Cordis Bright evidence review

# What works in providing whole system approaches to domestic abuse?

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This literature review[1] looks at research, evaluations and guidance to identify recommendations for designing and delivering a whole system approach to domestic abuse. This includes principles for good practice, what works, what the main challenges are and how best to overcome them.

In this review, we report and distil the key findings on whole system approaches to responding to domestic abuse. We focus particularly on whole system approaches as they apply to criminal justice agencies, but the findings may also be relevant to other sectors and agencies that are seeking to improve the whole system response. Research in this area is relatively established in the domain of health and social care, but lacking in the domain of criminal justice. We therefore also integrate guidance about multi-agency working from criminal justice sources into the review.

Please get in touch with our Head of Research, Dr Stephen Boxford, for more detail or to continue the conversation.

# 1 Context

## 1.1 Defining domestic abuse

The cross-government definition of domestic abuse is:

> *Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; emotional.*
>
> (*Home Office, 2018*)

The latest statistics from the Crime Survey for England and Wales (CSEW) report that around 7.9% of women (1.3 million) and 4.2% of men (695,000) experienced some form of domestic abuse in 2017-18[2] (ONS 2018). The proportion who have experienced

[1] If you would like details on the methodology used for the literature review, or a full bibliography, please get in touch with the Cordis Bright research team: info@cordisbright.co.uk

[2] The CSEW definition of 'domestic abuse' broadly matches the cross-government definition except for coercive and controlling behaviour: questions on this type of abuse have been introduced but data are not yet available (ONS, 2018).

domestic abuse at some point since they were 16 is estimated at 28.9% (4.8 million) for women and 13.2% (2.2 million) for men. These figures are likely to be an underestimate as domestic abuse is universally under-reported, though this problem has been partly addressed in recent years with the addition to the CSEW of a confidential self-completion questionnaire (Button & Lee, 2014).

Both men and women perpetrate and experience domestic abuse, although the available evidence suggests heterosexual women experience more repeated physical violence, more severe violence, much more sexual violence, more coercive control, more injuries and more fear of their partner than heterosexual men (National Institute for Health and Care Excellence (NICE), 2014). Domestic abuse can occur in heterosexual or same-sex relationships, and the risk is higher for people who are transgender. Higher risk is also linked to long-term illness and disability, mental health problems, pregnancy and having recently given birth. Drug and alcohol misuse also appears to play a role but this is not yet clearly understood (NICE, 2014).

Domestic abuse is estimated to have cost over £66 billion in England and Wales (in the year ending March 2017). The biggest component of this estimated cost is the physical and emotional harm incurred by victims, which amounted to £47 million (Home Office, 2019).

## 1.2 Recognising need for a whole system approach

Domestic abuse is a complex problem that requires a coordinated, multi-faceted approach. There is evidence that suggests such an approach is the most likely to result in improvements in responses to domestic abuse, although effective implementation is crucial to producing positive change (Hague & Bridge, 2008; Ross et al., 2016). The main reasons for a positive impact put forward in the literature are:

- Individual approaches to domestic abuse have limited impact. For example, although a criminal justice response is important, re-offending rates and breaches of protection orders are high among people who have been prosecuted for domestic abuse (HM Government, 2016). Input is required from across the system to prevent, provide services, and prosecute in a comprehensive response to domestic abuse.

- The needs of different members of a household (including adults perpetrating and experiencing abuse and children) are multi-dimensional and inter-linked, and meeting these requires integrated and joined-up services (Peckover et al., 2013). This involves collaboration between, for example, police, child protection and specialist support services for people who have experienced abuse.

- Individuals who experience abuse may also be experiencing other needs. For example, there is a higher-than-average likelihood that a woman needing treatment for a mental health problem or for substance misuse has experienced abuse from a partner at some point in her life (Mason & O'Rinn, 2014). These individuals require multi-faceted support, probably from more than one agency, regardless of their primary need or entry point into services. Specific kinds of abuse may also require input from specific agencies, e.g. financial institutions may have a role to play in protecting women from economic abuse (Cortis & Bullen, 2015).

However, there is still work to be done on integrating and coordinating responses to domestic abuse, both on the front line and at a strategic level.

## 1.3 Legislation and policy

The national and international policy context shows a marked emphasis on whole system approaches to tackling domestic abuse, although documents use varying terms including 'holistic', 'integrated' and 'system-wide'. Three key policy documents were identified by this review: the 'Istanbul Convention' (Council of Europe, 2011), the Government's strategy for ending violence against women and girls (HM Government, 2016), and the related framework for commissioners provided by the Home Office (2016).

### *International*

Internationally, an emphasis on whole system approaches is reflected in the requirements of the 'Istanbul Convention', an international agreement on tackling violence against women that the UK has signed and is taking steps towards ratifying (Home Office et al., 2017). Articles 7 to 11 require parties to support, finance, implement and assess *"comprehensive and coordinated"* policies and to *"offer a holistic response to violence against women"* (Council of Europe, 2011, Article 7). This is also reflected in policy and research in some English-speaking countries outside Europe, such as Australia (e.g. Cortis & Bullen, 2015; Ross et al., 2016) and the USA (e.g. White & Sienkiewicz, 2017).

### *National*

Within the UK, national strategy seems to promote a whole system approach to ending violence against women and girls, with the ministerial foreword promising *"an integrated, effective, whole family approach to addressing and stopping violence and abuse"* (HM Government, 2016, p. 5). Within the main body of this strategy document, whole system approaches are less explicitly promoted, but partnership working remains one of the four 'pillars' of the approach as set out in 2010: prevention, provision of services, partnership working and pursuing perpetrators. A finding from partnership working in Northumbria, in which *"engagement with domestic violence services increased significantly after support worker[s] visited victims of domestic abuse alongside local police",* is used to illustrate the advantages of partnership working, although more details of this evidence are not supplied in the strategy (HM Government, 2016, p. 35).

The emphasis on partnership working is reflected in the Statement of Expectations produced by the Home Office to support the Government's strategy. The Statement sets out what local areas need to do for a "collaborative, robust and effective" response to violence against women and girls, including guidance on strategic, system-wide approaches to commissioning and other principles (Home Office, 2016). Recommendations for this commissioning approach are discussed in section 2.2.3.

A new draft Domestic Abuse Bill and accompanying guidance for action was published by the Home Office and the Ministry of Justice in January 2019, which is *"aimed at supporting victims and their families and pursuing offenders".* One of the objectives of the consultation that informed the Bill was to explore how to "*drive consistency and better performance in the response to domestic abuse across all local areas, agencies and sectors"*, and as such the Bill will have implications for a whole system approach (Home Office & Ministry of Justice, 2019).

# 2 What works in whole system approaches to domestic abuse?

## 2.1 Key findings

**Key principles**

Based on the literature reviewed, the key principles to consider when designing and implementing a whole system approach to domestic abuse can be distilled into seven points:

- Assess need and plan services on the basis of robust evidence from multiple agencies and from service users.
- Develop and evaluate an integrated commissioning strategy.
- Commission integrated, comprehensive referral pathways.
- Tailor specialist advice, advocacy and support for different groups and individuals.
- Facilitate multi-agency partnership working to provide services.
- Facilitate the disclosure of abuse and ensure staff respond appropriately.
- Raise local awareness and involve, engage and empower communities to help prevent domestic abuse.

## 2.2 Overview of the literature on whole system approaches to domestic abuse

Whole system approaches to domestic abuse can apply within one sector or service, or across multiple agencies. For example, a single hospital could adopt a whole system approach with components such as staff training, protocols, public health campaigns, feedback systems and on-site coordinators. However, in UK policy it is inter-agency collaboration that is emphasised, as discussed in section 1.3 above. This review therefore presents findings on whole system approaches to domestic abuse as they apply to criminal justice agencies in section 2.3, and findings on multi-agency partnership working more generally in section 2.4.

### *Whole system approaches*

The literature on whole system approaches to domestic abuse focuses mostly on approaches grounded in health and social care. The guidance discussed in section 2.3 is therefore mostly produced by organisations that are not police or criminal justice oriented, although the police are often included as a key partner in sections on multi-agency working.

There are examples from around the UK of police forces seeking to improve their response to domestic abuse using whole system approaches (e.g. Davies & Biddle, 2017;

Hague & Bridge, 2008), but these are less common than examples from healthcare and social care, especially those taking a child safeguarding perspective (e.g. Peckover & Golding, 2017). The uneven spread of good practice examples between sectors could be due to a history in the police of treating domestic abuse as a "poor relation" to other activity (Her Majesty's Inspectorate of Constabulary, 2014) combined with funding cuts that limit forces' abilities to implement whole system approaches (Henderson, 2016).

*Multi-agency working*

Literature on multi-agency working is discussed in section 2.4, because partnership working so often forms part of a whole system approach to domestic abuse. This includes a summary of findings, challenges and recommendations.

While guidance from the College of Policing (2015) includes a section on 'Partnership working and multi-agency responses' to domestic abuse, it makes no mention of whole system approaches.

## 2.3 Principles for a whole system approach

### 2.3.1 Overview of key documentation

Four key guidance documents are described in Figure 1. These are produced by NICE, the Government, the Home Office and the Department for Education (DfE).

In addition, the College of Policing has produced Authorised Professional Practice guidance on the response to domestic abuse. This includes guidance on multi-agency partnership working, which is discussed in section 2.4.

*Figure 1: Key guidance on whole system approaches to domestic abuse*

| Title | Description | Citation |
|---|---|---|
| Domestic violence and abuse: Multi-agency working | Guidance for planning and delivering multi-agency services for domestic violence and abuse. | NICE, 2014 |
| Ending Violence against Women and Girls Strategy 2016 – 2020 | As previously (since 2010), the Government's approach to ending violence against women and girls includes four 'pillars': prevention, provision of services, partnership working and pursuing perpetrators. | HM Government, 2016 |
| Violence Against Women and Girls: National Statement of Expectations | This document sets out what local areas need to do for a collaborative, robust and effective response to violence against women and girls. Five principles contribute to this whole system approach; particularly relevant is the guidance on strategic, system-wide approaches to commissioning. | Home Office, 2016 |

| Title | Description | Citation |
|---|---|---|
| What have we learned about good social work systems and practice? Children's Social Care Innovation Programme, Thematic Report 1. | This research reviewed evidence from 17 projects to draw out lessons for good social work systems and practice in children's social care, including on system-wide conditions for innovating and sustaining good practice. It is possible these lessons could be applied (with caution) to systems that respond to domestic abuse. | Department for Education. McNeish et al., 2017 |

The most comprehensive set of principles for designing and delivering a whole system approach to domestic abuse is the guidance from NICE (2014). These principles are presented in section 2.3.2.

Although the guidance is titled 'Domestic violence and abuse: Multi-agency working', it provides principles that could be applied within agencies, as well as between them. For example, recommendations around protocols, services and training and support for staff do not necessarily require inter-agency partnership working; these could be applied within one agency, such as the police.

Indeed, the guidance from NICE includes recommendations for different agencies; only a few require a coordinated multi-agency action. Since the guidance is clinical in background, specific recommendations are typically directed at health and social care services. While the majority of the recommendations directed at these services (e.g. "6. Ensure trained staff ask people about domestic violence and abuse") could be applicable to any agency, including the police, others may be more difficult to apply across sectors and contexts (e.g. "17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse").

Section 2.3.3 sets out a set of principles for local commissioning for a whole system approach to ending violence against women and girls. It outlines what the Government sees as necessary for local areas to ensure their response to these issues is as collaborative, robust and effective as possible.

Principles from research commissioned by the DfE on children's social care are presented in section 2.3.4. Although these are not specific to domestic abuse, they provide useful guidance for designing and delivering a whole system approach in a similar area. In particular, the report identifies the system-wide conditions necessary to innovate and sustain good practice.

### 2.3.2 Principles from NICE (2014)

The NICE (2014) guidance for multi-agency working on domestic abuse includes 17 recommendations for successful design and delivery of services. These are listed in Figure 2. This guidance dates from 2014, however, NICE states that the guideline was checked in August 2018 and that no new evidence was found that affects the recommendations.

*Figure 2: Recommendations from NICE (2014) for multi-agency approaches to domestic abuse*

| Recommendation | Details |
|---|---|
| 1. Plan services based on an assessment of need and service mapping. | • Services should be included in the local strategic needs assessment and comprehensively mapped.<br>• This should form the basis of local commissioning; regional and national commissioning should support provision that cross local areas (e.g. covering more than one local authority or specialist services with lower local need). |
| 2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse. | • Local partnerships should include frontline practitioner representatives, service users or their representatives, and agency representatives (preferably senior officers) from health, local authority, public health, sexual violence services, housing, schools/colleges, PCCs, community safety partnerships, criminal justice agencies (incl. probation), CAFCASS and specialist voluntary/community/private organisations.<br>• Health and social care should be actively involved in strategic multi-agency initiatives like MARACs.[3]<br>• Membership should be regularly reviewed. |
| 3. Develop an integrated commissioning strategy. | • This should include input from multiple services and experts by experience.<br>• Commissioning should meet needs of all relevant groups (people who experience abuse, children and young people who are affected, people who have committed domestic abuse and local communities).<br>• Commissioning strategies should be based on these principles:<br>  ○ Budgets and resources are aligned or, ideally, integrated.<br>  ○ Strategic lead is taken by one partner, which oversees delivery.<br>  ○ Services address all levels of risk and degrees of severity of domestic violence and abuse.<br>  ○ Services are commissioned based on the JSNA and service mapping and are evidence-based. |

[3] Multi-Agency Risk Assessment Conferences (MARACs) remain an important forum for information sharing around domestic abuse (Robbins et al., 2014), where representatives from a range of statutory and voluntary agencies share information about high risk cases in order to produce a coordinated action plan to increase victim safety (Home Office, 2011). When properly resourced, MARACs can be effective, but engagement levels vary and they are vulnerable to shortages in resources and staffing (Robbins et al, 2014; Home Office, 2011; Peckover & Golding, 2017; Henderson, 2016). They are also reliant on inter-agency confidence in information sharing protocols (see Recommendation 7).

| Recommendation | Details |
|---|---|
| | ○ Agencies work together to deliver services.<br><br>• Implementation and effectiveness of the strategy should be monitored using qualitative and quantitative data.<br>• Government expectations for local commissioning for a whole system approach to violence against women and girls are discussed in section 2.2.3 (Home Office, 2016). |
| 4. Commission integrated care pathways. | • Pathways should identify, refer and provide interventions for people who experience domestic abuse and people who have committed domestic abuse. They should include consistent, robust risk assessment mechanisms for adults and children.<br>• They should ensure people with mental health or drug or alcohol misuse support needs are referred to the relevant services.<br>• Specific pathways should be identified for groups with specific vulnerabilities, e.g. teenagers or pregnant women (see for example CAADA, 2012). |
| 5. Create an environment for disclosing domestic violence and abuse. | • Services should clearly display information about support available to anyone affected by domestic abuse. Information should be accessible in a range of formats and languages.<br>• Privacy for people accessing services should be maximised.<br>• Referral pathways should be established including options for different groups (see Recommendation 4) and frontline staff should be familiar with services, policies and procedures of relevant local agencies.<br>• Staff who may be asking people about domestic abuse should receive ongoing supervision and training.<br>• Clear policies and procedures should be established for staff who have been affected by domestic abuse. |
| 6. Ensure trained staff ask people about domestic violence and abuse. | • Frontline staff in all services should be trained to recognise indicators and ask questions in a way that facilitates disclosure.<br>• People who may be experiencing domestic abuse should be seen on their own. |

| Recommendation | Details |
|---|---|
| | • Trained staff in specific services should routinely ask about domestic abuse even without indicators, including: antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services.<br>• Staff should have access to information about services, policies and procedures of all relevant local agencies and all services should have formal referral pathways in place. |
| 7. Adopt clear protocols and methods for information sharing. | • Commissioners and service providers should comply with data protection legislation and guidelines.<br>• Clear, secure information sharing protocols and methods should be established for use within and between agencies. They should include: clear boundaries about what information can be shared and with whom, the importance of obtaining consent to share information and when the duty of confidentiality might have to be breached, sharing information with the aim of protecting someone, and the differences between situations involving only adults and those involving children.<br>• Protocols and methods should be regularly monitored.<br>• Key contacts should be trained to advise others on safe information sharing around domestic abuse.<br>• Any information shared should be acknowledged in person, rather than an automatically-generated response.<br>• Hesitation around information sharing can be a major barrier to inter-agency partnership working (Davies and Biddle, 2017) so clear, trusted protocols are essential. |
| 8. Tailor support to meet people's needs. | Managers and staff in all services should:<br><br>• Prioritise people's safety.<br>• Refer people from general services to specialist services if they need additional support.<br>• Regularly assess what type of service someone needs – immediately and in the longer term.<br>• Think about referring someone to specialist domestic violence and abuse services if they need immediate support.<br>• Think about referring someone to floating support and outreach advocacy support, a skill-building programme and/or a local support groups if they need longer-term support. |

| Recommendation | Details |
|---|---|
| | • Refer someone to a relevant alcohol or drug misuse or mental health services if there are indications that they have alcohol or drug misuse or mental health problems. |
| 9. Help people who find it difficult to access services. | • Commissioners and service providers should consider the specific needs of people who may find domestic abuse services inaccessible or difficult to use, e.g. people from minority groups, older people and those with no recourse to public funds. They should identify barriers for these groups (in consultation with local groups) and introduce a strategy to overcome the barriers.<br>• Staff in direct contact with people affected by domestic abuse should be trained in equality and diversity issues, particularly those which may relate directly to domestic abuse. |
| 10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse. | • Service providers and those responsible for child safeguarding should make sure staff can recognise indicators and understand how abuse affects children and young people, are trained and confident to discuss this with children and young people, know how to refer on to child protection services and who to contact to discuss whether referral is appropriate, and know about the relevant local agencies.<br>• Clear information-sharing protocols and clear referral pathways should be in place.<br>• Policies and services should be monitored for meeting needs.<br>• Children and young people should be involved in developing and evaluating local policies and services. |
| 11. Provide specialist domestic violence and abuse services for children and young people. | • Services should address emotional, psychological harms and promote safety.<br>• Coordinated packages of care and support should be provided, taking into account individual preferences and needs and matching the child's developmental stage.<br>• Interventions should be timely and long-term enough to achieve lasting effects.<br>• Interventions should strengthen relationships between the child or young person and their non-abusive parent or carer. Sessions should include advocacy, therapy or other support addressing the impact of abuse on parenting and should be delivered to children and carers in parallel or together. |

| Recommendation | Details |
|---|---|
| | • Support should be provided for children and young people experiencing abuse in their own intimate relationships. |
| 12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway. | • Advocacy and advice should be tailored to individual levels of risk and specific needs, including in different languages.<br>• Practitioners should be aware of how discrimination, immigration status, etc., may have affected the risk that service users face.<br>• Specialist support services should meet national standards and should form part of a comprehensive referral pathway.<br>• Support should be offered (although not necessarily delivered) in a setting where people may be identified or disclose domestic abuse, e.g. A&E, GP, refuges, sexual health, maternity, mental health, rape crisis, sexual violence, alcohol or drug misuse and abortion services. |
| 13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition. | • Mental health interventions should be provided by professionals trained in addressing domestic abuse.<br>• Treatment programmes should include ongoing risk assessment, collaborative safety planning and the offer of referral to specialist support services, taking into account individual preferences and whether abuse is ongoing or historic. |
| 14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse. | • Commissioning should meet national standards and be based on local needs (see Recommendation 1).<br>• Interventions should be robustly evaluated to inform future commissioning.<br>• Interventions should monitor and report: improved safety for the person experiencing abuse and their children (priority); and the attitudinal change of the people who have committed domestic abuse, their understanding of violence, their accountability and their ability/willingness to seek help.<br>• Commissioning should identify and link to existing initiatives that work with people who have committed domestic abuse. |

| Recommendation | Details |
|---|---|
| | • Services for people who have committed domestic abuse should link with support services for people experiencing abuse, e.g. in risk assessment.<br>• Services for people who have committed domestic abuse should include clear logic models, delivery of programmes as intended, involvement of people experiencing the abuse (e.g. for risk assessment) and linking to other agencies, especially child protection (Day et al., 2010). |
| 15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse. | Health and social care staff should be trained to different levels, including:<br>• Universal basic understanding of the dynamics of domestic abuse, links with mental health and substance misuse, legal duties, honour-based violence, diversity and equality issues, and what action to take.<br>• Level 1 staff (physiotherapists, speech therapists, dentists, etc.) should be trained to respond appropriately to disclosures and direct people to specialist services.<br>• Level 2 staff (nurses, A&E doctors, GPs, school nurses, prison staff, etc.) should be trained to ask about abuse in the right way, understanding the epidemiology and effects of abuse and the role of professionals, to respond appropriately, assess immediate safety and offer referral to specialist services.<br>• Level 3 staff (child and adult safeguarding staff, midwives, MARAC representatives, etc.) should be trained to identify and assess risk, plan safety and liaise with specialist support services.<br>• Level 4 staff (specialists in domestic abuse e.g. refuge staff) should be trained to give expert advice and support.<br>• Other training should raise awareness of and address misconceptions about domestic abuse and the skills, services and training needed to provide effective support.<br>• Higher levels of training (Level 3-4) should include increasing amounts of face-to-face interaction, covering practicalities of enabling disclosure and how to respond. |
| 16. GP practices and other agencies should include training on, and a referral | • Integrated training and referral pathways should include education for clinicians and staff in general practices to make it easier to disclose domestic abuse, and for clinicians on how to provide immediate support after a disclosure and make referrals to specialist agencies. |

| Recommendation | Details |
|---|---|
| pathway for, domestic violence and abuse. | • Commissioners and statutory agencies should work in partnership with voluntary and community agencies to develop training and referral pathways. |
| 17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse. | • Training about domestic abuse should be part of the undergraduate curriculum and part of CPD. It should be delivered in partnership with local specialist agencies.<br>• Rolling programmes should be implemented, given turnover of staff and need for follow-up. Training strategy should:<br>  • Be clear about the level of competency needed for each role.<br>  • Refer to existing accredited materials from specialist organisations working in domestic violence and abuse if they are suitable.<br>  • Ensure the content on domestic violence and abuse is linked to child welfare.<br>  • Safeguarding and adult protection services, and vice versa.<br>  • Follow the recommended content for each level. |

Source (unless otherwise specified): NICE, 2014. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively: NICE public health guidance 50

### 2.3.3 Principles from Government National Statement of Expectations

The Government's National Statement of Expectations (NSE) sets out what local areas need to put in place to ensure their response to issues around violence against women and girls (VAWG) is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. It covers five principles for local strategies and services (Home Office, 2016):

1. Put the victim at the centre of service delivery.
2. Have a clear focus on people who have committed domestic abuse in order to keep victims safe.
3. Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG.
4. Be locally-led and safeguard individuals at every point.
5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

The third of these expectations is especially relevant to commissioners of a whole system approach to domestic abuse.

To deliver on these principles, commissioners should follow the recommendations in Figure 3.

*Figure 3: Government expectations for local area commissioners in relation to VAWG*

| Expectation | Recommendations for commissioners |
|---|---|
| 1. Put the victim at the centre of service delivery.<br><br>Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim's experience and voice. | Have a robust consultation process for identifying which services are needed locally and a forum to ensure victims and service providers can share their views and experiences. |
| | See victims as part of a wider network. The whole family and wider safeguarding issues should be considered in the round – for example making the links with child safeguarding structures and the needs of mothers and non-abusing parents. Consider whether victims need to be protected from extended family as well as the person who has committed domestic abuse, or whether extended family can provide additional support. |
| | Have sufficient local specialist support provision, including provision designed specifically to support victims from marginalised groups e.g. specialist BME-led refuges.[4] |
| | Have access to a broad diversity of provision, considering how services will be accessible to BME, disabled, LGBTQQI and older victims and survivors, and those from isolated or marginalised communities. |
| | Consider whether an individual may have complex needs or suffer from multiple disadvantage and, if so, the services in place to manage these. Women and girls with learning disabilities; mental health problems; drug/alcohol dependency and those facing homelessness are disproportionately subject to domestic and sexual violence. Victims of VAWG with complex needs are likely to come into contact with other services and systems (such as mental health, substance misuse or homelessness). Commissioners should consider how these detect and respond to women's experiences of VAWG and trauma, which are likely to be widespread amongst their female service users. |
| | Assess and build in access to mental health service provision for victims of all types of VAWG, effectively linking up such services with, for example, health services, Rape Crisis Centres, specialist BME women's services or support for adult survivors of child sexual abuse. |

[4] Specialist provision could include: outreach, drop-in support, resettlement, counselling, advocacy, group work, IDVAs, ISVAs, refuge accommodation and specialist, dedicated BME-led women's services.

| Expectation | Recommendations for commissioners |
|---|---|
| | Consider specialist advocates or support workers (such as the IRIS5 programme) in local emergency or primary healthcare and GP surgeries, and whether local health professionals generally are trained to spot signs of abuse, understand the impact of trauma and make referrals to specialist VAWG services. |
| | Collaborate and have protocols with other areas to allow victims easy movement from one area to another. |
| 2. Have a clear focus on people who have committed domestic abuse in order to keep victims safe.<br><br>Local areas should ensure that there are robust services in place which manage the risk posed by people who have committed domestic abuse and offer behavioural change opportunities for those willing and able to engage with them. | Take a sufficiently proactive and robust approach to people who have committed domestic abuse, both in terms of the risk posed to victims and in terms of effective interventions to change their behaviour. |
| | Have a clear plan to ensure that people who have committed domestic abuse are brought to justice and that community interventions are not an alternative to justice. |
| | Have work underway to increase knowledge and understanding of the behaviour of people who commit domestic abuse such that:<br><br>• The tactics people who commit domestic abuse use (such as minimising, justifying and blaming others and/or external factors for their abuse) are understood and not colluded with.<br>• Frontline staff are able to correctly identify the primary abuser and respond appropriately, including in complex cases where both parties may have used violence.<br>• Repeat offending can be tackled and minimised. |
| | Have a robust consultation process for identifying which services are needed locally and a forum to ensure victims and service providers can share their views and experiences to help shape services for people who have committed domestic abuse. |

[5] Identification and Referral to Improve Safety www.irisdomesticviolence.org.uk

| Expectation | Recommendations for commissioners |
|---|---|
| | Understand the family and community context within which people who have committed domestic abuse operate, whether there are wider safeguarding issues that need to be considered, and whether there are multiple people who have committed domestic abuse who need to be identified and responded to. |
| | Assess and address local specialist provision[6], including access to a broad diversity of provision, for example services for BME, disabled, LGBTQQI and older people who have committed domestic abuse in order to increase the safety of their victims. |
| | In particular, consider:<br><br>• People with complex needs who have committed domestic abuse, who will come into contact with other services and systems (such as mental health, substance misuse or homelessness), and how services and systems detect and respond to people who have committed domestic abuse and manage the risk they pose to their partners/ex-partners and others in the community.<br>• Having specialist workers in local emergency or primary healthcare and GP surgeries.<br>• Ensuring local health professionals generally are trained to spot signs of abuse and understand the impact of trauma, and know how to recognise it, respond and refer people who have committed domestic abuse to appropriate services.<br>• Having specialist workers in children's services teams who can work with diverse groups of people who have committed domestic abuse who pose a risk to children and their mothers. |
| 3. Take a strategic, system-wide approach to commissioning, | Understand need and provision in the local area by accessing available data, evidence, service standards and intelligence from local specialist providers with input from victims, local authorities, health, police, education, housing, and the wider third sector. |

[6] Specialist provision could include: Domestic Abuse Perpetrator Programmes; screening / routine identification in health settings; specialist workers within Children's Services teams; enhanced police / Criminal Justice System responses using disrupt tactics and enhanced evidence gathering to secure convictions

| Expectation | Recommendations for commissioners |
|---|---|
| acknowledging the gendered nature of VAWG.<br><br>Good commissioning always starts with understanding the issue and the problem you are trying to solve. | Map local issues from crime and health data – for example identify people who have committed domestic abuse who pose a 'standard' risk and develop early intervention plans to prevent escalation to 'crisis' point. |
| | Consider having trained professionals in hospitals and other healthcare settings to identify and support victims and signpost them to services. |
| | Understand local crime and other non-criminal justice data about the prevalence of VAWG crimes in the area, and national research on the likely prevalence of VAWG crimes such as child sexual abuse and FGM. |
| | Have a robust and useful local VAWG data set – data protection should not prevent effective information sharing. |
| | Have a concise local strategy setting out how the impact of local commissioning will be measured, and what victims and survivors can expect from services, including who is accountable locally and how success will be measured. |
| | Have a process for measuring victims' satisfaction, including engaging with local specialist third sector agencies to learn how they qualitatively and quantitatively measure victims' satisfaction with the support they receive. |
| | Collaborate across local authority and service boundaries, recognising that services may be commissioned in partnership or on a regional level. |
| 4. Be locally-led and safeguard individuals at every point.<br><br>Commissioned services should make use of local initiatives and services already in place to utilise | Identify a local champion or critical friend to drive and challenge on VAWG issues and local progress, identifying forums to bring relevant parties together to discuss VAWG and agree a local approach. |
| | Consider pooling local budgets and funding sources and working with local providers to support a commissioning process that encourages consortia bids without losing smaller local specialist providers. |
| | Assess new multi–agency approaches, including ways of streamlining structures and meetings whilst improving joined up case management. |

| Expectation | Recommendations for commissioners |
|---|---|
| resource, share best practice and ensure that there are coordinated pathways of support. | Identify practical steps that could be taken to ensure learning from domestic homicide reviews, serious case reviews, HMIC reports on rape attrition and on detection/prosecution of 'honour based violence', and the widely reported child sexual abuse/exploitation reports is maximised and put into practice. |
| | Link HMIC and other inspectorate reports on police response and local force action plans into local area strategies, working in partnership with the PCC. |
| | Make pro-active and constructive links with troubled families co-ordinators and local domestic and sexual violence co-ordinators to build local networks and capacity. |
| | Consider how training provided to local professionals is evaluated, and how to ensure it is making a difference, increasing learning and builds in the voice of victims. |
| | Identify any VAWG initiatives being delivered by the local police force with funding from central Government, and whether other VAWG initiatives are being delivered locally by the specialist third sector e.g. the Big Lottery Fund or through other large charitable trusts or grant making organisations. If so, consider whether they can support local initiatives and whether there is learning to be shared. |
| 5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.<br><br>Commissioners should work with local partners to provide a multiplicity of reporting mechanisms to better enable victims to come forward and | Identify what is happening in local schools, including the use of nationally available campaign materials such as Home Office campaigns or local initiatives that raise awareness of the myths relating to sexual violence. Encourage head-teachers and police to work together on these issues. |
| | Identify whether the right local connections are in place so that schools know where to ask for specialist advice, including whether children have the opportunity to talk to someone about their personal experiences – for example referral pathways to specialist children's domestic or sexual violence services. Consider whether there are gang issues in a local area, whether there is access to provision that works with boys who are displaying sexually violent or inappropriate behaviour, and how young males who have committed sexual violence are being supported to change their behaviour. |
| | Map out local women's support groups, including those led by BME women for BME women, to find out who they reach and what expertise they have so that this can be threaded into aims. |

| Expectation | Recommendations for commissioners |
|---|---|
| access the support they need. | Identify and promote wider touch points in the community, including:<br><br>• What local banks are doing to identify and support victims of coercive control – whether they can provide a safe disclosure point for victims, including disabled or elderly people who may not be able to come to the bank themselves.<br>• How local disabled people and people with learning disabilities are able to disclose violence or sexual abuse safely to professionals, giving consideration to any difficulties they may have leaving the house or in expressing themselves to receive the help they need.<br>• Ensuring local health visitors, housing and health professionals are trained to spot all forms of abuse and take the appropriate action.<br>• Local initiatives like 'Ask Me'[7], and whether they can they be part of a strategy to provide safe spaces where women can disclose abuse in the course of daily life to someone who will know what to do.<br>• Local authority housing and homelessness policies that include sexual violence.<br>• Whether local businesses have policies on VAWG, or whether the local Chamber of Commerce can encourage them to do so, or to sign up to the Government's responsibility pledge.<br>• Sexual violence bystander programmes, and how they might be used locally to raise awareness and help increase reporting. |

*Source: Home Office, 2016. Violence Against Women and Girls: National Statement of Expectations.*

[7] Information on the 'Ask Me' approach is available at: https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/ [Accessed 27 June 2018]

### 2.3.4 Principles from Children's Social Care

A thematic report produced for the Department of Education on the Children's Social Care Innovation Programme (McNeish et al., 2017) reviewed evidence from 17 projects to draw out lessons for good social work systems and practice in children's social care. These included findings on the system-wide conditions necessary to innovate and sustain good practice, which are summarised in Figure 4 . Whilst not specific to domestic abuse, these conditions are likely to be necessary to promote good practice in this area too.

*Figure 4: Organisational/system characteristics that help sustain good practice in children's social work*

| Characteristic | Details |
|---|---|
| 1. Leadership | • Systems change cannot rely solely on excellent individual leaders.<br>• A culture of effective leadership needs to be embedded in the system.<br>• This involves creating systems that recognise and reward excellence.<br>• It requires leadership at all levels, not just senior management. |
| 2. Multi-agency commitment | • Strong multi-agency commitment from the start is important for achieving whole system change. |
| 3. Effective communication and promotion of a shared ethos | • Commitment to a specific theory or model provides a means of promoting a shared ethos within and between agencies.<br>• Care should be taken to avoid making those who are not involved in pilots feel excluded or under-valued.<br>• Communication needs to be more than information.<br>• Communication needs regular reinforcement. |
| 4. Integrated teams with mixed skills | • Multi-disciplinary teams combine expertise on different issues.<br>• Integrated teams reduce changes of practitioners and maximise opportunities to build relationships with families. |
| 5. Organisational factors such as IT systems | • Administrative and IT systems should be aligned between organisations.<br>• Inconsistent systems e.g. for recording cases can undermine attempts at system change. |
| 6. Use of intelligent data analysis | • Trends and patterns in service use should be integral to designing innovation.<br>• Data should be used to support better decision making. |

| Characteristic | Details |
|---|---|
| | • The use of data may also encourage professional curiosity and influence professionals' thinking. |
| 7. Planning for the longer term | • Sustainability plans should be built into projects, with a commitment to continue the direction of travel beyond limited funding periods, in order to maintain momentum e.g. through retaining staff. |
| 8. Support from the wider system | • Individual projects need support from the wider system to measure the impact of change, e.g. realistic timescales for innovative working to give changes time to show an impact.<br>• Systems should work with education and training to ensure professionals have the rights skills on entering the profession and continue to develop them. |

*Source: McNeish et al., 2017. What have we learned about good social work systems and practice? Department for Education.*

## 2.4 Multi-agency partnership working

### 2.4.1 The importance of multi-agency partnership working in a whole system approach to domestic abuse

As discussed in section 1.3, a whole system approach to domestic abuse can be implemented within a single agency, but the focus of current UK strategy is on partnership working between agencies. Multi-agency partnership working is one of the four pillars of the Government's strategy to end violence against women and girls (HM Government, 2016), and is described in guidance from NICE as "*the most effective way to approach the issue [of domestic abuse] at both an operational and strategic level*" (NICE, 2014). Indeed, partnership working between the police and other community agencies has been found to have strong support among police officers both at operational and strategic levels (McCarthy & O'Neill, 2014). This was mainly because officers believed it was the most effective way to tackle the social problems or causes of offending, although the research was not specific to domestic abuse.

Multi-agency working in domestic abuse can occur on different levels, with different contexts, configurations, purpose and degree of integration. For example, on the ground level, partnership working includes different professionals working with the same client or family, requiring information sharing, coordination of service provision and joint visiting and/or assessment. On a higher strategic level, partnership working could involve formal arrangements between local partner agencies such as MARACs and Local Safeguarding Children Boards (LSCBs). Detail on different multi-agencies responses/mechanisms, including LSCBs, Multi-Agency Safeguarding Hubs (MASHs) etc. is provided by the College of Policing (2015).

Partnership working has not yet been demonstrated to be effective in all areas. For example, there is an evidence gap regarding the impact of partnership working on reoffending related to domestic abuse (Westmarland et al., 2014).

Nonetheless, effective partnership working appears to be generally accepted as a core component of a whole systems approach, and the literature highlights some key challenges, enablers and recommendations for effective partnership working to tackle domestic abuse.

### 2.4.2 Challenges, enabling factors and solutions

The review identified three key themes across the literature on successful multi-agency working on domestic abuse. These themes were: leadership, commissioning, and coordinating agencies. Different sources in the literature discussed challenges, enabling factors and recommendations for partnership working relating to these three themes, which are summarised in Figure 5. Some researchers argue that partnership working is subject to *"virtuous"* or *"vicious circles"* rooted in local context. According to this view, substantial change in a complex system can only be achieved when a range of agents work together to generate a context of positive partnering (Ross et al., 2016).

Some of these findings come from evaluations and other literature specific to domestic abuse programmes: from an evaluation of a pilot in Calderdale to improve multi-agency work for women affected by domestic abuse and their children (Peckover & Golding, 2017; Peckover et al., 2013); from discussion of a partnership approach focussing on the people who commit domestic abuse in a local area in England (Davies & Biddle, 2017); and from a Guide to Effective Partnerships published by the domestic abuse charity Standing Together (Wills et al., 2013). Others come from overlapping and related areas: from discussion of information sharing in MASHs (Home Office, 2014); from research on Sexual Assault Response Teams (SARTs) in the USA (Greeson & Campbell, 2015); from a case study of a Rape and Sexual Abuse Centre in Coventry (Ward et al., 2013); and from national strategies to tackle violence against women and girls (HM Government, 2016; Welsh Government, 2016; Welsh Government, 2019).

While these latter sources are from slightly broader or overlapping areas of research than whole system approaches to domestic abuse, the insights they provide on multi-agency approaches may be valuable for people designing and implementing such an approach. The aims and models used overlap; for instance, SARTs include stakeholders from rape crisis, healthcare and criminal justice and aim to improve the community response to sexual assault and to increase offender accountability by increasing reporting and conviction rates (Greeson & Campbell, 2015). MASHs usually involve representatives from local authorities (children and adult services), police, health, and probation. They face similar barriers to partnership working as domestic abuse partnerships, such as IT system incompatibility and partner concerns over information sharing (Home Office, 2014). It therefore seems reasonable to supplement the modest, though useful, literature specific to whole system approaches to domestic abuse with findings from these related sources.

*Figure 5: Summary of challenges, enabling factors and recommendations for multi-agency partnership working*

| Challenges | Enabling factors | Recommendations |
|---|---|---|
| *Leadership and accountability* | | |
| • Absence of a single agency accountable for leading or managing domestic abuse work; specialist services not always centrally involved in cases. [f]<br>• Different conceptualisations of domestic abuse, especially in complex cases. [f] Abuse is often conceptualised in a way that makes abuse the responsibility of another agency. [e] | • Good leadership, especially task-oriented and inclusive leadership. [a, l]<br>• Having an operational/business manager who is seen as independent. [a]<br>• Agency accountability and clear leadership in managing work on domestic abuse, at both a broader strategic and operational level, and at an individual case level. [b]<br>• Division between strategic and operational arms of partnerships. [m]<br>• Ability of members to drive change in their own organisations. [l]<br>• Capacity to draw on local social capital. [l] | • Ensure effective leadership and governance, including strong local leadership with a single person clearly accountable for provision. [a, d] Senior police officers should consider taking a leadership role. [i]<br>• Put a clear performance framework in place. [a]<br>• Ensure partners' processes are mapped. [a] |
| *Commissioning* | | |
| • Difficulty identifying responsibility for specialist commissioning. [g] | • Wider reconfiguration of commissioning and service provision to shift to earlier intervention and whole family working. [b]<br>• Effective links to the Troubled Families agenda. [a]<br>• Examining monitoring data to identify trends and hotspots. [a]<br>• Listening to service users. [a] | |

| Challenges | Enabling factors | Recommendations |
|---|---|---|
| *Coordinating agencies* | | |
| • Time taken to develop trusting partnerships. [e]<br>• Resource costs of establishing and maintaining partnerships and limitations to staffing and financial capacity. [l]<br>• Uncertainty around information sharing. [e]<br>• Gaps in understanding of the roles and accountabilities of other agencies and professionals. [f]<br>• Complexity of joining up working to meet clients' needs and identify and address risks, particularly in cases where the person committing domestic abuse may be manipulative towards professionals. [f]<br>• Limitations to multi-agency interaction due to budget and staffing restraints. [f, h]<br>• Underdeveloped feedback loops for reporting on e.g. attendance, breaches of intervention orders, changes to the risk assessment, and progress at formal review points for people who have committed domestic abuse. [j]<br>• Discreet organisational responsibilities and agendas (e.g. when working with people who have committed domestic abuse), leading to conflict in goals, priorities and philosophies and to differences in how 'risk' is understood and assessed and the | • Good engagement from a wide range of partners including health partners. [a, l]<br>• Common understandings, approaches and priorities in working with service users and families. [b]<br>• Defined multi-agency guidelines, prepared with input from all relevant agencies. [k]<br>• Co-location of staff teams and sharing best practice between adults and children's teams. [a]<br>• Strong links between the MARAC and safeguarding children processes at strategic and operational level. [b]<br>• Having a staff team who rotate between roles so they can maintain high levels of knowledge and competence. [a]<br>• Effective risk assessment and information sharing across agencies. [b] | • Co-locate services, appoint an overall hub manager and consider an integrated IT solution. [a]<br>• Establish clear and well-developed information sharing agreements between agencies and with the civil court system. [i]<br>• Ensure accommodation is in place. [a]<br>• Undertake staff training, including cultural issues, and ensure security vetting starts as soon as possible. [a]<br>• Consider joint funding arrangements. [a, d]<br>• Develop or adopt memoranda of understanding between different stakeholder groups (typically agreeing to work together collaboratively). [c]<br>• Collaboratively develop and adopt policies/protocols that delineate how different stakeholder groups should respond to the problem. [c, k]<br>• Arrange multidisciplinary cross-training, in which different stakeholders train one another on their roles and limitations in responding to the problem. [c]<br>• Conduct multidisciplinary case mapping, to review how different stakeholder groups responded to specific cases, reflect on multi-agency case management, and identify areas for improvement. [c, f] |

| Challenges | Enabling factors | Recommendations |
|---|---|---|
| extent to which women's and children's safety is considered [e, f, l]<br>• Inequality of power between agencies, especially between statutory and non-statutory organisations. [m]<br>• Fear of losing organisational autonomy. [e]<br>• Focus on processes rather than outcomes, leading to clients remaining vulnerable. [e]<br>• Differences in how readily domestic abuse is recognised. [f]<br>• Different levels of skills and confidence to address domestic abuse safely and effectively. [f]<br>• Lack of cross-sector understanding of clients' needs. [g] | | • Arrange training by non-partnership members to educate partners about issues related to the problem and effectively responding to the problem. [c]<br>• Arrange workshops for partners to air concerns and to allow conflicts and tensions to surface. This dialogue should be regular and repeated as tensions are likely to resurface over time, especially when resources are under pressure. [e] |

Sources: [a] Home Office, 2014; [b] Peckover et al., 2013; [c] Greeson and Campbell, 2015; [d] HM Government, 2016; [e] Davies and Biddle, 2017; [f] Peckover and Golding, 2017; [g] Ward et al., 2013; [h] Henderson, 2016; [i] College of Policing, 2015; [j] Diemer et al., 2015 [k] Eogan et al., 2013, [l] Ross et al., 2016, [m] Wills et al., 2013.