



Public Health Systems Review of the Domestic Abuse Response in Sheffield

Practice Consultant: Chris Hobbs

October 2022

About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives.

No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop.

Ending domestic abuse

Contents

1. About this project
 2. Prevalence of DA
 3. Demographic overview
 4. Local governance structures
 5. Polices and Procedures
 6. Systems in Sheffield
 7. Current landscape, Inspections, Domestic Homicide Reviews, and Serious Incident Reviews
 8. Professionals awareness & understanding
 9. Training
 10. Multi-agency working (including Case Audits)
 11. Provision and Whole family support
 12. Specialist Support
 13. Marac
 14. Survivor voice
 15. Perpetrator Offer
 16. Findings, Outcomes and recommendations
- Summary of recommendations**

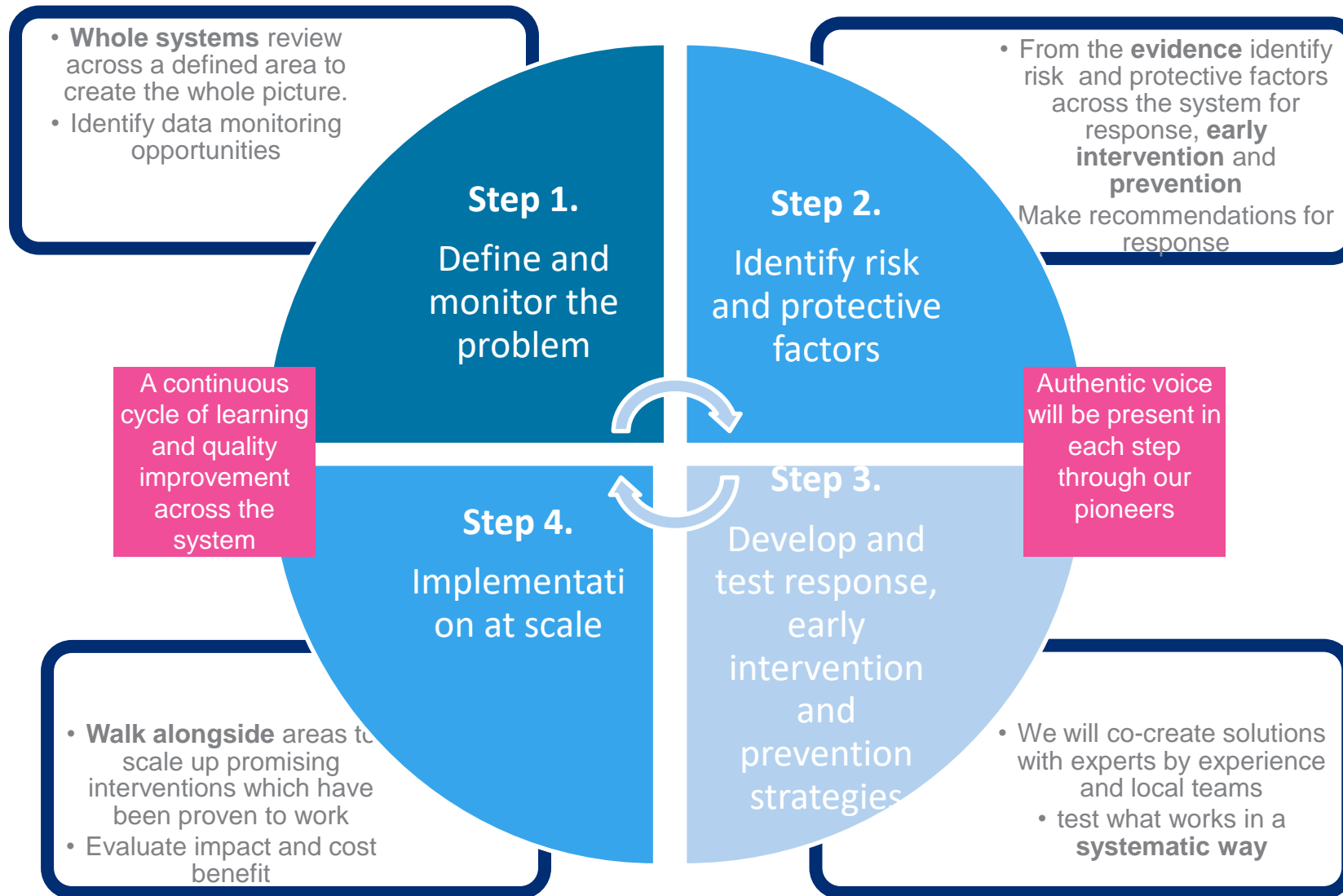


1. About this project

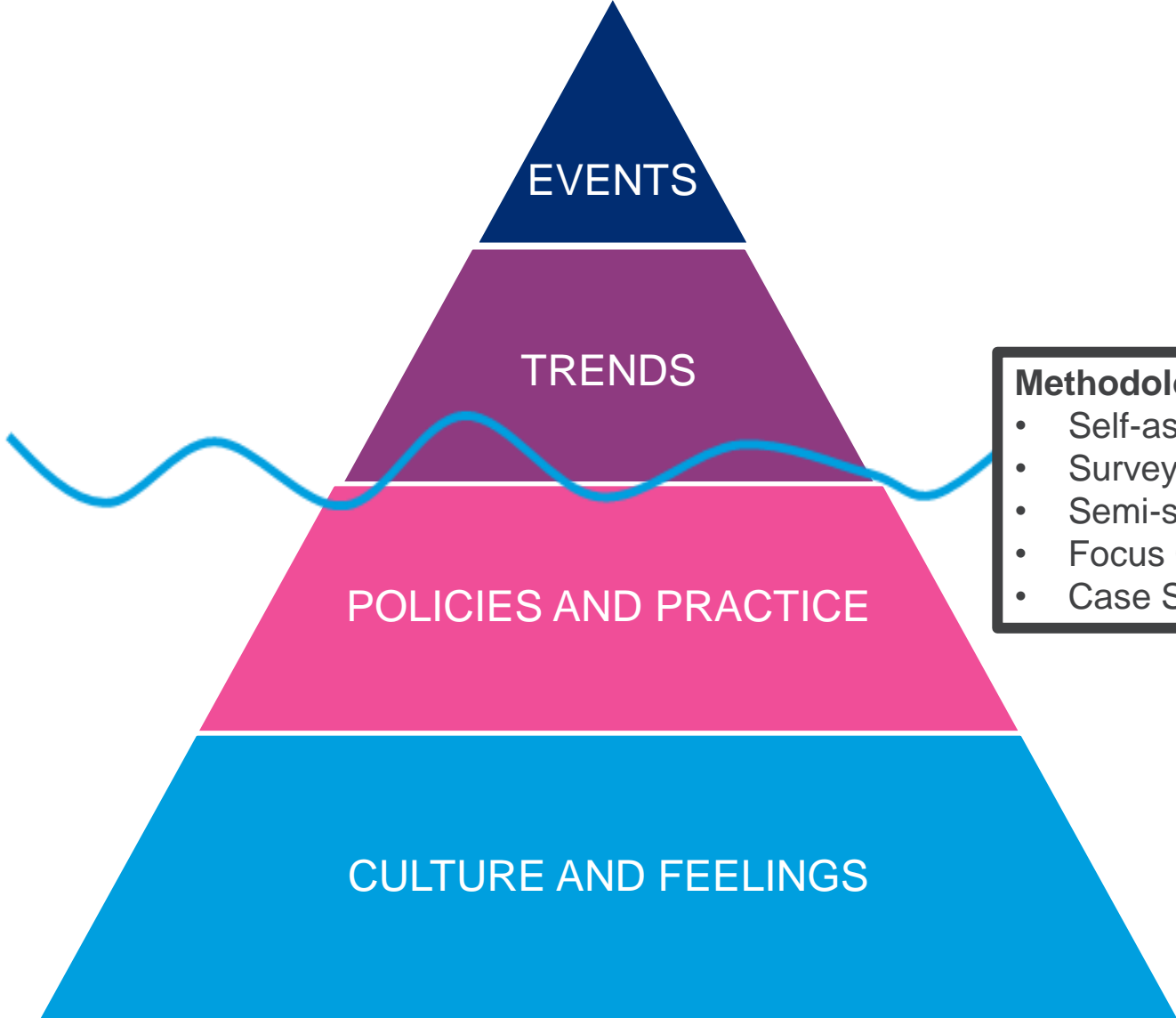
Overview

SafeLives have been commissioned to undertake a whole system review by operationalising a Public Health Approach. Using systems thinking methodology and through the lens of the whole family we will identify opportunities for improving the risk led response, early intervention, and prevention of domestic abuse. This includes a systems-wide assessment of the current local landscape, identifying data and ongoing monitoring opportunities, consulting with service users and providers to understand risk and protective factors.

Practice Team Framework for Delivery 'Whole Picture'



Systems Thinking Iceberg



Step 1.
Define and monitor the problem

- Methodology:**
- Self-assessments
 - Surveys
 - Semi-structured Interviews
 - Focus Groups
 - Case Studies

- Review**
- Data
 - Voice of survivors (adult and child)
 - Speaking to professionals
 - Speaking to perpetrators
 - Policies, procedures, practice

Ending domestic abuse

Step 2.
Identify risk and
protective
factors

Risk and protective factors across the system

Risk Factors – driving harm

Protective Factors – mitigate harm

Rapid social change
Gender inequality
Poverty
Cultural norms

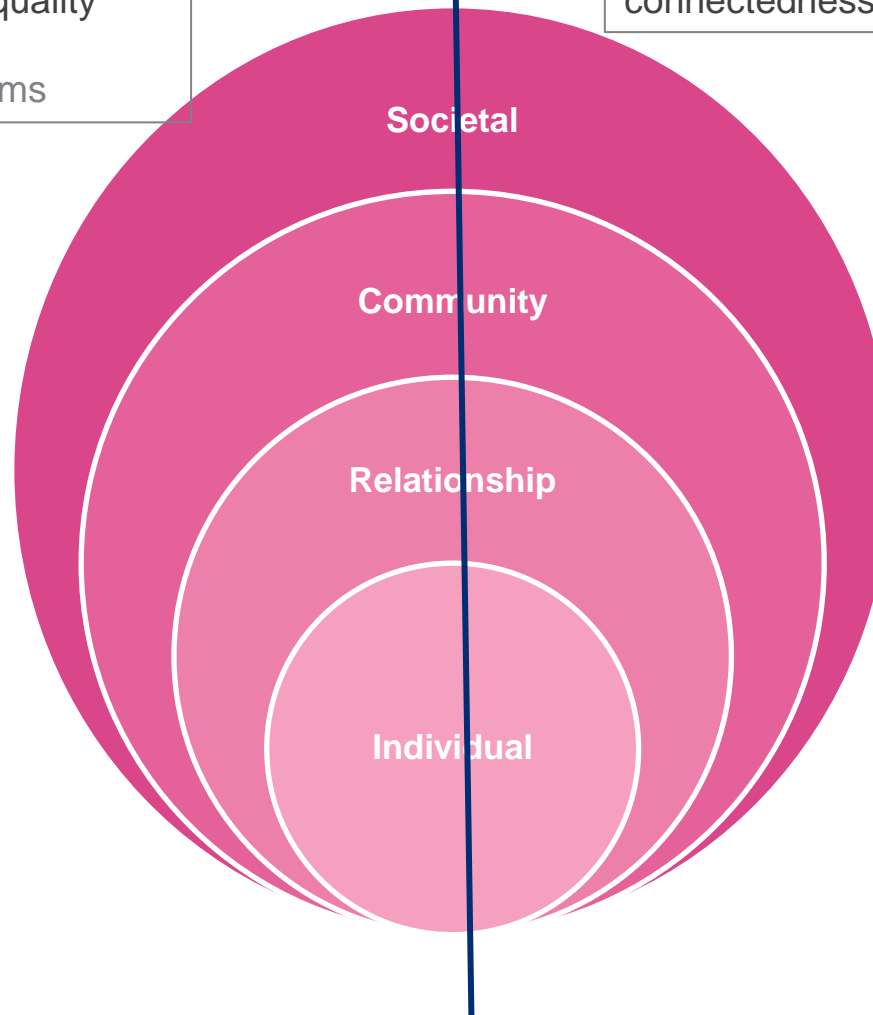
Community
connectedness

Spectrum of support
and response for those
who harm

Poverty
↑crime levels
↑unemployment
Drug trade
Misogyny
Poor education opps
Inequalities linked to
race, sexuality,
geography, age

Domestic abuse
↓Socioeconomic status
-ve Peer group influence

Mental health
Alcohol/ substance
abuse
Violent behaviour
Other forms of
exploitation & abuse



Safe accommodation

Early identification of
domestic abuse

Education, healthy
relationships
+ve role models

Cultural change
training programmes
across the system

Trusted adult

Coordinated
multiagency response
across risk levels

Activities/work completed in Sheffield

Professional Discussions

- 12 Discussions
- 18 Professionals attended

Survivor Engagement

- 4 focus groups (41 people total)
- 5 Female Interviews
- 2 Male Interviews
- 2 Young People Interviewed

Case Audits

- 3 Case Audits Reviewed

Those using harmful behaviours

- 0 responses to survey's and/or offer to interview
- 1 Cranstoun Inspire to Change programme attended
- We were unable to speak to those using harmful behaviours

Surveys

- 77 Professional Survey responses
- 19 Survivor Survey responses
- 0 Those using harmful behaviours Survey responses

Observations

- 2 Maracs
- Partnership Boards x 3
- SURG meetings x 3

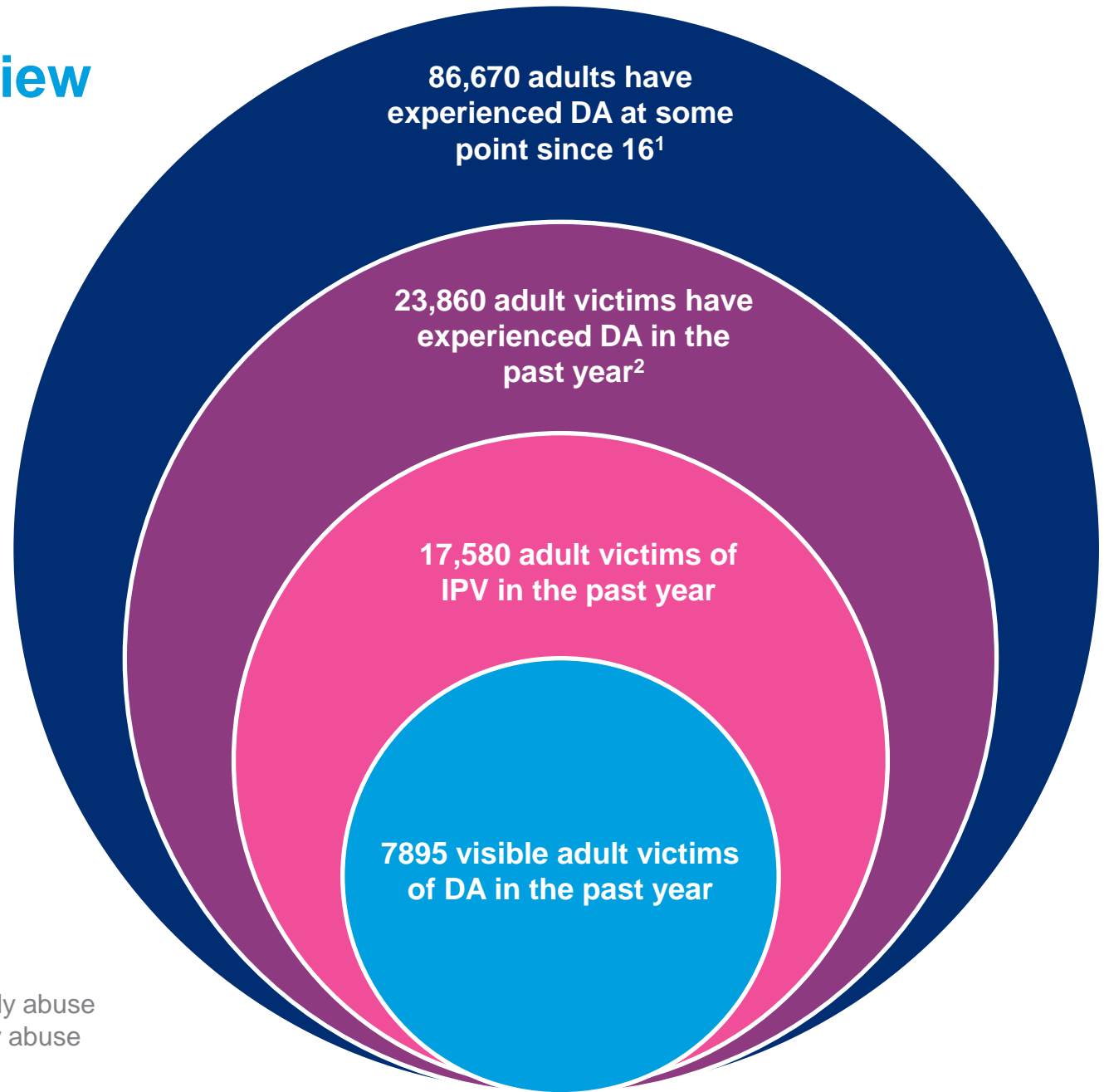


2. Prevalence of domestic abuse in Sheffield

Number of victims: Overview

The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population data. It is in the ONS domestic abuse bulletin and more specifically the prevalence and trends paper. We also use Marac data to capture a true understanding of the prevalence of domestic abuse in a local area.

This details the estimated number of victims who have experienced domestic abuse (DA), not the number of victims who have accessed services.



¹Around 15% will have experienced both partner abuse and family abuse

²Around 8% will have experienced both partner abuse and family abuse

Ending domestic abuse

Number of Victims:

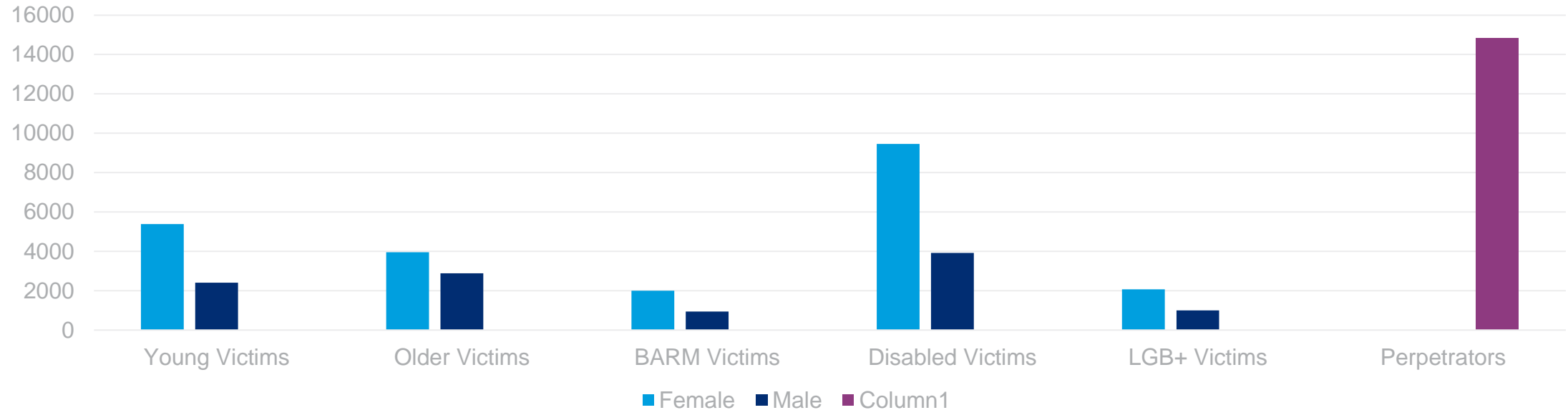
The SafeLives prevalence tool uses data from the Crime Survey England and Wales (CSEW) merged with local population data. It is in the ONS DA bulletin and more specifically the prevalence and trends paper. We also use Marac data to capture a true understanding of the prevalence of domestic abuse in a local area.

Using the SafeLives Prevalence Tool, developed in line with our research, it shows that **86,670** adults in Sheffield have experienced Domestic Abuse at some point in their lives since the age of 16 with around **15%** experiencing both partner and family abuse.

It also highlights that **23,860** adult victims have experienced Domestic Abuse in the last year with around **8%** of those experiencing both partner and family abuse.

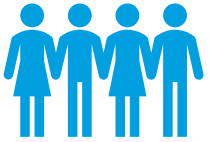
We can break this down further into young victims, older victims, BARM victims, disabled, LGB+ and Perpetrators, see below

Sheffield Prevalence

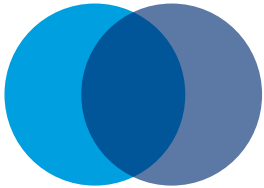


Ending domestic abuse

Prevalence of adult victims – since the age of 16



We estimate there are **86,670** adult victims in Sheffield who have experienced domestic abuse at **some point in their lives since the age of 16**



An estimated **15%** of these adult victims will have experienced **both partner and family abuse**

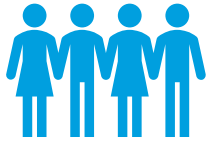


Of the total estimated adult victims **58,040 (67%)** are estimated to be **female**

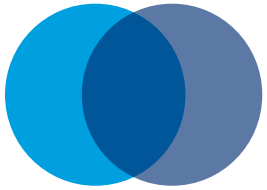


Of the total estimated adult victims **28,630 (33%)** are estimated to be **male**

Prevalence of adult victims – in the past year



We estimate there are **23,860** adult victims in Sheffield who have experienced domestic abuse at **some point in the last year**



We estimate that around **8%** of those adult victims will have experienced **both partner and family abuse**



Of the total estimated adult victims in the past year, **16,180 (67%)** are estimated to be **female**



Of the total estimated adult victims in the past year, **7,680 (33%)** are estimated to be **male**

Prevalence of adult victims – in the past year – visible victims



■ Visible victims in past year ■ Non-visible victims in past year

This shows the estimated number of **visible** adult victims in the local Sheffield in the past year. We estimate that a **third (34%) of female victims** and a **quarter (24%) of male victims** in the past year were visible. This calculation uses a combination of Marac data to show visible high-risk victims and data from the Crime Survey for England and Wales (CSEW) for visible non-high risk victims as they reported in the CSEW that they had “told other support professional or organisation”.

Prevalence of adult victims – in the past year – marginalised groups



We estimate that there were **7990 Young victims** aged 16-24¹



We estimate that there were **3720 Older victims** aged 60+²



We estimate that there were **3840 Black, Asian and racially minoritised victims** who have experienced domestic abuse in the past year³



We estimate that there were **12,690 Disabled victims** of domestic abuse in the past year



We estimate that there were **2,900 LGB+ victims** of domestic abuse in the past year⁴

1. The CSEW only provides prevalence rates for 16-19 and 20-24 year olds, therefore an average of these two was calculated for the 18-24 group.

2. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for abuse in the past year only for those aged 60-74. This is because there is no CSEW prevalence rate data for those aged 75+.

3. The CSEW does not accurately reflect the impact of domestic abuse on Black Asian and racially minoritised people, thus, we multiply the number of victims with the Black Asian and racially minoritised proportion of the Sheffield (data obtained from the ONS census 2011).

4 The prevalence statistic for LGB+ people is based on the CSEW aggregate for Gay and Lesbian people. It does not include trans people as the sample size is too small

Prevalence – in the past year – partner abuse (IPV)



We estimate that there were **17,580** adult victims in the local Sheffield area who have experienced partner abuse in the past year¹.



We estimate that there were **13,334 children living in a household with partner abuse** in the past year²



We estimate that there were **14,060 people using abusive behaviours** in their intimate partner relationships in the past year in Sheffield



Of those **20%** are estimated to be **serial perpetrators of domestic abuse**³

1. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for those aged 60-74 only.

2. Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives ['A safe fund' report](#).

© SafeLives 2022 3. Robinson, A.L., Clancy, A. and Hanks, S., 2014. Prevalence and characteristics of serial domestic abuse perpetrators: Multi-agency evidence from Wales.



3. Demographic overview of Sheffield

Demographic info

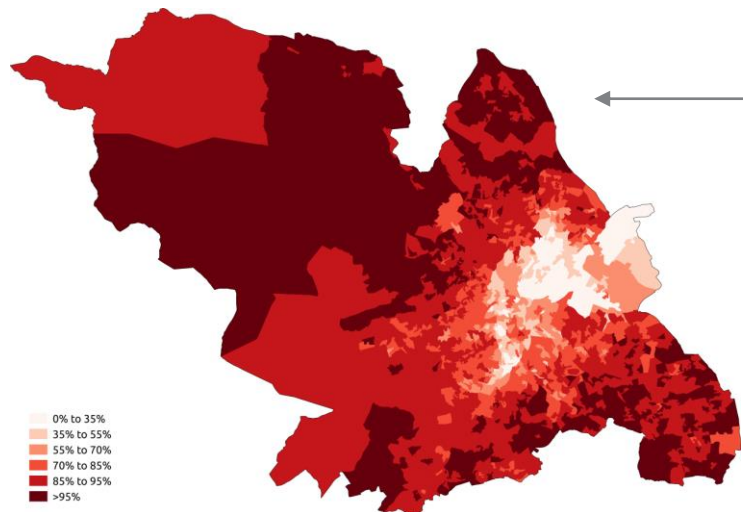
According to ONS there are **575,424** people in Sheffield area (ONS 2014 Mid-year population estimates). The make up of the population is as follows: **286,199** Males and **289,225** females.

The largest ethnic group in Sheffield is **White British, 83.7%**. The second largest ethnic group is **Asian or Asian British 8%**, **Black/Black British make up 3.6%** of the population, **Mixed 2.4%**, with **Arab and Chinese** residents coming in at **1.5%** and **1.3%** respectively. Other ethnic groups make up **0.7%** of the rest of the population*. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

There is a clear bulge in the population in the 20 to 24 age group. This is caused by Sheffield's significant student population at its two universities. The increase in recent years is largely the result of 2 factors:

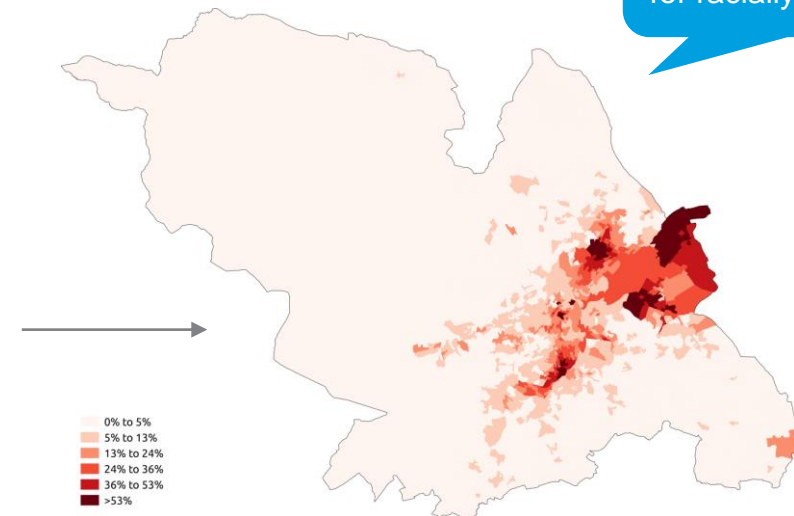
- there are now more births than deaths in Sheffield, resulting in a positive 'natural change' in the population
- there has been an increase in the level of international migration to Sheffield

Thinking about accessibility of services for racially minoritised



Population density breakdown of White British in Sheffield

Population density breakdown of the Asian communities in Sheffield



Ending domestic abuse

*taken from census data on Sheffield.gov

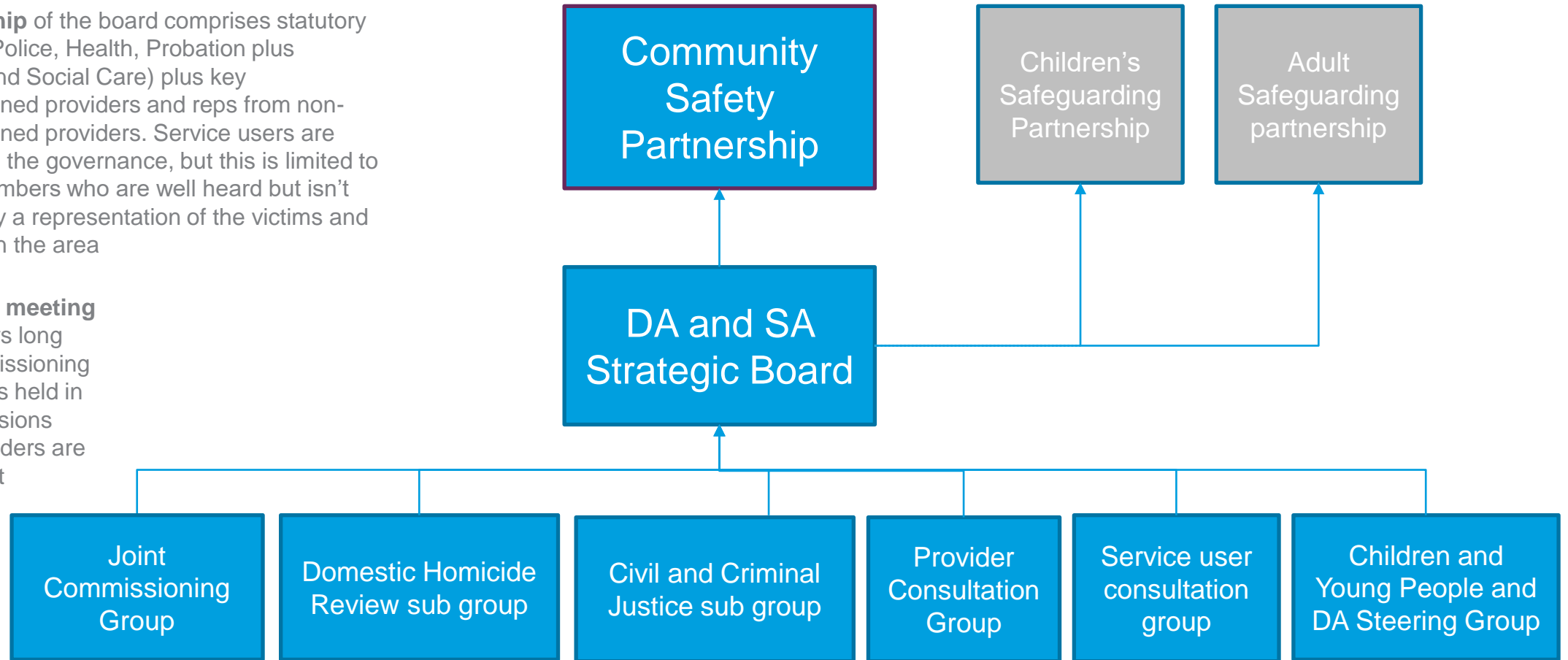


4. Local Governance Structures

The **Domestic and Sexual Abuse Strategic Board** acts as the Domestic Abuse Safe Accommodation Local Partnership Board and also reports to the Sheffield Safer Communities Partnership Board

Membership of the board comprises statutory partners (Police, Health, Probation plus Housing and Social Care) plus key commissioned providers and reps from non-commissioned providers. Service users are included in the governance, but this is limited to SURG members who are well heard but isn't necessarily a representation of the victims and survivors in the area

The **board meeting** is two hours long with commissioning discussions held in closed sessions when providers are not present





5. Policies and Procedures in Sheffield

Policies in Sheffield

Policy and/or Guidance

DACT - DA Model Policy

Written by the DACT this policy assists identifying and signposting for Practitioners in Sheffield (see [Local Strategies and Policies | Sheffield Domestic Abuse \(sheffielddact.org.uk\)](https://www.sheffielddact.org.uk))

Sheffield City Council Guidance

This guidance is for Sheffield's Childrens Services to follow when Domestic Abuse is a factor in a case they are working with, information following the 'Safe and Together' Model adapted in 2020 ([About the Safe & Together™ Model | Safe & Together Institute \(safeandtogetherinstitute.com\)](https://www.safeandtogetherinstitute.com))

Sheffield Children Safeguarding Partnership

A range of guidance documents to support practitioners and link to procedures that apply can be found here [3.3.2 Domestic Abuse \(proceduresonline.com\)](https://www.proceduresonline.com) including Information Sharing, Marac processes, DVPO's, VAWG strategy, APVA, CYP Pathways etc

These Policies are available online and provide a good overview of some of the local authority and statutory offer, but doesn't offer the reach to all services locally who support in Domestic Abuse eg in the HBA protocol Ashiana are referenced as a DA service, but not included in the pathway if someone is concerned/assessing, where as they could be considered specialists in this area.

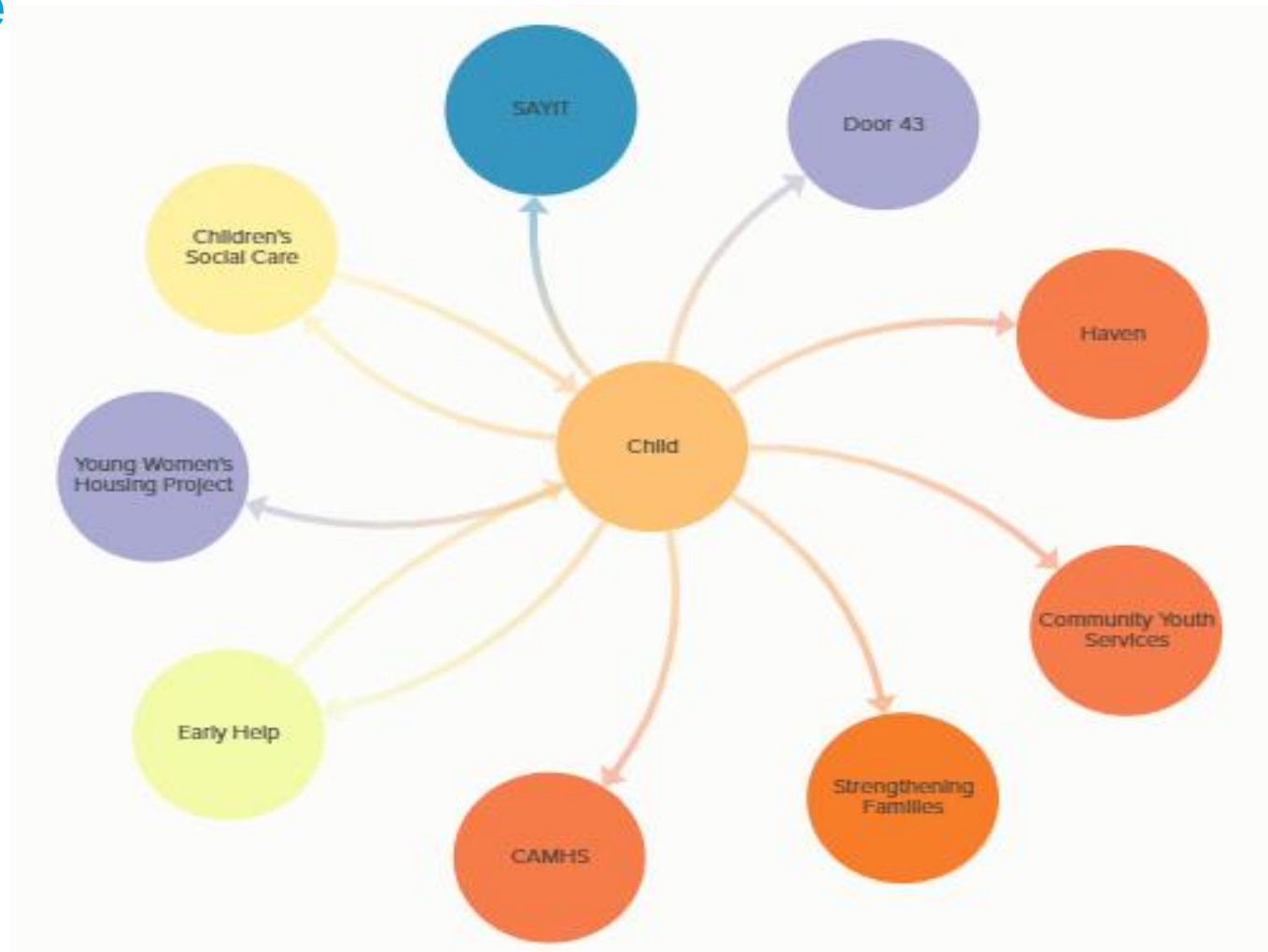
Practitioners should be made aware of these documents, and should be able to refer to them as required.

Ending domestic abuse



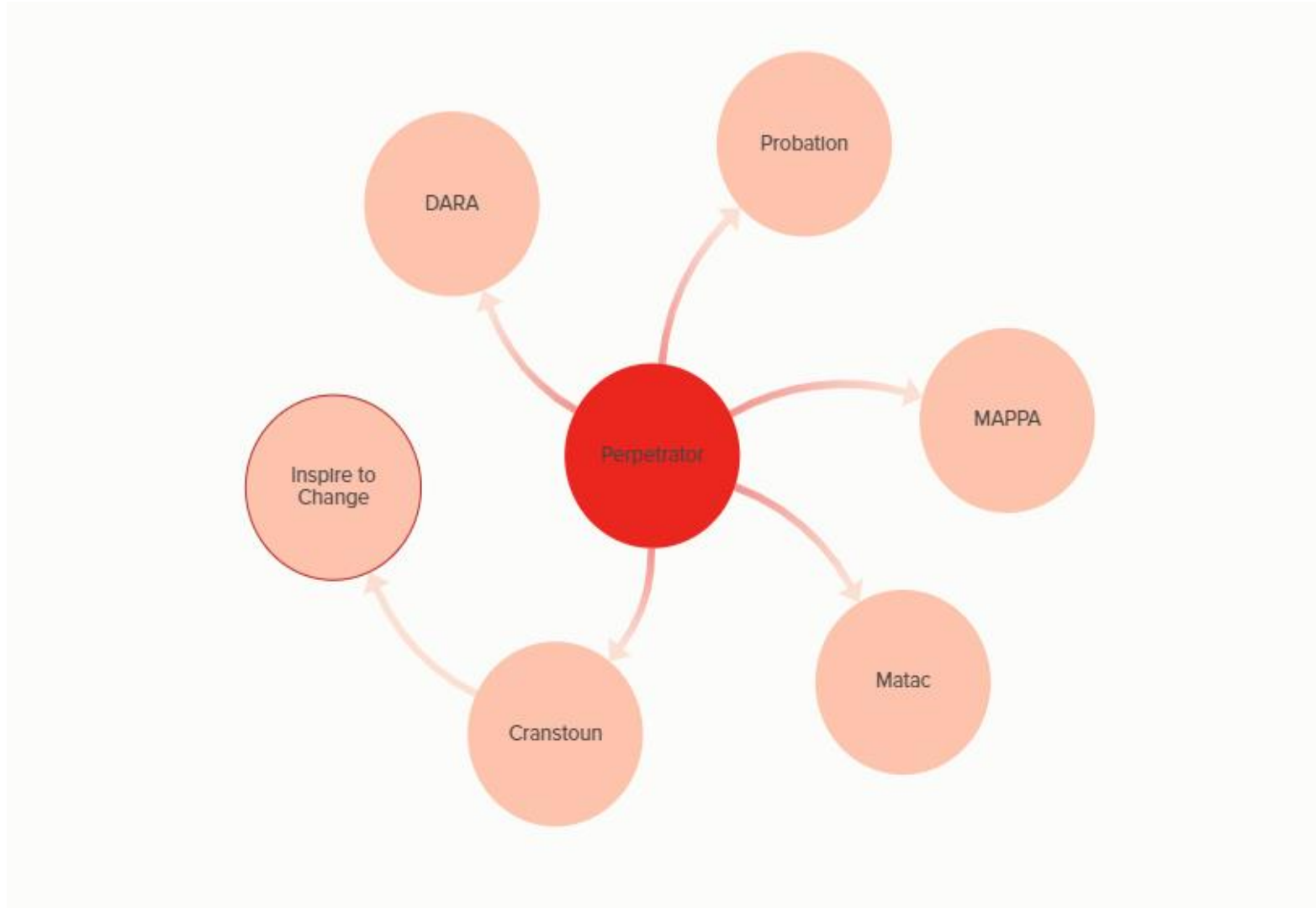
6. The System in Sheffield

Children and Young People Mapping



Ending domestic abuse

Perpetrator Mapping



Ending domestic abuse

The Systems in Sheffield

- Sheffield has an incredible amount of services that are available to the workforce and to victims of Domestic Abuse
- Statutory services link in well, with the central IDAS domestic abuse service providing good links to the non-commissioned services.
- WAVEs forum and other charity services supporting Sheffield's victims are well regarded within the area, but some don't have the accessibility or reach they should.
- The Refuge's via Women's Aid have around the recommended amount of spaces for the population of Sheffield, and there are additional options via Ashiana (albeit out of area) for refuge space. Refuge's link in well with other WAVEs services, utilising Door 43 and Haven.
- Children and Young People have further options outside of the statutory offer that is available. Haven is well known within Sheffield, and Strengthening Families provide a 'Whole Family' response.
- The perpetrator offer is limited to mainly statutory options, although the Cranstoun work is increasing, and the options and desire to further develop the offer is there. Assessments via DARA and monitoring via Matic are key to a consistent perpetrator offer.
- Authentic voice and survivor forums sit within the Local Authority run SURG, and alternatives are found for victim/survivors to feed into their services they use, such as IDAS, and Mums in Need. Further voice from male victims, and minoritised groups is something that isn't represented aswell as it could be via these victim/survivor groups.



7. Inspections, Domestic Homicide Reviews, and Serious Incident Reviews and Current Landscape

OSTED reports - Sheffield

24 and 25 April 2018: Focussed Visit

- Risks to children from domestic abuse are identified well and responded to effectively, supported by the use of a domestic abuse screening tool. There is appropriate consideration of history and victim vulnerability, which informs the identification of both chronic and acute risks to children. The daily multiagency domestic abuse (MADA) meeting rigorously analyses all risk factors and identifies clear and appropriate actions to address risk to and safety of children and adult victims. The effective functioning of this meeting would be enhanced by the attendance of police colleagues to further ensure swift information-sharing and immediate safety planning.

15 July 2019 to 26 July 2019: Full Inspection

- Children identified as being at high risk from exposure to domestic violence are discussed at daily multi-agency domestic abuse meetings with partner agencies. Information-sharing and interim safety plans, pending the outcome of assessments when police have assessed victims as high risk, are helping to better safeguard children where domestic abuse is a feature in their lives'
- Culturally sensitive and professionally curious practice is evident. Social workers explore risks around modern slavery, female genital mutilation and forced marriage, and carry out tenacious work, involving all family members, including fathers and male carers, to understand the risks.
- There is shared ownership and a commitment to improving the lives of children and their families in Sheffield.

9 to 10 November 2021: Focussed visit

- What needs to improve – 'Sharing of information with other agencies following domestic abuse management meetings'.
- There are daily multi-agency domestic abuse (MADA) meetings to share concerns and draw up safety plans in relation to higher-risk situations. These meetings are well attended by partner agencies and focus well on coordinating safety-planning and ensuring that the child is at the centre of those plans. Schools are made aware of domestic abuse concerns as part of the national Operation Encompass programme. Although schools do not attend the MADA meetings, information is sought from them. At present, they are not routinely contacted after these meetings, which would further enhance the delivery of identified risk management plans.

Local Domestic Homicide Review Recommendations

There have been a few recent (within the last 5 years) Domestic Homicide Review (Adult I to Adult N) and Serious Incident Reviews which have taken place in Sheffield. The recommendations regarding domestic abuse from some of these reviews are detailed below. It is important that we acknowledge and highlight recommendations from local reviews in combination with the findings from our work. Some of the recommendations are listed below

(2017) Adult I –

Ensure that Domestic Abuse training is explicit that if there is already an agency involved then a DASH should still be completed and the relevant referrals made.

Don't treat incidents in isolation, domestic abuse is a pattern of behaviour.

Staff should use professional curiosity when someone informs them that they are subject to Domestic Abuse and check other agencies are actually dealing with the abuse. Particularly if contact with the victim has been lost and they are unable to be contacted.

Health staff and others should keep in mind the links between mental health, domestic violence and suicide.

(2017) Adult M –

Consider opportunities to raise awareness of domestic abuse in local communities, encouraging reporting if they suspect neighbours may be experiencing abuse.

Professionals should be aware that acute mental health issues can trigger incidences of domestic abuse and seek opportunities to ask patients and / or their partners / carers if they feel safe at home

A person's mental health can deteriorate rapidly and the risk they pose to themselves and to others should always be considered by professionals.

(2018) Adult N –

Ensure that GP practices review their policies regarding non-response to annual health checks and immunisations.

Raise awareness with older adult groups and develop a joint working group to focus on issues of domestic abuse

(2021) Jessica –

Ensure that a DASH is not a one-off activity and treated as the only assessment, and is not seen as the sole responsibility of the police to complete

Improve the capacity of health services to identify and respond to evidence or information that indicates Domestic Abuse.

Give careful consideration to the MARAC threshold being met where there are multiple DA incidents or there is potential for elevated risk, particularly when outcomes at court do not result in effective controls or sanctions.

Ensure effective work with perpetrators including identification of the motivation for abuse.

Ending domestic abuse

Domestic Homicide Review Recommendations

Sheffield has conducted several reviews and key findings are that:

- Separation needs to be acknowledged as a risk factor and not necessarily a reason to end support;
- Individuals must be spoken to alone about domestic abuse including children;
- All information should be gathered about home circumstances including people who visit or do not officially live in the home;
- Professionals need to be aware that domestic abuse can be between non intimate partners e.g. adult child to parent;
- Where substance misuse and mental health issues are present, professionals should make sure they enquire about possible domestic abuse;
- Agencies should have domestic abuse policies and procedures for risk assessment;
- Victims may disclose to any worker that they have built a relationship of trust with therefore all agencies need to have an awareness of risk factors and local pathways;
- Be alert to a perpetrator keeping the victim away from contact with professionals, be curious if you never see one of the parents e.g. a child's mother;
- Professionals need to remember that domestic abuse is not condoned by any faith and is unacceptable whatever the background of the family or individuals;
- Victims may minimise the abuse they are suffering or retract an allegation – this does not necessarily mean abuse is not happening ask about abuse more than once;
- Professionals should recognise that there may be heightened risk of violence at collection and handover of children for contact;
- Some people are more vulnerable to being abused e.g. migrant women, and carers;
- Victims are fearful of the intervention of children's services and can minimise or not disclose abuse as a result. Partnering with victims and holding perpetrators to account are key to building trust and keeping children safe

[3.3.2 Domestic Abuse \(proceduresonline.com\)](#)

Ending domestic abuse

Serious Incident Reviews (Adults David, Rehan and Rosie)

(2018) David –

- Be mindful that the use of coercive control may impact on a person's behaviour and minimisation of abuse and their compliance with support and safety plans.
- Complete the DASH on all occasions where domestic abuse is disclosed and promote support services.
- MARAC should consider actions around serial perpetration of abuse and use a flagging system for 'live/ hot' cases where abuse is continuing following initial referral.

(2018) Rehan '...did not consult with Rehan...'

- Consider the timing and nature of any future publicity around forced marriage and honour based abuse taking into account the views of the victim and appropriate levels of anonymisation.
- Recognise male victims of domestic abuse and think about the appropriateness of accommodation in order to meet their needs.
- All staff members and agencies to ensure that they maintain accurate record keeping and understand the importance of correct recording.

(2019) Rosie –

- Use intelligence on recent and previous MARAC attendances and / or their medical presentation to be professionally curious at the next meeting.
- Challenge perpetrator behaviour and explore options to hold them to account, including as fathers.
- Offer referral to domestic abuse support to victims who have separated and encourage engagement. Complete the DASH, provide initial safety advice, and offer a referral for target hardening.

DASA data

Referrals

	2019-2020	2020-2021	2021-2022 (Q2)
IDAS Helpline contacts	3934	4789	2744
Medium Risk referrals	2598	2670	1344
High Risk referrals	845	987	594
Marac	967	1132	632
Police referrals	3378	3659	1929

Support

	2019-2020	2020-2021	2021-2022 (Q2)
Structured Group work	69	122	65
Sanctuary Schemes	605	593	257
Exit success	63.9%	82.7%	77.5%
Inspire to Change G/W	12.4%	7.1%	5%

DASA data

- All data shows an increase in number since 2019
- Q2 (usually months July/August/September) are higher than the rest of the other quarters in everything apart from Exits in 2021 and the trend continues (for the majority in 2021-2022 apart from High Risk referrals)
- Marac increased by 60 referrals, High Risk decreased by 45.
- Throughout Marac has had higher cases heard than there have been referrals, which would align with repeats
- Sanctuary scheme referrals have lessened, in part to do with Covid19 fall out
- Exit success has increased last year, but more recently has decreased

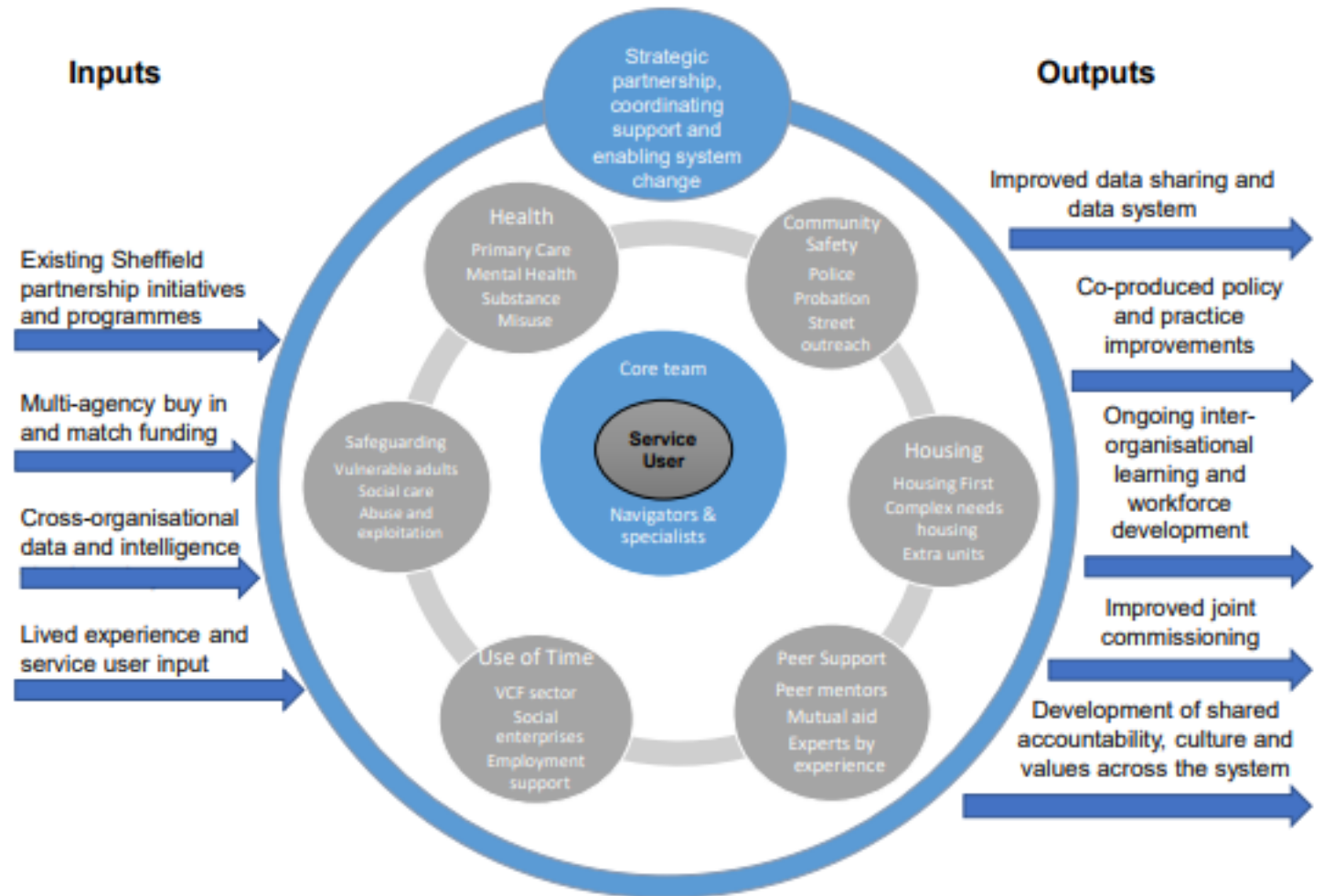
Changing Futures Programme – Sheffield moving forward

A programme working with Multiple Disadvantage

What is it: Local organisations will work in partnership to better support people who experience multiple disadvantage: those who are experiencing three or more of homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system.

Changing Futures is a learning programme which means Sheffield set out to do things differently whilst continuously evaluating, reflecting and reviewing our delivery and the impact it is having. This approach will allow us to share best practice, identify remaining gaps in delivery, and highlight areas for improvement system-wide.

The delivery approach will involve a Core Team, Coproduction with lived experiences, specialist delivery and capacity, peer support (for longevity), data sharing, learning and development and supported accommodation running alongside.



Ending domestic abuse

Safe and Together Model – A Strength in Sheffield



The Safe and Together Model consists of 3 principles with 5 critical components:

- 1. Keeping child safe and together with non-offending parent**
(Safety / Healing from Trauma / Stability and Nurturance)
- 2. Partnering with non-offending parent as a default position**
(Efficient / Effective / Child-centred)
- 3. Intervening with Perpetrator to reduce risk and harm to child**
(Engagement / Accountability / Courts)

The 5 critical components are:

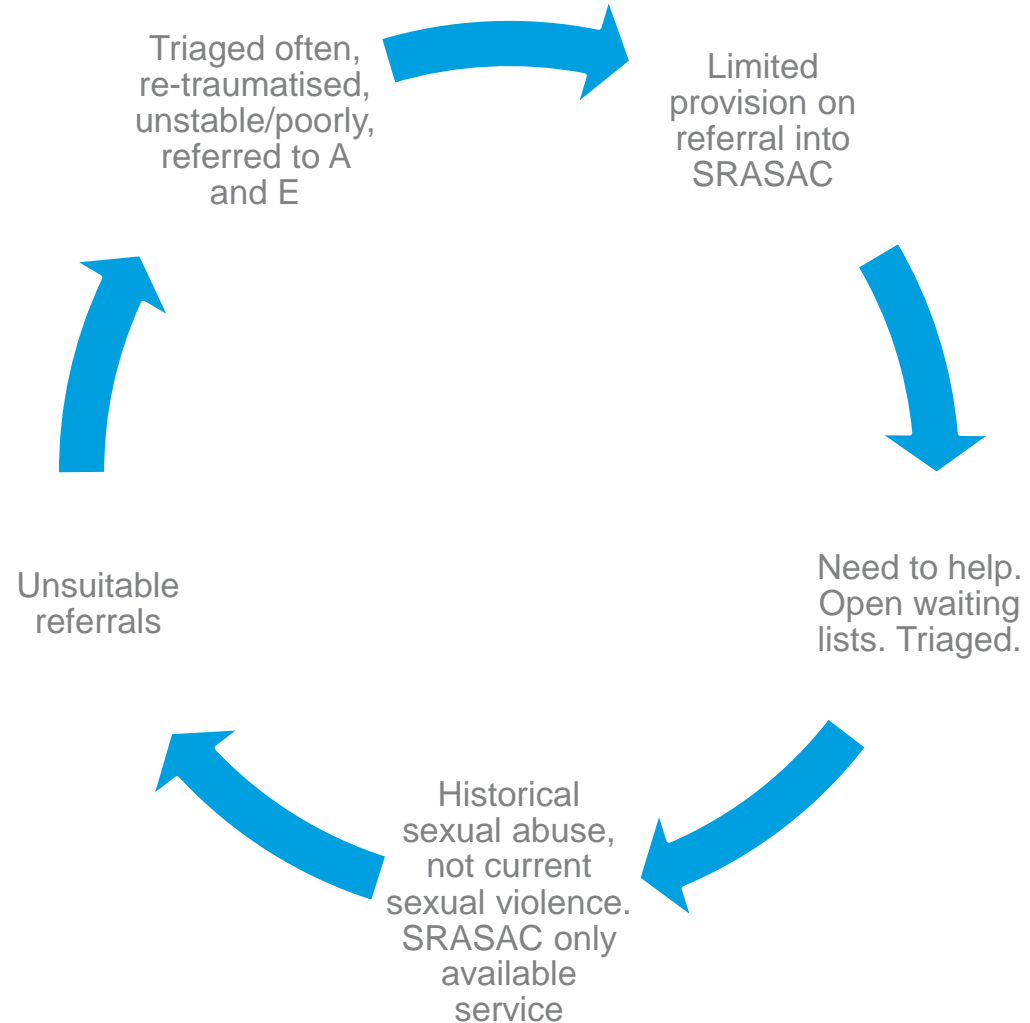
- 1. Perpetrators pattern of coercive control**
- 2. Action taken by perpetrator to harm the child**
- 3. Full spectrum of non-offending parent's efforts to promote child safety and wellbeing**
- 4. Adverse impact of perpetrator's behaviour on the child**
- 5. Role of substance abuse, mental health, culture and other socio-economic factors**

Within the workshop CSC talked about improvements in consistency and the positive knock on effect Safe and Together had on other services. This included the training up of Conference Chairs, who were supporting the most vulnerable families.

Ending domestic abuse

Sheffield Rape and Sexual Abuse Centre – Current landscape

- SRASAC referrals have exceeded their targets this year with 2 quarters remaining (130 per year funding, 130 victims this year already accessing counselling)
- Referrals have decreased, however their new(er) way of Triaging may have reduced this
- Capacity and use of this service is overloaded
- Understanding from within the area about what support is on offer, and alternatives to this service for support and urgent.



WAVES: Purpose and Principles

Sheffield WAVES [End Violence Against Women] is a voluntary sector forum for organisations whose main purpose is working to end violence against women and their children. WAVES member organisations come together to work collaboratively, with a feminist ethos, to share resources, information and best practice and develop a strong voice in planning and strategic work to tackle domestic and sexual abuse, rape and other forms of male violence, or gender based violence (i.e. violence and abuse which targets women and girls, or happens disproportionately to them).

- Collaborate, wherever possible, to provide a comprehensive range of services to meet the differing needs of women, children and young people, and male victims, including some jointly delivered services.
- Recognise the inequalities that particular groups of women face and have a commitment to promoting anti-oppressive approaches in our own and other services, and 'led by and for' specialist provision.
- Support each other to engage in Sheffield's governance structure for domestic and sexual abuse, including voting two members onto the Domestic & Sexual Abuse Board.
- Support current campaigns to end violence against women and girls, with a particular focus on priorities identified by us locally.
- Engage in initiatives to promote primary prevention work with children and young people, in schools and other settings.
- Recognise and challenge the sexualisation of girls and young women, and the harmful impact of oppressive gender stereotyping, for girls, boys and everyone else.
- Seek to influence the development of services to work safely and appropriately with men who present as victims of domestic abuse, and with perpetrators.

WAVES: Membership

- Ashiana Sheffield
- Eden Houses [Sheffield]
- Haven
- Independent Domestic Abuse Services [IDAS]
- Mums In Need
- Roshni Sheffield
- Saffron
- Sheffield Rape & Sexual Abuse Centre
- Sheffield Women's Aid
- Sheffield Working Women's Opportunities Project
- Shelter
- The Snowdrop Project
- Together Women Project
- Vida Sheffield
- Young Women's Housing Project

Members part of the Review

- Ashiana
 - IDAS
 - Roshni
 - Women's Aid
 - Shelter
 - VIDA
 - Young Women's Housing Project
- The organisations listed, provided both data and access to survivors for the Safelives review.

Leading Lights – National Standards

The Leading Lights standards are designed to provide detailed guidance towards delivering a safe and high quality service to victims and survivors of domestic abuse. The standards are accompanied with a quality assurance accreditation for domestic abuse service provision, which can support commissioners in contract monitoring and assurance.

The standards are split into four main sections: **Service Provision, Multi-agency Working, Human Resources and Governance**. Together, these sections represent practice that is effective, sustainable and - above all - safe.

Although we will not be undertaking any full Leading Lights reviews of service providers as part of this report, throughout this review we will use our Leading Lights standards to guide us in understanding where the current provider response works well, as well as areas for development.

Leading Lights Accreditation – IDAS Sheffield

Leading Lights is an accreditation programme which recognises and rewards good and safe practice in community based domestic abuse services across the UK. The programme offers services, partner agencies and commissioners a set of standards for supporting victims of domestic abuse through a risk led response, and is designed to ensure that survivors of domestic violence receive the same level of service, regardless of where they are in the country.

'Idas Sheffield have worked hard to embed the standards into their practice and in the majority of areas this has been achieved'

- **Assessment gave plenty of strengths such as:**

'Individual Safety and Support Planning is an area of strength for Idas'

'Case files showed that the team adapted well to the new ways of working during Covid-19 and worked hard to engage existing clients and new referrals.'

'Idas are also a core member of the Sheffield Safeguarding Hub, where the team physically sit alongside other key agencies and respond to domestic abuse where there are children involved. Idas Sheffield work together with identified professionals to ensure families' holistic needs are met, ensuring that the risk to the client is always considered'

'staff demonstrated linking in with a wealth of statutory and voluntary services including delivery of Domestic Abuse Awareness training to local GP surgeries around routine inquiry on Domestic Abuse in order to improve responses to survivors.'

- **There are also some area's to develop such as:**

'all closed files evidence that that the client was contacted before case closure' and

'45% of files contained actions on the ISSP which evidence empowerment of the client. All files to show actions on the ISSP which evidence empowerment of the client'

'Risk to be recorded as formally reviewed every 6 to 8 weeks and on case closure on all files' (evident on 70% of files)

IDAS Sheffield had their assessment completed in **March 2022** to evaluate their competencies in line with Leading Lights Accreditation – It was decided to reassess in 3 months from **April 2022**.

Ending domestic abuse



8. Professionals Awareness & Understanding

Who responded?

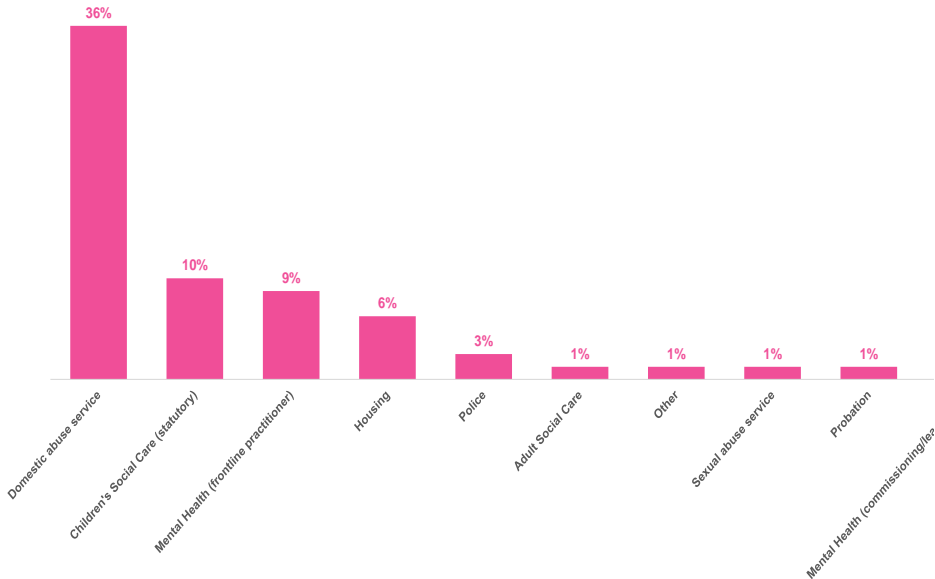
We conducted a professionals survey which was sent to all agencies across Sheffield to complete. The tables below detail the breakdown of agency responses and job role with **64%** identifying as a Practitioner without management responsibility, **14%** as an Operational Manager and **14%** as a Strategic Manager/Leader. Of these professionals, **47%** advise they identify DA daily within their role and **23%** at least once a week.

The following slides detail the responses to questions regarding their understanding of DA, local referral pathways and provision.

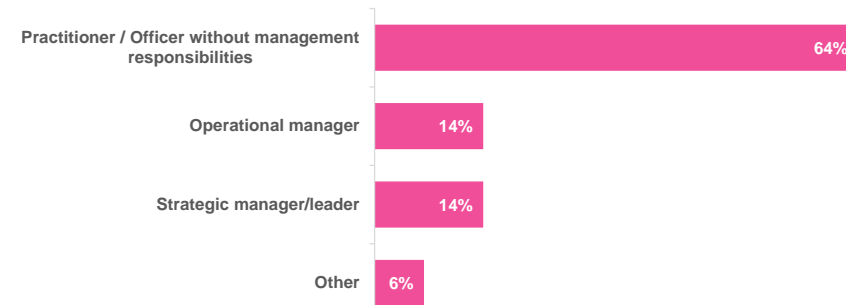


77 responses to the professional survey

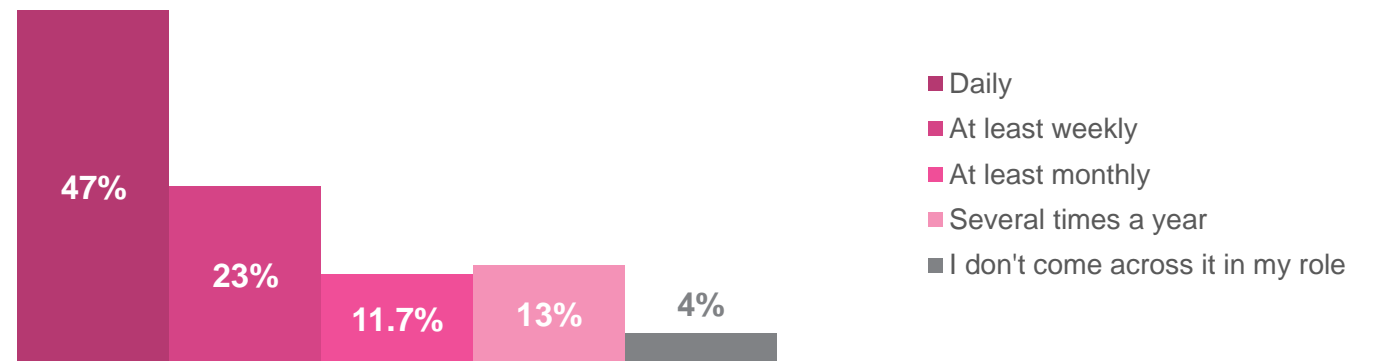
Proportion of responses from each agency



Job role

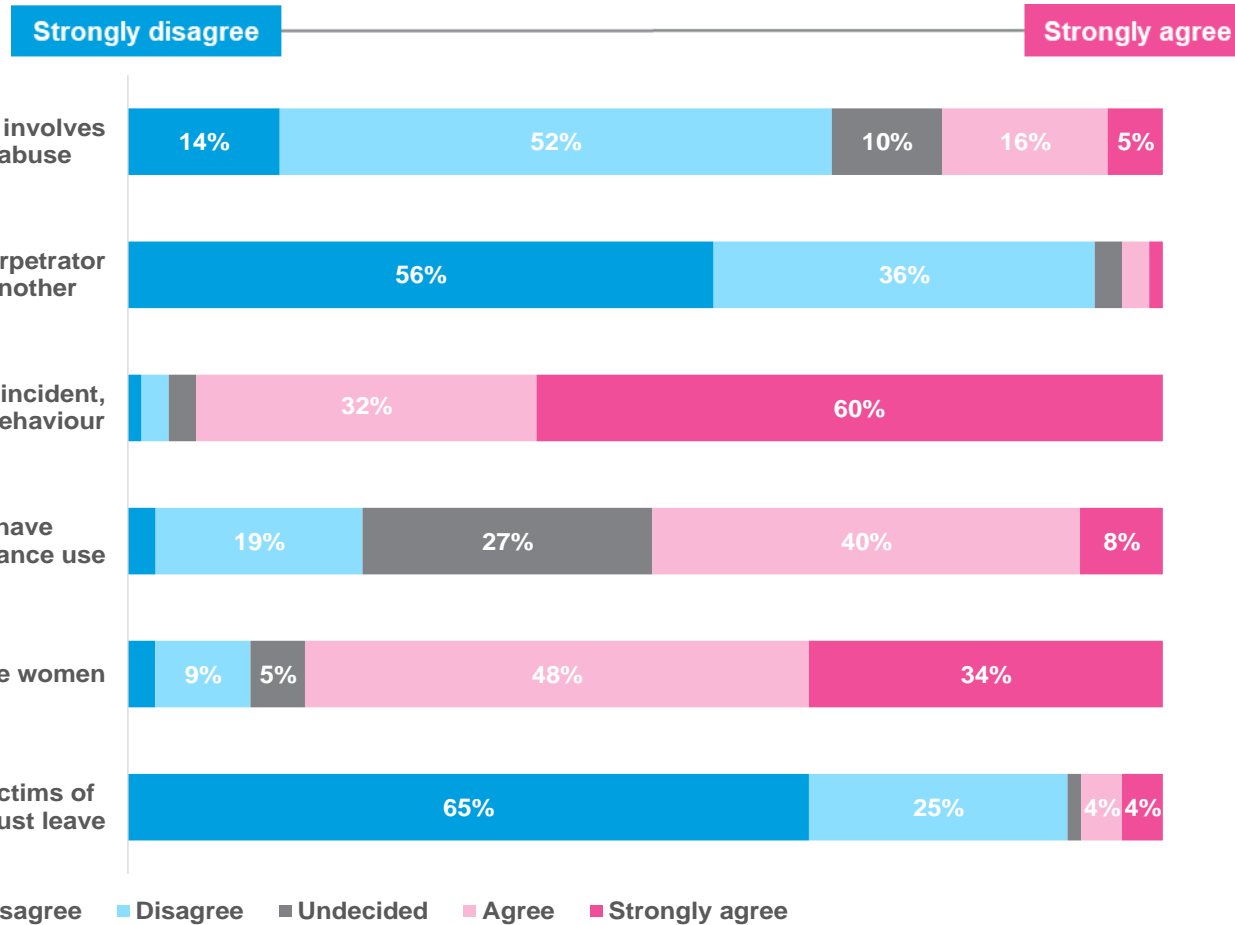


How often do you identify domestic abuse in your role?



Understanding of domestic abuse

Respondents rated how much they agreed with the following statements:



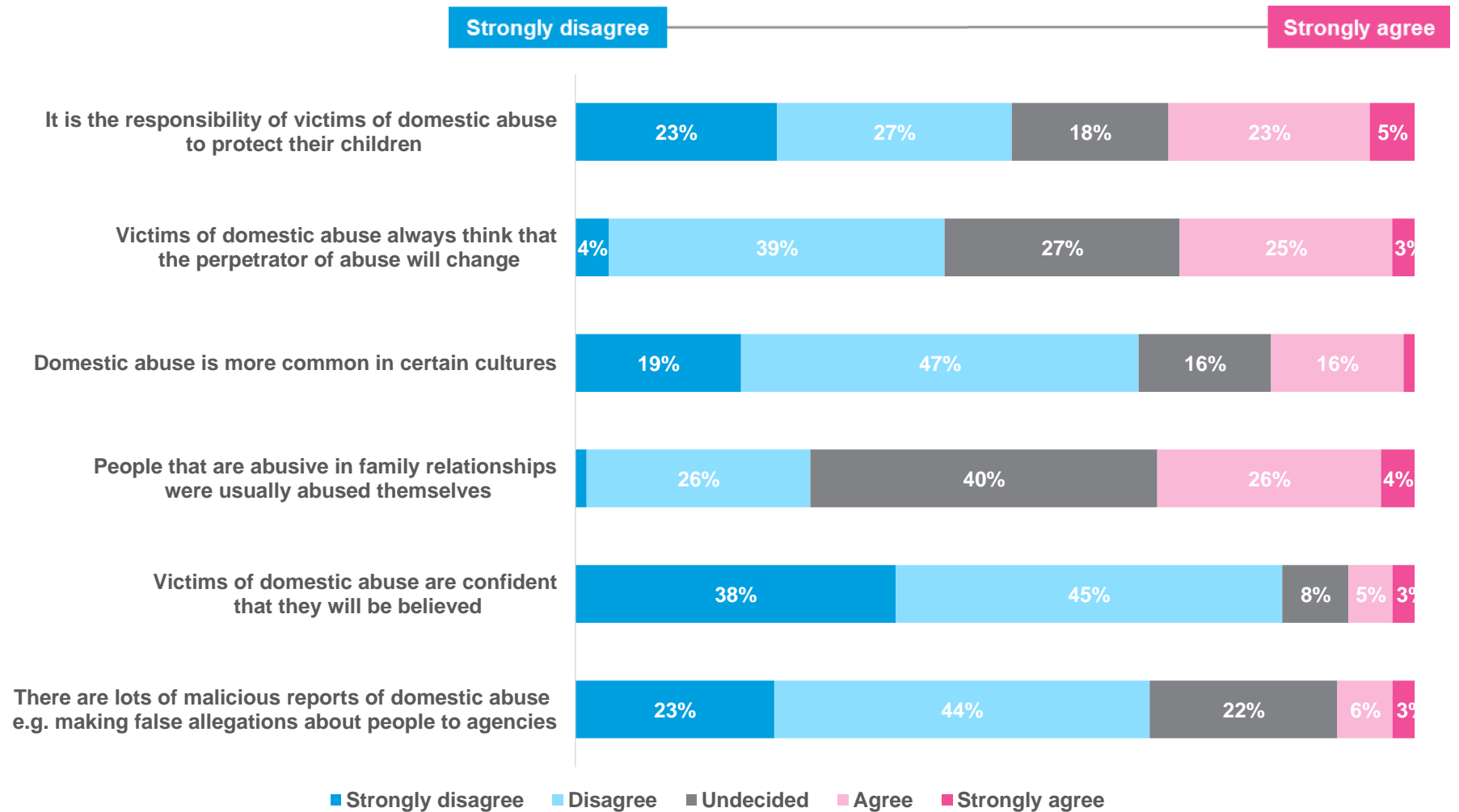
This shows **21% of practitioners** in Sheffield still feel DA is violence orientated, but there are good recognition of patterns of abuse and understanding of needs to flee

Understanding of domestic abuse

Respondents rated how much they agreed with the following statements:

Practitioners don't feel that the victims they work with will be believed with **83% agreeing with this**. This is a significant number and is of concern. **Victims of DA should be heard and believed.** The voice of the victim is essential to the risk led response and victims must feel confident that they will be supported when accessing services.

There is also a split, with 40% of practitioners undecided whether perpetrators were abused themselves, and there are further uncertainties with responses to the duties to protect children and feeling perpetrators will change, which shows the contentious feelings around understanding some DA behaviours



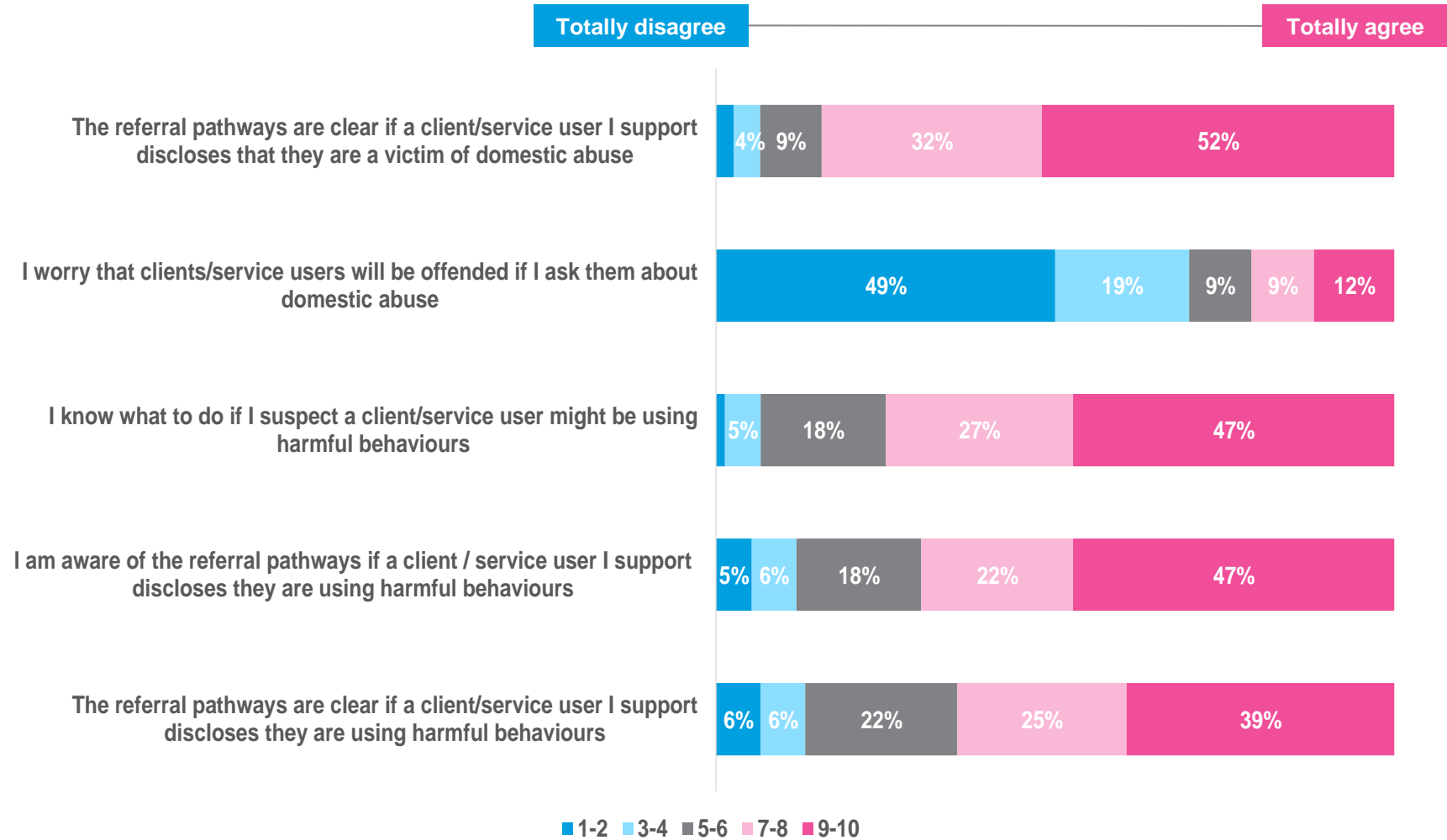
Knowledge of domestic abuse and referral pathways in local area

Respondents rated each statement on a 1-10 agreement scale, where 1 = Totally disagree and 10 = Totally agree

These graphs show a little more uncertainty when it comes to managing Perpetrator behaviour over victim needs from the slide before

Practitioners seem less confident asking questions, and where to refer to, but these are still strong areas of the Sheffield response. **23% don't know what to do if they suspect harmful behaviours, nearly a third of practitioners aren't aware of referral pathways and just over a third feel the pathways that they are aware of, aren't clear.**

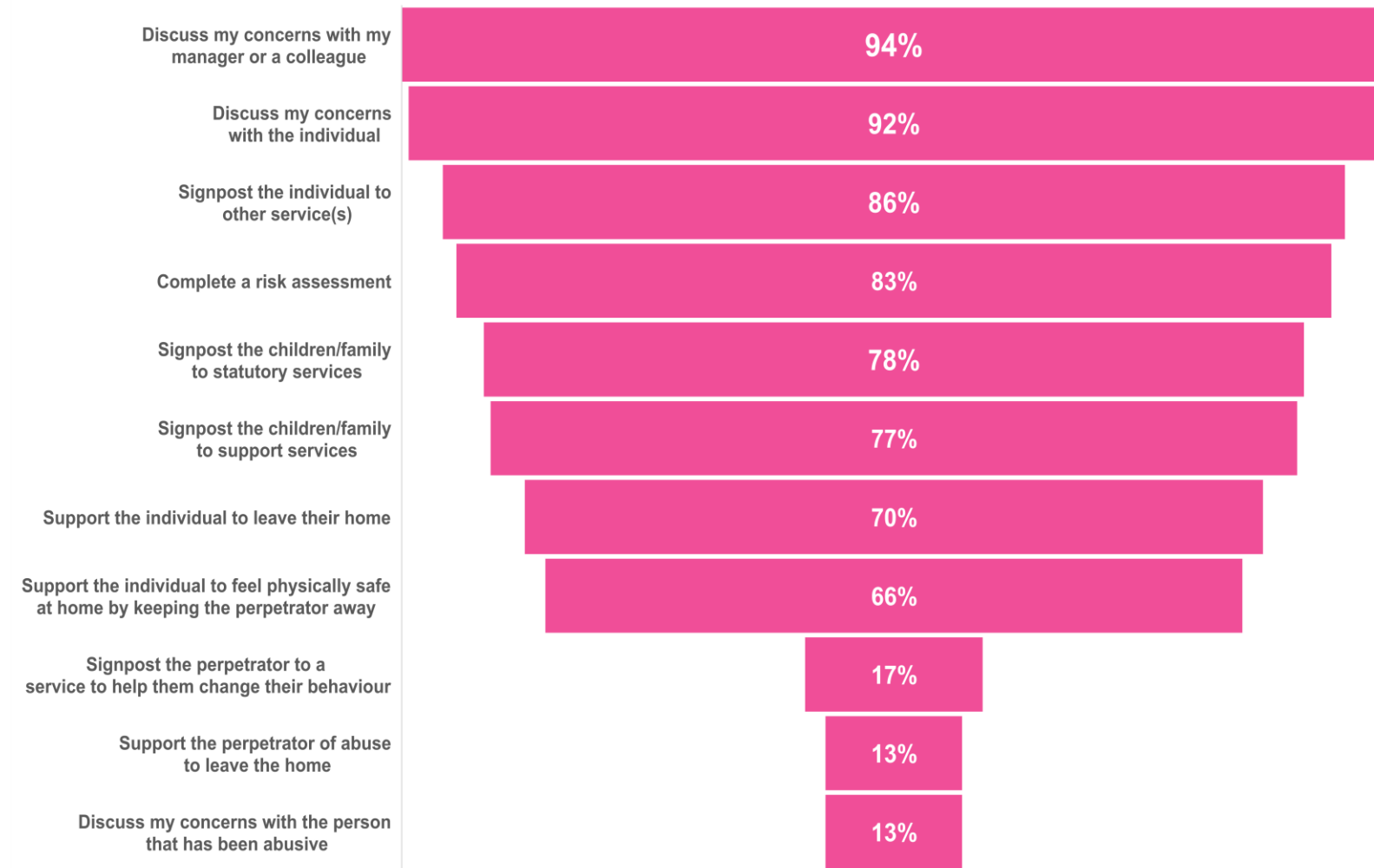
This highlights a need to **raise awareness** to ensure that all professionals are aware of the pathway for victims and perpetrators.



1= Totally disagree to 10 = Totally agree

Local support provision for victims and families

“If through your role you identified someone you suspected may be a victim of domestic abuse, which of the following do you think you would do?”



Of the respondents, **94%** stated they would **discuss their concerns** with their manager, and **92%** with the **victim**. **83%** stated they would **complete a risk assessment** if they identified someone who they suspected may be a victim of DA.

The survey shows that only **13%** stated they would discuss their concerns with the person that has been abusive.

This might be a response to a lot of the completed surveys coming from DA services and victim support, but worth discussing



9. Training in Sheffield

Training Delivery

'Good breadth of training which is delivered by our local DA service'

Sheffield have a number of different routes into training on Domestic Abuse and Safeguarding. The Local Authority through the **DACT** have on offer a number of different training opportunities, including **LGBTQ+** online courses. **IDAS** also support this with a very wide range of (mostly current) online courses ranging from **Young People and Domestic Abuse, Coercive control, Supporting LGBTQ+, awareness of Safezones and Target Hardening, Older People and Domestic Abuse, supporting Male Victims** etc. During our interviews we received positive feedback regarding this.

Other area's from Sheffield Children Safeguarding Partnership ('Safe and Together' and others) and the WAVEs forum also give training, although some of this specialist training from WAVEs has lessened recently. VIDA, Ashiana, Roshni and Haven all offer additional trainings, some more specialist area's which are required with such a diverse area such as Sheffield.

Training in Sheffield is considered wide reaching and thorough. The area cover a range of expert training, utilising expert partners and IDAS through this reach. Generic Safeguarding training is offered and attended (**98% for Children and 77% for adults**)

'Some of the training is good and advice sessions can be helpful. I am familiar with a DASH and have had some good training on this'

'Our roll out of the safe and together model is working well, but so far this is just training children's social care staff. Other sectors need to be trained'

*'The safety and protection of the children is paramount however I think some professionals overlook the difficulties of being in an abusive and controlling relationship, the victim is a victim themselves. It is also easy to loose sight that the perpetrator might have also experienced negative experiences that has led to controlling and abusive behaviours themselves. **Training around this area is always conducive to positive outcomes for children and their families.** Direct service user training has a massive impact'.*

Ending domestic abuse

Professionals Training

From the survey results we can see that within the last 2 years -

88% of practitioners have had DA awareness training, 12% of practitioners have not had training



82% have had Child DA Training and 18% said they have not had training



52% answered yes to having training around perpetrators, 48% have not had training around people who harm



22% of professionals have not had coercive and controlling behaviour training, whilst 78% said they had



54% of professionals said they have had sexual abuse training and 46% said they have not had training



79% of practitioners have not received training for adolescent or child to parent violence (APV/CPV)



Ending domestic abuse



Professional interviews

Training

Working well

Many professionals reported that there were areas of good practice in training around DA. **Professionals told us that their organisations were delivering training on trauma-informed approaches.**

“The whole organisation’s been trained in PIE and Trauma-Informed where it’s been really embraced in the whole organisation. And it really does what it says on the tin. But everybody’s embraced it, right down to the domestics, the handyman, the whole team has embraced it. And you can tell, because the women embrace it as well.” – Professional

Not working well

However, professionals providing training to other organisations noted the **squeeze on funding to pay for training.**

“We’re also a specialist training provider. We haven’t been offering much training recently because we were, you know, because of the pandemic, but also even prior to that no-one has any budgets for training these days...what we were offering was a more specialist kind of programme called Doing No Further Harm which is about trauma informed working with survivors of abuse.” – Professional



10. Multi Agency Working and Support



Context

SafeLives attended Partnership Boards where plenty of quality information is sourced and shared, giving local services/agencies a good overview of what is 'real time' information and analysis

Items often shared at boards (every 3 months minimum):

Marac Dashboard (overview of stats and quality)

DHR reviews analysis

Events shared ie Sheffield VAWG strategies

Survivor information/updates

Serious Incident Report analysis

TOR information for various other Services/Boards

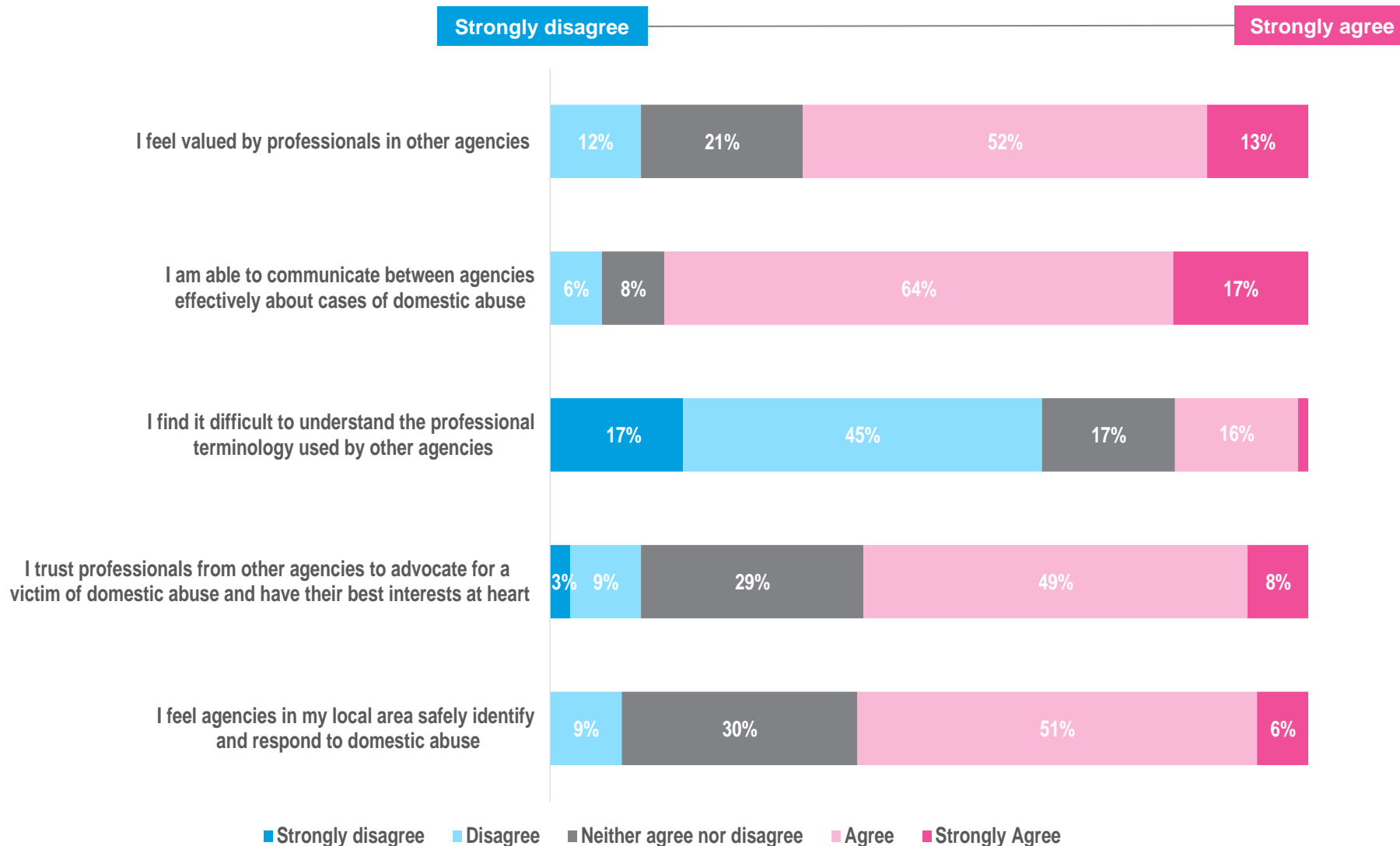
Action Plans/Implementations for Needs Assessments and Sexual Abuse Strategy overlaps

DASA Performance

Strategy drafts

Minutes of previous meetings

Multiagency Response: The Culture

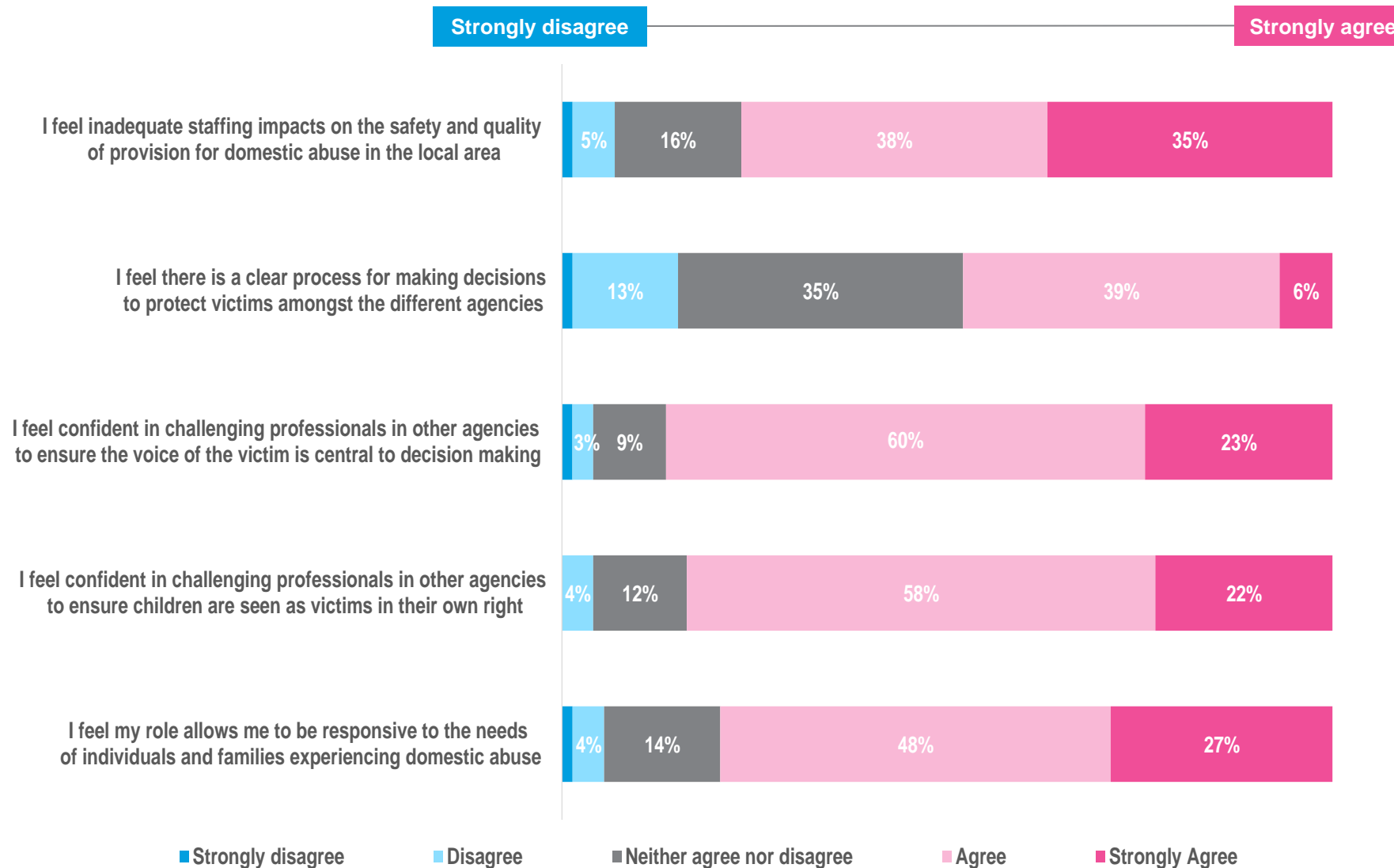


Generally practitioners in Sheffield feel supported, valued and able to serve interagency in a positive manner.

Over half of practitioners felt that they trusted other practitioners to do their 'best' and keep victims safe.

Some practitioners felt jargon was easily used, and misunderstood, and possibly looking at a glossary of terms for each service might be of benefit.

Multiagency Response: The Culture



Practitioners feel that staff shortages and funding are a concern for the effectiveness of their service delivery.

Most practitioners feel confident and able to challenge other colleagues in different services in order to promote the best service for victims/survivors of domestic abuse.

Practitioners are a little less confident that there are clear procedures to protect victims in Sheffield

Professional survey: Multiagency Response: What's working well?

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”

‘Victim/survivor response’

Summary:

- Professionals noted the multi-agency response **successfully supported victim/survivors**.
- It was also noted that the response was **client-centred**, with **victim/survivors being kept updated on the progress of their case** and **IDVA's providing an invaluable service**.

“We work well with all our key partners. Relevant information is shared to support women experiencing domestic abuse. We deliver groups to women who have experienced domestic abuse and provide support and advice to help them move on with their lives. We encouraged women to not let domestic abuse define their future and help them to develop their confidence and self esteem.” – Professional survey

“IDVAs attending at appointments at other services where the victim is engaging for support works really well.” – Professional survey

Professional survey:

Multiagency Response: What's working well?

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”

‘Communication and information sharing’

Summary:

Professionals emphasised the **importance of all agency voices being heard.**

“Marac works well...when all agency voices [*sic*] heard and their relevant contribution are heard...Value of different agency perspectives need to be valued and be key to effective management of risk to victim and child.” – Professional survey

The **sharing of information** between agencies was also seen to **result in better safeguarding for the victim/survivor.** This **collaborative response** enables **increased safety** and **effectiveness of practice in Sheffield.**

“The multi agency approach/sharing information is very useful and ensure that all risk management strategies are put in place and all agencies are aware of ongoing risks.” – Professional survey

“It works well because it is a multi agency panel which share information so services can get a full picture of what is happening, who is involved and what needs to be done, and what risks women and children have.” – Professional survey



Professional interviews

Multi-agency working – Working well

Some professionals praised aspects of the multi-agency approach in Sheffield. One professional noted that **there is a collective enthusiasm for solution based partnership working.**

“I do think that... from a partnership point of view, **we do come together and look for some solutions around some of our work.** I think about the- around the under sixteens work that we’re doing around domestic abuse and how... you know, we haven’t got lots more resources but how collectively we’ve got different resources around the table that can meet that agenda. **There’s a real willingness to work in that way.**” – Professional interview

This professional said that **good relationships with local GPs** has meant that victim/survivors receive priority treatment.

“And GP, we have made some **really really strong links with our local GPs**, to the point where, you know, GP surgeries, main doctors come out to Refuge and met all of us, and sort of said, ‘**right, we’ll prioritise your clients**’, but that’s about it really.” – Professional interview

There is also **good attendance at meetings**, according to one professional.

“The attendance, you know, fluctuates a little bit, but we’ve got a pretty good core attendance to that. **key staff partners turn up to every meeting.** We’ve got, I mean, I chair our DHR panels, and we get really good engagement with that.” – Professional interview

Professional interviews

Multi-agency working – Not working well



Across interviews, **referral pathways were stated to be a big problem**. A number of professionals noted that the issues with referrals are due to **problems with both leadership and information sharing**. This professional spoke about how the referral pathways for Housing are not clear.

“I think we’re also, unclear about, if for example, we had two vacancies for referrals, sometimes we might get five or six referrals from Housing, so **it doesn’t feel like there’s any co-ordination going on** at Housing of, right, [place name] Women’s Aid have got two, which two referrals are we putting through? So **it feels a bit chaotic, a bit clunky, a bit clumsy** sometimes; that there doesn’t seem to be any co-ordination from Housing’s end about who they’d send through, having maybe had a conversation themselves about maybe who’s at the most, highest risk to send through as a referral, and then we’d go through the process that we normally do.” – Professional interview

One professional said that due to the large number of agencies, staff are unsure where to refer to, meaning that referrals are often sent to inappropriate places.

“I think we get referrals through. **I do not think the referrals are always appropriate** and I think what happens is because we have got lots of different services within the [place] hub I think sometimes we can be seen as a ‘we’ll refer it to Shelter even if it is not appropriate.’ So for all sorts of different things that are just not a fit.” – Professional interview

Professional interviews

Multi-agency working – Not working well



Many professionals spoke about **problems with information sharing**. One noted that communication with Housing was a particular issue.

“Housing for me seems a real challenge to work with, and I think that is in part facilitated by our Commissioners [...], but I think also for them as an organisation it was obviously during COVID they weren’t doing any ‘move-outs’ anyway, but they, you know, would get real, sort of, **overlapping information** from Housing. Like, for example, we use the Oasis in the HSP caseload management system, but they don’t use those. So **we’ll get daily phone-calls even though we’ve already used our resources**, uploading the caseload that we’ve got [...], so I don’t understand why, when actually it would reduce resources that we have to then alert Housing of the referrals that we have.” – Professional interview

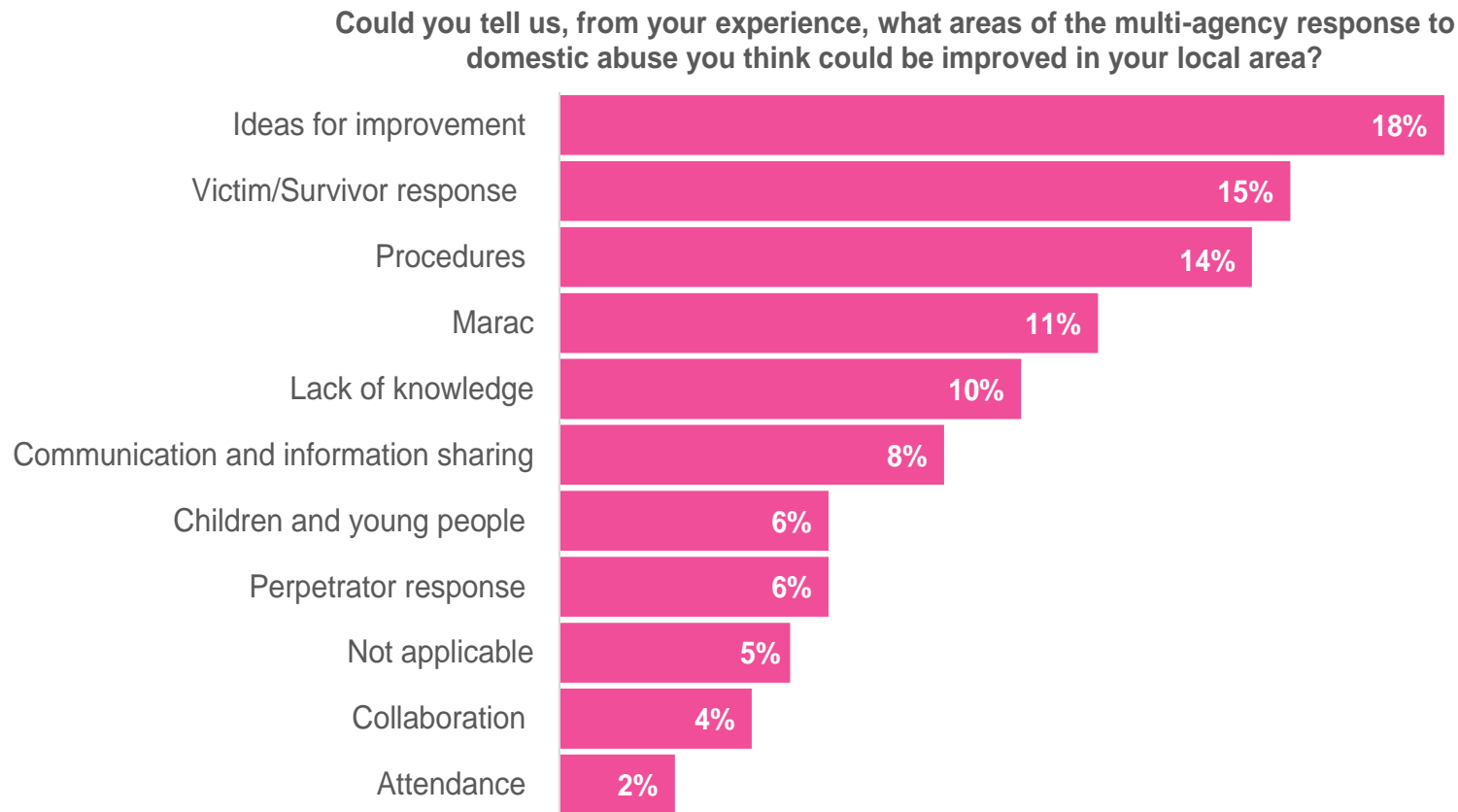
This professional said that **problems with timing** can create difficult situations when responding to high risk domestic abuse cases.

“We rely on, like every other person in [place name], if there’s a mental health issue it’s either an ambulance, or police, or the Crisis Team. The Crisis Team are not very good at getting back to people. **They’re not very good in a crisis.**” – Professional interview

Multiagency Response: What could be improved?

“Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area

Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. A breakdown of the responses is shown below.



Practitioners in Sheffield still feel the response to Victims could be improved, describing a lack of knowledge and information sharing as important, as well as procedures they follow.

This might follow some of the text responses describing ‘victims’ not engaging because ‘they don’t know they are victims’ as a barrier, as well as less confidence surrounding engaging Perpetrators of abuse.

More support for additional services who deal with Domestic Abuse indirectly, such as Substance Misuse services and Mental Health services to reduce waiting times for access.

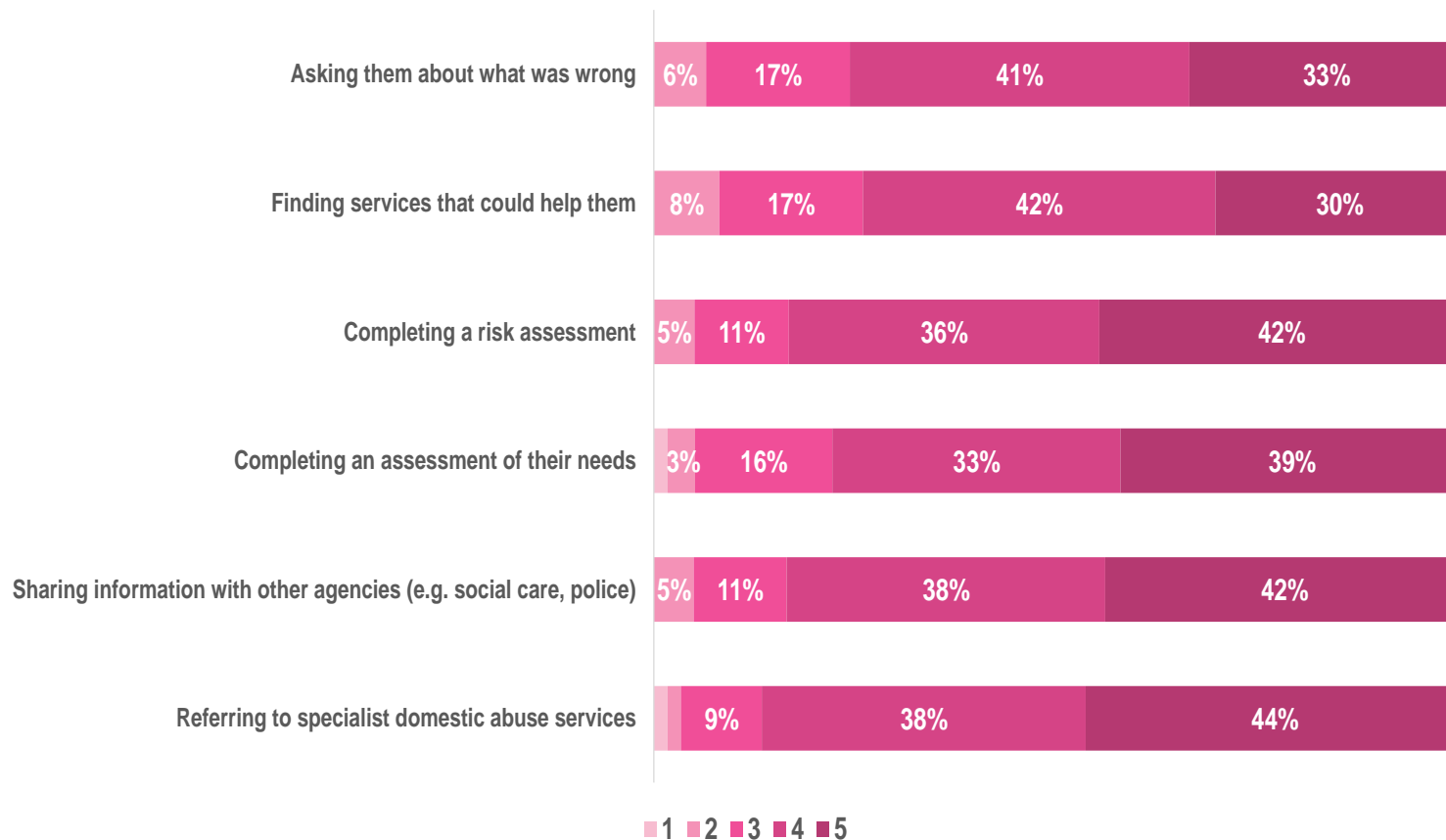
Percentages out of total number of codes = 126

Local support provision for victims and families



83% of respondents said they had worked with clients/service users that were, or suspected were, victims of domestic abuse...

How easy professionals found the following when working with people who were/suspected were victims of domestic abuse, where 1 = Very difficult and 5 = Very easy



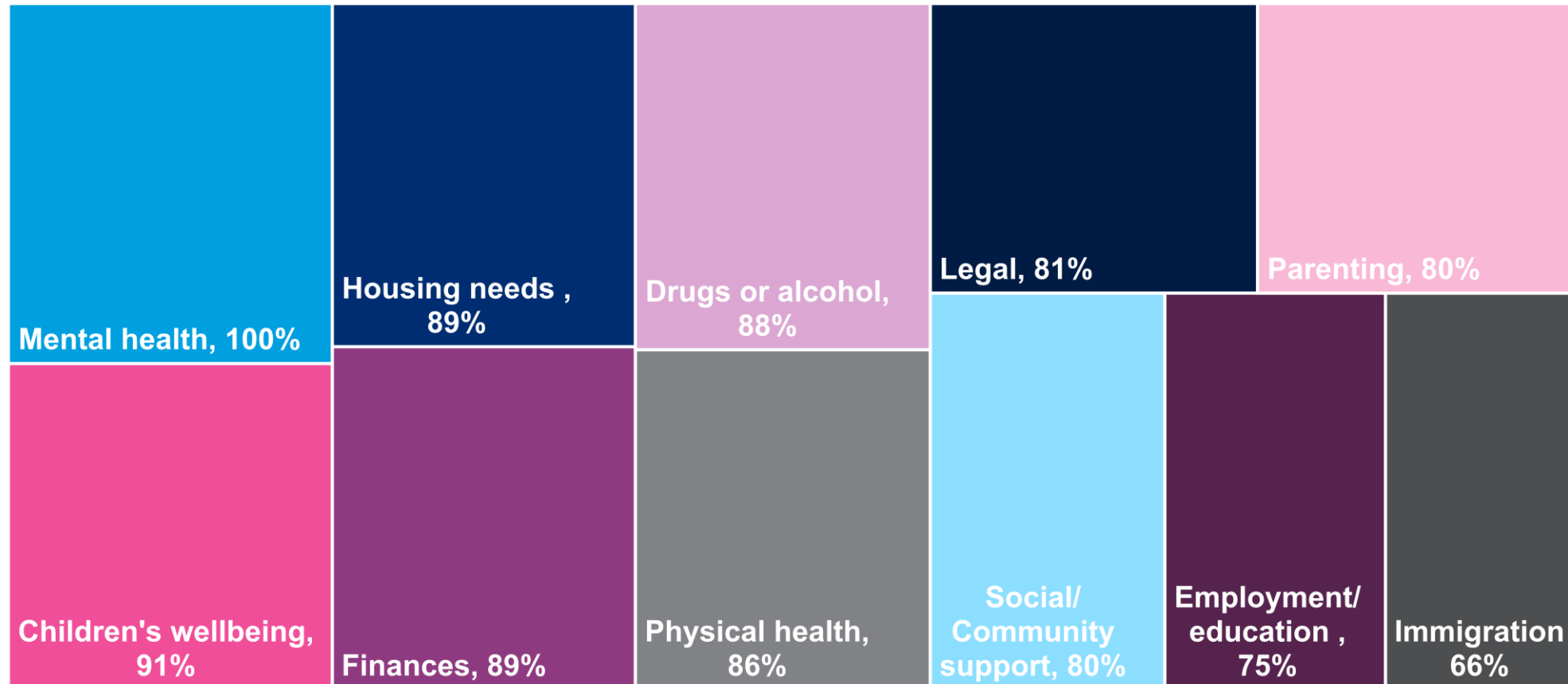
Throughout the survey practitioners felt confident they could engage, assess and find services that would cope with the demand for victims of Domestic Abuse.

Practitioners felt that this was available and easy to access, and sharing this information felt easy.

Percentages out of those respondents who said they had worked with clients/service users that were or they suspected were victims of domestic abuse, Total N = 64

Local support provision for victims and families

Identified areas of need when working with victims

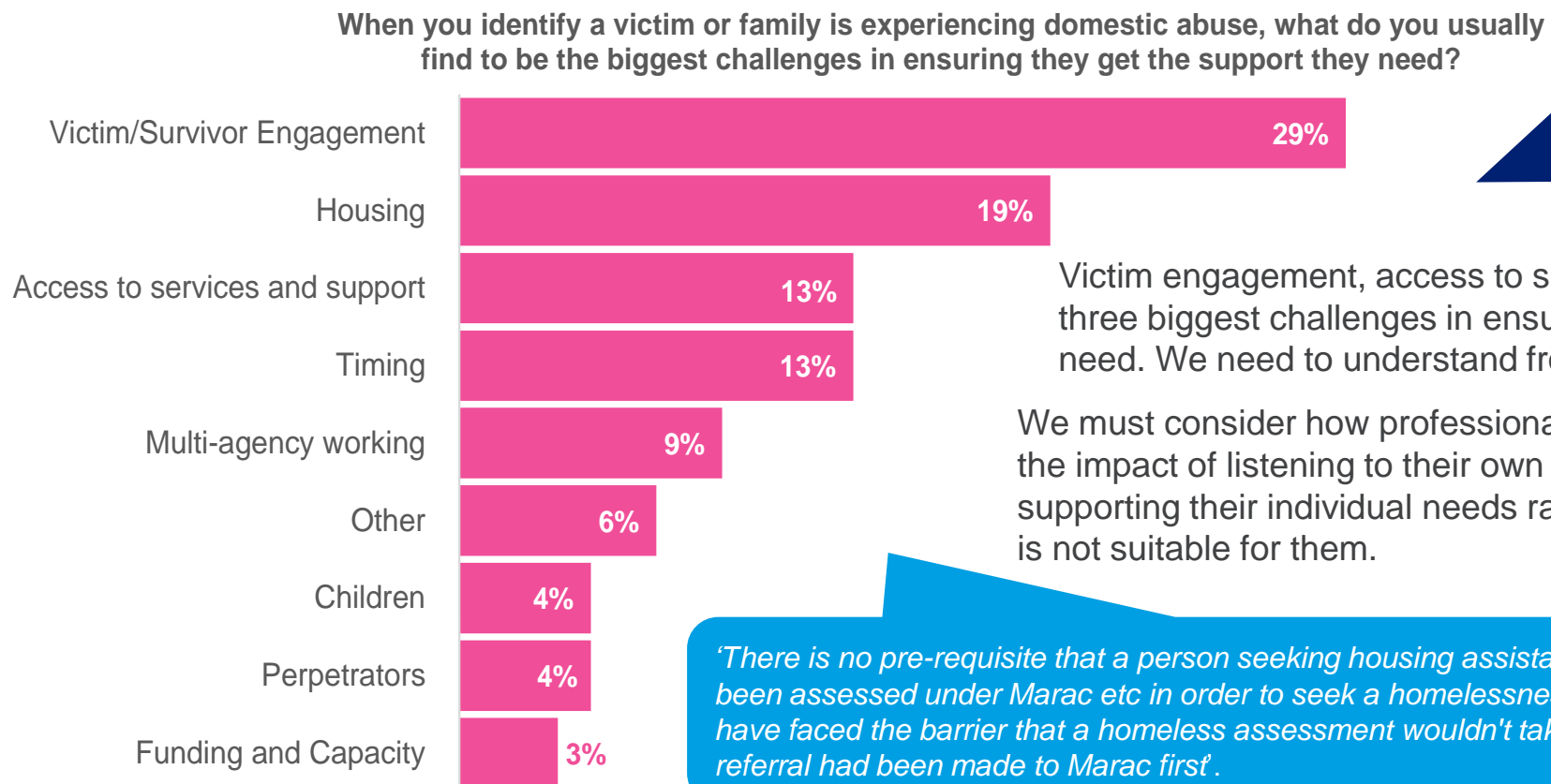


Percentages out of those respondents who said they had worked with clients/service users that were or they suspected were victims of domestic abuse, Total N = 64

Local support provision for victims and families

“When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?”

Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. A breakdown of the responses is shown below.



‘I feel our client group are not always supported well by the domestic abuse services available to them. They are very chaotic in nature and are often difficult to engage. If the client is difficult to engage or is hard to get hold of, a lot of the time our clients do not have phones or way to contact them, then their case gets closed’

Victim engagement, access to services and housing were identified as the top three biggest challenges in ensuring victims and families get the support they need. We need to understand from practitioners why this is

We must consider how professionals and agencies can be accessible to victims, the impact of listening to their own risk assessment, understanding and supporting their individual needs rather than making a victim fit a process which is not suitable for them.

‘There is no pre-requisite that a person seeking housing assistance has already been assessed under Marac etc in order to seek a homelessness assessment, but I have faced the barrier that a homeless assessment wouldn't take place until a referral had been made to Marac first’.

Percentages out of total number of codes = 94

Local support provision for victims and families

“When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?”

‘Victim/survivor engagement’

Summary:

- Professionals reflected that often the biggest challenge **was the person accepting they are a victim/survivor of domestic abuse & also getting them to engage with services available to help them.**

“Confidence for the victim to accept services.”

“getting the person to accept they are a victim...”

“Helping them to feel safe enough to to trust that there are services that can help them.”

Local support provision for victims and families

“When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?”

‘Housing’

Summary:

- Across interviews, professionals noted a **lack of safe, appropriate accommodation** whether it be permanent or temporary.

“Accessing appropriate, safe accommodation.”

- Specific mentions were made to the **local council who are slow to house victims, with local authority housing being in short supply and/or unsuitable to house victims.**

“Being able to leave safely as the emergency/temporary accommodation sometimes offered by the Council is unsuitable for vulnerable people.”

“Waiting lists and time constraints. If they have decided to leave the perpetrator, a homeless applications can take weeks, there are not always sufficient refuge places so they can spend weeks in temporary accommodation where they do not feel safe...”

Local support provision for victims and families

“When you identify a victim or family is experiencing domestic abuse, what do you usually find to be the biggest challenges in ensuring they get the support they need?”

‘Access to services and support’

Summary:

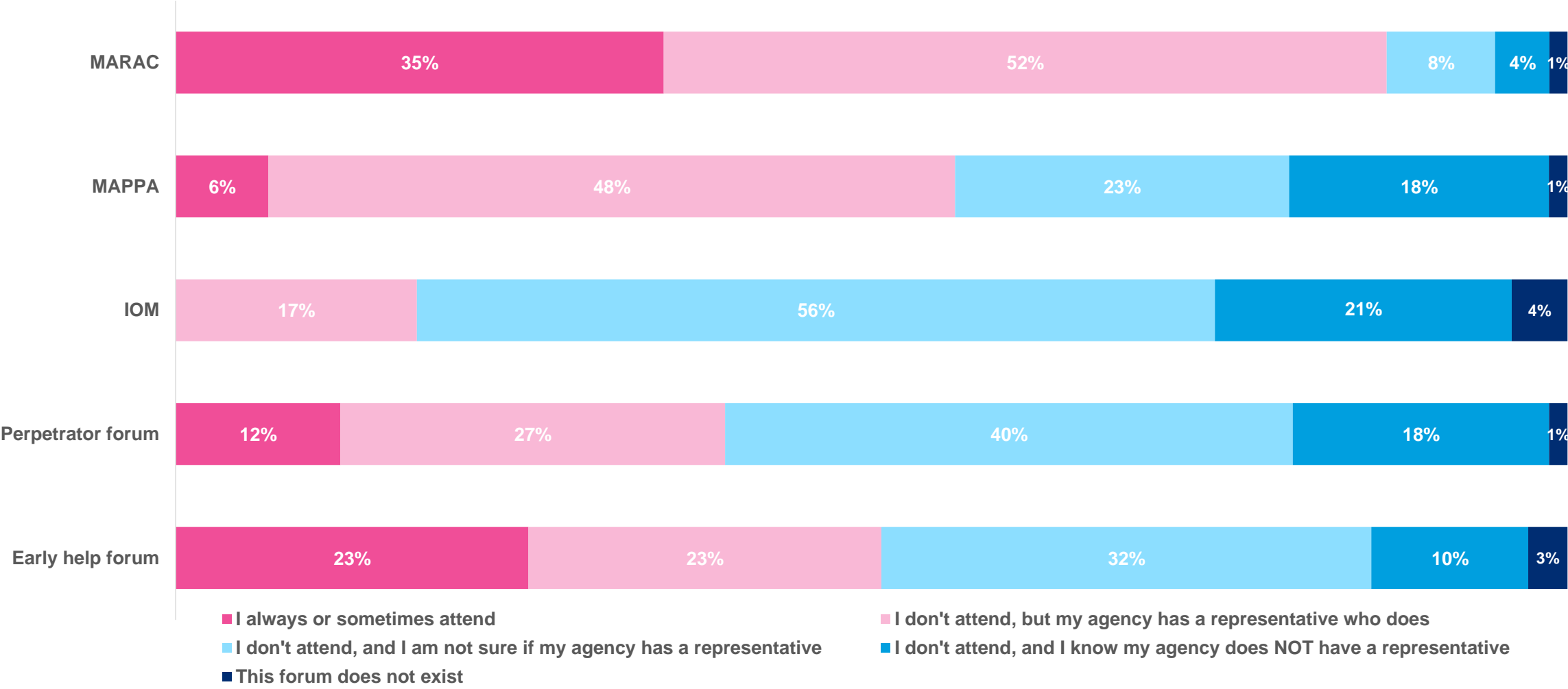
- Professionals noted a **lack of access to services for victims** which was a barrier for them receiving the support they need.
- These services ranged from **financial support, long-term support, mental health services and/or substance abuse services.**

“lack of access to appropriate counselling.”

“ ...appropriate resources and interventions - lack of long term support...”

“...finances. Mainly women being left without money so this puts them off moving their children. Having no say in where they move to.”

Multiagency Response: Representation at forums



Multiagency Response: What could be improved?

“Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area

‘Ideas for improvement’

Summary:

There were many ideas for areas of improvement in the multi-agency response to domestic abuse. Area-specific suggestions included:

- **Reduced waiting times for DA services** and an **increase in mental health, drug and alcohol support services.**
- **Better training** for professionals.

“Local domestic abuse service - waiting times...too long...”

“mental health and drugs and alcohol are a massive factor within DA - more support [sic] needs to be given to these agencies...”

“...I think some professionals overlook the difficulties of being in an abusive and controlling relationship, the victim is a victim themselves. It is also easy to loose sight that the perpetrator might have also experienced negative experiences that has led to controlling and abusive behaviors themselves. Training around this area is always conducive to positive outcomes for children and their families. Direct service user training has a massive impact.”

Multiagency Response: What could be improved?

“Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area

‘Procedures’

Summary:

- Professionals agree that local domestic abuse services are **taking too long to contact new referrals.**
- **Referral procedures** were seen by professionals as **time-consuming.**

“Local domestic abuse service - waiting times to contact new referrals too long.”

“To have a professionals phone line at Howden House to be able to use would be helpful, so hours aren't spent on hold trying to locate a housing officer through the switchboard numbers would be useful too...”

Multiagency Response: What could be improved?

“Could you tell us, from your experience, what areas of the multi-agency response to domestic abuse you think could be improved in your local area

‘Responses to Victims/survivors’

Summary:

- Professionals mentioned **the work of IDVA’s** and how their role could be expanded to further help victims/survivors.
- The need for **services to help engage the harder to reach victims/survivors.**

“It would be helpful if IDVAs didn't close cases straight away after a few attempts at calling victims.”

“...limited service support of direct work and day to day support available from IDVAs.”

“I feel our client group are not always supported well by the domestic abuse services available to them. They are very chaotic in nature and are often difficult to engage. if the client is difficult to engage or is hard to get hold of, a lot of the time our clients do not have phones or way to contact them, then their case gets closed...”



Case Audits - Sheffield

Glossary of Terms and Key

SYP – South Yorkshire Police

Marac – Multi-Agency Risk Assessment Conference

Matac – Multi-Agency Tasking and Coordination

V – Victim

P – Perpetrator (person who has caused harm)

DASH – (Domestic Abuse, Stalking and Honour Base Violence) Risk Assessment

IDVA – Independent Domestic Violence Advocate

PSI – Psychological Screening Inventory

SCC – Sheffield County Council

RO – Restraining Order

HAST – Homeless Assessment and Support Team

CSC – Children’s Social Care

ASC – Adult Social Care

SPA – Single Point of Access

MDT – Mandatory Drug Test

TH – Target Hardening

ASB – Anti-Social Behaviour

IDAS (Independent Domestic Abuse Service)

Case heard at Marac or Matac meeting

Shelter Intervention

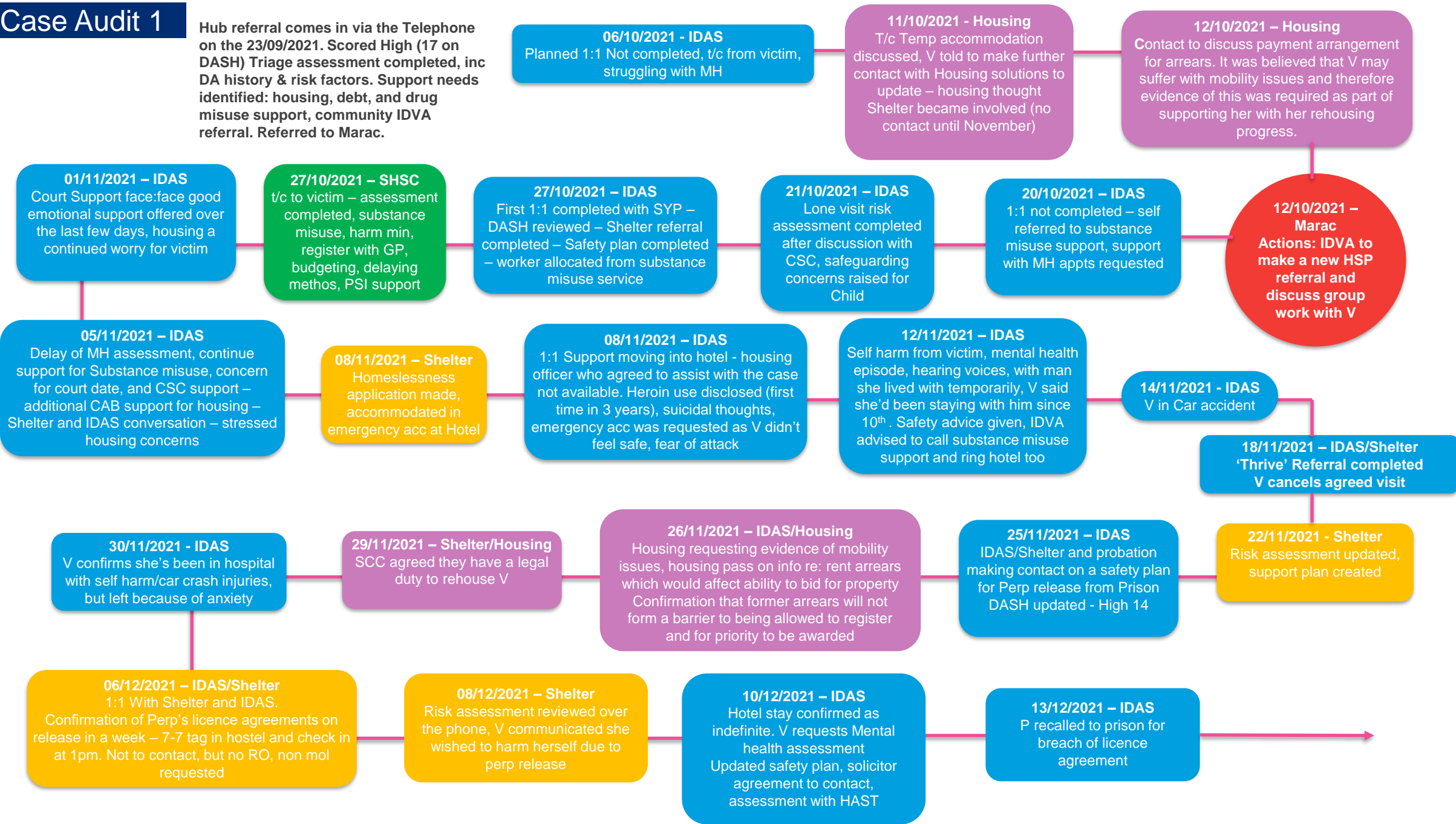
SHSC – Sheffield Health and Social Care work

Housing Intervention

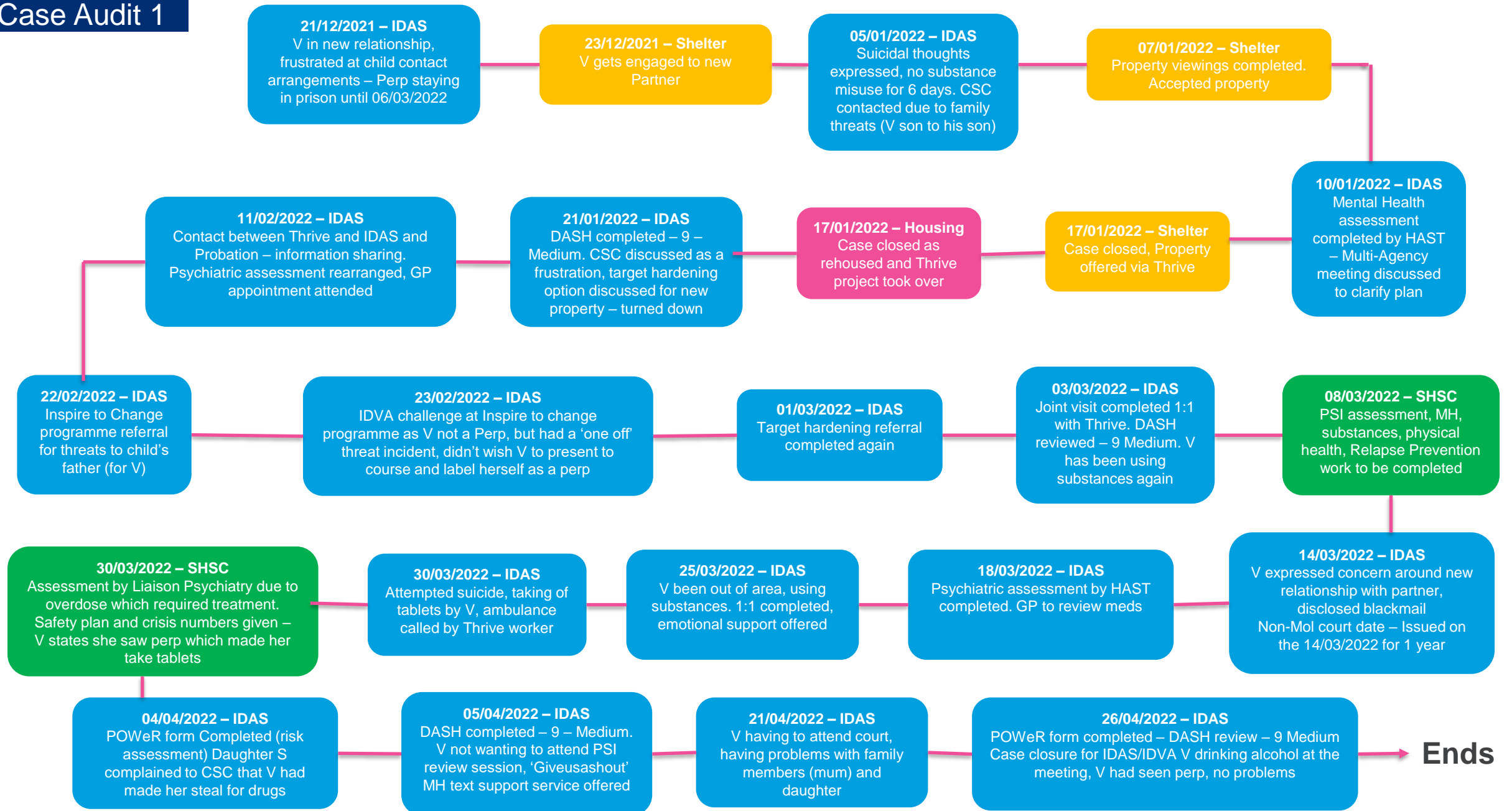
TAP (Team Around the Person) meeting

Case Audit 1

Hub referral comes in via the Telephone on the 23/09/2021. Scored High (17 on DASH) Triage assessment completed, inc DA history & risk factors. Support needs identified: housing, debt, and drug misuse support, community IDVA referral. Referred to Marac.



Case Audit 1



Feedback and Reflections from Case Study 1

Positive

Evidence of excellent interagency work including Assessments for Mental Health and Substance Misuse

Collective responsibility to manage the risk posed

Good levels of multi-agency work, relevant services referred to as appropriate to provide support and a more secure forward journey

Contact was consistent, as was messaging during contact, and fed back to all parties regularly

Agencies involved at points – IDAS, Housing Solutions, Shelter, SCSH, Housing, Assessments by MH and Substance misuse, DASH completed and reviewed regularly

Non Judgemental, Trauma Informed Approaches adopted

Shelter's role shows the importance of a dedicated DA Housing specialist

Things to look out for

Why only 1 referral to Marac at the start, being heard 4 weeks later? Crisis point, high DASH, Homeless, Substance misuse, Mental Health – Why wait 3 weeks for first visit?

Why only 4 or 5 face to face contacts in 7 months, averaging 1 every 6 weeks?

No accountability or suggestion anyone registered V with a GP 'The GP is another source of support for V regarding DA, MH'

Why were housing insisting on repayment or arrears when homeless, and evidence of mobility issue

No evidence of therapeutic work? Disclosure of trauma and assaults, car crashes, substance misuse, MH overdoses, missed opportunity – 'professional curiosity could have been used' **Quote from SHSC**

Court not issuing restraining order – **Shelter** felt this was a mistake, took longer to get a Non Mol at a later date, more risk

IDAS – Sharing of information could have been better

Why not dispersed housing as a option? Safe Zones? Thrive quite late on

No Claire's Law discussed (re: new partner) – Lack of professional curiosity

Referral to 'Inspire to Change' for V – was this appropriate?

Case Audit 2

Referral into IDAS received from SYP – 13/09/2021. Assessed as High Risk. Referred into Marac. Additional needs: Depression, anxiety, mobility, restricted vision, alcohol dependent, learning disability, vulnerable

15/09/2021 - IDAS
Transferred to the Community team within IDAS

17/09/2021 – IDAS/ASC
Victim spoken to via T/c alongside ASC worker

17/09/2021 - IDAS
Matac Held

08/10/2021 – IDAS
Victim wasn't aware the perp had been released day before – Important section sharing of data mentioned?? ASC didn't share, IDAS challenged

09/11/2021 – IDAS
Email from ASC – perp at property, Victim and perp wish to resume relationship

29/10/2021 – IDAS
Matac Held: Perp giving up joint tenancy, victim wishing to get back together with perp, perp doesn't want this

28/10/2021 – IDAS
Planned home visit – Victim wishes to see Perp, financial issues disclosed

19/10/2021 – SHSC
Work with Perp: Reviewed by SPA Doctor, reported hearing voices, paranoia, struggling with alcohol dependence, slightly low mood observed, preoccupied by last relationship, assessment concluded symptoms are better explained by alcohol dependence.

12/10/2021 – IDAS
Marac held
No bail conditions attached (good work doing safety visit while perp was at probation)

11/10/2021 – IDAS
DASH review high 18 done over the phone

11/11/2021 – IDAS
Probation found out perp had stayed the night at Victim therefore breached order

12/11/2021 – IDAS
Face:face conversation Victim disclosed sexual assault from neighbour, declined to go to police, perp been staying that week at hers, perp MH needs addressing... Perp homeless

19/11/2021 – IDAS
Case Management – Perp referred to Inspire to change, Victim under the influence, Perp answering her phone, Victim said she was safe, perp not allowed to be rehoused

20/11/2021 – SHSC
Work with perp: Crisis call from Police to Out of Hours (OOH) as Francis had threatened to harm himself. Assessment of risk to self, no formal tool used

23/11/2021 – IDAS
DASH completed 18 High perp remanded for 1 month, victim claiming health impacts

08/12/2021 – SHSC
Crisis call from Police, Victim had text them threatening to kill herself. SPA called her back to assess the situation and offer support. Victim was heavily intoxicated, more cheerful towards the end of the call. SPA agreed to call back following day and text her with the crisis numbers.

03/12/2021 – IDAS
Meeting arranged by IDAS, online. ASC, Housing, SYP, IDAS in attendance. Housing discussed, rent arrears. Options from the Meeting discussed with Victim. Agreed to move properties

25/11/2021 – Matac
Case heard at Matac. MH of Perp big concern. Currently in custody.

25/11/2021 – IDAS
Joint visit with ASC. Disclosure of financial abuse, heavy alcohol use and possible opiate use – Action for ASC to support GP appointment

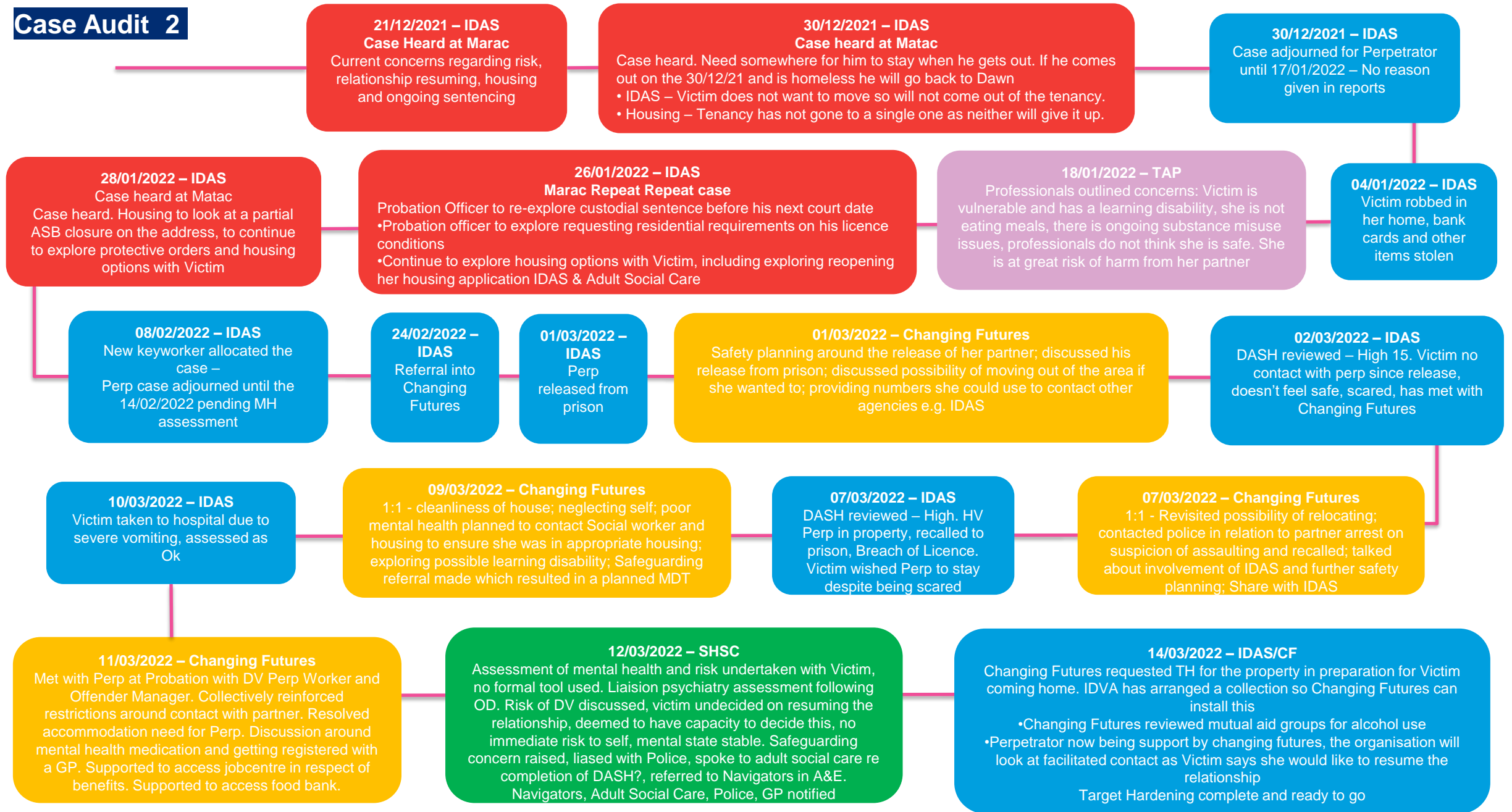
09/12/2022 – SHSC
Victim was more sober, she briefly mentioned a historical rape and a recent threat by acquaintances, worker urged her to use crisis service and self refer to alcohol services. Monitored risk of self harm. Referred to Crisis services, alcohol services, Samaritans, Rethink. GP notified of current concerns

10/12/2021 – IDAS
Victim has been being contacted by Perp. Disclosed harassment, disclosed self harm and suicide ideation around this time too 14/12/2021 – Perp continued to be remanded in prison till 30/12/2021

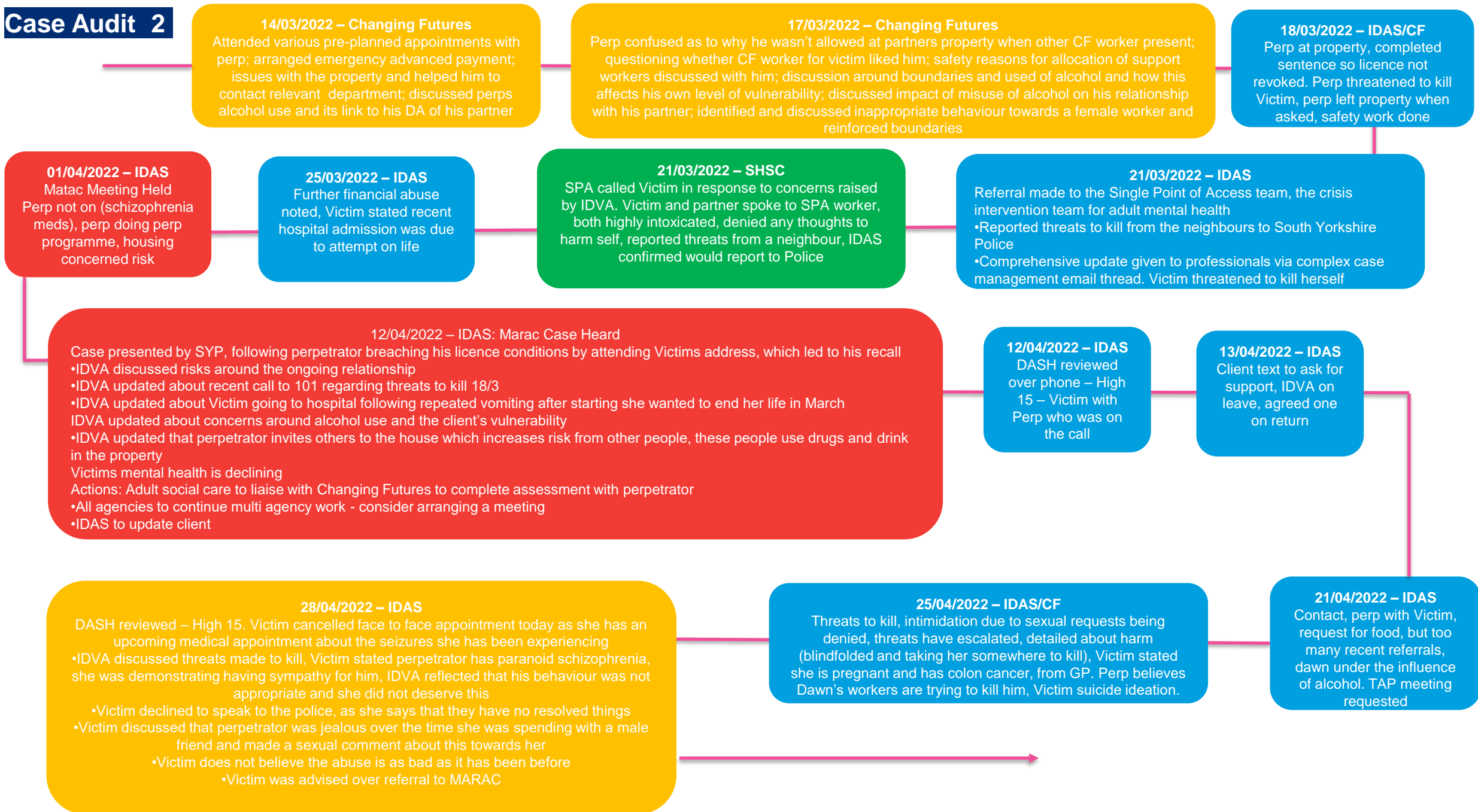
16/12/2021 – IDAS
DASH reviewed – no score – declined RO when offered, Victim minimising alcohol use

17/12/2021 – IDAS
Perp sent victim a Christmas card, distressing for victim, financial struggles

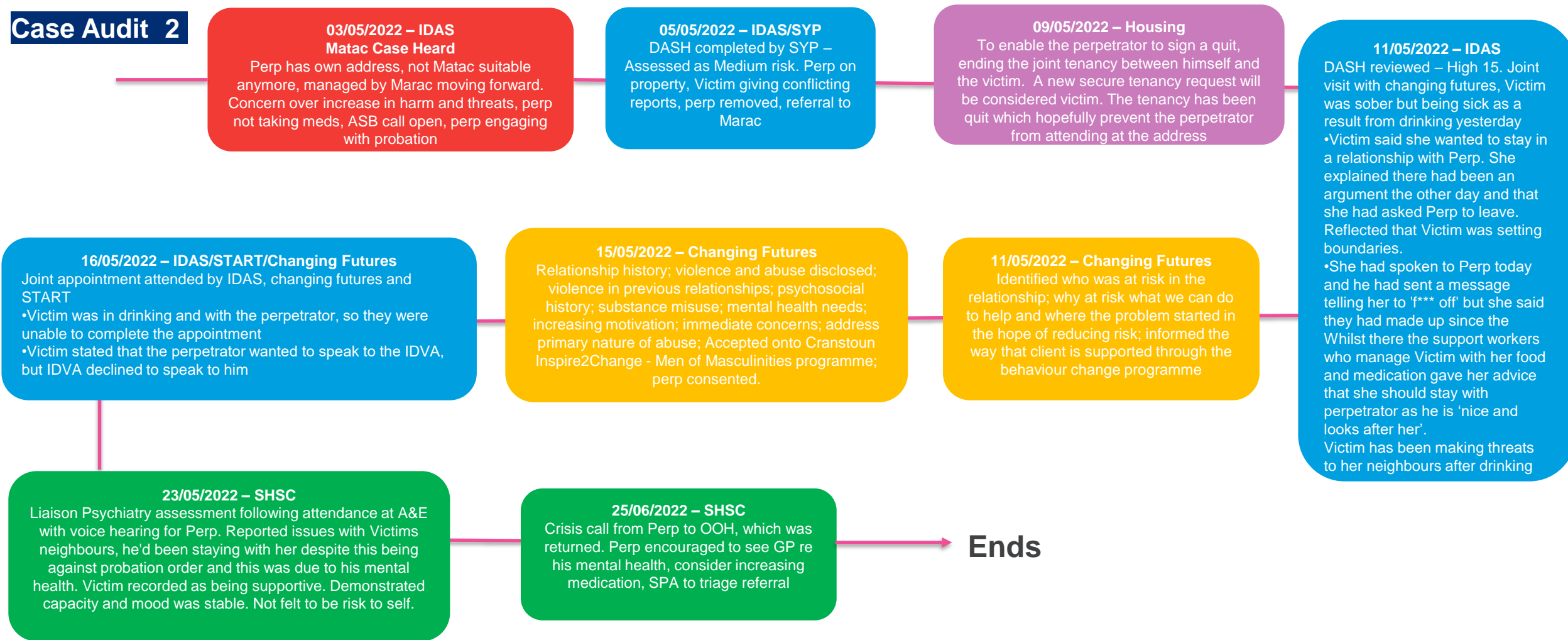
Case Audit 2



Case Audit 2



Case Audit 2



Feedback and Reflections from Case Study 2

Positive

Marac and Matak meetings are timely and plentiful
Good interagency work between Victim and Perp work – communication evident and consistent messaging
Risks identified well and mostly managed appropriately
Crisis' responded to timely and appropriately (much via phone)
Voice was listened to – Asking Dawn about her version of safeguarding/wishes (could this be challenged slightly re: this isn't appropriate for level of understanding/mental health/substance misuse)
Conversations re: 'Safe and Together' type ,model evident through IDAS
Target Hardening – referred through
Challenging other professionals evident when their role wasn't completed – IDAS
Client individuality and unique circumstances undoubtedly shaped the IDVAs' responses
Housing – 'Partial ASB Closure Order on the address' – this is good practice/innovative thinking

Things to look out for

Not sharing information with victim re: perps release?
Why was the Perp dropped from Marac when there seemed to be an escalation in harm?
Referral to alcohol services could have been made by professionals, rather than encouragement to self refer? – **SHSC feedback** (challenge – cycle of change/precontemplation stage)
Target hardening could have come sooner – however perp was remanded into custody again, but we didn't know that would happen
Occupation Order not discussed? So by law he wouldn't be able to go back to the property. Could have ended the property for both
Why didn't it go back to Marac after contact via prison, or Financial abuse – missed opportunities to go back to Marac
What was done about the breaches of licence?
What perp work is being done
The Learning disability – Has anyone tailored their support differently because of this? It's mentioned once...

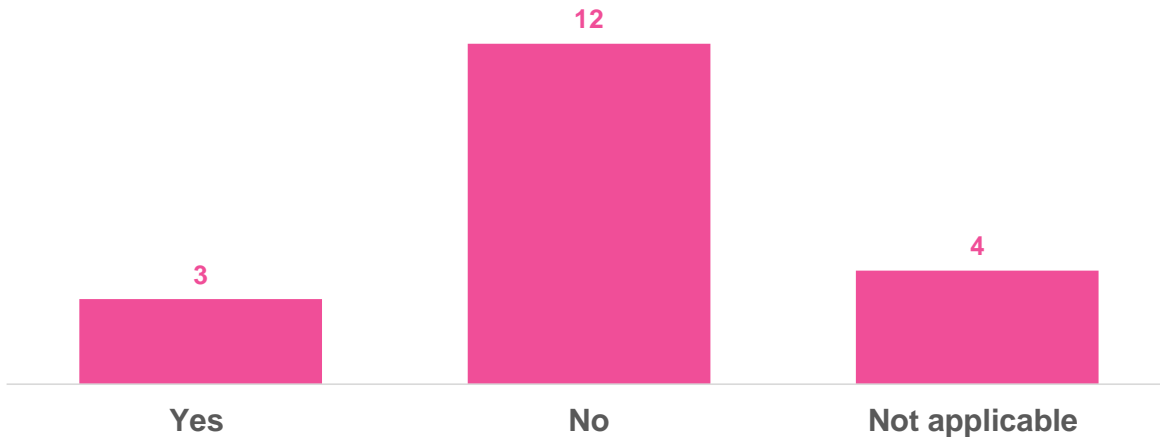
Ending domestic abuse



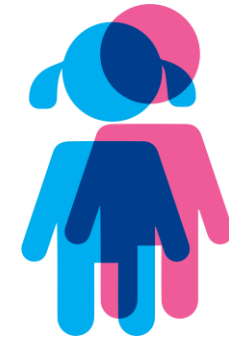
11. Provision and Support for the Whole Family

Survivor Survey: Support for the whole family

"Were any children involved offered support?"



Out of the 13 survivors who had children **only 3** said that their children received any support.



"Did the person who was abusive towards you get any help or support?"



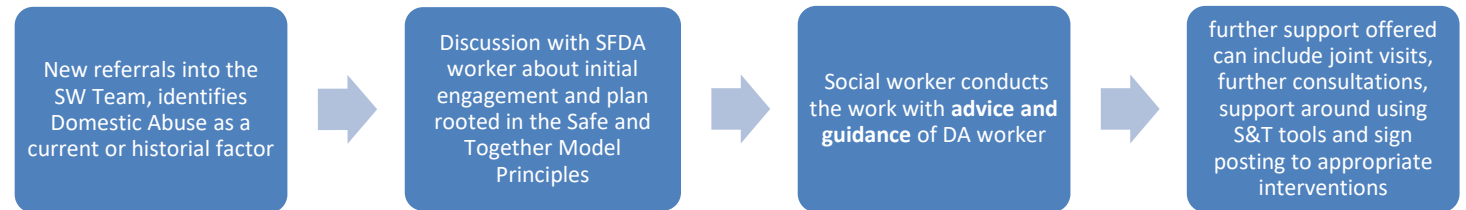
Out of the 19 survivors **only 2** said that the perpetrator of abuse received any support.

Whole Family Support – Strengthening Families

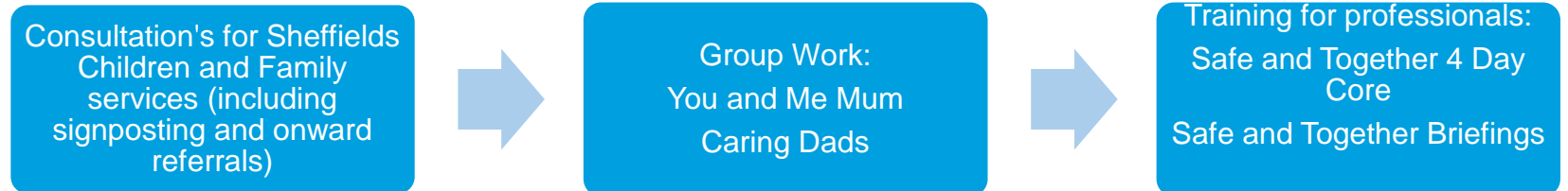
- There are a number of interventions which sit within a ‘Whole Family’ response in Sheffield.
- The Strengthening Families service ***‘the main aim of the programme is to work intensively with families where domestic abuse is a key concern and there is a risk that the case could escalate through social care to care proceedings.’***
- Since January 2021, the Strengthening Families Specialist Domestic Abuse Team have been supporting Sheffield’s Children’s Social Care with the implementation of the Safe and Together Model into their daily practice. The aim of this work is to support whole systems change in the way that families who have experienced Domestic Abuse are supported and engaged with.

- Using the Safe and Together Principles we support social workers at the point of referral and tailor our support dependent on the Social Workers experience of working with the model.
- Caring Dads programmes and the Cranstoun perpetrator programmes will assist in supporting Perpetrators, as will the Waves group support the Victim and Haven and Door 43 supporting the Child.

Process



Strengthening Families wider support offer →



Ending domestic abuse

Support for the whole family

“Please describe how you feel the help or support affected their [the perpetrator of abuse] abusive behaviour.”

“

They got support with mental health following further violent behaviour but I don't believe they have changed. It was negative for me as I wanted them prosecuted and the Police wouldn't as they had been sectioned.

Please note: only two responses were given for this question.



12. Specialist Support in Sheffield

WAVES forum

- Sheffield WAVES [End Violence Against Women] is a voluntary sector forum for organisations whose main purpose is working to end violence against women and their children

Values

- **Empowerment** – we will work to empower victims, survivors and each other to become strong and influential voices in Sheffield.
- **Compassion** – we will be considerate, kind and empathic in our dealings with each other and those we support.
- **Feminism** – whilst we acknowledge that there are different strands of feminism and different views within WAVES, we understand the connection between gender inequality and the violence and abuse experienced by women and girls. We are committed to achieving equity in political, social and economic settings.
- **Respect** – we will value and listen to each others' views and differences, and we will ensure that all have a voice.
- **Courageous** – we will challenge views, policies and practices that have a harmful impact on women and girls who are subject to abuse and violence.

Ending domestic abuse

Specialist services in Sheffield

- **Ashiana** - Ashiana provide services for Black, Asian, Minority Ethnic and Refugee (BAMER) women and children fleeing domestic and sexual abuse, and abuse within a range of multiple perpetrator systems such as forced marriage, 'honour' based violence, female genital mutilation, human trafficking and gang violence. Services include safe accommodation, outreach, employment and training, advocacy and volunteering.
- **Roshni** - Roshni Sheffield, Asian Women's Resource Centre is a community based centre for South Asian women of any group, culture, religious background and experience.
- **SAYiT** – An LGBT+ organisation who run training and support for Young People who may have been affected by Domestic Abuse. A useful fact sheet can be found [here](#)
- **SRASAC** – Sheffield Rape & Sexual Abuse Centre is a service run by women for women and has been in existence since 1980. The organisation offers free one-to-one counselling to women and girls (from 13 years) who have experienced, or are experiencing, rape and/or sexual abuse at any time in their life. From April 2016 we have extended our services to male victims, and employ specialist Independent Sexual Violence Advocates to support survivors, including with court processes.
- **Young Women's Housing Project** – YWHP provide safe accommodation and specialist therapeutic support services for young women and girls 15-25yrs [and their dependent children], affected by sexual abuse, sexual exploitation, intimate partner abuse and trafficking. Other support services for Young People are **Door 43** (who attend the refuge for support and deal with early intervention work including CYP mental health), **Chilypep**, promoting rights and wellbeing across Sheffield and **Roundabout** who are a young person's homeless charity in Sheffield.
- **Haven** – Haven offer a range of trauma informed services for children, young people and their families that have been affected by, or are at risk of domestic abuse in Sheffield and the surrounding area. Interventions include: support and advocacy work, group work, family support, therapeutic 1:1 approaches, awareness raising and preventative work.
- **Mums in Need** - Mums In Need (MIN) is a unique support service for mothers suffering ongoing coercive control after separation from the father of their children.
- **The Snowdrop Project** - The Snowdrop Project provide specialist, long-term support for survivors of modern slavery and human trafficking.

Ending domestic abuse

Other WAVEs services who support Domestic Abuse victims

- **Vida** - Vida have been engaged in campaigning and multi-agency work to tackle domestic and sexual abuse since 1994. Our focus is now on recovery and empowerment, including a specialist trauma- focused and gender sensitive therapy service for women and girls affected by any form of abuse.
- **Together Women** - Together Women provide holistic, gender-specific, trauma-informed support to women and girls with multiple and complex needs across Yorkshire, Humberside and the North of England. We have a women-only centre in the heart of Sheffield, offering a safe and welcoming place for women and girls to engage in meaningful support and community services under one roof.
- **Shelter** - Shelter exists to defend the right to a safe home. Shelter Sheffield provides housing advice, legal representation and tailored support to households in all tenures. We specialise in emergency homelessness work, intensive support to children and families, help for people experiencing domestic abuse and people experiencing multiple disadvantage.
- **Sheffield Working Women's Opportunities Project** - SWWOP provide intensive support to vulnerable women involved in street prostitution
- **Sheffield Women's Aid** - SWA have been working since 1974 to provide safe refuge accommodation and specialist trauma informed support to women and their children after escaping domestic and sexual abuse [including forced marriage and 'honour' based abuse]. We provide 36 self-contained units of housing, for families, or single women from age 16, and support to move on into independent living.
- **Saffron** - Saffron is a women-only organisation providing free, confidential psychotherapy for women in Sheffield who have experienced trauma or abuse. We particularly work with women who, for various reasons, find it hard to access other services.
- **IDAS** - IDAS is a specialist, regional domestic abuse charity which supports over 7,000 people every year. We provide a range of high-quality services including refuge accommodation, IDVA support to adults, a free confidential helpline, groups and access to therapeutic services. We also work with children and young people and offer accredited training to professionals.

Ending domestic abuse

Survivor voice

Specialist services

Survivors praised the work of specialist services and the staff within, which cater to the needs of marginalised groups and vulnerable people.

“Ashiana is a BAME organisation, it **understands the needs of BAME women**, it **understands the culture**, it **understands the religion**. It is not biased. It does not look at you twice... what brings her back here again because she feels comfortable... It is just that we are aware of the cultural differences and how to approach our...” – Survivor advocate

“...because I had to have a case at the Home Office, you know, get housing involved, get benefits sorted... I got all of that **support from...the professionals working in the refuge.**” - Survivor

However, interviewed survivors felt other services were reliant on specialist organisations, and without them they would have struggled to access help.

“She had some liaison with the police officer and the police officer was supporting. But **as soon as they found out Ashiana was involved, they picked their socks up basically**... she was telling the police and they weren't taking it as seriously” – Survivor advocate

“Social care weren't as good... I told them, **she is destitute**, and you need to support her. They used to come and drop off the subsistence... I think **when they know Ashiana is involved they then, they back off a bit.** .. as soon as they know Ashiana is involved, they expect us to sort the immigration out, they expect us to sort the housing out, they expect us to sort the children out...” – Survivor advocate

There are too few specialist services in Sheffield. Survivors were given no choice but to wait or go into services which didn't have the resources to fully support them.

“What we are realising is **there isn't anybody in first language counselling**. Rushney (*Roshni) has got one, but there is a **waiting list there** and somebody speaking one to one with somebody about their counselling needs in their first language, there isn't that at the moment.” - Survivor

“...every person I've been linked to has been a woman, and I find it very uncomfortable in some stages...so like domestic abuse through [place] that was a woman, to do with my mental health that was a woman...” – Male Survivor



Professional interviews

Specialist services – Working well

According to one professional, the largest group of women seeking support in Sheffield are Pakistani. Thus, it is significant that **support services by and for racially minoritised women were praised** by professionals across interviews, in particular improvements to **accessibility via multilingual staff**.

“And **they feel very much comfortable** when they're at [Name] and it's not just because of the language that, you know, we speak in the same language, but I think it's just that **cultural relevance and the trust and understanding**, organic trust and understanding that comes with it. They just feel like, you know, there's no, basically, you know, foreign thing, or, you know, any, it's just like, you know, **they just feel like they're home basically.**” – Professional interview

Support services for young women, elderly women, and women with children were also praised by multiple professionals.

“We're really focussing on the... **therapeutic, social and parenting needs** that those young women have got.” – Professional interview

“So, **we also support fifty plus as well**, and only women, for wellbeing and mental wellbeing, physical, either it could mental or physical wellbeing.” – Professional interview

Professional interviews

Specialist services – Honour based violence



Working well

A number of professionals praised their agency for their **high-quality specialist provision, in particular their expertise on honour-based violence.**

“Now the thing is why do Karm- Karma Nirvana refer to us? Why do IDVAs ring us? Why do their staff ring us? Because, especially **when it comes to complex cases, especially honour-based violence, we have got the expertise**, you know, to deal with that and to ensure that, you know, clients are safe and they're getting the service what they need. And, honour-based violence, I mean it's, it's absolutely huge, it is very complex and people don't have an understanding of, you know, how complex it is.” – Professional Focus Group Interview

Not working well

However, they also noted that there is a gap in cultural awareness around honour-based violence from other services in the area.

“**With domestic abuse, from a cultural aspect and understanding the culture and the honour-based element, some of them just don't un- un- understand**, and understanding the women's needs as well... [name] was actually supporting one woman and she went through some horrific abuse, and I think she was kept in doors for something like ten years, and didn't speak a word of English... It's all to do with honour and abuse. She was absolutely petrified, and she said to [name] promise me that you'll keep in contact. I have to speak to you every day, I've got nobody else to speak to... The social worker... sometimes they give them a temporary phone, the social workers, give them, you know for their safety, she changed the number and then she would not give the number out to [name] and **this woman was like crying for help. She wanted to speak to someone in her own language**... and it took [name] a good few days, she had to go to her manager and go 'look, you know, this woman is crying out for support.'” – Professional Focus Group Interview

Professional interviews

Refuge – Working well



A few professionals said that Refuge works well.

“We've got really good refuge provision in Sheffield, you know, for all its ups and downs, and you have the odd problem and there. But we've got a lot of places, we've got a good mix of stuff and we've got a good reasonably new build.” – Professional interview

Additional services offered through Refuge provide **extra support for children and young people**.

“We have Paradigm, which is paid for, I think, from the Council, and some extra funding from the Door 43 which is a service for children eleven to eighteen – eleven to twenty-four, is it? Twenty-five? And we've got Mind coming in, doin' art therapy. We have CAB coming in to do CAB work, and we also have Shelter doin' housin' work.” – Professional interview

Despite issues with COVID backlog, **some extra funding has improved refuge provision**, especially now that there is more accommodation.

“There was funding then from what was the MHCLG? MCHLG? ...For domestic violence accommodation. And we were able- we wanted to increase the numbers because we al- nearly always have a waiting list, so it was **an opportunity to support the system providing some extra accommodation, but also to deliver to need a bit better. So, even though – well, COVID hasn't really gone away but we- we're not in the same bed block situation.**” – Professional interview

Professional interviews

Specialist services – Gaps



A large number of professionals indicated significant **gaps in support for men and boys, victims with complex needs, and LGBT+ individuals**. This professional noted that while young women receive appropriate support, men and boys do not, especially when it comes to accommodation.

“We do some work with boys as well where that’s identified but **we don’t provide accommodation for boys.**” – Professional interview

One Professional stated that women with **complex needs** often miss out on support, due to **lack of mental health support services**.

“Sorry, especially with women with complex needs. Sometimes it’s a lot of the here and now, **if you don’t get that window of opportunity you can miss it ‘til the next time,** so it is important.” – Professional interview

Specialist services for **LGBT+ individuals** in particular miss out on support, as highlighted here by this professional.

“...However much we would like to think that we were at least a bit accessible, **we’ve kind of realised how much we don’t know rather than how much we thought we did know.** So, we’re actually doing quite a lot of work as an organisation about, you know, what is our stance around LGBT. **It’s quite a hot potato in the domestic and sexual abuse world and especially in terms of are you going to accommodate somebody who’s in transition?** Are you providing services for people who are transitioning? So- so, we’re kind of aware that there’s a- quite a political set of risks and controversies going on. But we- we’re working on that.” – Professional interview

Professional interviews

Specialist services – Gaps

Housing

A number of professionals spoke of the lack of cultural awareness in Housing, and how it is negatively impacting **racially minoritised women who are being housed in unsafe areas where they experience high-levels of harassment.**

“We had a lady in Moorfields temporary accommodation for six months, we've been supporting her, and I had to speak to three different managers, and I said ‘you're not putting her in Parson's Cross, end of.’ Oh, but we've got a family one street away and they've not reported anything, and it's just not understanding. That Arabic family is not going to report to you because they're asking for trouble. And then it came to light that Arabic family had been wanting to move. **They were threatened, they had ga-graffiti sprayed on the door, and these housing officers are saying they're having a really nice rosy time.**” – Professional Focus Group Interview

Outreach

One professional noted that there are **not enough outreach campaigns** to try and help spread awareness of DA among minoritised communities.

“We then had to do another fresh campaign rolling out the same information, and I think we're at a stage now where we possibly need to do the same. **Because there's certain cultures which would just not access us,** and I know we've talked about this. One of the most difficult cultures at the moment for Ashiana is the Roma community, and you know trying to break, break through to them, access them. I know someone went out, I think it was before the pandemic, to the [inaudible 22:14] hub, where there's predominantly a v large Roma community there, you know to raise awareness to speak to their workers there, but we didn't really get very far.” – Professional Focus Group Interview



Professional interviews

Specialist services – Gaps



Sexual Abuse

Multiple professionals talked about problems with **services struggling to separate support for domestic abuse and sexual abuse.**

“...The sexual abuse services tend to be the, kind of, much littler sister in the arrangement, often documents some policies and procedures or whatever, start off talking about both, but within a couple of paragraphs they’re just talking about domestic violence really.” – Professional interview

Many noted that, with sexual abuse falling under the umbrella of domestic abuse in this area, there is often a **failure to recognise the specialised need for support for sexual violence victims.**

“So, very much a voice saying look, you know, sexual abuse is not the s- it’s not the same. The impacts are not the same. The day-to-day issues that victims are dealing with are not the same. And so, yes it’s good that we’re all in – I think it is important that it’s a joint approach but it has to be reflecting joint, not one thing disappearing underneath another.” – Professional interview

Professional interviews

Those who harm



One professional highlighted the **gap for specialist perpetrator services** for men from racially/ethnically minoritised backgrounds.

“But I definitely think, I've been thinking for quite a while there needs to be a specialised perpetrator programme for BAME men.” – Professional Focus Group Interview

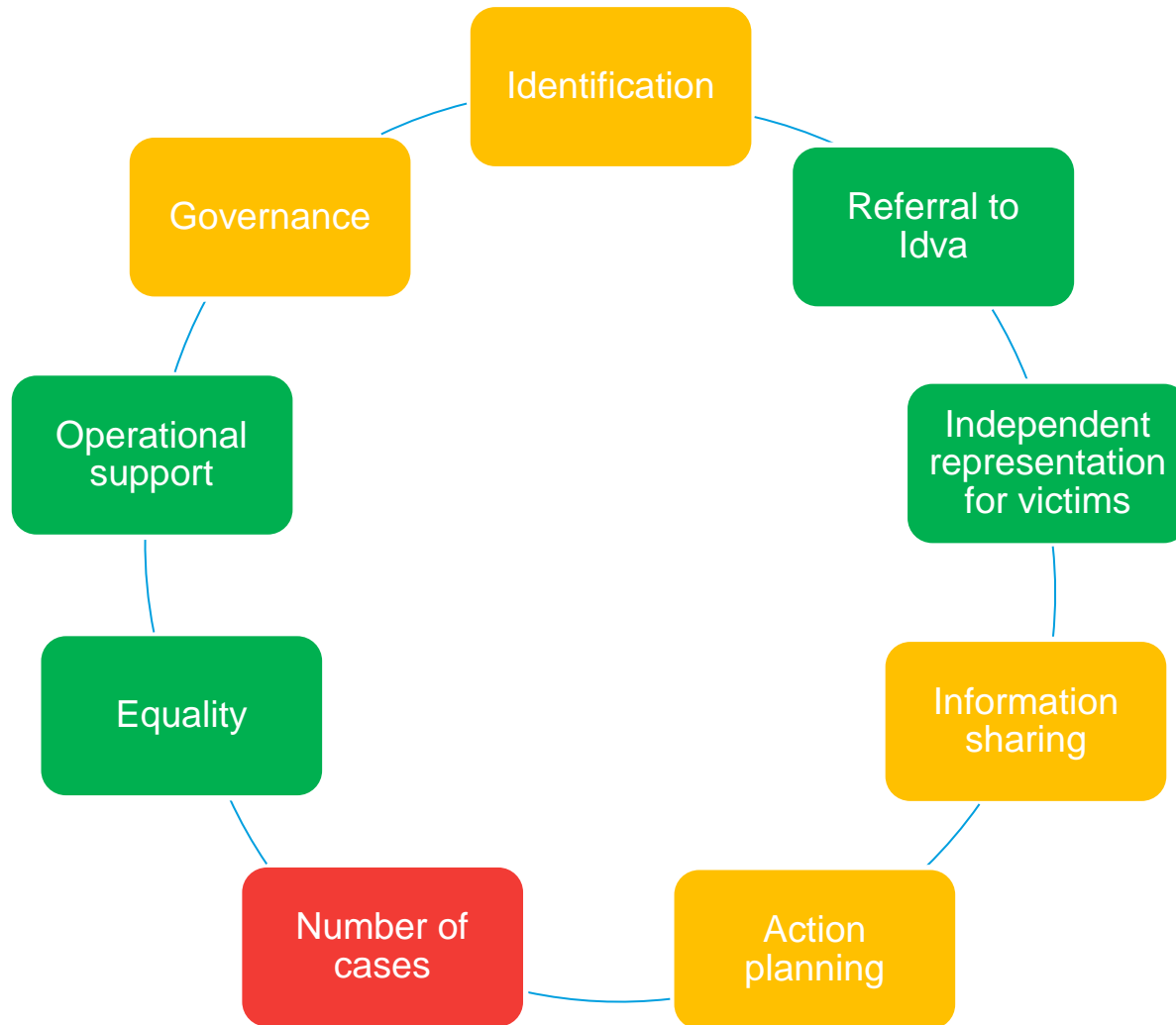
Another professional pointed out the barriers that men from racially minoritised backgrounds often face when engaging with perpetrator programmes..

“**I feel like they might be a bit scared to get charged sometimes as well.** I mean the culture difference as well, like, some, like in African culture when you've been abused you don't go because you have to stay with your partner, but if your partner wants support as well they're not going to go and get the support, they're going to feel like they're going to be judged as well, or they're going to be arrested.” – Professional Focus Group Interview



13. A review of the Marac in Sheffield

The 10 principles of an effective Marac



The Marac process	The Marac meeting
<ul style="list-style-type: none"> • Identification • Multi agency engagement • Referral to Idva • Operational support • Governance 	<ul style="list-style-type: none"> • Information sharing • Action planning • Independent representation for victims • Number of cases • Equality

**3 Marac meetings Observed
32 cases heard
Main take away observations were:**

Identification: Some inappropriate (lower risk/not immediate) referrals, waiting time lengthy, good identification of additional support services

Referral to IDVA: Well established pathways between Police and IDAS

Representation for Victims: Victims contacted quickly, not always face to face, support services know the cases well

Information Sharing: Some gathering of information unclear, some cases discussed for long periods of time due to historical info being shared

Action Planning: Some unclear actions, who was taking them, not timebound, but who feeds back always clear

Number of cases: High number of cases – alternative meeting used (Repeat Repeat)

Equality: Demographics of area offers a variety of equality challenges

Operational Support: Good levels of support, admin and minutes/actions distributed

Governance: Due to timing, some changes of Chair, newer chair in place

Ending domestic abuse

Marac Cases:

At Marac, the most high-risk cases are discussed.

The table below shows the number (inclusive of repeat cases) heard per year; number of children within those households; number of Male Survivors and insights available into minority communities:

Year	Number of Cases *1		No of Children	% of Male Survivor Cases*2	% of Black, Asian & Racially Minoritised Cases*2	% LGBT+ Cases*2	% Disabled Survivor Cases*2
	(n.)	% +/-	(n.)	(%)	(%)	(%)	(%)
2018/19	939	+20%	1,186	6.4%	22.2%	1.8%	16.5%
2019/20	1,071	+11%	1,196	7.7%	20.9%	1.5%	22.4%
2020/21	1,194	+24%	1,302	8.1%	22.4%	1.4%	25.2%

*1 is % increase / decrease year on year; *2 is proportion of total number of cases that year

Our research shows that the *recommended number of cased for Sheffield is **920** per year, based on the SafeLives established guidelines of 40 cases per 10,000 adult female population.

*Further information on Safelives recommendations and guidance are available here - [Reviewing your Marac data | Safelives](#)

Ending domestic abuse

1. Principle: Identification in Sheffield

Professionals recognise domestic abuse, risk assess and identify high-risk cases based on the referral criteria for Marac



All agencies respond to disclosures and use the same risk assessment tool

Referrals are sometimes incident-led as opposed to risk-led, in which the resulting discussions within the meeting highlight a training need around the typologies and dynamics of abuse. Discussions are focused on the most recent incident, rather than a holistic view of the abuse and the risk. Some cases discussed were lower risk and not appropriate. The Police are looking at moving to the DARA in the near future, which may have an influence on risk assessment.



Thresholds are clear and appropriate, enabling all agencies to identify high-risk cases using a range of criteria: professional judgement, actuarial assessment and escalation

Thresholds are consistent and services actions are threshold appropriate, although it is not mentioned in every case discussed throughout meetings. Sometimes it is not clear on what basis a case has been referred (professional judgement, actuarial assessment or escalation). The severity of abuse is not always adequately clarified as part of the discussion, and therefore, does not influence the subsequent action planning.



Agencies identify and refer repeat cases back to Marac

The repeat rate is around 30% which is within the Safelives recommendation of between 28%-40%, although at the lower end. Sheffield have adopted a separate meeting to continue reducing the number of repeats and the appropriateness of these.

Ending domestic abuse

2. Principle: Referral to Marac and Idva in Sheffield

All victims who meet the Marac threshold are referred to Marac and the Idva



All high-risk victims are referred to Idva and Marac as soon as practicable

Police and IDAS have well established referral routes, and cases are referred and picked up in a timely manner. IDVA's know the cases well, and continue to share information throughout the process.

3. Principle: Multi-agency engagement in Sheffield

Agencies that can contribute to safeguarding high-risk victims, associated children and vulnerable adults attend the Marac

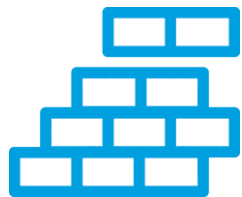


Core agencies consistently attend and participate in the Marac & other agencies that can increase the safety of victims, children and vulnerable adults attend

There is consistent attendance by core agencies, and attendance by additional support services who are working cases that are being discussed in the meeting. Some representation from additional partners was slightly inconsistent, but in general the core agencies had good links, great relationships and positive interaction throughout observations. Because of the inconsistency of some partners the impact of domestic abuse and other factors (e.g. substance misuse and housing issues), on victims and children is not adequately addressed, and actions cannot be offered by those agencies.

Representatives are appropriately skilled and supported to effectively represent their agency

Representatives were all effective in decision making, although when some information was shared (certainly from additional partners who attended), this seemed to be historical, which took the emphasis off current risk, and took time away from up to date action planning.



Ending domestic abuse

4. Principle: Independent representation for victims in Sheffield

All high-risk victims are offered the support of an Idva; their views and needs are represented at Marac



Each victim is represented at the Marac meeting and their safety is clearly advocated for (usually by an Idva)

The victims views were usually gathered in a timely fashion and fed back by the Idva. Some assumptions may be made regarding their views and the actions when views were not fed back fully. This led to a couple of cases having to gather further information while in the meeting. Contact was generally (certainly initial contact) over the phone, which can lead to some uncertainty about appropriateness re: perpetrator continuing to control, safety etc.

All partners should be aware of the impact of how they describe the victim's actions and guard against victim-blaming in their own reports and in the reports of others. Such framing may stem from the frustration that can arise when a case feels 'stuck'. Information sharing and action planning should never include opinion. It should always be succinct, and fact based.

5. Principle: Information sharing in Sheffield

Marac representatives share relevant, proportionate, and risk-focused information

... 'It's still sharing information that should have been shared weeks ago. Not wait till MARAC' (professional)



All relevant, proportionate information and risks, in relation to all parties, are succinctly shared at the Marac

Agencies may research information which is not pertinent to the risk. Only current information that is relevant and proportionate to the risks identified, along with any other pertinent information should be shared. This can impact the length of the discussion which should be between 10 – 15 minutes. This happened a few times, which impacted on the action planning and the rest of the meetings timeliness.



Agencies distribute and store information securely

There is a Marac operating and information sharing protocol that meets the GDPR regulations 2018. Discussions centre around who is feeding which parts of information back to partners and Victims, which is succinct and works well.

Ending domestic abuse

6. Principle: Action planning in Sheffield

Multi-agency action plans address the risk to the victim, safeguard children and adults at risk, and manage perpetrator behaviour



Actions are clear, timed and based on good quality assessment of risk and potential harm to victims, children and other vulnerable parties

As all agencies do not engage consistently, not all appropriate actions are identified. Professional expertise and knowledge of cases cannot be shared, therefore, the impact of domestic abuse and other factors (e.g. substance misuse and housing issues), on victims and children is not adequately addressed, and actions cannot be taken by those agencies. Each action should be SMART, with bespoke timings for each



Action plans routinely manage, disrupt or divert perpetrators' behaviour

Limited actions are in place regarding the perpetrator, this improved over the months involved due to increased capacity of Cranstoun offers.



Action plans reflect the needs of the victim and prioritise their safety

Initial contact was often done via phone, so an understanding of safety and safety planning wasn't always in place. Feedback to the victim was sometimes agreed to be via phone contact as well, which allows perpetrators opportunity to harm.



Action plans routinely link to other multi-agency safeguarding arrangements to address any ongoing safeguarding concerns for any adult and any child

A significant proportion of discussion and actions related to children and this is positive in identifying the needs of the whole family, Children's Services were especially competent in action planning and being aware of how to feedback and safety planning.

7. Principle: Number of cases in Sheffield

The Marac hears the recommended volume of cases

The number of referrals is at least 80% of SafeLives' recommendation

The recommended number of cases for Sheffield is **920** per year based on the SafeLives recommendation of 40 cases per 10,000 adult female population. While it is positive that domestic abuse is being identified widely, this volume of cases puts intense pressure on the processes that are in place.

The table below shows the number of cases heard, inclusive of repeat cases, per year, the repeat referral rate and the number of children within those households. The repeat rate was 43% in 2018/19 which is slightly higher than expected level would be in the range of 28-40%. This may suggest that the actions put in place are not effectively safeguarding victims. This has come down more recently to 36% in 2020/21 which is well within the recommended range for repeats, which shows positive use of actions and the repeat screening process which is in place in Sheffield.

Year	Number of Cases	Number of Children	Repeat Rate
2018/19	939	1,186	43%
2019/20	1,071	1,196	40%
2020/21	1,194	1,302	36%

8. Principle: Equality in Sheffield

The Marac addresses the unique needs of victims with protected characteristics



Referrals to Marac reflect the diversity of your local population

The Black, Asian and racially minoritised proportion of the local area, obtained from ONS data suggests that around 25% of the population in Sheffield falls into these groups. The percentage of Black, Asian and racially minoritised Marac cases in Sheffield for April 2020 – March 2021 is 22.4%

The Marac is aware of characteristics and specific additional needs of victims and its response includes these



Sheffield Marac identified 25% of the victims discussed in 2020-21 as having a disability. This is higher than regional and national comparisons (around 19%) but shows a really positive attitude to understanding disability, inclusivity and unlocking barriers to disability and Domestic Abuse.

The Marac data also reflects that those victims in LGB relationships are under-identified in Sheffield with 1.4% of cases with a SafeLives recommended figure of 2.5% - 5.8% and the national figure at 1.4%. This has decreased over the past 3 years in Sheffield from 1.8% to 1.4%



Marac data shows that 8.1% of all victims discussed in Sheffield were male in 2020 – 21 falling within the recommended 5-10% range. This shows there is a strong support offer for Male victims.

The Idva service (or other specialist service) is able to support and represent the needs of victims with protected characteristics

The Idva service doesn't have a dedicated Male victim worker, but IDAS take referrals from Men who are victims and do offer Male workers if available. Specialist services for BARM groups are invited to Marac if a case is discussed, but are not actively involved in Marac

Ending domestic abuse

9. Principle: Operational support in Sheffield

There is sufficient support and resources to support effective functioning of the Marac



There is effective administration of the Marac with sufficient resource (based on caseload)

The arrangement for the administration and coordination of Marac are clear, robust, consistent and well established. There is a named Marac Coordinator, Chair and an administrator who attends the Marac to take the minutes. The chairing is shared between South Yorkshire Police and Sheffield City Council. The current Chair for Sheffield City Council wasn't in place during the Safelives review, and the chairing role was handed to experienced practitioners.

Actions should be monitored by the Marac coordinator between meetings, and agencies should update them once their actions are complete. At the beginning of each meeting, it should be noted which agencies have outstanding actions from the last meeting with escalating of non-completion to the governance group. This happened on occasion, but not as a matter of course.

Marac data is consistently recorded, reported and analysed

Marac data is shared with SafeLives on a quarterly basis. Marac data is also shared within the Partnership Board on a quarterly basis with all manner of data recorded, openly scrutinised and discussed. Data is collated well, and put together for all Partnership Board attendee's to review with their services.



10. Principle: Governance in Sheffield

There is effective strategic support and leadership of the Marac and Idva response, and agencies work together effectively

There is a stable, visible, governance structure in place that provides leadership for the Marac. This includes oversight by relevant group with responsibility for safeguarding (adults and children

Sheffield have a long standing robust Governance structure which sits behind their Marac. Sheffield has a Marac Operating Protocol, which outlines Aims, Responsibility, Governance, Process and Compliance. This also covers the Information Sharing Agreements in the area, signed and agreed to by partners.

Since March 2022 representatives have been working together to refresh the Operating Protocol within Marac. This work continues in line with the Action Plan for the DA Strategy shared at the Partnership Board.

Sheffield had a short period of time without their named Sheffield City Council Chair for the Marac. During this period, alternate Chairs ran meetings, which were successful.

Referrals to Marac

This table shows the percentage of agency referrals in the Marac from April 2020 – March 21.

We would recommend 60-75% of referrals come from the Police with the remaining from other agencies.

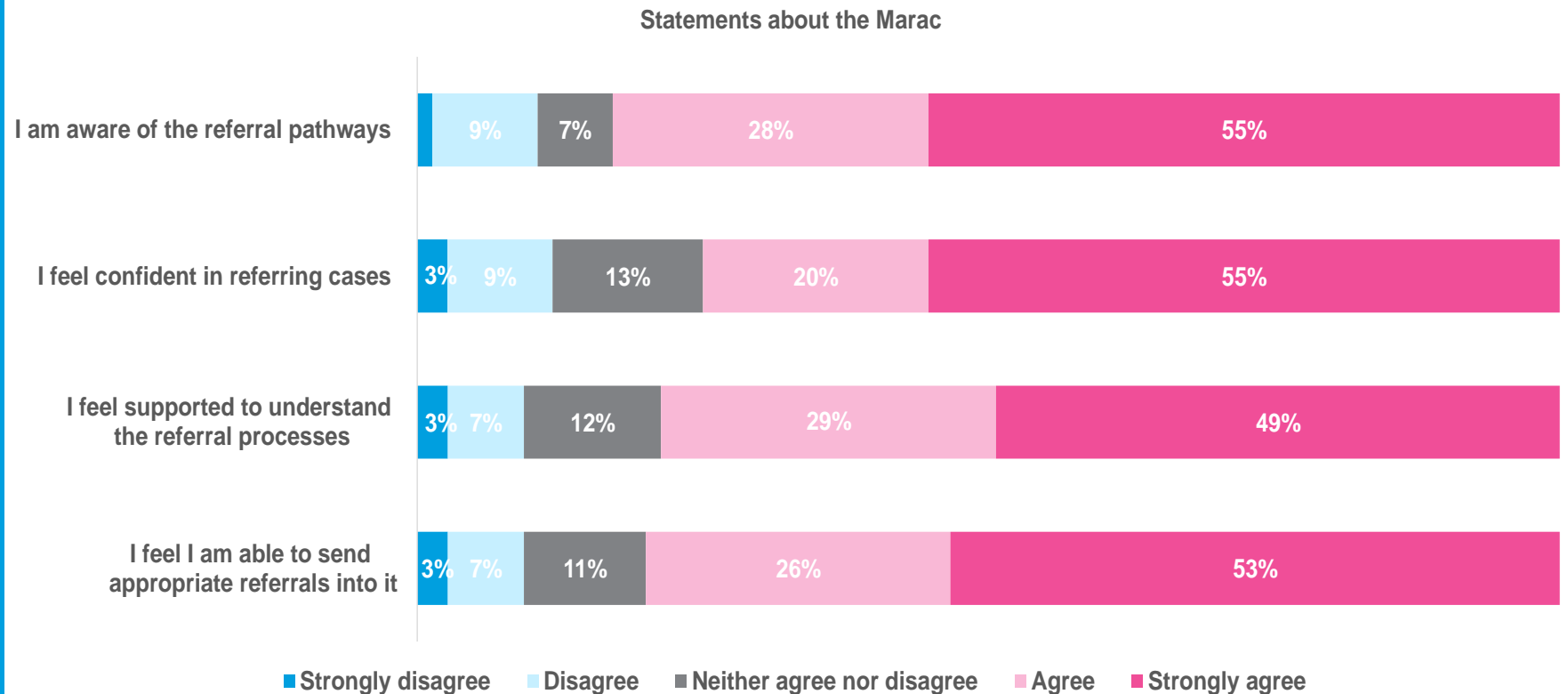
Police	IDVA	Health (primary, secondary and mental health)	Housing	Children's Social care	MASH	Out of area/Other
69.4%	8.5%	4.3%	2.7%	1.9%	1.5%	10%

Respondents rated how much they agreed with the following statements:

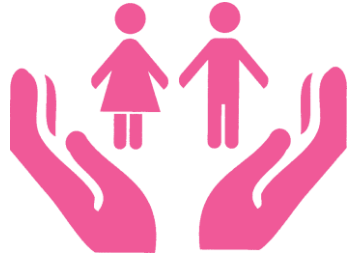
From the professionals survey we can see that –

- **Over 80%** are aware of the Marac referral pathway
- **Around 75%** feel confident in referring cases
- A little **under 80%** feel supported to understand the referral process
- **Around 80%** feel able to send appropriate referrals into Marac.

This shows a real strength and confidence from frontline practitioners in the Marac process in Sheffield.

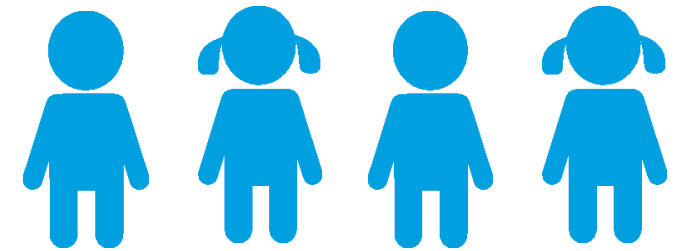


Multiagency Response: A focus on MARAC



86% felt the **Marac Greatly or Somewhat** improved the **safety of victims**

83% felt the **Marac Greatly or Somewhat** improved the **safety of children**



41% felt the **Marac Greatly or Somewhat** addresses the **behaviour of perpetrators** of domestic abuse

Percentages out of those respondents who on the previous question did not say that the Marac did not exist or left the question blank, total N = 76

Professional survey: Multiagency Response: What's working well?

“Could you tell us, from your experience, what you think is working well within the multi-agency response to domestic abuse in your local area?”

‘MARAC’

Summary:

- MARAC was praised as being a **useful forum for information sharing** and **co-ordinating an effective and timely multi agency response**.
- **Regular meetings that are well attended** as well as **holding extra meetings** were said to contribute to better outcomes for victims.

“Marac helps in bringing all agencies together to share information and work out a safety plan.” – Professional survey

“Marac is useful in that it coordinates a multi team response and all agencies know what their responsibility or role will be...” – Professional survey

“Weekly MARAC's which are well-attended from a number of different agencies...” – Professional survey

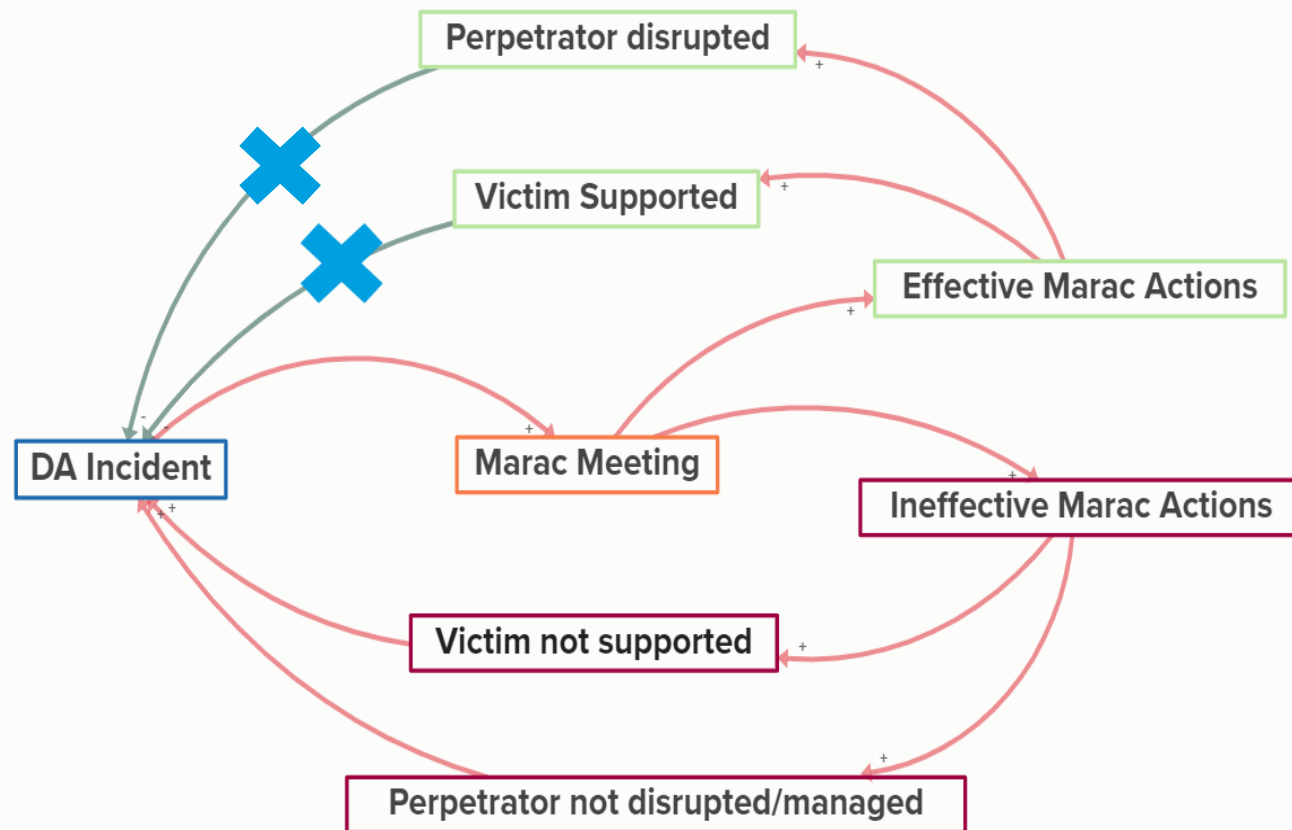
Marac Causal Loop

By using causal loops, we can see the affect actions may have on a situation.

We have highlighted areas that require strengthening and amending within the process to ensure that it is adhering to the 10 Principles of an effective Marac.

Two of the areas which need attention are Information Sharing and Action Planning. We can see from this causal loop that where actions are effective, it leads to victims being supported and a reduction in DA incidents. If actions are ineffective, the outcome is the opposite.

Marac data and the case audits have shown that victims are sometimes being reheard at Marac as repeat cases (and the repeat/repeat meetings). A reason for this might be due to the actions in place which were not victim specific, or risk led.



14. Hearing from local people who have experienced Domestic Abuse

'You put a frog into a pot of boiling water, and it jumps right out. But if you put it in a pot of nice comfortable water and then turn on the heat, the frog will complacently let himself be boiled'

Quoted by a Sheffield Survivor

Survivor Voice

“We’ve walked through fire to get our voices back; we’re not going to give them up now.”

Ursula, Pioneer

SafeLives are committed to placing people with lived experience at the heart of all we do, valuing internal and external survivors’ experience as an asset.

Working together, we can aggregate and amplify survivors’ voices and interweave authenticity and independence throughout all our work. By listening and responding to views that are different to our own, professionals and survivors can critically assess and address challenges together. To do this authentically we support survivors to tell their truth and speak with an unmediated voice.

We are extremely grateful to the survivors who shared their experiences and journey with us.

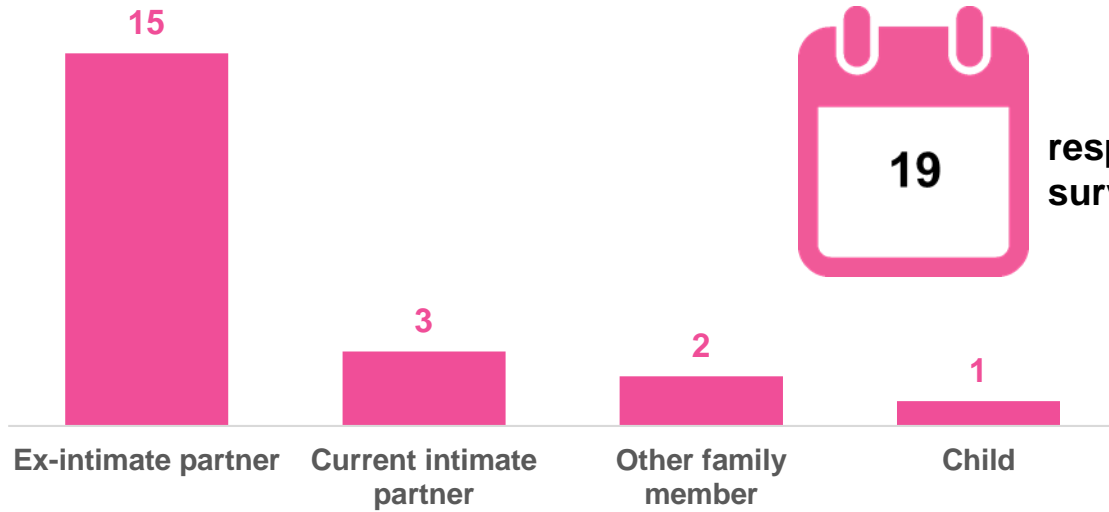
Ending domestic abuse

Important caveat: Please be aware that as there were only 19 responses to the survivor survey the following data is showing count values not percentages. Results should not be generalised to all survivors in the local area.

This chapter has been split into 2. The first responses are from the Survivor survey and the second part is from the Victim/Survivor forums which were conducted via focus groups and interviews.

Survivor Survey: Domestic abuse context

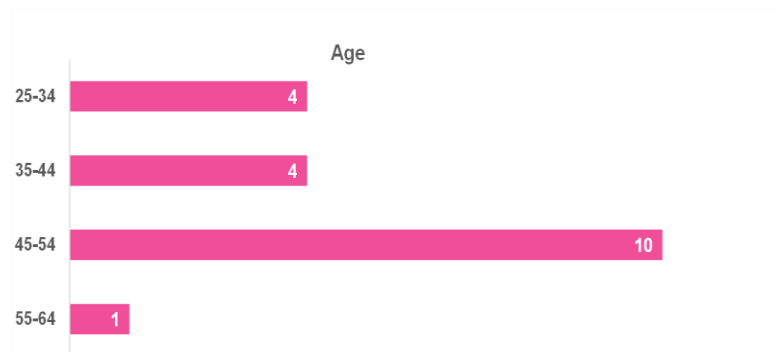
Relationship to individual(s) using harmful behaviours



18 identified as a woman
1 identified as a man

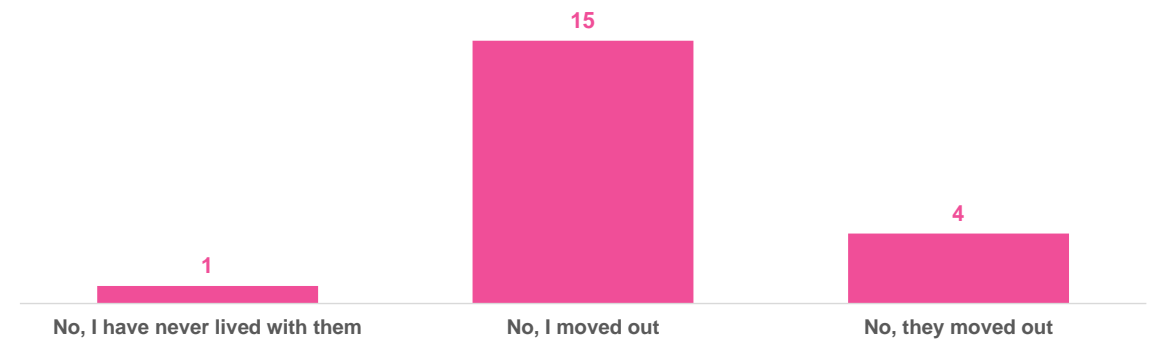


17 had previously experienced abuse
(2 were currently experiencing abuse)



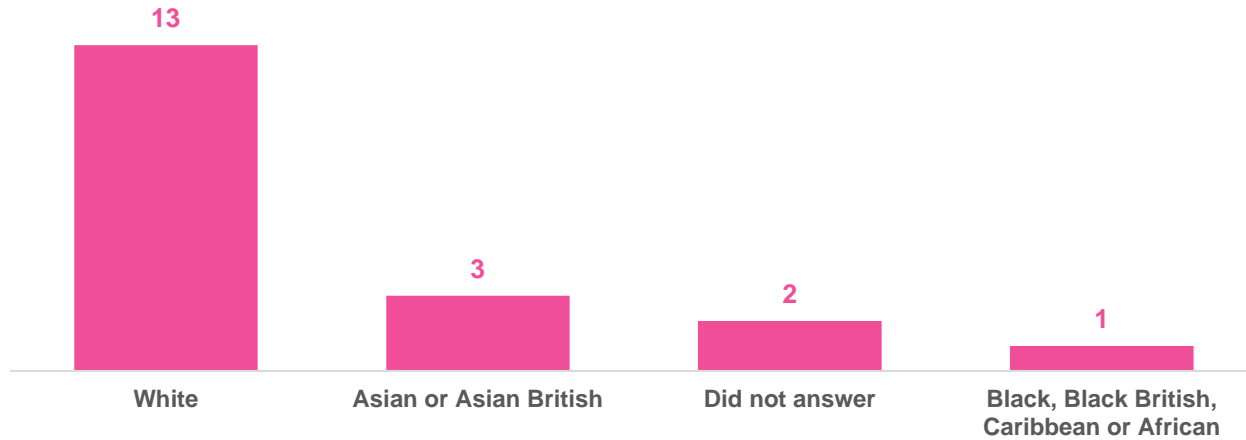
15 said they moved out, compared to 4 who said the perpetrator of abuse moved out

Are you currently living with the person/s who was/were abusive?



Who responded?

Ethnicity



13 had children
(includes adult children)



9 identified as being disabled or having a long-term physical and/or mental health condition

Sexual orientation



Key Categories



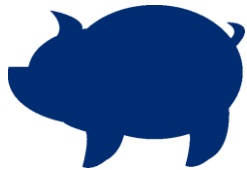
Referral pathways



Experiences with services



Housing



Navigating finance and employment



The impact and management of those using harm



Experiences of the police and courts



Ideas for change

Key findings

From interviews with survivors in Sheffield included in this analysis we found:

★ There are examples of **positive experiences with services**, such as **plentiful practical support** and an established **sense of community** with other survivors

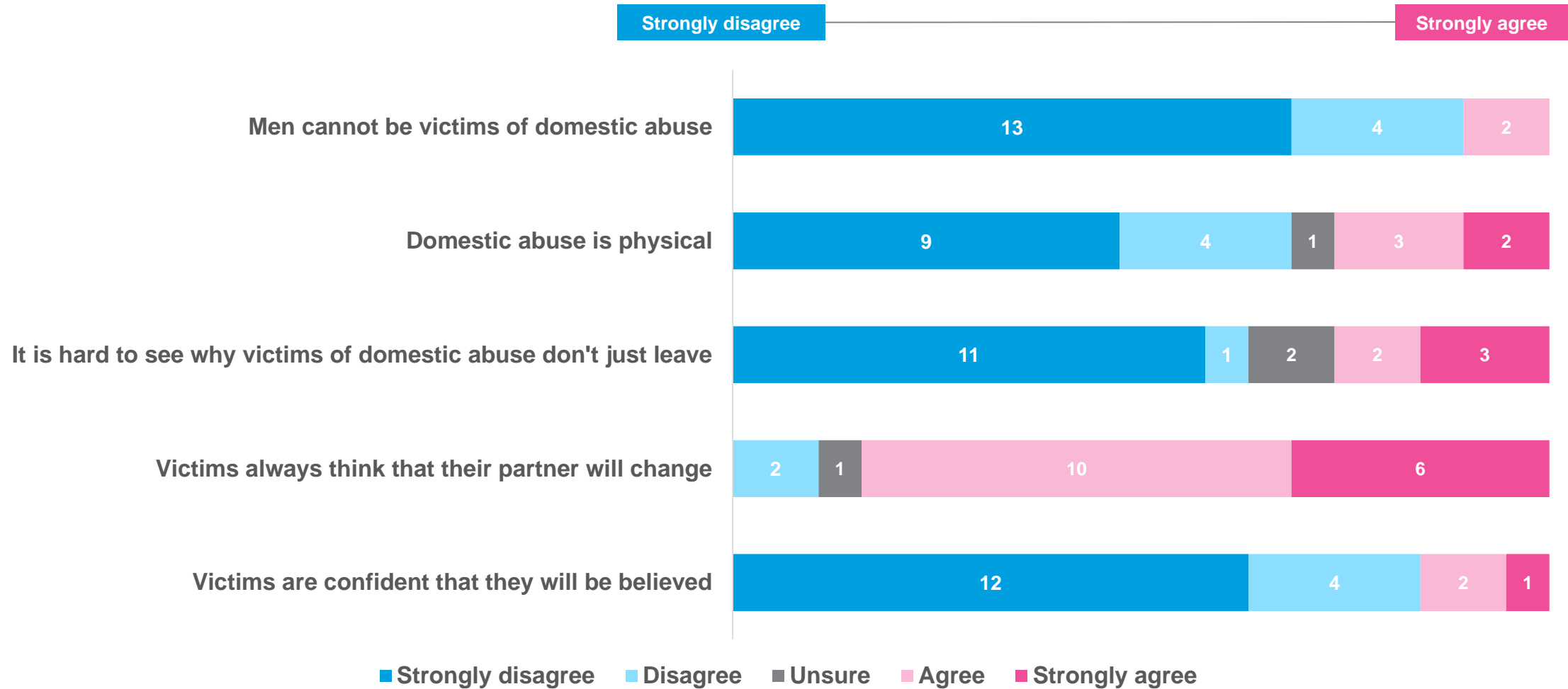
However,

! Accessing services was **difficult**

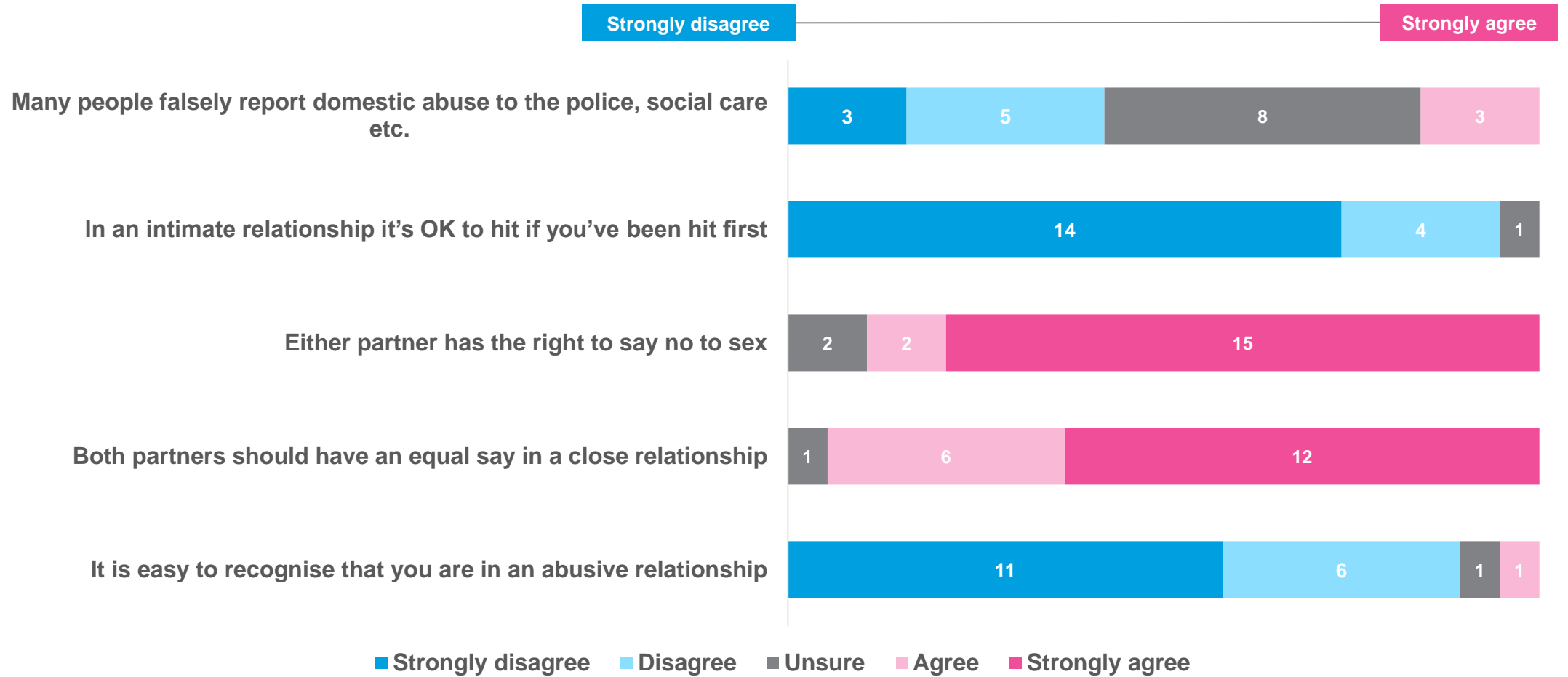
! Survivors described some professionals within the Police as **unsupportive and unhelpful**

! A lack of domestic abuse awareness was observed, and occasionally led to **exposing survivors to further harm**

Domestic abuse attitudes



Domestic abuse attitudes



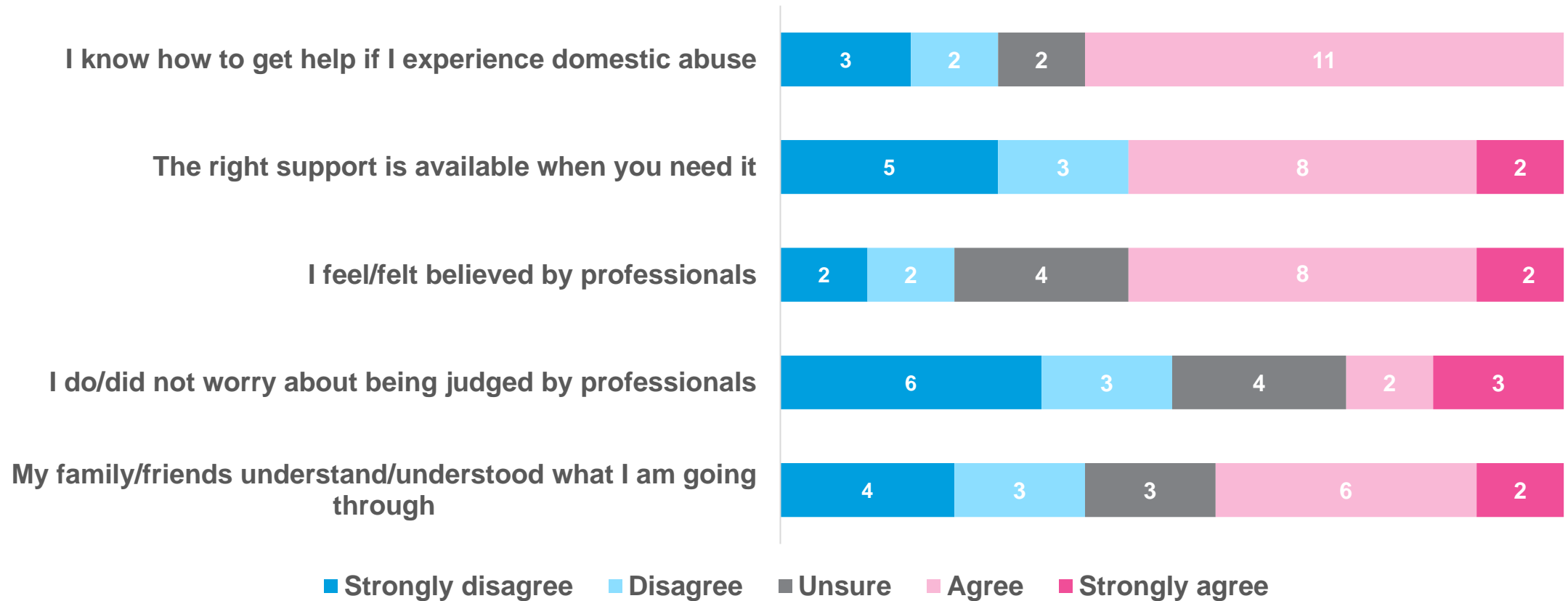
Survivor Survey: Experience of seeking help



16 of the victims/survivors told someone about the abuse

Strongly disagree

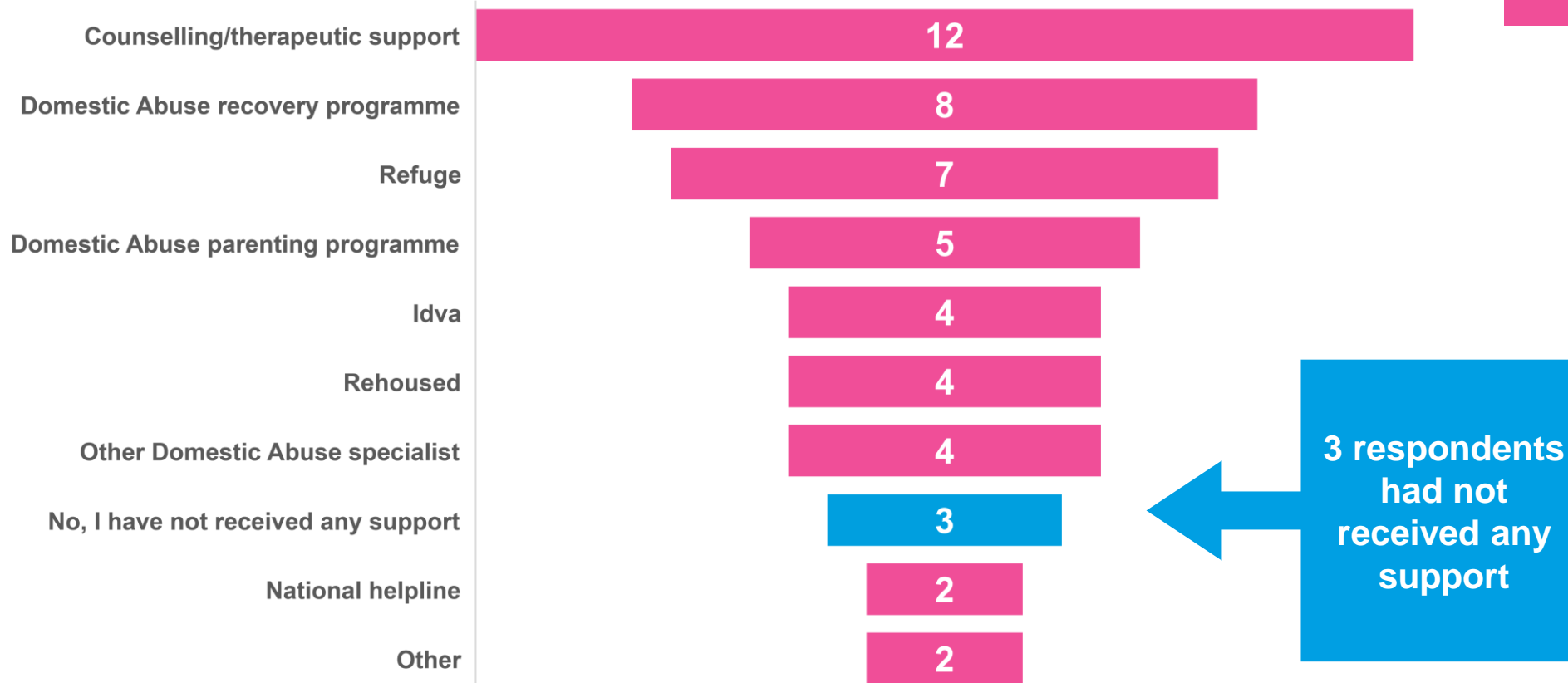
Strongly agree



Experience of seeking help

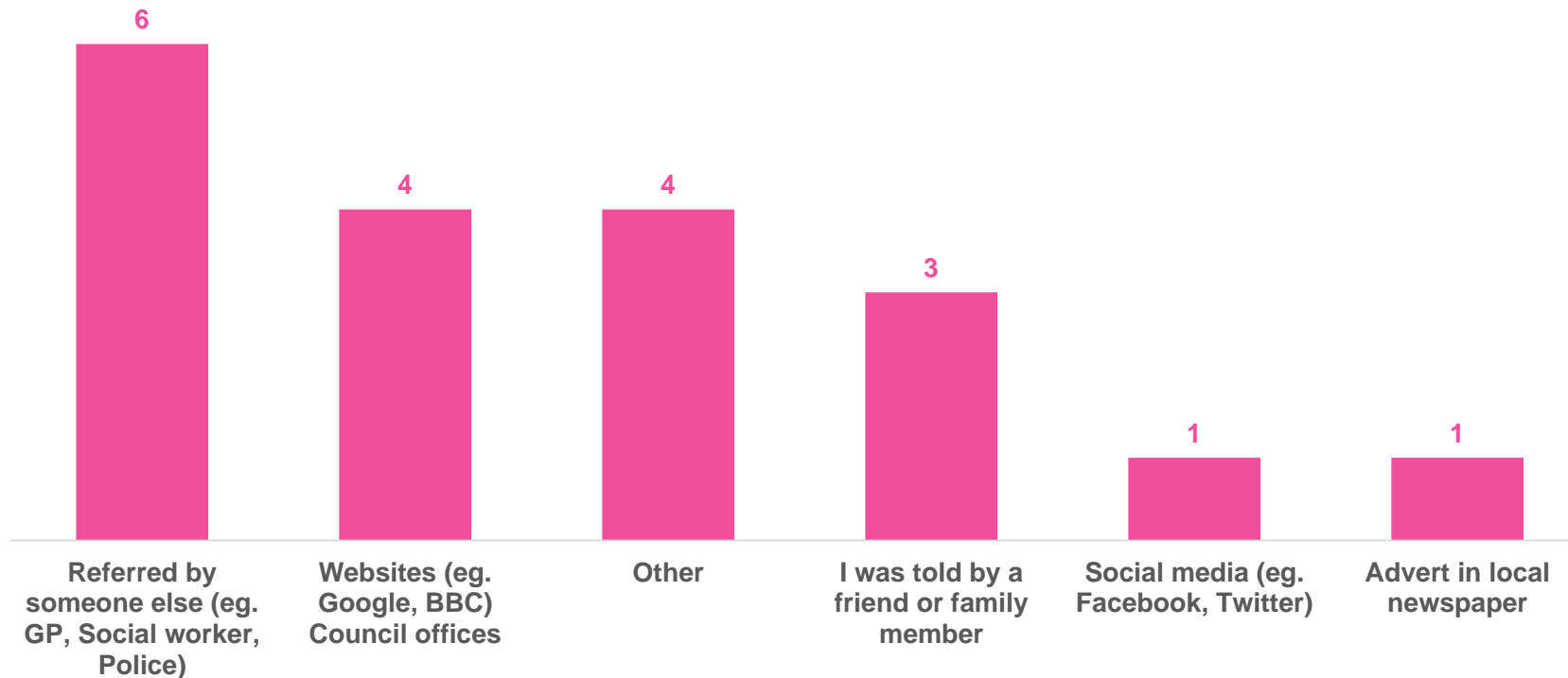
16 respondents had received at least one type of support

Support received in relation to the abuse



Experience of seeking help

"How did you find out about the support?"



Respondents who said they received support, total N = 16



13

respondents
felt they got the
right type of
support

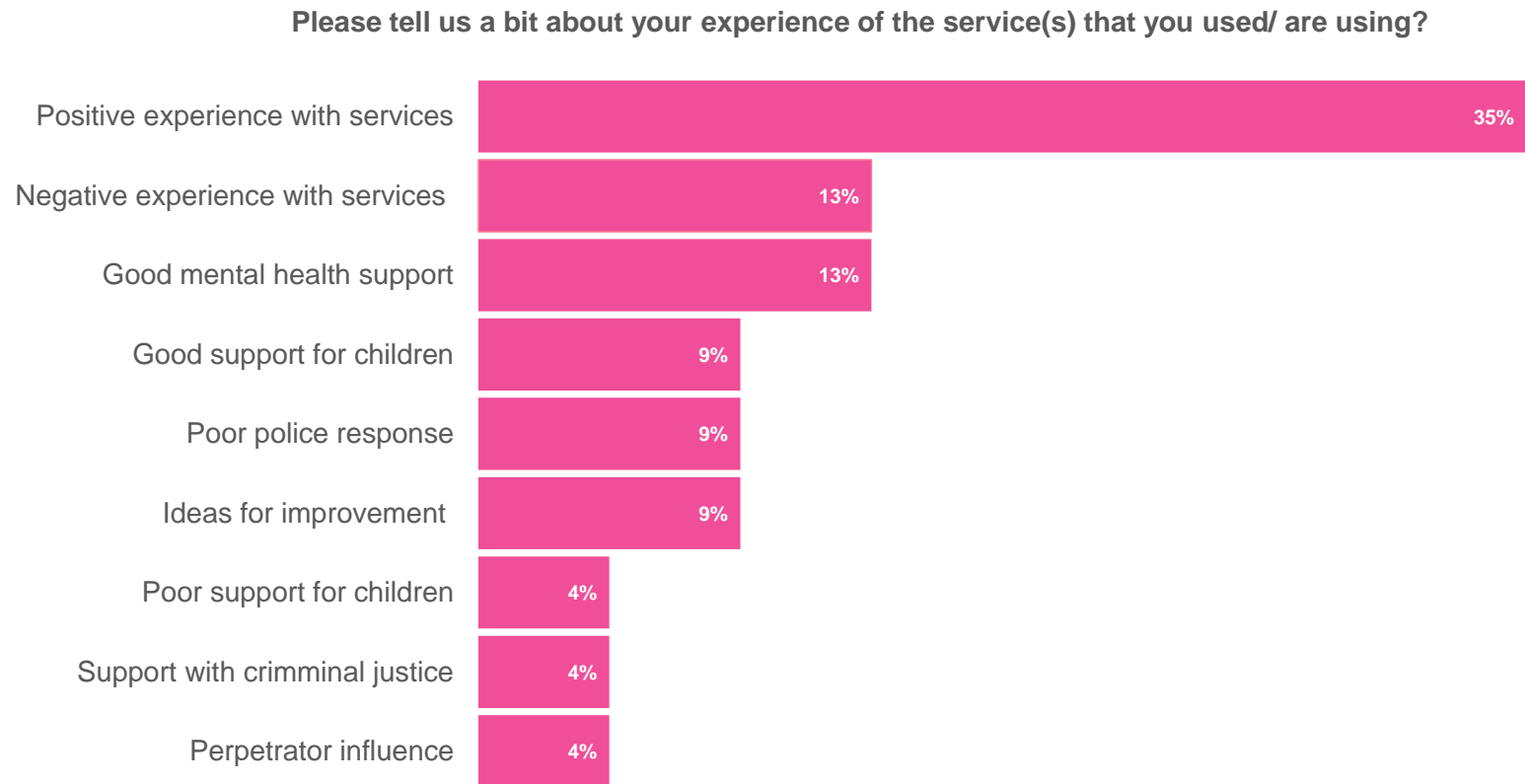


8 respondents
felt they got
support at the
right time

Experience of seeking help

“Please tell us a bit about your experience of the service(s) that you used / are using?”

Content analysis was carried out on all open text responses. Responses were sorted into predefined codes. A breakdown of the responses is shown below.



Percentages out of total number of codes = 23

Experience of seeking help

“Please tell us a bit about your experience of the service(s) that you used / are using?”

‘Positive experience with service’

- Survivors spoke of how **supportive Sheffield’s Women’s Aid was** and **praised the support provided for their families.**

“Brilliant support at sheffield womens aid refuge...”

“Sheffield woman’s aid have really helped me and my family.”

“VIDA in Sheffield they are the best, so experienced and committed to helping in any way that can.”

‘Negative experience with service’

- However, some survivors also spoke of **negative experiences with IDVA’s** and how they faced a **lack of support from services** when involved in **police perpetrated** domestic abuse.

“I struggled to get the help because my ex-partner is a police officer and the police and other services didn’t want to know...” ^{*(see link)}

“...IDVA were a waste of time ... they didn’t know how to support me...”

[*Police must improve how they respond to domestic abuse allegations against officers and staff | Independent Office for Police Conduct](#)

Experience of seeking help

“Please tell us a bit about your experience of the service(s) that you used / are using?”

‘Good mental health support’

- Survivors **praised the therapeutic support services** when seeking help regarding domestic abuse. Both **group sessions and one-to-one counselling** were seen as a good way to deliver mental health support.

“I am going to the Eva support group every other Monday and have just started the 1-2-1 counselling. The group is great, really fun and helpful.”

“...My therapist at Vida was wonderful.”

“Brilliant support at Sheffield Womens Aid refuge - power to change course extremely helpful and it may be an idea that this is part of the structure of refuge to help us recover. In house psychologist who is helping me to work through issues and better understand why I have made the choices I have.”

Experience of seeking help

“Please tell us a bit about your experience of the service(s) that you used / are using?”

‘Good support for children’

- Survivors **praised the support given to** not only themselves but also **their children**.

“I am happy and feel safe here. I get support with everything for myself and children.”

“Sheffield woman’s aid have really helped me and my family.”

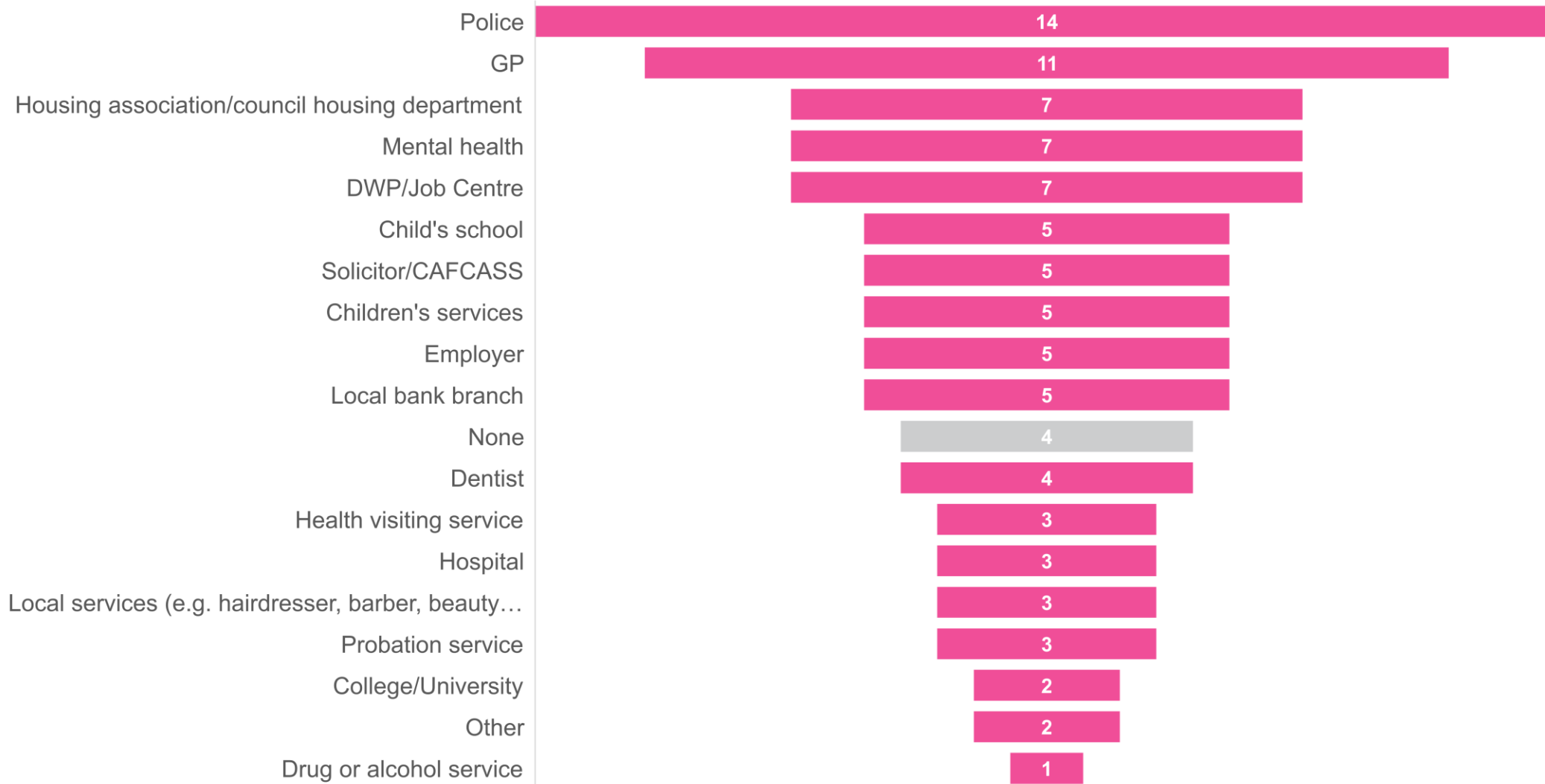
‘Poor support for children’

- However, there was also a mention of a **lack of support for children** from one survivor.

“...I have tried finding counselling and support for my children and had no support from safeguarding...Haven did run helping hands but it wasn't effective for my children's ages and needs....I have been told by many professionals and legal advisors that I will need to wait for my ex to physically abuse me or the children again, to be able to take any effective action. The courts have also failed to pass on reports and documentation of abuse for safeguarding checks with cafcass...”

Opportunities for support

Organisations that victims/survivors were in touch with whilst experiencing abuse



Opportunities for support

Of the top 4 agencies that survivors had been in contact with the infographic shows how many of these agencies asked them about their experiences of abuse.



Of the **14 people** who had been in touch with the **police**, **12** said that they had asked them about their experience of abuse.



Of the **11 people** who had been in touch with their **GP**, **7** said that they had asked them about their experience of abuse.



Of the **7 people** who had been in touch with **housing association/council housing department**, **6** said that they had asked them about their experience of abuse.



Of the **7 people** who had been in touch with **mental health services**, **6** said that they had asked them about their experience of abuse.

Showing top 4 most common agencies that victims were in touch with whilst experiencing abuse. Showing number of respondents who were in touch with each different agency.

Opportunities for support

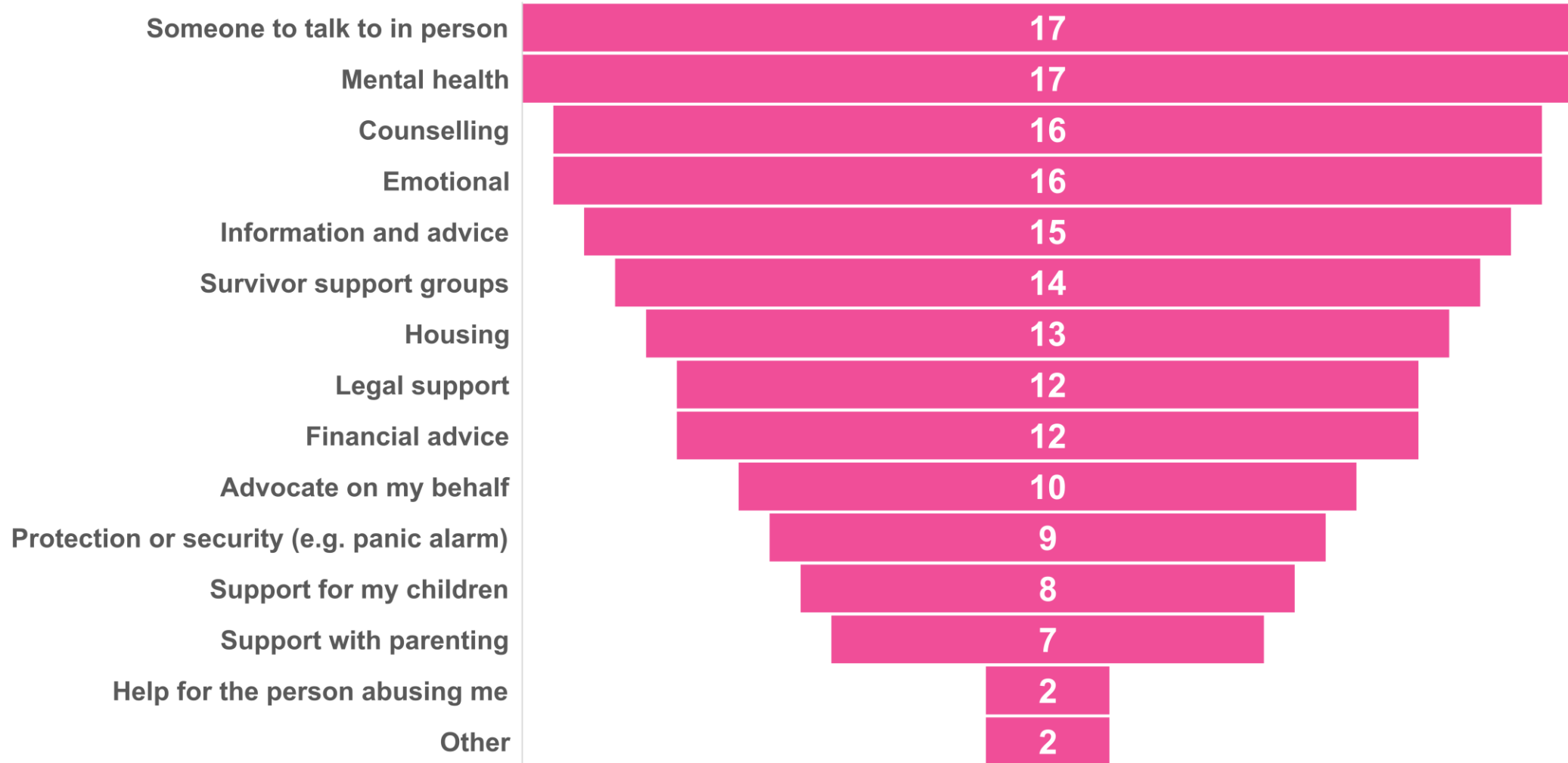
Number of respondents who have either told or would tell the following people/agencies about the abuse:



Showing top 6 agencies. Full list of agencies can be found in the report.

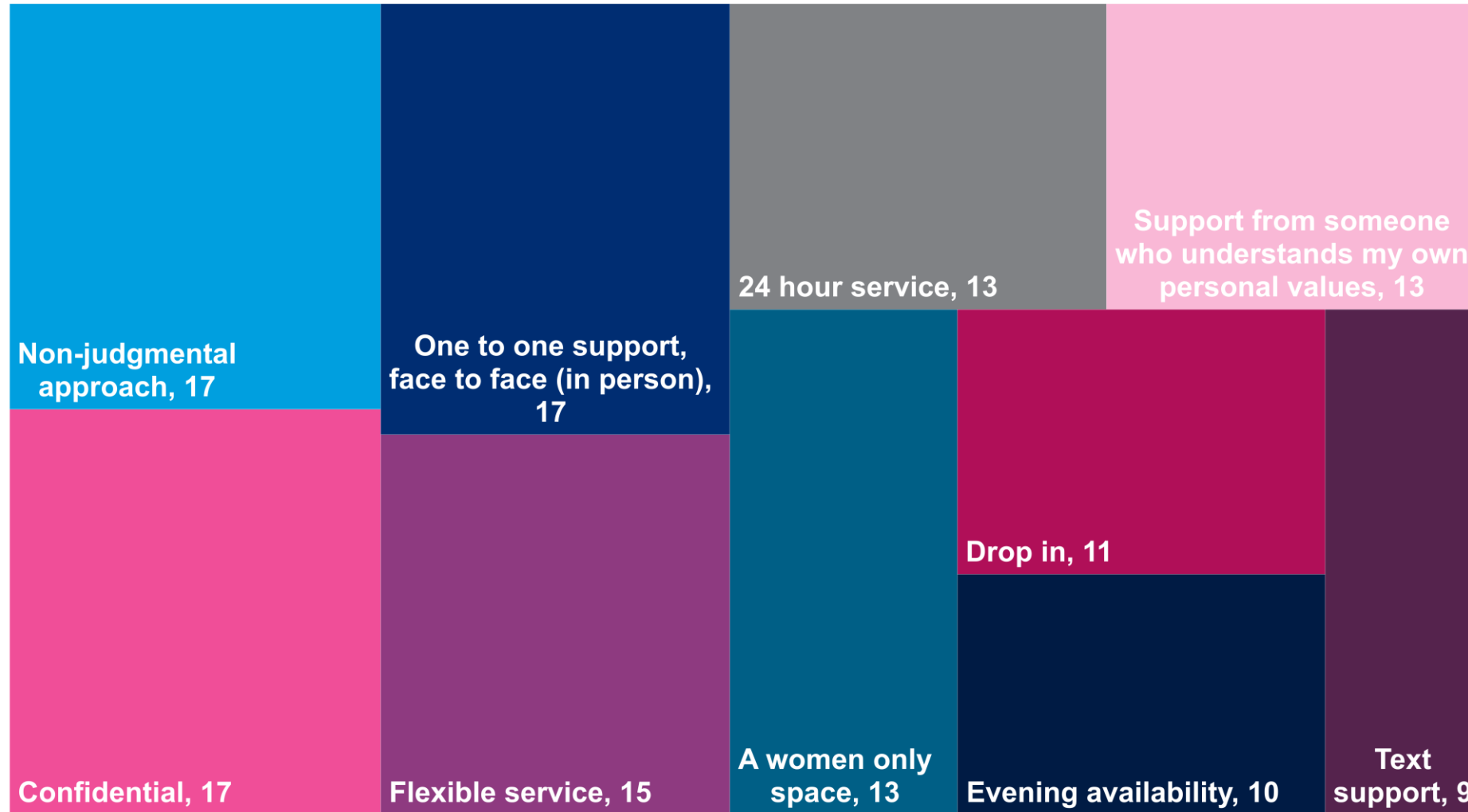
Preferred support

"What type of support did/do you feel you need in relation to the abuse?"



Preferred support

"What is/would be important to you when accessing support for domestic abuse?"
(Showing top 10 most common)



Size of boxes represent higher number of responses for each answer given. Larger boxes = higher number of responses. Showing top 10 highest answers only, full results in survey data report.

Anything else...

“Finally, is there anything else about your experience of services in relation to domestic abuse in your local area?”

‘Negative experience with services’

- Survivors who spoke negatively of domestic abuse services mentioned **IDVA giving poor advice**, a **lack of understanding from volunteers** and a **bad experience with the local GP**.

“I found the IDVA service gave me poor advice about accepting contact from my ex partner. I had to wait almost 12 months to see someone although I was scoring almost top of the depression and PTSD scales.”

“Yes - very bad experience with local gp...No continuity and have to keep telling your story over and over . A lot of the gps can be disrespectful in that they don't listen [sic] to your needs as a patient...”

‘Positive experience with services’

- One survivor praised **all domestic abuse services**
- Another had a **positive experience with the police and court systems**.

“All the services are helpful. Provide you right support.”

“I never knew there was help out there ,I thought me or the kids would end up dead ,when I finally told someone cid got involved I got lots of support and was shocked on how much safety [sic] things there put in place till it went to trial ,and he was sent to prison.”

Anything else...

“Finally, is there anything else about your experience of services in relation to domestic abuse in your local area?”

‘Ideas for improvement’

Survivors provided ideas for improvement to services such as:

- **Increasing domestic abuse research** using a wide range of victim/survivors.
- **Improvement on the use of the domestic abuse act** within the police.
- **Increase in post-separation support.**
- **Better protection for children** when a perpetrator is also a parent.

“They need to speak to range and of survivors rather than go [off] figures...” – survivor survey

“...Police need to actually do something and use the DV/DA bill and powers given to them rather than be fobbed off...” – survivor survey

“More to support psychological, economic and post separation abuse...” – survivor survey

“...There seems to be no mechanism to identify or halt my ex's perpetration simply because he is a parent his behaviour is allowed and in fact supported. I worry about the psychological impact on my daughter's [sic]...” – Survivor survey

Anything else...

“Finally, is there anything else about your experience of services in relation to domestic abuse in your local area?”

‘Police failures’

- Survivors noted **police failures** in the response to domestic abuse, at the **individual level** and on a **systemic level**.

“...The police were a waste of time as they were not interested in what I had to say.”

“...Police need to actually do something and use the DV/DA bill and powers given to them rather than be fobbed off. Protect the victims more.”

‘Children and Young people’

- One survivor spoke of a **lack of post-separation support**, which **detrimentally affected the wellbeing of their children**.

“More to support psychological, economic and post separation abuse. I am experiencing death by a thousand cuts, which affects my mental health, quality of life and parenting which has a direct impact on my children. There seems to be no mechanism to identify or halt my ex's perpetration simply because he is a parent his behaviour is allowed and in fact supported. I worry about the psychological impact on my daughter's [sic] and how it will impact their futures.”

**The following is taken from the Focus
Groups and the Interviews with Survivors**

Survivor Interviews - Who took part?



Survivors were interviewed individually



4 focus groups took place, with 12 and 13 survivors present in refuge and 10 from Ashiana and 7 from IDAS



Survivors were interviewed in total and included in this analysis.

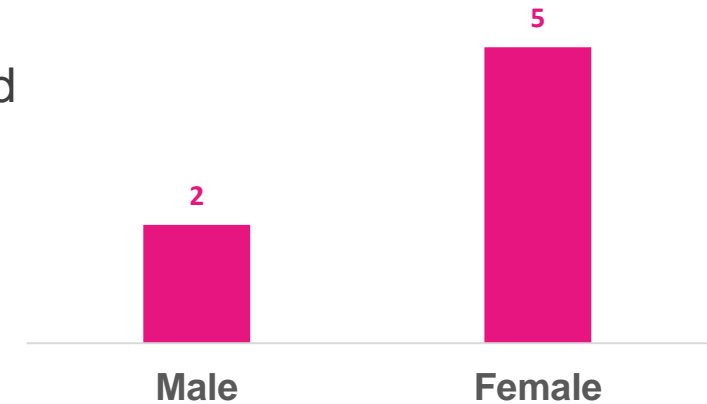


All 7 reported they had previously been in **heterosexual relationships.**



1 survivor identified as disabled

Gender identity



Please note demographic data does not currently include survivor information from focus groups.

¹White ethnicity includes British, Northern Irish, Irish, Gypsy, Irish Traveller, Roma or any other White background

Survivor voice – interviews and focus groups in Sheffield

Who we talked to:



4 focus group with 42 survivors who identified as women residing in Women's Aid Refuge, IDAS and 10 included through Ashiana



7 interview with a survivor who identifies as a woman



3 Interviews with 3 survivors who identified as men

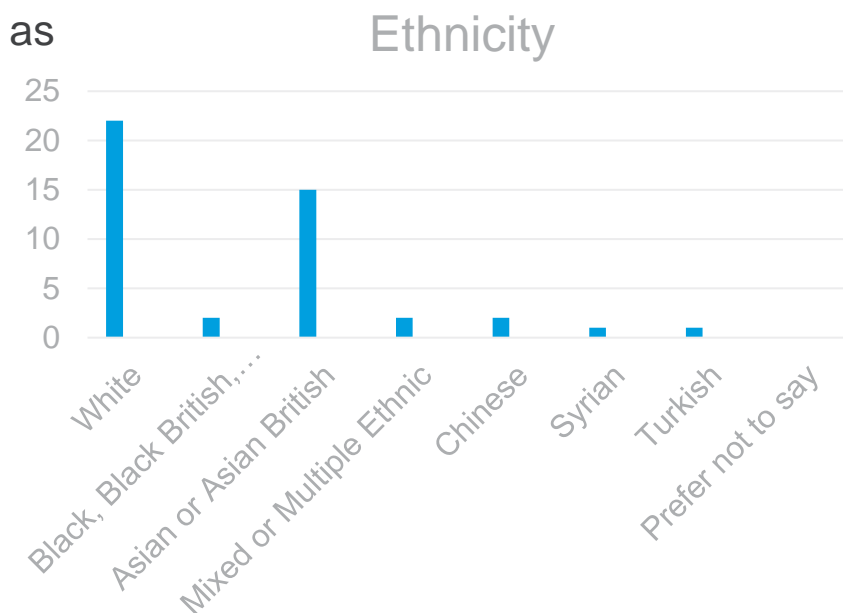


52 survivors in total

All survivors were residing in Sheffield at the time of the interview, although some had moved from out of area, fleeing domestic abuse.

Methodology:

- Interview and focus groups were transcribed
- Transcripts were coded by two researchers within the SafeLives research team
- Codes were grouped into categories and subcategories





Survivor Voice

Experiences with services – Negative

- Some interviewed survivors felt that whilst there were supportive key workers, they were **not always equipped** to deal with more complicated individuals with **mental health problems or substance misuse**.

“listen, the staff... they understand mental health but not to the full extent... they can go on trauma from the domestic abuse, but if you’ve got someone that’s got a diagnosis on them with mental health, that’s a total different... that’s separate. That **worker is not trained to work with people**” – Survivor Interview

- There was also a **lack of domestic abuse awareness from staff within services**, with workers were sometimes inconsiderate of the long-term effects of domestic abuse on the survivors they were engaging with. The following quote describes a conversation between a survivor and their legal representative:

““I had this old solicitor turn round and say to me, there’s nothing you can do. **You have to wait for him to get physical again. And that was his advice.**”” – Survivor interview

“I have had one CAFCASS officer say that **I provoked him into physically [cries] assaulting me...** He actually stood in court and said that and no one batted an eye lid at all” – Survivor interview

- A minority of professionals also demonstrated an **incompassionate response to survivors** and didn’t consider how their actions would impact their clients.

“they reduced my [child contact] visits; I fell ill, and the **social worker reduced my visits** because of that... They wouldn’t accept the fact that I was really ill at the time and I just physically couldn’t make it to the contact centre...” – Survivor interview

“...in fact ...I was practically **weeping, crawling and begging in their offices. Nobody did anything.** I felt... I felt **worse than an animal**, in the way they treated me” – Survivor interview

Survivor voice

Navigating finances and employment

Many of the **survivors interviewed experienced challenges with finances and debt management**. Oftentimes, the support services they accessed were unequipped support them with these challenges. In one instance, payments were not made to the correct account.

“I was already in enough debt because of the perpetrator, but even more debt because of the refuge. I had rent arrears when I moved in here... she got the council tax and stuff wiped, and the rent. But no, I didn't get any real support that I actually needed” – Survivor

“...Was it back paid or just started? No, because they paid I think to my husband. Just confusing things.” - Survivor

Some survivors found it difficult to navigate their finances because they were **not entitled to means-tested financial help**, leaving them **unable to provide** and reliant on community response.

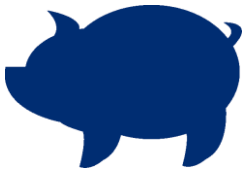
“Some of our clients like to have a bit of independence, working a couple of hours. Because you are working that couple of hours you are not entitled to that grant, and you are not entitled to the grant for refurbishing your house. So, they penalise.” – Survivor advocate

Professionals at **the Job Centre were experienced as unsupportive** with survivors mental health challenges, and survivors felt unduly pressured to seek employment before they were ready:

“We are really having argument with the job centre...so because they are suffering from depression and anxiety and they cannot look for work and jobs for now, straight away they come and they've been called back every week for interviews and job search” - Survivor

In one case, a survivor was expected to attend appointments at the Job Centre, where the **person causing them harm also attended**, creating **significant risk of further harm**:

“Sometimes it's not safe for them to visit the local job centre you know every week and if they might see their perp is coming to that same job centre...” – Survivor





Survivor Voice

Ideas for change

- Interviews revealed survivors want services, and especially **specialist services, to be advertised in public** to remove the survivor's need to conduct their own research (which can be dangerous) and **increase awareness of the services available** for individuals.

“...the internet is the only one I can think of that's sort of nation wide. **Local TV**, I've never sort of seen anything on the TV that indicates anything, even for women really, just about **advertising in regards to domestic abuse**” –
Survivor interview

“...you know I kind of talked about it is **streamlining**. So ... there's lots of good work being done...but it's a bit of a **mine field trying to navigate**... how each can help... So I think the communication of **support and advice is inconsistent**. But also the signposting and kind of knowing where to access stuff. ” – Survivor interview

- Survivors also wanted **easier access** to these services. There were different ideas on how to achieve this, including a **single key contact to ring**, or a **directory of accredited services** in which service information and contact details are readily available.

“**Just one phone call, one person.**” – Survivor interview

- Survivors in Sheffield want **greater training for staff**. This ranged from **general domestic abuse awareness** within the Police and housing to **specialist mental health and substance abuse training** so staff are **equipped** to work with survivors with complex needs. Additionally, some wanted **doctors and nurses present** within refuges to assist more complicated mental health problems.

“One is **education of professionals** but also... it being **built into... their practice**... domestic abuse being part of legal training. Domestic abuse being part of social workers and CAFCASS training. Domestic abuse being part of GP midwife training. But not just physical.” –
Survivor interview



Survivor Voice

Referral Pathways

Many survivors reported difficulty accessing service information and contact details to reach out for help.

Firstly, survivors in Sheffield **did not know what services are available.**

- Survivors who required specialist services, such as male domestic abuse victims, didn't know there was support for people in similar situations.

Secondly, survivors encountered **obstacles when researching and accessing services initially.**

- Some survivors in Sheffield struggled to get the attention of services because they had **no phone credit to ring.**
- Further, which much of the service information and contact details online, a few survivors reported **difficulty searching for help because their internet activity was monitored by those who harm.**

“So as far as services out there,... if there'd been **something that I could recognise that I could approach**, i.e. like a domestic thing for men that I could go to or get in contact with, then I probably would have bucked up enough courage to go through that...But because to me **I didn't think there was anything out there** it was more for women then, I just carried on basically...” –

Survivor interview

“So when they're giving you all these numbers...It's a 0114 number, **some people haven't got credit to phone.** They say you can phone after, out of hours ... Then you're still waiting on out of hours, ring ring, **you could be on ages.**” – Survivor interview

Survivor Voice

Referral Pathways

- Many survivors felt they had no choice but to **research and self-refer to access services**. This is the case even when a survivor was under the care of a refuge and access to support **more difficult**.
- There were mixed recounts regarding referral into refuge and housing, with some reporting a straightforward process. Several survivors however commented that it took **hours for refuges to answer their phone calls. Long waiting lists and untimely referrals** were commonly reported across the interviews and survivors were **unable to access crucial services when they needed it most**.
- There were incidents where survivors were **passed around** and referred onto several services, before each one told them they were **unable to help** and left the survivor feeling unbelievably alone.
- There is evidence of **good multi-agency working** in Sheffield, with some survivors stating they were referred swiftly onto a support services via the health service (e.g. GP or health visitor).

“I don’t feel there was enough support in the refuge for me. I felt like I had to do a lot of stuff myself, like **referring myself** to places. That was very, very hard for me...” – Survivor interview

“...I phoned [place] Council... they wouldn't see me face-to-face...they give me a number to ring, which I were on about **eight hours, just ringing**” – Survivor interview

“...I think it was the Freedom programme, that was put forward too but I think the downside of it then was... I needed to have **been out of the abusive situation for six months** or so, before I could go on that course.” – Survivor interview

“So she’d now referred us to social care and MARAC ...as soon as MARAC handed us over to children’s so... social service...they said, **there was nothing they could do...**” – Survivor interview

Survivor Voice

Experiences with services – Positive



- Many survivors praised their **key workers** and felt they provided **guidance and emotional support**. Interviewees appreciated their workers discussing their own experiences with them to build a stronger rapport. Some did want more **sustained regular contact** with their key worker however.

“It's good to have a **key worker** because you've got somebody who knows you and get used to, can **support you in a better way**” – Survivor interview

- Interviewed survivors found the **practical support useful**, from programmes to recognise and process their experiences to help accessing education, and this served to **empower and embolden** the interviewees.

“Yeah, the **Surge group**. I started volunteering in the Surge group and... and I think that really helped me, as well, to **gain a good understanding**. It was recognising that these services were put in place for others. I knew I had kind of like emerged from it” – Survivor interview

- A **sense of community** was established through these services and survivors **built friendships through sharing mutual experiences**. Some continued to volunteer beyond their stay at refuges or use of service because they gained so much from these communities.

And now I'm sort of **giving some of that knowledge back to the men's support group**, which is very nice. I even recommended one of the, one of the books that I read to, to a guy there, who I thought it could help
” – Survivor interview

“I think it's your **key workers**, obviously, you know even if it's coming downstairs or coming upstairs to your flat just saying 'morning', **groups, activities, just being around all the other women**, that's been in the same circumstances as you. In one way or another I think that's massive seeing them from day to day...” – Survivor interview

Survivor survey: Experience of seeking help

“Please tell us a bit about your experience of the service(s) that you used / are using?”

‘Good support for children’

- Survivors **praised the support given to** not only themselves but also **their children**.

“I am happy and feel safe here. I get support with everything for myself and children.” – Survivor survey

“Sheffield woman’s aid have really helped me and my family.” – Survivor survey

‘Poor support for children’

- However, there was also a mention of a **lack of support for children** from one survivor.

“...I have tried finding counselling and support for my children and had no support from safeguarding...Haven did run helping hands but it wasn't effective for my children's ages and needs....I have been told by many professionals and legal advisors that I will need to wait for my ex to physically abuse me or the children again, to be able to take any effective action. The courts have also failed to pass on reports and documentation of abuse for safeguarding checks with cafcass...” – Survivor survey



Survivor Voice

The impact and management of those using harm

The behaviours of those using harm prior to survivors accessing support had a profound impact:

“My ex was... as it turned out later I didn't realise at the time, but **he was controlling. Coercive control, emotional abuse, psychological abuse and that had started way before he started getting physical**” – Survivor

“I think with **how spiteful she was** during the relationship ... It was during an argument she put my toothbrush down the toilet, just because we had a little argument. ... maybe I gave her the wrong look, or said something with the wrong tone.” – Survivor interview

“So obviously before we split up **he was that good at manipulating people, he manipulated my mum to the point where my mum kind of took his side.** I was always at fault, you know that I was a bad person” – Survivor

Those using harm exhibited **coercive and controlling behaviour** to prevent survivors from seeking help:

“When you have that level of control, someone controlling you like that, **it's very difficult to pretty much do anything. It's very difficult to change the flow of your day, introduce anything new.** And I suppose that's why they do it like that, because **they don't want to lose that control.**” – Survivor



Survivor Voice

The impact and management of those using harm:

For many survivors, **harmful behaviours continued** even after they accessed support:

“I still get emails from her and text messages, which most of them are just abuse or blaming me for everything that happened in the relationship by saying I abandoned her. But that's not really true. Yeah. It's just, it's just guilt to try and get me to go back.” – Survivor interview

Without appropriate safeguards in place, there were instances where **agencies endangered survivors to further harm:**

“So he... he also intimidated me in one of my previous houses. I have had... the school has revealed my address to him but that... he was very sneaky. He kind of went into school and asked to see a social media permission form that I'd completed and they handed him it. And it had my address on it and my phone number. So I ended up having to change my home phone number.” – Survivor

None of the survivors interviewed had knowledge that the person using harm was engaging in perpetrator programmes:

“He doesn't want it, he is like... using a lot of tablets like drugs ... he has been using for a long time and I spoke to him a couple of times take the therapy or like anything I don't know...but he doesn't want it.” – Survivor interview

“It's... it's a joke really... but no he is... he has not been asked to do anything. There has been no repercussions at all.” – Survivor interview



Survivor Voice

Experiences of the police and courts

The majority of survivors interviewed found the police to **be unsupportive, hostile or resistant to engage** with their reports of abuse:

“And that was it, **it's took four attempts to get the police to come out again to take a statement** about the physical violence about modern slavery, domestic servitude.” – Survivor

“Interviewer: Did the police ever ask her to leave? Ask your partner to leave? Respondent: **When I phoned the police, I was outside for five hours in the cold.**” – Survivor

“There was a police car following me and a bit of my military thing sort of kicked in, and then the next thing I **know I got boxed in by five cop cars as if I was mass criminal...it was frightening to me.**” – Survivor

When survivors were able to engage with police regarding the abuse they were experiencing, **they were usually told that the police couldn't help them:**

“**No she wasn't arrested nothing, nothing at all**, they had my statement of eight pages, and, and it went down one day and then they had the phone call the next day to say that they weren't proceeding with it any further... ” – Survivor interview

“We've got a non-molestation order in place... The perpetrator made counter-allegations, but what the police said to you last week was, **it's your word against his completely. So there is no further action** and you're kids are at that age where they can say what they like really. ” – Survivor



Survivor Voice

Experiences of the police and courts

When survivor's engaged with those using harm in criminal or civil courts, **they often felt unsupported:**

“So can you imagine going into a court, where you've got two exes, two totally different situations, and **nothing was put in place for me**. The guardian actually had to go and say to the barrister ‘**we need to get her out of here and put her in a separate room**’. So, in that sense of me travelling up, and going backwards and forwards, that was very hard.” –

Survivor

And she didn't recognise that he was narcissistic cos he's covert you see. **He wins over all the professionals and CAFCASS officers he gets them on side. They just don't see it at all.** –

Survivor

For some people using harm, the courts were a place where **they could continue to exert power** over the survivors:

“**So my ex has reduced and reduced and reduced child maintenance that he's provided to make me suffer ... and CAFCASS even though I've pointed this out did not want to know because it's about money and courts shouldn't be about money even though financial abuse is recognised. They don't recognise it ... they just are useless [laughs]. Absolutely useless.**” – Survivor

“I walked into the court, and I walked past the perpetrator and his family, and they left me in that waiting room. And not only did I walk past him, I actually had to see my partner that was from my previous relationship, before him, which was an abusive relationship.” – Survivor

“**It's like their perpetrators playground the courts. Honestly it really is. Just plays totally into their hands.**” – Survivor



Survivor Voice

Ideas for change

- Interviews revealed survivors want services, and especially **specialist services, to be advertised in public** to remove the survivor's need to conduct their own research (which can be dangerous) and **increase awareness of the services available** for individuals.

“...the internet is the only one I can think of that's sort of nation wide. **Local TV**, I've never sort of seen anything on the TV that indicates anything, even for women really, just about **advertising in regards to domestic abuse**” –
Survivor interview

“...you know I kind of talked about it is **streamlining**. So ... there's lots of good work being done...but it's a bit of a **mind field trying to navigate**... how each can help... So I think the communication of **support and advice is inconsistent**. But also the signposting and kind of knowing where to access stuff. ” – Survivor interview

- Survivors also wanted **easier access** to these services. There were different ideas on how to achieve this, including a **single key contact to ring**, or a **directory of accredited services** in which service information and contact details are readily available.

“**Just one phone call, one person.**” – Survivor interview

- Survivors in Sheffield want **greater training for staff**. This ranged from **general domestic abuse awareness** within the Police and housing to **specialist mental health and substance abuse training** so staff are **equipped** to work with survivors with complex needs. Additionally, some wanted **doctors and nurses present** within refuges to assist more complicated mental health problems.

“One is **education of professionals** but also... it being **built into... their practice**... domestic abuse being part of legal training. Domestic abuse being part of social workers and CAFCASS training. Domestic abuse being part of GP midwife training. But not just physical.” –
Survivor interview

IDAS – Survivor focus group

- We completed a Survivor focus group, meeting with 7 victim/survivors who had been through IDAS as a service, some were still involved, and some had exited the service. This focus group occurred after the original focus groups, and had a mixture of age, ethnicity and gender involved.
- The main themes that stood out were:
 - **Positive emotional and practical support**
 - **Good partnerships and relationships built by practitioners**
 - **Police and other service involvement**
 - **Cultural awareness**
 - **What was missing and**
 - **Ideas for further support**

'Until you get through this I'm going to be ringing you every night and in the morning. So that night [name] would be the one to ring me, she would talk me through... So, you don't feel alone' *Survivor* re: IDAS worker involvement

'The police officer himself said to me, 'I'm going to refer you to IDAS. Please listen to what they say and take 'em up on what offer, you know, how they can help you because you're going to need it.' So even the police officer they'd, you know, got faith that they were putting me in touch with the right place.'

Focus Group

IDAS, I wouldn't be here without them. They've helped me like with so many situations it's unbelievable.

My worker made it clear, she's not a therapist, but she was transparent, helped bridge barriers, was a good emotional support, always validated my feelings and experiences and was careful and considerate, helping me build resilience

But I think because she understood that my head was all over the place and I'd got nobody, you know, I'd not got a family that could support me and, and, and take that control, that's what, you know, she made me feel safe

She got me the camera, she got like me the dummy camera, she gave me, my children are in therapy right now, they're getting like child therapy. She's got therapists for myself. She's got like camera, she gives me support like I was in debt with certain stuff and she's contacted the debt people. My car got clamped because I couldn't pay a certain thing. She rang them up. She's like, 'She's a vulnerable adult, she's under IDAS, you've got to take that clamp off.' She's helped me so much

IDAS has been amazing for me. Like obviously she's worked with me, she's given me a lot of support, she's given me everything that I need. When I, when I don't know what appointment I'm doing I text her and she lets me know what I'm doing and she knows, she's just been there for me like [name] has been amazing

Praise and Positive Support

As for me what IDAS has done that I appreciate so much is they are very quick to step into action, they are very quick to step into action and when they say yes they really mean yes.

So, it got to a stage I was asking myself, 'So, this kind of help is here, and I've been suffering for twelve years.' So, when I met [name] I was literally crying myself. I didn't know I would get this kind of help...But trust me, where I am today, IDAS helped me. IDAS helped my family and even up to now I'm still enjoying what I have there as laid out from me because from every help I'm getting, I'm not getting from social worker, I'm not getting from, no, but from IDAS anyone who calls me it's through IDAS

So, it has actually changed me mentally too of, okay, if you do not have anyone around you it's always good to seek, ask, and talk to someone, probably might lead you to one place or the other. So, and that's it. So, I'm fine, I'm good thanks to IDAS.

I-I don't know what I would have done without it to be honest, because it was a really lonely time, especially during the pandemic. I felt quite isolated... I didn't really know it was an abusive relationship so that really helped me having that one-to-one-support. And then I did the Power to Change course that was amazing... I just, I don't know where I'd be without them to be honest

Ending domestic abuse

Focus Group

That's why I think places like GPs like if they could signpost you to everybody because this is the thing, it's difficult knowing what support is out there. I'm actually an ambassador for Mums in Need now... So, I'm helping to raise awareness, we're looking to get into schools and stuff but we're a tiny little charity

Like we need to get into schools and educate girls and boys in what a healthy relationship is just to stop it happening

We've got Haven with IDAS, but we've got musical therapy with Ellesmere

I know my two through police and had a liaison officer while it went to court, then afterwards IDAS offered them both therapy, but they weren't at a point where they wanted to take that. But in the last two months they've just took that up but literally I phoned [name] and I hadn't spoke to her for six or seven months and said, 'Look, girls are ready.' And she said, 'Right, that's fine,' and she put her straight in contact with who they need to be in contact with... Yes, so Saffron, it's for the, the actual survivor victim which I've done but they're actually in young adult therapy

Partnerships

It just feels like there are a lot of different organisations doing their own thing and if they could all come together and look at the bigger picture it would be just so much better

I know social worker has been calling me, but they've never done anything... Every promise they laid down, you know, nothing has been done. Even when you call them to ask them they keep giving you excuses upon excuses and I've never asked IDAS for anything but they just bring an idea

But the one to one for me was Saffron House, that were just, that's just been the best thing ever.

They helped me. The sexual health place, that was amazing. And also, obviously, just IDAS. IDAS has been amazing for me. Like obviously she's worked with me, she's given me a lot of support, she's given me everything that I need

I definitely recommend it, if you feel like you're in the right place for it. It is very emotional because it brings up a lot of, it brings things back but, yes, it did... I think you have to be in the right frame of mind for Power to Change.

IDAS has really good links, they understand that DA doesn't impact just the relationship, intersectionality means it affects much more than the relationships, the involved SayIT, Shelter, I got referrals for help with debt, home insecurity and benefits through IDAS

Ending domestic abuse

Focus Group

The police didn't help me, I could have died, they never come, they come late

To then have a police officer sit and say, 'Do you understand what relationship you've been in?' that was like really hard.

Police responses

I've never heard of coercive relationships so when the police officer said that to me. He said, 'You've heard of it, haven't you?' And like, 'No.' And I truly hadn't

the police were like, 'They're going to record you and it's going to get played in front of people.' And that's another thing, it's like oh my gosh I've not even spoke to my mum about half of this stuff, how am I going to face and talk in court and face people.

Like I called the police and the police let me down so many times. Like there's been times he's outside my house. He's an [talking over] and he's an electrician and he's got a drill in his hand, and he's got a saw, he's got my son who was three at the time and I've got a three-month baby in my hands. He's stood outside my house screaming, [talking over] 'I'm going to behead you today. I'm going to put this drill in your head,' because I wanted to leave him, he was like, 'I'm going to kill you and then I'm going to kill the kids.' The police are on the phone, they've heard this and still don't come out... And they even said to me, they go, 'Until he's physically broke the door down and he's on me it's not classed as red priority. He's outside the house, he's not entered the house.'

I tried the Islamic route properly. It was a really big struggle, so I connected with IDAS and I actually had a different support worker, not [name]. I don't know her name who I had, I actually didn't get the support I wanted first time around

Because he's someone of status and studied and a good high man who's got a beard, and he's the highest. And I'm, I'm a girl who doesn't even wear headscarf, and I'm a girl who's open and I'm lost right now. I'm like disrespectful right now and he's a respectful man so everything that he's done to me I've deserved it

The thing is every time I spoke to the police they've always said a crime's not been committed. He's not committed a crime.

And I heard him, he was (the therapist) speaking my language and I thought, 'Oh, this is a bit, I don't really want people in my culture to know because they talk.'

Cultural Awareness

when I spoke to school about it, they did the worst thing possible. They got, because my ex-husband was a Pakistani, Asian man, they got a Pakistani, big Asian Muslim man to come to my house

Ending domestic abuse

Focus Group

The reach to more vulnerable groups needs work, the need more attention, more support for marginalised victims

What was missing

Ring the police every time there's an incident, like, you know, text, any contact, log it.' So, I ring them, and I log everything like, 'Oh, he's, like there's been several incidents.' And they say, 'But not one of them is a crime.' They go, 'Log it and we can write it down, but he's not committed a crime.' And it makes me feel like, 'Oh, I've wasted the police time.' That's how it feels

We have been so disappointed with the police, with social services, with therapy, with support, in every single way and like I said I didn't have family because I left. I only had his family

My GP has a DV group, but it's only open to women, there needs to be more education that DV isn't just about violence, and not always women victims. Voice needs to be voice.

The only thing that I feel was missing was the support for the children, especially for my little one. Because she's under five there didn't seem to be much support and I'd asked [name] to ask, to say that I could go to a couple of places, but it was all self-referrals and I've just struggled with it knowing who to go to. So, I think that would have been something that would have helped if they'd have done a referral for me. But I have found support with Door 43, my eldest is getting counselling through them because she now suffers with anxiety

Having that one-to-one support was, was amazing for me, especially during the pandemic, and then the courses. Yes, the courses, more courses have just helped me to try to rebuild myself, I guess.

I think that's where the support from IDAS and possibly Haven and possibly the other service can help facilitate those (re: court) conversations because it's having the emotional words to express and then still hold the, you know, the children's space and yours as well and it's a really, a really tough one

I'm just wondering if IDAS can link you with an officer who is trained in domestic abuse because they are doing a lot of work and that's why you're hearing different stories because some of the police services there's a, you know, generically they're giving a little bit of information. But I think if you could possibly ask IDAS if they can, I don't know how, but if there's any little specific links and get linked with a specific officer then the case then for getting collating the information that is happening with your ex-partner, children's father, might help get those boundaries back in place for getting sanctions.

Power to Change, yes, that's geared too much towards women, there isn't any space for men to complete the course, it's too difficult to access

Ideas for support

Ending domestic abuse

It weren't mumsy, it weren't patronising, it were just very much, 'Right, (direct)

Men's group needs to recommence

15. A review of the Perpetrator services in Sheffield

'We do all this work around victims, safeguarding them but there needs to be some accountability with... you know, with the perpetrator' (Professional)

Introduction

We know that anyone can experience domestic abuse and reflect this in our analysis of the local landscape in Sheffield. However, we also know from evidence that women are disproportionately the victims of domestic abuse.

Women are more likely to experience repeat victimisation, be physically injured or killed as a result of domestic abuse and experience non-physical abuse - including emotional and financial abuse than men.*

It is, therefore, sometimes necessary to use gendered language and reflect this in our understanding of the domestic abuse system and response in Sheffield.

Central to any whole system response to perpetrators of domestic abuse is the use of behaviour change programmes to create lasting changes in the way perpetrators behave. These are most commonly completed through Domestic Violence Perpetrator Programmes (DVPP's) which can be offered on a voluntary or mandated basis. Whilst we need to consider how poor mental health, substance misuse and trauma can impact on the behaviour of those who cause harm, these are understood as contributing factors rather than a reason or cause of domestic abuse.

The primary focus of perpetrator support and intervention is the safety of the adult and child victims and any support for the perpetrator should be in conjunction with specialist victim services.

Ending domestic abuse

Introduction continued...

We know that **a quarter** of high-harm perpetrators are repeat offenders and some have at least **six** different victims.* Their behaviour costs lives, wellbeing, and money. These costs are disproportionately borne by women.

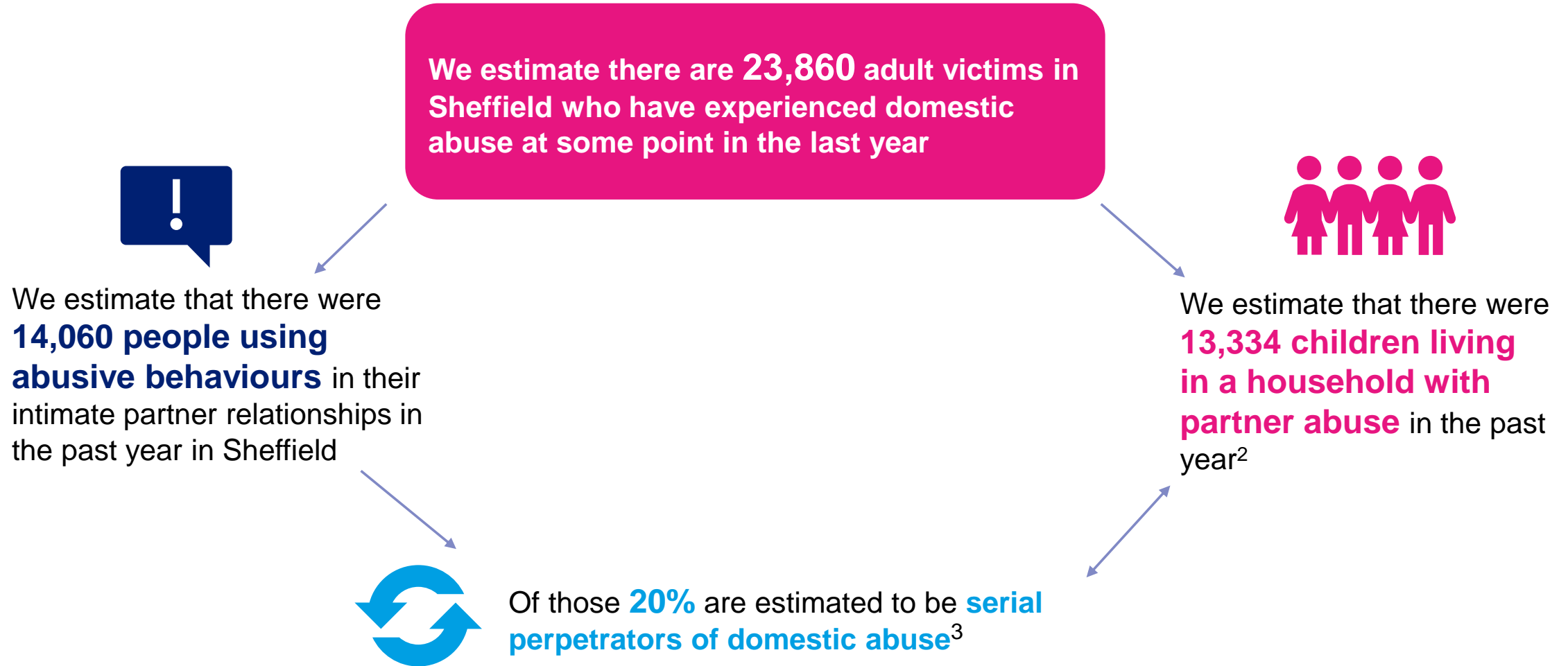
There are approximately **400,000** perpetrators causing high (including murder) and medium levels of harm across England and Wales, and yet only a tiny percentage of these – fewer than **1%** – get a specialist intervention that might prevent future abusive behaviour**. Perpetrators whose victims are assessed at lower levels of risk are even less likely to get a specialist intervention.

Using population data from the Office for National Statistics alongside the Crime Survey for England and Wales, in addition to estimating the number of victims within an area, we can also estimate the number of perpetrators. Based on the population in Sheffield, we estimate there are likely to be around **14,000** perpetrators of domestic abuse with around **20%** of those being serial or repeat perpetrators

*SafeLives' MARAC National Dataset: safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data Also: Robinson, Clancy, and Hanks, 'Prevalence and Characteristics of Serial Domestic Abuse Perpetrators: Multi-Agency Evidence from Wales' (2014)

**Respect (2013), DVPP Commissioning Guidance for Police and Crime Commissioners. Accessible at: <http://www.senedd.assembly.wales/documents/s30732/GBV%2090b%20-%20Respect.pdf>

Prevalence regarding Perpetrator behaviour in Sheffield



1. Older (75+) victim prevalence rates are based on a proxy rate from the CSEW for those aged 60-74 only.

2. Uses estimations of 41% of households with partner abuse having children in with an average of 1.85 children per household – this data comes from the ONS, with details in SafeLives [‘A safe fund’ report](#).

© SafeLives 2022 3. Robinson, A.L., Clancy, A. and Hanks, S., 2014. Prevalence and characteristics of serial domestic abuse perpetrators: Multi-agency evidence from Wales.

Cost Calculations of High Risk Perpetrators

Although it is difficult to estimate the cost of all perpetrators, we can reliably estimate the cost of high risk perpetrators. The University of Bristol evaluation of Drive calculated the cost to the state associated with perpetrators identified as high-risk via the Marac to be £63,400 per case: £38,835 of which is associated with perpetrators directly and £24,565 with adult and child victim-survivors. In applying these costs to Sheffield, taking the **1,194 Marac cases between 1st Nov 2020 and 31st Oct 2021, the cost to central and local government of high-risk domestic abuse in the region is calculated to be over £75m** over the course of these cases.

	Costs (fixed)	Source
Casheable Cost per Marac case: Perpetrators	£ 38,835.00	Hester et al, (2019)
Casheable Cost per Marac case: Victims and Children	£ 24,565.00	Hester et al, (2019)
Total casheable cost per Marac case: • £32K Police/CJS costs • £13,410 health • £14,390 Children's services • £3,600 Housing (inc. refuge)	£ 63,400.00	Hester et al, (2019)
Loss of quality of life and loss of economic output to the victim: • £24,300 associated with reduction in health-related quality of life (quantified using QALY approach) • £7,245 loss of economic output	£ 31,545.00	Oliver et al, 2019
Total cost per Marac case with quality of life and loss of earnings	£ 94,945.00	Oliver et al, 2019

Caveats:

- The Casheable Costs are based on high risk MARAC cases only. They do not include any costs for non high risk cases.
- Number of Marac cases and repeat % for the local area is based on the latest (at time of calculation) submitted Marac data to SafeLives from the Marac.
- Calculations do not consider that some victims are serial victims, however, this number is unlikely to be large as assumed few victims will become a serial victim within the same year.
- Most costs are assumed to be for the year, but some costs may be spread over a lifetime - see Appendix 8 in the Drive report for more detail.
- The quality of life and loss of earnings costs are average costs for all cases, this maybe an underestimate for these high risk cases which will likely have a larger impact on a victim's life.
- Further details, limitations and assumptions of costs can be found in Appendix 8 of the Drive report.

Sources:

- Hester et al. (2019), Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse. Appendix 8 shows break down of the costs: http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf.
- Oliver et al, 2019: The economic and social cost of domestic abuse 2019. This calculated the costs attributable to 1.9m victims of all risk levels at £34,015 per victim of which £31,545 per victim was due to a loss of quality of life (£24,300), and loss of economic output (£7,245).

Ending domestic abuse

Services that are working with Perpetrators in Sheffield

- **Cranstoun**

Inspire to Change: Men and Masculinities Perpetrator programme

Who does what to Whom – Female programme

Level Up – Young People

LGBT+

Partner Support Service

- **Probation**

- **DAPST**

- **MAPPA**

- **MATAC**

Ending domestic abuse

Cranstoun Offer

Cranstoun have included changes in their offer to work alongside the new DA Act. This includes, working with the 16+ age group, holding perpetrators to account, rather than none punitive, working within the new DA definition and increasing their offer for Perpetrators.

Inspire to Change: Men and Masculinities Perpetrator programme

24 week rolling programme for men, who can join at any time.

Ongoing communication

Evening delivery to reduce barriers and a support service for partners and ex partners, which continues 3 months post course.

Content: Challenging denial and minimisation, understanding what DA is (Power and control wheels), increased understanding of impact on partners and children, increased responsibility.

Further offer from Cranstoun

Who does what to Whom – Female programme

16 week one:one programme for females

Attached Partner support

Level Up – Young People

16-18 year old group

One:one or group intervention for 10 weeks

Male/Female/Non-binary works with Child/Adolescent to parent (or familial relationship) on intimate partner abuse

Attached family/partner support and referral to adult intervention if appropriate

LGBT+

16 week one:one intervention (to date this hasn't been run in Sheffield, but piloted in Brighton and Hove in partnership with Respect and WAFE)

Attached partner support

Ending domestic abuse

Partner Support offer from Cranstoun

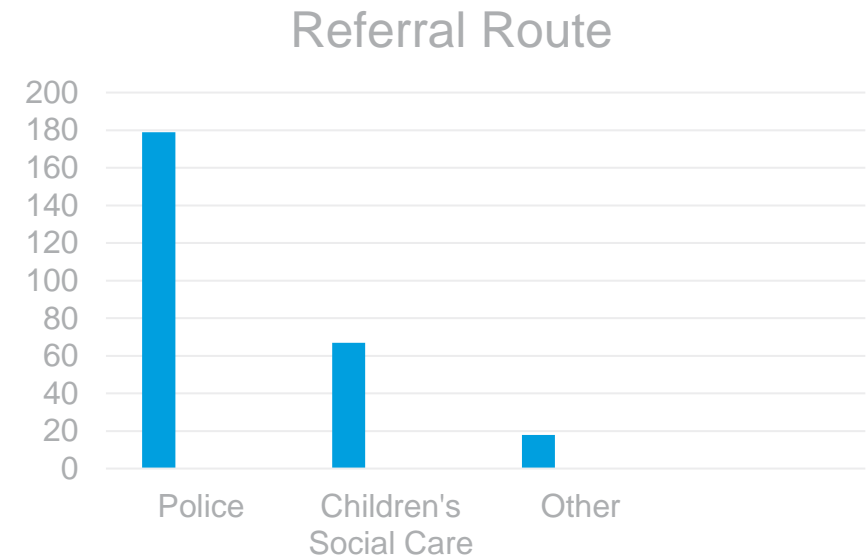
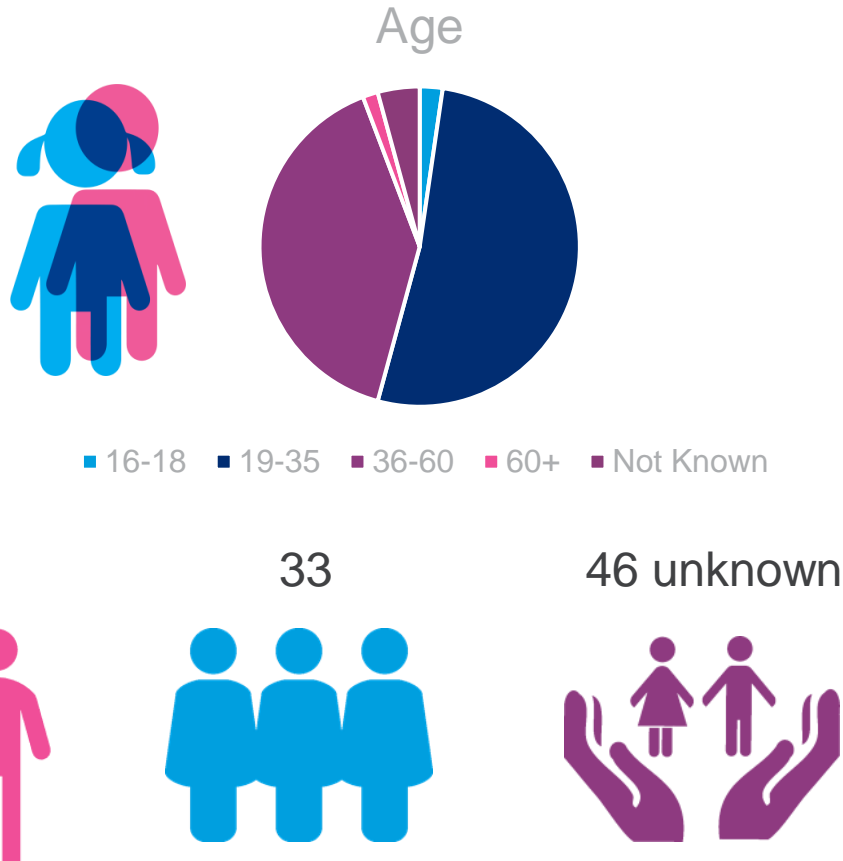
Partner Support Service

- To give information about the Domestic Violence Prevention Programme and assist victim/survivors in having realistic expectations.
- Safety planning with Victims and children who are in dangerous situations.
- Supporting victims/survivors in identifying resources victims/survivors could use to increase control and improve 'space for action'
- Emotional support and one to one work to facilitate victims personal and social understanding of the abuse they have experienced.

Data - Cranstoun

- Cranstoun is relatively new in Sheffield and was commissioned around 12 months ago. There will be further data available now.

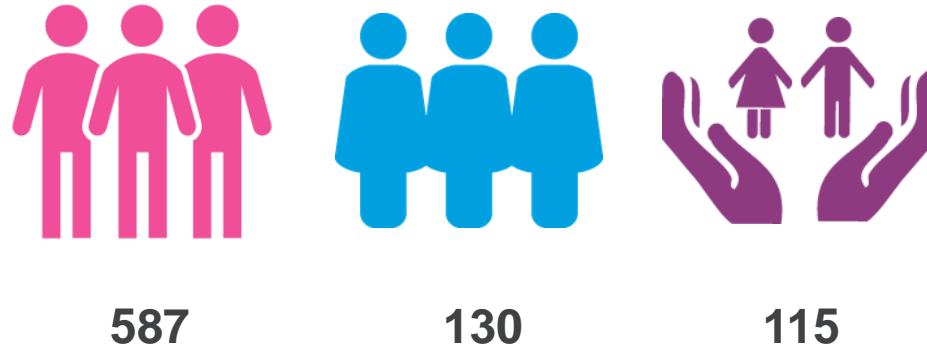
September 2021	October 2021	November 2021	December 2021	January 2022	= 264 (South Yorkshire 685)
26	38	51	76	67	



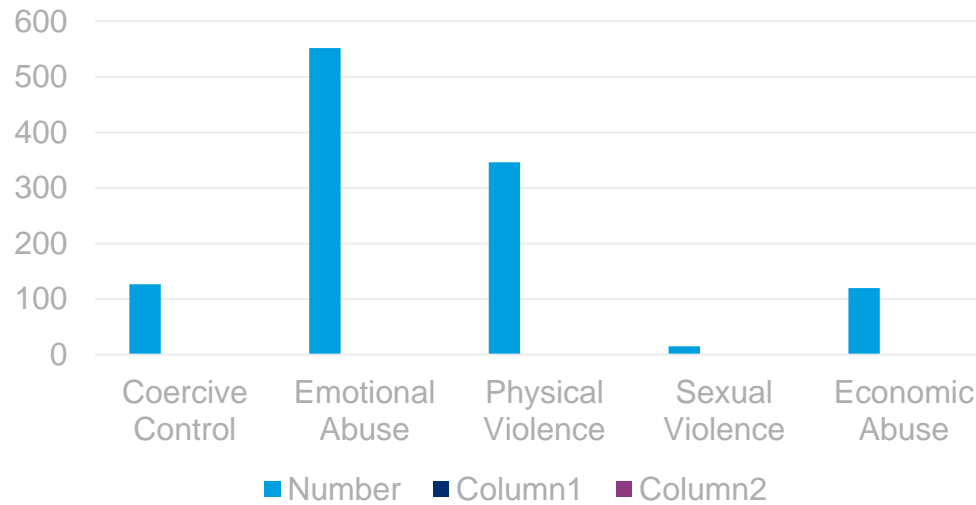
Ending domestic abuse

Additional Cranstoun data: 2022 – Present

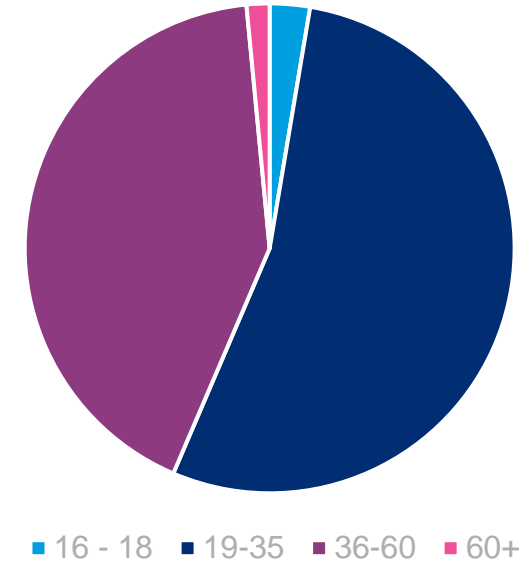
Month	Referral
Jan 2022	46
Feb	67
March	110
April	101
May	103
June	43
July	66
August	55
September	42
October	16
November	15
December	13
Total	677



Type of Abuse Perpetrated



Age Group of Referrals



26-38% - None engagement

17% - BAME Perpetrators

Ending domestic abuse

Perpetrator Services within Sheffield's system

- **Probation**

Building Better Relationships. A programme for male perpetrators of violence and abuse within (heterosexual) intimate relationships. BBR aims to increase understanding of motivating factors in domestic violence, reduce individual risk factors linked to violence and develop prosocial relationship skills

- **DAPST**

Police Officers

DVPO's – Domestic Violence Protection Orders

Links to Marac, MATAC, IDVA and IDAS

Training within the force and borough wide (DA Matters, Stalking, FGM, DASH etc)

- **MAPPA**

The MAPPA (Multi-Agency Public Protection Arrangements) is a national framework to assess and manage the risk posed by serious and violent offenders. The MAPPA cannot address the risks posed by all potential perpetrators of abuse, its focus is convicted violent and sexual offenders living in, or returning to the community.

- **MATAC**

MATAC refers to the Multi-Agency Tasking and Coordination process of identifying and tackling serial perpetrators of domestic abuse perpetrators. In order to identify the most harmful perpetrators, a process has been developed using an analytical programme namely the Recency, Frequency, Gravity and Victims process.

The MATAC process is:

Determine most harmful domestic abuse perpetrators from police data using the RFGV analytical process;

Incorporate partner referrals and assess against RFGV data;

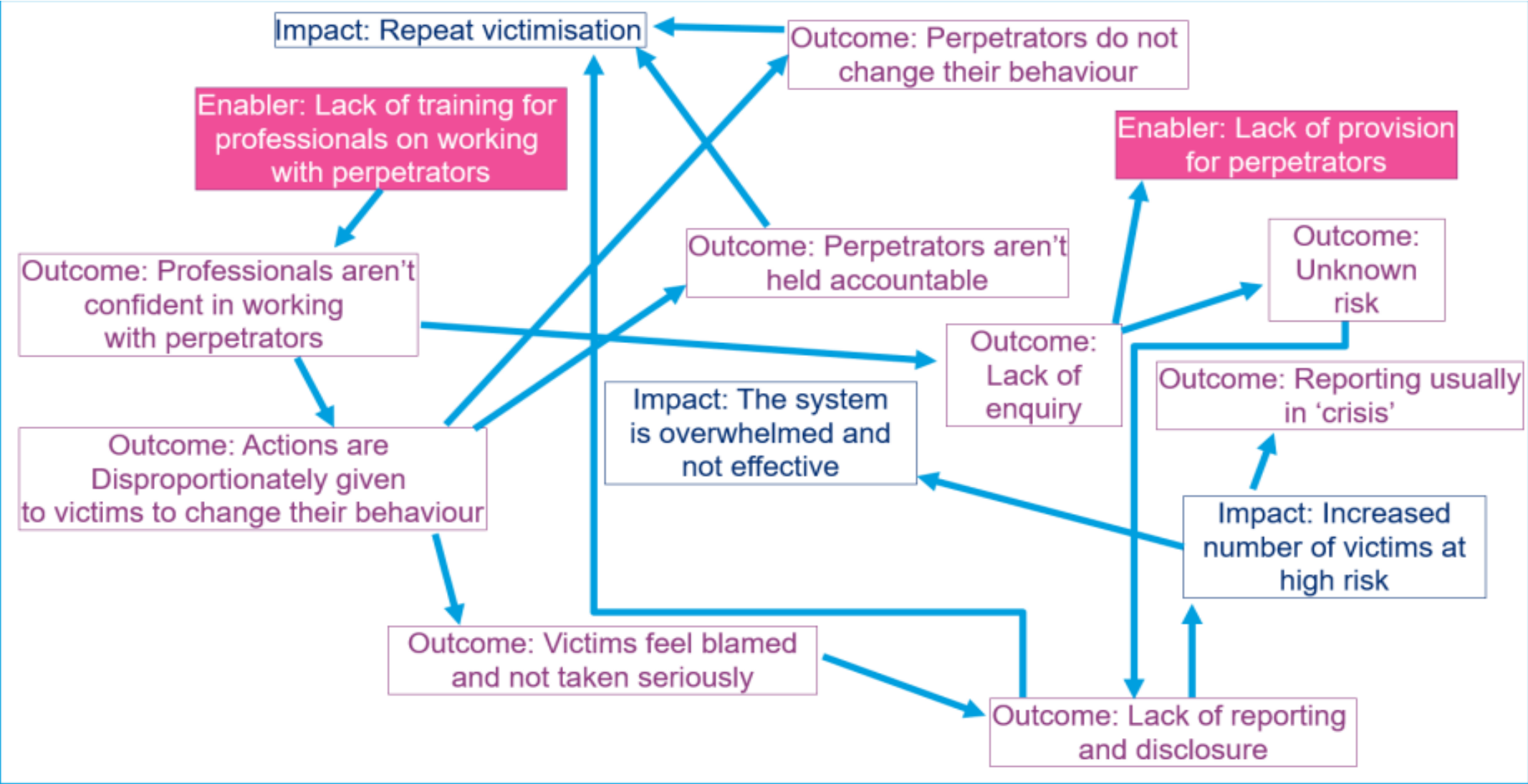
Determine subjects for targeting and produce subject (perpetrator) profiles;

Hold 4 weekly MATAC meeting and determine method of targeting each perpetrator;

Manage and track partnership actions

Ending domestic abuse

A pathway for Perpetrator behaviour, a response, a service offer, and how we can reduce harm in Sheffield





16. Finding, Outcomes and Recommendations

Workshop Events

We completed 2 events, one in person and one online.

15th July 2022

- Event completed at the Moorfoot Building
 - Attended by 35-40 professionals
 - 5 Victim/Survivor testimonies
 - Presentation of initial report
 - Feedback on the report
 - Case study conversations
-
- Some recommendations pulled out

14th September 2022

- Online to complete recommendations
 - 35 attendee's including SafeLives
 - Initial report fed back
 - Breakout rooms for discussion
 - Feedback of recommendations
-
- Final report to be submitted



Key Findings shared at the Workshop

- **Awareness, Understanding & Training**
- **Multi Agency Working - Marac light touch review**
- **Specialist support**
- **Survivor Voice**
- **Support for the Whole Family and Service Provision**
- **Specific Service analysis and Case Studies**

Awareness, Understanding and Training

Overview and key points:

- Practitioners demonstrate a good understanding of DA
- Victim focus and support is good, other contributing factors to Domestic Abuse have a less confident feel
- Practitioners understand the importance of the wider system's services to support victims
- Training for specialist responses (such as CPV, HBA) as well as post separation abuse is lacking, and awareness raising of this is important for professionals and survivors
- Practitioners felt less confident challenging and referring to services for People who Harm
- Some elements of commissioning services are constrained by lack of resources

Multi Agency working: Including a Marac light touch

Overview and key points:

- The multiagency response in Sheffield is generally very good
- Practitioner knowledge of referral routes, specialist services and multiagency forums is good
- However some referral processes are confusing and considered harmful to victims
- Practitioners feel able to be responsive to cases, able to challenge, and feel valued within their roles. Culture was really positive
- Good attendance at multiagency meetings
- Communication and information sharing is considered a safeguarding priority, but not everyone has positive experiences of this
- Some waiting times for not only DA services, but the wider system responses could be improved – Mental Health and Substance misuse
- Marac is well attended and generally works well
- Some concerns around case numbers, repeat numbers and identification
- Generally Marac is praised in Sheffield for being a positive forum that keeps families safe.

Specialist Support

‘Consider the needs of all local communities using local demographic data to understand it’s make up and make appropriate provision including in rural communities and for those facing additional barriers to support eg language, mobility, physical and learning difficulties or social attitudes’ [DA stat guidance, Para 442](#)

Overview and key points:

- Some excellent practice, good knowledge of local cultures, creative support and innovative working
- Importance of organisations ethos of support
- Creating the balance between ‘being seen’ and accessible and being able to manage risk
- Having specialist support allows for specialist responses
- Commissioning and funding are sometimes scarce, and often sourced away from Government grants
- Gaps in service provision remain, for Men, LGBT+ , complex cases, the Roma community, sexual abuse specialist support and the responses to young people and children’s work

Survivor Voice

Overview and key points:

- A number of survivors felt they would be judged by professionals
- Most survivors felt they got the right help at the right time
- Some uncompassionate and unhelpful practice
- Easier access, more awareness of specialist services
- Finances, and debt management wasn't easily accessible
- A desire to have more services accessible in one place
- Referral Pathways were sometimes inconsistent and wasted time

Support for the Whole Family and Service Provision

Overview and key points:

- Accessibility, resource and support lacking for Perpetrators and Children (therapeutic)
- Although when accessed, positive feedback/engagement
- A lot of available support, but Pathways were not always clear for victims and survivors
- Trauma Informed approaches noted as good practice
- Appropriate 'onward' referrals
- Women's Aid support really positive – although moving on formed barriers with housing quality
- Practitioners would like to see 'DA' specific Social Workers
- WAVES services aren't advertised or utilised to their full extent

Specific Services Analysis Feedback

- **Housing:** Access, attitudes and unsuitable housing options
- **Mental Health:** Capacity and access
- **Police and Courts:** Unsupportive, hostile, leaving victims at risk
- **Services supporting People who Harm:** Access, Post separation



Conclusion, Strengths, Practice to consider and a Summary of Recommendations

Conclusions

- Sheffield has some real strengths in the area. The culture within services is positive, multi-agency working is effective. The service offer and a forward thinking training and strategic response, coupled with a strong survivor network and evidence of experts by experience being consulted throughout work, gives victims in Sheffield a real opportunity to be safe and move on from Domestic Abuse.
- There are further opportunities to increase awareness within the wider system, including but not limited to the specialist service resource, the Police and Housing response and inclusivity of marginalised groups. There is some excellent working practice, joined up work is responsive and practitioners are working well with newer Perpetrator services, and newer Social Work responses.
- Overall Sheffield should be proud of how it responds to Domestic Abuse. The strategic leaders give great insight and work with operational leads, and this filters into a culture of support and challenge within local services.

Strengths in the area as taken from the Workshops

- Training – responsive to emerging themes re: post separation and dementia as examples
- Marac and information sharing is good
- High risk referral routes are good
- Good Multi-Agency links
- Safe and Together model – this is working well through social care
- Survivor voice: A number of interactive and inclusive ways in which survivors can share their experiences in Sheffield
- Services awareness of each other
- Single Point of Access is well advertised and accessible
- IDAS as a support agency praised by survivors who had accessed and professionals
- Local businesses being involved in events
- SURG group has been running for 10 years
- Funding for Complex Needs Idva/Isva
- Funding for specialist re: travelling community
- Funding for Male specific Idva
- Funding for disability specific Idva

Practice to consider in the area as taken from the Workshops

- Follow up of the training offer: what do we take into practice, why and how
- Availability of housing options, standards, awareness and support
- Complex needs, substance users, mental health and marginalised groups housing issues need consideration
- Extending the reach of survivor input in the area to marginalised groups including males
- Improving the education commitment to the conversation around healthy relationships
- Retelling of stories, narrative to follow a victims or perpetrators journey
- Understanding the retention of staff, and improving the recruitment

A recommendation – A Regional Awareness Campaign

- Professionals felt that the biggest challenge to support was the **victim/survivor engagement** (29% felt it was the biggest issue), and from the victim survey, **16 out of 19 respondents either disagreed (4) or strongly disagreed (12) that they would be believed when they disclosed their abuse**. Similarly **17 out of 19 survivors disagreed or strongly disagreed they could recognise what an abusive relationship was**, and professionals felt this was a barrier to engagement stating '**getting the person to accept they are a victim**', or (having the...) '**confidence for the victim to accept services**' was a challenge.
- A local **Domestic Abuse awareness raising campaign** surrounding these barriers from both sides would help deal with some of the missing pieces when it comes to accessibility and understanding for both survivors and professionals. This campaign could run in the form of digital news on social media, printed local news, radio etc. It offers an opportunity to outline Sheffield's services, access, and providing reassurance of the worry's from local survivors, and assist professionals.
- It would be our recommendation to utilise the vast quality survivor groups that are in place to formulate a campaign, discussing messages, and should include **Young People, LGBT+ groups, Racially Minoritised groups, Men, Disabled groups and Families** to open up the conversation as far reaching as possible.
- This regional campaign could include information surrounding **NRPF victims of Domestic Abuse**, complex needs, mental health, substance misuse and awareness of information to share within schools and include strong messaging around healthy relationships.

A recommendation – A More Collaborative Approach

- A narrative that follows the victim so not retelling and retraumatising was mentioned throughout the Workshops. This idea, of linked up narratives, assessments and/or journeys would enhance collaborative work, and trust that the system is joined up and 'user' friendly.
- Having a presence in each other's agencies and co-locating to share practice and build relationships. Having good relationships and awareness of roles. We are aware of barriers which might reduce this from happening, including working from home, and being given protected time to work/travel to different services and organisations, but workshop feedback felt this should be encouraged
- Having a central newsletter with relevant information for all professionals in the area
- Professionals visiting each other: Spoken about during the workshop and should be encouraged
- Professional challenge and curiosity



Training and Awareness in Sheffield

This work has shown how training can impact a victim and a perpetrator experience. It is acknowledged that Sheffield has a plethora of training opportunities, which is responsive to emerging themes.

This training also comes from different areas of the local area. **IDAS, Ashiana, VIDA, Sheffield Women's Aid, Cranstoun, Haven, the Domestic Abuse Risk Assessment Team, as well as the Local Authority** all contribute to the training offer in the area.

It is evident from the professionals survey that practitioners found the more nuanced the subject the less likely they are to have been trained, with Child/Adolescent to Parent Violence in particular having less coverage and around only half the practitioners surveyed being trained in awareness of Perpetrators of abuse. It is important that professionals are supported by their agency to attend training regarding DA and increase their skills and knowledge.

From the workshop, professionals identified the need for further trauma informed training across all services supporting victims and perpetrators of DA. The workshop also brought in a conversation about a '**Core Offer**' for training and the reach of this, it's accessibility and training for professionals who might not know they 'need it', as well as making sure as a local area that Sheffield is committed to following up on what is offered, it's relevance, the take up, and the evaluation of all training. This should be held centrally and commitment to follow up at the Partnership Board.

Further work identified might centre around a **Newsletter** (discussed in workshop, feedback in line with Doncaster's example) which provides updates and information sharing around practice. Another example in the workshop was the informal opportunity to '**go out and sit**' in other agencies to increase a 'collaborative' approach.



Training opportunities: Recommendations

Sheffield could develop a locally led professional '**Charter of Training Expectations**' for local services and practitioners to sign up to and work towards. This could include a '**Core Offer**' for training within the local area, and include specific and measurable training offers from specialist services, as well as generic the Safeguarding offer. Some of these offers below could be incorporated into this Charter. A '**Training Framework**' could also be developed and/or implemented in order to give a good indication of the offer, who is responsible, and when specific training might be available. This will give both services and practitioners choice, transparency and support continuous professional and service development.

There seems to be a limited training offer and therefore insight across Sheffield about **Adolescent and Child to Parent Violence**, with minimal training for professionals, yet anecdotally it appears to be on the rise. As part of this, we recommend a regional scoping around children and young peoples experiences, this should include young people who use harmful behaviours.

Further awareness raising of issues that face victims who have '**No Recourse to Public Funds**'. This is an issue which is evident in Sheffield, with a high demographic of Racially Minoritised victims of domestic abuse. Whilst services are responsive in the area to the need there is a struggle for provision, and it is felt that if 'specialist' services are working with the victim, then it is left to them to do the majority of the work. It is recommended that if there is a continued collaborative approach to NRPF victims, there maybe more support available and better outcomes. A local training offer around the barriers NRPF victims encounter with regard to accessibility and additional information on possible provision and support should be made available.

As we are aware nationally **LGBT+ groups** are under represented when it comes to accessing support, with professionals throughout surveys being unsure of support available. While Sheffield has a good identification method, and see's a good representation at Marac, there may be further opportunity to raise the profile of support for this community through training. SAYiT are the only designated support offer for the community in the area, and with a high student population, consideration could be made for Idva/IDAS support and SAYiT to do some collaboration training.

Understanding the **Perpetrator offer, Perpetrator behaviour and identification and building confidence skills to challenge Perpetrators** is another element of training that Sheffield could look at. Culture in Sheffield has been praised, and the confidence and challenge within the area is positive, but practitioners within the survey showed they were less confident dealing with harmful behaviour, and people they were working with displaying or disclosing they were using harmful behaviour. If we consider that survivors also felt that the Perpetrators of their harm didn't receive support, and many didn't know whether they'd received any support at all, we have a further opportunity to develop professionals confidence in this area.



Training: A recommendation

We can recommend a perpetrator training package we feel works well, and could be made available for all professionals across Sheffield. We acknowledge that there is no them and us so it important that all professionals have an awareness of DA regardless of their role. Agencies should ensure that those with line management responsibility receive relevant training to support staff who have experienced DA.

As discussed in the workshop, authentic voice and lived experience should be central to delivery. This could include speakers, interviews, videos etc which could go out to practitioners in the form of attachments on the '**newsletter**'.

Any training packages should ensure a whole family approach and cover working with victim, child and perpetrator.

An example might be:

Engaging with those who harm training

This training is based on Engage, an organisational framework and set of practical resources for working with individuals perpetrating domestic abuse.

This training course:

- provides professionals with an empirically supported structure for tackling issues such as denial, disengagement, and disguised compliance.
- addresses the challenges of an organisational culture that can develop around domestic abuse cases which focuses on separate and isolate as a long-term strategy to manage risk, rather than an immediate safeguarding action or a last resort.
- encourages learners to consider the goals of building rapport and engagement to support managing risk and achieving long-term safety and stability.
- provides a proactive framework for agencies and professionals to confidently, professionally and safely establish direct working relationships with DA perpetrators without compromising robust safeguarding and support for victims and children.

This Engaging with those that harm course helps build confidence and skill in responding directly to the perpetrator, extending existing professional competencies in holding them to account, assessing their readiness to engage in in-depth specialist behaviour change work, and effectively use referral pathways to those interventions.



Pathways into support, step down & recovery

There are limited options for step down and recovery support for victims within Sheffield. Survivors spoke about the challenges and lack of support available within Housing to move on from refuge, both practically and emotionally. Workshop feedback provided an indication that whilst the Marac threshold information sharing and pathways are good, below that threshold there are some gaps.

At the workshop it was raised that support is often short term whilst in crisis and the need to focus on and provide more therapeutic, long term recovery support. Sheffield should work alongside local survivors to scope and review appropriate move-on, step down and recovery support to build in provision and therapeutic options for survivors after harm has occurred. The workshop also brought up allowing/increasing the inclusion of **Men and other marginalised** groups within DA into the SURG forum to decrease barriers for these groups and be able to focus on diverse needs.

Supporting people to live the lives they want after harm occurs is also a key component of the SafeLives Strategy to end domestic abuse, for good.



Pathways into step down & recovery

Options that can facilitate this are: -

- **Recovery toolkit** <https://rockpool.life/the-recovery-toolkit/> Rockpool's Recovery Toolkit is a 12 week course for Survivors who are no longer in an abusive relationship. It concentrates on the emotions Survivors feel as they look to rebuild their lives and the challenges they may experience in their recovery.
- **Freedom programme** <https://www.freedomprogramme.co.uk/> The Freedom programme examines the attitudes and beliefs of people who perpetrate domestic abuse and dissects the reality for domestic abuse victims and what they experience(d).
- **Pattern changing** <https://www.ndada.co.uk/courses/pattern-changing/> This programme lasts 14 weeks. It is an educational course for women who have been in an abusive relationship. Pattern Changing is designed to help Survivors understand domestic abuse, how it has affected their lives, and how to move forward, positively, after the abuse has stopped
- **Peer mentoring programmes** give clients the opportunity to use their qualities, experience, talents and skills to support other Survivors. Opportunities for this involvement should be based on individual assessments of their recovery, support needs and plans.

Ending domestic abuse



Recovery continued

Options that can facilitate this are: -

- **One-to-one humanistic counselling** is a fundamental need in the recovery of Survivors of Domestic Abuse and should be considered integral to a Survivor's support plan, if and when they want to access it.

To ensure Survivors feel valued and empowered in their recovery, it is important that their support is individualised and tailored for them; an activity fund which is available for **spot purchases** can help with this. Specific items that have been purchased for Survivors are, for example:-

- Yoga/exercise sessions
- Counselling hours
- Stationary
- Travel expenses
- Training courses
- Creche/Nursery hours



Housing – Moving on

From the 2021-2024 strategy

'In Sheffield victims/survivors who are fleeing their home due to domestic abuse can approach Sheffield City Council for accommodation. The single route of access is the Housing Support Pathway (HSP). An Officer in Housing Solutions will complete an assessment including a DASH risk assessment and will determine under the Housing Act if the person is eligible for domestic abuse priority need'.

- Housing was deemed to be of substandard level, and difficult to access when leaving refuge
- Housing was considered an issue for marginalised groups, experiences from survivors talked about inappropriate placements in areas they shouldn't/couldn't access, poor housing quality, confusion of how to manage through a lack of support
- Complex needs, Men, and more available suitable accommodation for women with severe mental health issues and substance misuse issues need to be considered.

Ending domestic abuse



Support for Children

Children are now recognised in law as victims in their own right. Sheffield need to ensure that the needs of the child are assessed, understood, met and appropriate support and services are in place for the whole family and linked in with other relevant strategies. We can see that there are some specialist services available for children, and their families, and recognise the work within Sheffield with Children and their families.

We know from the professional's survey that children's wellbeing was one of the top areas of identified need when working with victims. Within survivor feedback there was a feeling of a missed opportunity to work with their children.

Survivors also identified the need for specialist DA therapeutic support for children. Support for them as parents to be able to discuss DA with their children was also identified by survivors as a need. Also, consideration of mental health support and support for children with additional needs.

Professionals at the workshop identified the need for further specialist provision linked into specialist services which is sustainably funded; an integrated worker within Children's Services, provision for children who are not working with Children's Services, and education within schools. Education for young people regarding healthy relationships and the impact of DA was also a theme in professional discussions.

Professionals also identified the need for this to be a whole family approach.

Ending domestic abuse



Support for Children

Children and Young People interventions should be embedded in the local multi-agency response to safeguard children and young people from the impact of domestic abuse and, therefore, should be managed by a multi-disciplinary team, which works with each member of the family.

The support offer for children and young people can be enhanced by identifying age specific provision to ensure children and young people are supported as victims of DA such as –

Monkey Bob

The early years programme focuses on:-

- strengthening the relationship between parent and child
- educating parents on the impact of domestic abuse, on themselves and their children and their parenting
- developing parenting skills regarding the impact of domestic abuse and promote child resilience
- supports to equip Parents and Carers with the appropriate language to talk with their children about domestic abuse and the development of safety plans

Grow Together

The key objectives which are delivered in this intervention for 8-16 year olds, are:-

- Strengthen the awareness of interactions between parent and the child(ren)
- Recognise the strengths of the parent and child
- Understand domestic abuse and its impact on individual family members
- Awareness of how domestic abuse impacts on the parent/child relationship
- How to communicate with their children and the difficulties that can be encountered
- The importance of play and its healing qualities
- Support healthy coping strategies and how to replace unhealthy ones

Recognise what needs changing within the family and utilising skills to make these changes

Ending domestic abuse



Support for those with multiple & complex needs

Multiple and complex needs particularly relating to women, including mental health, substance misuse and housing concerns is a clear theme throughout this review. Agencies are facing challenges in engaging with these women and assertive outreach for these women is an evident gap.

Victims must be treated first and foremost as an individual and require easily accessible, joined up support from the right agencies at the right time. The complexities of domestic abuse and links to other adverse experiences and needs must be understood and treated holistically.

Whilst there are specialist services for those with multiple and complex needs, and funding granted in Sheffield recently for a Complex Needs Idva, the current system and processes could work more effectively, including the voice of survivors we spoke to throughout this review, and reviewing the Case Study, which had some complexities surrounding it.

To strengthen this response, we would recommend the Specialist Complex Needs Idva will provide dedicated, flexible, and personalised support to people with multiple or complex needs using the MEAM Approach (Making Every Adult Matter)*. Assertive Outreach would also form part of this work.

This cohort of women and men require more intensive support for longer; requiring professionals to be creative, have the right values, key skills and capacity to maximise engagement. We believe that the implementation of this model will not only offer these clients the right response but will cascade benefits for wider client groups and professionals.



Support for those with multiple & complex needs

There are seven core principles for this approach -

1. Flexible, consistent and reliable (FCR)

The overwhelming message from research, clients and services is that the relationship between practitioner and client is vitally important, not just in terms of the client engaging, but that for many clients this may be the first positive relationship they have had and will be central to their recovery.

Creativity and a focus on taking the service to the client promotes flexibility rather than expecting clients to fit into services. Services we spoke to within our Beacons sites that were consistently engaging with this client group described being flexible in their approach, responding quickly, thinking creatively and individually, and focused on the pressing needs of the clients.

2. Accessible (A)

Clients with complex needs talked about being unaware of the services available to them. There may be a lack of available information on what services offer, or this information may be inaccessible to them. This is exacerbated by the number and complexity of needs a person has, as potentially they will need to navigate a number of services and may end up in services inappropriate to their needs, or be denied support from one service due to other needs.

Individuals may find their needs labelled too complex – or too challenging – for the service they are trying to access. ‘Complex’ is often equated with ‘difficult’ – those with complex needs are frequently considered challenging or difficult to work with. These clients should be considered as facing multiple disadvantages rather than simply ‘complex’

A focus on taking the service to the client and a more assertive outreach approach promotes an ethos of ‘how do we engage these clients?’ rather than labelling them as ‘non-engaging’. The extent to which individuals are treated with dignity and respect by services will directly impact on their engagement going forward.

Ending domestic abuse

[*http://meam.org.uk/the-meam-approach/](http://meam.org.uk/the-meam-approach/)



Support for those with multiple & complex needs

3. Strengths-based approach (SB)

Client consultation within the research for complex/multiple needs highlighted that clients stressed the importance of having choices and being actively involved in the setting of outcomes. This 'strengths based' empowerment way of working is effective because it encourages practitioners and services to go beyond 'helping' or developing interventions in which individuals can feel like they are being 'done to'. It focuses on cooperative, trusting and workable relationships, and rather than focussing on 'problems' the approach is about building on a person's assets and resources to create sustainable change and growth.

4. Client involvement (CI)

Emerging best practice in the multiple needs sector has peer support/mentoring and co-production as a core component.

Co-production: moves beyond client consultation to facilitating clients, people who are experts by experience, to make decisions and generate ideas for development. Practitioners must move from being 'fixers to facilitators'. To be truly transformative, co-production requires a relocation of power towards service users. This is empowering for clients, as it gives value to their views and experiences, and puts them in control of their support. There is an expectation that mechanisms will be put in place to encourage and support clients to play an active part on the ongoing development of the intervention. The model has been designed based on extensive consultation with clients and this should be continued (via individual feedback, service user group feedback, and service user representatives) throughout development and delivery.

Client involvement is also about clients being worked with in a person centred way where the client and practitioner are both experts and the way support is provided is agreed in a collaborative way.

Peer support gives people with lived experience the opportunity to support clients; this could be practical support and/or emotional support. It is effective as it can give hope and guidance to clients, it gives opportunity for developing skills for people who have come through support, supports recovery, and it broadens the range of support a service can offer. We would expect to see mechanisms developed to provide for a peer support service to accompany this intervention if not already in place.

Ending domestic abuse



Support for those with multiple & complex needs

5. Gender responsive (GR)

Often called gender sensitive this is likely to be familiar to services working in domestic abuse. Research by AVA and Agenda has highlighted that agencies within the field of multiple or complex needs often deliver services that are mixed gender, which women have fed back can feel unsafe, and may result in them not accessing services at all.

Women-only spaces, such as women's centres, were seen to be effective not just for safety, but because they address holistic needs which clients fed back was essential. But just having a single gender space was not always effective in itself; the main message from the research is that the way a service is delivered is as equally important as what is delivered.

Gender responsive moves on from gender sensitive as it's more than a tick box for addressing women's issues by having a women only afternoon (for example), and thinking about how does a service and interventions respond to gender, both for women and men, to create space and support that addresses and responds to strengths and challenges.

6. Working together (WT)

Multi-agency collaboration and proactive partnership working (at all service levels) is crucial to any effective response for people with complex and multiple needs. Central to this is the understanding that the needs a person has interconnect, so trying to address domestic abuse issues without understanding how their substance misuse (for example) impacts and being able to work on both issues will likely result in poor outcomes.

We have seen differing approaches to this, from defined collaborations such as MEAM (Making Every Adult Matter), to co-location of partner agencies, 'One Stop Shops', drop-ins at partner agencies, case conferencing, multi-agency panels and team around the worker approaches. The literary review confirmed the importance of these approaches to embed integration at service and system levels.



Support for those with multiple & complex needs

7. Trauma-informed (TI)

Trauma informed and trauma responsive practice is strengths-based and focuses on understanding, and being responsive to, the impact of trauma. It emphasises safety (physical, emotional and psychological) and aims to create opportunities for clients to regain a sense of control and empowerment. This approach is a key part of the model and all staff delivering this intervention (and with supervisory responsibility for the domestic abuse practitioners) will need to be trauma-informed in their approach.

There are five core principles of trauma-informed approach first established by Harris and Falot (2001): trauma awareness, safety, trustworthiness, choice and collaboration, and building of strength and skills. Trauma-informed services integrate these principles at every level of their operation, from systems through to clients.

Trauma responsive ensures there are policies and practices in place to minimise damage and maximise growth and development, and creates an environment for healing and recovery.



Summary of Recommendations

Recommendations

This is a comprehensive list of what the review has told us to consider within Sheffield. The list is not exhaustive, it is a guide for Sheffield to consider when thinking about commissions, local service response, how practice may improve and how to include the wider system in the response to Domestic Abuse in the area.

	Recommendation
1.	A regional public awareness campaign to bring more awareness and accessibility to Sheffield for victims. This should include an understanding of help seeking and being believed which is the biggest barrier to not accessing services for victims.
2.	A systems mapping exercise to advertise and make all of Sheffield's services known
3.	Support and understanding of SRASAC to improve their service, not just crisis management
4.	Improve the communication for WAVES and what may be happening in their services
5.	Receive Leading Lights accreditation (IDAS)
6.	More awareness raising of the impacts of coercive control and none violent acts of harmful behaviour for practitioners given 21% still think DA involves violence
7.	With Sanctuary schemes lessening this last year a range of options, including safe options to remain in their own home should be considered
8.	A comprehensive review of practitioners understanding of Perpetrator behaviour, dynamics, typologies and confidence challenging perpetrator behaviour
9.	Further awareness raising of the Pathways and referral processes into perpetrator services
10.	Produce a Glossary of terms used throughout Sheffields DA services and within the wider system
11.	Alongside the Glossary of terms, a breakdown of the services offer, and referral pathways, forms and criteria to give practitioners confidence they are referring victims to the right place, and are able to give a concise guide to the support they'll receive

Ending domestic abuse

Recommendations continued...

	Recommendation
12.	Advocate and produce different support elements within staffing such as peer supervisions, cross agency case study and audits to offer support, advice and guidance to enable practitioners to know limitations of other services, and highlight good working practice
13.	Provide practice guidance on the role of lead practitioners in cases, who updates which system, the families and make this succinct to reduce 'overlap' and draining resource
14.	Utilise the strong 'Trauma Informed' approaches evident within Sheffield to integrate to the wider system, improving language, responses, and 'breakdowns' in relationships and barriers
15.	Trauma Informed practice: consider how professionals and agencies can be accessible to victims, the impact of listening to their own risk assessment, understanding and supporting their individual needs rather than making a victim fit a process which is not suitable for them
16.	The training offer is really well resourced, but doesn't seem to be reaching the wider system, a regular newsletter with the offer attached and a clear, easy self referral system in place
17.	Mental health and Children's well being are the highest local need for victims in Sheffield, a strong robust referral pathway, and service for family wellbeing services should be more widely advertised
18.	Consider the housing stock, it's suitability, age and geography. Look at other options which will increase inclusivity of marginalised groups who are victims and underrepresented
19.	This should in turn reduce the use of temporary accommodation, and the uncertainty for victims fleeing, enabling a smoother transition from leaving an abusive relationship
20.	Professionals and survivors of complex needs, men, LGBT and other marginalised groups have said they struggle with accessibility to housing when fleeing, an improvement of this availability, awareness of the barriers they face needs to be put in place
21.	Improve links with DWP, CAB and financial support for victims fleeing. Whilst evidence of support in one refuge, many other survivors spoken to didn't have this support
22.	Look at the waiting times for contacting new referrals. Specifically how services already involved can lead the piece of work

Ending domestic abuse

Recommendations continued...

	Recommendation
23.	It was felt by survivors and professionals that DA services closed if there was a 'lack of engagement', continued practice development and creatively designed ways to engage should be discussed and utilised
24.	Consider the learning from the Case Studies within the report
25.	Consider the geography of multi ethnic communities within Sheffield, and design support services to have accessibility and understanding of the areas
26.	Specialist services must continue to work within the wider system, as the specialist, but should be more involved in larger pieces of work, not dealing with work alone
27.	Increase the visibility of Specialist services around Sheffield, increasing visibility can increase accessibility, which can increase future funding
28.	Have a variety of options of practitioners for marginalised groups, including assuming that certain groups will engage better with certain groups
29.	Promote training for intersectionality and cultural awareness, make this mandatory and delivered by local specialists
30.	Commission and produce alongside Cranstoun and specialist BARM services a Perpetrator service for BARM men, understanding and being considerate of the cultural differences associated
31.	Marac chair to complete training through Safelives, accessing training to fully understand the role, responsibilities and management of the Marac
32.	Marac representatives should receive Marac Induction Training to include a section on myths and stereotypes such as why victims do not leave and problematic language and assumptions to ensure Marac representatives have a through awareness of domestic abuse.
33.	Reduce the Marac case numbers via awareness of referral suitability and remembering to be risk led, rather than incident led
34.	Consider some of the information shared at Marac, through additional partners, this needs to be concise, up to date and relevant

Ending domestic abuse

Recommendations continued...

	Recomendation
35.	Work on Marac action planning, identifying appropriate actions utilising professional expertise
36.	Increase the involvement of specialist services within Marac from local services where possible to advise on the high percentage of referrals from ethnic minoritised groups, disabled groups and men
37.	Children and Young people support services to be more flexible with support, age group of 5-11 years has a lack of availability and accessibility, see Monkey Bob/Grow Together
38.	Survivors speak of their preferred support being face to face, non judgemental, emotionally based, relying on relationships, rapport, trust, care and additionally peer group support, this needs to be considered when looking at service offer
39.	Regular survivor voice to be fed back into the Partnership Board, including the SURG, and additional survivor voice from groups less involved in Local Authority planning
40.	Finances were a standout worry for survivors, Sheffield need to develop guidance and a pack for when victims leave their home helping secure monies and support with debt
41.	In addition to this, linking in with the job centre, CAB and DWP to offer workshops for staff on benefits, so the correct up to date advice can be given to victims planning on leaving
42.	Commissioners should work through their local domestic abuse partnership board to ensure commissioned perpetrator provision is linked to a multi agency response with substance use services, mental health services and housing to minimise the barriers to access and behaviour change perpetrators may face
43.	Training to be provided to Marac representatives regarding information sharing to ensure this is relevant and proportionate. This should then be monitored by the steering group and feedback provided to agencies
44.	Develop an Authentic Voice strategy and framework that embeds the expertise of survivors with lived experience into every part of the system in Sheffield
45.	Upskill the whole workforce in i) identifying perpetrators of domestic abuse, ii) being confident to discuss abuse and conduct a risk assessment and iii) understanding the local pathway in to support.

Ending domestic abuse

Recommendations continued...

	Recommendation
46.	Consider how schools can take a whole school approach to ending violence against women and girls. This means appropriately recognising abusive behaviour and ensuring the use of referral routes into support for young people displaying harmful behaviour
47.	Follow up the offer of support for young people that are engaging in harmful behaviour within their own relationships from Cranstoun and advertise within schools
48.	Enable and improve the accessibility of services. Survivors spoke about their inability to locate services, this should be helped by the regional campaign
49.	Instances of information sharing from professionals to people who harm were evident and need to be investigated, and the wider system aware of their duty within GDPR especially in Domestic Abuse cases
50.	Police to be more responsive and aware of instances of crisis calls, but to also be supportive and less dismissive when attending Domestic Abuse call outs
51.	Recognition from emergency services as to the behaviour displayed by Perpetrators of abuse, and understand the importance of speaking to victims alone, including children
52.	Involve survivors with training and guidance for practitioners on the effect of Post Separation abuse, it's effects, what to look out, how to manage and support that's on offer
53.	Further joined up work with the legal profession, including solicitors, CAFCASS and other relevant parties to help support victims when going through the court experience
54.	Be mindful of the cultural impacts in the area, the practice that supports this, and cultural sensitivity in the area.
55.	Power to change and the Freedom Programme have been really well spoken about, but the opportunity isn't there for other marginalised groups to complete these (men specifically)
56.	Recommencement of the Men's group as soon as possible. Whilst it is acknowledged there are reasons it has halted, there should support for the local Male victims in this regard
57.	Referral routes into Cranstoun perpetrator offer is largely from the Police, this route into perpetrators services should be considered from all services supporting families. The offer should be clearly advertised, reducing stigma attached to completing courses
58.	Knowledge of 'Perpetrator Forums' such as MATAC from practitioners was low (60% unsure of attendance and representatives). Information and guidance on these forums are critical

Ending domestic abuse