

Risky Business

Report of a strategic
conference to develop
effective multi-agency risk
management in domestic
violence cases in the
Thames Valley

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GOVERNMENT OFFICE
FOR THE SOUTH EAST

THAMES VALLEY
PARTNERSHIP 
Working for safer communities

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Introduction

The Thames Valley Police are currently in the process of implementing a risk assessment and management tool for cases of domestic violence based on a model identified by the Metropolitan Police. Officers who are called to domestic violence incidents assess the seriousness of risk based on a series of identified risk indicators. Once high risk has been established, it needs to be managed through joint agency work, especially with key statutory agencies including National Health Services, Children's Services, Housing Agencies and the voluntary sector especially Victim Support and Women's Aid.

This conference is intended to initiate work in the region towards encouraging this required multi-agency approach and in addition identify barriers to successful working, provide solutions to overcome these barriers, discuss information sharing, agency policies and protocols, encourage other agencies apart from the police to undertake risk management of these cases and action plan for the future.

This conference was jointly hosted by the Thames Valley Partnership, Thames Valley Police and the Government Office for the South East.

The conference was opened by the showing of the Merseyside Police's video 'The Worst Kept Secret'.

1. Successful Risk Assessment – Models and Practice

Laura Richards and Sharon Stratton, Metropolitan Police Service

The Metropolitan Police originally began to look at risk assessment models in relation to domestic violence as a means of homicide prevention. Twenty-first century policing needs to be evidence based and take a proactive rather than reactive role.

The Homicide Prevention Unit researches into past patterns and trends, to discover what we know about victims and offenders. This work informs tactics, practice and future training requirements. Domestic violence is a volume crime, which results in deaths and many injuries and repeat offences. The Unit analysed routinely recorded information related to allegations, near misses and murders and it became evident that the lessons to be learnt were the importance of risk assessment, that offenders were skipping the net and what were in fact the best ways to protect people.

The aims of Risk Assessment are to: -

- Save life and reduce incidents of serious injury
- Identify and manage risk effectively
- Reduce repeat victimisation
- Deploy investigative resources effectively
- Deliver enhanced victim care and support
- Improve the quality of the investigation
- Increase reporting of domestic violence
- Facilitate and improve multi-agency work
- Deliver relevant data on domestic violence risk factors in UK

The Risk Assessment model was devised by analysing and evaluating data in four areas Lambeth, Kingston, Ealing and Fulham and Hammersmith. The whole process was as rigorous as possible and there were some interesting associated findings. In the case of sexual offenders it was shown that they are often serial offenders, who will not only offend in the home, but outside the home too. There is often a background of violence in the cases of stranger rape and we really need to understand the dangers and the risks. It is clear that along the line of an offender's profile there are risk flags which are highlighted and the task is to intervene at the correct time along the continuum – e.g. the case file of Ian Huntley. The resultant Risk Assessment model has three parts, an initial assessment by an attending officer, followed by interventions and further assessment by a specialist officer and thirdly safety planning. The model – so called SPECSS as the six main criteria for risk are: -

- Separation
- Pregnancy
- Escalation
- Cultural issues
- Stalking
- Sexual assault

The Risk Management of cases is based on the concept of 'RARA': -

- Remove – arrest, remand in custody etc
- Avoid – re-house, refuge etc – victim significant
- Reduce – joint intervention, safety planning, target hardening, protective legislation etc
- Accept – on-going reference to risk assessment, intervention planning, offender target profiles etc

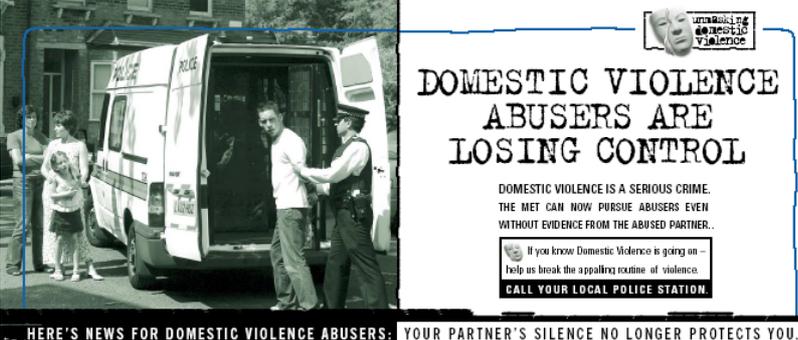
It should be remembered that by not learning the lessons from the evidence of the past we will not be able to reduce these crimes or their impacts and that: -

"Repetition of past mistakes may amount to institutional incompetence."

The result of all the research and pilot studies of Risk Assessment and Management, had implications for the Metropolitan Police which were to implement these findings, improve their response to domestic violence and deliver a domestic violence risk assessment/management model.

Domestic violence is a large caseload for the Metropolitan Police, analysis of routinely collected data shows that it must be recognised as a serious, high volume crime. The statistics show that domestic violence is responsible for one in four murders in London, one in twenty of all notifiable offences, one in eight GBH, one in four ABH, one in three common assaults and results in 8,600 domestic violence reports monthly.

It was essential that this new strategy was communicated both internally among the force and externally among the public and perpetrators. The internal message was that *'Next time your 'just a domestic' could be a murder'* and externally the message was offender focused *'your partner's silence no longer protects you'*. An extensive publicity campaign was undertaken with a wide range of new posters and publicity materials as illustrated below: -



DOMESTIC VIOLENCE ABUSERS ARE LOSING CONTROL

DOMESTIC VIOLENCE IS A SERIOUS CRIME. THE MET CAN NOW PURSUE ABUSERS EVEN WITHOUT EVIDENCE FROM THE ABUSED PARTNER.

If you know Domestic Violence is going on – help us break the appalling routine of violence. **CALL YOUR LOCAL POLICE STATION.**

HERE'S NEWS FOR DOMESTIC VIOLENCE ABUSERS: YOUR PARTNER'S SILENCE NO LONGER PROTECTS YOU!

METROPOLITAN POLICE Working for a safer London

unmasking domestic violence



HE HITS HIS PARTNER EVERY NIGHT

DOMESTIC VIOLENCE IS A SERIOUS CRIME. THE MET CAN NOW PURSUE ABUSERS EVEN WITHOUT EVIDENCE FROM THE ABUSED PARTNER.

If you know Domestic Violence is going on – help us break the appalling routine of violence. **CALL YOUR LOCAL POLICE STATION.**

HERE'S NEWS FOR DOMESTIC VIOLENCE ABUSERS: YOUR PARTNER'S SILENCE NO LONGER PROTECTS YOU!

METROPOLITAN POLICE Working for a safer London

unmasking domestic violence

Relax, go ahead and read. No one on this platform can tell you're a wife beater. You don't look like someone who would hit a woman. But then who does? Domestic violence is a crime committed by men from all walks of life. If you're abusing your partner, you should know that the Police no longer need her statement to make an arrest. If we have reasonable grounds, we will arrest you immediately. And, if you have left the scene, we will track you down. Remember, there are no longer any safe houses for men who commit domestic violence.



Working together for a safer London

When was the last time you told your girlfriend you loved her? Was it just after you nearly killed her? Most days you're charming and affectionate to your partner. Then suddenly, you become a violent stranger. She doesn't know which one of you will come home. And that's how you control her, isn't it? If you're abusing your partner, you should know that the Police no longer need her statement to make an arrest. If we have reasonable grounds, we will arrest you immediately. And, if you have left the scene, we will track you down. Remember, there are no longer any safe houses for men who commit domestic violence.



Working together for a safer London



In addition to the publicity campaign, Operation Athena was undertaken which was a co-ordinated day of action, when 241 offenders were arrested and over 70 of them charged. Positive media coverage supported this proactive advertising campaign.

The Domestic Violence Risk Assessment Model was originally piloted in four boroughs and the problems identified initially were lack of resourcing, that there was no formal process for response officers and that responses were reactive rather than proactive. The new model was intended to: -

- Improve initial investigation
- Provide effective risk identification and assessment
- Facilitate defensible decision making
- Support independent prosecutions
- Reduce attrition rates
- Meet the needs of victims and children

The new domestic violence investigation form encouraged effective evidence gathering and incorporated Standard Operating Procedures particularly in relation to positive action and requirements within CPS/MPS Service Level Agreements. The form also introduced part one of the domestic violence risk assessment model (SPECSS+), provided for an intervention/safety plan for victims, provided details of referral agencies and gave a more comprehensive supervisors review. The later Domestic Violence Project was piloted at two sites - Tower Hamlets and Southwark and had independent evaluation by ICG.

Training was provided in both Southwark and Tower Hamlets for frontline supervisors, other trainers and frontline response officers and included awareness raising and form completion techniques.

The new approach had benefits which included a noticeable improvement in victims' statements, photographs, DNA and IDO which assisted evidence gathering. There was generally a more comprehensive service for victims, although improvements were needed in recording safe contact numbers and recent history gathering. For children there were improved welfare checks and subsequent Merlin entries, but initially there was a high level of information which lacked detail especially relating to witnessing incidents and GP details. There were improvements in recording police intervention by 49 - 57% and in relation to notes of arrest - 90% of reports contained sufficient information. Initial statements from witnesses in arrest cases were more forthcoming; in Southwark statements were obtained in many allegations where arrest was not possible.

Initial findings showed: -

- Better positive action
- Increased arrests
- Charges were increased
- Crime report quality improved
- Standards of investigation were better
- Better risk identification and intervention
- Reduction in homicide, rape and serious violence

The lessons that were learned from the pilots were the great need for training and that supervision, accountability and compliance were the key elements. Risks were better identified, but some staff were conducting risk assessment but not using SPECSS which gave flawed assessments and inappropriate interventions. Clear guidance is required in the future allied with a good communication strategy with CPS involved from the outset.

In the future a corporate training pack is being devised and training is being carried out across the Metropolitan Police Service. The new 124D form is now being implemented throughout the Met, together with the Risk Assessment Model. The Standard Operating Procedures and the ACPO Guidance have been published.

2. Risk Assessment – Experience in the Thames Valley

Don Savage, Force Crime Management Unit, Thames Valley Police

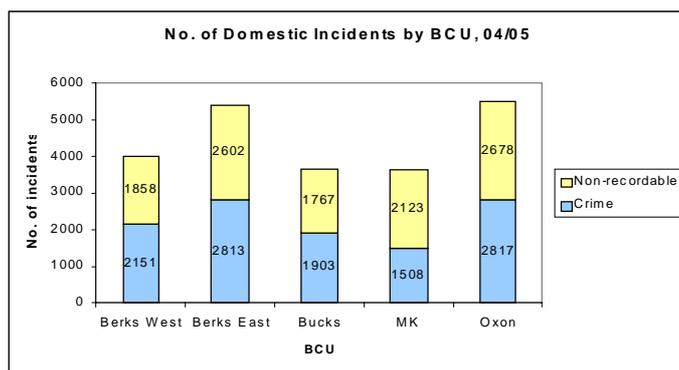
The need for changes in the police's responses to domestic violence was identified in a recent internal best value review, which resulted in a set of recommendations and the instigation of a force project. The scope of this project was subsequently increased to include the range of recommendations highlighted in the HMIC/HMCPSP report 'Violence at Home', the ACPO National Guidance on Investigating Domestic Violence and the Domestic Violence Crime and Victims Act.

The priorities for the police are: -

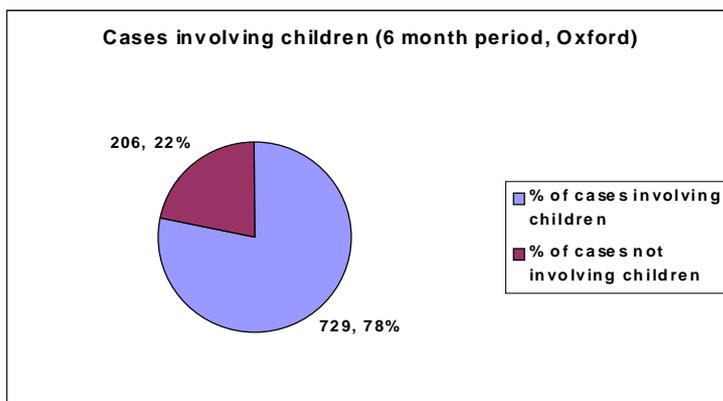
- To protect the lives of both adults and children who are at risk as a result of domestic violence
- To investigate all reports of domestic violence
- To facilitate effective action against offenders so that they can be held accountable through the criminal justice system
- To adopt a proactive multi-agency approach in preventing and reducing domestic violence

A revised approach was required which would afford the potential to deliver on these priorities. A Risk Assessment and Risk Management Model was identified based on work undertaken by the Metropolitan Police and in other areas in the country. Two pilot projects were conducted in Oxford and Slough during 2004 which sought to test out a suitable model within a controlled environment. The pilots were evaluated at the beginning of 2005 and the results informed the formation of a new revised system. The resultant identified best approach consisted of the implementation of a Positive Intervention Policy with the creation of a new dual response incorporating both investigation and harm reduction. Harm reduction comprised risk indication, risk assessment and risk management with subsequent resources targeted as part of a tiered response based on the three identified levels of risk.

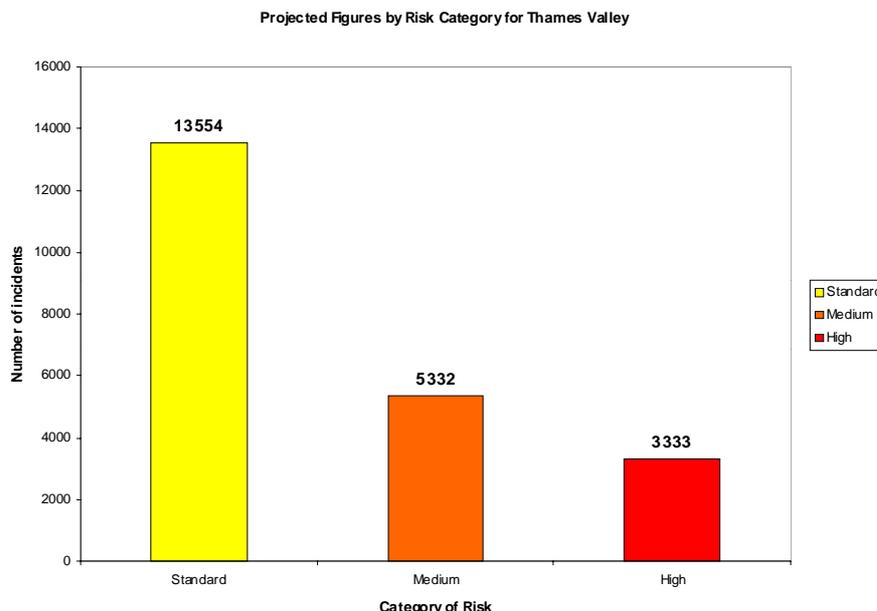
In the year 2004/05 Thames Valley Police dealt with 22,220 incidents of domestic violence of which 11,192 were recorded as a crime. This shows an increase of 7,907 or 55% in the last two years. From the data obtained during the risk assessment pilots it is estimated that as many as 15% of these incidents may relate to high risk cases. The percentage of the total recorded as criminal incidents varied across the region with 54% in Berkshire West, 52% Berkshire East, 52% Buckinghamshire, 42% Milton Keynes, and 51% Oxfordshire.



Within the pilot, in relation to children - of a sample of 935 incidents, 729 cases involving around 900 children, were recorded, some 80% of cases.



If the patterns of risk identified within the pilot areas were used to project figures for the region we would have some 3,000 incidents deemed as high risk and some 40% of incidents as medium to high risk. (Refer below)



The use of a Risk Assessment model has improved the capacity of the Police to respond to these incidents and more importantly the use of a recognised risk assessment process to identify levels of risk has allowed for earlier decisions on intervention, which are more appropriate to the case, with an enhanced level of response delivered by targeting high risk incidents. This model also allows the potential for a common denominator, which if used by all agencies within an information sharing framework can facilitate risk management. The risk model used is also a practical application, fit for purpose and easy to use in comparison to some more complex models used by some agencies. The model has also been demonstrated to work in other areas.

Risk Management procedures have been developed internally from the pilots and include:-

- Minimum levels of response set out based on the identified level of risk
- Completion of a risk management plan
- Completion of a victim safety plan

- Follow up visit by specialist officer and completion of an additional risk assessment questionnaire

Improved crime investigation coupled with a risk indication, risk assessment, risk management process now forms the basis of our single agency response with the new approach beginning to roll out force-wide in June 2005.

There is however a clearly identified need to achieve an effective multi-agency response to domestic violence. The Home Office guidance document 'Break the Chain' stated that: -

- No one agency on its own can address the full range of problems created by domestic violence. To tackle domestic violence effectively, to reduce its incidence and to help its survivors, all interested parties must come together to play their role
- To be effective, the agencies must work together, not in isolation, nor perhaps at cross-purposes. They must co-ordinate their response. Partnership working between different public agencies might at times seem time-consuming and difficult. However the benefits to be gained from such work should not be underestimated

An article in The Guardian by Ken Hyder and Rosie Gowan in December 2004 reflected on proposals for new laws which would make it compulsory for agencies to report incidents of domestic violence. Research has highlighted that in the run up to domestic murders, information was known by individual agencies but not divulged to anyone else. In addition the Bichard Report has stressed the importance of information sharing between agencies.

In 'Developing Domestic Violence Strategies – A Guide for Partnerships' issued by the Home Office Violent Crime Unit in December 2004, the Executive Summary looks at the wide range of partners who should be involved in both the development and delivery of strategies. It cited that tackling domestic violence effectively requires a multi-agency response, bringing together the services and expertise of a wide range of organisations and partnerships.

John Dunworth, Head of the Domestic Violence Team and Domestic Violence Virtual Office at the Home Office said: -

"Tackling domestic violence effectively requires a multi-agency response bringing together the services and expertise of a wide range of organisations and partnerships. Organisations from all sectors have a contribution to make – this obviously includes those from the statutory and voluntary sectors, which already deliver a wide range of services to victims."

We are currently looking towards the regional Government Offices to identify examples of good practice that we can disseminate widely. In addition, important work is emerging from areas like Cardiff and Croydon, where end to end services are having a major impact in the field; we need to capture the lessons from these areas and disseminate them widely. The need for joined up end to end services on a multi-agency basis is probably evident to all and the potential in achieving such an arrangement can be seen in the results which are currently being achieved in Cardiff. The work in London and in other pockets around the country shows that it can be achieved.

3. Do We Help or Hinder?

Patrick Neil, Oxfordshire Social and Healthcare

Within domestic violence incidents there are varying agendas and complex dynamics at work. Within Social and Healthcare we need the capacity to identify the problem for the victim, perpetrator and others and also view the situation from their varying perspectives. Having identified the problem we need to ascertain whether we have the capacity to make or facilitate positive changes for the victim, perpetrator and others. Within this decision making process the most important issues are those of trust, safety, analysis and ensuring a flexible response.

Trust is a complex issue. It can be very specific and related to the current relationship and we need to remember it impacts on every decision that a victim may make and undermines his or her ability to trust anyone else. Also issues of trust can be more general and relate to previous relationships or experiences. We must remember that we are dealing with people not processes and that although we are an organisation we need to make a personal relationship if we are to effect any change. This lack of personal linkage can often prove to be a barrier to finding solutions from agencies. Organisationally the impact of issues of trust include being regarded as impersonal, concerns regarding confidentiality and fears that one is losing control.

The issue of safety is a defining factor which determines whether individuals become engaged or not with agency responses. This impacts on whether a situation is made better or worse and whether the response is victim or process centred. Without safety the victim will make no progress forward and so timing is important. They will only engage with the process if they feel that it will make an improvement.

The analysis of the situation has several components. We need to see each incident as a unique relationship and this relationship has three components – the individuals - victim and perpetrator, the couple and their synergy and lastly the environment, which includes extended family, economics, social aspects and issues of culture and class. We need to find solutions that work and therefore need to interact with individual mindsets and make judgements about how able they are to make decisions, what theoretical and emotional considerations there are and their ability to receive information. Assessment has to be made of their capacity for change and of the capacity of the protective parent to protect. In addition timescales are important and balancing early neglect with getting the right solution. We need to assess the balance of risk within separation and the effect upon any children.

Any flexible response must target key moments of risk and understand the moments of fear. The response must address living with risk, early neglect and early intervention which provides more capacity for change. We must utilise separate resources for an integrated response and weigh differing agendas with objective management. Any organisational dysfunction must not be allowed to complicate the response or move it sideways. We need to look at outcomes and make smarter responses but still respond to the individual needs of the client.

4. MARAC - Multi-Agency Risk Assessment Conference – Domestic Abuse

Steve Bartley, Public Protection Bureau, South Wales Police

As agencies we often only respond in the case of tragedies. In South Wales Police we had two cases - one where we had a pregnant victim who had a history of domestic violence and a second where a baby was killed and we were aware that we had not passed relevant information onto other agencies.

The National Assembly for Wales did a review of serious child abuse cases between 1999 and 2002. They found 14 cases of non accidental death, 6 cases of serious harm, 11 deaths under 16 months of age, 20 cases where there was inadequate assessment of risk and 18 cases where there was inadequate inter-agency communication. In 10 cases there was a pattern of domestic violence. This highlighted the need to share information especially where children were involved in domestic violence incidents.

A South Wales Information Sharing Protocol was conceived and signed up to by the Police, Social Services, NHS Trust, Local Health Boards and the National Probation Service. This process was facilitated by engaging the correct person at the appropriate level within these agencies. The process of formulating the information sharing protocol and the MARACS took eighteen months and involved representatives from all seven local authority areas, child protection co-ordinators (Social Services), clinical nurse specialists (Child Protection), the named nurse for Child Protection, the Midwifery Service, National Probation Service, the five local Health Boards and South Wales Police.

The new protocol needed to address issues arising from Human Rights Legislation and the Data Protection Act, which is actually an enabler because there is a justifiable need to know this information. The security of the information and the additional workload for agencies involved needed to be practically addressed and a scoping exercise allowed for this and for a common language to be utilised between agencies. The Police had to be responsible for identifying a common language and identifying the needs of partner agencies to facilitate the exchange of information. There was a resultant change in Police documentation for both referrals and child referrals to facilitate this process and to ensure that all the information required was available and risk was addressed. It was essential to obtain agency commitment to this process by ensuring that the matter was addressed at a strategic level and via presentation to an overarching leadership group.

Risk factors needed to be identified for risk to be adequately assessed and then managed. A review of forty-seven homicides provided the following general significant risk factors: -

- Assailant's criminal record
- Use of weapons
- Injuries inflicted
- Financial problems
- Assailants problems with alcohol, drugs, or mental health
- Victim is pregnant
- Assailant expressing/behaving in a jealous or controlling way
- Has been/going to be a separation between victim and assailant

- Conflict over child contact
- Threats made to kill
- Attempts made to strangle/choke
- Abuse becoming worse/happening more often
- Assailant threatens/attempts suicide
- Sexual abuse ie rape, indecent assault (including evidence of stranger assaults)
- Stalking
- Victim's own assessment

Once these factors had been identified and the risk model created, all officers received training in risk assessment procedures. An indication of the volume or caseload was illustrated by the following statistics. In February 2003: -

- 284 incidents were reported to the Police.
- 239 had risk indicators completed.
- 45 did not have risk indicators completed.
- 121 incidents related to children under 18 being resident in the home.
- 58 incidents related to children under five being resident in the home.
- 10 incidents involved a pregnant victim.

Four levels of risk are used and of the 239 incidents the following levels were identified. The intention is that the MARAC will handle those cases deemed very high or high risk: -

Very high – 20 (8 %)	High – 57 (24 %)	Medium – 112 (47 %)	Standard – 50 (21 %)
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The breakdown for those involving children was: -

<u>Under 18 years</u>	<u>Under 5 years</u>	<u>Pregnant</u>
Very high – 16	Very high – 9	Very high – 1
High – 29	High – 17	High – 3
Medium – 65	Medium – 28	Medium – 6
Standard – 11	Standard – 4	Standard - 0

The aim of the MARAC is to share information, draw up a multi-agency action plan which reduces the risks to victims and children and for the MARAC to monitor and review this plan, as appropriate and for each agency to play its own part in the process. The MARAC is attended by: -

- Police
- Probation
- Midwife social services
- Child protection nurse
- Women's Aid
- NSPCC
- Housing
- BAWSO
- Social Services – child protection, intake and assessment and adult services
- Education

- Cardiff Women's Safety Unit
- Mental health services
- Substance abuse workers
- Any other relevant agency

An example of a case study undertaken by the MARAC was EF, the case history was: -

- Previous convictions for drugs and weapons - rumour he has a weapon
- Previously served nine years, no licence in probation
- Never been arrested for domestic abuse
- Calls when he wants, threatens EF and teenage children, hits and sexually assaults EF
- Mum of three teenagers in and out of refuge, they will no longer go into refuge
- Never made a statement to police, always too scared
- Feels threatened by Social Services, numerous case conferences. Children on Child Protection Register
- He has always located her, poses as police, social worker etc to gain information

The actions agreed by the MARAC were: -

- Housing agreed to move her out of her home if she makes a statement
- Video statement to be taken as vulnerable witness
- Police to arrest him on day she is moved
- New address only to be known to social services and police DAU in that area
- New address target hardened
- Children referred to NSPCC

After EF was relocated, he was unable to locate them, the children started doing well in school and were taken off the Child Protection Register. The outcomes by December 2003 were that he committed suicide and his earlier attempts to contact the victim failed as agencies' files did not reveal new address. The fact is that some people who are suicidal are also homicidal and indeed was a further tragedy prevented?

The initial evaluations of the MARAC process show that of victims who were interviewed some 63% had not experienced further violence or abuse and there were no police call outs for domestic abuse incidents for some 66% of victims. The victims have indicated that they have more confidence to call the police before the violence escalates. The benefits have been wide ranging and include reductions in repeat victimisation (2003-2004 – 31.9%. 2004-2005 – 19.5%), homicides, hospital admissions (20% reduction) and children referred to Social Services, with an increase in children being deregistered and improvements in their long term social problems.

The introduction of the MARAC has had huge benefits and savings for all the agencies involved and most are now comfortable with the process, so much so that they are referring themselves into the MARAC.

"Everyone is keen because nobody really knows how to risk assess. This is very user friendly, common sense. It's all about getting people to know what risk is. In the past women have been given dangerous advice – hide the family allowance book, pack a spare suitcase. I've worked with women when hiding the passport has

meant she received a beating that could have killed her. As a system, failure to understand risk has endangered people in the past. The system of risk assessment needs to be integrated."

5. Financial Implications – Weighing Up The Costs

Diana Barran, Co-ordinated Response and Advocacy
Research Group

The Co-ordinated Response and Advocacy Resource Group (CRARG) was initially a voluntary group established in November 2003 by leading independent advocacy projects in the UK. They obtained charitable status in December 2004. Their aim is to facilitate the replication and rollout of integrated advocacy projects to address the safety of high risk survivors of domestic abuse. Recent research has clearly shown that these advocacy projects work by reducing offending and repeat victimisation.

The main activities of CRARG are: -

- Provide information
- Provide a training resource for advocates
- Offer implementation and an advice service for new or small projects
- Provide a strategic planning resource (in-house toolkit under construction)
- The development of 'Occupational Standards for Advocacy Projects'
- Provide the evidence which will allow the allocation of resources with risk

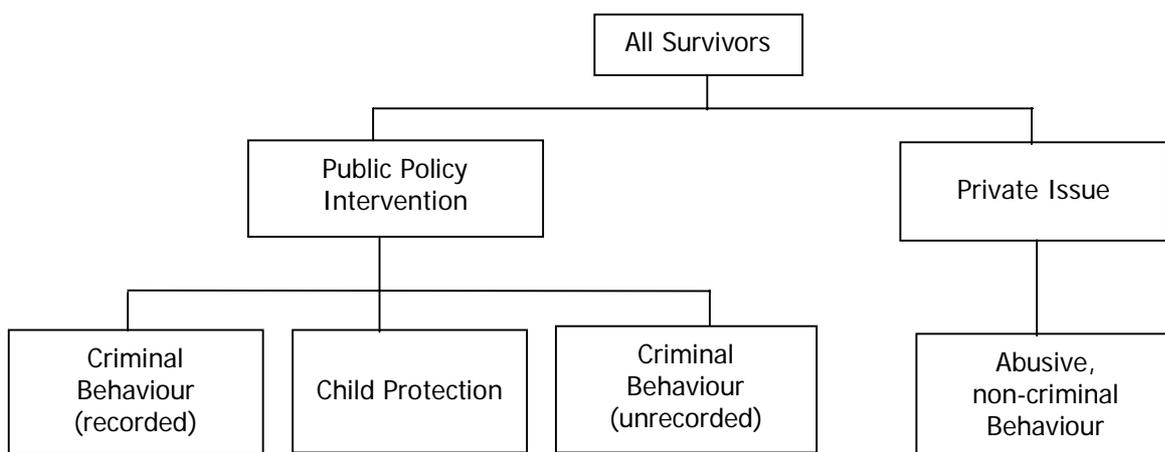
Independent advocacy must be just that, independent and provide a professional service which is survivor and their children focussed. Such advocacy must offer the full range of safety options with equal confidence and utilise crisis interventions based on risk assessment and management. Such interventions must be a multi-faceted based on partnership working and have measurable outcomes. Such projects must include all of these elements, it is not a pick and mix approach.

Resources in this field are limited so we need to know how to prioritise this work. Cost-benefit analysis can illustrate who is helped, in what way and what the cost implications are for partner agencies and how their contributions may look. This approach also encourages accountability to survivors, other agencies and funders – it is important that we know the cost implications.

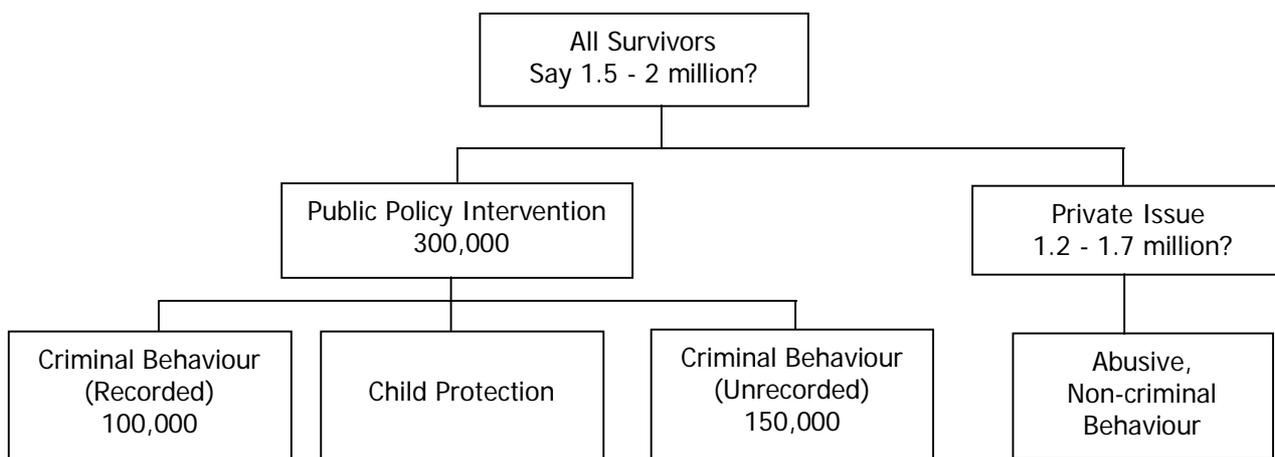
CRARG has undertaken research into models of advocacy work and the resultant cost implications. The resultant financial models and planning tool kits are dependent on local data and the initial starting point is to define the scope of the anticipated integrated advocacy service. Consideration needs to be given to the following: -

- What is the scale of the need?
- Can it be sub-divided?
- If so, how – by risk assessment?
- What targets do local partnerships have already?
- What are the implications of this for the prison service?
- What are the implications of this for service provision?
- What are the implications of this for other stakeholders?
- What are the implications of this for costs?
- What are the implications of this for outcomes?

An example of how such a model may look follows – the possible categories are: -



We then need to define how large these categories maybe – for example: -



In order to complete a financial model you will need reasonably reliable local data for incidents, repeat victimisation, recorded crime, homelessness and associated costs. Projects will need approval to use estimates where firm data does not exist eg A&E, social services etc.

In order to utilise the planning toolkit the first stage is to: -

- Identify the number of survivors in an area by risk category
- Define the appropriate services to meet those risks
- Quantify the costs of delivery
- Quantify both human and financial outcomes

A summary of the target population for the advocacy service is estimated by looking at the numbers who are currently accessing support via the police and those who are either not accessing it, or doing so in an 'invisible' way, eg via the health care system. Currently no real data on children at risk because of domestic violence is available.

We can start to estimate the costs associated with the higher/medium risk groups, for example, they constitute some 20% of survivors and 80% of criminal justice system costs. They are the group which include those most likely to be homeless and need refuge accommodation, their children are most likely to be taken into care and it is believed that about 10% of A&E admissions are due to domestic violence.

Utilising these estimates of what we know about local populations we can take a target town eg Oxford and from the target population start to identify the associated costs with providing an advocacy service and what this will cost.

Provisional Costings for Local Advocacy Service	ABC town
Population	100,000
Number of very high risk survivors	294
Service provided (number of users):	
Advice and signposting	159
Intensive support – level 1 (including civil injunctions)	91
Intensive support – level 2 (including criminal prosecution/MARAC)	44
Number of advocates needed	3.5
Cost of advocacy service – employment	£112,180
Cost of advocacy service – management	£40,000
Cost of advocacy service – administration	£25,000
Cost of advocacy service – premises	£0
Other costs	£25,000
Total cost of advocacy service	£202,180

In comparison we can look at the current costs and thus the implications for cost saving:-

Number receiving intensive support	132
Cost of criminal justice system services associated with those receiving intensive support	£1.1million
% reduction required to break even	19%
Action reduction possible	35%
Theoretical saving	£170,000

The implementation of such advocacy projects has varied benefits for the stakeholders, in that it improves safety for survivors and their children, improves trust and confidence between agencies, improves the ability of each agency to deliver appropriate service and meet targets and delivers accountability.

In summary the approach will define targets by the risks faced and establish gaps and overlaps in existing services. It will analyse the existing costs by risk category, define appropriate services for survivors and define the roles and actions for existing and new service providers. The models will detail the cost/benefit analysis with co-ordinated response and advocacy and allow resources to be allocated by the risk involved.

6. Will Another Review Change Anything? Domestic Violence Homicide Review Process

Shaun Kelly, SK Consultants

The Domestic Homicide Review process has been legislated for under the Domestic Violence Crime and Victims Act 2004, Part 9 (Establishment and Conduct of Reviews). It states that 'domestic homicide review' means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom he was related or with whom he was or had been in an intimate personal relationship or a member of the same household as himself. They are to be held with a view to identifying the lessons to be learnt from the death and the Secretary of State may in a particular case direct a specified person or body (see below) to establish or participate in the process. It is the duty of the following to establish or participate in a review: -

- Police
- Local probation boards
- Strategic health authorities
- Primary care trusts
- Local health boards
- NHS trusts
- The council of a county or county borough etc

These reviews are not intended to be 'Enquiries' and outcomes are meant to inform future practice and allow agencies to incorporate lessons learned. The benefits include intervening effectively in preventing and reducing domestic violence, increasing our understanding and improving single and multi-agency practice. The process should strengthen inter-agency co-operation and trust by avoiding the 'hindsight fallacy' and link into both public protection practice and government thinking on crime and social policy.

Domestic homicide is defined as the: -

- Killing of partner or ex-partner by an abusive partner
- Killing of a member of the same household
- Retaliatory killing of a perpetrator of abuse by a victim
- Familicide or 'family annihilation'
- Killing of children where there is a history of domestic abuse

The purpose of any such review is to improve services otherwise there is no point in undertaking the process. The conduct of such a review in South Wales illustrated that the purpose is to discover whether there are lessons to be learnt, establish what these are and then decide how they will be acted upon with a focus on what is expected to change as a result.

The reviews can relate to any domestic violence related homicide, including suicides and will dovetail with the Child Serious Case reviews and the Protection of Vulnerable Adult reviews when they are set up. The process will be overseen by the chair of a Multi-agency Domestic Violence Homicide Review Panel and include an independent overview

report. The practical process consists of the submission of single agency chronologies of involvement, management reviews and action plans for change (if necessary) and the conducting of follow-up interviews, if required. A concluding report containing lesson learning analysis and additional recommendations for single and multi-agency practice is produced. The South Wales report included recommendations for practice relating to multi-agency working, agency and practitioner awareness and training, service provision, the identification of risk, information gathering and case tracking, triggers and thresholds for action and information sharing.

The review undertaken in Wales related to the killing of a 51-year-old female who was beaten to death by a long-term partner in 2001. There was a ten-year recorded history of domestic violence and the case had been the subject of a community care assessment. The history showed 27 attendances at A&E, frequent visits to a general practitioner, four incidents recorded by police and reports to the housing association. The agencies that had been involved were accident and emergency department, police, general practitioner, Women's Aid, housing association, social services and the ambulance service.

The findings in relation to the police showed that four domestic violence incidents had been recorded with one arrest which resulted in no further action with the complaint withdrawn. The victim always refused to complain but there were issues regarding the quality of investigations. No risk assessment was undertaken and it was clear that there had been inadequate training for officers and staff. Recommendations for the police included the: -

- Development of domestic violence risk indicator tools
- Need for further research on understanding perpetrators and the forms of domestic violence homicide e.g. fatal attack, suicide, retaliatory killing etc
- Increased training for officers and staff
- Use of outcomes from recent HMIC Thematic Inspection on domestic violence policing to inform local priorities and strategic planning

The findings in relation to health showed 27 visits to accident and emergency, with eleven assaults and nine unexplained injuries (suspected assaults). There was a lack of tracking and flagging and no routine questioning on domestic abuse. Only one health professional sought to refer the victim to another agency (Women's Aid) despite numerous visits to GP (seven domestic violence related assaults). Recommendations for the National Health Service included: -

- Health recognising their significant role as point of contact and intervention
- Implementation of guidance 'Domestic Violence: A Resource Manual for Health Care Professionals
- Understanding of the dynamics of domestic violence in regard to 'accumulative significant harm' (47 health service attendances)
- Developing trigger thresholds for action for staff
- Training for health professionals in adult abuse injury recognition
- Development of a case flagging system
- Developing proactive high risk case liaison between A&E units and GPs prior to patient consultation
- Referring to BMJ 'Routinely Asking Women About Domestic Violence'
- Reviewing support and information services for patients impacted by domestic violence

- Reviewing training needs for staff on domestic violence

The report recommended that social services implement a risk analysis process, integrate their practice with the Protection of Vulnerable Adults process and increased training for staff. Additionally the housing association needed the development of a detailed strategy to tackle domestic violence for tenants. Women's Aid had no specific recommendations but only that other agencies have much to learn from their positive response to domestic violence.

In conclusion a Homicide Review can contribute to: -

- Understanding how to intervene effectively in preventing and reducing domestic violence
- Increase our understanding of domestic violence 'The How, Who and When'
- Improve single and multi-agency practice
- Strengthen inter-agency co-operation and trust by avoiding the 'hindsight fallacy'
- Link with other areas of public protection practice
- Link into government thinking on crime and social policy

However in conclusion we should also consider in this process: -

"What about when things go right, how do we learn the lessons then?"

7. Engendering a Multi-agency Response – One Initiative

Dawn Hodson, Di Shepherd and Marie Mcloughlin,
The Cherwell Champions

The concept of the 'Cherwell Champions' was conceived locally as a proactive multi-agency response to domestic violence, as there was no formal way that local agencies could currently work together. The idea was that agencies need lead people who can handle domestic violence cases in a similar way as child protection. This network of named leads would then act as a virtual 'one-stop shop' with direct access to named leads in other agencies. The handling of cases would include risk management and safety planning.

The aims of the project were: -

- A reduction in the number of agencies a victim attends before accessing suitable advice
- Common standards and common understanding between agencies
- A consistent quality of service
- Integrated multi-agency approach

These aims were to be achieved by management sign-on and buy-in to the whole project. The lead professionals would have joint specialist training to provide expertise but also to foster a virtual team, which would have a common framework and resource book, with ongoing support and development.

The agencies that became involved included 23 professionals from 19 specialisms and included health visitors, a school nurse, police, A&E nurses, community psychiatric nurse, refuge staff, district nurse, social and health care assessment team, adult team, follow-on team, midwives, housing officers (Cherwell District Council, West Oxfordshire and Northamptonshire), domestic abuse worker and an outreach worker.

The steering group for the project was responsible for management sign-up, training, the resource book, ongoing support and the evaluation and sustainability of the project. Involved agencies were responsible for nominating named individuals and allowing them adequate time for training etc. It was important for the agency management to provide support for these staff and recognise the impact of this type of work and for senior management to sign-up to Service Level Agreements between agencies.

The Champions themselves were made fully aware of their role and responsibilities and had to ensure their attendance at training and networking sessions. They were also required to cascade training and information within their organisation and ensure that any publicity held was up to date and relevant. It was intended that they would eventually become the in-house expert and trainer for domestic violence issues.

Initial evaluation has identified that the Champions are working together effectively, are sharing information, gaining support from each other and improving their knowledge of

other people's roles. It seems that they are giving information and support to women rather than the expectation that we should be able to fix the situation. Services have been improved in relation to ethnic minorities, child protection and risk assessment with resultant improved outcomes for the victim.

In the future it is hoped that there will be ongoing independent external evaluation of the project which will allow the project to build on what it has achieved to date. Further training will be undertaken to train the trainers to facilitate internal agency training and for the project to be rolled out county-wide.

8. Results of Discussion Groups and Feedback to Strategic Bodies

This report is based on the facilitated discussion groups held at the conference and has been subsequently discussed at the Thames Valley Criminal Justice Board and a meeting of the Thames Valley Chief Executives.

a. Context

Domestic Violence is high on the Government agenda and over recent years there has been an increasing recognition that tackling domestic violence requires a commitment across government departments and across agencies at a local level. There is also an increasing recognition that work on domestic violence needs to be better targeted with a focus on the perpetrator, the direct victim and on children and other family members who may witness the violence.

Multi-agency activity in the Thames Valley on domestic violence is not new. The Thames Valley Partnership held its first multi-agency conference on domestic violence in 1994 at a point when Thames Valley Police were running two specialist domestic violence teams and other agencies were recognising the need to provide a more coherent service for victims. During the 1990s, multi-agency domestic violence forums developed in most areas across the Thames Valley, heavily supported by Thames Valley Police but also involving local authority housing departments, Women's Aid, Victim Support and occasionally social services. The Thames Valley Partnership has worked closely with this developing agenda for the last ten years.

The focus initially was on developing better signposting and support for victims at the point where they had decided to seek help. There has always been recognition amongst most agencies that by the time a woman seeks help she has been subject to violence over a sustained period (research suggests she has been beaten 35 times).

Following the 1998 Criminal Justice Act and the setting up of Crime & Disorder Reduction Partnerships (CDRPs), domestic violence became an important area of work for CDRPs and remains a priority in all of the Crime & Disorder Community Safety Strategies across the region. The Thames Valley Partnership's focus shifted to bringing in partners who were not well represented in the local forums or in the development of strategic work, including the Health Service, Probation Service, CPS, education departments and schools.

In 2000, Thames Valley Police and the Thames Valley Partnership submitted a joint bid to the Home Office to be one of the pathfinder areas for development of domestic violence policy and practice with a focus on criminal justice strategy, the development of work with offenders, and pilot work which would focus on the delivery of support services to children and families. The bid was unsuccessful but the group that had come together to develop the proposal has remained and since then worked with the Thames Valley Partnership focusing on: -

- Multi-agency collaboration and consistency of approaches
- Group work with perpetrators and access to support services for victims

- Engaging health practitioners, conducting an audit of Primary Care Trust (PCT) activity and influencing health managers
- Working with schools and education authorities

The Thames Valley Police Best Value Review of Crime Investigation represented a significant shift for Thames Valley Police but also has implications for other agencies. Thames Valley Police recognised that they needed to focus more on the investigation and prosecution of domestic violence offenders, but would also need to strengthen the capacity of other agencies to provide the support work with victims which had previously relied very heavily on Thames Valley Police Domestic Violence Co-ordinators.

In 2004 the Thames Valley Criminal Justice Board (TVCJB) set up a domestic violence sub-group as part of its work on Narrowing the Justice Gap. This group has the potential to create a more coherent strategy within the criminal justice agencies, but would need stronger links with other agencies if it is to support the work outlined below.

b. Risk Management and Risk Assessment

The Risk Assessment Model and the research being developed by the Metropolitan Police were first brought to the attention of the wider agencies in Thames Valley through a Thames Valley Partnership 'Behind Closed Doors' Seminar in 2000. The subsequent development of the two pilots in Oxford and Slough and the roll out of the Risk Management Model within Thames Valley Police has huge implications for the work of all the other agencies. This is not just because it seeks to put in place a Risk Assessment Model with a solid evidence base, but also because it implies a clear focus on priority cases and represents a challenge to the work of all agencies which, up until now has been reactive and spreading scarce resources thinly across a wide range of cases.

In 2004 the Thames Valley Partnership suggested a conference for other agencies to coincide with the implementation of the Thames Valley Police Risk Management Policy in order to raise awareness about the new evidence base, highlight the importance of this for other agencies and work to develop a more coherent multi-agency strategic approach. A steering group with representatives from the Thames Valley Partnership, Thames Valley Police, Health and Social Care, Victim Support, and domestic violence forums developed the conference programme, and the event was financially supported by Thames Valley Police and the Government Office for the South East (GOSE). There were 130 delegates from across the range of agencies – including a significant number from the NHS. Presentations from the Metropolitan Police and South Wales Police focused on the evidence base and the practical experience of risk assessment and risk management. Facilitated discussion groups on the day looked at the implications of the experience from Thames Valley and elsewhere on the work of other agencies.

The Thames Valley Partnership made significant effort to encourage all agencies to send senior representatives to the 'Risky Business' Conference because of the clear policy implications for all agencies, with personal letters going to the Chairs of Area Child Protection Committees (ACPCs), Directors of Social Services and the Chief Executives of Primary Care Trusts and National Health Service Trusts. The conference was extremely well attended with a very wide range of representation across all the relevant agencies, but the representation at strategic level was extremely poor and it was clear that agencies had delegated representation to middle managers and practitioners, many of whom were

already working in the domestic violence field. There were very few delegates from social and health care/social services or ACPCs. The engagement of other agencies at a strategic level therefore remains a significant challenge.

This account below brings together the key points from the discussions and other feedback from the conference.

c. Securing Strategic Buy-in

There are a very wide number of agencies already involved in work on domestic violence. These include criminal justice agencies involved in prosecuting perpetrators, the organisations involved in child protection, the NHS dealing with the health impact on victims and the voluntary organisations that provide the direct support services to victims including Women's Aid, Victim Support, Rape Crisis etc.

There is therefore no easily identifiable overarching body, which brings together the key players at a strategic level. The domestic violence forums in each of the CDRP areas involve representatives from these agencies, but their focus is on the delivery of local services and they do not have the capacity or the authority to lead the development of new policy. Having said that, it has been evident for some time that much of the development of policy and practice on domestic violence has been 'bottom up' - with practitioners who are dealing with domestic violence as part of their normal every day work gradually having the confidence to raise the issue within their own organisation. This has been particularly evident in the NHS where health visitors and midwives have been highly influential in changing the policy and practice of PCTs and hospitals.

The development of risk assessment and risk management and the targeting of resources on high risk domestic violence cases clearly requires a more strategic approach – and the conference was intended as an initial step. It was made clear throughout the conference that the intention was to feedback into discussion at more strategic level including the TVCJB, the Thames Valley Strategic Health Authority and the Chief Executives of the local authorities.

There are a number of reasons why this is an appropriate time to be establishing a clear strategic lead in the Thames Valley: -

- Government policy, which acknowledges that domestic violence cuts across Government departments and requires a co-ordinated holistic approach
- The implications of the new Domestic Violence Legislation
- Evidence of the present cost of domestic violence to all the agencies and a concern about resources being used inefficiently
- An increasingly solid evidence base on risk, and on what works with perpetrators
- The development of Multi-agency Public Protection Panels (MAPPAs) and new Local Safeguarding Children Committees
- The emergence of more joined up children services following 'Every Child Matters' and the agenda for Children's Trusts

In the Thames Valley the Domestic Violence Sub-group of the Thames Valley Criminal Justice Board provides an ideal opportunity to co-ordinate the work of the Criminal Justice Sector. Criminal justice agencies need to be working to agreed targets and with shared

KPIs. However, the TVCJB does not involve the two key other sectors of the NHS and local authorities and cannot on its own deliver the wider strategy.

The Thames Valley Strategic Health Authority has a role in the performance management of all the NHS Trusts but domestic violence does not have a high priority within the NHS in terms of national targets and performance indicators. The Thames Valley Partnership's work with PCTs during the last 18 months demonstrates that there is now more support within PCTs for the work that practitioners are doing and some new initiatives around training and development of good practice but that these are not consistent across the region and are not linked in at strategic level with the work of other agencies.

Multi-Agency Public Protection Arrangements provide a forum where the very high risk domestic violence cases are discussed, but the focus on the critical few means that a very large number of domestic violence cases fall outside their criteria. In addition the MAPPA focuses on protecting the public through monitoring and surveillance of the offender but does co-ordinate support services for victims and families.

Local Strategic Partnerships (LSPs) in some areas could be the route for the co-ordination of inter-agency approaches but domestic violence is not a priority within the LSPs and the criminal justice agencies are not well represented within these structures.

GOSE have an interest in domestic violence and support local work through their funding of CDRPs. However, they are not involved either in discussions at a more strategic level.

Voluntary sector organisations play a crucial role in providing services to those affected by domestic violence and they are significant players in the local domestic violence forums. There is no mechanism however for those groups to be brought together and represented adequately at a strategic level.

The 'Risky Business' Conference identified the need for: -

- An overarching domestic violence strategy group that could secure senior representation from across all relevant agencies.
- A link between that strategy group and the existing structures outlined above.
- A mechanism to communicate with local authorities and local strategic partnerships.
- Clarity about resources, funding streams, services and gaps.
- Training and awareness raising for senior management.
- Clarity about responsibilities at more local level with local champions.
- A pooled budget for Thames Valley wide initiatives.
- Identification of resources needed to respond to the Risk Management Model and provide interventions for perpetrators and victims.

d. Co-ordination of a Risk Assessment and Risk Management Model

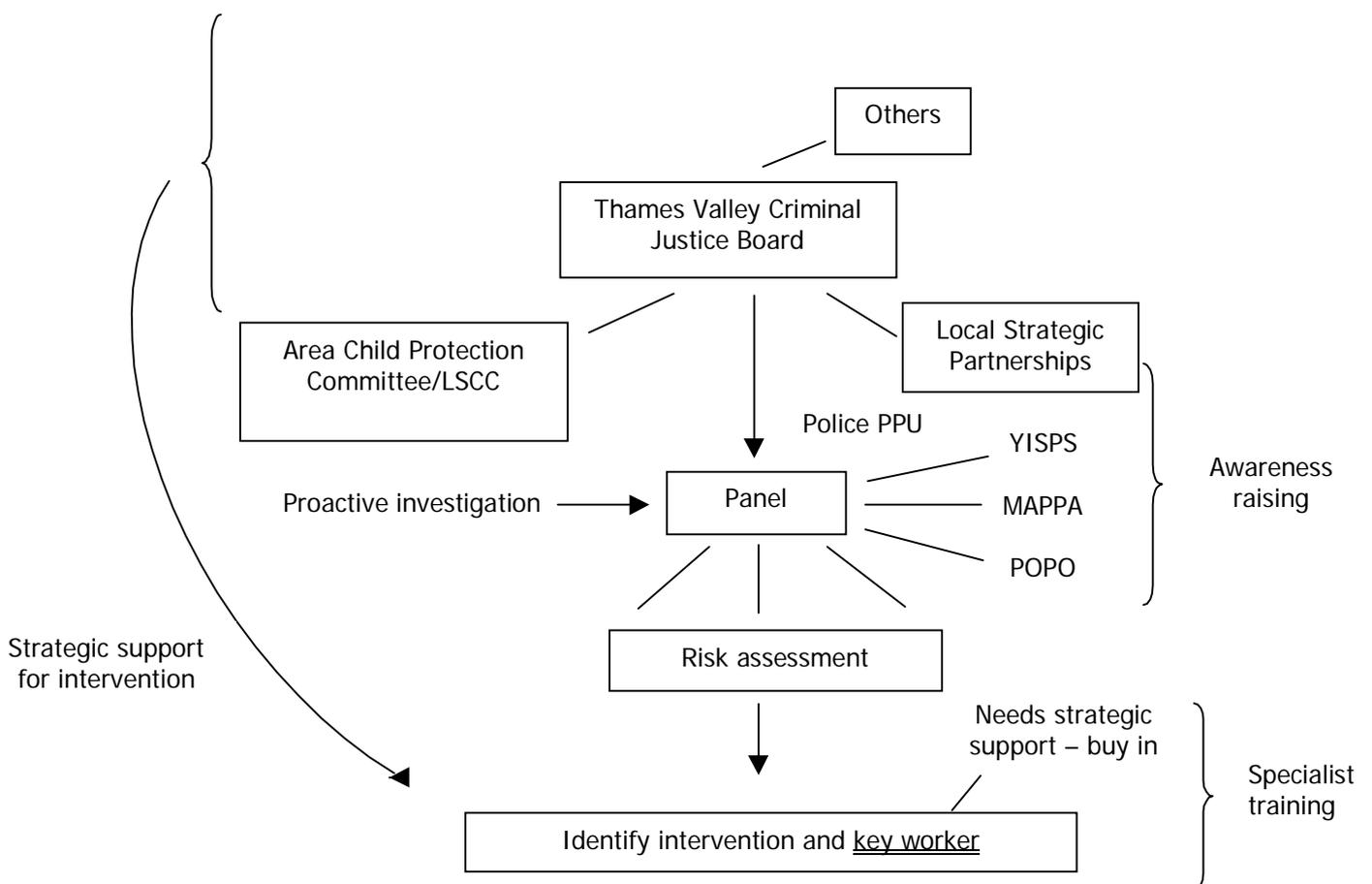
The roll out of the Thames Valley pilots on Risk Assessment and Risk Management and experience from other areas demonstrates that a new system for multi-agency co-ordination is essential if the risk management is to be effective. The conference heard from examples in the Metropolitan Police area and in South Wales. One of the key questions is how far this requires a separate structure from the existing MAPPA arrangements and how any new structure would fit into existing models and structures.

There was a call to build on existing structures and avoid duplication, but equally a recognition that MAPPA as presently constituted cannot provide the necessary focus for domestic violence cases.

One proposal that emerged from the conference was for a panel at Basic Command Unit (BCU) level creating a single point of contact for multi-agency risk assessment. The structure envisaged a link with the MAPPA but identifies that cases could be referred to the panel from a very wide range of agencies including those not represented in MAPPA - and would not necessarily be as high risk as those that would reach MAPPA at levels two and three. It would also need to link with other assessment routes including the new Integrated Support Services for children. Very high-risk cases would link back to MAPPA.

Different agencies would bring their cases/concerns to the meeting and if several agencies have concerns the level of the risk would be assessed as high, but the aim would be to ensure collective responsibility for the risk management and for the support services to victims, survivors and families.

The model below has been developed and extended from one sketched out by a facilitated group discussion at the conference.



Organisations that would need to be involved include Police, Crown Prosecution Service, Probation Service, ACPC/LSCCs, PCTs, Mental Health Trusts, Housing, Health and Social Care, Fire Service etc. The panel would include cases both where there is and where there is not a prosecution.

Issues that need to be considered

- Who should lead the domestic violence panel?
- Is the BCU the correct geographical area?
- How to involve agencies that are not presently involved?
- How to create a simple referral mechanism that enables any agency to refer in high risk cases.
- How to involve voluntary organisations who have limited capacity to attend meetings.
- How to share best practice between areas and remove any competitive culture between BCUs.
- How to create domestic violence champions in each local agency and generate the resources to give a clear lead.
- Some specialist agencies would need to be engaged at an advisory level. Training for managers and practitioners at all levels is essential.
- Needs to link with the proposed Domestic Violence Court (including legal agencies, judges etc).

e. Information and Data Sharing

It is significant that almost every feedback report back for strategic bodies about crime reduction and community safety in the Thames Valley highlights the problems of data sharing and the handling of confidential information. It is clear that whatever protocols that have been put in place since the Crime & Disorder Act 1998 there are still considerable problems at every level in the collection, analysis, sharing and dissemination of information. Once again there was a call for a common IT system and shared databases.

The Thames Valley Partnership's position is that although there are problems with the technology, this is not the primary concern. There remains a reluctance to share some kinds of information on the part of many of the key agencies. Many of the policies and practices of the key agencies are a long way from the intentions of the Crime & Disorder Act, which was that information can and should be shared in the interest of preventing crime.

The conference called for a rigorous review of existing IT systems and a highlighted the need to focus on early warning systems that enable the high-risk cases to be shared very quickly.

Several groups highlighted a need for multi-agency training to tackle misunderstandings about confidentiality and information sharing and to gain a commitment to information sharing at all levels.

At a more practical level, participants pointed to a duplication of protocols. They also stressed that the best route to ensure that information is shared is to develop good systems for gaining consent from clients. This can only be effective if agencies are working together effectively and are able to explain to the individuals why the information can be shared and how this would help them to deliver a better service.

f. Intervention and Services for Families

The whole purpose of risk management and assessment is to improve the protection and interventions for families who are experiencing domestic violence and to target those interventions on those cases that need them most because they present the highest risk. The implication is that all agencies should give greater priority to these cases – but at present agencies are not signed up to this. There needs to be a greater understanding on the part of all agencies of the short term and long term effects of domestic violence on families and children. At government level there is increasing recognition of, for example cycles of violence and the risk of victims becoming perpetrators, the health and social consequences of witnessing violence, the effect on children's attitudes towards relationships and the disruption of their education and levels of attainment. However, this knowledge is not brought together to support a more coherent multi-agency strategy.

The conference highlighted the need for a range of interventions to be available to children and families linked with the risk assessment process. There need to be a clear link both with MAPPA, and with the emerging Integrated Support Services (ISS) being developed across the country and new Local Safeguarding Children Committees and Children's Trusts.

The pre-requisites for coherent interventions with children and families are: -

- Common definitions and risk assessment
- Agreement by all agencies that the safety of children and families is paramount
- Multi-agency arrangements to share information in individual cases
- A single point of contact which can identify and allocate a key worker
- Strategic buy-in from all agencies to resource and support the key worker
- Well trained staff, well-supported and providing continuity

Good quality interventions would need to be family centred ie based on asking victims and children what they need. The work should be evidence based and culturally sensitive. Support for the family should be available to the families of all perpetrators attending groupwork programmes.

Work with families should include: -

- Crisis interventions providing immediate action by frontline agencies
- Planned long term support
- Links with advocacy services for children
- Support to vulnerable adults
- Support to wider family members
- Hand over if the families move areas
- Early preventive work with adolescents
- Family groups conferences
- Systemic family therapy
- Support for parents in managing challenging behaviours
- Health and social support for families in refuges

The issues and challenges in this field of work are: -

- Linkages with existing multi-agency arrangement and the danger of duplication
- Tension between resources for high risk and for earlier prevention
- The need to retain work with lower risk cases
- Keeping children safe when the victim does not want to change or acknowledge danger
- Contact issues with perpetrator in lower risk cases – balance of children’s interests

g. Interventions with Perpetrators

The conference highlighted the need for a pro-active approach to increase the convictions of perpetrators, in the interests of the safety of the victims. Participants felt there needed to be more options for perpetrators, with accredited courses for convicted perpetrators and self-referral groups for unconvicted abusers. It was felt that agencies, CDRPs and domestic violence forums need to pull together to bring in the necessary resources.

There was also a call for more research and evaluation of programmes and other interventions to establish the need and to make the case for funding, but also in the interests of developing effective interventions.

Several groups supported the development of Domestic Violence Courts with associated expertise and to enable fast tracking of cases.

Work with perpetrators should include: -

- Risk assessment linked to a range of options in each area
- Flexible use of a range of service providers - with mechanisms for quality control
- Rigorous enforcement of statutory cases
- Effective links with resettlement and release plans from prison
- Links with support to victim and families
- Links with other services eg DATs and mental health services
- Recognition of the wider social needs of offenders
- Links with housing providers
- Cultural sensitivity

The issues and challenges include: -

- The need to know what services are available
- Who should co-ordinate the interventions?
- Significant resource implications

h. Training and Awareness-raising

Training was recognised as a key requirement in the development of risk assessment and risk management. Participants stressed that this needs chief officer commitment and each agency should conduct a training needs analysis.

Training should include: -

- Basic awareness training
- Single-agency specific training
- Multi-agency risk assessment and risk management
- 'Training the trainers' to cascade down within each organisation

The organisations and individuals identified included police, schools, magistrates, health visitors, fire services, housing officers, advice centres etc. There may be some multi-agency sources of funding but agencies need to see this as a priority within their own training budgets.

Training is needed at all levels in the organisations including front-line staff, receptionists etc. The aim would be for common definitions and simple language to be used in all settings. Basic awareness training should be mandatory and should promote the concept that domestic violence is everybody's business and dispel the myths about why women stay in violent relationships.

There should be both multi-agency training and in-house training. Agencies need to recognise that their own staff may be victims and perpetrators and that they have responsibilities as employers.

Risk management training should address the roles and responsibilities of each of the agencies and the need to share information in the interests of protecting victims. The limitations and tensions from different agencies need to be acknowledged. The focus would be on the risk assessment tools.

Training is also needed for specialist staff in work with families and perpetrators.

9. Conclusion and Summing Up

Sue Raikes, Chief Executive, Thames Valley Partnership

What has become evident from this conference is that there is no shortage of: -

- Ideas
- Skills and understanding
- Models for developing good practice
- Evidence on which to base sophisticated risk management

What we have **not** got is: -

- Strategic buy-in or knowledge of this issue at the top of the key agencies
- Resources to set up the processes that are needed for assessment and intervention
- Links with some key sectors including A&E Departments, General Practitioners, the new Children's Trusts structures, and delivery routes for Every Child Matters

Today's conference has felt 'bottom-up'. Risk management and risk assessment cannot work like that. There is a danger that Thames Valley Police will go ahead with developing effective systems for identifying high risk, but that other agencies will not be able to respond with the appropriate interventions.

I am clear that I have to take this to strategic partners. I will be meeting with the Chief Constable and the Thames Valley Criminal Justice Board in June 2005. I will be reporting to the meeting of the Chief Executives of the Thames Valley and I will also be reporting to the Thames Valley Strategic Health Authority and at a meeting that they hold with Chief Executives of all NHS trusts. The messages that you have given today will form the basis for that feedback and I will do all I can to ensure that it is taken seriously by those key strategic agencies. Thames Valley Partnership will continue to work with Thames Valley Police and other agencies to support implementation of effective risk assessment and risk management.

But what are you going to do? It is absolutely crucial that you all feed back into your own organisations about what you have learnt today. Your agencies are all aware of this event. Invitations to this went to Chief Executives and department heads for them to identify the appropriate person to come today. So that person may be you! You may already have a mandate to feed back to your organisation and to help to get this onto the strategic agenda. Find out who asked you to come today and why, and use your position to make sure that risk assessment and risk management is taken on board within your team or organisation.

It was always intended that today should be a beginning not an end. Let's make sure that it is.

10. Biographies

Laura Richards, Metropolitan Police

Laura is the Head of the Homicide Prevention Unit, Specialist Crime Directorate, New Scotland Yard. She is responsible for co-ordinating the analysis and research programmes for eight homicide prevention groups led by Commander Andy Baker.

Laura has won a scholarship with the University of Brunel, the John Grieve Centre for Policing to undertake a PhD criminological psychology looking specifically at risk, intelligence, dangerousness and behavioural analysis. Laura is also a member of the Association of Chief Police Officers (ACPO) Homicide Working Group, European Homicide Working Group, ACPO Risk Assessment Group, Multi-Agency Public Protection Panel Working Group and the Major Incident Analysis Group

Laura has a BSc in Psychology and an MSc in Forensic and Legal Psychology. She first worked in the Criminal Intelligence Branch, SO11, at New Scotland Yard from 1996-97 on the Sexual Offences Section. In 1998 she returned as the lead analyst on the Sexual Offences Section, managing a team of seven. Laura has also consulted to the Haven (the first Sexual Assault Referral Centre in London based at Kings College Hospital) since its inception in May 2000, in terms of setting up intelligence protocols and analysing sexual offences.

Laura was the lead consultant for analysing sexual offences and perpetrators pan London on the Understanding and Responding to Hate Crime Team led by Professor Betsy Stanko and DAC John Grieve (now retired). Drawing from her analytical knowledge and previous experience in the Metropolitan Police Service, she was responsible for building profiles of domestic violence sexual and serious offenders. From this analysis, she has developed the SPECSS Domestic Violence Risk Assessment Model for domestic violence in consultation with leading academics and practitioners in the field, as well as a tactical menu of intervention options for domestic violence offenders. Additionally, she was responsible for instigating the Multi-agency Domestic Violence Murder Reviews and the analysis of the murder review reports, presenting findings to the strategic pan London Murder Review Panel, as working with the Solicitor General and Ministers to influence legislative change in the UK.

She still continues to work as a consultant to the Home Office. She also trains Police Officers in Intelligence, Behavioural Science and Risk Assessment at the Crime Academy as well as other forces across the UK and has been a guest/expert speaker at various national and international conferences and seminars.

Don Savage, Thames Valley Police

DS Don Savage joined Thames Valley Police in 1988 after serving nine years in the Royal Navy. Most of his service has been spent in the northern half of the force where he has operated in a variety of roles including general patrol, armed protection, area operations and drugs liaison.

He is a PRINCE2 qualified project manager currently serving on the Force Crime Management Unit and is the project manager for the force domestic violence project and the local cross reference project with the Criminal Records Bureau.

Patrick Neil, Oxfordshire Social and Healthcare

Patrick Neil is Independent Chair of the Child Protection and Child Care conferences in Oxfordshire. He is a member of the Area Child Protection Committee, chairing one of their panels, and has managed a range of resources within Social Services. He is also an independent trainer of subjects such as domestic violence, substance misuse, child protection and corporate development. He has previously worked as a family therapist and also within the music, entertainment industry and the arts. He has a wife and two children.

Steve Bartley, South Wales Police

Steve Bartley joined South Wales Police in September 1975. During his service he has worked as a Detective Constable in the Criminal Investigation Department, Drug Squad and Regional Crime Squad. He was promoted to Sergeant in 1997 and transferred the Family Support Unit in 1998 where he worked in the areas of child abuse investigations and domestic abuse.

He was on the ACPO working group on the development of Risk Assessment in Domestic Abuse. He has developed a risk assessment tool with the NSPCC for use by Police Officers when attending domestic related incidents in the South Wales Police area, and he suggested the introduction of Restraining Orders for Domestic Abuse cases which is contained in the forthcoming Domestic Violence and Victims Act. He has developed the South Wales Police policy on Domestic Abuse and the 'Domestic Abuse Information Sharing Protocol' which facilitates the sharing of information with partner agencies.

He was promoted to Inspector in 2003 and is currently working in the Public Protection Bureau, which has strategic responsibility for Domestic Abuse, Child Protection, Adult Protection, management of Dangerous and Registered Sex Offenders and the CRB Vetting Unit. He is also on the Welsh Assembly Government working group on Domestic Abuse that has recently published 'Tackling Domestic Abuse: The All Wales National Strategy'.

He is married to Sandra who is a midwife and has 4 children; Alexander 24 a serving police officer in South Wales, Faye 22 who is studying Mathematics at Cardiff University, Stuart 19 who is studying Mechanical Engineering at Swansea University and Erica 13.

Diana Barran, CRARG

Diana Barran is the Director of CRARG, the Co-ordinated Response and Advocacy Resource Group, a new charity that has been established by some of the leading independent advocacy projects around the UK with the aim of supporting the effective development and rollout of independent advocacy services to support high risk survivors of domestic abuse, as part of a co-ordinated response with other agencies. CRARG has

created a 12 day accredited training programme for advocates (Level 3) and is currently developing the Occupational Standards for advocacy services, with a view to establishing clear and coherent standards of practice for these services and ensuring a consistent response for survivors of abuse who use them. CRARG also offers consultancy support to groups seeking to establish these services.

She was previously a Donor Adviser and Head of Grant Development for New Philanthropy Capital and co-authored a guide for donors and philanthropists about the Domestic Violence sector called "Charity Begins at Home."

After graduating from King's College, Cambridge in 1980, Diana went into the City as an investment banker. She founded one of the first European Hedge Funds in 1993 which managed assets in excess of \$250million.

Diana is a trustee and member of the Finance, Investment and Audit Committee of the Henry Smith Charity, a leading grant making trust with annual grants of over £20 million. She is also trustee of GBSA, a small grant making trust that specialises in supporting advocacy projects.

She is married and has four children.

Shaun Kelly, SK Consultants

Shaun Kelly's professional career has spanned practice, teaching, operational and strategic management and independent consultancy in children and families social work and related areas. His track record in domestic violence work includes being one of the founding developers of the Women's Safety Unit model. He also co-developed the domestic violence risk indicator tool now adopted by South Wales Police, as well as developing the multi agency homicide review process used by South Wales Domestic Violence Forum.

Shaun authored the first domestic violence homicide review overview report in Wales and has given presentations on the findings to a number of professional audiences. His professional time is now divided between being a Senior Lecturer at the Centre for Social Work at the University of Wales Institute Cardiff and working as an independent consultant.

Shaun has provided consultancy and training to a number of organisations including Centrex, South Wales Police, Safer Cardiff and the Welsh Assembly Government. The types of commission undertaken have been diverse and have included child protection policing through to drafting local strategies for tackling human trafficking. Shaun's research interests are familicide, child protection, domestic violence homicide and risk.

Shaun is currently co-writing for publication a series of articles on children protection and domestic violence.

Di Shepherd, Thames Valley Police

Diane Shepherd has been a police officer for 25 years. Within that time she has been a Patrol Officer, Area Beat Officer, Schools Officer, Crime Reduction Officer and Partnerships Officer.

For the last nine years Diane has worked in the domestic abuse arena, both at a strategy level and a practitioner for Thames Valley Police. For the last six years she has worked in the Domestic Violence Unit in the north of the Oxfordshire with victims of and children of domestic abuse

Diane is involved in training with regards to Domestic Abuse, for both the Police service and our partner agencies.

She is also a member of the Risk Assessment working group and part of the implementation team for the new Risk Assessment being introduced to Thames Valley Police in June 2005.

Dawn Hodson, Oxfordshire County Council

Dawn Hodson is a qualified nurse and midwife. From 1999 to 2004 she was employed by Thames Valley Police as a civilian Domestic Violence Co-ordinator covering the Northern Oxfordshire Police Area. During this time she also worked with the local CDRP on strategic issues and on a day to day basis with victims and their dependents.

Dawn also sat on the steering and management committee for the Cherwell Refuge which opened in May 2004.

Since September 2004 she has been employed as Oxfordshire County Domestic Violence Co-ordinator.

Marie Mcloughlin, North Oxfordshire Primary Care Trust

Marie Mcloughlin qualified as a general nurse in 1989 in Liverpool and then trained as a midwife. She still practices part time. Marie qualified as a health visitor in 1996 when she gained a BSc(Hons) as a Specialist Community Nurse Practitioner. After several years working in a deprived area in London both as a health visitor and clinical co-ordinator, Marie became a specialist health visitor working with the homeless and asylum seekers. She worked in Ireland for a year as public health nurse, which encompassed the role of school nurse, midwife, health visitor and district nurse.

After working as a public health nurse in communicable disease control in Oxford Marie completed her Masters in Public Health at Leeds University in 2003. In her current role of public health manager part of her work portfolio includes leading on domestic violence for North Oxfordshire.

11. Conference Delegates

- Bernadette Adams, Area Manager, Berkshire Women's Aid
- Bunmi Adedeji, Witness Care Unit Manager – Aylesbury, Crown Prosecution Service
- Saira Ali, Team Leader, Sahara Asian Women's Project
- Julie Alobaidi, ISA Project Manager, Royal Borough of Windsor & Maidenhead
- Fred Appiah, Project Worker, Elizabeth Fry Approved Premises
- Ester Aris, Senior Outreach Worker, Slough & South Bucks Domestic Violence Drop Ins
- Gillian Attree, Health Visitor, Milton Keynes Primary Care Trust
- Jan Balzanella, Victim Support
- Diana Barran, Co-ordinated Response and Advocacy Resource Group
- Steve Bartley, Public Protection Bureau, South Wales Police
- Jennifer Beresford, Chair, Domestic Abuse Working Group, Diocese of Oxford
- Ian Boswell, Safer Communities Manager, Bracknell Forest Borough Council
- Stephanie Bovell, Assistant Team Manager, Wokingham District Council
- Romy Briant, Chair, Oxfordshire Domestic Violence Steering Group
- Liz Burley, Health Visitor, Milton Keynes Primary Care Trust
- Deborah Carolan, Staff Nurse, A & E Royal Berkshire Hospital
- Catherine Carter, Named Nurse: Child Protection, Oxford City Primary Care Trust
- Wendy Cissell, Domestic Violence Investigator, Thames Valley Police, Cowley
- Stella Collier, Looking After Yourself Project
- Sue Cooke, Senior Probation Officer, National Probation Service: Thames Valley Area
- Sharon Coward, Counsellor, Relate Berkshire
- Rachel Craggs, Community Safety Manager, West Berkshire Council
- Ruth Cringle, Housing Advice Manager, Reading Borough Council
- Laura Croom, Co-ordinated Response and Advocacy Resource Group
- Janet Croston, Manager, Milton Keynes Lighthouse
- Claire Dalton, Unit Manager Buckinghamshire, Victim Support
- Cora Debaroid, Belfast & Lisburn Women's Aid
- Jacky Dee, Welfare Services Manager, Wycombe Women's Aid
- Anita Dhiman, Witness Care Unit Manager – Abingdon, Crown Prosecution Service
- Tracey Doon, Senior Probation Officer, National Probation Service: Thames Valley Area
- Belinda Driver, Relationship Counsellor, Relate Berkshire
- Mary Faux, Area Resettlement Advisor, HM Prison Service, Thames Valley, Hampshire & IOW
- Joanna Fenstermacher, Chief Executive Officer, Victim Support Oxfordshire & Buckinghamshire
- Kate Ford, DI, Public Protection Unit Berkshire East, Thames Valley Police
- Linda Forrest, Project Manager, Oxfordshire Family Group Conferences
- Marilyn Francis, Specialist Health Visitor in Domestic Violence, Milton Keynes Lighthouse
- Eileen Garvey, Outreach Worker, Aylesbury Women's Aid
- Kelly Gill, Development Worker, Sahara Asian Women's Project
- Sophie Green, Elizabeth Fry Approved Premises
- Nadine Gregory, Elizabeth Fry Approved Premises
- Paul Griffiths, Forensic Psychologist, Oxford Clinic
- Anastasia Hargreaves-Hands, Crime & Nuisance Action Team, Oxford City Council
- Caroline Harrison, Community Safety Team, Thames Valley Police
- Lisbeth Harvey, Director, Wycombe Women's Aid
- Kirsty Hayward, Social Worker, Bracknell Forest Youth Offending Team
- John Hedge, Community Safety Director, Thames Valley Partnership
- Catherine Hennighan, Access Team Manager, Royal Borough of Windsor & Maidenhead Social Services
- Kath Heron, Treatment Manager, National Probation Service: Thames Valley Area
- Dawn Hodson, County Domestic Violence Co-ordinator, Oxfordshire County Council
- Rebecca Hogg, Domestic Violence Investigator, Thames Valley Police, Cowley
- Margaret Howard, Housing Monitoring Officer, South Bucks District Council
- Duncan Hume, Senior Probation Officer, National Probation Service: Thames Valley Area
- Pat Illingworth, Health Visitor (Homelessness), Slough Primary Care Trust
- Erica Jackson, Counsellor, NW Oxfordshire Domestic Violence Forum Committee Member
- Archana Kakar, Team Leader, Sahara Asian Women's Project
- Charlanne Keane, Senior Housing Advice Officer, Vale of White Horse District Council
- Jennifer Keeble, Advance Housing and Support
- Shaun Kelly, SK Consultants
- Lesley Kemp, Relate (Banbury)
- Elisabeth Knight, Domestic Violence Unit, Thames Valley Police - Northern Oxfordshire
- Terhi Koomson, Senior Housing Advice Officer, Vale of White Horse District Council

Jane Kremer, Belfast & Lisburn Women's Aid
 Gerry Lejeune, Director, East Berkshire Women's Aid
 John Lloyd, Community Safety Sergeant, Thames Valley Police, Bracknell
 James Lynch, Probation Officer, National Probation Service: Thames Valley Area
 Nikki Malin, Community Relations Manager, Thames Valley Police
 Christine Mason, Drugs & Alcohol Projects Officer, South Oxfordshire District Council
 Jan McGregor, Health Visitor, Vale of Aylesbury Primary Care Trust
 Marie Mcloughlin, Public Health Manager, North Oxfordshire Primary Care Trust Partnership
 Pat Meade, Project Manager, Cherwell Housing Trust
 Ann Memmott, Domestic Abuse Working Group, Diocese of Oxford
 Lorraine Milburn, Administrative Assistant, Thames Valley Partnership
 Paul Miller, Detective Inspector PPU – Buckinghamshire, Thames Valley Police
 Nahid Moghul, Community Safety Project Officer, South Bucks District Council
 Claire Morris, Domestic Violence Investigator, Thames Valley Police
 Judy Munday, Creative Arts & Community Safety Development Officer, Thames Valley Partnership
 Maxine Myatt, Assistant Chief Officer, National Probation Service: Thames Valley Area
 Clare Mylam, RGN, Team Leader ED DV Team, John Radcliffe Emergency Department
 Patrick Neil, Independent Chair, Oxfordshire Social and Health Care Directorate
 Jane O'Callahan, West Berkshire Community Hospital
 Karen Palmer, Oxfordshire Social & Healthcare
 Barbara Petty, Victim Liaison Officer, Thames Valley Police
 Kate Phillips, Health Visitor, SW Primary Care Trust
 Mary Phillips, Associate, Thames Valley Partnership
 Mark Ponting, Domestic Violence Unit Sergeant, Thames Valley Police, Oxford
 Liz President, Assistant Manager, Drugs Worker, Elizabeth Fry Approved Premises
 Sarah Press, Witness Care Unit Manager – Reading, Crown Prosecution Service
 Sue Raikes, Chief Executive, Thames Valley Partnership
 Ivan Reaney, Domestic Violence Unit, Thames Valley Police
 Michaela Reeves, Counsellor, Relate Berkshire
 Sheila Reilly, Senior Probation Officer, National Probation Service: Thames Valley Area
 Laura Richards, Metropolitan Police Service
 Kate Riddle, Senior Nurse Safeguarding Children & Young People, SE/SW Oxon Primary Care Trusts
 Pauline Risk, Connexions Manager – Oxfordshire, Connexions Partnership MKOB
 Elizabeth Rodgers, Counsellor, Relate Berkshire
 Gayle Rossiter, Thames Valley Police
 Margaret Royles, CPN/DSH Service, Oxfordshire Mental Health Trust
 Stevie Rudd, Domestic Violence Investigator, Thames Valley Police, Cowley
 Don Savage, Thames Valley Police
 Dave Seal, Service Manager - Child Protection, Oxfordshire Social & Healthcare
 Bev Shaw, Public Health Lead North Locality, Milton Keynes Primary Care Trust
 Di Shepherd, Thames Valley Police
 Gill Slade, Health Visitor, Vale of Aylesbury Primary Care Trust
 Greg Smith, Senior Probation Officer, National Probation Service: Thames Valley
 Jeremy Spafford, Associate, Thames Valley Partnership
 Claire Stevens, Child Protection & Sexual Crimes Unit, Thames Valley Police
 Pauline Strange, Domestic Violence Investigator, Thames Valley Police, Cowley
 Alison Taylor, Co-ordinator, Turning Point – Bucks
 Peter Thompson, Victim Support Oxfordshire & Buckinghamshire
 Patsy Townsend, Director of Youth Services, Thames Valley Partnership
 Jennifer Travis, Community Development Worker, Ealing Family Housing Association
 Martha Vickers, Health Visitor, Newbury & Community Primary Care Trust
 Claire Wainwright, Systemic Family Therapist, Child & Adolescent Mental Health Service
 Pat Wallace, Domestic Violence Co-ordinator, Buckinghamshire County Council
 Debbie Ward, Assistant Director – Housing, Reading Borough Council
 Margaret Ward, Victim Support Oxfordshire & Buckinghamshire
 Caroline Warner, Supervisor, Relate Berkshire
 Angie West, Community Safety Officer, Wycombe District Council
 Geraldine White, Community Safety Manager, Buckinghamshire County Council
 Jackie Wilderspin, Senior Public Health Manager, Oxford City Primary Care Trust
 Julia Worms, Close to Home Project Manager, Thames Valley Partnership



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