

Ask me no questions and I'll tell you no lies:

An evaluation of repeat incidents of
domestic abuse in Beanhill and Netherfield

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THE PURPOSE OF THE EVALUATION

HM Government has recently introduced a new definition of domestic violence and abuse¹ which now states:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

Psychological

Physical

Sexual

Financial

Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." ²

Although domestic abuse can be experienced by both men and women, it has a greater impact on the lives of women and children. Each year in England and Wales over one million women experience domestic abuse³ whilst one in four women can expect to suffer domestic abuse in their lifetime. On average, two women a week die at the hands of a partner or former partner.

¹ To be implemented by March 2013

² This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

³ Figures derived from 2009/10 British Crime Survey data <http://rds.homeoffice.gov.uk/rds/>

Women experiencing domestic abuse often face loss of opportunity, and isolation from their family and friends. They may lose their job and their home if they leave the situation. Many victims experience anxiety, depression and a lowered sense of self-worth. Domestic abuse often brings poor health, physical injury or ongoing impairment. Women who are pregnant may miscarry or the baby may be stillborn. Some victims have to take time off work or study and the consequence can have a long-term impact on their financial security and career.

Children witnessing domestic abuse react in different ways. Their reaction will be influenced by a number of things including their age, gender, culture, maturity as well as their personality – but most children will be affected in some way. Some feel it is their fault – they may feel angry, anxious or depressed. They may have nightmares, wet the bed or have difficulty sleeping. Some children will have problems at school or poor attendance, others may become aggressive, some children self-harm or develop eating disorders – others may turn to drugs and alcohol.

Some children, particularly boys, may model the abusive behaviour and become perpetrators themselves. In some cases, boys may feel there is pressure on them to take the role of the absent father. Moreover, some young people, mainly girls, may try to overcome the rejection by their father or family members by entering into an early or unsuitable relationship – some of these relationships may not be appropriate and themselves become abusive relationships.

A recent Home Office consultation estimated the annual cost to public services, and the loss to the economy and victims at £15.7bn.⁴ Domestic abuse has the highest level of repeat victimisation of any crime. In Milton Keynes, on average 45% of all domestic abuse incidents are repeat incidents. This eats into the limited financial and staff resources of all the statutory agencies along with many voluntary sector organisations.

Victims who are assessed to be a high risk in Milton Keynes are referred to the Multi-Agency Risk Assessment Conference (MARAC) and, if appropriate, to social care, health and other organisations that can offer them support. Those who are assessed as medium risk receive safety planning advice by telephone or during a visit by a police officer from the Domestic Abuse Investigation Unit (DAIU). However, victims who do not reach the criteria for intervention are simply signposted to support services. This leaves them vulnerable to repeat victimisation. However, any professional who has concerns about someone experiencing domestic abuse can submit a "Domestic Abuse, Stalking and Honour-Based Violence" (DASH) risk assessment to the police – who will then assess the risk and undertake safety planning as appropriate.

The purpose of this evaluation is to review "repeat victimisations" of domestic abuse on the estates of Beanhill and Netherfield in Milton Keynes. Repeat victimisations are defined as cases where police are repeatedly called to a household because of domestic abuse.

⁴ Sylvia Walby, The Cost of Domestic Violence: Update 2009, cited in <http://www.homeoffice.gov.uk/publications/about-us/consultations/domestic-violence-disclosure/dom-violence-disclo-pilots-ia?view=Binary>

METHOD

PART ONE– INITIAL REVIEW OF CASES

The approach used for part one of the evaluation was to identify the most prolific twenty repeat victims and the most prolific twenty repeat offenders of domestic abuse in Beanhill and Netherfield between 1 September 2011 and 31 August 2012. Information concerning these individuals and the incidents of domestic abuse in which they were involved was gathered from the police crime system (CEDAR).

PART TWO – QUALITATIVE REVIEW

Part two of the evaluation involved a more in-depth examination of cases by requesting to review information held by (inter alia) police, probation, education, health, children and family centres, the Crime Reduction Initiative (CRI)⁵, MK-ACT⁶, Adult Social Care and Children's Social Care.

PART THREE – INFORMAL INTERVIEWS

During October and November 2012, the consultant met with practitioners and managers from key agencies to establish their views on how the service providers, agencies, professionals and systems work together to support and protect adults and children experiencing domestic abuse within their households.

To understand how agencies support and protect adults and children experiencing domestic abuse, three main subjects were considered during the informal interviews with managers. The three subjects were:

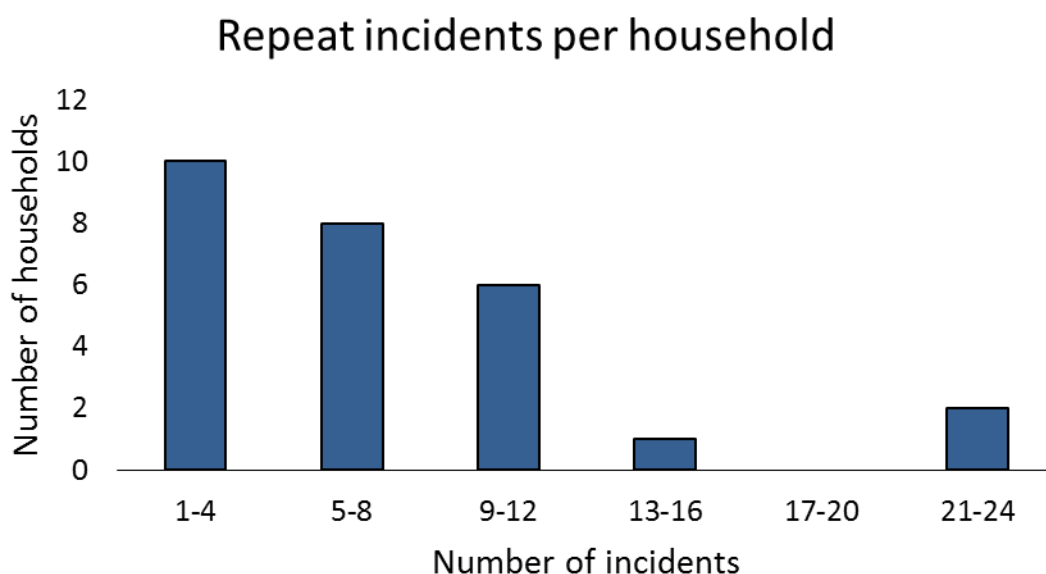
- i. Inter-agency working including referrals and information-sharing
- ii. Staff training on domestic abuse
- iii. Good practice and potential gaps in services

⁵ Milton Keynes Drug and Alcohol Team

⁶ Milton Keynes Women's Aid

PART ONE – INITIAL REVIEW OF CASES

The Thames Valley Police "performance data department" identified the most prolific repeat victims and the most prolific offenders of domestic abuse across Beanhill and Netherfield between 1 September 2011 and 31 August 2012. From the data thirty-three victims and thirty-six perpetrators were identified.⁷



The police "CEDAR" system was examined to gather as much information as possible about every domestic abuse incident in which each individual was involved. It was then possible to identify which perpetrator was abusing a specific victim and establish that in total there were twenty-seven cases or "households" – eight from Beanhill and nineteen from Netherfield. These cases involved thirty-one women, thirty-three men and sixty-three children (eight unborn at the time of the research). The twenty-seven cases accounted for just under two hundred (198) incidents throughout the course of the year.

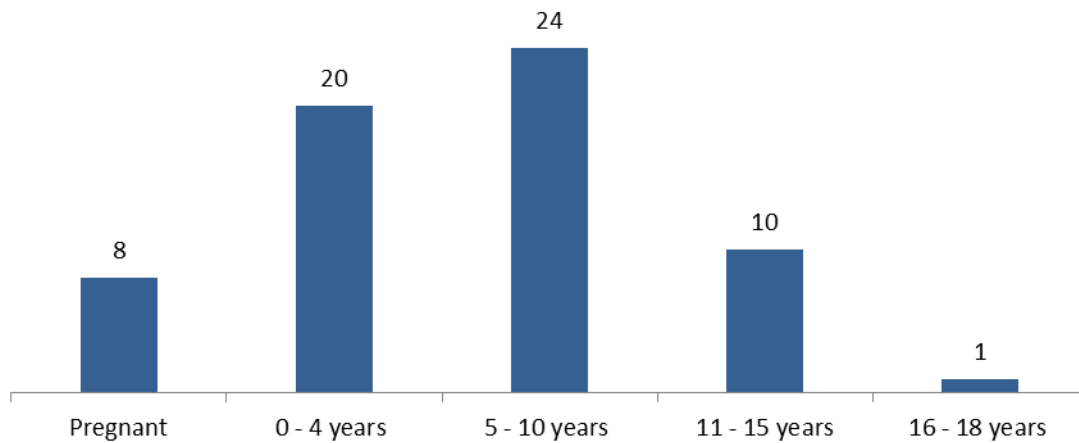
Data from the police revealed that six victims were being abused by more than one perpetrator and in two of these six cases the victims were vulnerable adults. Furthermore, in two cases the men were victimising more than one woman.

When there is a child living in the household (even if they are not present during the incident) or the woman is pregnant, a "single incident report" is sent from the police to Children's Social Care and, if the child is under five years old, also to the relevant health visitor. The form outlines what happened during the incident and includes the outcome of the risk assessment undertaken by the police officer attending the incident.

⁷ Some individuals appeared as both victims and perpetrators.

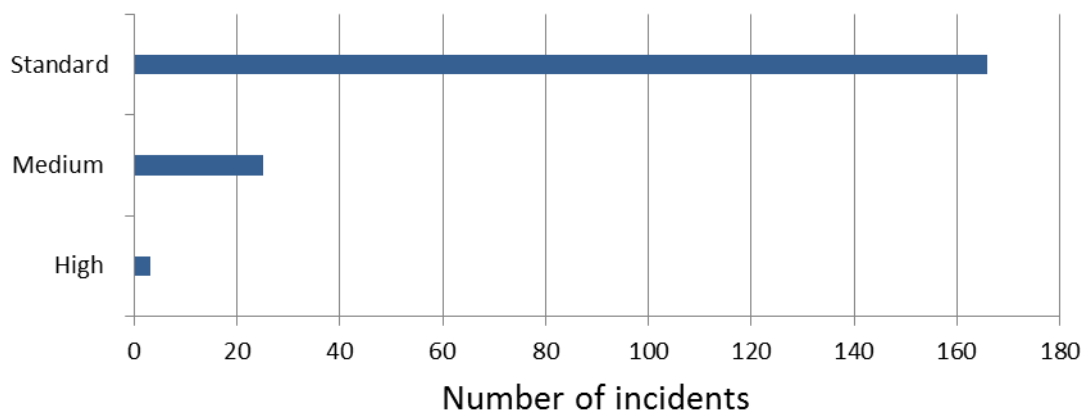
There were fifty-five children under the age of eighteen living in the households. Eight of the women were pregnant at the time of the research. Young people over the age of eighteen and children not living in the household have not been included with the numbers.

Age of children in households

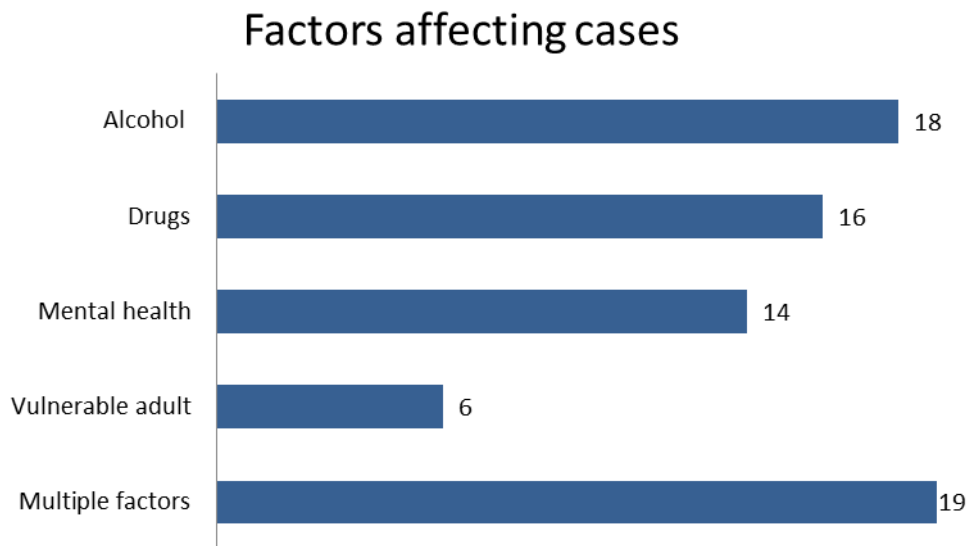


The majority of the incidents (166) were risk assessed at standard risk. There were only three occasions during the time of the research when a victim was assessed as being high risk and therefore referred to the Multi-Agency Risk Assessment Conference (MARAC). However, a further three women had been referred to MARAC before the time of the research and had subsequently been re-assessed at standard or medium risk of harm.

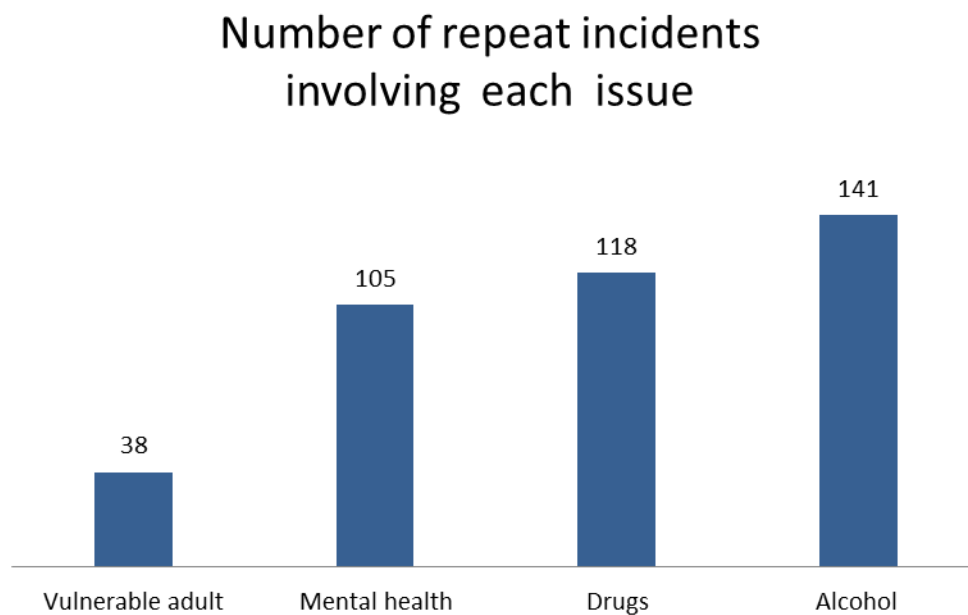
Assessment of the victim's risk



Several factors emerged that undoubtedly influenced the incidents of domestic abuse these included the mental health of the adults in the household, the use of drugs and alcohol by adults living in the household and the particular vulnerability of the adults involved (i.e. a physical or learning disability). In fact there were only two cases where none of these factors were mentioned in the records of the agencies involved. Inevitably there were some households (19) where multiple factors were cited as issues.

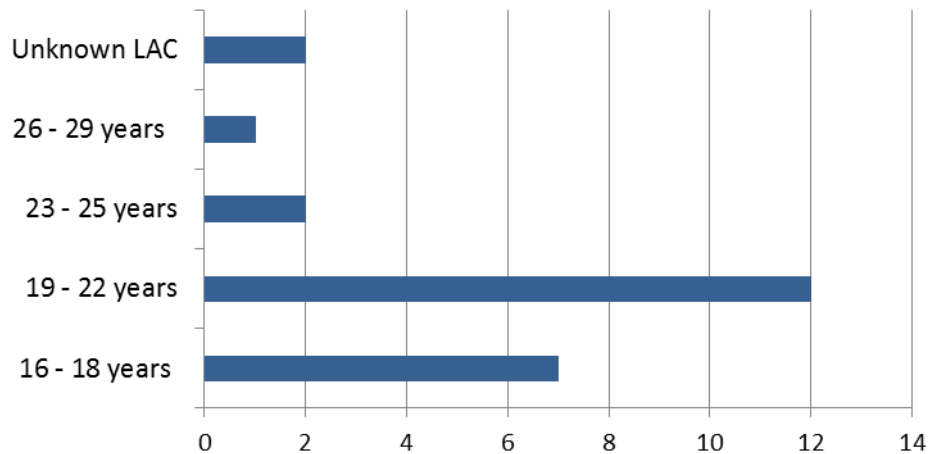


The total number of incidents in the research was 198 – and clearly alcohol, drugs and mental ill-health were significant factors in those incidents.



The majority of the women in the research were between 16 and 22 years old when they first became pregnant. Only one woman had her first child when she was in her late twenties. Some of the women had grown-up children and it was not possible to ascertain from the records at what age they had first become pregnant.

Age of mother at first pregnancy



The age of two women at the time of their first pregnancy was unknown as the children were either in Local Authority Care (LAC) or had been adopted so their records and dates of birth were not available.

PART TWO – QUALITATIVE REVIEW

Part two of the evaluation involved a more in-depth examination of cases, reviewing information held by other agencies such as probation, education, health, children and family centres, the Crime Reduction Initiative (CRI), MK-ACT, Adult Social Care and Children's Social Care.

ADULT SOCIAL CARE

Adult Social Care is not routinely informed by the police of all domestic abuse incidents involving vulnerable adults. Nevertheless Adult Social Care will investigate incidents if they receive a safeguarding alert or a request for an assessment. Not all agencies working with adults with learning or physical disabilities understood how to refer someone to Adult Social Care or send them a safeguarding alert – this is made additionally complex as there are different forms for each.

Two vulnerable adults within the research were known to Adult Social Care and they had care packages in place. In the other four cases where it appeared the victims were vulnerable adults, they were unknown to Adult Social Care and no safeguarding alerts had been sent by the police or any other agency.

Domestic abuse is not currently included in the safeguarding adults training. This is a potential gap because disabled women are twice as likely to experience domestic abuse as other women.⁸ For those with disabilities, domestic abuse may be exhibited in unique and complex forms which is often related to their disability – for example having medicine withheld, being deprived of food, having a wheelchair removed or deliberately not assisted to go to the toilet – this abuse may be perpetrated by a partner but it can also be a family member or carer.

CHILDREN AND FAMILY CENTRES

Moorlands Family Centre and Hedgerows Children's Centre were aware of some of the families within the research. However, there appeared to be at least eight families with children under five years old who did not engage with either a Family/Children's Centre or a nursery school. Moorlands and Hedgerows had attempted to engage with some families but this had not been successful. In other cases the families were simply not known. Both Moorlands and Hedgerows stated that had they been aware of the families, they would have undertaken some targeted work to encourage these specific mothers and children to participate in activities. Staff at Family/Children's Centres may see a family more frequently than other agencies and therefore they may be able to contribute valuable information and play a positive role in helping bring change to families.

⁸ See for example www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=000100010008000100350003; and <http://www.domesticviolencelondon.nhs.uk/1-what-is-domestic-violence-/21-domestic-abuse-perpetrated-against-people-with-disabilities.html> – accessed 20.11.2012

CHILDREN AND FAMILY PRACTICES

During the research period only one family had a common assessment framework (CAF) in place; and although Children and Family Practices (CFP) did not exist at the time of the research period⁹, by November 2012 only one family was open and known to them. However, the "Central" Children and Family Practice was keen to explore ways in which information could be shared so that they could become involved with families experiencing domestic abuse at an earlier stage.

CASE STUDY - JAMIE

Jamie is a twenty-year old who lives with his mother. There were 23 incidents reported to police of domestic abuse between Jamie and his mother at their home between 1 September 2011 and 31 August 2012. However, up to the date of the research a total of 56 incidents had occurred in the household. All the incidents were assessed as standard risk, so Jamie's mother was not referred to MARAC or for safety planning. On each occasion Jamie's mother dialed 999 because she was worried by his behaviour – he smokes cannabis much of the time and drinks a lot. She often felt threatened by him and didn't like the way he spoke to her.

Jamie's mother appears to have mental health problems – although records suggest that she was not in receipt of Adult Mental Health Services because they felt her problems were mainly social. She did ask to be assessed by the Adult Social Care Assessment Team (ASCAT) but she wasn't in when they visited – nevertheless, she does call them to ask for food parcels when she is short of cash.

Agency records describe Jamie as her carer but it is unclear whether this is a formal arrangement which permits him to claim carer's allowance or whether he lives with his mother because he has no alternative. For 17 years Jamie was known to Children's Social Care because of the neglect he suffered at home from his mother – after finishing at school Jamie attended college and gained some qualifications but recently withdrew from a course after just a week. During the period of the research Jamie was also known to probation but they were not aware of the domestic incidents happening at the family home.

Note: The names and details of the adults and children in the case studies have been changed in order to ensure anonymity.

⁹ Data was collected between 1 September 2011 and 31 August 2012 but the Children and Family Practices did not come into operation until September 2012

CHILDREN'S SOCIAL CARE

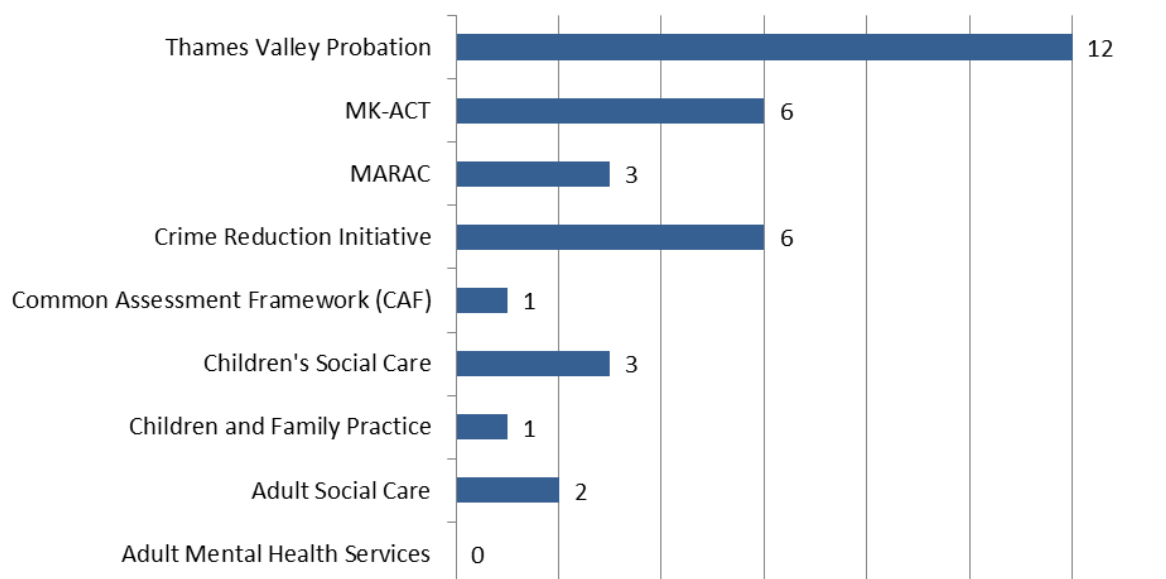
Three cases (seven children) were open to Children's Social Care during the research period – a further eight cases (14 children) had been open at some point but were closed before the research commenced. Although Children's Social Care receives single incident reports from the police on all domestic incidents where a child is living in the household, these are filed for "information" if the case does not reach Children's Social Care threshold criteria. Currently Children's Social Care does not pass information from the police reports to other agencies or organisations such as the Children and Family Practices, Children's and Family Centres, nurseries or schools. This leaves a potential gap where some professionals will be unaware of the domestic abuse occurring in the household and are thus not offering appropriate support to victims and their children.

CRIME REDUCTION INITIATIVE (CRI)¹⁰

The Crime Reduction Initiative was able to confirm that thirteen of the sixty-four adults were known to them. Of those, six individuals were open and engaging with their key workers whilst three were open but not engaging. A further four cases had closed to the service.

Practitioners in CRI were well aware of the need to work closely with other agencies to ensure that women and children are protected and safeguarded if they are living in households where there are issues around substance misuse and domestic abuse. In order to achieve this, practitioners from CRI are willing to work closely with other agencies and be part of joint home visits, local meetings and strategy meetings etc.

Agencies working with households or individuals



¹⁰ Milton Keynes Drug and Alcohol Team

HEALTH VISITORS AND MIDWIVES

Health visitors and midwives appear to know the women who are pregnant or have children under five years old. However, in the time available¹¹, it was not possible to get further information as to whether domestic abuse is documented or whether this information is shared with other agencies. Therefore, no assessment can be made about any interventions or the support that has been offered to victims, children and perpetrators by health professionals – although, it is clear that few (if any) DASH¹² risk assessments are submitted to police from GPs, health visitors, midwives or A&E staff.

MENTAL HEALTH SERVICES

Adult Mental Health Services declined to provide any information about any of the sixty-four individuals in the research without their written consent. This was disappointing because mental ill-health is cited as an issue in over half of the twenty-seven cases. However information gleaned from other agencies would suggest that no cases reached Adult Mental Health threshold criteria or were open to them at the time of the research.

MK-ACT¹³

At the time of the research six women were accessing MK-ACT services – although seventeen of the thirty-one women had accessed MK-ACT at some point. However, as MK-ACT provide specialist "high-end" services to victims of domestic abuse, it is perhaps unsurprising that many of those assessed to be at standard and medium risk of harm are not self-referring or being referred by other agencies to MK-ACT specialist services.

NURSERY SCHOOLS

Not all the young children in the households are attending nursery schools and even in cases where they are, head teachers are often unaware of the history of domestic abuse in the household. Head teachers felt that this gap in awareness around domestic abuse left some very young children vulnerable without the appropriate support from the nursery.

¹¹ Health were unable to provide any information on the individuals or households involved in the research (even non-confidential information) until the request had been agreed by Information Governance - this was not forthcoming in the time available.

¹² Domestic abuse, stalking and honour-based violence risk assessments

¹³ Milton Keynes Women's Aid

CASE STUDY – CHELSEA

Chelsea is 18 months old and there have been eight incidents in the year when her parents have fought over her. Her mother now has a non-molestation order in place to keep her father from visiting them - but he's breached it a number of times. All the incidents have been assessed as standard or medium so Chelsea's mother has never been referred to MARAC. Children's Social Care has received 8 single incident reports about domestic abuse but this has not progressed to a referral. Chelsea is not known the local Children's or Family Centres.

Chelsea's father is described as having mental health problems and is not taking his medicine but he doesn't appear to be known to the Adult Mental Health Services.

SCHOOLS

During the course of the research, the head teachers or safeguarding leads from the schools on Beanhill and Netherfield were interviewed. From these interviews it appeared that only a few children attended the local schools and often the school was unaware of the history of domestic abuse in the household.

It was sometimes hard to identify where children went to school because in several cases the children's surname differed between police, social care and school records (6 cases); and in two cases the names of the adults varied between agencies. In a further case, a perpetrator used nine separate aliases.

Head teachers were clear that had they known about the history of domestic abuse, they could have supported the children by introducing interventions such as art and play therapy, and counselling etc. that may have helped the children at an earlier stage before their behaviour became increasingly challenging.

THAMES VALLEY POLICE

The Domestic Abuse Investigation Unit (DAIU) receives reports about all high risk domestic abuse incidents. These cases are investigated by DAIU officers within twenty-four hours and referred to the Multi-Agency Risk Assessment Conference (MARAC) for a multi-agency discussion. The MARAC is well attended by the majority of partner agencies and provides a good service to victims and children at high risk of harm. Victims who are assessed at medium risk are offered "safety-planning" by the DAIU – this may be over the telephone or in person. The DAIU does not routinely support or investigate victims who are assessed at standard risk of harm.

The Child Abuse Investigation Unit is involved with cases where a child may be at risk of harm. The Unit works closely with both the DAIU and Children's Social Care. The Neighbourhood Police Team was familiar with some of the individuals in the research. However, they were unaware that these households represented some of the most prolific domestic abuse offenders and victims on Beanhill and Netherfield. Had the Team known of the situation in these households, they would have worked closely with the families and other agencies to help resolve some of the issues and find ways in which they could support them.

THAMES VALLEY PROBATION

Of the sixty-four adults in the households, probation was working with twelve of them at the time of the research and a further fourteen had been known to probation previously. Some individuals were known to probation because of offences relating to domestic abuse but a number were also known because of offences around burglary, substance misuse, car crime and violence. Five of those known to probation were women.

CASE STUDY – SARAH-JANE

Sarah-Jane is forty-years-old and has recently split up with her long-term partner Gavin, following a 15-year relationship. During the year there have been twenty-three occasions on which the police have been called to their home. Since the break-up they have argued a lot over money and twice she has returned to the relationship. Her work is suffering and she's had to take time off. She's started travelling to Bedford to have her injuries seen to as she doesn't want anyone locally knowing what is happening to her. She thinks she might lose her job if anyone finds out about her home life – not only about the violence but also about the drugs and alcohol.

Her children have suffered too from witnessing the violence – both have been excluded from school and are now attending the PEC. Children's Social Care tried to help Sarah-Jane with some intensive support around parenting but that stopped earlier in the year and the domestic abuse continued.

Note: At the moment Sarah-Jane appears to be hiding what is happening to her – she is currently accessing health services for her injuries but is unknown to any other services including MK-ACT. Health is in an ideal position to undertake some routine questioning with her, complete a DASH risk assessment and signpost her to appropriate services.

PART THREE –INFORMAL INTERVEIWS

In addition to the qualitative review of cases, informal interviews were held with a number of practitioners and managers from key agencies and organisations. A full list of all those interviewed can be found at appendix one on page 22.

The purpose of the informal interviews was fourfold. First, to attempt to understand why the rate of repeat incidents is high; second, to identify which agencies were working with victims, perpetrators and families; third, to ascertain where agencies were sharing information and working together in order to improve the lives of those experiencing domestic abuse; and finally to identify any potential gaps in the services provided.

As part of the informal interviews several topics were discussed with practitioners and managers. These included:

- i. Inter-agency working including referrals and information-sharing
- ii. Staff training on domestic abuse
- iii. Good practice and potential gaps in services

INTER-AGENCY WORKING INCLUDING REFERRALS AND INFORMATION-SHARING

Agencies appeared to work well together to protect victims and families at high risk of harm – this was evident from the Multi-Agency Risk Assessment Conference (MARAC) where the majority of the relevant agencies were represented.¹⁴ In addition those agencies that routinely worked closely together such as police and probation or Children's Social Care and the Child Abuse Investigation Unit had close links, shared information and worked well together. However, adult-facing services and children-facing services often do not work closely together thus making channels of communication and close working relationships more difficult to negotiate.

Most practitioners are confident about making referrals about high risk cases – again, especially where agencies routinely work closely together but there is more confusion about how to help or signpost victims, perpetrators and children where there are repeat "low-level" incidents of domestic abuse. This is a particular issue around those children who fail to reach the threshold criteria for Children's Social Care.

Information-sharing around the "low-level" repeat victimisations is poor across some agencies. Victims and children experiencing domestic abuse seldom disclose to practitioners such as teachers, staff at the Family or Children's Centres or Adult Social Care. The outcome is that Children's Social Care and police know where repeat incidents of domestic abuse are happening but this information is not shared either within their own organisations or with practitioners from other agencies.

¹⁴ Although Adult Mental Health and Adult Social Care do not regularly attend MARAC meetings and there is no representation from GPs

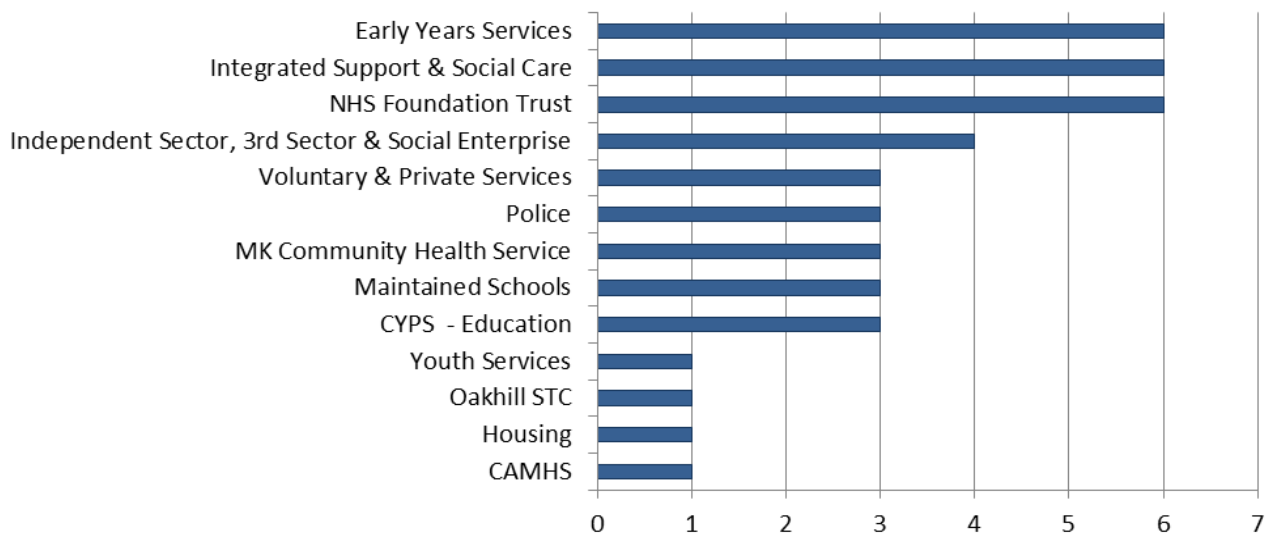
STAFF TRAINING ON DOMESTIC ABUSE

Milton Keynes Safeguarding Children Board (MKSCB) provides training on domestic abuse to those agencies working with children – in addition, many agencies have supplementary single agency training for their practitioners. For example, probation officers attend specialist training on spousal assault risk assessment, risk of harm and taking stalking seriously in addition to a one or two day domestic abuse course. Equally police working in the Domestic Abuse Investigation Unit attend a special two week course. However, domestic abuse training is optional in many agencies thus relying on staff with a particular interest in the issue.

Most of those interviewed felt that the basic training frontline practitioners received was good in terms of understanding and recognising domestic abuse – although, some felt that practitioners lack the skills required to routinely ask potential victims about what is happening in their lives and also lack the ability and confidence to support them if they are not at high risk of harm.

This means that victims and children experiencing "low-level" repeat victimisations tend to go unrecognised and unsupported.

MKSCB domestic abuse training



Number of staff attending the MKSCB domestic abuse training course

EMERGING THEMES

- High risk cases are reviewed at MARAC and provided with a good level of support
- Repeat victimisations assessed at standard or medium risk are not reviewed in a multi-agency setting. This often results in the household neither being recognised nor supported. It also impedes any form of early intervention.
- Mental ill-health, drugs and alcohol are key features in many of the cases.
- Many of the victims, perpetrators and children living in households where repeat victimisation is taking place, fail to reach the threshold criteria for intervention by services.
- There is no clear lead within Health on domestic abuse, which made it impossible to gather any meaningful information about the work different departments (e.g. Adult Mental Health, Health Visitors, Midwives and A&E etc.) undertake with victims, perpetrators and children experiencing domestic abuse. It appeared that information sharing was poor – but this could not be confirmed as health would not engage with the research.
- Nurseries and Family/Children's Centres are not routinely informed of domestic abuse in families that are known to them. This may leave very young children unsupported (especially those who are not able to talk about what is happening to them) and exposed to non-accidental injuries and psychological damage.
- The police single incident reports are not routinely sent to the Children and Family Practices.
- There remain concerns amongst frontline staff that Children and Family Practices will not be able to engage with some of the families who do not consent to intervention.
- Schools are not informed of incidents of domestic abuse involving their pupils – therefore teachers are unable to offer support or interventions at an early stage.
- Police do not send single incident reports to Adult Social Care informing them of repeat victimisations of domestic abuse concerning vulnerable adults. Adult Social Care will investigate if it receives a "safeguarding alert" – however, agencies do not appear to be familiar with how to undertake a "safeguarding alert".
- The names (especially surnames) of victims, perpetrators and children often varied between agencies. This made it difficult to access information from agencies without an accurate date of birth. Furthermore, it made it difficult to establish which schools children attended and presented additional complexities around the family structure. Some households appear to use different names in order to avoid scrutiny from agencies.

CONCLUSION

Many of the households experiencing repeat incidents of domestic abuse were assessed at standard or medium risk of harm and therefore did not reach the criteria for discussion at the Multi-Agency Risk Assessment Conference (MARAC). Furthermore, many of the individuals' lifestyles prevent them from engaging with services – they tend to be involved with drugs and alcohol making their lives chaotic, a number were also involved in other criminal offences such as burglary and car crime – this non-engagement means that the adults in the household may not wish to consent to a Common Assessment Framework (CAF) or engage with either Children's Centres or the Children and Family Practices. This has the potential to leave victims and children in an extremely vulnerable situation.

In addition, as the incidents tended to be viewed by agencies as low level and repetitive, the individuals within the household did not reach agencies' threshold criteria for engagement. – so whilst the adults may have been known to the Crime Reduction Initiative, police or probation, the children within these families were unknown to Children's Social Care. Furthermore, as schools, nurseries and Children's Centres were unaware of domestic abuse within the family, the children were left unsupported.

A similar picture emerged with vulnerable adults. Again agencies viewed the situation as low level and repetitive so vulnerable adults or those described as having mental ill-health did not meet the threshold criteria for Adult Social Care or Adult Mental Health Services – thus leaving police and probation to work in isolation.

The outcome is that these repeat domestic incidents are likely to continue until the abuse escalates and reaches crisis point and agencies are forced to intervene.

The gaps in the service provided to victims, perpetrators and families experiencing repeat incidents of domestic abuse together with the lack of early intervention, places SaferMK in an ideal position to take work forward across all the agencies and organisations within Milton Keynes to develop new and creative ways of supporting these vulnerable households.

RECOMMENDATIONS

I. ENGAGE WITH HEALTH

A person should be identified in Health who has lead responsibility for domestic abuse. This individual should be at an influential level and capable of liaising with Adult Mental Health as well as hospital and community services. They should also have sufficient seniority to be able to insist that staff share information in order to plan services, undertake research, safeguard children and prevent the commissioning of a crime.

II. DEVELOP AN INTER-AGENCY INFORMATION-SHARING PROTOCOL

An information-sharing protocol should be developed to enable all agencies to share information about "low-level" repeat victimisations of domestic abuse at an early stage. Thus negating the need for the abuse to escalate before action is taken.

III. PROMOTE EARLY INTERVENTION

Information about domestic abuse incidents where there are children living in the household should be shared with the Children and Family Practices, schools, nurseries and Children's and Family Centres – this again will promote early intervention.

IV. ADDRESS ALL INCIDENTS OF DOMESTIC ABUSE

All incidents of domestic abuse that are assessed at standard or medium risk should be reviewed in a multi-agency forum.

V. TARGET SPECIALIST DOMESTIC ABUSE TRAINING

Training should be provided to specific frontline staff who work with victims and families living in households where domestic abuse takes place. This training could be extended to include DASH training and provide practitioners with the expertise to undertake "routine questioning" together with the skills to work with and support victims and children who are experiencing "low level" repeat victimisation.

APPENDIX ONE – INFORMAL INTERVIEWS

1. Angus Forsythe – Manager, Moorlands Family Centre
2. Carrie Tyas – Lead Midwife (teenage pregnancies and domestic abuse)
3. Coleen Kelly - Service Development Manager, MK-ACT
4. David Dachtler – Detective Inspector, Domestic Abuse Investigation Unit (DAIU)
5. Debbie Wells – Head Teacher, Moorlands Nursery School
6. Dorne Macken, Curriculum Director, Milton Keynes College
7. Elizabeth Hayward – Health Visitor, Ashfield Medical Centre
8. Gill Culley – Police Constable, Neighbourhood Team
9. Helen Craddock – Safeguarding Lead, MK Academy
10. Jacqueline Mosedale – Deputy Team Leader, Children's Social Care MKC
11. Jacqui McGrath – Head of Delivery, Central Locality MKC
12. Jemma Kirby – Safeguarding Lead, New Chapter School
13. Juliet Jones – Head Teacher, Moorlands Infant School
14. Kate Stuart – Head Teacher, Langland Community School
15. Linda Pickering – Senior Probation Officer
16. Maggie Bovair – Head of Delivery, North Locality MKC
17. Monica Grainger – Specialist Nurse Safeguarding Children
18. Neil Dodds – Domestic and Sexual Violence Reduction Coordinator, MK-ACT
19. Pauline Nixon – Team Manager, Children and Family Practice
20. Phil Hayes – Detective Inspector, Child Abuse Investigation Unit (CAIU)
21. Richard Colson – Police Sergeant, Neighbourhood Team
22. Simon O'Bryne – Programme Manager for Specialist Provision MK College
23. Tina Price – Manager, Hedgerows Family Centre
24. Vanessa Rodriguez – Recovery & Reintegration Lead, Crime Reduction Initiative (CRI)