

Executive Summary

London Borough of Merton

Domestic Violence and Abuse Strategic Needs Assessment

September 2014

Executive Summary

Introduction

This document summarises the findings and recommendations arising from the London Borough of Merton's Domestic Violence and Abuse strategic needs assessment, delivered by Cordis Bright between April and July 2014. Please see the full report for more information and evidence that informs the following.

Review of European, National, Regional and Local strategies

We reviewed strategies aimed at tackling domestic violence and abuse and also violence against women and girls. There is a high level of consistency among these strategies, which should offer clarity to the London Borough of Merton in developing their future strategic plans. The central recurring themes are:

- Culture change and prevention (including programmes for perpetrators).
- Multi-agency working and information sharing, including the need to recognise the wider vulnerabilities of victims/survivors and perpetrators.
- Providing effective support for victims/survivors.
- Including under-represented groups.
- Supporting those aged 16-17.
- Providing services for women who are subject to sexual violence and exploitation.
- Securing health, social and economic wellbeing for victims/survivors.
- Securing justice (through specialist courts where possible) and effective management of perpetrators.
- Effective leadership.
- Focusing on outcomes.

What works in tackling domestic violence and abuse?

The literature suggests that an effective response to tackling domestic violence and abuse and other forms of VAWG displays the following attributes:

- Strategic, joint commissioning which demonstrates:
 - A focus on outcomes.

- Effective partnership working across a range of providers to ensure co-ordinated intervention, including health, police, probation, education, children and young people's services, social care, housing, voluntary and community services.
 - Clear links between commissioning and strategic plans.
 - Specification of governance processes, incorporating victims/survivors views.
 - Standardisation and clarity of principles and standards across services.
 - Sustainability of VAWG services.
 - Clear care pathways.
 - Comprehensive needs assessment.
 - Community engagement.
 - Effective monitoring and evaluation.
- Effective partnership working, ideally based on the Identification and Referral to Improve Safety programme (IRIS), and an understanding of care pathways.
 - Effective information sharing within and between agencies.
 - Targeted, coordinated multi-agency support for high-risk victim/survivors. This should include four Independent Domestic Violence Advisors (IDVAs) and one Multi-Agency Risk Assessment Conference (MARAC) Co-ordinator per 100,000 of adult female population.
 - Taking opportunities to embed IDVAs into other agencies where domestic violence and abuse may come to light (especially maternity services or A&E).
 - A focus on prevention via cultural change within communities, including awareness-raising in schools.
 - Specialist services to support children who are involved in domestic violence situations, including joint services with their mothers/carers, and children's workers who can deliver services in refuges and through play therapy.
 - Ongoing training and development for practitioners, especially regarding first responses, across a range of partner agencies (e.g. education, children and young people's services, police, health, social care).
 - Providing separate services for men who are victims/survivors.
 - The use of Specialist Domestic Violence Courts which have strong partnerships and systems, dedicated staff receiving good training, strong MARACs and IDVAs, safe court facilities and criminal justice perpetrator programmes.

Our review was unable to uncover clear evidence of the benefits of perpetrator programmes. It was also difficult to uncover evidence of "what works" in relation to FGM, forced marriage, honour-based violence and services for minority groups. This is similar to the findings of the review contained in the latest NICE

guidance (NICE, 2014). However, it is generally agreed that voluntary and community groups have an important role to play in tackling these issues.

Prevalence and demand for services

Introduction

There are a number of difficulties in gathering reliable data regarding prevalence of domestic violence and abuse. Forms of domestic violence and abuse are often “under-reported” and “hidden”. Equally, a low level of reporting may not necessarily mean an absence: it may instead reflect difficulties in reporting and recording.

Number and nature of domestic violence and abuse incidents

- Applying findings from the ONS statistical bulletin *Focus on: Violence Crime and Sexual Offences, 2011-2012* (ONS, 2013) indicates that 4,760 women and 3,225 men may have experienced **some form of domestic abuse** in Merton (including partner or family non-physical abuse, threats, force, sexual assault or stalking).¹
- Merton’s JSNA indicates that in 2012 and 2013, 79% of the victims of *reported* offences in Merton were female.
- Merton’s JSNA indicates that in 2012-2013 most reported offences occurred in Mitcham and the East of the borough.
- The majority of victims of *reported* domestic abuse and violence are white and aged between 20 and 29.
- In 2012, 8% of victims in Merton were repeat victims of domestic violence and abuse.
- National research suggests that 66% of victims are likely to have children living in or visiting the home where domestic violence or abuse is taking place (CAADA, 2012a).
- The Crime Survey for England and Wales indicates that, nationally, victims are likely to be experiencing other challenges or vulnerabilities in their lives. Examples include: being single (or divorced), unemployed, frequenters of bars and nightclubs, on low incomes, living in relatively deprived circumstances, etc.

¹ These figures have been gathered by applying crime rates from the ONS statistical bulletin which related to those aged 16-59 against Merton resident population data for those aged 16-59.

- Merton's JSNA indicates that perpetrators are most likely to be male, White European, aged between 30 and 39, and the ex-boyfriend, boyfriend, husband or son of the victim.
- The Crime Survey for England and Wales shows that in 40% of domestic violence cases, the perpetrator had been under the influence of alcohol, and in 13% of cases, the perpetrator had been under the influence of drugs.
- Data from Public Health England suggests that alcohol may be a factor in around 10-15% of sexual offences in Merton.

Comparison with similar boroughs

There is some evidence to suggest that rates of domestic violence and abuse in Merton may be lower than in other comparable boroughs:

- Metropolitan Police Service (MPS) data and findings from Merton's joint strategic needs assessment (JSNA) suggest that the reported number of domestic violence offences in the borough has been reasonably stable at somewhere between 750 and 900 for the last three years.
- Merton has fewer reported domestic violence incidents and offences than almost any other London Borough. (Only Kingston, Kensington & Chelsea and Richmond have fewer).
- Merton residents appear to make around 19 calls per month to the pan-London sexual and domestic violence helpline; residents from the majority of other London boroughs make more use of this helpline.

However, MPS data suggests that there may have been an increase in rape cases in 2012-2013 in Merton, taking the total number of cases to around 80. This is slightly higher than similarly-sized Sutton and Richmond.

This data also suggests that the number of reported sexual offences in Merton was relatively stable at just under 150 per year for the last 5 years. This is consistent with the findings for similarly-sized Sutton, although somewhat higher than for Richmond.

Prevalence of VAWG-related issues

Local data is not available for the prevalence of some VAWG related issues. However, national and regional data suggests the following:

- Estimates of Female Genital Mutilation vary enormously, from 11 offences between 2006 and 2011 (Freedom of Information request to the MPS in June 2011) to 4.5% of all maternities in Greater London.
- The Forced Marriage Unit (FMU) gave advice in 1,485 cases in 2012, of which 114 involved victims with disabilities and 21% were based in Greater London.

- Iranian Kurdish Women's Rights Organisation research in 2011 finds that the MPS were alerted to 495 honour based crimes in a 12-month period.
- Reports of trafficking and sexual exploitation to the police have increased significantly over the last five years; 447 offences were reported to the MPS in 2012-2013.
- Research by Project Acumen finds that 2,600 women are victims of trafficking for sexual exploitation in England and Wales and 9,600 are vulnerable to it.
- 2012 MPS data indicates that there were 58 prostitution-related sexual offences across London in 2011 of which 37 related to trafficking for sexual exploitation.
- Stalking is one of the most common types of intimate violence, with the 2010-11 British Crime Survey showing that 4.1% of women aged 16-59 and 3.2% of men aged 16-59 having experienced stalking in the last year.

Service mapping and analysis of gaps

The service mapping and gap analysis exercise suggests that there may be demand for:

- More casework provision (both high-risk IDVA-style provision and medium risk case-worker provision).
- A greater focus on multi-agency interventions to address the complex set of vulnerabilities which many victims/survivors and perpetrators display or experience. This focus should also include consideration of children as victims and of the impact of domestic abuse on children's outcomes.
- A slightly greater focus on services for LGBT, male and ethnic minority victims/survivors.
- Work with perpetrators.
- Services specifically focussing on early intervention and prevention.

We have been provided with evidence of around £545,000 being spent on Domestic Violence and Abuse and VAWG services across different departments in the London Borough of Merton, of which:

- 46% comes from Children's Schools and Families.
- 27% comes from Adult Social Care (Supporting People).
- 28% comes from Safer Merton.

Around 40% is spent "in-house" with the remainder being independently-provided. At least eight of these independent providers draw in additional

financial support from voluntary sector or other sources. It should be noted that these expenditure estimates are not complete. As such, they will not be entirely accurate. However, they offer some insight into current spending priorities.

Although there is some good practice in gathering evidence on outputs and outcomes achieved, there is generally an inconsistent approach to this across all stakeholders in Merton. This makes it difficult to assess the success or otherwise of these investments and also to compare the relative benefits of different services or interventions.

Consultation with stakeholders

This methodology uncovered a relatively complicated set of messages, because there is a wide diversity of opinion regarding priorities and key areas for improvement. This may be linked to a lack of clarity regarding the strategy for domestic violence, abuse and VAWG in Merton.

- There is agreement on the importance of establishing a clear, robust, multi-agency strategy and leadership, as well as on the need for this strategy to drive joint commissioning and service delivery.
- Stakeholders agreed that demand for services is high and is likely to increase.
- Stakeholders identified future priorities in the areas of strategy and commissioning; prevention and early intervention; provision of specific services/interventions; the service user journey; professional training and awareness-raising; partnership working and collective response; supporting minority groups; services for perpetrators; recognising children as victims; substance misuse and exploring contextual factors.
- Stakeholders reported the importance of effectively addressing the needs of adult victims/survivors of domestic violence and abuse whilst also recognising the importance of supporting children and young people who have experienced domestic violence and abuse.
- Identified gaps in service provision included: support for male victims/survivors; support for minority groups; support for children and young people; services for perpetrators; prevention and early intervention; shortage of specific services/interventions; support for other types of abuse; use of mainstream services and professional training/awareness-raising.

Understanding the victim/survivor experience

- There is evidence that repeat-victimisation may be relatively low in Merton, although this finding must be treated with caution.
- In keeping with good practice, there are a broad range of agencies actively involved in identifying, referring and supporting victims/survivors.

- However, the extent to which this activity is effectively co-ordinated, articulated and understood by all parties is not clear.
- Equally it is not clear that victims/survivors' wider vulnerabilities are necessarily being addressed.
- Efforts are underway to ensure that as many agencies as possible are able to effectively assess and prioritise risk, although ideally this work should be broadened.

Recommendations

Figure 1 below outlines the recommendations which emerge from the needs assessment. In all cases, the financial costs of these recommendations are relatively low, although it is important to note that they will require officer time (including Director-level input) to implement effectively.

Figure 1 Recommendations

Recommendation	More Detail	Evidence base
<p>1. Agree a common definition for domestic violence and abuse, which should be applied across all future strategic and operational activity in the borough</p>	<p>This definition should extend beyond the current Home Office definition (which recognises victims aged 16 and over) and explicitly identify children and young people as potential victims of domestic violence and abuse.</p> <p>It would also be helpful for this definition to specifically articulate Merton’s position regarding domestic violence and abuse and VAWG. The current terminology appears (erroneously) to exclude the VAWG agenda, which can be confusing for stakeholders.</p>	<ul style="list-style-type: none"> - Review of European, National, Regional and Local Strategies - Consultation with stakeholders
<p>2. Put in place strong leadership and governance arrangements surrounding the Domestic Violence, Abuse and Violence Against Women and Girls agenda</p>	<p>A credible leader for this agenda needs to be identified and appointed within the local authority to ensure that Merton is able to comply with the good practice advice reiterated across European, National, Regional and Local strategies. Ideally this individual will have easy access to senior counterparts in the Police and Clinical Commissioning Group to ensure that all key agencies are aligning their strategies and activities.</p> <p>The re-instatement of a cross-departmental governance or leadership group is also essential to the effective functioning of Domestic Violence, Abuse and VAWG services in the London Borough of Merton.</p> <p>Key partners are likely to include: Police, Public Health, Communities and Housing, Children’s Schools and Families, Primary Care and Voluntary and Community Sector representation.</p> <p>Merton’s Domestic Violence forum will play an important role in the development and delivery of domestic violence, abuse and VAWG services.</p>	<ul style="list-style-type: none"> - Review of European, National, Regional and Local Strategies - Review of “what works” in tackling domestic violence and abuse - Consultation with stakeholders

Recommendation	More Detail	Evidence base
	<p>Its membership should be reviewed to ensure that it includes the following:</p> <ul style="list-style-type: none"> • Representation from the cross-departmental governance or leadership group. • All operational leads for domestic violence, abuse and VAWG. • Practitioners from specialist domestic violence, abuse and VAWG services. • Practitioners from more universal services which are likely to encounter victim/survivors of domestic violence and abuse. • Service user representation. <p>Its terms of reference should be reviewed to ensure it offers the following:</p> <ul style="list-style-type: none"> • A forum for practitioners to share experiences, knowledge and good practice. • A channel of communication allowing the front-line experiences of service users and practitioners to be reflected “upwards” and for strategic messages and operational plans to be discussed, reviewed and implemented. 	
<p>3. The new governance arrangements will oversee the development of an</p>	<p>This strategy should have measurable outcomes and goals which are endorsed by the diverse departments and agencies involved in this agenda. This is likely to include the “pooling” of relevant indicators from Safer Merton Strategies, Children School & Family Strategies,</p>	<p>- Review of European, National, Regional and Local Strategies</p>

Recommendation	More Detail	Evidence base
<p>outcome-focused strategy, to be developed and delivered by a partnership or operational group.</p>	<p>Community & Housing Strategies and Public Health Strategies. It also needs to account for the reporting requirements of any local boards with an interest in domestic violence, abuse and VAWG (including, for example, the Local Safeguarding Children Board and Health and Wellbeing Board).</p> <p>In addition, it may be helpful to link this strategy to the outcomes articulated in the Home Office’s 2014 action plan and the Mayoral Violence Against Women and Girls strategy.</p> <p>This group should also be responsible for monitoring any legislative changes which are likely to affect or change the proposed strategy.</p>	<ul style="list-style-type: none"> - Review of “what works” in tackling domestic violence and abuse - Consultation with stakeholders - Service mapping and analysis of gaps
<p>4. Develop an outcome-focused evidence-led commissioning plan to ensure the strategy is delivered</p>	<p>In developing this plan, it is important to ensure the findings of recent, related needs assessments (i.e. Mental Health Needs Assessment, Dual Diagnosis Needs Assessment) are incorporated. Many of the planned interventions arising from these needs assessments will be targeted at a similar cohort of vulnerable individuals in Merton, so it is crucial to ensure that the commissioning and service delivery approach is sufficiently “joined-up”.</p> <p>The plan should also include the following elements:</p> <ul style="list-style-type: none"> • Where practical, pool funds in order to reduce duplication of effort. (This report finds that at least £470,000 could be available for a domestic violence, abuse and VAWG pooled fund). • Consider wider streams of funding in addition to core business budgets. 	<ul style="list-style-type: none"> - Review of European, National, Regional and Local Strategies - Review of “what works” in tackling domestic violence and abuse - Consultation with stakeholders - Service mapping and analysis of gaps

Recommendation	More Detail	Evidence base
	<ul style="list-style-type: none"> • Take into account the apparent service gaps identified in this needs assessment, i.e.: <ul style="list-style-type: none"> - Demand for more casework provision (both high-risk IDVA-style provision and medium risk case-worker provision). - A greater focus on multi-agency interventions to address the complex set of vulnerabilities which many victim/survivors and perpetrators display or experience, including considerations around children as victims. - A slightly greater focus on services for LGBT, male and ethnic minority victims/survivors. - Work with perpetrators and low threshold early intervention/prevention services (although it is important to be aware that the evidence base for “what works” in these fields is limited). • Ensure that sub-contractors are involved in regular (for example, 6-monthly) dialogue about the overarching strategy for tackling domestic violence, abuse and VAWG in Merton. This may include: <ul style="list-style-type: none"> - Clarity about the overall goals for the borough, and their roles and responsibilities for delivering against these goals. - Opportunities for them to add value or undertake non-contracted activities in pursuit of these goals. 	
<p>5. Clarify and implement strong performance management arrangements</p>	<p>This should include the following aspects:</p> <ul style="list-style-type: none"> • Ensure that monitoring data across all departments is gathered collated, analysed and distilled in a joined-up way which enables effective comparison between services. • Require subcontractors to deliver against outcomes and gather evidence of outputs and outcomes. 	<ul style="list-style-type: none"> - Review of “what works” in tackling domestic violence and abuse - Consultation with stakeholders

Recommendation	More Detail	Evidence base
	<ul style="list-style-type: none"> Outline clear mechanisms for capturing service users' perspectives of services and ensure that these are systematically incorporated into performance management arrangements. Ensure that performance monitoring data supports informed decision-making regarding "what works", and what is "less successful" so that funds can be confidently channelled into activities which are making a difference. Consider linking London Borough of Merton's performance management arrangements to the London VAWG panel dashboard. 	<ul style="list-style-type: none"> - Service mapping and analysis of gaps
<p>6. Clarify, articulate and publicise arrangements for identifying victim/survivors, assessing risk and referring.</p>	<p>This should include the following elements:</p> <ul style="list-style-type: none"> Provide and publicise ongoing training for the workforce in relevant services to enable them to: identify victim/survivors of domestic violence, abuse and VAWG; encourage victim/survivors to seek support; and make appropriate onward referrals. Ensure that an up-to-date directory of services (including referral criteria) is produced, regularly reviewed and well publicised so that practitioners and victim/survivors are informed about available services and how to access them. Continue and broaden efforts to ensure a commonly-agreed approach to the identification and prioritisation of risk, including the complexities of risk management in situations which are 	<ul style="list-style-type: none"> - Review of what works in tackling domestic violence and abuse. - Service mapping and analysis of gaps. - Consultation with stakeholders. - Understanding the victim/survivor experience.

Recommendation	More Detail	Evidence base
	<p>likely to be fluid and changing. These activities are likely to include:</p> <ul style="list-style-type: none">- Continued efforts to train front-line professionals across a range of agencies to identify and prioritise risk, using the CAADA DASH (or similar jointly-agreed tool).- Ensure that arrangements for prioritising low-risk, medium-risk and high-risk cases is clear and consistent. This is likely to include IDVA involvement in reviewing medium- and high-risk cases which have been referred from elsewhere.- Ensure that practitioners other than IDVAs are competent and confident to effectively guide low-risk victim/survivors to those organisations that can best support them.	



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