

Standing Together Against Domestic Violence

The Coordinated Community Response (CCR) to Domestic Violence

Benchmarking an effective approach

Partnership: Milton Keynes

Dates: 2 – 4 July 2012

Benchmark: 1 = poor, 2 = satisfactory, 3 = Good, 4 = excellent

General Comments	Summary of key issues	Overall benchmark
<p>There is a sense that the response to domestic abuse or violence in Milton Keynes has lost impetus. It is clear that it became an important part of the agenda some years ago and that most partners and operational staff continue to recognise its prevalence and presence in their day to day work. Impressive advances have been made (the holistic commissioned service being the best example) but it may be that the strategic eye has been taken off the ball.</p> <p>A number of explanations have been posed for this position. Firstly the financial climate and role uncertainty amongst the partnership agencies has led to an understandable focus on how cuts will affect the future. Secondly there is a hint that the excellent work done by MK-ACT is the response; that this is good enough bearing in mind other problems that Milton Keynes and the agencies have to confront. Finally the strategic leadership is not motivated to intercede as powerfully as is possible, perhaps for the reasons above or because the performance is believed to have improved and action is not necessary.</p> <p>In fact the level of performance is difficult to gauge for reasons explored elsewhere. The service provision is good and certainly matches other high quality partnerships. The financial climate does present challenges and this review acknowledges that and does not promote further large investment.</p>	<ul style="list-style-type: none"> • Partnership impetus lost • Strategic support necessary • Excellent potential • Consider a broader VAWG approach • Explore the role of the voluntary sector in strategic decision making 	2

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General Comments	Summary of key issues	Overall bench- mark
<p>More importantly the potential, if grasped, is significant. The culture of keeping domestic abuse on the agenda will not allow it to become an initiative that failed. MK-ACT are delivering a service that will change outcomes. The new Children and Family Practices understand that domestic abuse is a key part of their role. What is now needed is a revitalised strategic drive based on a simple strategy that delivers a truly coordinated community response. The operational leadership is largely in place and with support from the partnership leadership Milton Keynes can build upon a strong past and deliver a highly impressive future.</p> <p>A consideration for the future will be the direction of Government policy. The current Government are continuing to promote the concept of a broader approach to violence against women and girls (VAWG) and, in time, the partnership should consider how it introduces more of this agenda within the DA partnership.</p> <p>One other issue for consideration in the future is the role of the voluntary sector within the partnership. The advent of commissioned services leads to an understandable caution about the role of the voluntary sector in strategic decision making. Commissioners may be expected to fill that gap but they do not always have the front line experience to assess what will work in practice – and what needs to change or improve. The expertise of the voluntary sector and their value to the community should be recognised by ensuring their voices are heard strategically.</p>		

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1) Shared Objective		Bench- mark
<p>There is a continuing and clear desire to combat domestic abuse (DA) on the part of the community safety partnership – Safer MK. What is not entirely apparent is what those involved in the partnership see as their overriding aim and what buy-in there is from the wider group of agencies that have a responsibility to respond to DA. Operationally those interviewed demonstrated an understanding and passion for a more proactive response to DA and there is certainly no lack of expertise at the tactical level.</p> <p>DA is such a complex, cross-cutting and prevalent issue within all parts of society that a unified and complete approach will always work best. This can be signified by a stated ambition that goes beyond the safer partnership community, i.e. real activity beyond the criminal justice system. There are indications that some agencies, beyond the police and probation do grasp this but their commitment to an ideal could be strengthened. The impression gained is that a lack of vision at the strategic level is leading to loss of clarity operationally.</p>	<ul style="list-style-type: none"> • Lack of a clear vision • Need for a unified approach across all agencies 	2
2) Structure		Bench- mark
<p>The structure is quite clear and each priority area is overseen by a delivery group (the Domestic and Sexual Violence Delivery Group (D&SVDG) in this case). This group reports into the Performance Group and then on to the Responsible Authorities Group (RAG) which is the lead body for SaferMK. For a unitary of this size (population of 250,000) this structure would be able to properly manage a coordinated community response to DA if other elements were in place. These are discussed at greater length below but areas for the partnership to consider, if greater effectiveness are to be achieved are:</p>	<ul style="list-style-type: none"> • Clear structure • Developments needed and involvement of some agencies requires enhancing • D&SVDG fit for purpose • Linkages necessary with other strategic bodies 	2

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<ul style="list-style-type: none"> • The need for a strategic lead for DA from the non-criminal justice statutory sector (e.g. Health, Local Authority) • A revised and clear strategy based around deliverable objectives • Increased involvement from crucial agencies such as Health, Education and Childrens Services • A performance regime that ensures accountability for partnership agencies <p>Currently the D&SVDG has developed a membership that is beginning to bear fruit. Whilst most agencies are present the influence it can exert is limited and it appears to be struggling to define itself within the broader structure. A lack of data from non-police agencies is also hampering its progress. This group also acts as the Multi-Agency Risk Assessment Conference (MARAC) steering group. The recent CAADA report has presented them with some areas to address but this group is well able to deal with those issues.</p> <p>What was difficult to discover was the link between the CSP and other strategic bodies, e.g. the Local Safeguarding Childrens Board, the Safeguarding Adults Board and the Health and Wellbeing Board (if one exists). As discussed elsewhere the concentration of DA partnership activity within a community safety, or crime context may weaken a more broadly coordinated response. It is to be hoped that these links exist and DA plays an important part in their thinking.</p>		
<p>3) Strategy</p>		<p>Bench- mark</p>
<p>The formal strategy is due to end this year and this makes it an opportune time to build on what has gone before. The existing document is understandably showing its age as it was produced three years ago. Some new objectives have been produced by the delivery group but these, subject to the issues raised in this review may benefit from reconsideration. The importance of a strategy remains valid but the content of such a document, in the current climate, must be very focused and clear on what is achievable within budgetary constraints.</p>	<ul style="list-style-type: none"> • Opportunity to develop a new strategy • Need for non-police agencies to play a stronger part in the response to DA • Prevention and early intervention to be emphasised 	<p>1</p>

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It seems unlikely in Milton Keynes that new approaches will be considered where large investment is required. Partly this is due to the lack of new resources but two other factors may make substantial investment less crucial. The existence of a relatively impressive specialist service provision (including an innovative perpetrators programme) means that the continuation of such services must take priority in any future budget considerations. Secondly the statutory sector must begin to take a stronger role in the response to DA.

Those agencies whose front line workers (i.e. universal services) come into contact with victims of domestic violence, albeit unknowingly, must begin to respond more effectively. One partner described the mind-set as one of a referral culture amongst the statutory sector, meaning that when DA was discovered the agency did not feel able to deal with the situation but instead referred the case to the specialist services, whose capacity is limited. It is also true that partners feel that agencies tend to be “looking at consequences not causes” and therefore address the presenting issue rather than underlying factors.

It is essential to recognise that the prevalence and scale of DA is so great that the specialist services simply cannot manage the need. In the financial year 2011-12, according to figures from the SaferMK Data and Performance Manager, there were 5465 DA incidents. It is accepted wisdom that DA is an issue that escalates in seriousness and is hugely under-reported (by as much as 60%). To respond to this level of need from within the voluntary sector is simply untenable. If this position is accepted the strategy must direct itself more towards activities that prevent DA and intervene earlier when it occurs, whilst maintaining the existing approach to high risk.

- Children and Family Practices provide a very useful resource
- Delivery group to consider a new strategy supported by CSP
- Health and Education specifically to play a larger part in the partnership

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Without wishing to be over prescriptive this will require increased activity in agencies such as Health and departments of the Local Authority (e.g. Childrens Social Care, Education). What this tends to mean in those areas that have committed to this requirement is a process where routine or selective enquiry becomes accepted as part of a professional's work. This is supported by an ability on the part of that professional, where the risk is not high, to listen and support the individual in simple, yet helpful ways. Victims constantly state that if they had been asked sooner about the abuse the process towards securing their own safety would have begun earlier. There is no reason why professionals cannot deliver this service to their clients although training in some form does build confidence to support the clients in this way.

If further justification were necessary this review process revealed some interesting statistics to support the suggestion that a new strategy must include increased activity by the statutory sector. 56% of child protection conferences included DA as a primary or significant risk. The principle of making the non-abusing parent safe and thereby making the child safe is an obviously effective way of reducing child protection issues. It also fits well into a Think Family approach and the Troubled Families project. Many partners commented upon the high teenage pregnancy rate and this may also be an indicator of relationships that could be dysfunctional.

A very positive and potentially vital change is due to take place with the introduction of the three localised Children and Family Practices. These are adopting a targeted approach to 200 families per area and there is no doubt, and this appears to be accepted, that DA will play an enormously important part of the problem, and the likely direction of any solution. Not due to commence until September of this year it is vital that the role of these practices in responding to DA is prioritised and assessed for successful outcomes. Their activities should be a central part of any new strategy.

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If continuing the theme of moving the DA agenda away from an enforcement and criminal justice focus the role of Health becomes central to successful change. Using the Governments Violence Against Women and Girls ready reckoner (based on the British Crime Survey and the respected work by Sylvia Walby) the costs of DA to Health in one year in Milton Keynes is approaching £5M. Health is an enormous and complex area and their participation in the partnership must be crucial. This is discussed further below.

Related to this is the issue of substance misuse where there is a great connection with the DA agenda. CRI have recognised the need to work together more successfully with the partnership to support the need to address issues of abuse and the support needed for adults misusing drugs or alcohol.

(It is to be hoped that the work in the Emergency Department of Milton Keynes General will also bear fruit if the scale of DA is recorded within the processes being trialled.)

Much of the above relates to early intervention but prevention must be an aim, both for reasons of principle and economics. Work is already taking place in schools (e.g. by Brook) but the education of young people, who appear to be the fastest growing cohort of victims, remains a key element of any approach to DA. The understanding of what makes a healthy relationship can start to develop at the very early stages of a child's life. It seems unfortunate if this captive audience cannot be introduced to such understanding whilst in education allowing them to lead safer and more productive lives.

Any approach must address the general and the vulnerable. For example the YOT is seeing young men showing worrying signs of using coercive power and control and these deserve and need specialist interventions. The Behaviour Support Team are dealing with primary age children who are in danger of being permanently excluded and some of these must be experiencing or witnessing DA. The question must be asked whether Education is playing a full role in the partnership response to DA. Perhaps the drive towards results impacts upon their pastoral role?

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During the period of this review many partners were unable to precisely locate Education within the local structures and this may be worth considering when reviewing the role they play and how they act within the partnership setting.

This review does not promote the concept of a total change of direction by the partnership. It is advocating a gradual evolution of activity that takes into account the need to increase opportunities to prevent DA and react earlier to its discovery. This can be achieved at little cost and the outcomes are substantially beneficial to individuals, families and society.

It is also worth stating that DA is often regarded as a crime (which it is) and that the police are the best equipped to respond to the issue. In fairness this is partially true and the police have dramatically changed their approach to DA over the past decade. It is regarded as their “day job”, a core role, and this review is promoting the idea of other agencies, where DA may be a secondary consideration, to take on more responsibility for action.

Bearing in mind the comments below about strategic leadership it is suggested that the D&SVDG takes on a more proactive role in developing a new strategy in the light of this review and the opportunities presented by changes within Milton Keynes (e.g. the Children and Families Practices). The delivery group has a growing body of expertise across the issue and it is recommended that they revise their strategy on a similar basis to that of the approach taken by those concerned with anti-social behaviour. The desire there to address what is needed to achieve social behaviour (rather than anti-social behaviour) has real resonance with the DA agenda.

DA is one of the most socially destructive issues that can be impacted upon locally. A facilitated day that includes delivery group members, and possibly other interested parties could present a new and ambitious strategy, within realistic limits, that could continue to change the culture of DA locally. This strategy should then be presented formally to the CSP who then can signal their support for the aims and deliver the leadership necessary to make it happen.

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<p>Finally a new, simplified and clear strategy must be accompanied by an action plan describing the activities which will deliver the agreed outcomes. There is a useful understanding of the purpose of such a document and it is effectively completed currently but without a broader strategic approach its value must be limited.</p>		
<p>4) Representation</p>		Bench- mark
<p>The structures which are in place appear to be populated by the correct agencies. Apparently it has been difficult to bring some agencies and departments to the D&SVDG table but optimism has been expressed that this is improving. Health, because of its complexity, will always remain a concern and it may be that their participation needs to be reviewed. It seems unlikely that all the different sections of Health can be represented at the operational and strategic level but their involvement in some way is important.</p> <p>It could be that Health has a separate strategy (as found in some very successful partnership areas) which feeds into the broader strategy. This method of delivery would naturally deliver a representative, able to speak for the whole of Health, at the correct level(s) of partnership interaction.</p> <p>A gap in representation is also visible in terms of visible strategic leadership. Whilst the RAG takes responsibility for DA, amongst its wide remit, there is no specific champion at an influential and powerful level. It is strongly recommended that an individual is nominated to support the strategy and the response to DA. This person could also support the Delivery Group when operational issues cannot be resolved within the tactical arena. For the reasons described within this report it is suggested that such a champion should not come from the police or criminal justice area but one of those agencies currently less directly involved in the delivery of an effective response to DA.</p>	<ul style="list-style-type: none"> • Health to consider a separate but complimentary DA strategy • Senior DA champion from non-criminal justice agency would be very powerful 	2

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<p>An example which describes how this could work is that of the head teachers and their role in addressing the consequences of DA with their pupils. A child is unlikely to learn if they feel unsafe yet there seems to be little emphasis on healthy relationships generally or with the vulnerable. Discussions operationally have not borne fruit so a DA champion could progress this issue at a more senior level in the hope of achieving a useful outcome.</p>		
<p>5) Resources</p>		Bench- mark
<p>Without wishing to be too obvious resources can be split between people and funding. The partnership (through the CSP) supports the delivery of specialist services through MK-ACT and this is apparently to be re-tendered in 2013. It is to be hoped that this service will continue at least at its present capacity and high quality. A case can easily be made for an increase in provision. For example the number of Independent Domestic Violence Advisers necessary to respond to the 227 high risk cases in 2011/12 should be nearer to 4 than the current number which is 1.5.</p> <p>In terms of people the previous section argues for an adjustment in front line workers roles, the corollary of which is an acceptance that their current activities must change to some degree. This is where the strategic decision making must place action to combat DA in its correct position of priority.</p>	<ul style="list-style-type: none"> • Good funding for the commissioned service • Potential for limited investment to meet high risk demand • Need to use generalist staff more effectively in the DA response 	3
<p>6) Coordination</p>		Bench- mark
<p>Coordination is theoretically not a person but a function. Generally it has become the former but this can obscure the intention of the concept. A coordinated community response to DA, in brief, is one where each agency responds better to DA internally and works with other partners to ensure a joint response that keeps victims and their children safe and holds perpetrators to account. The complexity of DA requires an integrated approach to prevent victims falling through gaps. It also ensures that action is taken to reduce the</p>	<ul style="list-style-type: none"> • Importance of role recognised and functioning well • Need to maintain funding for the post • The role of partners in delivering the coordinated response needs recognition and action 	3

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number of people becoming perpetrators or continuing to use violence once this course of conduct has commenced. The coordinator facilitates this response but cannot be the delivery agent.

The Multi Agency Risk Assessment Conference (MARAC) and Specialist Domestic Violence Court (SDVC) are excellent examples of elements of a coordinated response but tend, mainly, to deal with those cases which are at high risk. A full response will also address those at medium and standard risk to prevent escalation and serious harm.

In Milton Keynes the coordinator has a strategic role with limited strategic influence. Good relationships with key managers have been made but a new strategic approach will support this position. The post holder takes very seriously his responsibilities in maintaining an information flow about new practice and policies that come to light. Partners find this useful and the role vital. All recommend the mainstreaming of this post.

The partnership should recognise its role as the delivery agent (at both the strategic and tactical level). The coordinator is highly competent but is a guide rather than a practitioner, it is the wider partnership that must seek to deliver change.

Consideration was given to a re-location of the coordinator in an agency or department where activity has been more subdued but an obvious location does not present itself. This will not be necessary if the voluntary sector, where he currently sits, is accepted as a key part of the strategic decision making process and not just a commissioned service.

Finally the coordinators role is under threat from March 2013. Experience shows that without this position strategies stagnate and action grinds slowly to a halt. The importance of securing this role cannot be over-stressed and it is worth repeating that this view was agreed unanimously by those interviewed.

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7) Training		Bench- mark
<p>The Local Safeguarding Childrens Board receives high praise for its training output both generally and specifically in the area of DA. This level of praise is unusual and it would seem unnecessary to suggest great change in the light of such good practice. Of course they will focus on the safety of the child in what they deliver. It may be that consideration is given to delivering more basic training on DA so that cause can be highlighted rather than symptoms. It is notable that much of the training is supported by other agency workers, where specific expertise lies, who deliver sessions themselves. This is a sound approach to the multi-agency ethos of this work.</p> <p>Many of the partners spoke of a reluctance to enquire about DA in relationships with either parents or children. The expression “opening a can of worms” was used very frequently and a resistance to doing so. Awareness raising about signs of DA, good practice and available services is an essential requirement</p> <p>Of course if an increased level of response is expected from within the non-police statutory sector as suggested in this report this will require additional training. Often the fear is that this will come at some considerable cost. Whilst additional funding would undoubtedly assist there are ways of delivering more training relatively inexpensively. Examples of possible approaches could be:</p> <ul style="list-style-type: none"> • Computer based training • Induction training • Briefing notes on intranet sites • Time off granted to attend accredited courses • A train the trainer approach where one member of staff is then able to deliver training to colleagues • Workshops/conferences where DA is specifically addressed 	<ul style="list-style-type: none"> • LSCB training highly regarded • Need to develop a broader, cost effective approach • All operational staff to understand basics of DA • Awareness of MARAC could be developed 	<p>3</p>

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<p>There is no substitute for the face to face, expert, multi-agency training that appears to be delivered by the LSCB and for those staff in the most challenging roles this should be an expectation. It is not unreasonable, however to expect all members of staff from all partner agencies to have an understanding of the dynamics of DA. Apart from better responses this will also support a more contemporary view of the issue and continue the change of culture around DA. It is here that innovative training practices may be necessary to reach a wider audience in a cost-limited way.</p> <p>One specific area of awareness raising that may be needed is in connection with the MARAC. Some interviewees, mainly from social care, expressed an interest in understanding the MARAC processes better and how it could support them when dealing with very difficult and complex cases. Perhaps this could be considered and driven by the MARAC steering group which functions within the remit of the delivery group. Referrals from non-police or specialist service organisations are often limited and this may be a way of making the MARAC increasingly inclusive.</p>		
<p>8) Data</p>		<p>Benchmark</p>
<p>The data produced is based on what is available, the concerns the partners have about specific targets (e.g. repeat victimisation) and the capacity of limited staff. Unless the strategic intentions of the partnership are clear, and the actions necessary to achieve those intentions are correspondingly well defined the data will be more interesting than instructive.</p> <p>From the data reviewed during this visit it is obvious that the scale of DA is large and that some agencies do not collect, or submit their data. One service delivery team agreed they had data on DA but were not asked to supply it to a central point. Information from Pupil Referral Units is another area where data would be usefully instructive. One teacher had experience from another county where 90% of the boys in a pupil referral unit (9-13 year olds) were affected by DA.</p>	<ul style="list-style-type: none"> • Lack of performance management process based on defined strategic objectives • Reduce the emphasis on repeat victimisation 	<p style="text-align: center;">2</p>

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These figures if produced locally can be remarkably persuasive. (CRI are also beginning to use a questionnaire that identifies DA in their client's lives. This information will again help fill in the jigsaw which can define the scale of DA within Milton Keynes.)

The skills exist to deliver data that can prove prevalence and the success of activity. If this were achieved there does not appear to be a process for high level performance management. The D&SVDG, as stated above, does not have the influence to achieve substantial change and the role of the Performance Group and RAG do not seem to have the capacity or inclination to concentrate on this issue.

The SaferMK strategic assessment is the product of one individual and this is a massive task not helped by less involvement from Thames Valley Police. As the partnership develops so a joint approach to data collection, collation and performance management should follow in a way that allows the partnership to prove its success and identify its gaps. The role of data assistant which is to be introduced shortly can have a significant impact on supporting the partnership and possibly allow space for the Data and Performance Manager to develop other strands of work related to the strategy.

One specific area, that of repeat victimisation (RV), has led to a sense of inertia within the partnership. This is an extremely difficult measure upon which to base performance measures and this is now recognised nationally. In Milton Keynes despite the attention it is given little is understood about the factors causing a specific rate or the fact that the figures “appear” to be negative on occasion.

It is also subject to questions about how RV is defined and, more importantly, partners are not sure which is a positive outcome, an increase or decrease. As this is a constant question within the limited performance management process that takes place this is a problem.

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<p>RV, where it is successfully used as a measure, is only counted within the MARAC setting where data is more accurate and each case is more clearly defined. Even in this setting the direction of travel of RV leads to dispute amongst partners. It is suggested that the new strategy is accompanied by a new set of outputs which define the outcomes of the objectives. RV can be a guide but it is rarely the means of defining a partnerships success.</p>		
<p>9) Policies/Protocols/Processes</p>		Bench- mark
<p>In the short time available it was difficult to explore this area. There is a good understanding between the police and MK-ACT about the method of responding to victims, especially those at high and medium risk. The MARAC processes appear to work well and it was noted that the SDVC is based on a systematic approach and retains its sense of purpose.</p> <p>It is important that processes do exist in a number of key areas and it is suggested these are regularly reviewed to ensure effectiveness. Below are examples of where processes are needed but others may also be of benefit to the partnership:</p> <ol style="list-style-type: none"> 1. Partnership processes. Comment was often made that some of the attendance at meetings was sporadic and inconsistent. Others remarked that the purpose of each partnership body was not always clear. It would be useful to agree terms of reference for each meeting which members should agree to, and be held accountable for their part in that process. 2. Care (or referral) pathways. Relationships are sound in many areas and these allow a referral process to work but there may be some grey areas (e.g. children coming to notice of the police). Such pathways are an area where victim safety can be prejudiced and corporate risk is present. An understandable and agreed framework describing these pathways would be very productive. 	<ul style="list-style-type: none"> • Good operational referral systems • Potential for introduction of supportive systems/policies 	2

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<p>3. Domestic abuse policy. If all organisations had an internal DA policy this would reinforce the messages about the importance of the issue, the support available for survivors and introduce a means of holding perpetrators to account.</p> <p>4. Risk assessment. The police, probation and IDVAs complete risk assessments but Childrens Social Care and Health apparently do not. This will affect the functioning of the MARAC and put victims in danger where the level of threat is not recognised.</p> <p>5. The Royal College of General Practitioners have just issued guidance (produced with CAADA) describing an effective response for GPs. This could be considered locally as a means of inducing increased activity with Health.</p>		
<p>10) Specialist services</p>		<p>Bench- mark</p>
<p>The danger of reviewing the specialist service provision is that funders then conclude that no further investment is required when the findings are good. This review has found that more investment would be advisable but that the services offered by MK-ACT are excellent.</p> <p>Without going into detail about the myriad services they offer it is correct to state that they do indeed offer a holistic service. Where many such providers manage to offer what can only be described as a partial service MK-ACT cover early intervention, though crisis to long term support. They support the children, offer group and individual support across the risk range and support the partners of those attending the perpetrator programme (freshstart). Much of this work is done within a one-stop shop location. The concept of this is sound but involvement from other partners (e.g. Childrens Social Care) could be considered limited or inconsistent and this would benefit from support from the strategic partnership.</p>	<ul style="list-style-type: none"> • Excellent commissioned service • One stop shop process could be improved with increased participation by other agencies • Outstanding refuge facilities • Growth of services would be ideal • Commissioned service an example of good practice • Important to maintain quality of service deliver in new tendering process • Victim Support to play a more visible role with standard victims 	<p style="text-align: center;">3</p>

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The refuge service was described as state of the art – and it is! The new facility is superb and allows for a degree of independent living whilst surrounded by a supportive environment, with great facilities.

It is also true that MK-ACT deliver beyond their funded capacity and work very hard to fund raise for additional services. They are to be congratulated on their mature approach to service provision (including males) and their ability to deliver to all victims, regardless of risk and context. Sometimes the benefits of the inward investment achieved by organisations such as MK-ACT are not recognised for the increased capacity they deliver and benefits to the local economy.

There remains room for expansion. More IDVAs are justified and the refuge has to regularly turn people away.

The partnership deserves real credit for recognising the need for, and funding this holistic service. The time is approaching (next year) when the service will have to be retendered. In this current climate there is a real concern that financial pressures will dictate a commissioning equation based on cost rather than quality. Whilst cost-effectiveness is an important element what has been proven in Milton Keynes is that the use of expertise from specialists within the sector leads to better outcomes for women. Not only was this found by this reviewer but the survivors of DA wholeheartedly support that view. In these circumstances the commissioning process which was so successful last time should be used as a model for the future. Those engaged in this last process, if still available, could certainly advise as to the most effective approach in 2013.

Freshstart has been mentioned above. This is innovative practice which has secured funding from a variety of sources and should be supported in the future. It was found generally that there is a sound understanding of the need to address perpetrator behaviour with this being an example. Work within the YOT and schools is another area where the problems of coercive control can be discussed and improved where they exist.

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<p>Victim Support were not seen during this review and do not seem very visible within the partnership. In most areas they can play an important role with victims at standard risk of abuse but it is not clear they are playing a part in this process. The police admit that their capacity is only sufficient for medium and high risk which leaves MK-ACT to support self-referrals and those, possibly, from other agencies. This indicates that there may be a gap in provision which Victim Support could fill and this may be worth pursuing.</p>		
<p>11) Diversity</p>		<p>Bench- mark</p>
<p>Unsurprisingly the refuge are attempting to support victims from the BAMER communities and there is an obvious level of support. (They also have 5 specialist places for S E Asian victims. 48% of residents are from the BAMER communities.) They have devised a programme specifically intended for those from the SE Asian community (Ilam-E-Hifazat) and a variety of languages are spoken within the refuge.</p> <p>Time precluded further consideration of the services available for the BAMER, LGBT or disabled communities but the demographics of Milton Keynes suggests that this would be a useful area for consideration by the D&SVDG.</p>	<ul style="list-style-type: none"> • Specialised services available • Diversity issues would benefit from a review of prevalence and need 	<p>2</p>
<p>12) Survivors' voices</p>		<p>Bench- mark</p>
<p>The survivors focus group was an example of how powerful their voices can be. They provide information on the success of the local response and can, if asked, suggest how best to deliver front line practice to victims, their children and perpetrators. Their experience is both valid and inspirational and the idea of using their awareness of what works can only enhance the practice of the partnership. A formal group should be introduced and play a role in defining how best to deliver responses and the quality of those responses.</p>	<ul style="list-style-type: none"> • Survivors voices can add quality to the partnership response • Personal experiences valuable to define performance 	<p>2</p>

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It is also important to describe some of the key issues that arose during this focus group. It is important to note that some have experience of other geographic areas but the comments below relate to their experiences locally.

1. Two survivors had a frankly shocking experience after dialling 101. One woman who had been threatened with being killed was told that “9 out of 10 men don’t do anything”. It seems clear that training is necessary in the call centre to help them respond more appropriately.
2. There were criticisms of the initial response on occasions from the police, social services and housing. Whilst these were tempered with some positive comments it was apparent that some old-fashioned attitudes (and prejudice) exist within public sector agencies. One survivor said she felt that the attitude was “we accept you have been abused so we are going to abuse you a bit more (by agencies from which she was seeking support)”.
3. They feel very strongly that not enough is done to promote the concept of action against the perpetrator. They accept that some survivors do not want their partners prosecuted but were supportive of the idea of:
 - Perpetrator programmes
 - Positive arrest policies
 - Third party (or victimless) prosecutions
 - Extensive use of Special Measure in court

The issue of no recourse to public funds is giving great cause for concern and was evidenced during this focus group. This is a largely Government led process but the 3 month time limit is very restrictive and the evidence required to establish a right to remain can be difficult to collect despite the obviously deserving nature of some cases.

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<p>On a local level it may be that the partnership can consider a small fund to support those who fall outside of the Government's timescales and where a woman through no fault of her own may be returned to a dangerous and high risk environment.</p> <p>The following three quotes are included to demonstrate the thoughts of these survivors:</p> <p style="padding-left: 40px;">“We are so very fortunate to have this refuge”</p> <p style="padding-left: 40px;">“The refuges were so bad (i.e. in other areas) that I went back to my abuser twice”</p> <p style="padding-left: 40px;">“Having my own space is vital”</p> <p>To conclude the following are extracts from a document produced by a resident of the refuge who extols its qualities and emphasises the benefits of independent living:</p> <p>“As I entered my flat, and looked around, I couldn't believe this whole flat was just for me! A separate Lounge, Kitchen Bedroom and Bathroom, all for me. “Are you sure this is all for me?”, I asked my key worker. “Yes, quite sure”, she grinned, extremely happy at my excitement.”</p> <p>Later on:</p> <p>“I opened my front door, MY FRONT DOOR!!, Oh how wonderful, I thought, My front door. I couldn't remember the last time I had my own front door.”</p>		
<p>Miscellaneous Comments</p>		
<p>Nil</p>		

Anthony Wills, Chief Executive, Standing Together - June 2012

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