



Ending domestic abuse



# Domestic abuse overview report: need and provision in Surrey

November 2017

# Key facts and stats



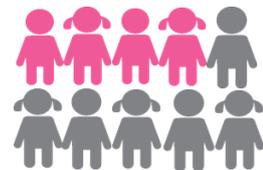
There are approximately 21,400 female victims of domestic abuse in Surrey

In 2016-17 there were 14,363 domestic abuse reports to the police



There are approximately 3,300 children visible living in homes in Surrey where there is high risk domestic abuse

21% of police domestic abuse incidents involve young people as victims – this is over representative of the population (9%)



Last year (2016/17) the Surrey 24 hour domestic abuse helpline received 2,300 calls. This is an average of 6-7 calls per day

In 2015/16 there were 8,900 referrals into Surrey Domestic Abuse Service



The estimated cost of domestic abuse in Surrey is £111,600,000

£1,665,000 is spent directly on domestic abuse provision in Surrey



# About SafeLives

SafeLives is a national charity dedicated to ending domestic abuse, for good.

Every year, over 2 million people experience domestic abuse - it is not acceptable, not inevitable and together, we can make it stop.

We want long-term solutions, not short-term fixes. Our approach includes early intervention for victims and their children, supporting every family member, and challenging perpetrators to stop. We do this by:

- using our data, research and frontline expertise to help local services improve and influence policy-makers locally and nationally
- offering support, knowledge and tools to frontline workers, agencies and commissioners
- providing accredited, quality assured training across the UK
- creating a platform for victims, survivors and their families to be heard and demand change
- testing innovative interventions and approaches that make more families safe.

Our recommendations aim to improve the experience of families impacted by domestic abuse as well as commissioners, practitioners, and partner agencies.

For victims and children, their friends and families:

- They will know what services are available and how to access them.
- They will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area, so that both risk and needs can be met.
- They will receive a service that is empowering and responsive with their personal situation.
- The response to victim, child and perpetrator will be co-ordinated.
- Their experience will be captured systematically and used to inform future service development.

For commissioners:

- There will be much clearer provision, transparency and lines of accountability.
- Opportunities to intervene early will be maximised.
- Creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths.
- Consistent data will provide the opportunity to learn and develop provision.

For practitioners:

- Being part of a resilient team with the full breadth of expertise required to meet the needs of all clients.
- Manageable caseloads.
- Sufficient resource for management, clinical supervision and administration.
- Career development opportunities.

For partner agencies:

- Clear referral pathways.
- Supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse
- Being part of an effective care pathway that respects the limits of each role.

# Foreword

Surrey County Council commissioned SafeLives to support the domestic abuse commissioning group. The aims of the commission are to develop a Surrey wide joint commissioning strategy and specifications for service to be implemented as part of the Surrey Children, Schools and Families Joint Commissioning Strategy from June 2017. This report concludes the first stage of our project.

During the course of this stage, we have consulted with six practitioners from specialist providers, over fifty practitioners across organisations such as; health, police, children services, housing and probation. Additionally we have consulted with twenty adults who had experienced domestic abuse and accessed support in Surrey, as well as heard from over ninety residents through our domestic abuse survey.

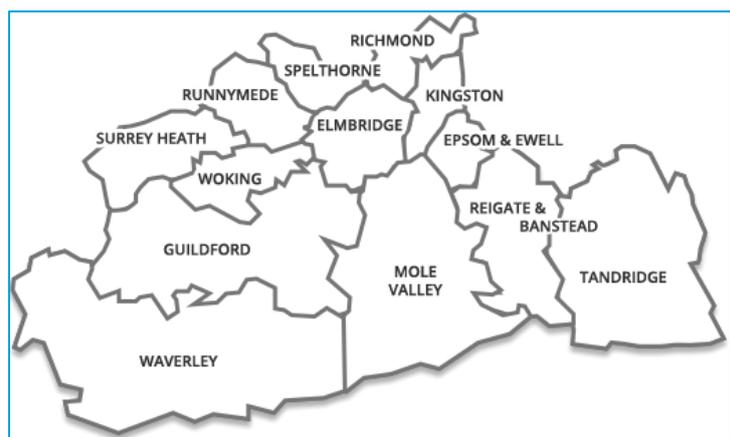
We would like to thank all professionals across Surrey that supported us in providing data and information to contribute to this report. In particular; Jane Last, Gordon Falconer, Elaine Malloy, Jessica Faulkner, Louise Gibbins and Richard Carpenter from the local authority. Additionally we would like to thank all providers that supported us in co-production focus groups and promotion of the survey. Notably, Fiamma Pather, Michelle Blunsom, Charlotte Kneer, and Margaret Bourne.

## Purpose

This report provides needs assessment which will inform strategic commissioning of domestic abuse services and pathways in Surrey. It will provide an assessment of what currently exists, consider the demographic profile in Surrey and assess the demand for domestic abuse services. The assessment will consider gaps in services and pathways, consider evidence based best practice and provide recommendations for the domestic abuse commissioning group to consider.

This report includes the following deliverables;

- A refreshed summary of need for families, professionals and providers.
- A map of current domestic abuse provision for children and young people and families across the county alongside a review of current impact and effectiveness measures used and full financial analysis
- The outcomes and analysis of the programme of co-production which included a series of three focus groups with victims and survivors and a residents survey
- An overview of professionals feedback through individual interviews with domestic abuse specialist providers, a snap survey and workshop event
- Research into best practice to tackle domestic abuse, both within Surrey and nationally



<sup>1</sup> Kingston and Richmond are not within the Surrey County Council administrative area.

# Section 1: Overview of domestic abuse in Surrey

Domestic abuse is defined by the UK government as '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, psychological, physical, sexual, financial and emotional abuse'. Controlling behaviour is defined as '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'.

## 1.1 The national context of domestic abuse

### 1.1.1 National context

Domestic abuse is a widespread issue, affecting millions across the UK. On average the police receive an emergency call relating to domestic abuse every 30 seconds<sup>2</sup>. The Home Office defines domestic abuse as;

*'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'.*

It is estimated that each year around 1.8m people suffer some form of domestic abuse -1.2 million women (8.2% of the population) and 600,000 men (4% of the population)<sup>3</sup>. Of these, up to 100,000 victims are at risk of being murdered or seriously injured as a result of the abuse they are experiencing. Refuge estimates that on average two women a week are killed as a result of domestic abuse and up to 30 women every day will attempt to take their own life due to the abuse.

Domestic abuse-related homicides account for approximately 35% of all homicides in England and Wales; on average two women a week are killed by their current or former partners. It highlights that 58% of women murdered by their partner were still in a relationship with them and 29% were separated. A 2009 national analysis of Serious Case Reviews found evidence of past or present domestic abuse in over half (53 per cent) of cases<sup>4</sup>.

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<sup>2</sup> HMIC, Everyone's business: Improving the police response to domestic abuse (Published online: HMIC, 2014), p. 5.

<sup>3</sup> ONS (2017)

<sup>4</sup> Brandon, M., Bailey, S., Belderson, P., Gardner, R., Sidebottom, P., Dodsworth, J., Warren, C. and Black, J. (2009) Understanding Serious Case Reviews and their Impact: A Biennial Analysis of Serious Case Reviews 2005-7. London: Department for Children Schools and Families.

However, the problem is much bigger than shown in official statistics. Researchers<sup>5</sup> estimate that domestic abuse statistics are 140% higher than those stated in the British Crime Survey for England and Wales. Therefore SafeLives also uses UK data from our Insights database – the largest national database of domestic violence cases in the UK, with more than 37,000 records from 2009 to date. Our data shows:

- Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse<sup>6</sup>
- Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Marac or accessing an Idva service are women<sup>7</sup>
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales<sup>8</sup>
- Seven women a month are killed by a current or former partner in England and Wales<sup>9</sup>
- 130,000 children live in homes where there is high-risk domestic abuse<sup>10</sup>
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others<sup>11</sup>
- On average high-risk victims live with domestic abuse for 2.3 years before getting help<sup>12</sup>
- 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse<sup>13</sup>.

### 1.1.1.2 Everyone's business

Domestic abuse does not discriminate. It can affect anyone. Because of this, domestic abuse sits across a number of policy contexts. For example domestic abuse is national public health epidemic. The impact of domestic abuse on physical and mental health can be substantial. Additionally it often involves criminal offences. These are often wider than offences against the person. For example, the introduction of new legislation criminalising coercive and controlling behaviour means police forces play a vital role. Many victims and perpetrators have children. This widens the scope of the agenda, as those children often require specialist support. Indeed some children and young people are victims or use harmful behaviour within their own relationships. A local commissioning strategy must consider the complex policy context of domestic abuse, and engage all partners in the response for true effectiveness.

SafeLives genogram<sup>14</sup> illustrates the complex multi-agency nature of domestic abuse. Our illustration demonstrates the webs of harm that can occur, affecting whole families. In this example two males, that were well known perpetrators. Through a case audit it was found that there were six more adults and 11 children at risk as a result of domestic abuse. These individuals were accessing a range of services including; housing, substance misuse service, mental health service, adult social care, police, A&E, GP, children social care, schools, children centre, troubled families, probation services and domestic abuse services. In addition to the individual services there were a range of individual assessments that took place, and discussions at various multi agency forums such as strategy meetings and Marac's. Despite the high level of agency involvement, there was a lack of an integrated strategy to map the multiple and complex vulnerabilities. Effective commissioning should consider the impact of these vulnerabilities on individuals as well as whole families. By all partners engaging in the development of a commissioning strategy, local areas can see a reduction in risk, serious harm and effective cost savings.

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<sup>5</sup> Pease, K. And Farrel, G. (2007) Crime in England and Wales: More violence and more chronic victims. Civitas review. Volume 4, Issue 2

<sup>6</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

<sup>7</sup> SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

<sup>8</sup> ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

<sup>9</sup> ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics

<sup>10</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives.

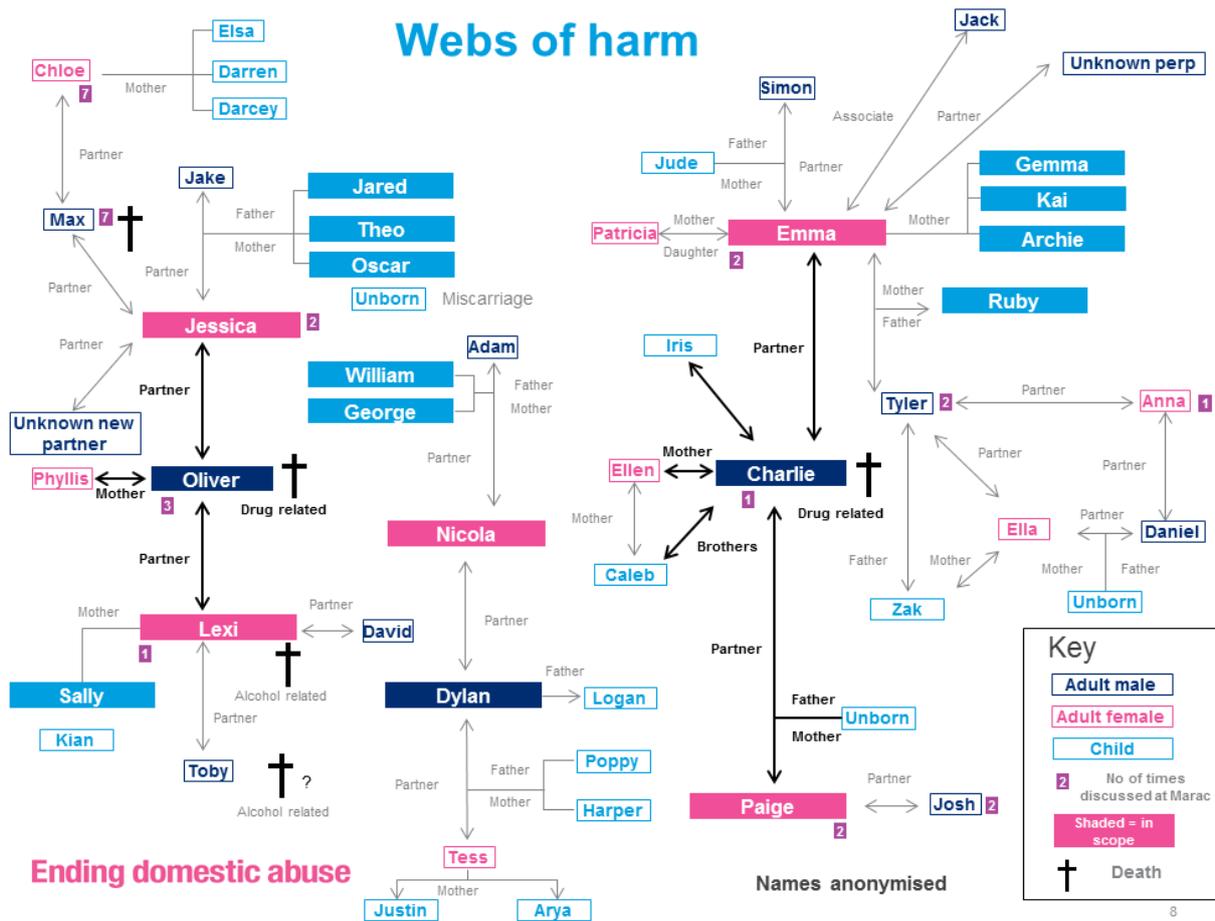
<sup>11</sup> Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada.

<sup>12</sup> SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

<sup>13</sup> SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.

<sup>14</sup> All names are pseudonyms to protect the identity of the families involved.

Image 1.1.1.2a: SafeLives genogram illustration



## 1.2 The context in Surrey

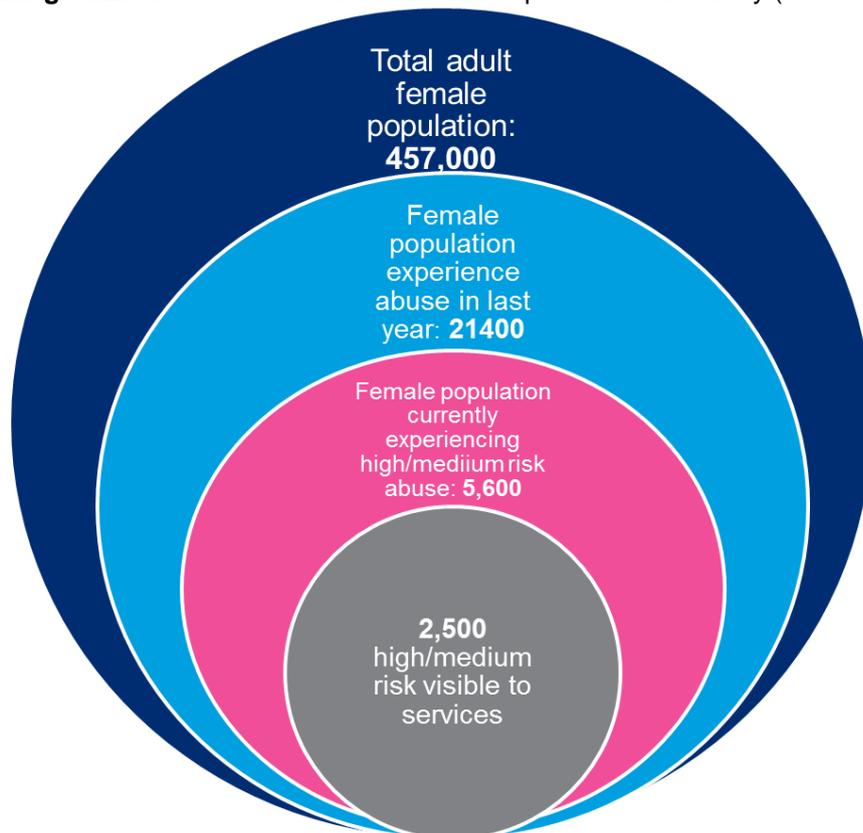
### 1.2.1 Prevalence of domestic abuse in Surrey

The population in Surrey is 1,168,809. SafeLives estimates that there are 35,400 victims of domestic abuse. Of these, 21,400 are female adult victims of domestic abuse in Surrey, 5,600 are at high or medium risk of harm<sup>15</sup>. Approximately 15,800 victims will be classified as standard risk. In 2015/16 there were 8,914 referrals into Surrey Domestic Abuse Service (SDAS) and last year (2016/17) the Surrey 24 hour domestic abuse helpline received 2,308 calls. This is an average of 6-7 calls per day in Surrey<sup>16</sup>.

<sup>15</sup> The data is based on high and medium risk female victims of domestic abuse. The data available does not provide provide robust estimates of risk for male victims. Estimates of risk are based on research by Sylvia Walby (2005).

<sup>16</sup> Please note this is not an actual daily figure. Calls per day vary.

**Image 1.2.1a:** illustration of domestic abuse prevalence in surrey (female population)



In 2016-17 there were 14,363 domestic abuse reports to the police. We estimate that there are approximately 21,400 perpetrators of domestic abuse each year. SDAS data indicates that 50% of perpetrators have mental health needs, 30% will have problematic alcohol use and 30% have drug related concerns.

The majority (73%) of reported incidents to the police in Surrey are female victims. Despite young people representing only 9% of the population in Surrey, they are disproportionately (21%) represented as the victims of domestic abuse reported to the police.

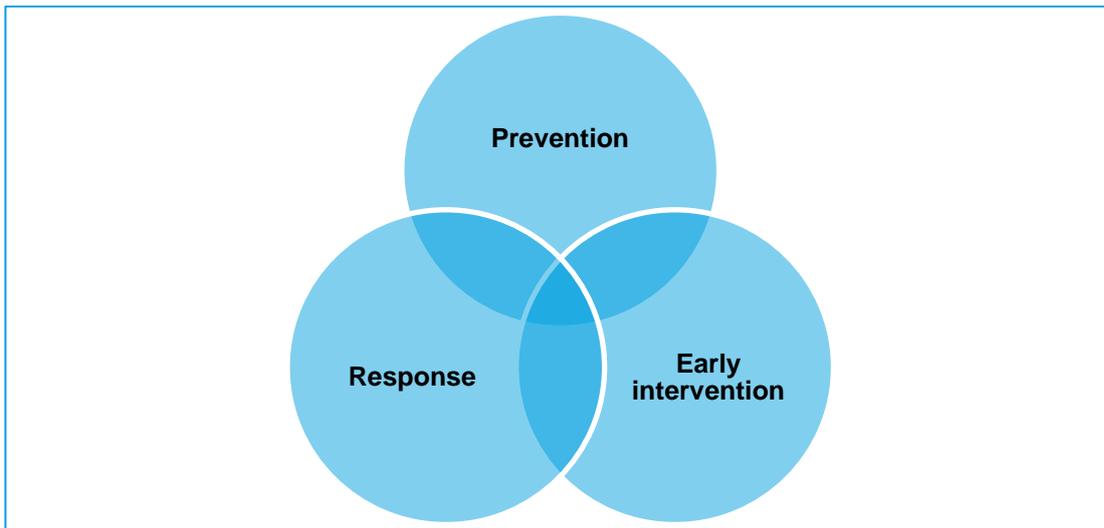
Despite young people representing only 9% of the population in Surrey, they are disproportionately (21%) represented as the victims of domestic abuse reported to the police. Contrastingly, older people make up 16% of the population, and only 4% of incidents reported to the police.

### 1.2.2 Strategy and governance arrangements

'Reducing Domestic Abuse Strategic Plan 2016-18' sets out the strategic vision in Surrey as:

*'Working together to ensure people have the right services and support, at the earliest opportunity, to live lives free from domestic violence or abuse and gain the personal confidence to build healthy relationships for themselves and their dependants'*

The vision is accompanied by three priority areas:



**1. Prevention**

We will promote healthy relationships in children, young people and adults through schools, work places, targeted programmes and the community

**2. Early Intervention**

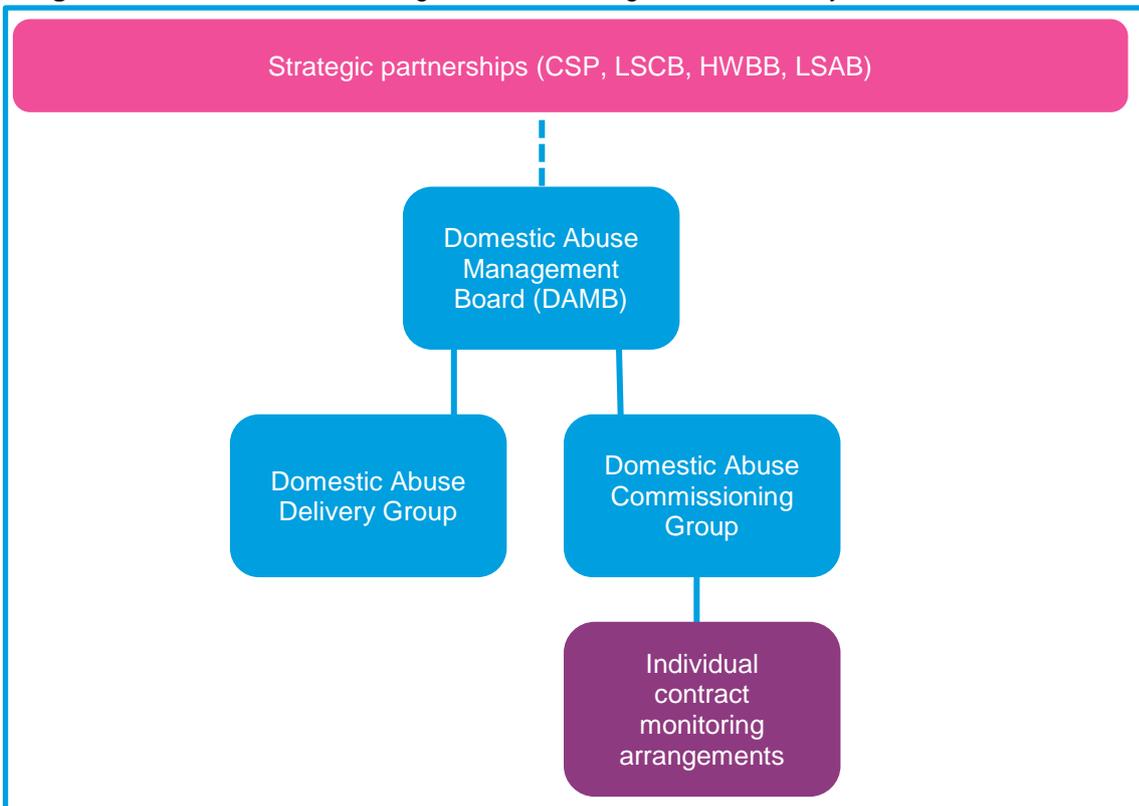
We will work as one team, pro-actively sharing information, intelligence and decision making to enable earlier interventions that prevent the escalation of abuse and reduce repeat incidents

**3. Response**

We will provide a holistic response to all those affected; victim, dependants and perpetrator. We will ensure all staff are well trained and that there are appropriate services available.

The structure through which the strategy is delivered involves a multi-agency partnership, including representatives from Surrey police, specialist domestic abuse providers, health agencies and a range of local authority directorates (including community safety and children services).

**Image 2.2.2a:** overview of current governance arrangements in Surrey



The Domestic Abuse Management Board (DAMB) is the strategic body leading the strategic response. The domestic abuse delivery group and the commissioning group are operational groups working to deliver the strategic outcomes. This report has been produced to support the commissioning group in future decision making. The final report will be owned by this group, with updates where appropriate to the wider partnership.

### 1.2.3 Service provision in Surrey

Provision in Surrey is provided through a lead provider model between four providers offering all community based support. There are three refuge providers offering accommodation based support.

In addition Surrey is a Women’s Aid Change That Lasts pilot area. The pilot will be running for five years, the ethos of Change that Lasts is to place the survivor at the heart of the response, building around her needs and the strengths and resources available to her. Change that Lasts is made up of three main schemes that involve the whole community in taking a stand against domestic abuse. These schemes ensure that survivors and their children can access help wherever they disclose abuse:

- Ask Me
- Trusted Professional
- Expert Support

Table 1.2.3a: overview of tiered domestic abuse provision in Surrey

Service provider	Description
<p><b>Surrey Domestic Abuse Service (SDAS)</b></p> <p>(lead provider model partnership between ESDAS, CAB, Salvation Army Housing Association (previously Chapter 1) and Sanctuary)</p>	<p><b>Adult outreach</b></p> <p>SDAS provide Surrey’s adult outreach contract for the county. This includes;</p> <ul style="list-style-type: none"> <li>• One to one support</li> <li>• Male outreach service</li> <li>• 24 hour helpline</li> <li>• Group programmes</li> </ul> <p><b>Children and young people’s provision</b></p> <p>SDAS provide a countywide domestic abuse services for children and young people that have witnessed domestic abuse within Surrey. SDAS is a partnership of four local domestic abuse services. The service provides three key projects:</p> <ul style="list-style-type: none"> <li>• <b>Prevention:</b> providing healthy relationships work in school and youth settings and training for professionals across Surrey working with families that may have experienced domestic abuse.</li> <li>• <b>Early Help:</b> training early help social care professionals about domestic abuse and providing one to one support for children that have been affected by domestic abuse through an Outreach Worker.</li> <li>• <b>Intervention:</b> Social care professionals are trained to become DA Champions and co-deliver group sessions for children affected by domestic abuse with SDAS.</li> <li>• Adult outreach provision</li> </ul>
<p><b>North Surrey Domestic Abuse Service (NDAS)</b></p>	<p>NDAS is provided by Citizens Advice Elmbridge part of the SDAS consortium and in addition provides domestic abuse services in the local area.</p> <p><b>Services for Spelthorne, Epsom and Ewell and Elmbridge</b></p> <ul style="list-style-type: none"> <li>• Legal advice drop in</li> <li>• Mental Health Support</li> <li>• CAB Services</li> </ul>
<p><b>Salvation Army Housing Association (previously Chapter 1)</b></p>	<p>Salvation Army Housing Association (previously Chapter 1) is part of the SDAS consortium and in addition provides refuge provision and local services.</p> <p><b>Refuge provision and support</b></p> <ul style="list-style-type: none"> <li>• Accommodation (refuge)</li> </ul>

Service provider	Description
	<ul style="list-style-type: none"> <li>• Children and young people support</li> </ul> <p><b>Services in Guildford and Waverley</b></p> <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Legal advice</li> <li>• Drop in</li> <li>• Group work</li> <li>• Life Skills</li> <li>• Support group</li> <li>• Children 1-2-1 support</li> <li>• Playtherapy</li> <li>• Summer group</li> </ul>
<p><b>Your Sanctuary</b></p>	<p>YourSanctuary is part of the SDAS consortium and in addition provides one of the three refuges in Surrey.</p> <p><b>Refuge provision and support</b></p> <ul style="list-style-type: none"> <li>• Refuge</li> <li>• Transition fund</li> <li>• 1-2-1 work with CYP</li> <li>• Play work with CYP</li> </ul> <p><b>Services for Runnymede, Woking and Surrey Heath</b></p> <ul style="list-style-type: none"> <li>• Mental health support (Runnymede only)</li> <li>• Legal advice drop in</li> </ul>
<p><b>East Surrey Domestic Abuse Service (ESDAS)</b></p>	<p>ESDAS is the lead provider for the SDAS consortium and in addition provides local services in Surrey through various contracts.</p> <p><b>Services provided in Reigate and Banstead, Tandridge and Mole Valley</b></p> <ul style="list-style-type: none"> <li>• Adult outreach service</li> <li>• Counselling</li> <li>• Mental Health Support (excluding Mole Valley)</li> <li>• Iris (East Surrey CCG)</li> <li>• Legal advice drop in</li> <li>• Sanctuary Scheme</li> <li>• Recovery toolkit</li> <li>• Family workshops</li> <li>• Support groups</li> <li>• Client emergency fund</li> <li>• 1-2-1 work with children and young people</li> <li>• Youth group</li> <li>• Saturday club for CYP</li> <li>• Playtherapy</li> <li>• Outings for children and young people</li> </ul>
<p><b>Reigate and Banstead Women's Aid</b></p>	<p>Reigate and Banstead Women's Aid (RBWA) provider refuge provision in Surrey. In addition to providing refuge accommodation, they also offer multiple forms of support for the women and children using their service, such as:</p> <ul style="list-style-type: none"> <li>• Housing support</li> <li>• Playtherapy</li> <li>• BME worker</li> <li>• Family therapy</li> <li>• 1-2-1 outings for children in the refuge</li> </ul>

Service provider	Description
	<ul style="list-style-type: none"> <li>• Volunteer counsellor comes in once a week for one to one sessions with women</li> <li>• Transition package (school uniform, clothes for the women and food vouchers)</li> </ul>
<b>Community Re-habilitation Company</b>	<p><b>Stepping Up</b></p> <p>Stepping Up is a self-referral based community perpetrator programme.</p>
<b>Local Authority</b>	<p><b>LINX</b></p> <p>The LINX programme aims to enable young people to recognise the link between their experiences, feelings and behaviours in order to develop empathy for themselves and others. It is aimed at young people aged 12-18 who have been affected by domestic abuse (either as a result of parental behaviour or as perpetrators of child-parent violence).</p>

### 1.3 Cost and spend on domestic abuse services in Surrey

Based on Walby's (2004) estimated costs of domestic abuse, we estimate that the cost of domestic abuse in Surrey is £111,637,624<sup>17</sup>.

The current direct spend across the partnership in Surrey on domestic abuse provision is, £1,665,000<sup>18</sup>. This is the total funding contributions toward all Surrey domestic abuse services, including community based support children and young people support and refuge. However this cost does not provide the level of support required to meet the need in Surrey. We estimate that the full cost of providing domestic abuse services in Surrey based on need would cost approximately £5,970,000<sup>19</sup>.

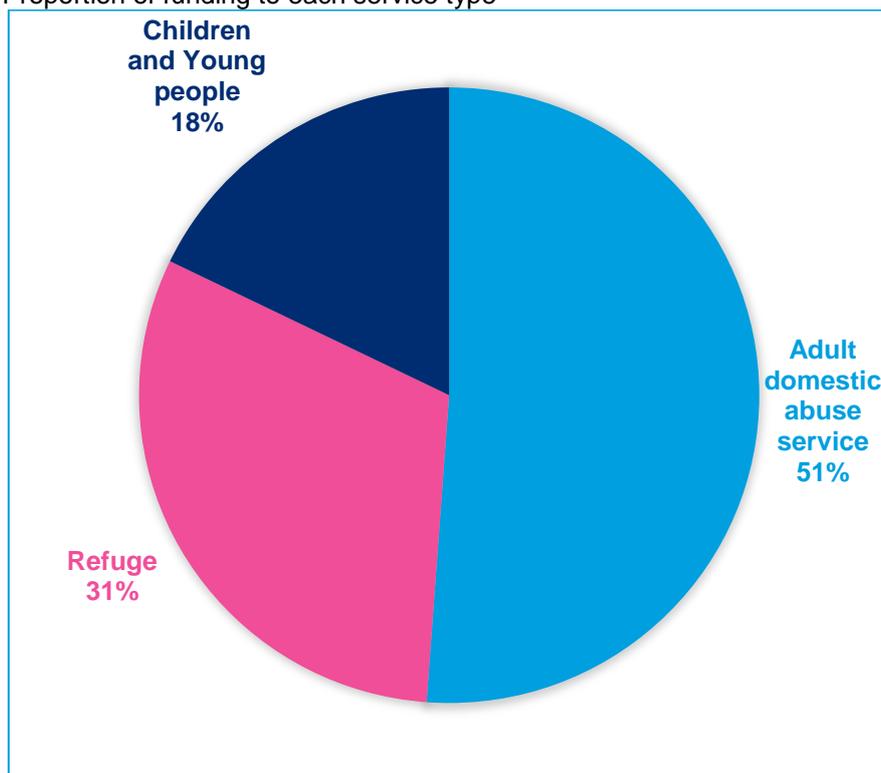
The total spend in Surrey (1.5m) contributes to a number of services across Surrey including adult domestic abuse services (£858,000), children and young people's domestic abuse services (£299,000) and refuge (£520,000).

<sup>17</sup> Please see section 3.2 for full breakdown. This includes; physical and mental health care, criminal justice, social services, housing, , civil, legal, employment and human costs.

<sup>18</sup> As this section provides an overview for 2016/17, it does not include the funding for the perpetrator programme delivered by the Community Rehabilitation Company, which is £80,000 for the current financial year (2017/18).

<sup>19</sup> This is an estimation based on the estimated number of victims that would require support. We have considered the type of support that would be required for high/medium/standard risk victims (e.g. outreach, Idva) calculated against recommended caseloads and how many FTE workers would be required.

**Table 1.1.2a:** Proportion of funding to each service type



These services are delivered through five main providers; SDAS consortia, East Surrey Domestic Abuse Service, YourSanctuary, Salvation Army Housing Association (previously Chapter 1), North Surrey Domestic Abuse Service and Reigate and Banstead Women's Aid.

## 1.4 Defining a model response

Over the last decade, there has been significant work nationally to improve the response to domestic abuse. For example, the support available for victims at risk of murder or serious injury from domestic abuse has been transformed by the creation of specially trained Idvas (Independent Domestic Violence Advisors) and the establishment of Marac (Multi Agency Risk Assessment Conference) meetings in every area to supplement the provision of refuge accommodation and existing community based services. Over 60% of victims who get help from Idvas and Maracs experience a cessation of abuse.

As well as the work to this approach organisations such as Women's Aid have worked with survivors or and over 220 grassroots organisations to achieve change in policy, practice and awareness, encouraging healthy relationship and helping to build a future where domestic abuse is no longer tolerated.

Building on this foundation, SafeLives and Women's Aid are working together to pilot new approaches to domestic abuse to develop a shared roadmap for system change. SafeLives model response suggests the following as key elements of an ideal response:

1. **Victims** and their families need to be at the heart of the system, with the knowledge of how to get help for themselves – or what to do if someone tells them about domestic abuse
2. **Early identification** at every public service to identify all victims, their children, young people at risk and perpetrators and get each member of the family the right intervention fast.
3. **Quality services** for all victims, including:
  - help in the community from a qualified Idva working as part of a robust multi-specialist team
  - support from a high-quality Marac for victims at high risk
  - targeted help with victims with complex needs
  - support from universal or volunteer-led services.

4. **Support for children** living with domestic abuse to become safe and develop their resilience.
5. Challenge and support for **perpetrators** from specialist workers to reduce the risk to the current victim and prevent abuse to future victims and children.
6. Support for the victim and their children to **recover** and live a life sustainably in safety
7. Commissioners should align their budgets and **fund services** according to jointly-agreed outcomes that address risk and need in their local population.

One of the most important aspects of our model, is ensuring that whilst provision for victims, perpetrators and children exists and is of high quality, the interaction between these agencies is vital to ensure a whole family approach is joined up.

## 1.5 Realising the model response

The key elements exist to establish sustainable, effective and high quality domestic abuse services in Surrey. Surrey provides a range of vital services for victims, perpetrators and children.

**Table 1.3a: Overview of current domestic abuse service provision**

Category	Strengths	Gaps
Victims	<ul style="list-style-type: none"> <li>• SDAS community support for all victims (including males, LGBT)</li> <li>• SDAS includes a 24 hour helpline for victims</li> <li>• Surrey has a SDVC</li> <li>• All four providers offer an Idva service for high risk victims</li> <li>• Three refuges with capacity for 33 victims and their families</li> <li>• There is an awareness campaign in Surrey 'He loves me, he loves me not'</li> <li>• The commitment and work already progressed by partners and Women's Aid on Change that Lasts</li> </ul>	<ul style="list-style-type: none"> <li>• Marac - low identification for highest risk victims (through Marac)</li> <li>• Marac multi-agency identification is poor. The majority of referrals come from police</li> <li>• Waiting lists for some services</li> <li>• There is no consistent process in place for the Surrey domestic abuse partnership to systematically receive feedback from victims and their families.</li> <li>• Survey and focus group highlighted that many victims were confident that they would know where to go if they or someone they know experienced abuse – and using a helpline was the most popular method however not many people were aware of it</li> <li>• There is a local awareness campaign in Surrey, although many victims and survivors we spoke to were not aware of it</li> <li>• Flexibility of services in Surrey is vital. Focus groups highlighted having a helpline and drop ins were important. Based on the demographic in Surrey, there many need to be more support operating outside of work hours.</li> </ul>
Early identification	<ul style="list-style-type: none"> <li>• SDAS children commission provide consultancy to children services</li> <li>• IRIS in East Surrey CCG</li> <li>• Champions network is in place and continues to develop</li> </ul>	<ul style="list-style-type: none"> <li>• Survey and focus groups indicated that many victims and their families were not getting help at the earliest possible opportunity</li> <li>• All other CCG areas lack DA-specific support for GPs</li> <li>• The Marac indicates poor identification of victims at high risk of serious harm or homicide</li> <li>• Professionals felt there was not wide</li> </ul>

Category	Strengths	Gaps
		<p>awareness universally about the services and pathways in Surrey</p> <ul style="list-style-type: none"> <li>Champions network is not fully established and currently has no standardised role outlined</li> <li>Domestic Violence Disclosure scheme is not widely advertised</li> </ul>
Quality services at all risk levels	<ul style="list-style-type: none"> <li>SDAS provide a need led strength based service for victims at all levels of risk, so all victims are able to access services</li> <li>SDAS operate a 'no one turned away' policy so any resident of Surrey can access help at any time (including self-referral)</li> <li>Good training offer in place for universal services through LSCB</li> <li>There is good feedback from victims and their families about the specialist services in Surrey</li> </ul>	<ul style="list-style-type: none"> <li>Idvas do not appear to be integrated as part of multi-disciplinary teams</li> <li>No targeted support for victims and survivors with complex needs (integrated substance use and mental health pathways)</li> <li>SafeLives recommends based on the population 19.5 FTE Idvas, as Idvas in Surrey have multiple roles it is unclear the current number but it appears to be less</li> <li>Some survivors felt a peer network for recovery and ongoing support would be beneficial</li> <li>Universal services do not have a consistent standardised offer or pathway</li> </ul>
Children	<ul style="list-style-type: none"> <li>SDAS children and young people's provision</li> <li>SDAS children grant includes consultancy service for practitioners in children service from specialist providers</li> <li>AVA group programme (for children)</li> <li>Youth group, play therapy, 1-2-1 work</li> <li>Refuge support for children and young people (YourSanctuary, Salvation Army Housing Association (previously Chapter 1) and Reigate &amp; Banstead Women's Aid)</li> <li>LINX group</li> </ul>	<ul style="list-style-type: none"> <li>Prevention activity and support in schools is sporadic (feedback from professionals and victims)</li> <li>AVA group programme does not include the parent parallel group which would strengthen the provision</li> <li>Limited provision for children in Surrey based on the level of need identified, particularly for young people in abusive relationships who are disproportionately represented in police report data in Surrey</li> <li>No clear links between vulnerability areas (e.g. CYP at risk of CSE and domestic abuse)</li> </ul>
Perpetrators	<ul style="list-style-type: none"> <li>Community programme available (Stepping Up)</li> <li>Court mandated programmes available (BBR)</li> <li>Additional support for providers to provide DVPN/O support</li> </ul>	<ul style="list-style-type: none"> <li>Low referrals in to the commissioner community perpetrator programme (currently no perpetrators have completed a programme)</li> <li>There is no data currently on the stepping up programme which operates on a self-referral basis</li> </ul>
Recovery	<ul style="list-style-type: none"> <li>SDAS group</li> </ul>	<ul style="list-style-type: none"> <li>Waiting lists in place for some services</li> </ul>

Category	Strengths	Gaps
	<ul style="list-style-type: none"> <li>programmes</li> <li>Freedom programme</li> <li>Counselling services</li> <li>No time limit on SDAS support</li> </ul>	<ul style="list-style-type: none"> <li>Links between health services and commissioned provision could be strengthened through commissioning arrangements</li> </ul>
Funding	<ul style="list-style-type: none"> <li>Some of the overall investment is through a pooled budget</li> <li>Good data collection from services to commissioners</li> </ul>	<ul style="list-style-type: none"> <li>No jointly agreed outcomes in place Commissioners currently monitor outcomes separately using various methods, sometime focusing too heavily on outputs, although this is in progress</li> <li>Funding is not yet allocated though a full pooled budget so contact monitoring arrangements vary for each commissioner and providers have to report to several separate commissioners</li> <li>Some services are commissioned on an annual rolling basis. This does not provide sustainability or enable specialist providers to plan effectively to meet need</li> </ul>

## 1.6 Next steps

We will utilise the content of this report to inform the second stage of the commissioned project. The deliverables for the second phase include;

- A joint commissioning strategy to tackle domestic abuse, that will set out findings from our needs analysis and priorities for joint-commissioning (utilising existing strengths such as CTL), the outcomes framework, *governance structures*, market analysis, how we are seeking work with children and young people and their families to improve the delivery of services, and how we will evidence impact of effectiveness to reduce domestic abuse and consequences across the county.
- An options analysis to inform future joint commissioning
- A set of service specifications as part of a joined up Surrey Domestic Abuse Service Offer that describe how we will be commissioning the outcomes that we have identified for children and young people and their families affected by domestic abuse.
- A revised performance management and quality assurance framework to clearly set out how the outcomes delivered by domestic abuse provision will be managed and monitored.
- An evaluation report reviewing the project, seeking to learn from the work and identify future areas for improvement.

# Appendix A: Public engagement

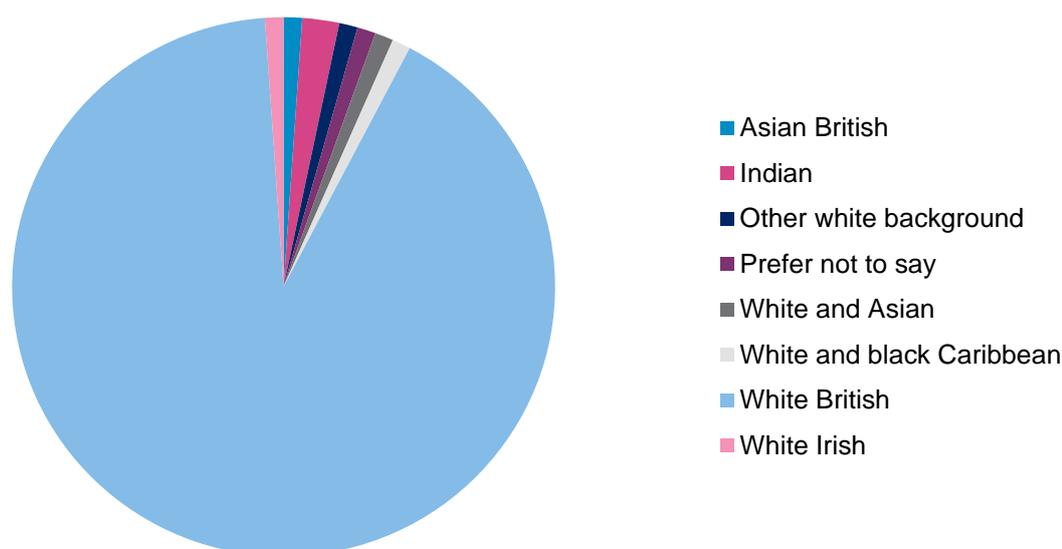
## A.1 Residents' Survey

Domestic abuse is not always reported, and therefore many victims do not access specialist domestic abuse services. To enable us to reflect the views of victims that may be hidden to services we completed a survey that was open to all residents. This will also enable us to consider the views and needs of the community in Surrey that may not have experienced abuse. This is important in terms of understanding community awareness, and recognising that any individual can be victimised at any point in their life, and understanding how to best reach them is important.

The residents' survey was open to any person over the age of 16. The survey was open for one month between March and April 2017. In total we received 91 responses.

### A.1.1 Demographics of survey respondents

The majority of survey participants were female (85), with responses from a small number of men (5). The ethnic background of participants was mostly White British, which is reflective of the demography of Surrey.



The majority of participants came from the East of Surrey (Reigate and Banstead and Tandridge districts) and the lowest participating area was Epsom and Ewell which only had one participant.

Local council area	Number of participants
Elmbridge	6
Epsom and Ewell	1
Guildford	9
Mole Valley	9
Reigate and Banstead	22
Runnymede	3
Spelthorne	2
Surrey Heath	4
Tandridge	15
Waverley	10
Woking	10
<b>Total</b>	<b>91</b>

Just under half (48%) of respondents were between the age of 31-50 years old. This was followed by 51–65 age category. This is reflective of the demographics in Surrey. There were a higher than expected number of respondents aged 66 and over,

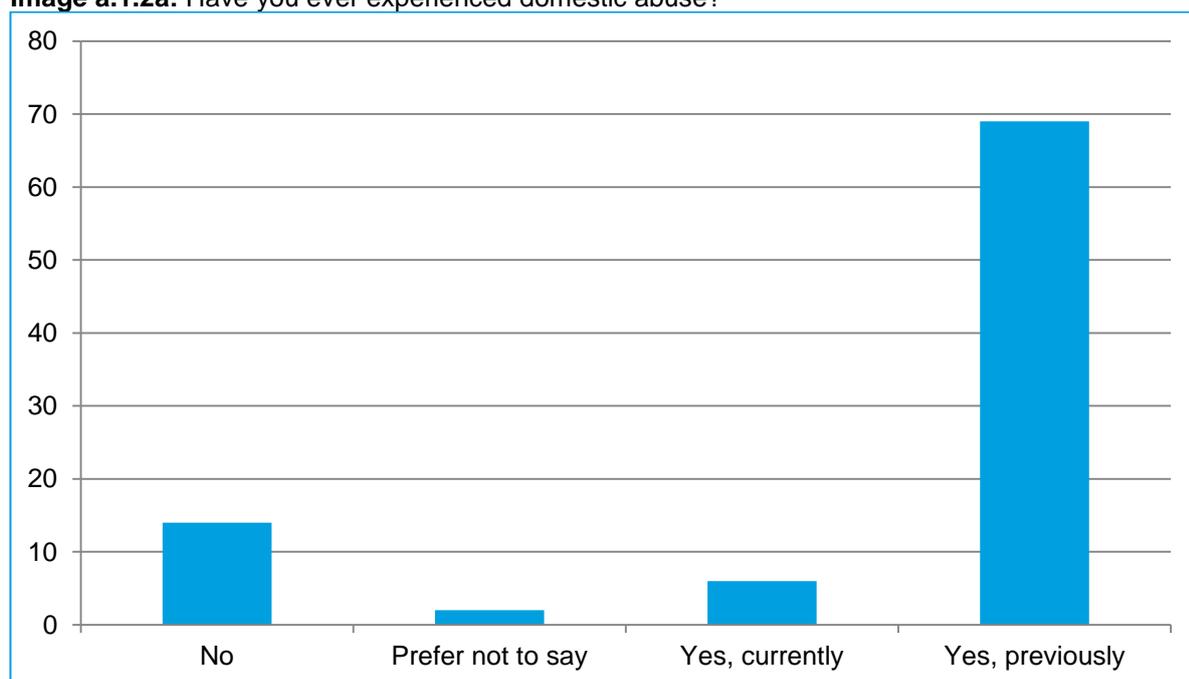
Age group	Number of participants	Proportion % of participants
18-19	2	2%
20-25	4	4%
26-30	11	12%
31-50	44	48%
51-65	21	23%
66 and over	9	10%
<b>Total</b>	<b>91</b>	<b>100%</b>

Considering the age profile of participants, it is unsurprising that most did not have dependent children (46 had no dependent children, 45 did). SafeLives data suggests that around two thirds of victims of domestic abuse have dependent children, so this is less than we would expect to see.

### A.1.2 Experience of domestic abuse

The majority of participants had previously experienced domestic abuse, with a small number reporting current abuse<sup>20</sup>. The survey therefore is significant in understanding the direct experienced and needs of victims.

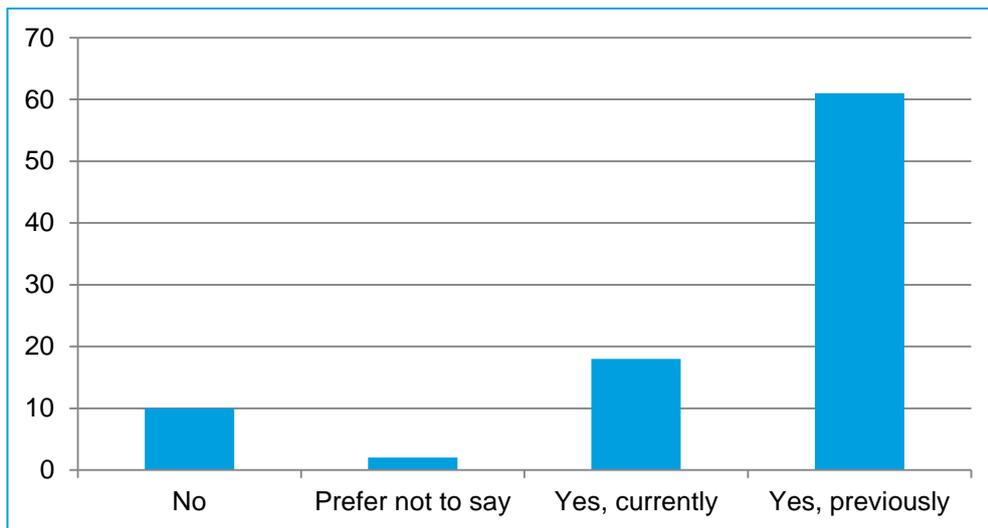
**Image a.1.2a:** Have you ever experienced domestic abuse?



As well as understanding whether participants had experienced abuse, we also asked about people they know that have experienced abuse. This gave us an indication of the level of abuse within the community in Surrey. There was a high number of respondents that know someone that has experienced domestic abuse. This can give an indication of the prevalence of domestic abuse in Surrey.

**Image a.1.2.b:** Has anyone you know ever experienced or witnessed domestic abuse?

<sup>20</sup> The survey included information about local services in Surrey for respondents that were experiencing abuse.



For respondents that had either directly, or indirectly (someone they know) experienced domestic abuse, we asked whether they received any help or support. Over half (56%) of respondents reported that they had received some support. There were a high number of respondents (36%) that had not received support.

Did you or the person that experienced the abuse get support?	Number of participants	Percentage of participants
No	33	36%
Yes	51	56%
Not applicable	6	7%
Prefer not to say	1	1%
<b>Total</b>	<b>91</b>	<b>100%</b>

Interestingly, only one quarter (25%) of respondents feels they got the right type of support, at the right time. The most common response was that respondents did not feel they got help at the right time (33%), which has implications for commissioners to attempt to increase the number of victims and survivors in Surrey accessing the right type of support at the earliest possible opportunity.

Did you or the person that experienced the abuse get the right support, at the right time?	Number of participants	Percentage of participants
No they did not get help at the right time	30	33%
Somewhat, they did get some help	25	27%
Yes, they got the right help at the right time	23	25%
Not applicable (I answered no above)	11	12%
Prefer not to say	2	2%
<b>Total</b>	<b>91</b>	<b>100%</b>

To provide an insight in to the level of awareness about domestic abuse, pathways and support available locally, we asked respondents if they would know what to do if a friend, family member or they themselves needed to get help and support about domestic abuse.

Most respondents (66%) either agreed or strongly agreed that they would know what to do and where to get help, which is a positive. However there remains a relatively high number that did not know what to do (14%) and a number that were unsure (13%).

How much do you agree that if you, a friend or family member needed to get help and support about domestic abuse you would know what to do/where to go?	Number of participants	Percentage of participants
Strongly agree	29	32%

Agree	31	34%
Neither agree nor disagree	12	13%
Disagree	13	14%
Strongly disagree	6	7%
Total	<b>91</b>	<b>100%</b>

To consider the routes in to services, and thus provide insight in to care pathway design, we asked participants to consider who they would tell and seek help from.

<b>If you were to, or have experienced domestic violence and abuse, who do you think you would tell about your experience or seek help from</b>	<b>Number of participants</b>
<b>Friend</b>	49
<b>A specialist helpline</b>	48
<b>Police</b>	33
<b>GP</b>	27
<b>A family member</b>	21
<b>Care professional (social worker, carer)</b>	14
<b>Colleague</b>	9
<b>Other</b>	9
<b>Parent(s) or carer</b>	7
<b>Religious leader</b>	6
<b>Children centre staff</b>	6
<b>Local service (my hairdresser, barber)</b>	3
<b>Employer</b>	3
<b>Teacher</b>	3

The most popular help seeking behaviour would be to tell and seek help from a friend (49), this is not uncommon and highlights the importance of robust awareness campaigns within the community. A significant number of respondents (48) stated that they would seek help from a specialist helpline. In Surrey there is a 24 hour helpline run by YourSanctuary which gives specialist domestic abuse advice to people who are experiencing domestic abuse. Interestingly, more respondents would prefer to call a helpline than seek help from a family member, GP or the police.

Of those that responded 'other' comments included:

*'Don't know if [I] would tell as been there before*

*'Would depend on what had happened and my circumstances at that time'*

*'Solicitor'*

*'ESDAS'*

*'It's hard to say as when you're in that situation don't know who to tell'*

*'It would be very difficult to tell anyone when you're isolated'*

*'Health visitor'*

As well as understanding help seeking behaviour, we considered how to promote specialist services to increase awareness. The most popular responses included online, GP notice Boards, social media and through being referred by a professional. Having a functional and easy to find website is therefore important. The 'Surrey Against Domestic Abuse' website is easy to navigate and is the first thing that comes up when searching 'Surrey domestic abuse' on Google.

<b>Where would you like to find out about domestic abuse services?</b>	<b>Numbers of participants</b>
Websites (eg. Google, BBC)	59
GP notice board	59
Social media (eg. Facebook, Instagram, Twitter)	51

Where would you like to find out about domestic abuse services?	Numbers of participants
Referred by someone else (GP, social worker)	50
On public transport	49
Public amenities (eg. bathrooms)	47
Hospital noticeboard	43
Being told by a friend or family member	39
At work	39
Television	39
At school or college	37
Radio	36
Children's centre	34
Council offices	29
Other	5

Participants that selected 'other' suggested the following places:

*'Materials should be widely available'*

*'Church, Village noticeboards'*

*'Pubs, leisure centres'*

*'Dental Surgery'*

*'Anywhere possible'*

Church and village notice boards are particularly interesting feedback in light of the needs assessment. The majority of older residents identify as Christian, therefore this would be useful in order to ensure they are aware of local provision available.

As well as understanding the best place to promote support available, it is important to understand the type of support residents would expect from a specialist domestic abuse service. Respondents were able to select more than one answer.

What type of support would you expect to receive from a domestic abuse service?	Number of participants
<b>Counselling</b>	83
<b>On to one support</b>	76
<b>Legal Support</b>	71
<b>Support groups</b>	70
<b>Financial advice</b>	63
<b>Refuge (emergency accommodation)</b>	63
<b>Support for my children</b>	61
<b>Housing support</b>	54
<b>Support for the abusive partner</b>	25

The most common response was counselling, with almost all (83) participants selecting that they would expect that type of support from a domestic abuse service. Not many people (25) selected 'support for the abusive partner', this could either be because they do not expect a domestic abuse service to be oriented around the abusive partner but rather the victim, or it could be because participants did not think that it was a priority. Four participants selected 'other' and want the following:

*'Emotional/practical support'*

*'All support, advice and information for action needed'*

*'Recovery groups'*

*‘Educate teenagers that have grown up in domestic abuse and violence. They have choices available they don’t have to follow in their parents footsteps. Provide them with support to keep them on the right path’*

Finally, we asked respondents what would be important to them when accessing a domestic abuse service. This provides the opportunity to understand the practical elements that are important to service users so that they get the support when they want it and how they want it.

What would be important to you when accessing a domestic abuse service?	Number of participants
<b>Confidential</b>	77
<b>One to one support, face to face</b>	72
<b>Telephone support</b>	61
<b>Flexible</b>	59
<b>24 hour service</b>	59
<b>Evening availability</b>	56
<b>One to one support, online</b>	36
<b>Home visits</b>	26
<b>Text support</b>	24
<b>Childcare/crèche</b>	21
<b>Fixed appointments</b>	17
<b>Different languages available</b>	9
<b>Disability access</b>	8

Almost all (77) respondents felt confidentiality was essential from a domestic abuse service. This was closely followed by the options of one to one support (72) and the option of support over the phone (61). Additionally respondents need services to be flexible (59), with evening support available (56) and ideally offering a 24 hour service (59).

We offered respondents the opportunity to provide any additional feedback or comments in relation to domestic abuse services in Surrey. we received the following answers:

Is there anything else you would like to add in relation to domestic abuse services in Surrey?
Services need to be continued and offer relevant support to all ages. Support for children affected is very important. The parent or care giver that has been abused needs to be supported to care for the children and helped to understand the impact on their children of what has happened.
There need to be safe places for women and their children affected to move to if they need to escape
All professionals need to understand abuse and know how to tell people about services, report concerns
The more campaigns you have, the better and never stop this.
Increased awareness of what is out there.
That ongoing support does just that goes on. Not just stops and leaves you, feeling isolated and still very much afraid, but feel the person cannot go back to the agency, as they have been "discharged "
Need to publicise in the more affluent areas of Surrey eg noticeboards in villages.
Make the services available more visible please

**Is there anything else you would like to add in relation to domestic abuse services in Surrey?**

I would like to see greater publicity, and for adequate education to ensure everyone understands Domestic Abuse to be socially, and morally, unacceptable. And that action would be taken to support the abused to feel safe, and abusers given access to support to gain the skills to reduce their need to abuse.

Good work being done, more still needed to reach all areas of the community. More funding needed to expand services.

I was abused by my ex husband. I had dealings with ESDAS who were kind and supportive but I had terrible experiences with Surrey Police who treated me as a bitter ex and on one occasion when I'd been physically assaulted refused to look at my injuries at the time and did not give me information about whether they ever obtained medical records for a prosecution. I wouldn't bother to contact them if/when it happens again.

Wider publicity to educate the general public about domestic abuse as I know so many people who think it can't possibly be occurring 'in this area' or think it relates only to people on lower incomes.

Esdas was a great support to me when I needed them, but was u aware of any other support at the time that was available

ESDAS has been a lifeline to me. They are worth every single penny they get to provide a valuable, much needed service

They're not publicised enough.

The tactics of an abuser aren't expressed clearly enough - ie coercion - not everyone necessarily understands what that means.

Education about healthy relationships is v important and coaching for young people. Also support with rebuilding life afterwards eg confidence and resilience training.

More professional services better help understanding from Police

Domestic Abuse support has improved considerably since I was in an abusive relationship more than 10 years ago, however, I still think many victims don't actually realise they're in an abusive relationship because, to them, their relationship is normal.

The police need more training in understanding how DA works and how their perception of an incident can be manipulated by the perpetrator.

The "tag" of mental instability is often used as a powerful and effective weapon against the victim and by just prescribing antidepressants etc, rather than asking the right questions, medical staff are actually backing up the perpetrator's claims that the victim has mental health issues.

The current provisions are very very good. There needs to be more work through the partnership to design interventions that will help others who are not aware or perhaps do not recognise their relationship as abusive.

The partnership is though in a very strong place.

**Is there anything else you would like to add in relation to domestic abuse services in Surrey?**

I know the services of ESDAS have had their funding cut which is a huge shame. Many of the volunteers are unpaid for their time but have expenses for petrol/coffee etc but the tight squeeze on finances had had an impact on the services they can provide when people are at their most vulnerable

There's not enough funding for support services and police lack understanding of domestic abuse.

I feel there is not enough support from police or the courts. There needs to be more training so there is more understanding of what the victim needs in regards to support and that every perpetrator gets a prison sentence to give the victim some breathing space.

Having grown up in domestic abuse and violence and married into it. I cannot thank surrey domestic services (2009-10) for all it's support. I left my now ex-husband. I'm back on my feet and both myself and my child are happy and safe. I feel we should be targeting domestic abuse and violence in secondary schools, making teenagers aware that if they experience this behaviour at home, they can choose a different path when they become adults.

There needs to be more support available and services not capping number of sessions available for counselling etc. It also needs to be more easily accessible and not have long waiting lists

I am gay and I did not know where to get support, but when I phoned a local service they were supportive and put me in touch with an outreach worker

Domestic abuse doesn't just affect women with children and there simply isn't enough help for middle aged professional women who are trapped in an abusive relationship

I would like to say that I volunteer with Esdas & they do an amazing job of looking after clients and helping them to move on with their lives...

There needs to be more awareness. So that people know where to go and be confident that it is confidential

ESDAS provides wide ranging support and really makes a difference to those who use its services

I suffered from domestic abuse that finally ended in 2008 , despite having a 4 mobile h old babes love you was offered no support or help from anyone , I was even accused of suffering from post natal depression disputed being covered in bruises and my ex partner having a long police history , I feel totally let down . To this date I have never been offered any support , neither has my daughter who is now 9. She also still suffers from the bad and destructive relationship with her dad . We feel totally let down

I think there is not enough awareness of the help available to people. A lot of people feel there is nowhere to go and nobody to help them. There is also huge waiting lists for a lot of the services available in Surrey, whilst this is an issue that probably falls under budgeting, there should A) be more money allocated to these services or B) use the money in a better way.

I am aware that some services provide help for abusers (I haven't dealt with being an abuser so I don't know fully how much there is available) however I feel that there should be more awareness again for these type of services. Some people are unaware they are abusers (denial or stupidity), then some

### Is there anything else you would like to add in relation to domestic abuse services in Surrey?

people are aware but hate themselves or are too ashamed to seek help as it is not advertised (mainstream) properly that help is there. I think helping abusers is a good idea as if one person can stop abusing, that could potentially stop 4,5,6, etc. victims and would in turn cost less for victim support.

I had a good experience and support from Domestic Abuse services in Surrey. I have seen them restricted financially more recently. It is important for it to be known that they can and do actually change lives and offer as much support as they can.

Help middle class families as DA happens to them as well and it's hidden.

## A.2 Victim and survivor focus groups

SafeLives facilitated four focus groups, speaking to over 20 victims and survivors of domestic abuse. One of the focus groups was open to any residents in Surrey, however there was no attendance. One resident sent feedback via email which we will include in our thematic analysis in this section. The remaining three focus groups include victims and survivors accessing specialist domestic abuse services. This section provides a thematic analysis of the themes from these focus groups.

### A.2.1 The needs of victims and survivors

#### Needs are not universal

Victims and survivors noted that what people in abusive relationships need varies on an individual basis. However some commented that it is more complex, as it will be different at different stages of the relationship. For example, what may be needed before a victim has come to recognise the perpetrators behaviour as abuse, will be different to their needs when they are planning to flee.

#### Housing support and advice

A number of victims and survivors noted that they need practical support, namely around finances and housing. This support varied depending on individual circumstances. One victim owned a home with the perpetrator; she was also employed through his business. This made leaving particularly complex as despite being financially able; her dependence was on the perpetrator. Furthermore, as she owned her own home she was unable to seek housing support. This reduced the number of options available to her when she needed to leave.

#### The need to provide proof for support

Some victims and survivors noted the difficulty of having to have proof for a number of agencies. In order to get legal support they would need proof of domestic abuse or in order to get a reduction in council tax they would have to prove the perpetrator no longer lived there. This is problematic in the context of domestic abuse as the perpetrator often has control over documents or finances, or will seek to create barriers. Some victims felt that there should be increased understanding of this type of perpetrator behaviour so professionals can be more supportive in these contexts.

#### Financial support and advice

Many victims noted that financial support is a particular challenge. Women that were in the refuge commented that they had to leave with no belongings or money at all, which caused ongoing difficulty. Another victim who separated commented that she was unable to go to work anymore as they had owned a company together; this meant she had no income. In this situation she was able to borrow money from family but commented 'I feel bad taking money from my sister'. Additionally she commented that she was unaware what her other options were and questioned what support was available for those that did not have family support. There were a number of women who stated they had to go to food banks.

### A.1.3 Domestic abuse awareness

#### Awareness of help and support available

Most of the victims and survivors felt there was little awareness about domestic abuse. A number stated that they were not aware of any specialist domestic abuse services that were available locally until much later on in their journey. They called for a local and/or national domestic abuse awareness campaign with the national domestic abuse helpline number being widely advertised. When told that there was a local helpline and awareness campaign in Surrey, they were not aware and suggested this be more widely advertised. They explored that GP surgery notice Boards, at supermarkets, through social media, TV and radio would be the best forms of advertising. Some suggested schools and children centres would also be useful, but only for those with children. Additionally in employee staff rooms for women that work.

#### Labelling experiences as 'domestic abuse'

Victims and survivors stated that they did not identify with the 'typical' abused woman image.' Additionally many stated their awareness was low, and they would not have labelled their experience as domestic abuse. They considered that this may be a barrier for some victims if they do see campaigns about 'domestic abuse'. Some victims suggested that is awareness campaigns said that there was someone to talk to about problems in their relationship without labelling it as domestic abuse, they would have rung to seek help.

#### People ask more now

A number of victims and survivors noted that more professionals ask about domestic abuse

*"Things have changed now people ask a lot more due to increased awareness"*

We asked whether this was a positive step, which the majority agreed with. One victim stated that had a health setting such as the hospital (when she attended with injuries due to domestic abuse) asked her more about her relationship and how she sustained the injuries, she would have been willing to speak about it. Despite not feeling ready at the time for support, she explained that she was at a very vulnerable point and if she had a professional notice and highlight that she needed help, she would have accepted it.

One service user reported that recently a nurse had seen a bruise on her leg which was not domestic abuse related and had asked if she was ok. She felt there was more awareness now even in places like McDonalds, where she was also asked if everything was ok.

#### Professional's awareness of the dynamics of abuse

There were mixed views about the awareness of professionals about the dynamics of domestic abuse. There were a high number of victims and survivors that commented about the lack of understanding they received.

One victim mentioned that a member of staff from Reigate council had commented *"well he seems like a very nice man to me"* when she disclosed the abuse. She found this particularly disappointing given he had 78 convictions. In another example a victim disclose to her GP who responded by asking her *"how do you know it was domestic abuse"*.

One victim described her experience from professionals, stating it made her feel unworthy of support and like she was the *"scum of the earth"*.

Furthermore, there appeared to be a lack of understanding of the tactics perpetrators of domestic abuse use to create barriers to support. One victim reported that she started to feel paranoid that they all knew him and were doing what he said. This would have significantly impacted her ability to seek help. Whilst another survivor reported that the perpetrator would anonymously phone the police every weekend saying the children were not safe, meaning the police would have to carry out a welfare check. The survivor stated that it restricted what she was able to do, to ensure she did not give anyone cause for concern and became too scared to have a glass of wine in case the perpetrator would use it against her.

## A.4 The role of universal and non-specialist services

A number of victims and survivors had accessed services before, during or after their experience of specialist domestic abuse support. This section outlines some of the themes that emerged.

### Police

A number of participants had reported the abuse to the police. One victim commented on her experience which she found positive. She explained that it was her only contact with the police. She called following a violent attack in which the perpetrator had broken her nose and several other injuries. She commented that she was unconscious by the time the police arrived and they were very supportive. She remembered the officer's immediate response, which was to take her straight to hospital rather than waiting for an ambulance, which she found helpful.

However some victims did not find their experience positive. One victim stated she had 'no faith in the police'. She explained that, she had several contacts with the police in which she had called for help. She commented that it depended on which officer arrived, as they all had differing levels of empathy and understanding. She commented that the perpetrator would use the police to discredit her, explaining an example in which he rang and accused her of throwing something at him which resulted in her being arrested and held in a cell for 18 hours. She was disappointed that in comparison, it took four weeks for the perpetrator to be arrested following an attack in which he beat and urinated on her. In this instance she felt the police did not consider the history and context, but rather responded to each incident as a new situation. This enabled the perpetrator to use the criminal justice system as a tactic to exert power and control over her.

One participant stated that he has broken court orders many times but that the police won't do anything. Another survivor stated that 'the police didn't take me seriously'. She stated she was on the phone to the police during an incident where the perpetrator was threatening her with a hammer. She was disappointed that it took the police around half an hour to arrive. A number of victims felt there was a lack of communication with the victim following police involvement and this could be improved. In particular to update on arrested, releases and bail conditions.

### Housing

One service user was renting through the local authority, they were aware of the domestic abuse as she had been given legal advice, there was a non-molestation order in place and a number of police reports. However *"he [the perpetrator] was re-housed by the council to the end of the road, even though the council knew what had been going on"*. She commented that she felt *"he slipped through the net."*

A survivor who owned her home jointly with her husband (the perpetrator) had been forced to move out of the house and into her parents' house due to the abuse. She had initially been advised to stay in the house as long as she could to help with her claim to the property but made the decision to leave as the abuse got worse. Following two years later she is still attempting to sell the house and had to get legal help. She commented on the fairness, as she is now in rented accommodation with her daughter whilst the perpetrator remains in their five bedroom house.

### Children services

There was a significant fear amongst victims and survivors that if they disclosed the abuse and children services became involved they would be seen as an unfit parent. One survivor commented *"I was scared that they would take him away so I said everything was fine"*

Some victims had a positive experience which led to additional help and support for their children. In one example a social worker offered a course for the victim's son, which was helpful. However she stated that the support for each child different and her daughter was not offered support which caused problems.

There was a theme around leaving the relationship, and the impact it had on support. One service user said *"the hardest time was when I left...I left suddenly and found it hard to explain it. Three years ago their [her children] behaviour went downhill. Haven't known how to handle it. The CAMHS referral was delayed by 6 months as was not put through by social services. Once they found the referral we got an*

*appointment in 1 month*. However there was an expectation that once a victim had left a relationship the domestic abuse was over and the family was safe. However this is a high risk period, and many victims are subjected to ongoing abuse and harassment. One victim stated that CAMHS closed case following her leaving as they said children were safe now.

Some victims felt their voice was not heard through children services and they lost control over their fate. One survivor commented on a negative experience she had, which she submitted a complaint about. She emailed the chair of the child protection conference regarding her treatment but the complaint was forwarded to the social care manager who was subject of complaint so didn't want to take it any further.

Some of the victims that attended the focus groups had grown up children. They commented that their children received no support. Adding that despite children reaching the age of 18, they often still require help and support. One participant took out private healthcare to get counselling for her child.

## Schools

Schools were a pivotal point of support for victims and their children. One commented *"I had a good experience of schools"*. Another described the positive experience from her child's school in which her *"[my] daughter was assigned to a particular teacher she liked so she could go and speak to her at any time"*. This was important for her child and had an impact. However some victims felt the response was different from different schools and often relied on an individual member of staff within the school. One survivor commented *"there can be a mixed response from school...different response for different children"*.

## GPs

Another key agency victims turned too was their GP. One service user reported that her ex was always telling her she was nuts and mad and she thought that everyone would see her that way. She went to the doctor and said that she thought she had bi-polar, the doctor said *"I'm not medicating you to go back and live with that man"*. He told her he would make a referral to social services if she didn't get out. Although this is not an approach SafeLives would advocate, the victim describing this example reported it as a positive step. It is however positive that the GP recognised her wellbeing was related to domestic abuse. Another survivor reported to her doctor that she was worried her daughter was going to harm her and doctor responded by suggesting they up her anti-depressants.

Another survivor reported going to GP regularly as a result of chronic illnesses such as IBS over 25 years. The doctor asked her 'why do you think this is happening is it stress about work' she replied 'no' but the GP didn't ask any further questions. Reflecting she thought this was a missed opportunity and the GP could have asked more questions.

Another survivor commented *"one doctor understood and listens and then I got the support I needed...but [it] took 7 years to get the right support"*. Indicating there is not a level of consistency amongst GPs, and it depends on individual practitioners. There were also a number of victims that felt they had been medicated as an alternative to support *"I had a poor response due to disclosing depression...didn't get help with my son's needs"*

Some survivors needed support from their GP to support them in relation to employment. *"During crisis time..kept getting told by the DWP to go for back to work interviews"*. As the victim could not work due to the abuse which was ongoing she needed to secure an alternative income however she was told that she could not claim job seekers allowance *"they said they can't help me"*. Therefore she *"had to go to [my] doctor to get signed off"*

## Hospitals

One victim described a suicide attempt. She stated that nobody asked why she had done it at the hospital. Her GP then lost the referral to get her extra help, so she went back after 5 months to try and get support. The psychiatrist stated *'what does a lovely lady like yourself want to do this for.'* She spent a week in hospital but no-one asked 'is everything ok at home'.

Several survivor stated that they needed to be asked when they went to hospitals *'if they had asked, I probably would have said something'*.

## Adult social care

Some survivors commented on the role of adult social care and being identified as a vulnerable adult due to domestic abuse. One commented that the definition is too broad and although she was vulnerable, she wasn't classified as such due to the rigid system. She commented that during her assessment as vulnerable adult it included inappropriate questions such as being able to wash herself and a home visit but no questions about domestic abuse, which was what was making her vulnerable.

## A.5 Specialist domestic abuse services

### Feedback about service use

One victim was referred to victim support by the police after an incident in which she was hospitalised, intervention took place at the right time and encouraged first disclosure. A number of survivors commented that they had positive experience of one to one counselling through specialist domestic abuse services.

There was some demand for age specific group sessions. For example some survivors that were over 50 years old and had been in an abusive relationship for 25 years, was a very different experience to a younger victim that may have had a shorter relationship and possible dependent children still. They commented that neither was a worse or more severe situation but that they would feel more comfortable talking about their experiences with people who had experienced similar relationships, especially the length of the relationship, with one victim stating she 'didn't want to feel stupid' that they hadn't left sooner.

Victims discussed the type of service delivery on offer in Surrey. It was agreed that a number of options (e.g. face to face, telephone) were important so you could access the service in different ways at different times depending on what you needed. One victim commented that the ability to drop in without an appointment was a "life saver" for her.

Victims that were employed noted the difficulty of accessing services, as they are mainly during working hours. One victim commented "*[programmes] always during weekdays.. they[employer] let me work from home so I could attend the freedom programme*". This highlights the importance of flexible services, and the role of employers in supporting staff that are experiencing domestic abuse.

### Feedback on services for children

Victims and survivors had mixed views on the support that is available for children. One victim explained the difficulty of explaining what is happening to her children stating "*[I]..would say to children I don't know what to do*".

For victims that had received help and support they found it beneficial. Some victims accessed SDAS children's 6 session group programme on Saturdays which included football/ andswimming. One victim explained that once a month they were provided a taxi which gave the youngest child confidence to go.

Victims commented on the role of specialist providers in supporting them through children services. One victim has a team around the family meeting with support from ESDAS. She commented "*[the]..eam around the family and Esdas provided validation.*"

### Pathways in to specialist domestic abuse services

One service user reported that she had suffered a breakdown and asked for help but wasn't given any. She reflected that this was some time ago and "*now there is so much help available*". Below we provide an overview of the pathways of survivors in to services, including services victims were in touch with but did not signpost to services:

1. GP referred me to CAB, who then referred to SW Surrey DA service
2. Police (perpetrator rang police and said she was attacking him), she handed herself in to the police station and was given support from there. Police said 'why have you not come before' (20 years in the relationship). She said she felt like a fraud until she did the freedom programme. 'SDAS were only people who understand even friends/family didn't understand.'

3. Employer referred her to SDAS – (her manager had been supported by SDAS in the past).
4. “See stickers for SDAS everywhere now in toilets”
5. One service user said she had referred a colleague who is experiencing abuse to SDAS.
6. One service user said it was a judge who suggested SDAS (there had been prior contact with Social Care due to daughter making a disclosure at school but they hadn’t referred). She did a DIY occupation order herself then the judge suggested she go and see SDAS before going for the permanent order.
7. One service user recalls being contacted by SDAS. Social care had said she had to go on a course. She then started to build a relationship with her outreach worker. Hadn’t trusted anyone before that.
8. One service user stated that the first time he hit her she went on the computer to try and find advice. She looked at the national sites such as refuge. She read the information on there but made excuses for him. “though he did it because he wasn’t well.”
9. Health visitor could have referred me but stuck to textbook/ no empathy.
10. One service user said she would let him in due to guilt over the children and then she was scared to tell the police because she invited him in – he would use that against her. “Worse to leave than to stay.” “SDAS really helped with this – understood.”
11. Midwife – picked up postnatal depression/ referred to mental health team but they said everything was fine. Mum would go every day and take her back to her house.

## A.6 The role of the community, family and friends

In one focus group, survivors felt that peer support (such as a ‘buddy system’) would be invaluable. They noted that although they have gone to support groups such as the Freedom programme, ongoing support can be less obvious. They noted that it is important to connect with other people that have gone through similar situations, but that group programmes also include many with very differences in experiences as well as age and personal circumstances. They considered that this can sometimes feel uncomfortable. One victim noted ‘all the younger women in the group must have thought I was so stupid, I was so much older and should have known better’.

### Feedback from victim and survivors on speaking to friends and family:

1. Disclosed to them but they didn’t believe/ shoved under the carpet. Mother said “I wouldn’t have let it happen to me.”
2. “Couldn’t cope and went to family. Didn’t know it was abuse at that time but knew it was awful. They asked if I had talked to him about it and suggested they talk to him. Not their fault I didn’t know it was DA.”
3. “Grew up in a family where it was normal to wait on husband hand and foot. Ended up a house slave.”
4. “couldn’t go to family. I felt I could change him. I wanted to be loved. Friends knew it was happening but I would go on the defensive.”
5. People say “I wouldn’t have thought it could happen to a strong person like you.”

## 7.3.6 Support for the perpetrator

In most cases victims stated the perpetrators did not get help to change or recognise their behaviour.

In some cases, where criminal justice system had been involved, perpetrators would ignore orders and restrictions. In one example the victim stated that a his friends would stalk her with one saying that they will ‘burn the house down, with [her] inside’. Some also noted the difficulty of taking action against the perpetrator. In one example the victim stated her children were used for emotional blackmail and would often say to her ‘*don’t put daddy in prison*’ which resulted in her withdrawing her statement.

All participants commented on the power and control perpetrators would demonstrate, and in some instance use agencies to further exert power. One participant commented that she had been forced to have abortions and miscarriages throughout the relationship which meant she had no children despite wanting them. There is a role for health services in identifying this type of controlling behaviour. In this instance she asked the perpetrator why he continued to force her not to take contraception and then have an abortion, he replied ‘*because I could*’.

**Types of support for perpetrators:**

1. "Sectioned himself twice"
2. Probation – anger management/ DA programme. Women's safety Worker – "kept me informed of what was going on."
3. In 2001 perpetrator only got 1 year probation (put child in hospital)
4. "2<sup>nd</sup> husband went to private rehab for alcohol abuse and AA meetings."
5. She had to go on a parenting course – he refused to attend
6. Repeated going to prison – sentences getting longer and longer. Started at 3 months and went up to one year.

# Appendix B: Professionals engagement

## B.1 One to one interviews with specialist providers

At the beginning of the project we met with most providers in Surrey to discuss the project. During these meetings we asked about the current commissioning arrangements in Surrey, and what worked well and what could work better.

### Commissioning for victim services

- Funding streams from the local authority cannot be relied upon because they are on a rolling contract indefinitely which makes it difficult to plan
- There is limited funding from children's services in to refuge provision for children, despite providing a lot of support for the children in the refuge it is primarily through other funders
- Housing is the biggest issue as victims are often moved into bed and breakfast accommodation. As refuge is emergency temporary accommodation, they should not then be moved on to further emergency temporary accommodation but rather more stable accommodation
- The council often refers women to 'Next Step', a private rented sector charity but as affordability is a huge issue they get often get referred back to the council
- Services are being referred an increasing number of clients with no recourse to public funds, which causes difficulty in funding, and additional time required to support navigating through complex systems
- Gap with support for EU citizens, particularly Eastern European women in services as they require a lot of support. In many examples their benefits are cancelled (jobseekers) and are told they have 'no genuine prospect of work' due to their status, even when they have been offered jobs.
- Little resource for primary age especially the 5-7 year olds
- Countrywide district councils don't talk to one another to the detriment to the service users
- Mental health and drug and alcohol referrals are low in to services, and referring in to these services for existing service users can be lengthy with issues around dual diagnosis and the acceptance of referrals
- Public health involvement in tackling domestic abuse is minimal
- Complex needs is a significant issue with no real support provision or pathways in place
- There is a lack of victim voice in the local authority commissioning process

### Commissioning for perpetrators

- Lack of integrated substance misuse treatment (toxic trio)
- Rapid pathways for perpetrators are undermined by cuts in public health spending
- Wrap around services don't exist
- Referrals through courts to BBR are going down because the public sector is struggling to find time in court to assess perpetrators' eligibility for BBR
- Mental health support is the biggest problem and the first priority area for improvement in support for perpetrators

## B.2 Frontline professionals workshop

In April 2017 SafeLives facilitated a workshop with professionals across Surrey. All domestic abuse champions were invited as well as those with a lead or role in responding to domestic abuse. In total XX professionals attended from a range of agencies.

### Attendees

There were a range of professionals from various agencies in attendance. This included specialist domestic abuse service providers, local authority children services, surrey police, health services, district councils and housing associations.

Table B.2a: overview of attendance at domestic abuse workshop

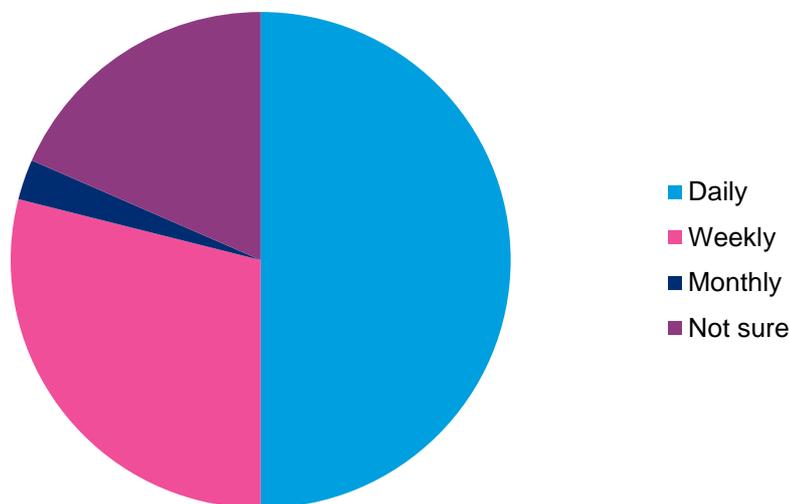
Organisation	Attendance
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<b>Children and family services</b>	Family Support Programme x4 Social Care x1
<b>Surrey County Council</b>	Community Safety
<b>Surrey Police</b>	X11 (including PCSO, PC, DI, DCI and OPCC)
<b>Specialist domestic abuse providers</b>	NSDAS x2 RBWA x2 ESDAS National Women's Aid x2 Your Sanctuary x2
<b>Health</b>	NHS ESCCG CNWL Children and Family Health Surrey x2
<b>Housing</b>	Thames Valley Housing Rosebery Housing Association x2 Homegroup
<b>District councils</b>	Surrey Heath Borough Council Epsom & Ewell BC Woking Borough Council

### Snap survey

For all professionals that registered to attend the event online, we conducted a snap survey. Firstly we asked how often attendees dealt with domestic abuse in their role. Approximately half of respondents dealt with domestic abuse on a daily bases. However there was a good variation with professionals that dealt with domestic abuse less frequently, or rarely.

Image 8.2.2a: how often delegates respond to domestic abuse in their role



We asked three questions about the current picture in Surrey to gain insight in to what professionals thought was working well in Surrey and where there are improvements that could be made. Finally, we asked delegates to consider three areas that must be a priority of the future.

Table B.2a: Overview of professionals views in Surrey

From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
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From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
The Outreach Services Male Outreach Service in Surrey	Communication by Outreach Service with local partners	<ol style="list-style-type: none"> <li>1. LGBT community</li> <li>2. Children and young adults</li> <li>3. More service provision</li> </ol>
MARAC Support from ESDAS for practitioners is excellent. Children's worker is very positive innovation.	Support for practitioners in the north of Surrey has been inconsistent particularly when they are seeking advice and support from outreach.	<ol style="list-style-type: none"> <li>1. More funding for IDVA across whole of the county</li> <li>2. Multi-agency training regarding routine questioning</li> <li>3. Funding for leaflets posters , presentations</li> </ol>
Well-coordinated partnership arrangements - ESDAS / Outreach and Police relationship works very well.	More training and awareness for front line practitioners.	<ol style="list-style-type: none"> <li>1. More resources for survivor support</li> <li>2. Youth intervention / healthy relationship awareness</li> <li>3. Perpetrator identification / programmes</li> </ol>
We are able to offer to provide services to survivors that are essential to their safety and recovery, using also use our local partners and agencies well to ensure a holistic approach	We could benefit survivors affected by domestic abuse by enhancing existing services with the addition of the IRIS project county wide and the provision of outreach services placed in A&E	<ol style="list-style-type: none"> <li>1. Integration with other services such as mental health.</li> <li>2. Ensuring the survivor is central to the work we do</li> <li>3. Listening to survivors on what they would want from the services</li> </ol>
Good multi-agency framework and multi-agency working	Inadequate funding	<ol style="list-style-type: none"> <li>1. Refuge and Outreach funding</li> </ol>
Strong multi-agency framework - DAMB and DA Delivery Group	Inadequate funding	<ol style="list-style-type: none"> <li>1. adequate funding for Refuge and Outreach</li> </ol>
Fantastic links with our IDVA ESDAS, joint work, children's group and survivors group	more work for perpetrators and with identifying male victims of DA	<ol style="list-style-type: none"> <li>2. perpetrators groups to be further expanded</li> <li>3. continuation of funding for ESDAS</li> <li>4. Further agreement to continue children's groups</li> </ol>
Strong partnership of Surrey specialist DA Services and partners. Working with survivors at all risk levels on safety, risk management and recovery in a needs led strengths based way.	Statutory services to have a better understanding of coercive control and their ability to be groomed by the perpetrator. A cultural shift from a victim blaming focused system to one that empowers survivors and holds perpetrators to account.	<ol style="list-style-type: none"> <li>1. Sustainable specialist domestic abuse services based on a holistic model of provision.</li> <li>2. Challenging victim blaming and coercive control</li> <li>3. Perpetrator management - both through robust and effective monitoring and holding to account and through behaviour change where possible (but not at the cost of services to survivors and children )</li> </ol>

From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
Takes the offence seriously, positive action, MARAC, ESDAS	Assumption that the male is always the perpetrator in some situations	<ol style="list-style-type: none"> <li>1. Work around perpetrators</li> <li>2. DA and children</li> <li>3. Social Services awareness and response to DA</li> </ol>
Not sure as I am a little too removed. I get the impression the DA outreach services are responsive and are of high quality	Implementation of NICE PH50 and QS116 Countywide roll-out of IRIS training for all relevant frontline staff and a clear referral pathway for those who require DA services	<ol style="list-style-type: none"> <li>1. Implementation of NICE PH50 and QS116</li> <li>2. Countywide roll-out of IRIS</li> <li>3. Training for all relevant frontline staff and a clear referral pathway for those who require DA services</li> </ol>
ESDAS - variety of approaches/support to suit needs. Responsiveness of service	More work with perpetrators Better awareness with young people about healthy relationships	<ol style="list-style-type: none"> <li>1. IRIS - jointly commissioned/funded</li> <li>2. Work with schools</li> <li>3. Funding of support services</li> </ol>
The training that is delivered to Surrey agencies is very good for getting people to understand their role in supporting DA	The need for the recognition of those in same sex abusive relationships, the outreach services are brilliant but it takes a while for those in same sex abusive relationships to make contact	<ol style="list-style-type: none"> <li>1. Continuation of good multi agency training</li> <li>2. Ensure the funding of the outreach services continues</li> <li>3. Better joined up working with all agencies that are likely to come into contact with DA survivors</li> </ol>
good multi agency working	health are no longer informed about incidents of DA, yet as practitioners we continue to visit homes that abuse occurs and could be at risk from the perpetrator	<ol style="list-style-type: none"> <li>1. information sharing</li> <li>2. training</li> <li>3. working practices</li> </ol>
Commissions specialist voluntary sector organisations to deliver services.	n/a	<ol style="list-style-type: none"> <li>1. Links to specialist sexual violence providers (and a corresponding commissioning strategy)</li> <li>2. Long term therapeutic support for survivors of domestic abuse</li> </ol>
Not sure at this stage only just stated with Surrey Police and just about to finish my training.	Not sure at this stage only just stated with Surrey Police and just about to finish my training.	Not sure at this stage only just stated with Surrey Police and just about to finish my training.

From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
<p>PCSO DA Car that visits the victims and is there for them. This has had loads of great results and other offences have been disclosed. Outreach referral care clearly explained and other safeguards are put in place. Links have got strong between the outreach teams and the way DA is viewed has changed in the right way. DA Mentors what a great move. Change in the work place and how the victims are being helped and supported. Loads of good work and things I could put here but wanted to say thank you for everything the teams do to support and offer a life changing service. Over 20 PCSOS have been DASH accredited</p>	<p>Gaps in support for men and what support is out there. Also lack of knowledge about help and support for people with learning disabilities and mental health issues including people with dementia. Stepping up programme for offenders needs more awareness and publicity around this. Leaflets and information we give to the victims to much at times and over loaded with stuff. Good to have one generic leaflet. DA disclosure scheme awareness needs to be raised. Would be good to see more partner agencies at MARAC.</p>	<ol style="list-style-type: none"> <li>1. PCSO DA be rolled out by Surrey Police.</li> <li>2. Leaflets and victim information is looked at and think about what type of leaflets and information could be given.</li> <li>3. Outreach Support in police stations</li> </ol>
<p>Partnership with current Outreach services</p>	<p>Better knowledge of county wide provision rather than 11 separate areas doing different things - postcode lottery for survivors!</p>	<ol style="list-style-type: none"> <li>1. MUST be needs lead and strength based services</li> <li>2. victim/survivor voice MUST be key to shaping delivery</li> <li>3. Not be simply the cheapest option or purely risk based, they must be services which work no only for the key commissioners and practitioners but those receiving the service.</li> </ol>
<p>The increased sharing of information between key partner agencies</p>	<p>The SIU / APT yo-yo in grading risk. High risk perps are not being monitored closely enough</p>	<ol style="list-style-type: none"> <li>1. Tackling repeat offenders</li> <li>2. Revisiting victims after all reports</li> <li>3. Better management of DVPOs and DVDS</li> </ol>
<p>NA</p>	<p>More support for children affected by domestic abuse.</p>	<p>NA</p>
<p>Good working relationship with Outreach and partner agencies</p>	<p>Could be better relationship between APT officers who deal with standard risk cases and outreach service providers. Lack of Body Worn Video for officers who respond to DA: rollout is taking too long and needs to be prioritized.</p>	<ol style="list-style-type: none"> <li>1. Place greater emphasis on identifying persistent DA perpetrators and targeting them.</li> <li>2. Roll out of Body Worn Video to all APT officers should be a priority to ensure best evidence.</li> </ol>

From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
ESDAS workers are very responsive and act quickly offering advice and action. MASH referrals are acted on quickly. MASH conversations are helpful	Everyone should be trained at least to a basic level in all the aspects of DA i.e. CPV, how DA affects children etc...	<ol style="list-style-type: none"> <li>1. more mandatory training</li> <li>2. school staff more aware</li> </ol>
Helpline service. Refuge provision	There is far too little resource provision for effective management of service delivery at ops / service manager level. Lack of resources to support families in crisis wanting refuge provision but without resource to public funds.	<ol style="list-style-type: none"> <li>1. Working to support children by working holistically with non-abusive parent.</li> <li>2. Providing transition accommodation for families leaving refuge (currently its too early and causes further trauma to children).</li> <li>3. Run more domestic abuse recovery programmes for children concurrently with the non-abusive parent.</li> </ol>
Committed staff	Keeping victims on board	<ol style="list-style-type: none"> <li>1. Victim engagement</li> <li>2. Victim care</li> <li>3. Positive Action</li> </ol>
N/a	Could do more regarding safe placements	N/A
Designated children's worker	<p>Insufficient Freedom Programme delivery</p> <p>Very slow responses to referrals</p> <p>Lack of coordination</p>	<ol style="list-style-type: none"> <li>1. Increase availability of Freedom Programme with greater flexibility in delivery e.g. evenings, childcare, weekends</li> <li>2. Improve contact times and consider interim arrangements for women to know support is really availability</li> <li>3. How to improve partnership working and utilise skills within wider workforce</li> </ol>
Outreach services	Health services could respond better and provide an earlier intervention. Children's services need to better understand the dynamics of DA to stop institutional victim blaming.	<ol style="list-style-type: none"> <li>1. Expansion of outreach/IDVA services</li> <li>2. Strategy to involve health partners as part of their contracts</li> <li>3. More joined up approach from all agencies including education for prevention work.</li> </ol>

From your perspective, what works well in the way Surrey responds to DA?	From your perspective are there any gaps, or things that could work better in Surrey around domestic abuse?	Can you list three priorities you think should be considered in the next commissioning strategy for domestic abuse?
That there is a service to refer to and receive advice from. Good partnership working with Your Sanctuary who allows me to visit once a month. Good attendance at TAF meetings from outreach workers.	Direct work with children needed. Greater 1-to-1 work with families/survivors of DA.	<ol style="list-style-type: none"> <li>1. Greater resources for DA organisations to offer more 1-to-1 work with those involved with DA as well as those that have come out but need ongoing support/guidance.</li> <li>2. Greater resources for work with children affected by DA</li> </ol>
we have DA champions in our area, group for children affected by DA, DA consultations with ESDAS, good joint working with ESDAS, links with refuge	It would be good to have a regular group for mothers (victims) to attend - we are piloting a group at this time whose children are affected, however to have a regular group throughout the year would be helpful. Also any type of perpetrator service would be helpful to have locally.	<ol style="list-style-type: none"> <li>1. further resources for working with children</li> <li>2. victim support - further liaison with CS and ESDAS in working with victims if they are not yet ready to engage</li> <li>3. more on safety planning with victims so as not to re-victimise, but to ensure children (and mother) are safe perpetrator services</li> </ol>
Surrey wide service offer	More consistent funding around for longer terms for the additional but important services eg. for children's services, counselling etc	<ol style="list-style-type: none"> <li>1. Consistent service offer</li> <li>2. Group work for recovery</li> <li>3. Awareness raising</li> </ol>

## Discussion themes

The workshop provided an opportunity for professionals to elaborate on their responses to the snap survey when they signed up, and explore the current offer in Surrey. During the workshop five case studies were distributed around the room. Below outlines a number of themes that emerged.

### Good specialist providers in Surrey

There was an overall consensus that there is a good level of specialist provision available in Surrey. Most professionals agreed that in each case study example, there was a service available that they would be able to refer and signpost too. A number of tables discussed the Change That Lasts pilot and the additional strengths this approach will bring to the response to survivors in Surrey.

### Lack of knowledge and awareness of referral pathways

Despite the consensus that there is a good level of provision available in Surrey, many professionals felt there was not a universal awareness among professionals. There were discussions about different organisations having a different level and type of knowledge. This could lead to inconsistent referral pathways. There was some discussion around identification from professionals, with some commenting that this varied across Surrey.

### Response to perpetrators

Most professionals agreed that there was currently not a coherent response across Surrey to perpetrators of abuse. There was debate around the best way of responding to perpetrators and whether expensive perpetrator programmes was an effective provision. There was agreement that a

response to perpetrators must include accountability and robust criminal justice system measures as well as support to change behaviour.

### The role of employers

In a number of the case studies, the victim/survivor was employed. This is similar to the demographic in Surrey. The majority of professionals considered there to be an important role for employers in identifying domestic abuse and knowing what to do to support employees. Additionally some professionals considered the role of promoting specialist services and that working with corporations and small to medium size businesses through existing forums could be an effective promotion strategy.

## Suggested joint commissioning priorities

Following discussions, the workshop concluded with all professionals agreeing in groups, three priority areas for commissioners. We have categorised all priorities agreed in to themes<sup>21</sup>:

### Coordinated response

1. Coordinated commissioning and a strategic vision
2. Coordinated commissioning

### Community support including employers

3. Supporting specialist services and wider community (through change that lasts<sup>22</sup>)

### Awareness raising and training (three priorities)

4. Awareness and training for employers and local agencies
5. Workforce development and awareness campaign

### Safety and support

6. Increased outreach and Idvas
7. IRIS
8. Commissioning to prioritise safety (including no recourse to public funds, immediate safety and refuge)
9. Children and young people (preventative work around relationships and mental health, easy to access, short waiting times and early intervention for high risk groups e.g. traveller population)
10. Commissioning to be victim and survivor led not service or demand led

### Provision for perpetrators

11. Perpetrator provision – which must be survivor led
12. Provision for perpetrators (including those with access to children, substance misuse and work around healthy relationships)
13. Holding perpetrators to account through the criminal justice system, consistent messaging and changing the narrative from ‘she didn’t engage’ to ‘she didn’t engage due to fear of repercussions’

### Information sharing and referral pathways

14. Clarifying existing referral pathways and coordinated information sharing
15. Information sharing – to ensure information on the whole family is shared

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<sup>21</sup> Please note: the order and numbering does not reflect the order of priorities

<sup>22</sup> Although it is noted the Change That Lasts model includes many more elements and wider benefits



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