

Section 8 Safeguarding Adults, Complex Needs and Risks

Safeguarding Adults

Action 62 in the VAWG strategy is specific to safeguarding and VAWG.

62	Through the VAWG peer support network, work with local areas to streamline multi-agency structures, reduce bureaucracy for local agencies and encourage collaborative local commitment to tackling all safeguarding issues.	HO	Review in April 2017
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The government in this action is recommending that there is a need for local safeguarding processes to be streamlined and effective with all partners working together to address all safeguarding issues, including those affected by VAWG.

The Care Act (2014) has the wellbeing of people at its core and includes healthy relationships in terms of wellbeing. Part 1 of the Care Act outlines nine factors that contribute to an individual's wellbeing¹ and a number of these factors are pertinent to healthy relationships; protection from abuse and neglect physical and mental health and emotional well-being, domestic, family and personal relationships, control by the individual over day-to-day life and social and economic well-being.

The Care Act outlines the safeguarding duties of the Local Authority in relation to abuse in Section 42 (1). Victims of abuse fall under the definition of Safeguarding if the victim has care and support needs, if they are experiencing (or are at risk of) abuse or neglect and if they are unable to protect themselves because of those needs².

The Care Act and Safeguarding was discussed by local experts and they agreed that the introduction of domestic abuse into the Care Act had been beneficial at identifying barriers to support for victims of abuse with care needs and they felt that a referral to adult social care and children's social care was the often the only way to support the wider family.

In Sheffield the local Adult Safeguarding Board has started to report the number of Safeguarding cases referred due to domestic abuse. This is new data however and the Sheffield Adult Safeguarding Performance report 2016/17 Q2 (Interim Report)³ states that it is too early yet to draw conclusions from the data. Therefore for the purposes of the needs assessment, the data can only be used to highlight the number of safeguarding cases with domestic abuse, rather than highlighting need.

Between April and August 2016 a total of 2,292 cases were referred to safeguarding; and against each case was the alleged reasons for referral. These cases had a total of 3,204 reasons listed against a total of 19 forms of abuse. Forms of domestic and sexual abuse account for seven of these 19 forms of abuse. A total of 149 cases had domestic abuse listed as one of the alleged forms of abuse and three were specific to sexual abuse, 12 had alleged sexual exploitation, 68 had alleged sexual abuse⁴, and less than 10 alleged slavery cases. There was no activity for forced marriage, 'honour' based violence or FGM. A further 444 had multiple forms of abuse listed (which may or may not include domestic abuse). This is a significant number of Safeguarding cases that contain domestic abuse, and over the course of a year it could be suggested that at least 450⁵ Safeguarding

¹ Care Act 2014 (c. 23) Part 1 — Care and support <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² The Care Act, Section 42 (1) <http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect/enacted>

³ SASP (Sheffield Adult Safeguarding Performance) report 2016/17 Q2 (Interim Report) Report produced by Simon Richards Head of Quality and safeguarding

⁴ There is no information on the relationship of the perpetrator to the victim; therefore it is assumed these are sexual abuse cases.

⁵ This is a conservative figure based on the following assumptions: - (1) the average over the first four months of collecting the data is relatively consistent (32, 19, 30 and 38 cases from April to August 2016), (2) that domestic abuse is also likely to be found in the 444 with

cases are likely to be referred with some form of domestic abuse.

The quarterly recording and reporting systems for monitoring the form of alleged abuse in Safeguarding cases are now in place, which is encouraging and in line with the requirements of the Care Act. Future reports will reveal the trends in abuse activity as more information is gathered.

Adult Social Care workers are offered training on the use of the ACPO DASH assessment tool however it is unknown if the 149 cases which had domestic abuse as an alleged abuse form were DASH risk assessed either by the referrer or by Adult Social Care (this is not contained in the report). Confirmation of this would aid the recommendation that all cases referred to Safeguarding of alleged domestic abuse require a DASH risk assessment to be completed.

Adult Social Care referrals in the Commissioned Domestic Abuse Support Services

In the first six months of 2016/17 there have been a few calls by Adult Social Care to the Domestic Abuse Helpline but no high risk referrals (to MARAC) or medium and standard risk referrals for structured support. The SASP report does not list the risk level of the abuse, which would be useful for understanding the proportion that was high risk and therefore also part of the MARAC process. But even if 5% of these potential 450 referrals into safeguarding adults each year were high risk⁶, this would amount to around 25 ASC referrals to MARAC expected per annum. Based on this data, the MARAC referral activity does appear low.

There have been around 10 referrals to Adult Social Care by the commissioned domestic abuse support services⁷ in the last 12 months.

Together the data suggests that cases are being referred to Adult Safeguarding where domestic abuse is happening (the unknown is what proportion are not?), that Adult Social Care workers are supporting and intervening in a significant number of family situations where abuse is happening (although this is not a factor in the majority of cases on their caseload), that the links to MARAC are in place but referrals are extremely low and that there is a continued need for social care workers to be trained in working with victims of domestic abuse and having a current understanding of the local domestic abuse pathway.

Adult Social Care may also want to consider future funding opportunities and the increasing support for domestic abuse victims, carers and the family. For example the Growing Futures bid was for support to the whole family with a focus on Children's Social Care but there are potential opportunities to explore similar bids for Adult Social Care.

The *Adult safeguarding and domestic abuse, guide to support practitioners and managers'* guide outlines the safeguarding response to working with domestic abuse victims⁸. The guide has specific sections on domestic abuse but also focuses on particularly vulnerable victims including those with a disability, drug and/or alcohol problem and mental ill health. This guide should be used as reference for the Sheffield Task and Finish Group.

The need for a Task and Finish Group has been identified and the data here supports the need for such a group. The aim of the group is to clarify responsibility for engagement with MARAC process in SCC, ensure appropriate information from MARAC is shared in SCC, clarify pathways between processes considering risks to adults with care and support needs affected by domestic abuse (including FM and HBV), ensure mental capacity assessments adequately assess for impact of coercive control and to plan for provision of domestic abuse training as necessary.

multiple forms of abuse listed (and this is not accounted for in the 149 for domestic abuse) and the number with domestic abuse is not available in the SASP report.

⁶ We know from SYP data that 8% of all police reported incidents are high risk in Sheffield.

⁷ Action PMF data Q3 and Q4 2015/16 and Q1 and Q2 2016/17

⁸ *Adult safeguarding and domestic abuse: A guide to support practitioners and managers*

http://www.local.gov.uk/c/document_library/get_file?uuid=5928377b-8eb3-4518-84ac-61ea6e19a026&groupId=10180

Action – Complete the work of the Domestic abuse and Adult Social Care task and finish group and monitor the outcomes agreed.

Complex Needs

The national VAWG strategy states that *'people with complex needs find it particularly difficult to access appropriate support, further intensifying the risks they face'*⁹. Action 52 is the launch of a new funding programme to develop and promote new forms of services for victims with the most complex needs.

The complex needs discussed in this section are disability and long standing illness, drugs, alcohol, and care leavers. Mental health is discussed in the section on therapeutic support, pregnancy is discussed in the health section and homelessness and housing are discussed in the Specialist Accommodation based services.

For the purposes of simplicity, each need is discussed in turn, with the victim as the focus but there discussion of the 'Toxic trio' is included. Complexity is further compounded when victims have a combination of these needs and when the complex needs of the perpetrator are factored in.

Learning Disabilities

The information provided on the MDS does not separate the form of disability the victim has. Therefore locally we do not know the proportion of victims in support who have a learning disability. The previous section on disability discussed a 'hidden' cohort and local experts have suggested that those with learning disabilities are more likely to be 'hidden'. Therefore the service user consultation action to identify whether there are any barriers to accessing support services and whether all support needs are being met includes consulting victims with a learning disability.

SafeLives have undertaken some recent research into victims with learning disabilities and found that *People with learning disabilities may have experienced poly victimisation; had a repeat experience of being abused throughout their lifetime and therefore the abuse may be accepted as the 'norm', that they more likely to be experiencing abuse from an adult family member, are more at risk of honour based violence and are more likely than non-disabled people to be living with the perpetrator.* In addition the study found that *'one in five report abuse from multiple perpetrators and that they have a higher rate of complex needs and continue to experience a higher level of abuse at case closure compared to non-disabled clients but only 9% have engagement from adult social care'*.

SafeLives¹⁰ have recently produced a list containing 10 key points on how to work effectively with individuals with a learning disability. The ten points are - Making links with Learning Disability services, effective communication, including people your client knows and trusts, adjust timeframes (e.g. DASH make take longer to complete), using simple examples to convey complex ideas, understanding that abuse may be familiarised, traditional safety plan options may be more challenging (e.g. they may not want to go to a refuge, may not understand the criminal justice system) and to be aware of 'mate crime' (where the perpetrator has befriended the victim in order to exploit them and the victim may perceive this person to be their boyfriend/girlfriend).

Action – The SafeLives 10 key points for working with people with learning disabilities¹¹ needs to be explored by the commissioned services and compared to the current service response. Where gaps are found, an action plan could be made on how services can better respond to the needs of victims with a learning disability.

⁹ VAWG strategy page 29 as cited in the 2015 Review of domestic abuse services completed by the Department of Communities and Local Government. www.gov.uk

¹⁰ 10 Key Practice Points for Supporting Clients with Learning Disabilities; http://www.safelives.org.uk/practice_blog/10-key-practice-points-supporting-clients-learning-disabilities

¹¹ 10 Key Practice Points for Supporting Clients with Learning Disabilities; http://www.safelives.org.uk/practice_blog/10-key-practice-points-supporting-clients-learning-disabilities

Drugs and Alcohol Misuse

A report by the Institute Of Alcohol Studies¹² outlines the key factors to take note of when discussing alcohol and domestic abuse

- *'Where alcohol is involved in domestic abuse it is not the root cause, but rather a compounding factor. Alcohol should not be used as an excuse for those who perpetrate abuse, but neither should its influence be ignored.*
- *Alcohol is particularly associated with incidents of physical and severe physical domestic violence¹³ and this is also true for incidences of sexual assault¹⁴.*
- *Alcohol use by the victims of domestic abuse is a complicated issue. At times it can be misinterpreted and used against the victim, yet **in some scenarios victims are likely to turn to alcohol as a means of coping with their experiences of abuse**' (Humphreys et. al. 2005 as cited in NICE Domestic violence and abuse: multi-agency working (PH50)¹⁵ reports that 'people are thought to be at increased risk of substance dependency as a consequence of being the victim of domestic violence'.*

CSEW 2015 data on alcohol and drug misuse and domestic abuse - Alcohol use is more prevalent in domestic abuse incidents than drug use.

Alcohol Misuse

The CSEW 2015 estimates that 17%¹⁶ of all incidents have a perpetrator who was under the influence of alcohol (15% of males and 18% of female perpetrators) and 7% (same for female and males) of incidents has a victim under the influence of alcohol¹⁷. Therefore when a domestic abuse incident takes place, it is more likely that the perpetrator will be under the influence of alcohol than the victim. The data does not provide further insight into the proportion of incidents where both the victim and the perpetrator were under the influence of alcohol at the time of the incident.

Using this information, this potentially suggests that in 2015/16 when there were 11,580 reported police incidents in Sheffield, around 2,000 involved a perpetrator and around 800 involved a victim who may have been under the influence of alcohol at the time of the incident. This is a significant volume and therefore alcohol is a significant factor in domestic abuse cases.

Further information¹⁸ suggests the likelihood of being a victim of domestic abuse in the last 12 months is not necessarily linked to the frequency that alcohol is consumed but more to the amount of alcohol consumed. For example 8.2% of all females age 16 to 59 years are a victim of domestic abuse in the last 12 months but for those who report being drunk once a week or more this increases to 12%. The Sheffield Alcohol Strategy cites similar research by Chaplin et al (2011)¹⁹ that *'the more alcohol consumed will increase the greater likelihood of violence and that violence will lead to more serious injury, alcohol misuse can be used as a tool to prepare for violence, and alcohol consumption can change cognitive behaviours which impacts the ability to recognise warning signs of violence'*.

Drug Misuse

The CSEW states the following *'Around 3 times as many adults aged between 16 and 59 who had taken illicit drugs in the last year reported being a victim of partner abuse compared with those who*

¹² Institute of Alcohol Studies (2013) ALCOHOL, DOMESTIC ABUSE AND SEXUAL ASSAULT

¹³ McKinney, C. et al (2008), *'Alcohol Availability and Intimate Partner Violence Among US Couples'*, Alcoholism: Clinical and Experimental Research, Volume 33: Issue 1, pp. 169–176 as cited in Institute of Alcohol Studies (2013)

¹⁴ Brecklin, L., Ullman, S (January 2002), *'The Roles of Victim and Offender Alcohol Use in Sexual Assaults: Results from the National Violence against Women Survey'*, Journal of Studies on Alcohol and Drugs, Volume 63: Issue 1, pp. 57–63 as cited in Institute of Alcohol Studies (2013)

¹⁵ <https://www.nice.org.uk/guidance/ph50/chapter/3-context>

¹⁶ CSEW Appendix table 4.20 *Influence of alcohol and drugs in incidents of partner abuse experienced in the last years, by sex, year ending March 2015.*

¹⁷ Based on the latest domestic abuse incident.

¹⁸ CSEW Appendix table 4.21 *Prevalence's of partner abuse victimisation of adults aged 16 to 59 years in the last year by sex and frequency of drunkenness and drug taking, year ending March 2015.*

¹⁹ Sheffield Alcohol Strategy (2016-2020) Chaplin.et al, 2011 *BCS Crime in England and Wales 2010/11, Findings from the British Crime Survey and police recorded crime (2nd Edition)*

hadn't taken drugs in the last year (11% compared with 4% of all victims)²⁰. The change is even more significant when gender is considered. The prevalence estimate changes from 8.2% for all women aged 16 to 59 in the last year to 18% for females who have taken drugs in the last year (17% for those aged 16 to 25 years and 20% of females aged 26 to 59 years old. 7% of males who take drugs stated they were a victim of domestic abuse in the last 12 months, which again is significantly higher than the 4% prevalence for all males.

This therefore means the following – 5% of female aged 16 to 59 years old who were surveyed said they had used a drug (any drug) in the last year²¹. Therefore based on the Sheffield female population of 176,420, then an estimated 8,800 of females in Sheffield will have used a drug in the last 12 months and applying the domestic abuse prevalence estimates, of these 18% will have been a victim of domestic abuse in the last 12 months. This therefore suggests around 1,600 females or around 10% of the total (14,500) female domestic abuse prevalence estimate for Sheffield will have used a drug in the last 12 month period.

The CSEW 2015 estimates that 10%²² of all incidents have a perpetrator who was under the influence of drugs (3% of males and 12% of female perpetrators) and 1% (2% male and 1% female) of victims in incidents are under the influence of drugs²³. Therefore when an incident takes place, it is 10 times more likely that the perpetrator will be under the influence of drugs than the victim. The data does not provide further insight into the proportion of incidents where both the victim and the perpetrator were under the influence of drugs at the time of the incident.

Using this information, this potentially suggests that in 2015/16 when there were 11,580 reported police incidents in Sheffield, around 1,150 may have involved a perpetrator and around 115 involved a victim who may have been under the influence of drugs at the time of the incident.

Working with drugs, alcohol and domestic abuse

The US based National Coalition Against Domestic Violence²⁴ also explains that '*The issues of domestic violence and substance abuse can interact with and exacerbate each other and should be treated simultaneously*²⁵.'

The Stella Drugs and Alcohol Toolkit (2007)²⁶ project provides practical steps with regard to good practice for drug and alcohol treatment services and domestic abuse services on working with victims and perpetrators.

The local response to drug and alcohol misuse and domestic abuse

It is imperative that the risk assessment process and specialist support services in Sheffield consider alcohol and drug use in victims and perpetrators. This is embedded in a number of different ways.

- The DASH risk assessment tool enquires about the perpetrator's drug and alcohol use '*Has the (perpetrator) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?*'
- The assessment process includes questions for the victim about their alcohol and drug use.

²⁰ Intimate personal violence and partner abuse March 2015,

<http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#nature-of-partner-abuse-influence-of-alcohol-and-illicit-drugs>

²¹ Drug Misuse Appendix tables: Findings from the 2015/16 Crime Survey for England and Wales ; Table 3.01 Proportion of 16 to 59 year olds reporting use of drugs1 in the last year, by personal characteristics2, 2015/16

²² CSEW Appendix table 4.20 Influence of alcohol and drugs in incidents of partner abuse experienced in the last years, by sex, year ending March 2015.

²³ Based on the latest domestic abuse incident.

²⁴ www.ncadv.org/files/SubstanceAbuse.pdf

²⁵ The National Coalition against Domestic Violence (NCADV) cites the following references 1 Fazzone, Patricia Anne, et al. "Substance Abuse Treatment and Domestic Violence: Treatment Improvement Protocol." U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. 2, 3 "Making the Link: Domestic Violence & Alcohol and Other Drugs." U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. 4 Fazzone, Patricia Anne, et al.

²⁶ Stella Project toolkit: domestic abuse and substance use (2007) <https://avaproject.org.uk/?s=stella>

- Using the minimum dataset information we know that in 2015/16 there are more individuals accessing domestic abuse support with an alcohol problem compared with those with a drug problem. This is not surprising given that the local prevalence rates for alcohol misuse are greater than that for drug misuse – see the needs assessments on Drug misuse and Alcohol misuse on the DACT website for further details <http://sheffielddact.org.uk/drugs-alcohol/resources/needs-assessments/>.
- 7.5% of all those assessed for domestic abuse support in 2015/16 reported a drugs issue. The higher the assessed risk of the domestic abuse, the slightly greater likelihood of the victim having a drug problem, for example 9% for medium and high risk victims cited drug misuse compared with 6% of standard risk victims.
- 13.3% of all victims reported an alcohol issue but this rate increases with an increasing level of risk, for example 20% of high risk victims cited an alcohol problem, 13% of medium risk victims and 2% of standard risk victims.
- In numbers the following was observed from the minimum dataset for 2015/16 activity:-
 - 101 victims in support reported a drug problem, of which 49 have a drug problem and 52 have a drug and alcohol problem.
 - 177 victims in support reported an alcohol problem, of which 125 have an alcohol problem only and (as above) 52 have a drug and an alcohol misuse problem.
- The most recent information contained in the performance monitoring frameworks shows that in the first half six months of 2016/17, the support services have supported 101 victims with a problematic alcohol condition and 67 with a problematic drug condition, thus suggesting that perhaps more victims with substance misuse problems are accessing domestic abuse support. The relatively high activity suggests that substance misuse does not necessarily add a barrier to the victim accessing domestic abuse support.
- Domestic abuse outcomes for victims who disclose a drug and or alcohol problem – in 2015/16 the minimum dataset shows that the overall planned exit from support was 66% of all victims, which compared with 61% for victims with an alcohol problem, 52% for victims with a drug problem and 58% for victims who had a problem with both substances. Thus suggesting that substance misuse adds further complexity to the case and support is less likely to be successful, particularly when the victim has a drug problem.
- All domestic abuse workers in the commissioned services have been trained in using the Sheffield Alcohol Screening Tool (the tool screens the service user for their alcohol use and scores their alcohol use using an evidence based tool). If the screening indicates drinking at higher risk levels, a referral to support services is advised. For those who decline this, a personalised harm reduction summary is compiled from the information submitted and can be handed to the individual or emailed to them so that they have at least received a brief intervention. For those who accept a referral, this is done instantly online via the screening tool website. They will then receive a full assessment and further interventions as required. The tool is now operational in the high risk and medium & standard risk services. The tool is being used, for example in the first six months of 2016/17 a total of 26 victims were screened, resulting in 16 cases that met the threshold for referral and led to 10 referrals for alcohol assessment at the Single Entry for Assessment and Referral or SEAP).

There is however, a potential need to increase the use of the tool in these support services. Further developments include training the women's refuge workers in the tool and this will be rolled out to this service over the next six months. It is expected that there will be an increased use of the tool across domestic abuse support services over the next year. Activity will be continued to be reviewed quarterly and action taken accordingly.

The local response to domestic abuse by drug and alcohol treatment services

NICE PH50 *Recommendation 6*²⁷ - *Ensure trained staff ask people about domestic violence and abuse is relevant to drugs and alcohol workers, therefore substance misuse workers should be*

²⁷ <https://www.nice.org.uk/guidance/ph50/>

trained in domestic abuse awareness, There is a requirement they *'ask relevant questions to help people disclose their past or current experiences of such violence or abuse, as part of a routine clinical practice, even where there are no indicators of such violence and abuse. There is a need to ensure staff know, or have access to, information about the services, policies and procedures of all relevant local agencies for people who experience or perpetrate domestic violence and abuse and there are formal referral pathways in place.*

A significant amount of work has been undertaken in Sheffield to ensure substance misuse staff is trained in domestic abuse over the last year. This follows issues identified in the Domestic Homicide Review H (which included a perpetrator who misused drug and alcohol, was being treated by his GP and had been a service user of the Criminal Justice drug treatment provider, Addaction). The perpetrator's domestic abuse was not identified by the GP. The DHR H had specific actions that *'Specialist substance misuse services and GPs (if they are providing treatment for substance misuse) should always ask questions about home circumstances when assessing patients who present with issues of substance misuse. Specialist substance misuse services should ensure that addressing domestic abuse is given the same profile as safeguarding children. Questions about home circumstances and alertness for signs of domestic abuse should be a routine part of assessment processes'*²⁸. The action has been completed. In November 2015 training sessions were held on Substance Misuse, Domestic Abuse and Safeguarding for substance misuse workers..

DACT commissions support services for drugs, alcohol and domestic abuse in Sheffield and better links have been made to support referrals between to the services. However referral activity in the first six months of 2016/17 appears low (less than 10 for all services) for both referrals and signposting to drug and alcohol treatment by domestic abuse support services and for referrals from drug and alcohol treatment services to domestic abuse services (four MARAC referrals 2016/17 YTD). In order to formalise this learning, the alcohol and CJIT contracts that were tendered for in 2016 included in the specification that the provider must ask specific questions of all clients, male and female, about whether they have or have ever been a victim or perpetrator of domestic abuse, and firmed up pathways to respond where there is a risk identified.

The low referral activity suggests opportunities are being missed and/or that improvements could be made in all services to encourage more referrals between drug and alcohol treatment and domestic abuse services and vice versa. In addition, data reporting improvements are required to report such referral activity and to encourage the drug treatment service to start reporting the number of their service users who are known by their service to be a domestic abuse victim or a perpetrator (this is a new data request in 2016/17).

The National Drug Treatment Monitoring System (NDTMS) is the minimum dataset for all service users accessing structured drug and/or alcohol treatment. From April 2017 the revised dataset (Core data set N²⁹) will ask about domestic abuse on a six monthly basis as part of the Sub Intervention review process. The question added is *'Has there been facilitation to domestic abuse/violence support?'* Further guidance from Public Health England is required on the interpretation of this question and it will be at least a year until local data can be extracted with regard this question. The question does not however ask about whether the service user is a victim or perpetrator of the violence.

The NDTMS change will:-

- will raise the profile of domestic abuse in drug and alcohol treatment services,
- will increase local data about the proportion and volume of service users in drug and alcohol treatment who are a victim or a perpetrator of abuse and emphasis can be given to ensuring (where referral is required) that referrals between domestic abuse services and drug and alcohol treatment services increase (see link to the Alcohol Strategy (page 25).
- Perhaps there needs to be a review of the questions in the Stella Toolkit by substance misuse

²⁸ DHR Learning Brief H

²⁹ <http://www.nta.nhs.uk/core-data-set.aspx>

treatment services to use in their discussions on domestic abuse with services users.

- May result in more drug and alcohol service users who are victims of abuse presenting or being referred for specialist support, as more disclosures are made
- Require all substance misuse triage and sub intervention reviewers to have knowledge of the local domestic abuse pathways, risk assessment tools and have confidence in responding to disclosures of abuse.
- Potentially identify perpetrators of abuse and require a review of the pathways and interventions for these service users – go to the perpetrator section for more details.

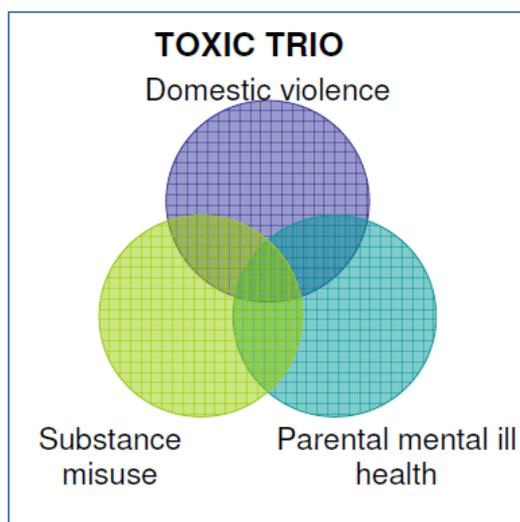
Drug and alcohol services refer to MARAC as required and are part of the core membership of MARAC both to share information on victims and perpetrators in substance misuse services and to offer to try and engage people where this has been formerly unsuccessful.

Action - Review local protocols on domestic abuse to incorporate the new NDTMS requirement and how best to facilitate access. Hold domestic abuse refresher training for drug and alcohol workers, including the revised protocol, promote the referral pathways for support in order to better facilitate access to support.

The inclusion of the NDTMS field will also increase the information available on the number of drug and alcohol service users in these services who have what is known as the 'toxic trio' of issues present in their families.

The Toxic Trio

The 'toxic trio' is a frequently used phrase and refers to parents who have all three vulnerabilities of domestic abuse, substance misuse (drugs and or alcohol) and mental ill health. These overlapping vulnerabilities are shown in pictorial form below³⁰.



The terminology is also to refer to individuals with domestic abuse, substance misuse (drugs and or alcohol) and mental ill health regardless of their parental status.

SafeLives research³¹ suggests that these vulnerabilities are highly prevalent in domestic abuse cases, for example 'Nearly a third of mothers (31%) and a third of fathers (32%) in families experiencing domestic abuse disclosed either mental health problems, substance misuse, or both'.

³⁰ Figure taken from Good Practice Guide Identifying and working with the "toxic trio".

³¹ *In plain sight: The evidence from children exposed to domestic abuse*, SafeLives February 2014

<http://www.safelives.org.uk/sites/default/files/resources/In plain sight the evidence from children exposed to domestic abuse.pdf>

Further evidence suggests that the more vulnerabilities present, the greater detrimental impact on the child. For example Cleaver et al (2011) observed³² that *'time and again, it seems that the combination of problems is much more likely to have a detrimental impact on children than a parental disorder which exists in isolation'* and one of the Learning Points from the most recent review of Serious Case Reviews³³ between 2003 and 2013 was that there is a wide range of factors in the parents' backgrounds that may raise potential risks to the child including domestic abuse, parental mental health problems, drug and alcohol misuse³⁴. However the report on Page 77 also cites that *'Of the many risk factors identified in the parents' backgrounds, the most prominent in these reviews is the ongoing risk posed by situations of domestic abuse'*.

For further information on domestic abuse and children go to Part 3 – Children and Young People

The IPC report³⁵ suggests there is no one defined model that will address all issues for toxic trio cases however the consultation with workers completed as part of the process has indicated that positive outcomes in toxic trio cases were more likely when the adult was motivated and accessed support, a timely referral into support services was made by workers, that providers offered exactly what the family needed and having the access to the *'right resource at the right time'* (which was again linked to motivation). Furthermore the report suggested workers who victims can trust, who are non-judgemental, empathetic and supportive were imperative.

In practice, the report has reviewed a model in Hampshire (similar to the Growing Futures bid) where workers in domestic abuse, mental health and substance misuse are available to work together with families to focus on these issues. The Hampshire model has found that workers need to work *'closely with the case holding social worker doing joint visits, providing advice and 'consultancy' support, and some direct work with families on toxic trio issues, make swift, potentially more effective referrals to specialist services for medium to longer-term interventions relating to toxic trio issues and hold the baton' in the meantime with family members – doing 'warm up' work with them to keep momentum, interest, and supporting small steps of progress.*

From the data we have available on the toxic trio in domestic abuse support services, we know that around 7% of all those on the minimum dataset who accessed support services for domestic abuse in 2015/16 reported either mental health & drugs issues (17 victim contacts, 1%), mental health & alcohol issues (53 victims, 4%) and mental health, drugs and alcohol issues (37 victim contacts, 3%). This reduced to 4% of the total cohort when children were considered - mental health, drugs and children (less than 10 victim contacts, 1%), mental health, alcohol and children (30 victim contacts, 2%) and the 'toxic trio' of mental health, drugs, alcohol and children (10 victim contacts, 1%³⁶).

Of the 37 victim contacts with mental health, drugs and alcohol issues, there were 22 (59%) assessed as high risk, which is higher than the 45% average for all contacts and there were actually 21 unique individuals. Some victims were supported by a number of services reporting to the minimum dataset but the majority were repeat entrants into support. One of the most interesting factors observed is that these victims had a number of perpetrators, most of whom were listed as the 'current or ex-partner', were mainly white British, most were not living with the perpetrator at the

³² *The 'toxic trio' - working with children and families where there is domestic abuse, parent substance misuse and / or parent mental health issues* Katy Burch, Principal Researcher Institute of Public Care, <https://ipc.brookes.ac.uk/docs/About%20IPC/News/Presentation%20to%20Community%20Care%20Live%202016%20Final%20Version%20May%202016.pdf>

³³ Department of Education *'Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014'* Final report, May 2016 <https://www.gov.uk/government/publications/analysis-of-serious-case-reviews-2011-to-2014>

³⁴ The other factors included Adverse childhood experiences, A history of criminality, particularly violent crime, Patterns of multiple, consecutive partners and Acrimonious separation, <https://www.gov.uk/government/publications/analysis-of-serious-case-reviews-2011-to-2014>

³⁵ *The 'toxic trio' - working with children and families where there is domestic abuse, parent substance misuse and / or parent mental health issues* Katy Burch, Principal Researcher Institute of Public Care, <https://ipc.brookes.ac.uk/docs/About%20IPC/News/Presentation%20to%20Community%20Care%20Live%202016%20Final%20Version%20May%202016.pdf>

³⁶ The total cohort who consent to their dataset being used for analysis purposes including needs assessments on the minimum dataset who also had a 'yes' or 'no' answer in the mental health, children, drug and alcohol fields.

time of assessment and thus this suggests that these vulnerable victims were likely to be entering into new domestic abuse relationships, one after another.

The 22 assessed as high risk are getting a wealth of multi-agency actions agreed and set in place as part of MARAC process. Of the 37 contacts, a total of 20 had completed support (18 of which were high risk at the start) and 14 cases had a successful planned exit, which is encouraging. In most successful exits the overall risk rating of the domestic abuse had reduced in most cases (71%), whereas those with no change in their domestic abuse risk rating were more likely to have dropped out of support. The information here is limited by the number of individuals, but further investigative work could be done in this area (by looking over more data from a longer time period) and by consulting with workers, to ascertain the main success factors when working with these 'toxic trio' individuals, what they find works and what further opportunities there are to explore. Given the vulnerabilities involved, the outcome data does suggest support services are effective at working with these victims, but it is very likely they will re-enter support at some point.

Here in Sheffield there is no current model operational in Sheffield or any protocol on how to work with domestic abuse victims who have the toxic trio of issues. There is however a number of bids and organisational changes working towards a family approach and/or with chaotic individuals, which would include the toxic trio cohort.

- **Mental Health – See Section on Therapeutic support**

Care leavers

Local experts and anecdotal information received suggests that having been a child in local Authority care can make people more susceptible to being a victim of domestic abuse.

A report looking at vulnerable adults (where they were out of work and had poor mental health, were in drug and or alcohol treatment, had offending history and were homeless or their housing situation was unstable) completed in August 2015³⁷ reviewed 68 cases of individuals (aged 18 to 63 years old) who fit the vulnerable adult criteria and who had also been discussed at MARAC. Six had also been discussed at the Vulnerable Adults Panel (VAP).

The data found that 13% had been involved with Social Care as a Child, which is a significant proportion. It also suggests over 20 cases to MARAC over a 12 month period will involve a care leaver, but it may 'feel' like more given these cases appear to be repeatedly referred to MARAC. Additional information from the 'Repeat, Repeat' MARAC case reviews (See Section – High Risk Victims for further details) shows that care leavers are a reoccurring theme in a cases that are repeatedly being referred to MARAC over a short period of time.

The information and data suggests these victims are more vulnerable to continued domestic abuse and may require more in depth focus and co-ordinated interventions than the majority of cases presented at MARAC.

Female offenders who are victims of domestic abuse

The prevalence of female offenders who are also victims of domestic abuse appears to be higher than the average for all victims of domestic abuse.

For example research undertaken by Roberts (2015)³⁸ reveals that:-

³⁷ Dr Matt Carnell, Children, Young People and Families Service Project Co-ordinator *Sheffield City Council Information re Vulnerable Adults*, August 2015

³⁸ *'it was do or die' – how a woman's experience of domestic abuse can influence her involvement in crime: a qualitative investigation of the experiences of community - based female offenders*
http://www.academia.edu/20385413/IT_WAS_DO_OR_DIE_HOW_A_WOMAN_S_EXPERIENCE_OF_DOMESTIC_ABUSE_CAN_INFLUENCE_HER_INVOLVEMENT_IN_CRIME_A_QUALITATIVE_INVESTIGATION_OF_THE_EXPERIENCES_OF_COMMUNITY_BASED_FEMALE_OFFENDERS

- **‘A high proportion of women in the Criminal Justice System have backgrounds of victimisation’³⁹.** For example *‘the Prison Service Offender Assessment System and the Probation Service Offender Assessment System (OASys) reviewed data of 26,000 female offenders in prison and found that 46% had been a victim of domestic abuse compared to only 6% of male offenders (NOMS, 2008).* There is however no further information to inform whether the domestic abuse recorded was current or historic abuse.

Compared with the CSEW national prevalence of 8.12%⁴⁰ of females in the last 12 months and 27.1%⁴¹ a victim since the age of 16, the 46% for female offenders is significantly high.

- **Reports also suggest there are potential connections between being a female victim of violence and female offending.** For example both Morris et al (1995) and NOMS (2008) identified that the women’s difficulties, or experiences of abuse, may influence their involvement in crime. NOMS (2008: 9) acknowledging that victimisation can ‘play a part both+ in the onset and persistence of offending.’

The VAWG strategy has two actions in reference to female offenders who are also victims of domestic abuse. Both focus on the two bullet points above. Action 80 focuses on increasing the prison support available to these female offenders to focus on reducing or stopping their offending behaviour whilst Action 81 aims to introduce a helpline that female offenders can contact to discuss the abuse.

80	Support female offenders who are victims of violence and abuse to receive the interventions they need to stop offending and move into recovery for example by considering the models under development in Greater Manchester, Wales and London.	NOMS	Ongoing to 2020
81	Roll out a new helpline for female offenders who have been victims of violence or abuse so that they can obtain support while in custody and on release following the pilot helpline delivered at HMP Holloway.	NOMS	Ongoing to 2020

There is no local strategic plan with a specific focus on female offenders and being a victim of domestic abuse, however in Sheffield the same processes, pathways and access to domestic abuse support is available for all victims.

- **Pregnancy – See Section - Referrals into support – the helpline, health referrals and police triage**

- **Homelessness**

In 2015/16 there were a total of 122⁴² homeless presentations with a primary need of domestic abuse to The Sheffield City Council Housing Support Pathway. These victims accounted for 8% of the 1,532 homeless presentations in 2015/16. This is a similar proportion to that of the previous two years which is of note given that there has been both a reduction in total presentations and domestic abuse presentations (see the table below). Around 15% of homeless domestic abuse presentations are male victims⁴³.

The majority do not complete the process, as often a housing solution is found prior to the end of the process, or the request is withdrawn by the victim before the process starts (e.g. their personal situation changes, they decide they want to return to the shared residence, they restart the relationship, move in with a family member).

³⁹ Research includes: Prison Reform Trust, 2014a; MOJ, 2013b; 2012a; Women’s Aid, 2011). Three reports (NOMS, 2008; Her Majesty’s Chief Inspector of Prisons or HMCIP, 1997 and Morris, Wilkinson, Tisi, Woodrow and Rockley, 1995)

⁴⁰ ONS data published December 2016 showing the last three years of CSEW prevalence for females (April 2013 to March 2016).

⁴¹ CSEW 2015 (data for 2014/15 financial year)

⁴² Stephen Wolstencroft, Business Support Manager, Communities Business Support, SCC

⁴³ Sheffield Officer executive decision record, ‘Re-procurement of the domestic abuse refuge support service.’ January 2016, HIS

The volume of homeless presentations has reduced considerably over the last three financial years (from over 3,000 to around 1,500), and a similar reduction has been observed in the number of homeless presentations for Domestic abuse (322 in 2013/14 to 122 in 2015/16).

Year	Homeless presentations	DA presentations	Homeless acceptances	DA acceptances	% of DA presentations with an acceptance	% of homeless presentations that with a domestic abuse need
2013/14	3,070	322	840	96	30%	10%
2014/15	2,919	284	359	33	12%	10%
2015/16	1,532	122	428	37	30%	8%

Data Source: Stephen Wolstenholme, SCC

Of the 122 domestic abuse presentations a total of 37 (a similar to the 31 in 2014/15 or 30%) were accepted. This figure does not seem to represent the whole picture (when you read further on 137 women entered the refuge). Further explanation of the data is provided by Stephen Wolstencroft in the footnote below⁴⁴. The data presented here is not to cause confusion or concern, it just provides some insight into part of how many victims start the homelessness process but end up with a housing solution prior to ending the process.

Unemployment

The CSEW finds that the prevalence rates increase for those who are unemployed, particularly for females. For example 15.1% of females who are unemployed are estimated to have been a victim of domestic abuse in the last 12 months which is more than double the rate for employed females (7.2%) and double the 8.2% average for all females nationally. Unemployed males (5.2% compared to employed males (4%) are slightly more likely to have been a victim of Domestic abuse in the last 12 months.

However these prevalence rates may well be higher locally because Sheffield has a higher rate of unemployment than the national average, and this is particularly significant for females. For example *The State of Sheffield* report in 2016 stated that in 2014 the Sheffield unemployment rate for women was 9% which was significantly greater than the 5.4% observed in Great Britain. For males a higher unemployment rate (6.4% compared to 5.8% in Great Britain) was also observed, but this was not as significant a difference as that of the female rate. In addition, the youth unemployment in Sheffield was above the national average at 24.3% in June 2015 and the highest of the core cities, again those aged 16 to 19 years old have a higher prevalence rate of domestic abuse in the last 12 months.

Local activity appears to support the theory that there will be a significant proportion of victims who are unemployed and accessing domestic abuse support services. The local minimum dataset finds that in the last 12 months, 63% of those in support were reported as unemployed or not working⁴⁵. This shows that support services are accessible to those who are unemployed; however perhaps there are opportunities to explore with regard to promoting services to those who are unemployed, advertising support services in job centres and awareness sessions for workers in job centres.

Action - There is a need to ensure domestic abuse support services are advertised in local employment and recruitment centres and for workers in these centres to have awareness training on domestic abuse.

⁴⁴ SCC Business Support Manager 'When we take a homeless application we have to specify a priority need category, if we feel the household meets these criteria. Where a household falls into more than one category we will always list the most pressing or impactful one; e.g. a single woman with children presenting as fleeing DV will always be recorded as having "fleeing domestic abuse" as their main priority need, rather than "dependent children". Homeless applications in general have fallen sharply. With households fleeing domestic abuse they can access support after a homeless application is received but before the investigation is concluded and a decision is made, most usually they might receive a DV priority for rehousing, rather than a homeless priority, or go on to access supported accommodation. In these cases the household would then be recorded as being "not homeless", as their situation has been resolved through another route. In some cases we won't even open a homeless case; they will just go straight to being rehoused via this alternate priority'.

⁴⁵ Activity here is based on a total of 977 victims who shared their information for needs assessment purposes and who had the employment data field completed.