

Equality Analysis Report

Title of activity / Budget Proposal title and number Bedford Borough Council Strategy to Tackle the Causes and Effects of Domestic 2017-2020	Committee meeting (decision maker) and date
Service area Children's and Adult Services, Supported Housing	Lead officer Andrew Kyle, Service Manager Housing
Approved by Simon White, Assistant Director of Commissioning & Business Support	Date of approval 14.06.2017
Description of activity: The purpose of this new strategy is to set out the strategic aims for the Borough in relation to tackling the causes and effects of domestic abuse and to set out what we want to achieve by meeting these strategic aims. Once approved, the strategy will be used to develop a set of Delivery Plans which will be delivered through the Bedford Borough Domestic abuse Delivery Group.	

Please refer to the Equality Analysis Template Notes for guidance on completing this form.

Relevance Test

1. The outcomes of the activity directly and significantly impact on people, e.g. service users, employees, voluntary and community sector groups.	Yes	X	No	<input type="checkbox"/>
2. The activity could / does affect one or more protected equality groups.	Yes	X	No	<input type="checkbox"/>
3. The activity could / does affect protected equality groups differently.	Yes	X	No	<input type="checkbox"/>
4. One or more protected equality groups could be disadvantaged, adversely affected or are at risk of discrimination as a result of the activity.	Yes	<input type="checkbox"/>	No	X
5. The activity relates to an area where there are known inequalities.	Yes	X	No	<input type="checkbox"/>
6. The activity sets out proposals for significant changes to services, policies etc. and / or significantly affects how services are delivered.	Yes	<input type="checkbox"/>	No	X
7. The activity relates to one or more of the three aims of the Council's equality duty.	Yes	X	No	<input type="checkbox"/>
8. The activity relates to the Council's Corporate Plan objectives, is a significant activity and / or presents a high risk to the Council's public reputation.	Yes	<input type="checkbox"/>	No	X
9. An equality analysis of this activity is required.	Yes	X	No	<input type="checkbox"/>
This activity has no relevance to Bedford Borough Council's duty to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations. An equality analysis is not needed.				<input type="checkbox"/>
Explanation why equality analysis is not needed				

Scope of equality analysis

Who is / will be impacted by the activity's aims and outcomes?	<p>The Strategy aims and outcomes will impact directly on victims and survivors of domestic abuse and their families. It will also impact on voluntary sector providers who are the main providers of services for this group and also statutory services who work with vulnerable families, children and adults.</p> <p>Main stakeholders in relation to the strategy will be voluntary sector service providers, statutory services (e.g. ELFT, Health) and the victims and survivors of domestic abuse.</p>
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	Through delivering the strategy, there may also be benefits to members of the public e.g. increased service provision to support dependents, relatives or friends.
Which particular protected equality groups are likely / will be affected?	Protected Equality Groups: Age: Children & Young people Gender: Men Disability: People with physical disabilities Race: BME groups Sexual orientation: LGBT

Evidence, data, information and consultation

What evidence have you used to analyse the effects on equality?	<p>The Strategy has been developed using research which we commissioned SafeLives to undertake on our behalf in 2016/17. The research included meetings with providers and service users as well as an analysis of MARAC data, including equality monitoring data.</p> <p>A copy of the SafeLives report is attached for information.</p> <p>The Bedfordshire Domestic Abuse Partnership have also identified gaps and needs which are also reflected within the Strategic Aims.</p>
What consultation did you carry out with protected equality groups to identify your activity's effect on equality?	<p>The draft strategy has been out to consultation. The consultation document was sent out to a wide variety of organisations and groups through direct mailing and via other partners and partnerships.</p> <p>The public consultation started on the 6th January 2017 and finished on the 16th February 2017 and a total of 19 responses were received.</p> <p>58% of respondents agreed that the strategic aims set out within the draft strategy would enable the Council to address the identified needs and gaps around Domestic Abuse in Bedford Borough and the consultation highlighted Provision, Prevention, Partnership as the strategic aims which</p>

	<p>respondents felt should be prioritised initially.</p> <p>No additional strategic aims were identified through the consultation.</p>
<p>What does this evidence tell you about the different protected groups?</p>	<p>The feedback received from the consultation identified no additional strategic aims. Some feedback was provided in relation to the groups already highlighted within the SafeLives report - specifically in connection with Female Genital Mutilation and Honour Based Violence and also in relation to the lack of support and information available for male victims.</p> <p>The SafeLives report acknowledges that more work needs to be undertaken to better understand service gaps and service user needs and how these relate to Bedford's demographics. Some specific recommendations are made in relation to this;</p> <ul style="list-style-type: none"> • Embed systematically the voices of victims not currently accessing services as well as service users within the commissioning cycle to ensure that services meet the needs of users. • Develop understanding of who is accessing services, referral pathways into services and gaps based on Bedford Borough's demographics and a wider analysis of need • Embed the needs of victims with additional barriers (e.g. language barriers, disabilities) into commissioning <p>Gaps already identified by the Bedfordshire Domestic Abuse Partnership include more support and services for males victims, access to service for victims with more complex needs (e.g. those with drug, alcohol and/or mental health problems) and access to and availability of appropriate services for those from BME groups.</p>
<p>What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the activity?</p>	<p>Additional information needs to be collected in order to enable a full understanding of which groups are currently unable, or struggling to access services and what additional needs these victims may be presenting with.</p>

General Equality Duty

Which parts of the general equality duty is the activity relevant to?			
	Eliminate discrimination, harassment and victimisation	Advance equality of opportunity	Foster good relations
Age	✓ Understanding what a healthy relationship is will prevent more young people from becoming victims of domestic abuse		
Disability	✓ The additional needs of those with a physical disability or sensory impairment are not a barrier to accessing appropriate support		
Gender reassignment			
Pregnancy and maternity			
Race	✓ The additional needs of those from BME communities (e.g. language, cultural beliefs) are not a barrier to accessing appropriate support		
Religion or belief			
Sex	✓ Male victims of domestic abuse can access appropriate support within their own locality		
Sexual orientation	✓ LGBT victims of domestic abuse can access appropriate support within their own locality		
Marriage & civil			

partnership			
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Impact on equality groups

Based on the evidence presented what positive and negative impact will your activity have on equality?				
	Positive impact	Negative impact	No impact	Explanation
Age	X	<input type="checkbox"/>	<input type="checkbox"/>	More young people are able to recognise if they are in an unhealthy relationship and are able to seek appropriate support. More services are available to support children and young people who have been affected by domestic abuse.
Disability	X	<input type="checkbox"/>	<input type="checkbox"/>	There are services within the Borough that are able to support victims with severe and/or enduring mental health problems. Accommodation based services are accessible to those with a range of physical disabilities.
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	X	Current services can already be accessed by anyone within this protected group and any new services would also need to ensure they can support this group.
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	X	Current services can already be accessed by anyone within this protected group and any new services would also need to ensure they can support this group.
Race	X	<input type="checkbox"/>	<input type="checkbox"/>	More clients from under represented BME groups will be accessing services for Domestic Abuse.
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	X	Current services can already be accessed by anyone within this protected group and any new services would also need to ensure they can support this group.
Sex	X	<input type="checkbox"/>	<input type="checkbox"/>	More support is available to male victims of domestic abuse.
Sexual orientation	X	<input type="checkbox"/>	<input type="checkbox"/>	Services are more accessible to LGBT clients and increased numbers of referrals from this group reflect this.
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	X	Current services can already be accessed by anyone within this protected group and any new services would also need to ensure they can support this group.
Other relevant groups	<input type="checkbox"/>	<input type="checkbox"/>	X	

Commissioned services

What equality measures will be included in Contracts to help meet the three aims of the general equality duty?	N/A
What steps will be taken throughout the commissioning cycle to meet the different needs of protected equality groups?	N/A

Actions

	What will be done?	By who?	By when?	What will be the outcome?
Actions to lessen negative impact	N/A	N/A	N/A	N/A
Actions to increase positive impact	Business Plans developed to deliver the strategy will use key questions to specifically identify where there may be an impact on protected groups for each of the Strategic Aims (e.g. lack of services for male victims, low numbers accessing services from the LGBT & BME communities, increasing awareness among young people). Consideration will also	Domestic Abuse Lead	31.08.17	Business plans will identify which Strategic Aims will impact on which protected groups and will include specific actions around addressing the needs and gaps identified for these groups. Victims and members of the public will be able to access any relevant information in a language or format which they can easily understand.

	be given to how elementary issues such as language barriers can be overcome for the purposes of consultation or information sharing.			
Actions to develop equality evidence, information and data	MODUS will continue to collect equality related data for all MARAC cases. CAPITA will to capture equality data, and information for all contracted housing related support services. Where the Business Plan identifies another party as lead agency, the process for capturing equality evidence, information and data will need to form part of the monitoring or reporting of that element.	Domestic Abuse Lead	31.08.17	Equality evidence, information and data will be readily available when required.
Actions to improve equality in procurement / commissioning	N/A	N/A	N/A	N/A
Other relevant actions	Proactively engage with any organisations who are working with those protected groups that may benefit from particular elements of this strategy.	Domestic Abuse Lead	This will be ongoing across the life of the strategy.	More people from protected groups taking part in consultations. Better understanding of any barriers relating to protected groups. Building sustainable relationships.

Recommendation

No major change required	X	The potential changes that could result from this Strategy are all positive in terms of the
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		impact on 'protected' groups identified.
Adjustments required	<input type="checkbox"/>	
Justification to continue the activity	<input type="checkbox"/>	
Stop the activity	<input type="checkbox"/>	

Summary of analysis

In preparing this report, due consideration has been given to the Borough Council's statutory Equality Duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations, as set out in Section 149 (1) of the Equality Act 2010.

Bedford Borough Council Strategy to Tackle the Causes and Effects of Domestic 2017-2020 will impact positively on a number of vulnerable people by increasing services to enable more people to have access to services when they need them and will aim to improve access to services for some protected groups who are currently under-represented across services.

It will also aim to improve awareness of Domestic Abuse across both professionals and the public.

Through delivering the strategy, there may also be benefits to members of the public e.g. increased service provision to support relatives or friends.

Monitoring and review

Monitoring and review	Review date
There will be Business Plans for delivering this strategy which will be reviewed quarterly. The Business plans will include any specific elements that impact on protected groups, which can then be picked up through the quarterly review process.	Quarterly
Although this is a three year strategy it will be reviewed annually to ensure it remains fit for purpose.	2018



Ending domestic abuse



Review of the response to domestic abuse by Bedford Borough Council

January 2017

About SafeLives

SafeLives is a national charity dedicated to ending domestic abuse, for good.

Every year, over 2 million people experience domestic abuse - it is not acceptable, not inevitable and together, we can make it stop.

We want long-term solutions, not short-term fixes. Our approach includes early intervention for victims and their children, supporting every family member, and challenging perpetrators to stop. We do this by:

- using our data, research and frontline expertise to help local services improve and influence policy-makers locally and nationally
- offering support, knowledge and tools to frontline workers, agencies and commissioners
- providing accredited, quality assured training across the UK
- creating a platform for victims, survivors and their families to be heard and demand change
- testing innovative interventions and approaches that make more families safe.

Our recommendations aim to improve the experience of families impacted by domestic abuse as well as commissioners, practitioners, and partner agencies.

For victims and children, their friends and families:

- They will know what services are available and how to access them.
- They will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area, so that both risk and needs can be met.
- They will receive a service that is empowering and responsive with their personal situation.
- The response to victim, child and perpetrator will be co-ordinated.
- Their experience will be captured systematically and used to inform future service development.

For commissioners:

- There will be much clearer provision, transparency and lines of accountability.
- Resources will follow risk and be used to best effect.
- Opportunities to intervene early will be maximised.
- Creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths.
- Consistent data will provide the opportunity to learn and develop provision.

For practitioners:

- Being part of a resilient team with the full breadth of expertise required to meet the needs of all clients.
- Manageable caseloads.
- Sufficient resource for management, clinical supervision and administration.
- Career development opportunities.

For partner agencies:

- Clear referral pathways.
- Supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse
- Being part of an effective care pathway that respects the limits of each role.

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Section 1: Context

In September 2016, SafeLives was asked to support Bedford Borough Council to understand the current landscape across the borough in terms of commissioning, need, capacity, prevention and provision for families affected by domestic abuse. This work will support the local authority in developing a new strategy to tackle domestic abuse to be published in 2017.

This report outlines our findings with regard to need and capacity of commissioned provision on domestic abuse, a best practice review of interventions in prevention and for perpetrators and an assessment of statutory and voluntary capacity in Bedford Borough.

During the course of this review, we consulted a number of professionals across eight domestic abuse service providers and six adults who had experienced domestic abuse and accessed support in Bedford Borough. We also spoke to a number of individuals in Bedford Borough including commissioners from housing related support and Early Help.

We are very grateful to the local authority staff, service providers and service users who participated in this review. Their willingness to share information and expertise helped us immensely in drawing together a myriad of detail.

Section 2: Executive Summary

Domestic abuse is defined by the UK government as 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse'. Controlling behaviour is defined as 'a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.' Coercive behaviour is 'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim'.

This section outlines:

- the context of domestic abuse in Bedford Borough
- defining a model response to providing domestic abuse services
- obstacles preventing the realisation of the model response
- our recommendations on the way forward, particularly in the context of the current strategy and themes.

2.1 Context of domestic abuse in Bedford Borough

There were 3,137 domestic abuse incidents reported to the police in 2014/15 in Bedford Borough which is relatively high considering its population. SafeLives estimates that there are approximately 4,900 victims aged 16 and older in Bedford Borough, based on the prevalence of domestic violence in England and Wales. Despite there being an average of 100 calls a minute to the police being made nationally¹, domestic abuse remains a hidden crime, with many victims still not coming forward. On average, only 37% of victims tell someone in an official position about the abuse they experience, with only 4% telling a specialist support service. Many more adults and children will be hidden victims because of under-reporting due to perceived stigma and shame.

SafeLives' Insights national dataset provides an overview of victims supported by domestic abuse services, and the change in risk whilst being supported². Outcomes assessed at the closure of victims' cases revealed significant reductions in abuse and positive changes in safety and quality of life following support and interventions from a community based domestic abuse support service. Victims have typically experienced 2.6 years length of current abuse and 55% have experienced abuse previously. Over two thirds of victims (67%) experienced at least one type of high severity abuse and seven out of ten victims (69%) reported an escalation in the severity and frequency of the abuse before receiving support. Over 80% reported feeling safer and that their quality of life had improved after being supported by a community based domestic abuse support service.

Domestic abuse has a severe influence on a child's physical and mental wellbeing, with 62% living with domestic abuse also being directly harmed themselves. SafeLives Children's Insights national dataset³ also identified that high proportions (47%) are not known to children's services, and would not receive support following the abuse. Children's Insights also reveals that 25% of the children exhibited abusive behaviours, mostly once their exposure to domestic abuse had ended, mainly to mothers (62%) or siblings (52%). Children's outcomes improve significantly across all key measures after support from specialist children's services, notably a reduction in children doing dangerous or harmful things (69%), feeling the abuse is their fault (62%), and feeling unhappy (68%).

¹ HMIC, Increasingly everyone's business: a progress report on the police response to domestic abuse 2015: <https://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/increasingly-everyones-business-domestic-abuse-progress-report.pdf>

² SafeLives National Insights Dataset includes data from 40 services across England and Wales

³ SafeLives Children's Insights Dataset 2014; based on a sample of 877 children's cases collected by specialist support services

2.2 Defining a model response

Over the last decade, the support available for victims at risk of murder or serious injury from domestic abuse has been transformed by the creation of specially trained Idvas (Independent Domestic Violence Advisors) and the establishment of Marac (Multi Agency Risk Assessment Conference) meetings in every area to supplement the provision of refuge accommodation and existing community based services. Over 60% of victims who get help from Idvas and Maracs experience a cessation of abuse.

Building on this foundation, SafeLives has now developed a new model community-based response to domestic abuse. The model response described has been reflected, recognised and adopted by national policymakers. Our model suggests the following as key elements of an ideal response:

1. **Victims** and their families need to be at the heart of the system, with the knowledge of how to get help for themselves – or what to do if someone tells them about domestic abuse
2. **Early identification** at every public service to identify all victims, their children, young people at risk and perpetrators and get each member of the family the right intervention fast.
3. **Quality services** for all victims, including:
 - help in the community from a qualified Idva working as part of a robust multi-specialist team
 - support from a high-quality Marac for victims at high risk
 - targeted help with victims with complex needs
 - support from universal or volunteer-led services.
4. **Support for children** living with domestic abuse to become safe and develop their resilience.
5. Challenge and support for **perpetrators** from specialist workers to reduce the risk to the current victim and prevent abuse to future victims and children.
6. Support for the victim and their children to **recover** and live a life sustainably in safety
7. Commissioners should align their budgets and **fund services** according to jointly-agreed outcomes that address risk and need in their local population.

One of the most important aspects of our model, is ensuring that whilst provision for victims, perpetrators and children exists and is of high quality, the interaction between these agencies is vital to ensure a whole family approach is joined up.

2.3 Realising the model response

The key elements exist to establish sustainable, effective and high quality domestic abuse services in Bedford Borough. Bedford Borough Council provides a range of vital services for victims at high risk and children. Some services are provided across Bedfordshire. The variety of provision available is positive and we would recommend ongoing work continues to evidence effectiveness and outcomes.

Table 2.3a: Overview of current domestic abuse service provision

Category	Commissioned Provision in Bedford Borough	Non-Commissioned Provision in Bedford Borough
Victims	<ul style="list-style-type: none">• Victims at high risk are supported by Idvas (Victim Support) and Marac• Refuge provision for adults and children (Places for People, Stonewater)	N/A
Early identification	<ul style="list-style-type: none">• MASH• Relay project• Early Help Team	N/A

Category	Commissioned Provision in Bedford Borough	Non-Commissioned Provision in Bedford Borough
Quality services at all risk levels	<ul style="list-style-type: none"> Victims at high risk are supported by Idvas ((Victim Support) and Marac Refuge provision for adults and children (Places for People, Stonewater) 	<ul style="list-style-type: none"> Support for victims at medium and standard risk (Liberty programme, FACES, My Choice, Freedom programme)
Children	<ul style="list-style-type: none"> Statutory service (social care) Early Help and Intervention Service 	<ul style="list-style-type: none"> Families First; sunbeams and play therapy service
Perpetrators	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> The Change Project Bold Moves Safer Relationships
Recovery	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Families First Liberty programme
Funding	<ul style="list-style-type: none"> All high risk provision is funded by the Local Authority with a contribution from the PCC 	<ul style="list-style-type: none"> All standard and medium risk support is funded through grants All specialist domestic abuse support for children is funded through grants

Table 2.3b: Overview of direct funding for domestic abuse service provision in 2015/16

Service provided	Local Authority	Grant Making Trust/Charity	PCC	Total
Refuge*	£185,000			£185,000
Idva	£100,000		£49,000	£149,000
Medium/Standard risk support (including children and young people support)		£265,000		£265,000
Total	£285,000	£265,000	£49,000	£599,000

*The overall cost of refuge provision is much higher which it absorbed through rental charges

The current spend on domestic abuse provides support for approximately 409 victims of domestic abuse and 36 children affected by domestic abuse.

In order to realise the model response, Bedford Borough currently faces the following obstacles:

- fragmented funding arrangements
- lack of jointly agreed outcomes metrics to help understand victims supported, their needs and effectiveness of provision
- short term funding cycles prevent capacity being planned and coordinated
- an understanding of the demographics of victims supported (to identify any gaps in identification or provision, for example for elderly victims)
- lack of commissioned provision for children experiencing domestic abuse as well as victims at medium and standard risk
- no commissioned provision for perpetrators of abuse
- lack of awareness by victims and professionals of services available.

Addressing these issues would considerably strengthen the quality of provision and minimise gaps faced by vulnerable victims, such as services for women without children who are currently at medium or standard risk.

2.4 The way forward

We recommend that Bedford Borough takes a strategic perspective on commissioning, improves the coordination of the overall response and finds sustainable funding sources to strengthen the response to domestic abuse further. We outline our recommendations in greater detail in the main body of this report and advise that Bedford Borough Council should prioritise the following:

Strategic commissioning

- develop a strategic vision for supporting victims, children and perpetrators which also outlines how organisations will work together toward a whole family, whole picture approach
- create an outcomes framework for domestic abuse to inform commissioning activity
- continue to prioritise services for victims at highest risk levels
- develop understanding of who is accessing services, referral pathways into services and gaps based on Bedford Borough's demographics and a wider analysis of need
- consider a whole family approach, commissioning services for children affected by abuse and for perpetrators of abuse
- embed systematically the voices of victims not currently accessing services as well as service users within the commissioning cycle to ensure that services meet the needs of users.

Coordinating the overall response

- share the overall vision (as per strategic commissioning recommendation above) and ensure a strategic lead for domestic abuse is identified and communicated
- review governance arrangements to ensure links between different departments within Bedford Borough Council as well as with partner agencies.
- develop and implement a performance dashboard to monitor outcomes from commissioned services
- clarify the function of the domestic abuse providers' forum and embed a systematic update at the Domestic Abuse Board
- create a service directory for all professionals across Bedford Borough to clarify referral pathways and provision available
- ensure Bedford Borough Council's website is kept up to date (including the service directory) for access by victims and professionals
- widen the scope of the current commissioned Train The Trainer package⁴ to develop a champions' network with specific roles and responsibilities for champions.

Making funding sustainable

- meet with PCC and strategic leads from Central Bedfordshire Council and Luton Borough Council to discuss opportunities for coordinated commissioning
- develop a strategic commissioning group within Bedford Borough to report into the Domestic Abuse Board, including representatives from the Office of the PCC and Bedfordshire CCG as well as local authority commissioners
- map funding cycles including non-commissioned provision to inform commissioning and take account of likely reductions in future funding (eg Home Office)
- develop a three year joint commissioning plan pooling or aligning budgets on domestic abuse provision taking account of funding cycles to create a sustainable model.

Implementing these actions would greatly strengthen the overall response to domestic abuse and improve the outcomes for families affected by domestic abuse.

⁴ The Early Help team have commissioned trainers through the LSCB to offer multi agency professionals a domestic abuse train the trainer programme. This equips them to offer training to staff within their organisation basic awareness training around domestic abuse.

Section 3: A review of need and capacity for domestic abuse services in Bedford Borough

The backbone to an effective response to domestic abuse is a sustainable commissioning and funding landscape. Effective commissioning must be based on understanding the needs of the local population, to inform the type and capacity of service provision required. We reviewed the level of need across Bedford Borough to provide an understanding of the commissioning and funding required. We provide an analysis of the current commissioning arrangements for domestic abuse provision for victims, children and perpetrators across Bedford. This section includes:

- an assessment of the level of need
- an overview of the current commissioned provision
- an overview of the outcomes of commissioned services.

3.1 SafeLives assessment of need

Domestic abuse reported to the police

There were 3,137 domestic abuse incidents reported to the police in 2014/15 in Bedford Borough, which is relatively high considering its demographics. We estimate that there are approximately 4,900 victims aged 16 and older in Bedford Borough, based on the prevalence of domestic violence in England and Wales.

Despite there being an average of 100 calls a minute to the police being made nationally⁵, domestic abuse remains a hidden crime, with many victims still not coming forward. On average only 37% of victims tell someone in an official position about the abuse they experience, with only 4% telling a specialist support service.

Estimated number of adult victims

To plan services for victims, children and perpetrators we have created estimates using our national Insights database, Marac data and the Crime Survey for England and Wales. We believe that of the 4,900 victims of domestic abuse, 1,000 are experiencing high or medium risk abuse.

Table 3.1a: Estimated number of visible adult victims

Risk level	Estimated victims experiencing domestic abuse	Estimated victims visible to services
High	400	275
Medium	600	250
Standard	3,900	1,200
Total	4,900	1,725

Approximately one third of people experiencing abuse report the abuse to someone in a public service such as health, police or local authority; we estimate that this is approximately 1,725 victims in Bedford Borough each year. A higher proportion of victims experiencing high or medium risk abuse are estimated to report to services; in Bedford Borough this is approximately 525 victims visible to services requiring support each year.

⁵ HMIC, *Increasingly everyone's business: a progress report on the police response to domestic abuse* (2015)

Estimated number of perpetrators

Within Bedford Borough we estimate that there are approximately 4,900 perpetrators of domestic abuse each year. A study carried out by SafeLives in 2014⁶ looking at cases of high risk abuse found that:

- The age range of perpetrators was from 18–77, with an average age of 35.8
- 25% were aged between 18 and 25
- 95% of perpetrators were male
- 3% of perpetrators were identified with a disability.

We know that many perpetrators have needs which require support from health professionals, such as mental health problems and substance misuse. Within SafeLives national research, for high risk perpetrators identified at multi-agency risk assessment conferences (Marac) with mental health issues, 35% were defined as having 'received a service'. In many cases, however, this consisted simply of a referral for further help. Our professional judgement is that the number of perpetrators who received a meaningful and effective mental health intervention is likely to be very small. Of the perpetrators with identified substance misuse or alcohol issues, 14% 'received a service' from mental health in the 24 month period around the Marac meeting.

Table 3.1b Complex Needs identified from Perpetrators discussed at Marac (SafeLives 2014)

Complex need ⁷	Perpetrators with need identified	Age range
Alcohol	45%	18-77
Drugs	37%	18–60
Alcohol and/or drugs	59%	18-77
Mental Health	27%	18-77

Estimated number of children affected by domestic abuse

We estimate that there are approximately 3,000 children in Bedford Borough living in households with domestic abuse. On average, 65% of victims at high or medium risk of domestic abuse have children, with most having at least two children.

The best estimates we have are the number of children within households where the victim, or family, is either visible to services or seeking help. Within Bedford Borough, this is approximately 500 children in households of high risk domestic abuse, and 750 children living in households of medium risk abuse.

These children are at risk of experiencing long term harm mental harm due to the abuse. Children's Insights, the national dataset held collected by SafeLives on children living in families experiencing domestic abuse, identifies that:

- children suffer multiple physical and mental health consequences; negatively impacting emotional wellbeing 89%, their behaviour (52%) or social development and relationships (52%), experiencing feelings of blame or responsibility (60%)
- 25% of these children exhibited abusive behaviours, mostly once their exposure to domestic abuse had ended, mainly to mothers (62%) or siblings (52%)
- only half of these children were previously known to children's social care (54%) but 80% were known to at least one public agency (eg GPs)
- children's outcomes improve significantly across all key measures after support from specialist children's services, notably a reduction in children doing dangerous or harmful things (69%), feeling the abuse is their fault (62%), and often feeling unhappy (68%).

Currently two thirds (65%) of victims supported by an Idva have children (on average 2); of those supported by services for victims at standard and medium risk, 70% had on average 2 children.

⁶ SafeLives conducted a feasibility study using 132 Marac cases from two local authorities in 2014 looking at service use before and after Marac

⁷ Complex need was identified by Marac professionals; this will not always be a formal diagnosis of dependency or problem, but a professional opinion.

Children affected by domestic abuse can require support from a range of different services, notably children's services, schools and child mental health teams, where resources are already increasingly stretched. In 2016, the Early Intervention Foundation estimated that the government spends nearly £17billion per year in England and Wales on the provision of acute, statutory and essential services required when children and young people experience significant difficulties in life, many of which might have been prevented ('late intervention'). The consequences of domestic violence are estimated as the second largest single item, costing a total of £4billion to local authorities, the NHS, the police and others.⁸ The authors highlight the importance of agencies working together to identify early signs of risk in children and families, providing effective support where and when it is needed and thereby reducing the need for more expensive, statutory responses.

3.2 Cost saving: a business case for action

Domestic abuse is a major, complex social issue which cost the UK an estimated £16 billion in 2008, based on the provision of services, lost economic output and the high human and emotional costs⁹. To understand the costs and potential savings associated with supporting victims of high risk domestic abuse, we adapted the calculations of service use from Walby's 2004 findings¹⁰, and then adjusted based on the experiences of victims of high risk domestic abuse. They are conservative estimates which do not include the wider and less tangible societal costs or savings which will come from ending domestic abuse such as lost economic output or human and emotional costs.

We have focussed on providing the costs of supporting victims at high risk through the Marac process. There were 234 Marac cases discussed in Bedford Borough for the year from July 2015 to June 2016. Identifying and supporting individuals provides cost savings due to their preventative nature and the long term economic cost of domestic abuse.

Victims supported via the Marac process in Bedford Borough are estimated to cost public services £19,500 each for the year before Marac – this cost does not cover any support for other affected family members such as children. Even when someone is being supported by an Idva and a Marac, the costs in the 12 months after accessing this support are approximately £13,500, with initial savings in that first 12 months of support being approximately £6,000 per victim supported.

Table 3.2a: Overview of average costs and savings for current Marac cases supported in Bedford Borough

Estimated costs, savings or individuals (based on 230 cases at Marac)	
Current cost of Idva support per case	£600
Estimated service cost in the year before Marac per case	£19,500
Estimated service cost in the year after Marac per case	£13,500
Total estimated cost of services pre and post Marac per case	£33,000
Cost saving year after Idva / Marac interventions per case	£6,000
Total number of supported cases per year ¹¹	234

⁸ *The Cost Of Late Intervention: Eif Analysis 2016*, Chowdry H & Fitzsimons P (2016)

⁹ *The Cost of Domestic Violence: Up-date 2009*; Walby, S, <http://www.research.lancs.ac.uk/portal/en/people/sylvia-walby%28eae438c4-8116-45b9-9af5-8b4f785599c0%29/publications.html>

¹⁰ 'The cost of domestic abuse' 2004 Walby, S, http://www.devon.gov.uk/cost_of_dv_report_sept04.pdf (Tables 6.7 and 6.10)

¹¹ These are the individuals currently supported through the Marac process, we have not included the cost of the high risk victims not currently receiving support

The following assumptions have been made to understand the costs of domestic abuse¹²:

- **Criminal Justice System and Prosecutions:** It is assumed that where there are more serious incidents reported to the police they will be continued to prosecution.
- **Police:** The police will have been called out to multiple incidents for the equivalent of common assault, physical incidents such as a wounding, or harassment, it is assumed that the majority of these incidents would stop, other than harassment is more likely to be ongoing.
- **Health services:** Use of Accident & Emergency (A&E), General Practitioner (GP) and sexual health services for both the victim and child reduces once abuse has stopped. Mental health service use would continue after the abuse stops.
- **Housing:** It is assumed that additional safety measures will be put into homes of victims, such as additional locks or panic buttons. The significant cost for housing is refuge accommodation.
- **Children's Services:** For cases where there are children it is assumed that there may be some interventions and support from Children's Services, it is assumed that this will reduce, but continue at a lower level in the 12 months after the abuse stops.

Bedford Borough is supporting approximately 230 victims at high risk through the Marac process annually and we therefore estimate that almost £4.6 million would be spent on service provision for these victims, children and perpetrators in the 12 months prior to being supported by an Idva and being discussed at Marac. Once the Idva and Marac intervention has been put in place, we assume that these costs would reduce by £1.5 million to £3.1million due to abuse ceasing in most cases after a multi-agency action plan and support has been put in place.

The highest costs, and savings, are within the Criminal Justice system and the police service. Health services are estimated to spend just over £1 million supporting the 230 high risk cases discussed in Bedford Borough over the last year. This information is not only helpful at considering commissioning of services in terms of finance and potential joint commissioning opportunities, but also in terms of considering the victims pathways to support, and where they might be accessing services.

Table 3.2b: Estimated cost savings from supporting 230 cases within Bedford Borough through a risk led approach (Idva and Marac provision)

Service Provider	Cost before Marac	Costs after Marac	Saving
Criminal Justice system (excluding police)	£1,614,000	£1,030,000	£584,000
Police service	£1,274,000	£868,000	£406,000
Health service	£1,106,000	£772,000	£335,000
Children's services	£408,000	£356,000	£52,000
Housing	£119,000	£87,000	£32,000
Family Courts	£64,000	£27,000	£37,000
Total	£4,585,000	£3,140,000	£1,446,000

3.3 Principles of an ideal response model

SafeLives has developed a vision of an ideal response to domestic abuse, building on the current Idva-Marac model of support to victims at high risk to create an end-to-end approach in supporting victims and families to sustainable safety. The components of an ideal response are shown overleaf.

¹² Assumptions are outlined within Walby 2004, Cost of Domestic Abuse. Further cost assumptions are taken from Lesley Curtis, *The Unit Costs of Health and Social Care 2008*, PSSRU and *The Economic and Social Costs of Crime against individuals and households 2003/04*. Although the *Cost of Domestic Abuse* was published in 2004, extensive research into alternative ways of measuring the costs associated with domestic abuse across the European Union 2014 concluded that Walby's 2004 research is the best available to date.

Diagram 3.3: Blueprint for a transformed response to domestic abuse



1. **Victims** and their families need to be at the heart of the system. They need to know how to get help for themselves – or what to do if someone tells them about domestic abuse. And they should know that services in every area are of high-quality, and focussed on meeting their needs and making them safe.
2. We need to identify all victims, their children, young people at risk and perpetrators **earlier**. Early identification is the responsibility of every public service. Then we need to assess the risks they face jointly and separately, and get each member of the family the right intervention fast.
3. There must be **quality services** for all victims. Victims at high risk of murder or serious harm must get help in the community from a qualified Idva, working as part of a robust multi-specialist team. This help must not be predicated on them leaving their relationship. Victims at high risk must get help from a high-quality Marac. Victims at high and medium risk with complex needs must get specific help with those needs alongside help to become safe from abuse. Victims at standard risk need to get the right support, often from universal or volunteer-led services.
4. **Children** living with domestic abuse must get high-quality services that help them be safe and develop their resilience. Children's services must link to support for the primary victim as part of a whole-family model.
5. **Perpetrators** should get the right challenge alongside the right help to stop abusing. A specialist worker should proactively secure the engagement of every perpetrator of high-risk abuse, seek to change their behaviour and link them to other services or to voluntary perpetrator programmes. This will reduce the risk to the current victim, and prevent abuse to future victims and children. It is important to recognise that the safety of the victim and any child(ren) involved is the priority outcome for all work with perpetrators.
6. Once families are safe, there should be a clear pathway of support for the victim and their children to **recover** from the abuse and live a life sustainably in safety – including peer support.
7. There must be a supportive policy and funding environment. Politicians should set the right policy framework and commissioners should align their budgets and **fund services** according to jointly-agreed outcomes that address risk and need in their local population.

The key elements exist to establish sustainable, effective and high quality domestic abuse services in Bedford Borough.

3.4 Current commissioned provision in Bedford Borough

Overview of domestic abuse services

There are currently a number of services that operate across Bedford Borough. In this section we provide a brief overview of each service provider and programmes offered.

Table 3.4a: Overview of domestic abuse services in services

Service provider	Description
Victim Support	<p>Independent Domestic Violence Advocate (Idva)</p> <p>The Idva service provides support to victims at high risk only. The service offers intensive short-term support (usually 3 to 6 months) to enable victims of domestic abuse to make informed decisions and be supported to increase their safety and that of their families, and to reduce further harm. Support will focus primarily on risk and safety planning, with initial support focussed on dealing with any immediate crisis or identified threats and risks.</p> <p>The service is provided across Bedford Borough and Central Bedfordshire. The service is open to both women and men that are victims of domestic abuse that meet the following criteria;</p> <ul style="list-style-type: none"> • currently reside within Bedford Borough or Central Bedfordshire • have been assessed through the Marac Referral form as at high risk of domestic abuse, or who have or will be discussed at Marac via 'professional judgement' • are aged 16 or over.
Places for People	<p>Butterfly House Refuge</p> <p>Butterfly House offers emergency short term refuge accommodation and support for women who are fleeing from domestic abuse. The refuge consists of 10 individual units with shared bathroom and kitchen facilities. The service accepts referrals for women only, with or without children. However the service does not accommodate families with male children over the age of 13. The service is generally accessed by women that do not reside in Bedford Borough and will only accept referrals for women are current residents where it is safe to do so.</p>
Stonewater	<p>Santosh Asian Women's Refuge</p> <p>Santosh refuge offers a range of accommodation based support. This includes an emergency short term refuge accommodation and culturally specific support for women who are fleeing from domestic abuse as well as a second stage refuge for women ready to resettlement awaiting housing and a support service for children within the service.</p> <p>Referrals are accepted for South Asian women and staff can speak a range of languages to offer support. The service offers support for single women as well as women with children. However the service does not accept families with male children over the age of 13.</p> <p>The service consists of six individual units with shared bathroom and kitchen facilities. The service is generally accessed by women that do not reside in Bedford Borough and will only accept referrals for women that currently reside in Bedford Borough where it is safe to do so.</p>

Service provider	Description
Families First Bedfordshire	<p>Liberty programme</p> <p>The Liberty programme is a group programme for women that have experienced domestic abuse. The programme offers therapeutic group support alongside activity based learning with a focus on re-building healthy relationships. It is only available for women that have children (under the age of 18) due to the funding model. The programme accepts self-referrals as well as referrals from professionals.</p> <p>Families First is currently delivering two of these programmes; each meets once a week during term time only. The programme is tailored to meet the needs of the women that attend; it can therefore run from between 12-24 weeks. The programme is for up to eight women on the group at any one time.</p> <p>Sunbeams</p> <p>Sunbeams is a therapeutic group for pre-school (aged five and under) children, it is only available to for children of women who are attending the Liberty Programme. The Sunbeams group meet separately from the women engaged on the Liberty programme. The group is led by a qualified Play Therapist. During the group appropriate play is provided to allow the children to express and explore the feelings caused by the impact of domestic abuse.</p> <p>Play Therapy Service</p> <p>Play Therapy service provides children and young people with up to 12 one to one sessions of therapeutic intervention from a qualified play therapist. It is available for children aged between 3 to 14 that have experienced one or more of the following;</p> <ul style="list-style-type: none"> • Domestic abuse in the family home • A parent/carer with substance misuse • A parent/carer with mental health issues or emerging mental health needs which are impacting on the child (including loss, grief, post-natal depression or anxiety disorders). <p>Referrals can only be accepted from schools/ academies and early years settings within Bedford Borough that have signed up to the project by completing a 'Memorandum of Understanding' with Families First Bedfordshire.</p> <p>Space Youth Group (pilot)</p> <p>The Space Youth Group is a pilot project for children that have been affected by domestic abuse. It is delivered through Families First and another charity (229). It is available for children between the ages of 5-6 and 7-10. The group offers a range of therapeutic and physical activities including dance, cookery, sports, water sports and music. Referrals to the group must be made through the Early Help service.</p> <p>My Choice programme</p> <p>In January 2017, Families First will be relaunching their 'My Choice' programme in the Children's Centre. This programme is a 10 week workshop for parents that have left an abusive relationship and have children under the age of 5. The programme is designed to support women, who often go to the children's centre as their first port of call and it enables staff to deal with disclosures in an appropriate manner. Previously¹³, the programme was run with approximately three cohorts of women in a year.</p>

¹³ Based on the information given, we were not able to confirm the exact dates the scheme last ran.

Service provider	Description
FACES	<p>Bedford Domestic Abuse Support Service (BDASS)</p> <p>FACES domestic abuse service offers both practical and emotional support to families that have experienced domestic abuse. It helps with wider issues such as managing family finances, parenting issues, signposting to other agencies, debt advice and support with feelings such as depression and isolation. The service accepts referrals from professionals as well as self-referrals.</p>
Bedford Women's Centre (Family Groups)	<p>Freedom Programme</p> <p>The Freedom programme is an 11 week programme for women who have experienced domestic abuse. The programme runs on a weekly basis as a rolling programme so women are able to join at any time. Sessions last for two hours, in a confidential environment which is supported by two qualified facilitators. Support is offered throughout the programme. The programme is funded through the Probation service for female offenders. However referrals from other professionals are accepted. There is a £30 administrative fee for referrals from Children's Social Care.</p> <p>Gateway qualification sessions</p> <p>The centre is an accredited to deliver Gateway qualifications and often deliver Level 1 courses in a number of subjects including Childcare and Health and Social Care. We also deliver short courses on subjects such as: Customer Service training, Fire Safety in the home, Parenting First Aid, Food Hygiene.</p>
Relate North Essex and East Herts	<p>The Change Project</p> <p>Bedfordshire Change Project is an accredited¹⁴ Community Domestic Abuse prevention service for men or women who want to take positive steps to change the way they behave in relationships. The programme and assessment sessions are currently delivered in Central Bedfordshire and Luton. A short assessment is carried out to determine suitability.</p> <p>Although this programme is funded for Central Bedfordshire and Luton, places can be spot purchased for perpetrators within Bedford Borough. Professionals will need to ensure funding is available prior to a referral being made.</p>
Bold Moves	<p>Bold Moves is an organisation commissioned through the Probation Community Rehabilitation Company (BeNCH) operating in Bedford Borough. They also offer programmes in HMP Bedford. Bold Moves offers a service to men within the criminal justice system though places can also be spot purchased, although none have been purchased in Bedford Borough.</p> <p>Safer Relationships</p> <p>A 10-session group work programme for male offenders (20 hours), covering how to better manage conflict situations, how to recognise negative or abusive behaviours and how to improve communication and emotional control in intimate partner relationships. The programme supports men to take responsibility for change and to identify the impact of their behaviour on their relationships, themselves and their wider family.</p> <p>Family Man</p> <p>A 10-session group work programme (20 hours) supporting fathers develop child</p>

¹⁴ Respect is the national charity offering accreditation for DVPPs. The Respect Standard sets out all the requirements good quality DVPPs need to meet to become accredited. <http://respect.uk.net/>.

Service provider	Description
	centred parenting skills. It identifies the amount of patience parenting requires, the impact that conflict between parents has on children and focuses on rebuilding trust, children's developmental stages, learning how to give praise, positively manage difficult parenting situations and how to make good parenting decisions.
	<p>Male victims of domestic abuse</p> <p>A support service for male offenders who have identified they have been a victim of domestic abuse in either a same sex or opposite gender relationships. Experienced social care experts support men with identifying abusive behaviours, safety planning, facing scepticism from police and authorities and major legal obstacles, especially when it comes to gaining custody of their children from an abusive mother.</p>

Total direct spend on domestic abuse provision

This section considers the services in Bedford Borough to provide an overview of the total monetary spend on domestic abuse provision for all services we were able to gain information about. This analysis does not include the Freedom programme run through Bedford Women's Centre (Family Groups), Families First My Choice programme, The Change Project or any of the Bold Moves programmes.

To develop an understanding of the current spend on domestic abuse, we collected annual funding information from each service¹⁵. Funding primarily focuses on victims at high risk, with £599,000 spent on Idvas, Refuges and programmes that support medium and standard risk victims.

There are two perpetrator programmes run in Bedford Borough - one commissioned through BeNCH¹⁶ (Community Rehabilitation Company) and the other commissioned on a spot purchase basis¹⁷.

Table 3.4b: Estimated annual direct spend on commissioned services in Bedford Borough 2015/16 (rounded to the nearest thousand and using comparable time periods)

Funding by source	Amount	% Total
Local Authority	£285,000	48%
Grant Making Trust/ Charity	£265,000	44%
Police and Crime Commissioner*	£49,000	8%
Total spend	£599,000	100%

*Jointly commissioned with Central Bedfordshire at a total cost of £98,000.

Analysis of the funding sources for domestic abuse provision

SafeLives recommends that local commissioning arrangements include provision for victims, children and perpetrators across the spectrum of risk. This section will outline how the current provision in Bedford Borough is funded, and consider the spend of the provision categorised in each of the following areas;

- Support for victims at high risk (Idva)

¹⁵ Funding information from all providers was collected from the previous financial year between April 2015-March 2016. However Families First funding information is from the current financial year due to significant funding changes of new programmes.

¹⁶ Commissioning and funding detail was not obtained from BeNCH as part of this review. However please see section 4.2 for information on the cost per place provided from Bold Moves.

¹⁷ Please see below for information on the cost per place and number of places commissioned. As spot purchasing is sporadic and not part of strategic commissioning it has not been included in this section.

- Support for victims at standard and medium risk (Outreach, Floating Support, Group Programmes)
- Accommodation based support (Refuge)
- Support for children and young people
- Support for perpetrators.

Funding for domestic abuse services in Bedford Borough is primarily funded by the local authority (48%) and grant making trusts (44%¹⁸). The local authority currently does not spend any money on support for victims at standard or medium risk (such as domestic abuse outreach or counselling services). This means the borough's funding prioritises victims at high risk, with support for victims at medium and standard risk funded by grants and delivered by the third sector.

Table 3.4c: Direct spend on commissioned services in Bedford Borough 2015/16 by source and agency

Service provided	Local Authority	Grant Making Trust/Charity	PCC	Total
Refuge ¹⁹	£185,000			£185,000
Idva	£100,000		£49,000	£149,000
Medium/Standard risk support (including support for children and young people)		£265,000		£265,000
Total	£285,000	£265,000	£49,000	£599,000

The overall domestic abuse service provision is explained below by the reach of the service provision and cost of support.

Table 3.4d: Cost breakdown of current domestic abuse service provision²⁰

Local Authority	Estimate of need*	Total Referrals To Service	Total engaged users	FTE Front Line staff	Total Funding	Average FTE Caseload	Cost Per Engaged Case	Cost per FTE
Idva	275 victims at high risk	329	263	4.7	£149,000	56	£600	£32,000
Refuge	Not known	12	16	5	£185,000	3	£11,600	£37,000
Medium / Std risk support ²¹	1450 victims	164	130	3.3	£212,000	40	£1,600	£65,000

¹⁸ It is estimated that the true percentage is higher as it will include information we have not been able to obtain including; Bedford Women's Centre (Family Group) Freedom programme funding and a grant toward Santosh Asian Women's refuge children support service and second stage refuge.

¹⁹ There is additional grant funding that contributes to Santosh Asian Women's refuge which has not been obtained. This provides a service for the children in the refuge and second stage refuge spaces.

²⁰ Figures have been rounded up. Referrals data covers the period April 2015 – March 2016.

²¹ This figure has been estimated using the total cost of funding for standard and medium risk services, with the cost of providing children's support subtracted. The My Choice Programme is not included in this figure as it does not launch until 2017.

Local Authority	Estimate of need*	Total Referrals To Service	Total engaged users	FTE Front Line staff	Total Funding	Average FTE Caseload	Cost Per Engaged Case	Cost per FTE
Children²² and young people support²³	3,000 (500 in high risk households)	Not recorded ²⁴	36	2	£53,000	18	£1,500	£27,000
Total		505	445	15	£599,000	30	£1,300	£40,000

*based on our analysis of victims and children visible to services (see Section 3.1)

We have compared estimated need with capacity as measured by engaged users and found:

- there is a close fit between estimated need and Idva provision for victims at high risk
- it is difficult to quantify estimated need for refuge users as refuge users will be a portion of the victims at highest risk from across the country; however, the number of engaged users could be raised by increasing turnover through improved resettlement. This would enable refuge to be better utilised by those requiring emergency support. Currently it appears that the average stay of refuge users is between 9 months and a year.
- there is some but not full provision for victims at standard and medium risk
- there is very little provision for the estimated 3,000 children affected by domestic abuse, including those in the highest risk households.

In addition, there are approximately 4,900 perpetrators of abuse in Bedford Borough for whom there is no commissioned provision. We estimate that a total of 16 people have received support through non-commissioned perpetrator programmes in Bedford Borough²⁵ in 2016. We were also unable to find evaluations on the efficacy of the two programmes, so we are unable to judge whether the programmes achieve their stated aims and prevent future victims.

While there are currently a number of services commissioned for victims at high risk of domestic abuse, there are therefore some gaps in commissioning for victims at standard or medium risk of domestic abuse, children and perpetrators. The current service provision for victims at standard or medium risk and support for children is funded by grant making trusts and charities support rather than commissioned by the local authority. While this can be an advantageous funding model to develop innovation and capacity of provision, it should not be relied upon for the provision of a significant proportion of a core domestic abuse offer.

Trust and grant funding is often short term for a fixed period of time, which can mean services cannot plan effectively and risk discontinuation. If a high proportion of provision is funded in this way, there is a risk that some provision may cease to exist leaving significant gaps for victims and children in Bedford Borough. In addition, without strong leadership and coordination at local level through the local authority, provision may not reflect the local need or could create duplication across a number of providers. Finally, the local authority has limited agency in terms of the quality of provision and providers are not accountable locally. Therefore, there is a significant reliance on good will and coordination.

Capacity of domestic abuse provision in Bedford

This section considers the capacity of each service in Bedford.

²² This does not include SPACE youth club which was a pilot programme commissioned by Early Help, delivered through Families First and Project 229

²³ This number has been estimated using the figures provided for cost of the two full time workers for play therapy.

²⁴ This service did not have referral figures but as of November 2016, classes were full and bookings were only being taken for January 2017. It is a very popular service.

²⁵ Please see section 4.2.2 for details of perpetrator support in Bedford Borough.

Idva service provision

Provision for victims at high risk includes the equivalent of 4.7 FTE Idvas from HomeGroup/Victim Support²⁶ who supported 263 victims of high risk abuse with funding of £149,000, at a cost of £600 per engaged victim (in line with the expected costs of delivering an Idva response to victims at high risk). This service is funded by Bedford Borough (67%) and the Police and Crime Commissioner (33%) and is jointly commissioned with Central Bedfordshire Council. The PCC funding has been top-up funding provided for the last two years.

In the past year there were at least 260 victims at high risk visible to services and receiving Idva support. The current provision of 4.7 FTE Idvas is adequate for the number currently required in Bedford Borough.

Refuge provision

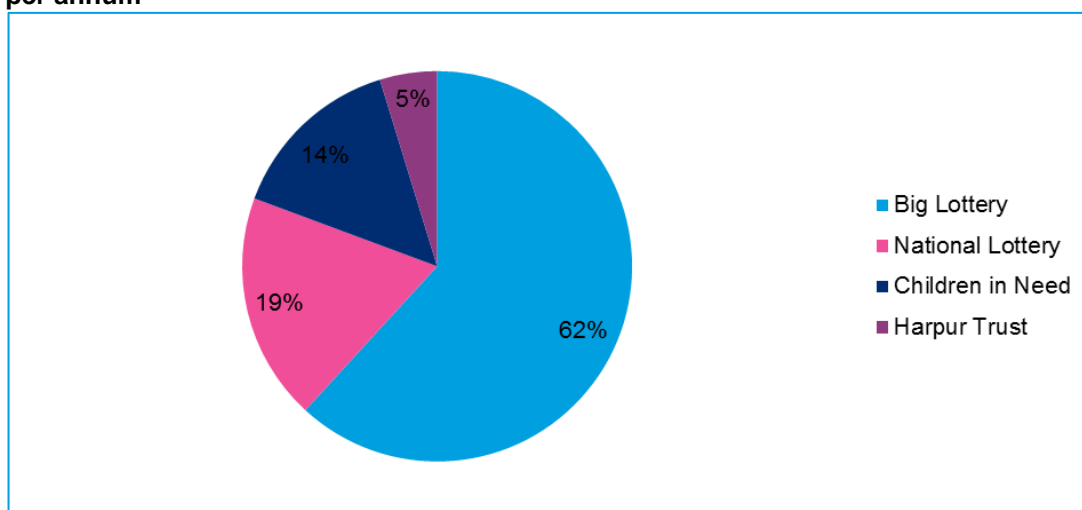
There are two refuge providers in Bedford Borough: Stonewater (operating Santosh Asian Women's refuge) and Places for People (operating Butterfly House). Stonewater provides culturally specific support to South Asian women and has 6 refuge units at a total cost of £220 per unit per week. Places for People have 10 refuge units and 19 child units; the average cost per week per unit is £220. Stonewater operates at a cost of £11,500 per engaged service user and Places for People operates at a cost of £11,650 per engaged user.

Refuge is an important facility in allowing victims of abuse to become safe; it is important to review victims' needs and ensure that there is the appropriate follow on support and housing available to allow victims to leave when they are ready and ensure availability of refuge space for those who need it urgently. Strengthening links with the local housing sector and ensuring the availability of accommodation in the area may address this and allow a higher number of victims to be helped through the existing refuge accommodation. In Bedford Borough, this will need to include relationships with the Bedford Borough housing department as well as BPHA²⁷ who manage CBL allocations.

Medium and standard risk support

There are two main providers of services for victims at medium and standard risk²⁸; FACES and Families First Bedfordshire. Both rely solely on grants and receive no funding from Bedford Borough.

Diagram 3.4: Funding for support for victims at medium and standard risk in Bedford Borough, per annum



²⁶ HomeGroup had the contract for providing Idva services in Bedford Borough and Central Bedfordshire until 31/05/2016. Victim Support has taken over the contract as of 01/06/2016 and the staff are the same.

²⁷ BPHA is a housing association that operates across Bedfordshire. Please see <http://www.bpha.org.uk/>

²⁸ As defined by SafeLives. Families First and FACES do not have referral criteria stating they only work with victims at standard or medium risk of domestic abuse but do not offer an emergency or crisis type intervention which we would consider a service for victims at high risk.

FACES Bedford is funded by a Big Lottery grant of £50,000 per year until January 2020. This provision provides one to one support for victims through one full time equivalent member of staff for 55 engaged users. It also includes a monthly support group which has 15 engaged users. The one to one and group support costs an average of £714 per user.

Families First Bedfordshire receive £215,427 from the Big Lottery, Harpur Trust and Children in Need to deliver their Horizons service. The service includes the following support for women:

- the Liberty programme which supports 60 women a year.
- Play Therapy for 3-14 year olds, which supports 36 children a year.
- mother and baby nurture groups
- non-talking therapy: art therapy, yoga, sewing.
- one-to-One counselling, with 4 volunteer counsellors.
- my Choice domestic abuse programme

Families First Bedfordshire have 4.3 FTE frontline staff members and have the equivalent of 2 FTE staff members in administration, management and support roles.

3.5 Consultation with domestic abuse providers in Bedford

We consulted with a number of domestic abuse service providers across Bedford to discuss their experience of the need and capacity of provision in the area. This included interviews with;

- Victim Support
- Santosh Asian Women's Refuge
- Places for People Refuge
- FACES
- Families First
- Bedford Women's Centre (Family Groups)
- Early Help (coordinating Relay and commissioning towards Space Youth Club)

Following our interviews with the services, we collated the information to provide a number of themes in terms of need and capacity. This section outlines the views and opinions of providers in Bedford.

Links between refuge and Local Authority children's services

Both refuge services as well as the Early Help stakeholder we interviewed highlighted a lack of coordination between the local refuges and Local Authority Children's Social Care. One refuge highlighted that many of the women that attend the refuge would benefit from statutory involvement but it is difficult to have referrals to social care accepted. The Early Help stakeholder highlighted that the Local Authority is not aware of all of the children in Bedford Borough that are currently in refuge provision and that it would be beneficial if every child was referred in order to have an Early Help Assessment (EHA) completed to identify their needs and relevant support put in place.

Support services for children and young people

The majority of the services we interviewed were very clear that there is a lack of provision available for children and young people that have experienced or witnessed domestic abuse. One provider added that this is an even bigger issue for male children, with teenage boys being the hardest group to find a service for.

There are some services that offer support to children and young people. For example Families First currently offer Play Therapy for up to 36 children aged between 3-14 years old over the course of a year. There is also a new youth service SPACE which will support children and young people by providing respite type support through offering activities. Additionally children in the refuges receive support, although this is not sustainably funded.

Support for perpetrators

All services interviewed stated that there is a lack of provision available to support perpetrators to change their behaviour. Bedford Women's Centre (Family Groups) offers the Freedom Programme

which is funded through the probation service for female offenders, which can include female perpetrators of domestic abuse. Although this is provision for perpetrators, it is not a recognised perpetrator programme.

In addition, Children's Social Care is able to refer to The Change Project on a spot purchase basis. Finally, Bold Moves offers a 10 week programme for perpetrators of domestic abuse that have been through the criminal justice system. There is an option of spot purchasing places on this course for men that have not been convicted, however there have been no places purchased.

Support for victims with additional barriers

A common theme that emerged through our interviews with domestic abuse providers was the challenge of working with victims with additional needs. This ranged from victims with learning difficulties to those that have no recourse to public funds or speak English as a second language. Families First reported that due to the increase in referrals to the Liberty programme, they were considering creating a third group to work specifically with women that have learning difficulties. Other providers noted that it can be challenging working with this cohort and more specialist provision is required.

All services highlighted the difficulty language barriers can create in being able to offer an effective service. Santosh refuge explained that their service users are keen to learn English which can reduce isolation and increase their independence. However they noted that there are limited services available providing ESOL support that is accessible. Future commissioning should consider ESOL as a significant part of a woman's recovery after exiting an abusive relationship, especially given the high proportion of Bedford Borough's population that is Black and Minority Ethnic (BME) (28.5% compared with 20.2% for England)²⁹.

Several of the services highlighted the Polish British Integration Centre as being a key partner in engaging with women from the Polish community. However as the Centre does not provide domestic abuse services specifically, they often refer to other services that are not able to meet such needs fully. Some services stated that they used Language Line in instances where language was a barrier but that has limitations and services that could be tailored to meet the diverse needs of the population with specialist interpreters or services in a range of languages would be beneficial.

Advertising and information of services

Two services raised the local council website noting that information was not systematically kept up to date. They noted that a lead person they could discuss this with would be useful in order to work together to ensure information can be updated as required on a regular basis.

Some services also discussed that the advertising and sharing of information about the services available in Bedford Borough is limited in terms of capacity to reach out wider across the community. There were some discussions about where services were promoted and the need to ensure that leaflets and posters are offered in a range of languages. Also some services stated that information needs to be in a range of places, in addition to being targeted at women with children such as schools and children centres.

Ownership of domestic abuse

All the voluntary sector organisations we interviewed highlighted the challenges of a coordinated response to domestic abuse, as the ownership of the domestic abuse agenda within the Local Authority has not always been clear. Services felt that in order to gather and share information effectively and understand referral pathways and the role of statutory organisations, the role of departments within the Local Authority and strategic responsibility for the domestic abuse agenda, needs to be outlined and transparent. Some of the services described their experience of being asked by a number of different departments in the Local Authority for the same information about their service, whereas clear ownership and structures for this to happen systematically would be more efficient.

²⁹ 2011 Census, Table KS201EW, ONS

Women without children

A number of the services we interviewed stated that they do not accept referrals for women that do not have children and that they were not clear who they could refer them to. Both Families First and FACES for example due to their funding structures only work with families with children. Bedford Women's Centre (Family Groups) is able to work with women that do not have children through their Freedom Programme and their educational programmes. The Victim Support Idva service is also able to support women at high risk from domestic abuse that do not have children.

Welfare rights and financial support

Several of the organisations discuss the barrier of welfare rights and financial support for victims of domestic abuse. They described how many of the victims that they support were either considering or planning to leave an abusive relationship, in which case understanding their rights and the financial impact is essential. In some instances victims do not have leave to remain and therefore the process they must undertake can be complex and without dedicated or specialist organisations it can be challenging to navigate. The refuge providers highlighted the specific challenges this can bring for them, as one cannot accept women with no leave to remain whilst the other refuge does, which causes funding implications.

Reliance on the voluntary sector

All of the services interviewed expressed some concern around the sustainability of the current commissioning model. They described how a lot of services and provision available currently in Bedford Borough is reliant on self-funding through grants and foundations. They discussed some of the challenges that this presented. One of which was consistency, as the local domestic abuse partnership has limited influence over the types of provision that are available. This can lead to confused referral pathways or gaps in provision. Another issue providers described was the risk to sustainability of services in Bedford Borough through the current funding model.

Working with faith organisations

Two of the services we interviewed discussed the role of local faith organisations such as churches in the response to domestic abuse. Bedford Women's Centre (Family Groups) has a good relationship with a local church which refers women on to the Freedom Programme. In addition, Places for People has a long standing relationship with local churches, who offer a small amount of support in terms of contributions to fundraising. For example they collect food around the Harvest Festival and donate this to the refuge.

Housing support

The majority of the services we interviewed highlighted housing as a challenge within Bedford, while recognising the broader issues nationally. This was a particular issue for the refuge providers who need to support women through resettlement within the community. Both providers explained that this has resulted in the average length of stay within the refuge increasing. One refuge stated the average stay is now approximately nine months to one year, previously having had a 6 month turn-around. This lack of accommodation means that space is taken by families that are ready and awaiting more permanent housing and acts as a barrier to the longer term recovery of these families, as well as limiting the access to refuge for those requiring emergency accommodation. To manage this issue, Santosh Asian Women's Refuge has developed and sought funding for a second stage refuge which includes five units. Santosh Women's Refuge use this to move families to practise independence whilst they are awaiting more permanent housing through the choice-based lettings system.

Resources for victims and services

The lack of resources available to victims directly as well as indirectly through service providers was raised by a number of organisations. One service described the challenges of being a non-commissioned service operating in a council-owned building. They describe the issue of the rental cost increases and that this provided a burden on the ability to continue to deliver services.

One refuge provider described the challenges of providing a round the clock service to victims that are residents in terms of the resources they have available. In particular resources such as computers are

not available, which can cause challenges when they are required for children to complete homework or for the women in completing their CV's and job searching. In addition, the provision of activities for children within the refuge can be challenging with limited budgets and support in this area would improve the quality of the service provided. In the culturally specific refuge this is particularly relevant as women and children can often feel increasingly isolated during festive periods such as Diwali.

Furthermore, travel costs for victims in refuge are often high, causing families to have to walk a considerable distance for essential appointments (eg benefits office, school or doctors' appointments). This issue is compounded for women in the culturally specific refuge as the women will often have an entire community, as well as the immediate perpetrator, looking for them. In relation to taxis, the provider explained that the majority of drivers within Bedford Borough are of the same heritage of the women in the refuge and would be too high risk. In addition, the refuge accepts women with no recourse to public funds which means they have no money to pay for public transport and are even more limited in their ability to travel.

3.6 Consultation with victims and survivors of domestic abuse

In October 2016, we conducted a consultation with victims and survivors of domestic abuse in Bedford Borough to consider the needs of victims more fully, as well as how they currently access services across. Six service users attended our focus group for victims engaged in services in Bedford Borough. In this section we outline the emergent themes.

Feedback on specialist domestic abuse services accessed

Firstly service users discussed their experience of the specialist domestic abuse services they had accessed in Bedford Borough. Although some attendees had also accessed other services such as the Idva service, feedback was only provided in relation to the Freedom programme and Liberty programme.

Bedford Women's Centre – Freedom Programme

Three of the attendees had accessed the Freedom Programme at Bedford Women's Centre (Family Groups). One attendee felt that the programme gave her confidence and the ability to recognise that the abuse was not her fault and the perpetrator was accountable. Following completion of the programme this attendee now volunteers for the programme as a facilitator.

One attendee explained that the programme helps women to realise that domestic abuse is not just physical violence but often involves coercion and manipulation. She stated that it helped her to recognise the range different types of abuse. Interestingly attendees described the programme as useful for all types of abusive relationships, not only intimate partner, but also to recognise abusive behaviour in wider relationships such as parents, family or friends.

We discussed how attendees were aware of the Freedom Programme to establish referral routes. One attendee was referred through a police officer supporting her following a call to the police, whilst another attendee was referred through the probation service.

One of the attendees had not been in an abusive relationship for a significant period of time, but stated that the programme helps in dealing with historical abuse so is not only suitable for those currently in abusive relationships. This attendee stated that the programme can help enable women to recognise their own patterns of behaviours to prevent them from entering another abusive relationship.

Families First – Liberty Programme and Horizons

Two attendees discussed their experience of attending programmes at Families First. Both of the attendees were referred on to the programme through Children's Social Care and although this was not mandatory, they both stated they felt significant pressure from Social Care to access the programme which made them reluctant to engage.

One attendee had been receiving support from the Idva service, which she had been referred to by the police. She described that until social care involvement, none of the services she had been in contact with had discussed Families First with her. Attendees that had accessed the programme felt like they

had not been given enough information about all of the local support options available early enough, and only received support once they had reached crisis point. She felt that having been referred to the Liberty programme at a much earlier point in her journey would have made her more willing to engage as she would not have felt so pressured by social care, but rather supported. Attendees felt that there should be a directory of services that professionals in Bedford Borough can refer to, to ensure that the right support is put in place as soon as possible.

One victim felt like she had been abandoned by services while the abuse was ongoing but months later she was then forced to enrol onto the programme; her biggest issue was therefore the timing of the support. She now likes the programme but feels she needed it sooner.

Feedback on statutory and universal services accessed

Children's Social Care

Attendees' views of social care were mixed. When discussing how they had been referred to support programmes (such as the Liberty Programme), several of the attendees felt they had been forced to attend rather than being supported and empowered.

One attendee described when she was first told by social care to enrol on the Liberty Programme how she protested due to feeling she was being threatened that if she did not go her children may be taken in to care. She felt like she had not chosen to go onto the course but had been forced by social care. However she did feel the course was beneficial and following the completion of her social care support she voluntarily remained on the course. In this particular instance the attendee stated that if she had been offered the programme before social care became involved (through other agencies such as the Police or Idva service) she would have been willing and accepting of the support, rather than feeling she had been coerced which impacted her initial engagement.

Attendees had significant negative perceptions of the role of social care, with many citing a fear of having children taken away. A number of attendees felt this as a realistic threat, which in some instances was used by the perpetrator and prevented others from reporting to agencies at an earlier point. One attendee that had been in care herself as a child stated;

'I would rather be beaten [by the perpetrator], even be murdered by him than have my children taken away from me'

Some attendees discussed how information was shared between agencies, primarily through social care. One attendee described how inaccurate details being noted by one professional was shared across a number of agencies and every time she engaged with a service she had to repeat herself to correct the information. A number of attendees felt that professionals had formed opinions about them before having met them. They stated that this sometime lead to judgements about their credibility as a 'genuine' victim and whether they were taken seriously, or not. All attendees felt that their voice was not listened to when plans are being made for them. In relation to social care, attendees acknowledged that the primary function is to safeguard and protect children, but often felt this was at the detriment to meeting their needs as the parent, feeling they could be blamed for the abuse. A number of attendees described feeling that social care did not look at the whole situation and put pressure them to end the relationship and leave without acknowledging that this might make things worse.

Housing

Attendees discussed their journey to leaving abusive relationship. In all cases, housing was referenced as a significant barrier. In some instances attendees did not have the resources financially to find alternative suitable accommodation, and in other instances did not want to have to leave their home.

One attendee with a mental health condition described her experience in seeking accommodation so she could leave her abusive relationship. She had searched for space at a refuge in order to flee, however due to her needs she was not able to live in shared accommodation or communal living. She was unable to find refuge provision that was able to meet these needs so remains in her relationship.

Police

All of the attendees had previously contacted the police in relation to the domestic abuse they experienced. Some attendees described their experience as positive, receiving a good level of support, action and referrals to other services. One attendee stated that her officer went above and beyond and kept her informed throughout the process, obtaining an injunction to keep the perpetrator away.

Other attendees did not feel they had a positive experience, describing police attitudes as lacking understanding of the complex dynamics of domestic abuse, particularly in instances where the victim has additional needs. One attendee who had been diagnosed with mental health condition described calling the police for support. She stated;

'One time I called the police because my husband had locked me in the house and would not let me out, they asked me if he was doing it for my own safety due to my mental health condition'

All attendees felt that the police did not have a proper understanding of domestic abuse. They described that unless the incident involves physical violence, it was often not taken seriously by the police. One attendee who had experience honour-based violence described how the police were not able to understand the wider risk she faced due to a number of members of the perpetrators family being complicit in the abuse.

One victim felt that her criminal history as a teenager, which included offences such as assault and shoplifting, caused the police to judge her as a potential perpetrator when she would call for help as a victim. She described feeling as though the police would not offer her the help or support, often suspecting the abuse was mutual.

Finally, attendees described the pressure they felt after calling the police to pursue criminal justice action. In some cases attendees stated that they had called for help and did not wish to pursue a prosecution but could feel like they either were forced to, or would not be taken seriously if they did not and required help at a later date. One attendee previously tried to move out of Bedford Borough to escape her abusive partner. However this often required evidence that she had experienced domestic abuse in the form of a letter from the police. She stated that she was not given one because she refused to press charges against the perpetrator.

It is worth noting that since this consultation took place, Bedfordshire have adopted the SafeLives police training programme, DA Matters and they will be enrolling officers soon. We expect there will be attitudinal changes among staff, which may be later reflected in how they handle domestic abuse cases.

Health

A number of attendees had accessed health services such as their GP or a Mental Health service. Some victims had not disclosed the abuse to their GP but felt that *'it was obvious'* and it should have been identified. Others had disclosed the abuse to their GP but were not offered any support; they were instead diagnosed with conditions such as anxiety or depression and prescribed medication in place of counselling support. One attendee stated that she went back to her GP stating that the situation had not changed and her medication dosage was increased rather than alternative treatments explored. Attendees did not favour the medicalisation approach stating:

'I don't want to be a zombie'.

Understanding the needs of victims

We explored with attendees the type of support that they needed from services. Attendees described that their support needs were dynamic, changing at different points of their journey. For example, one attendee described how she required financial and housing advice during her relationship to equip her with the knowledge she needed to plan leaving. However once she left she needed therapeutic services such as counselling to support her recovery.

Overall attendees stated the following areas of need:

- Legal aid (one attendee owned her own house so was denied legal aid, despite having no money other than the equity in the house which she could not access)
- Free legal advice

- Support for children
- Parenting advice and support
- Psychiatry
- Therapeutic support (e.g. counselling)
- Housing and housing related advice
- Refuge for individuals with complex needs
- Early intervention (attendees stated some advice and support earlier in their journey could have prevented escalation)

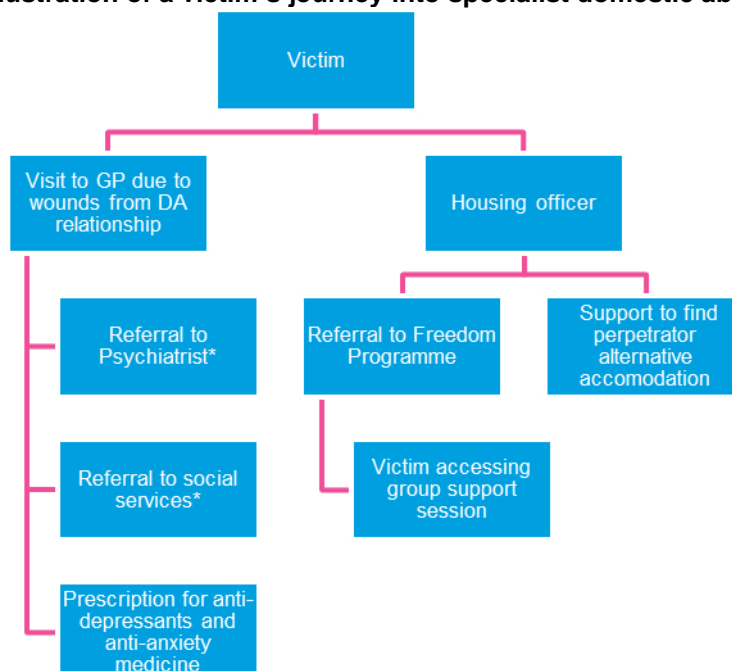
Victim journeys through services

As well as discussing with attendees their needs for provision, we discussed their journey throughout services to gain a sense of what services had been accessed.

Example 1:

In one example the attendee had disclosed the abuse to two separate agencies; the GP and her housing officer.

Diagram 3.6a: Illustration of a victim's journey into specialist domestic abuse support



*The victim has not received psychiatric support despite initial referral taking place March 2014 and states she has not yet heard from adult social care.

Neither of the two agencies she disclosed to spoke to one another. The GP referred the attendee to the mental health service to receive psychiatric support. She attended the GP numerous times in which a referral to adult social care was also made as well as a prescription for anti-depressants and anti-anxiety medication. The attendee felt this support did not meet her needs and although the referrals to the mental health service was beneficial, it did not directly support her in relation to the abuse she was experiencing. She stated;

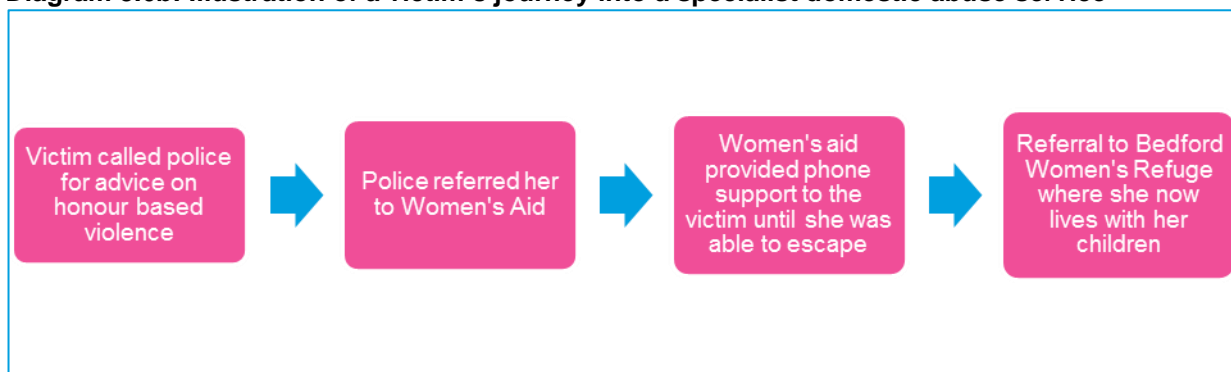
'If I had the support when I first went to the GP, I don't think the situation would have escalated and now we are breaking up.'

She had a different experience following the disclosure to her housing officer which she described as much more helpful. She stated that the housing officer had referred her to the Freedom programme. The housing officer was also supporting her through attempting to find alternative accommodation for the perpetrator.

Example 2:

In a second example, the victim called the police initially for advice as she was experiencing domestic abuse and honour based violence. She was isolated from her family and lived with her husband (the primary perpetrator) and his family (the secondary perpetrators). Initially the victim disclosed to her health visitor, however no action was taken and she was told to 'just leave'.

Diagram 3.6b: Illustration of a victim's journey into a specialist domestic abuse service



Consequently, she called the police in order to seek support and information. They provided her with the telephone number for the Women's Aid national helpline who were able to provide her with support over the phone and discuss her options with her. She discussed fleeing her relationship and was referred to Butterfly House refuge in Bedford Borough.

Accessing services in Bedford Borough

We explored how attendees had found the specialist domestic abuse services that they had accessed in Bedford. All attendees stated that they were not aware of any domestic abuse services in Bedford and were all referred through a professional (e.g. housing officer, police, social worker). Many stated they were not made aware of the services that exist soon enough and professionals need to be aware of specialist domestic abuse services locally to ensure referrals are made promptly. Attendees also stated that the community also needs to be more aware of the domestic abuse services available locally so they can self-refer, therefore there is a need for more publicity. Attendees provided some suggestions in terms of the places advertisement could be targeted including local radio, schools, GPs and public area notice boards. Attendees were clear that the location of advertisement must be varied to ensure it reaches all groups. For example, the only places where attendees had observed an awareness campaign were schools and a children's centre, highlighting gaps in communications for victims without children.

Perceptions on gaps in provision and services

Options of services

Attendees felt that there were gaps in the options for support that were available across Bedford Borough. Firstly they described a lack of counselling service for domestic abuse. All attendees felt like they would have benefitted from having access to specialist counselling. One attendee stated that she had accessed counselling, although she was not referred in relation to her experience of domestic abuse. She described how the counsellor did not understand the dynamics of domestic abuse so would deal with the symptoms of the abuse such as depression and anxiety, without exploring the route of the problem which was the abuse.

All attendees felt like there were no options for them until the abuse reached crisis point. One attendee described being risk assessed (using the DASH). She stated that she minimised the abuse during the assessment due to a fear of social care involvement. As a result she was assessed as low risk. She described how there were no options available to her as a result and she was not given any information. She stated;

'When my [risk assessment] score was too low to get referrals, it would have been useful to still get information [about domestic abuse services]'.

Honour based violence

One attendee had experience honour-based abuse and shared her experience of finding a number of gaps in provision available. She described how the abuse started on the day she got married and continued to escalate. She described her experience;

'I was made to be a person I wasn't' and 'I spent my life crying'.

In this example, she explained that the most common tactic the perpetrator used was controlling behaviour, for example she was not allowed out of the house. The abuse was exacerbated as she had no family support nearby and received pressure to be obedient from in-laws, with whom she lived. She described that she was unable to find any specialist services for women that had experienced honour based violence. In addition, statutory services do not understand the dynamics of this particular type of abuse and the additional risks, such as multiple perpetrators.

Support for the whole family

Support for perpetrators to change

All attendees stated there were no options for the perpetrator to get support to change their behaviour. Interestingly a number of attendees stated that support for perpetrators needs to address additional factors that might contribute to their abusive behaviour. For example one attendee highlighted the need for culturally specific support. She states that some perpetrators from BME backgrounds need to unlearn behaviours related to cultural practices, relating to her experience of honour based violence. Attendees stated that perpetrators must get support to change, as well as the victim receiving support, otherwise they will go on to abuse their next partner. In this respect attendees felt perpetrator support could be preventative.

Support for children

All but one of the attendees had children under the age of 18. They highlighted that it is a challenge to get age-appropriate support for children that have lived in a household where domestic abuse was present.

All attendees that were able to seek support for their children happened through school. One attendee stated their child receives play therapy within school, whilst another attendee's child received counselling (via Rainbows) within their school. However all attendees noted they could not get support outside of school. Attendees had mixed views on what support for children should offer. For some attendees, their children enjoyed receiving support within school, however others stated their child did not want to feel singled out and would prefer support outside of school. Elaborating on this, one attendee said that children need someone independent to go to. Most attendees felt it was important that support for children included respite activities to enable children to take their mind off their experiences at home.

Attendees also highlighted the challenges of parenting after abuse. They noted that it would be beneficial for parents to receive support specifically around talking to children about difficult issues relating to domestic abuse and how to deal with repercussions in their behaviour. Some attendees described children having outbursts, whilst others were withdrawn. Attendees were uncertain of the best parenting techniques to support their children and re-introduce boundaries.

Conclusion

When we asked attendees what worked well, they said that the provision when they were high risk was of good quality but that not getting support when they were at medium or standard risk was harmful for them. When we asked what could be better, victims asked that authorities follow up when victims asked for support.

3.7 Outcome measures

Monitoring the outcomes of services is a vital part of commissioning, feeding valuable information into the commissioning cycle, ensuring that victims are receiving a good standard of service provision and

the service is achieving its objectives. We recommend that the commissioning cycle should be intrinsically linked to the governance arrangements, to inform future commissioning activity.

A good outcome measure will inform commissioners of the change which has taken place between two points in time, with the change relevant to the aim of the service or intervention provided.

A model framework

We recommend that each commissioned service consistently records the following³⁰:

- **Identification and referrals** – total number of referrals received, number of repeat referrals, source of referrals (e.g. through a particular agency or self-referral), number of referrals accepted/declined, reasons for declined referrals
- **Service user profile** – the rate of engagement (or drop out), reasons for disengagement/drop out, demographics and diversity, linked individuals (e.g. children, perpetrator), engagement with other services/agencies
- **Service user needs at point of entry** – level of risk (standard, medium, high), complex needs, family needs, identified support needs
- **Outputs** – number interventions used, type of interventions, length of engagement, type of contact, onward referrals to other services
- **Outcomes at time of exit** – number of repeat incidents since point of entry, level of risk (standard, medium, high), complex needs, identified support needs, engagement with other services/agencies, qualitative feedback from service user
- **Longer term outcomes** - level of risk (standard, medium, high), complex needs, identified support needs, engagement with other services/agencies, qualitative feedback from service users.

Outcomes measurement

In Bedford Borough, the Idva service and Refuges use the Outcomes Star³¹ (Empowerment Star) as their tool to report outcomes to commissioners. This measures the following outcome areas:

- Safety
- Accommodation
- Support networks
- Legal issues
- Health and well-being
- Money
- Children
- Work and learning
- Empowerment and self-esteem

It monitors the victims' journey in each outcome area using the following stages:

1. Not ready for help
2. Accepting help
3. Believing
4. Learning and rebuilding
5. Independence and choice

SafeLives received relatively few outcomes measures during the review and our findings are therefore based only on the outcomes data we received. The current models of outcome measurement vary between services, which is not unusual across domestic abuse service providers. This is more consistent across the providers commissioned by Bedford Borough Council, as they all use the outcomes star as discussed above. Below we outline the outcome measurements tools currently used.

³⁰ This provides a minimum standard for commissioners, however we expect many commissioners and providers will collect additional information to support outcomes and performance measurement

³¹ For more information please see: <http://www.outcomesstar.org.uk/>

Table 3.7: Domestic abuse services outcomes measures

Service	Outcomes measured
Idva service	<ul style="list-style-type: none"> Referral routes, number of referrals, engagement and repeat rates Empowerment Star
Refuge	<ul style="list-style-type: none"> Empowerment Star Referrals Utilisation Whether children are also being housed Length of stay
Liberty programme	<ul style="list-style-type: none"> Warwick and Edinburgh Mental Wellbeing Scale Empowerment Star
Children & young people	<ul style="list-style-type: none"> Strengths and difficulties questionnaire My Star³² (Outcomes Star for children and young people)
Non-talking therapy	<ul style="list-style-type: none"> In-house questionnaires, before and after intervention

We would recommend Bedford Borough Council ensure there are consistent outcomes recorded, reported and reviewed regularly across all services in a standardised way. This can be done through the domestic abuse strategic group, or through the development of a commissioning sub group. One of the challenges for Bedford Borough is the proportion of provision which is grant funded, which will cause variation in outcome monitoring dependent on contract monitoring arrangements.

Examples of outcome measurement services include the Insights package provided by SafeLives or the guidance for commissioners around outcome measures provided by the National Centre of Research. Outcome measurement should be standard, with service user consultation and feedback completed as an addition, with clear aims for consultations to feed into service design, commissioning cycles and improvements.

Example 1: SPACE youth group pilot outcomes

SPACE youth group is a pilot programme run through Families First Bedfordshire and Project 229. Over a one week period of the programme, a range of outcomes were measured;

- 23 children were referred to SPACE via 9 different referral pathways – ranging from social care, Idva, CAMH, Schools and parental self-referrals showing that this is a service that other agencies feel there is a need for
- The children's experience of domestic abuse ranged from historic (over 6 months ago), recent (within the past 6 months) and current (ongoing)
- 91.3% of children attended for the whole week with only 2 dropping out
- The children rated their week at SPACE at 9.4 / 10
- 69% of respondents stated that they would like to discuss the issues they have / are experiencing at home in a group setting showing that there is a clear need for SPACE. The other respondents stated they would not want to discuss the home issues or would want to discuss it via one-to-one discussions.
- A quote from one young girl was *'I don't want to discuss it because I feel these activities are a way of not thinking about and being inside all day'* (as opposed to being at home). This reaffirms the purpose of SPACE – enabling children to simply have fun in a safe environment away from external worries or stresses.
- 98% of children felt safe during the week of activities at SPACE
- 95.5% of children reported increased levels of self-confidence and agency throughout the week
- 88% of children tried or learnt new skills through the activities leading to increased feelings of creativity
- 94.7% of children felt they made a positive contribution to each session leading to increased communication, leadership and relationship skills
- Friendships were formed throughout the week, which is very helpful for recovery

³² <http://www.outcomesstar.org.uk/childrens-star/>

- 7 parents attended the parent 'coffee and chat' sessions each day, enabling them to meet fellow survivors of domestic abuse and be informed about what support they and their children can access.
- 10% of the young people referred to the programme had a father who was the victim of abuse; this is a positive development as male victims (29%) are over twice as likely as women (12%) to not tell anyone about the abuse.

Example 2: Bedford Women's Centre (Family Groups) outcomes

Bedford Women's Centre collects some outcomes based on the number of women they are able to support.

Figures from 2015-16 highlight the centre supported:

- 154 Women
- 70 children in childcare setting
- 12 to gain employment
- 94 attendees Freedom Programme
- 11 women with debt and housing issues
- 3 people gained work experience
- 8 volunteers
- 102 women on probation

Women that attend the Freedom programme also have the option to provide qualitative feedback, including the following:

'I really enjoyed the sessions and being with other women who have been through similar experiences really helped. The Freedom Programme has helped with my confidence. I have learnt a lot. All women should do it!'

'Freedom has helped me realise that being abused was not my fault. Thank you to everyone. It has been a real eye opener'

'I wasn't looking forward to attending. I thought 'Why do I have to attend? I was the victim!' But I am so glad I did. It has been a real eye opener and has made me a stronger person. You get to know what is abusive and controlling behaviour and you will be surprised by some tactics used by abusers'.

3.8 Recommendations and next steps

Recommendation	Actions
Commissioning	<ul style="list-style-type: none"> • Develop a strategic vision for supporting victims, children and perpetrators • Consider a whole family approach, commissioning services for children affected by abuse and for perpetrators of abuse • Embed systematically the voices of victims not currently accessing services as well as service users within the commissioning cycle to ensure that services meet the needs of users. • Appoint a strategic lead for domestic abuse • Ensure that the council website is kept up to date with services by a named individual monitored by the strategic lead • Create a service directory for all professionals across Bedford Borough to clarify referral pathways and provision available
Coordinated response	<ul style="list-style-type: none"> • Share the overall vision and ensure a strategic lead for domestic abuse is identified and communicated • Review governance arrangements to ensure links between different departments within Bedford Borough Council as well as with partner agencies • Develop and implement a performance dashboard to monitor outcomes from commissioned services

Recommendation	Actions
	<ul style="list-style-type: none"> • Ensure Bedford Borough Council's website is kept up to date (including the service directory) for access by victims and professionals • Create a champions' network across all partner agencies to improve identification, risk assessment and referral for victims, children and perpetrators. A successful champions' network should comprise a key frontline individual within each organisation, team or department. These key 'champions' should receive training around domestic abuse and most importantly, understand the local structures and pathways. For a champions network to remain functional it is critical to consider a lead person to coordinate the network. In addition organisations should decide where in their organisation a champion would best fit.
Children	<ul style="list-style-type: none"> • Expand provision for children living in high risk households • Build the capacity of statutory and universal children's services (such as schools) to identify, refer and provide some support to children affected by abuse • Strengthen links between children's services and refuge providers to ensure that children in refuges are offered the right support
Adult victims	<ul style="list-style-type: none"> • Consider commissioning a therapeutic support service such as counselling to support victims in recovery and reduce the risk of re-victimisation • Consider increasing capacity for victims without children, such as funding a provider to broaden the scope of their services • Liaise with registered social landlords and housing providers to develop a strategy for homelessness prevention and resettlement options for refuge users • Communicate resettlement options to refuge providers to enable victims to move on once the need for emergency accommodation has been met (and thereby increase the availability of refuge accommodation) • Develop understanding of who is accessing services, referral pathways into services and gaps based on Bedford Borough's demographics and a wider analysis of need • Embed the needs of victims with additional barriers into commissioning (eg to ensure solutions such as Idvas with specialist expertise are considered) • Consider providing additional training on domestic abuse to professionals including Children's Social Care • Review the offer around parenting support and advice for families affected by abuse. • Raise awareness of local services through improved communications in community settings.
Providers	<ul style="list-style-type: none"> • Clarify the function of the domestic abuse providers' forum and embed a systematic update at the Domestic Abuse Board • Invite organisations that support welfare rights and financial advice (such as Citizens Advice) to the Domestic Abuse Board
Outcomes	<ul style="list-style-type: none"> • Create an outcomes framework for domestic abuse to inform commissioning activity • Monitor outcomes of all services through Domestic Abuse Board
Funding	<ul style="list-style-type: none"> • Meet with PCC and strategic leads from Central Bedfordshire Council and Luton Borough Council to discuss opportunities for coordinated commissioning • Develop a strategic commissioning group within Bedford Borough to report into the Domestic Abuse Board, including representatives from the Office of the PCC and Bedfordshire CCG as well as local authority commissioners • Map funding cycles including non-commissioned provision to inform commissioning • Develop a three year joint commissioning plan pooling or aligning budgets

Recommendation	Actions
	on domestic abuse provision taking account of funding cycles to create a sustainable model.

Section 4: Review of options for early intervention, prevention and perpetrators of abuse

In this section, we review well-evidenced approaches to:

- **Prevention:** what approaches can be taken to address violence **before** it has ever occurred
- **Early intervention:** involves identifying and intervening with those who are **at particular risk** of domestic violence and abuse
- **Perpetrators:** what treatment services are available after violence has been clearly identified

We also assess current capacity in Bedford Borough for victims and perpetrators.

4.1 An overview of best practice and ‘what works’

It is important to note the importance of the wider context in which approaches can be successful, notably the legal and criminal justice framework as well as the interaction between different programmes (for example the ability of a doctor to diagnose a victim presenting with depression as requiring support for domestic abuse and refer her to a local domestic abuse service that is able to support her). For simplicity, we will not examine these factors here but outline only evidence around interventions and approaches.

Table 4.1: A summary of the best practice we cite and gaps in current research

Prevention	Early intervention	Perpetrators	Gaps in evidence
<ul style="list-style-type: none"> • PSHE • Healthy relationships • Awareness raising campaigns 	<ul style="list-style-type: none"> • Domestic Violence Disclosure Scheme (DVDS) • Young people • Approaches to fathers • Health visiting and mothers • Identification and Referral to Improve Safety (IRIS) • Routine enquiry • Police notification to schools • Counselling for children • SafeLives One Front Door 	<ul style="list-style-type: none"> • Domestic Violence Perpetrator Programmes (DVPPs) • Family group conferencing • Culturally specific responses • Coordinated community responses and Maracs • Domestic Violence Protection Notices and Orders (DVPN/DVPO) 	<ul style="list-style-type: none"> • Adult male victims of domestic abuse • The differences in outcomes of interventions for male and female victims • LGBT experiences of abuse • Interventions to prevent elder abuse • Dating violence and intimate partner violence among adolescents • Whole family interventions responding to abuse • Abuse by young people to parents, carers or siblings • Stalking • Therapeutic approaches including advocacy and counselling • Multi-faceted and multi-sectoral approaches to prevention

Prevention

Defining prevention

Prevention of domestic abuse is also known as primary prevention and it is delivered through universal services, notably education. Such interventions are therefore not targeted at those who may be at risk of domestic abuse but rather all users of the service whether or not they have any experience of domestic abuse.

Primary prevention was described as being: *'the weakest part of the UK's response to violence against women'*³³, but it plays an important role in ending domestic abuse. To date there is little UK evidence available on the capacity of universal primary prevention programmes delivered through schools to achieve behavioural, as opposed to attitudinal, change. More work is needed to determine the ability of programmes to sustain change (whether attitudinal or behavioural) over the medium term, and to demonstrate that programmes such as Safe Dates in the US, which has been found to improve attitudes in relation to domestic violence and abuse, can have a long term impact on perpetration behaviour. The Early Intervention Foundation recommends that rigorous longitudinal evaluation of programme effectiveness on young people's levels of perpetration and victimisation in relation to domestic violence and abuse into young adulthood, including measurement of domestic violence and abuse through observational measurement, is required.³⁴

The Home Affairs Select Committee also noted the need for more preventative work stating *"The Government's approach to all forms of domestic violence remains disproportionately focused on criminal justice responses at the expense of effective prevention and early intervention"*³⁵.

Due to the high level of abuse in teenage dating relationships, teenagers in early adolescence are a key focus for preventative interventions³⁶. Half of UK local authorities were found to have commissioned domestic abuse prevention education programmes in 2004³⁷, usually delivered by a charity and included in Personal Social and Health Education (PSHE) lessons. Targeted interventions to those at risk can be highly stigmatising as well as ethically difficult, so universal programmes can be particularly useful.

Personal, Social, Health and Economic education (PSHE)

Personal, social, health and economic education (PSHE) is included in the national curriculum but is not statutory and therefore there are no minimum requirements on what topics are taught to children. Therefore, the quality and content of the teaching varies from school to school. Preventative education on domestic abuse is mandatory in Northern Ireland and Scotland but not in England; the Welsh government recently announced that plans to make it mandatory in Wales too. Unfortunately, even when domestic abuse education does take place at schools, *'it is rare for children to receive regular exposure to domestic abuse prevention initiatives across their school careers'*³⁸. Rather than specific domestic abuse education, PSHE often includes some modules around sex and relationships education (SRE). This can be a useful vehicle to offer standardised education to all children and young people about some of the aspects of healthy relationships.

Approaches such as Arch's Relationships Without Fear programme (see below) delivered during PSHE shows great promise, with both boys and girls benefiting from the intervention, and those who have experienced abuse and those who have not (yet) experienced abuse showing a similar degree of attitude change. However no evidence exists for behaviour change or showing how long this attitude change lasts.

³³ *Realising Rights, Fulfilling Obligations: A Template for an Integrated Strategy on Violence Against Women in the UK, EVAW* Coy, M; Lovett, J & Kelly, L (2008)

³⁴ *Early Intervention In Domestic Violence And Abuse* Guy J, Feinstein L, Griffiths A, Early Intervention Foundation (2014)

³⁵ *Domestic Violence, Forced Marriage and 'Honour'-Based Violence: Sixth Report of Session 2007-08, Volume 1* House of Commons Home Affairs Select Committee (2008:6)

³⁶ <http://www.tandfonline.com/doi/full/10.1080/14681811.2013.816949?scroll=top&needAccess=true>

³⁷ *Preventing Violence Against Women and Girls: A Study of Educational Programmes for Children and Young People*. London: Womankind Worldwide - Ellis, J (2004)

³⁸ *Preventing domestic abuse for children and young people: A review of school-based interventions* Stanley, N; Ellis, J, Farrelly, N; Hollinghurst, S; Downe, S - Children and Youth Services Review, 2015, Vol.59

PSHE is an important vehicle for early intervention, as it enables unhealthy attitudes to be challenged at an early age and also encourages young people to identify good and bad relationships in their own family structures which could lead to disclosures. As much of children's social learning and development takes place at school, it is an appropriate setting to teach them about domestic abuse.

As a result of the many competing issues that are covered within PSHE, schools can often struggle to assign adequate time to domestic abuse prevention education and the gap is filled by domestic abuse prevention programmes largely facilitated by external staff from specialist domestic abuse/violence against women organisations as opposed to school staff and teachers. It is often unsustainable because they are highly reliant on short term funding and less likely to impact on school culture or provide continuity and progression to young people, making long term change more difficult. Taking a whole school approach is likely to have broader benefits for the school community in which the prevention programme is embedded.

Healthy relationships education

There are many healthy relationships programmes aimed at young people, usually delivered by domestic abuse services. Here we pick out two recently evaluated projects.

Tender

The Tender Healthy Relationships Project is a prevention programme with an element of peer-education. It is a unique drama-based model of healthy relationship education that engages whole schools in teacher training, practical workshops for pupils and peer-to-peer education. It has been implemented in 5 geographic regions. In total, the project was delivered in 90 schools, 2050 students who engaged with the participated in the workshop element, 15,404 students who watched the drama performances, and 1,843 educational staff were trained during INSET sessions.

The drama-based workshops are carried out with pupils from year 9, year 10, or year 11, and focus on issues related to violence in relationships, drawing on a gender-based model which views relationship abuse in the context of gender inequality. Workshops are carried out in a wide range of schools and engage with a wide range of students (including all -girls groups, all-boys groups, and mixed-gender groups). Workshops explore issues over 10 hours of contact time. Some workshops are delivered over two consecutive days, while others are delivered over a 10-week period. The key issues explored in the workshops relate to identifying early warning signs of violence and abusive behaviours, exploring statistics related to violence against women, exploring a range of power dynamics related to abusive behaviours, and signposting young people to appropriate resources for further support.

A three year evaluation that concluded in 2015³⁹ found that the project has significant impact on young people's knowledge of key issues about violence against women and girls but could not evidence how well young people retain this knowledge, and the extent to which it might impact on behaviour.

Relationships without Fear

A new UK study⁴⁰ has evaluated the effectiveness of a domestic abuse prevention education programme, using a pre-test, post-test, control group design assessing 1203 children over 13 schools. Relationships without Fear (RwF) is a 6-week Healthy Relationships and Domestic Abuse Prevention Programme, developed by the Arch RwF team in North Staffordshire. It is delivered by specially trained facilitators (either domestic abuse practitioners or trained teachers) who visit schools to teach weekly one hour sessions for six weeks (often as part of the Personal Social Health Education programme). The programme is delivered to young people aged 8 to 16 years, with each year receiving a programme tailored to their particular age-group. The programme is delivered to children aged 8 to 11 years and focusses on friendships and how to manage negative emotions. In year 6 (ages 10-11 years), the topic of domestic abuse is introduced to pupils, including the types of abuse and sources of support for victims. The secondary school programme addresses a wide range of issues pertaining to domestic abuse including acceptable and unacceptable behaviours within a relationship, the experiences of

³⁹ <http://tender.org.uk/wp-content/uploads/2016/05/Final-Evaluation-Report.-The-Tender-Healthy-Relationship-Project.pdf>

⁴⁰ *Evaluating the effectiveness of domestic abuse prevention education: Are certain children more or less receptive to the messages conveyed?* Fox, C. L., Corr, M-L., Gadd, D., & Sim, J. (2016).

victims, why victims struggle to leave abusive relationships, the role of power and control within relationships and how to seek help in domestic abuse situations.

Attitudes to domestic violence for those in the intervention condition became less accepting from pre-to post-test, in comparison to those in the control condition. In addition, help-seeking scores improved from pre-to post-test, but were not maintained at 3-month follow-up. Both boys and girls benefited from the intervention, with those who had experienced abuse and those who had not (yet) experienced abuse showing a similar degree of attitude change. Such interventions work on the premise of changing the acceptance of violence. Clearly, there is a need to address the attitudes of those at risk of becoming perpetrators or victims, exposing them to ideas about how healthy relationships can be formed and maintained. At the same time there is also the need to address the wider attitudes of the peer group, as peer group attitudes have been found to be important, especially for boys.

These findings suggest that children at risk of becoming domestic abuse perpetrators or victims can benefit from a wider school-based prevention programme, even though they would undoubtedly benefit from additional, more specialised support, perhaps on a one-to-one or small group basis.

Awareness-raising campaigns

Awareness-raising is an important component of primary prevention strategies aiming at

- changing attitudes, behaviours and beliefs that normalise and tolerate domestic violence among the general public
- preventing men and women from becoming victims or perpetrators of abusive relationships
- informing wider public and especially victims and perpetrators about the resources available to tackle the problem.

Awareness campaigns have often taken the form of loosely aligned coalitions of individuals and organisations that are encouraged to take action to raise awareness of domestic abuse under the banner of a common campaign logo or identity. However, there is a lack of conclusive evidence that campaigns such as Sixteen Days of Action are able to transform norms or change behaviour, though they can help 'break the silence'; and provide a platform for local advocacy initiatives.

We found little evaluated evidence of the effectiveness of awareness raising specifically regarding domestic abuse in the UK. However, there is emerging evidence that campaigns such as Oxfam's 'We Can' Campaign that pair communication strategies with the cultivation of local people to create change can be effective in changing attitudes. People pledged to make small, incremental changes in their own attitudes and behaviours toward violence and gender equity and then to carry the message to 10 others. An evaluation in 21 sites over 5 countries demonstrated significant gains in reducing acceptance of violence against women among local people in their circle of influence.⁴¹

Early intervention

Early intervention involves identifying and intervening with those who are at particular risk of domestic violence and abuse, with a specific focus on populations among whom there is a high prevalence, for example young pregnant women or families with children at risk of child maltreatment. Early intervention domestic abuse tools are designed to respond quickly when problems do arise to prevent them from getting worse and is targeted support to an identified 'at risk' group.

An example of early intervention is a programme for women who are deemed at 'standard' or 'medium' risk of domestic abuse and is designed to help them identify certain behaviours or actions from a perpetrator and help them to respond safely in those situations. Early intervention includes, but is not limited to, home visits, programmes delivered by the third sector and parenting programmes.

Domestic violence disclosure scheme (DVDS)

In the past few years, new laws have been introduced to assist with early intervention services such as Clare's Law (2014) which allows disclosure of previous crime associated with domestic abuse to members of the public who suspect that they or someone they know may be in a relationship with a high risk perpetrator and could be at risk in that relationship. The Domestic Violence Disclosure

⁴¹ *What Works To Prevent Partner Violence? An evidence overview*, Heise L, STRIVE Research Consortium (2011)

Scheme (DVDS) was implemented across all 43 police forces in England Wales in March 2014, following the successful completion of a 14 month pilot in 2012-13. Indicative data from the police showed that a total of 4,724 applications had taken place with 1,938 disclosures (42%) made in 2014 (including 10 disclosures in Bedfordshire). The use of Clare's Law is still at an early stage within many forces, but it is important that members of the public and officers are aware of its purpose and the application process⁴².

Early Intervention for young people at risk of domestic abuse

The prevalence of domestic abuse among young people must not be underestimated; 25% of young people have witnessed at least one episode of domestic abuse by the time they reach 18 years old⁴³. The National Institute for Clinical Excellence (NICE) found only moderate evidence that Early Intervention programmes for young people at risk of partner violence may improve knowledge, attitudes and interpersonal outcomes, though some studies conducted with young people at high risk of abuse reported modest reductions in violent behaviours.

NICE noted 5 programmes with potentially promising approaches in the US: Love U2: Communication Smarts (for disadvantaged youth), The Young Parenthood Programme, Men Stopping Violence (aimed at African-American males), Strengthening Relationships (for pregnant and adolescent parents) and Familias En Nuestra Escuela (aimed at Hispanic students). In particular, the last of these, Familias En Nuestra Escuela was found to increase ethnic pride significantly, as well as positively impact gender attitudes, self-efficacy for self-control, couple violence and incidents of violence⁴⁴.

Approaches to fathers

Programmes aiming to reduce and prevent domestic abuse at standard risk include approaches to fathers. One very promising programme is Supporting Father Involvement, SFI, a well-evidenced American preventive intervention which takes a couples, group based approach aimed at improving fathers' involvement in family life within low income families with relatively high levels of conflict. Families with current reported violence and abuse or child protection involvement are excluded from participation. The programme was found to reduce violent behaviours, reduce parenting stress, increase father involvement in childcare and reduced children's aggressive behaviours over an 18 month follow up period⁴⁵.

A UK pilot of this programme is being funded by the Department for Work and Pensions and operated by the Tavistock Centre for Couple Relationships with support from Family Action. The latest analysis of TCCR's Parents as Partners programme is based on 97 couples who attended the first 18 groups in London (Camden, Islington, Lewisham, Southwark, Hackney, and Westminster) and Manchester. Results to date are very encouraging, with reported improvements in line with American trends and with longitudinal findings from the Supporting Father Involvement programme⁴⁶.

Health visiting and support for mothers

Health visiting and parenting programmes can also help protect victims and children from serious injury, abuse and neglect through early identification of safeguarding risks. Strong evidence exists that parenting programmes can improve parent-child interactions and reduce abusive punishment to children, which reduces the risk of aggressive behaviour in children as they grow up, and their likelihood of becoming abusive as adults. As a result, well-focussed interventions target intermediary outcomes that have been shown to be linked to the perpetuation of violence, notably harsh and dysfunctional parenting, corporal punishment and child maltreatment and exposure to domestic violence⁴⁷.

⁴² *Domestic Violence Disclosure Scheme (DVDS) One year on – Home Office assessment of national roll-out*, Home Office (2016)

⁴³ *Focus on: Violent Crime and Sexual Offences*, 2011/12, appendix tables 4.08, ONS

⁴⁴ *Review of Interventions to Identify, Prevent, Reduce & Respond to Domestic Violence* NICE (2013)

⁴⁵ *Evaluating a couples group to enhance father involvement in low-income families using a benchmark comparison*, Cowan, PA, Cowan CP, Pruett K, Pruett MK & Gillette P, Family Relations (2014)

⁴⁶ <http://www.tavistockrelationships.ac.uk/policy-research/policy-briefings/910-parents-as-partners-a-summary-of-findings-2016>

⁴⁷ *What Works To Prevent Partner Violence? An evidence overview*, Heise L, STRIVE Research Consortium (2011)

However, there is little strong evidence of parenting programmes in preventing the harmful effects of abuse in the UK, though there is potential for development.

The Family Nurse Partnership (FNP) is a voluntary home visiting programme for disadvantaged young mothers. A specially trained family nurse visits the mother regularly, from the early stages of pregnancy until their child is two. Evidence from the US and the Netherlands suggests FNP is effective in helping prevent and reduce domestic abuse, both for the mother as a victim and perpetrator. This includes psychological, physical assault and sexual abuse during pregnancy, and physical assault by the time the child is two years old.⁴⁸ However, a 2015 evaluation of the programme in the UK did not find an impact on A&E attendances and hospital admissions in first two years of life. Approximately 40% of trial participants had experienced domestic violence in the 12 months preceding their child's second birthday.⁴⁹ Further research is underway in the UK.

Identification and Referral to Increase Safety (IRIS)

IRIS enables a network of healthcare professionals within GP surgeries to identify, refer and support victims of domestic abuse. The Iris model is based on having a lead Advocate Educator (AE) based in a local specialist domestic abuse service working in partnership with a local clinical lead to co-deliver training and education across practices supported (up to 25 practices can be supported by a single AE). GPs are trained to Ask, Respond, Refer and Record - with identification helped by a pop-up list of symptoms (HARKS) on patient records. AEs add capacity and help develop local pathways for female victims, male victims and perpetrators. The IRIS project has a large reach and each AE has a reach of approximately 75,000 registered adult females, based over 25 GP practices.

IRIS had the first European randomised controlled trial of an intervention to improve the health care response to domestic violence and abuse. It took place in Bristol and Hackney in 48 practices during 2007-10⁵⁰. Women attending intervention practices were 22 times more likely than those attending control practices to have a discussion with their clinician about a referral to an advocate. This resulted in them being 6 times more likely to be referred to an advocate. The results also showed IRIS to be a cost effective intervention.⁵¹

Routine enquiry by healthcare professionals

NICE noted that there is insufficient evidence to recommend screening or routine enquiry about domestic abuse in healthcare settings. Asking patients routinely about abuse in some specialised healthcare settings is considered good practice by some health professionals although victims may choose not to disclose it when asked by a healthcare or other professional. Or, if they do disclose, they do not want to be pressured to give more details of the abuse or take a specific course of action. Healthcare professionals not trained to identify domestic violence and abuse may mislabel and misdiagnose problems, leading to inappropriate plans or ineffective remedies.⁵² Training is therefore of paramount importance for healthcare professionals.

Police notification to schools about children involved in domestic abuse

There are a number of police notification schemes, similar to Bedfordshire's Relay programme. For example, Operation Encompass aims to support children and young people involved in incidents of domestic abuse through the notification of a nominated 'Key Adult' at their school by 9am the next school day by the relevant police force. This knowledge enables the provision of early intervention through 'silent' or 'overt' support depending upon the needs and wishes of the child. Examples of covert support include checking collection arrangements at end of school day and opportunities for one-to-one discussions with the adult, while examples of overt support include developing a safety plan with the child and talking with parents. Operation Encompass has been noted by academics including

⁴⁸ *Preventing Child Abuse and Neglect With a Program of Nurse Home Visitation - The Limiting Effects of Domestic Violence* Eckenrode J, Ganzel B, & Henderson C R (JAMA, 2000)

⁴⁹ <http://fnp.nhs.uk/randomised-control-trial>

⁵⁰ <http://www.irisdomesticviolence.org.uk/iris/about-iris/about/>

⁵¹ *Cost effectiveness of identification and referral to improve Safety (Iris), a domestic violence training and support programme for primary care: a modelling study based on an randomised control trial*, Devine, Spencer, Eldridge et al, 2012

⁵² *Domestic violence and abuse: multi-agency working* - NICE PH50 (2014)

Professor Eileen Munro⁵³ as well as HMIC⁵⁴. A detailed evaluation of Operation Encompass is being conducted by Dr Emma Martin and Laura Goldsack from the Social Futures Institute of Teeside University.

Counselling for children and young people that have witnessed domestic abuse

Children exposed to domestic violence and abuse may suffer direct physical harm, sexual abuse, psychological abuse, neglect or any combination of these. These risks are affected by the frequency and severity of their experiences. Children can develop significant emotional and behavioural issues such as anxiety, anger and hostility, as well as hyperactivity, self-destructive behaviour and poor social skills. They are also much more likely to become adult victims of domestic abuse or perpetrators of domestic abuse.

Interventions such as counselling and cognitive behavioural therapy can enhance a child's resilience and help them to recover from harmful experiences. For children, counselling interventions include groups, individual therapy, and treatment with their non-offending parent. An essential component of intervention with all children is the priority of supporting and strengthening the relationship between the parent who is the victim and the child. For most children, a strong relationship with a parent is a key factor in helping a child heal from the effects of domestic abuse. The choice of treatment depends on the child's age, the nature and severity of the traumatic reaction, the circumstances of the family, and the availability of other supports. In either a group or an individual format, treatment can provide children important information about domestic abuse and common childhood reactions, which can help normalise their experience and decrease their sense of isolation.

Many refuges and domestic abuse services offer support groups and counselling for children. There are also a number of school-based counselling programmes offered by charities such as Place2Be, which works with 282 primary and secondary schools, reaching a school population of 116,000 children, helping them to cope with wide-ranging and often complex social issues including domestic abuse as well as bullying, bereavement, family breakdown, neglect and trauma. Little evidence is available on the effectiveness or longer term impact of counselling aimed specifically at children and young people involved in domestic abuse.

School-based non-specific counselling services in the UK generally offer one-to-one supportive therapy, with clients typically referred through their pastoral care teachers, and attending for 3–6 sessions. Approximately 70,000–90,000 school age students are estimated to access counselling services per year. All secondary schools in Wales and post-primary schools in Northern Ireland provide access to school-based counselling services. In fact in Wales there is now a statutory duty for authorities to provide access to school-based counselling services.

Research on non-specific school-based counselling suggests that it is highly valued by children and young people and those involved in their care, and appears to be producing positive effects. For example, a study into the impact of therapeutic intervention by Place2Be found that children's social and emotional behaviour, as perceived by their teachers and parents, was improved⁵⁵. The strength of school-based counselling is that it can provide an easily accessible mental health intervention for any young person struggling with difficulties in their lives, and particularly those who may have no-one else to turn to. The evidence indicates that access to emotional wellbeing expertise in a school context can play a very valuable role and has the potential, if implemented systematically, to improve the mental health and emotional wellbeing of young people in the UK.⁵⁶

SafeLives One Front Door pilot

SafeLives Insights data and research reveals that:

- it takes up to 3 years for victims of domestic abuse to get effective help
- over 50% of children living with high-risk abuse are not known to children's services

⁵³ *Review of Child Protection* Munro E (2012)

⁵⁴ *Increasingly everyone's business: A progress report on the police response to domestic abuse*, HMIC (2015).

⁵⁵ *The Place2Be: Measuring the effectiveness of a primary school-based therapeutic intervention in England and Scotland*, Lee RC, Tiley CE & White JE, Counselling & Psychotherapy Research (2009)

⁵⁶ *School-Based Counselling In UK Secondary Schools: A Review And Critical Evaluation* Cooper M, British Association for Counselling and Psychotherapy (2013)

- there are repeated failings across the country highlighted in Domestic Homicide Reviews and Serious Case Reviews in identifying and responding to the level of risk of every member of the family
- families are not seen as a whole unit; risks to children and adults are not routinely linked, so vulnerable people are missed.

SafeLives therefore developed and created One Front Door, a model to respond to address these issues by providing in each local area:

- a single place for all referrals from professionals and working towards self-referral and family and friends referral
- a single team to triage cases, gather information, assess risk and allocate to a pathway of support
- link pathways for all members of the family, making more at-risk children visible, and moving at pace of highest-risk member
- a response led by statutory agencies.

The One Front Door model provides a clear referral pathway for any safeguarding concern by any agency, members of the public, self-referrals, or for friends and family members; with and without consent, depending on the level of risk. The multi-agency team in the One Front Door takes a coordinated approach to identify risk and vulnerabilities of the adult or child referred, and of all other relevant, associated persons. SafeLives is piloting the first year of this programme in a number of local areas.

SafeLives Themis project

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency, and is often the first point of contact for women who have experienced domestic abuse. SafeLives research *Getting it right the first time* found that nearly a quarter (23%) of victims at high risk of harm and 1 in 10 victims and medium-risk went to Accident and Emergency (A&E) because of acute physical injuries. If domestic abuse were to be responded to effectively when identified in hospital, wider and more detrimental costs could be minimised and harm to victims and children avoided.

Because of this, SafeLives initiated the Themis project across 5 English hospitals who had adopted the approach of locating specialist domestic abuse services within their A&E and maternity units. The research discovered:

- Co-locating Idva services within a hospital setting can significantly improve health and wellbeing outcomes for victims of domestic abuse.
- Hospital Idvas were more likely to engage victims who disclosed high levels of complex or multiple needs related to mental health, drugs and alcohol, compared with community domestic abuse services.
- Hospital Idva victims had experienced abuse for an average of six months less than victims engaged with a community service, so they get support at an earlier point.
- After the introduction of a hospital-based Idva service, the referrals of victims significantly increased. In one of the hospitals, there were 11 Marac referrals in the 11 months before the introduction of the Idva service; this increased to 70 referrals in the 11 months following the introduction of the Idva service. Having the hospital-based Idva service can safeguard unborn babies, infants and young children.

Perpetrators

There is a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and abuse. Numerous studies have captured common characteristics of domestic abuse perpetrators; anti-social attitudes, drug dependency, low-level education, poor vocational, cognitive and interpersonal skills. There are also a number of risk factors for domestic abuse, such as witnessing domestic violence in childhood, attitudes condoning domestic violence, lack of empathy and high levels of jealousy. However, domestic abuse perpetrators are not a homogenous group, recommending that practitioners consider a variety of targets and interventions⁵⁷. As Project Mirabal

⁵⁷ *Domestic violence offenders: characteristics and offending related needs* Gilchrist E, Johnson R, Takriti R, Weston S, Beech A & Kebbel M, Home Office (2003)

concluded, 'change is better understood as a series of sparks, different for each man, and not all of which are activated; as a non-linear process which took time'⁵⁸.

Drive partnership

The Drive Partnership is made up of SafeLives, Respect and Social Finance. The pilot programmes will be delivered in three areas across the country to pilot a new model of working to change perpetrators assessed as the highest risk.

Drive challenges perpetrators of domestic abuse. It will develop, test and evaluate a new model to fundamentally change perpetrator behaviour to make victims and families safe. We recognise that to reduce the number of victims, we must reduce the number of perpetrators. The Drive model aims are;

- To reduce the number of repeat and new victims
- To reduce the harm caused to victims and children
- To reduce the number of serial perpetrators of domestic abuse
- To intervene earlier to protect families living with the most harmful domestic abuse
- To develop an evidence-based approach that has the potential to become a model for wider use.
- To provide an interventions for perpetrators who are not eligible for a Domestic Violence Perpetrator Programme (DVPP).

It will build on existing services and interventions to maximise impact, providing a coordinated multi-agency response to challenge the perpetrator's behaviour, while ensuring there is support for the victim.

Case managers will work with perpetrators on a one-to-one basis. They will employ a dual support and challenge strategy; this means supporting people to address issues that might contribute to their abusive behaviour while ensuring they experience the full consequence if they continue to be violent and abusive.

Support could entail addressing mental health issues, housing and employment support, substance misuse support, and behavioural change programmes; while also working with the criminal justice system and local agencies to challenge their behaviour if it remains abusive.

Domestic Violence Perpetrator Programmes (DVPPs)

DVPPs have grown in popularity since their emergence in the 1980s. Perpetrator programmes exist across the UK but are less common than services for victims. Referrals can be made from a variety of different services including probation, social services and health, and in some cases self-referrals are accepted.

Programmes for domestic abusers operate on either a voluntary or court-mandated basis. The difference between the two routes can be significant to intervention outcomes.

Research by Bristol University in 2006⁵⁹ found that perpetrators are more likely to seek help voluntarily when they were at a 'crisis moment', usually when the victim gave them an ultimatum or left them. But they noted that being in crisis also made the perpetrators especially dangerous and homicidal therefore the safety of the victim and children had to be the priority for any agency intervening.

The fundamental challenge to voluntary programmes is that participation rests on a combination of motives, such as to encourage the return of a partner, to gain access to their children, to alleviate their personal guilt, or, although less frequently, as the result of a genuine desire to change.⁶⁰ Abusers often drop out of programmes once such goals have been achieved or upon the passing of the initial 'crisis phase', particularly where there is a lack of penalties for doing so.

Justice-based programmes overcome some of these issues because they are mandatory. The threat of a criminal justice sanction can provide an on-going incentive to participate in a DVPP, beyond the point

⁵⁸ *Domestic Violence Perpetrator Programmes: Steps Towards Change. Project Mirabal Final Report* Kelly, L and Westmarland, N; (2015).

⁵⁹ <http://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/rj4157researchreport.pdf>

⁶⁰ *Changing Violent Men*, Dobash R E, Dobash R, Cavanagh K & Lewis R, Sage (2000)

of crisis. They can also have a symbolic significance in communicating to perpetrators, victims and wider society that domestic abuse is illegal and will thus be met with a criminal sanction. However, the problem with justice-based programmes is that due to low reporting rates of domestic abuse, the criminal justice system reaches only a small proportion of perpetrators. Some researchers have suggested that forced participation is likely to reduce the overall effectiveness of the programme.⁶¹

The Project Mirabal research project lasted from 2009 to 2015 and investigated the extent to which perpetrator programmes reduce violence and increase safety for women and children, and the routes by which they contribute to coordinated community responses to domestic violence. It concluded that DVPPs have an important role to play within an overall response to domestic abuse but more work needs to be done and improvements are required for group work with men, support for women and children, and the location of DVPPs within coordinated community responses. It also found that DVPPs with a focus on parenting led to a number of positive behavioural changes.

NICE found that the evidence of group programmes for perpetrators to be mixed and inconsistent. Overall individually delivered interventions appear to have a greater effect on attitudinal outcomes than recidivism/violence outcomes, which were improved in some but not all studies.

There are also indications of promise from approaches in the UK that enable integrated models of working between the statutory and voluntary sectors. For example, Domestic Violence Intervention project (DVIP), Violence Prevention Programme Practitioners and Women's Support Practitioners have been co-located alongside Hackney Children and Young People's Services (HCYPS). Such approaches build on learning about the requirement to go beyond a sole focus on patriarchy and power as the cause of male partner violence and recognise the individual factors that may be important, and also, crucially, achieve wider system reform that enable better identification of risk, prompt referral and more confident action. Activities in the Hackney example have included joint home visits and assessments by Social Workers and DVIP practitioners; provision of interventions with 11 -18 year olds using violence within families; consultations regarding over 200 families; interactive training workshops to meet Social Workers' identified skills development needs; and delivery of a support group for women as well as ongoing delivery of the perpetrator programme. The internal Hackney evaluation indicates promise but more needs to be done to test approaches rigorously.

Family Group Conferencing and Restorative Justice

Family Group Conferencing (FGC) has only recently become associated with use in domestic abuse, as it has typically been used as part of the treatment for drug and alcohol misuse within the context of child protection. The FGC model is a legal process that brings together the family, including the extended family, and the professionals in a family-led decision-making forum. The very nature of FGC presents a number of challenges to ensuring the safety of women and children, most notably in the sense that victims may face consequences at home for things that they have been encouraged to disclose in the safety of the conference. We were unable to find evidence to prove the effectiveness of FGC in cases of domestic abuse.

Culturally Specific Responses

There has been a recent rise in recognition and research that perpetrators from varying cultural and ethnic backgrounds may have unique needs and respond in different ways to intervention programmes. There is a lack of evaluated evidence on this issue.

However, an example is DVIP's Al-Aman programme in London, which works specifically with Arabic perpetrators and liaises with both mosques and other community services. DVIP also run a programme for Pakistani members of the community – with both being delivered in the native language. There are obvious advantages to this approach in terms of language – perpetrators who do not speak English as a first language are likely to be far less engaged in programmes delivered solely in English; the benefits of group discussions would also be significantly lessened in light of this barrier. The last Census showed that 18.9% of the population identifies as either Black or Ethnic Minority, so the reach of culturally specific programmes would be significant.

⁶¹ A meta-analytic review of court-mandated batterer intervention programs: Can courts affect abusers' behaviour? L Feder & DB Wilson, Springer Online (2005).

SafeLives Insights reveals that BME domestic abuse victims have unique aspects and patterns, with alcohol and substance abuse less likely to be a factor in the abuse and perpetrators being a range of family members, not just their spouse.

Coordinated Community Response (CCR) and Partnership Work

The Duluth model that emerged in 1981 by Ellen Pence and Michael Paymar in the US was amongst the first projects to operate a holistic and unified system of preventions, protections and penalties to respond to domestic abuse – shifting the emphasis from a case-by-case basis to whole community response.

Part of the CCR approach in the UK has been the development of Multi-Agency Risk Assessment Conferences (Maracs) in England and Wales, which facilitate the sharing of relevant information between agencies about known offenders in order to facilitate comprehensive risk assessment, and the development and implementation of risk management plans to support victims at high risk. SafeLives pioneered the Marac model, which is now a recognised model of effective practice with 60% of victims at the highest levels of risk finding that the abuse ceases.

Domestic Violence Protection Orders & Notices

Domestic Violence Protection Orders (DVPOs) and Domestic Violence Protection Notices (DVPNs) were also implemented across all 43 police forces in England Wales in March 2014. DVPOs are a new civil order power that fills a gap in providing protection to victims by enabling the police and magistrates courts to put in place protective measures in the immediate aftermath of a domestic violence incident where there is insufficient evidence to charge a perpetrator and provide protection to a victim via bail conditions. A DVPN is an emergency non-molestation and eviction notice which can be issued by the police, when attending to a domestic abuse incident, to a perpetrator. Because the DVPN is a police-issued notice, it is effective from the time of issue, thereby giving the victim the immediate support they require in such a situation. Within 48 hours of the DVPN being served on the perpetrator, an application for a DVPO may then be made by the police to the magistrates' court. A DVPO can prevent the perpetrator from returning to a residence and from having contact with the victim for up to 28 days. This allows the victim a degree of breathing space to consider their options with the help of a support agency. Both the DVPN and DVPO contain a condition prohibiting the perpetrator from molesting the victim.

In a pilot, DVPOs were found reduced re-victimisation compared to cases where arrest was followed by no further action – on average, one fewer additional incident of reported domestic violence per victim over an average follow-up period of just over a year. The reduction in re-victimisation was greater when DVPOs were used in cases where there had been three or more previous police attendances. The pilot also found that front-line practitioners and victims viewed DVPOs positively.

From implementation up to the end of 2014, a total of 3,337 DVPNs had been authorised by a superintendent or higher, with 3,072 DVPOs granted by magistrates. Data for the first seven months of 2015 shows that a further 1,384 DVPOs were granted⁶².

4.2 Analysis of the current landscape in Bedford Borough

Following a literature review of best practice in the areas of prevention, early intervention and work with perpetrators of domestic abuse, we considered the current landscape. This section considers the activities, processes and interventions that happen in each of these areas currently. We did not observe through our review any particular commissioning of prevention programmes or work with perpetrators. The perpetrator programmes that are available are not commissioned services and therefore not within the scope of this review. However we provide some details on the programmes that are offered.

We have considered in relation to early intervention, the Relay scheme that has been rolled out across Bedford and in terms of perpetrators we have considered the journey of perpetrators through the police. This section includes:

⁶² *Domestic Violence Protection Orders (DVPO) One year on – Home Office assessment of national roll-out*, Home Office (2016)

- **Early Intervention:** An overview of the Relay Scheme
- **Perpetrators:** Current programmes in Bedford Borough.

Overview of the Relay Scheme in Bedford Borough

The Relay scheme is part of the Early Help Strategy and has been in place in Bedford Borough since September 2015. The scheme started following concerns raised by the Education representatives on the Maracs that they were unable to get the information they needed at the right time. Prior to Relay being introduced, Education representatives would receive a list of cases to be discussed at Marac a week before and then get in touch with the relevant schools to find out whether they had noticed any change in behaviour in the children.

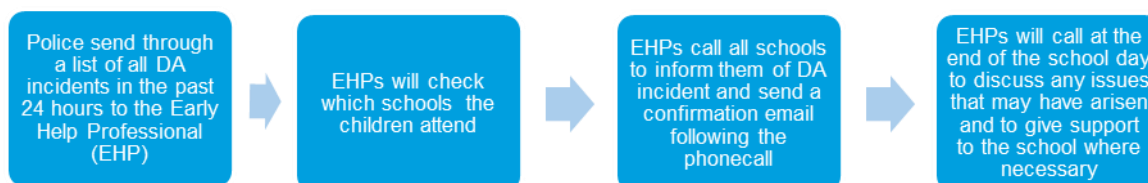
The problem they found was that the domestic abuse incident could have occurred up to three weeks before and as schools were often unaware that the incident had taken place they were not monitoring or offering support to the child and so could not always provide information on how the child behaved on that particular day or even the days or weeks following the incident.

The Relay scheme was introduced to address this issue and to ensure that children were getting the right support at the time of the incident in addition to any actions coming from the Marac meetings.

About the Relay scheme

The Relay scheme is a process by which all schools are automatically enrolled in the Relay scheme and have the right to opt-out. When the scheme was introduced, all school representatives were given an overview of the prevalence of domestic abuse including national and local statistics. It was also outlines the impact of domestic abuse on children as victims or as witnesses including the effect it has emotionally, physically and on their education.

The Relay process



Relay in Bedford Borough in the past year

The scheme is a partnership agreement between Bedford Borough Council and Bedfordshire Police to notify schools of any incidents of domestic abuse that have been reported in the previous 24 hours.

In 2015/16 Relay received a total of 2,131 notifications, of which notifications were made to 1,413 schools and sixth forms, 641 pre-schools, 54 were to Bedford College and 23 to other post-16 provision.

There is no prescriptive guidance for schools on how to respond following the receipt of a Relay notification. However responses can be categorised as either 'overt' or 'covert' action. Overt action may include having a discussion with the child or making relevant referrals for additional support. Covert action includes monitoring the child for any changes in mood and behaviour. There is no systematic way to monitor or record the type of response the school provided, or to assess how the response improved the outcomes for the child.

To further develop the scheme we would recommend a standard guidance toolkit is provided to schools, outlining the types of support they could offer or where they could signpost to. Furthermore, the scheme could strengthen the data and information collected in order to better demonstrate effectiveness. The EHP calls the school at the end of the day, this could be an ideal opportunity to ask

standardised questions that form an outcomes or performance monitoring framework. A dip sample of cases could be tracked and followed up at a later date to consider longer term outcomes.

Schools' Survey

In May 2016, the 45 schools engaged in the scheme were surveyed to measure the initial outcomes of the scheme. The majority of schools (30) found the scheme beneficial and wanted the scheme to continue (44 of 45).

Schools reported a number of benefits associated with the Relay scheme, including their ability to support a child and positive outcomes for victims and their children. These benefits include:

- Making the school aware when a child is going through a difficult time so that they were able to support the student or at least understand changes in behaviour.
- Helping schools communicate better with the victim (parent). As parents were informed the scheme will be introduced, schools felt the scheme removed the barrier of victims having to worry about initial difficult conversation to disclose. 'On regular occasions it enables us to open a conversation with parents that we would not normally be able to open. Our parents support worker has then been able to support families in lots of different ways.'
- Feeling better able to monitor vulnerable students.
- Enables schools to prepare for difficult conversations with children that may disclose or ask questions about domestic abuse

The Relay scheme has helped some schools put in place services for children to help them recover and understand their experiences, for example one school put in place music therapy for a child following a notification through the Relay scheme. Relay has also been useful in gathering evidence for Multi Agency Safeguarding Hub (MASH) referrals from schools.

Some schools provided constructive feedback, such as one school noting delays in the information received. In this instance the Relay notification was received around lunchtime and the child's parent had already informed the school.

In terms of areas for development, some schools highlighted that they were aware of a domestic abuse incident before a child's social worker. As the scheme informs a school by the next morning, this can happen quicker than information is shared by the police with the social worker.

Many of the schools would like to see the scheme rolled out into other departments in the council, most importantly Social Care. Information sharing across borough boundaries is another common issue and one which exists across council services, in one case the student lived in Central Bedfordshire and as such the school, which is situated in Bedford Borough, did not receive the Relay and as such was not able to give the appropriate support for the child.

Perpetrator programmes in Bedford

Bedford Borough currently does not offer any voluntary perpetrator programmes to support behavioural change. However there are currently two programmes that operate within Bedford Borough.

Service Provider: Relate North Essex and East Herts

The Change Project

The programme is a voluntary perpetrator programme which is not currently commissioned across Bedford Borough. However, individual spaces can be spot purchased. Since January 2015 the programme has received 25 referrals from Bedford Borough Council. Of these 25, only 6 had been processed and funded for 1-2-1. This number is small because the majority of clients referred were non-compliant with the referral. However this is only slightly below the average referral to placement ratio (usually 1 in 3 referrals placed).

Service Provider: Bold Moves

Safer Relationships

The programme is offered to men that have been convicted through the criminal justice system. Bold Moves is commissioned by the BeNCH, the Community Rehabilitation Company offering probation services in Bedford Borough. In addition places on the programme can be spot purchased for men that have not been prosecuted.

Currently the programme has been completed by 14 men from Bedford Borough. The cost per place is £520. This includes the full 10 week programme, which consists of a two hour session each week. Additionally a full report will be written for each client at the end of the programme. All 14 clients were referred through BeNCH, no spaces were spot purchased.

4.3 Recommendations and next steps

Recommendation	Actions
Prevention	<ul style="list-style-type: none">• Audit current responses in schools such as PSHE and healthy relationships education to work toward a consistent Borough approach• Consider options for provision of healthy relationships programmes for young people in Bedford Borough
Early intervention	<ul style="list-style-type: none">• Review usage of DVDS scheme with Bedfordshire Police• Ensure that awareness raising communications for the public include DVDS• Consider the commissioning of IRIS• Survey or audit the use of routine enquiry in targeted settings including midwifery and health visiting to widen opportunities for early intervention• Create a toolkit for schools signed up to Relay to outline options for support and create links with specialist providers• Bedford Borough's MASH should adopt the principles of the One Front Door model to consider the vulnerabilities of all family members and create a clear referral pathway for all domestic abuse safeguarding concerns.
Perpetrators	<ul style="list-style-type: none">• Track a sample of perpetrators identified through the police to identify the needs of perpetrators in Bedford Borough• Identify the pathways into support for perpetrators – via universal services or specialist support – in order to reduce overall risk• Track the number of repeat and serial perpetrators at Marac and through the police• Track the number of DVPOs and DVPNs and how they are being used to ensure effectiveness• Develop a whole system response to perpetrators, considering how all agencies interface, identify, support and assess perpetrators• Consider commissioning non-statutory provision for all perpetrators to meet the needs identified through the police sample• Develop and communicate referral pathways into perpetrator programmes.

Appendix A: Team Biographies

Sonal Shenai, Head of Consulting

Sonal leads teams of SafeLives experts in reviewing and strengthening local responses to domestic abuse across the country. Her consultancy clients to date have included including Barnet Council, South Wales PCC and Central Bedfordshire Council. Before joining SafeLives, Sonal was the first Chief Executive of The Funding Network, the innovative live crowdfunding charity where she supported 800 young social enterprises and charities. As a former strategy consultant within HarperCollins, Random House and PA Consulting, Sonal helped to launch new ventures and deliver major change programmes in large, complex organisations. She has extensive experience of volunteering with charities and has an MBA.

Danielle Davis, Programmes and Innovation Consultant

Danielle has significant experience of local government, having worked across five local authority areas before joining SafeLives. Through her role at the London Borough of Enfield she developed the local domestic abuse strategy, leading the response to domestic abuse and all forms of violence against women and girls. Her expertise is in designing and implementing robust multi agency partnership arrangements to respond to domestic abuse. Danielle has excellent evaluative skills, having produced the first local evaluation of the Domestic Violence Disclosure Scheme in 2015 following its national implementation. She has significant experience of strategic commissioning through a range of models including joint and outcome based commissioning. Danielle has a degree in Psychology from the University of West London.

Miranda Webb, Senior Research Analyst

Miranda is the research lead on SafeLives' innovative One Front Door project, carrying out an internal evaluation of the pilot model being implemented in seven sites across the country. She also works on SafeLives national data including Marac data performance data, and Insights outcome measurements for local services, as well as utilising external data published for the domestic abuse sector. She is experienced in a wide variety of research and data analysis techniques. Prior to joining SafeLives in 2012, Miranda worked as a Research Officer for Worcestershire County Council, developing area profiles, produced data and mapping tools for use in Joint Strategic Needs Analyses, and provided insights using customer profiling and journey mapping. She also worked for Melton Borough Council providing an evidence base for service user and satisfaction to help inform the development and commissioning of new services. Miranda has worked with a wide variety of stakeholders including Public Health, police and local authorities. She has a degree in Psychology and Sociology.

Samantha Jury-Dada, Consultancy Analyst

Samantha provides research and analytical support to consultancy projects. She has a criminal justice background and a BSc in Social Policy with Government from the London School of Economics. She has worked in number of roles in Parliament, local government and politics. She is experienced in a wide variety of research methods, both quantitative and qualitative and demonstrated these skills in her research into student perceptions of police rape prevention campaigns and as Report Editor for research led by Baroness Tessa Jowell and Baroness Doreen Lawrence into the use of Stop and Search by the Metropolitan Police. Samantha has an advanced understanding of data collection and analysis and experience in developing full system financial modelling.

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Ending domestic abuse

