Programme (for perpetrators)

IDVA Independent Domestic Violence Advisor

ISVA Independent Sexual Violence Advisor

LAA Local Area Agreement

LCJB Local Criminal Justice Boards

LGA Local Government Association

LGBT Lesbian, Gay, Bisexual & Transgender

LL Leading Lights - Standards that CAADA are setting for the provision of IDVA services

LSCB Local Safeguarding Children's Boards

MAPPA Multi Agency Public Protection Arrangements

MARAC Multi Agency Risk Assessment Conference

MASH Multi Agency Safeguarding Hub

MDP MARAC Development Programme

NFA No Further Action

PCC Police and Crime commissioner

SARC Sexual Assault Referral Centre

SISO Shared Insights Shared Outcomes

Hertfordshire Acronyms

CCSU County Community Safety Unit

DART Domestic Abuse Recovering Together

TAS Targeted Advice Service

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