

COMMUNITIES AND CULTURE COMMITTEE

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Cardiff Women's Safety Unit

Evidence for the Culture Committee Inquiry into Domestic Abuse in Wales

Purpose

Wales has led the way in the development of what the Home Office now calls the Co-ordinated Community Response (CCR model) to Inter Personal Violence. These ideas and processes were developed and evaluated in Cardiff lead by the Cardiff Women's Safety Unit, currently a Welsh Assembly Government funded initiative. The purpose of this paper is to inform the committee regarding the background and outcomes of this Independent Advocacy approach to Domestic Abuse, to ensure it remains a major plank in our Welsh Domestic Abuse strategy and to ensure we achieve consistent roll out across Wales giving all victims equal access to safety and equality of outcome.

Background

The Cardiff Women's Safety Unit (CWSU) is a highly successful service, which has become the benchmarking standard for Welsh and UK strategy on risk assessment, management and reduction in Domestic Abuse cases. The DV MARAC process was developed in house by CWSU, and has been identified as best practice nationally. In March 2008 the Home Secretary announced that MARAC was to be available to every High Risk victim of Domestic Abuse across the UK by 2011.

The original aim of CWSU was to change the traditional approach to Domestic Abuse, building on the fine work undertaken by Women's Aid organisations. To develop and evaluate a model of service that reduced risk and harm to victims and their children using a radical approach to the risk assessment and management of perpetrators and victims. Success for this model was keeping the victim and their children safe in their own home, workplace and schools by sound risk assessment and management. To accomplish this required the joining up of existing services and some added value through advocacy for victims. Giving victims enough real time information about their level of risk and ensuring that their own and others decision-making reduced their risk.

From its inception the CWSU has understood its role was across the wider Public Protection agenda, the divide between Domestic Abuse and Sexual Violence is a false divide with over 255 of victims of DV when first asked disclosing sexual violence as an ongoing part of their abuse. Although funding for a 'rape suite' within the CWSU was requested in 2001, at the time it was not seen as needed. We are delighted to be main player in the development of the new Cardiff and Vale Sexual Assault Referral Centre (SARC)

A multi-agency response to domestic abuse

Established in Cardiff in 2001 by a multi-agency group, the CWSU aims to:

Reduce domestic abuse and Known Perpetrator rape by increased reporting and prosecution of perpetrators using multi-agency support for women, men and children and thus increase their choices and safety

Develop and maintain a co-ordinated response between statutory agencies to facilitate the development of a common policy and best practice which will give survivors a greater chance to live their lives free of violence. Sometimes this means agencies work against their targets in order to achieve an over arching target of increased victim safety.

Improve the quality and accessibility of risk information, advice and services to women, men and children experiencing abuse

CWSU established project Dyn in October 2004, a service for male victims of Domestic Violence, both heterosexual and those involved in same sex relationships (transgender referrals would also be accepted though to date none have been received). This is now funded by WAG as an All Wales Service and is managed by the Director of CWSU. The male advocacy (Cardiff DYN) services are delivered by CWSU and funded by CCSP.

Output

The WSU is currently receiving about 40 female referrals a week and also offers a specialist service to lesbian and gay survivors, as well as heterosexual male survivors (male referrals 170 a year) referrals come from victims themselves, Police and all other Health, Social Care and voluntary sector agencies.

The model used by the WSU comprises five elements: . This approach is now being rolled out nationally as the Home Office Specialist Domestic Court model(SDVC)

1) **Specialist courts.** There are now specialist courts in Cardiff within both Magistrates and Crown Courts. They aim to hold more perpetrators to account and to increase public confidence in the criminal justice system as it relates to domestic abuse. The Courts are serviced by CWSU . (Went live in Cardiff Magistrates Jan 2002 and Cardiff Crown Court Jan 2003.)

2) **Risk assessment.** The CWSU developed with South Wales Police a 20-point risk assessment checklist which is now used by all agencies, including the police and health professionals. It is used to identify high risk cases. (Went live Cardiff October 2002)

This Risk assessment has now been adopted by CAADA(Co-ordinated Action Against Domestic Abuse) a second tier organisation that the CWSU established with others in 2004, CAADA's role is to organise the national roll out of the model which has been piloted in Cardiff. They are part funded by the Home Office to introduce MARAC to 350 areas by 2011.

3) **Multi-Agency Risk Assessment Conferences .** The range of organisations signed up to the information sharing principles, protocol and procedure is impressive - including police, health, local authorities, National Probation Service and the voluntary sector. High risk cases are taken to a Multi-Agency Risk Assessment Conference (MARAC) which are held fortnightly and attended by all the relevant agencies. The goal of these meetings is to provide a forum for sharing information and taking actions that will reduce future harm to very high risk victims and their children. MARACS now are the keystone of the Home Office co-ordinated community response to Domestic Abuse policy. (Went live in Cardiff March 2003)

4) **Advocacy.** The WSU advocates for each woman who is seen by the Unit. The aim of advocacy is to get other agencies to deliver a premium service to victims of domestic abuse based around a shared understanding of risk so that resources can be allocated appropriately. The staff of the WSU includes four advocates with varying skills and experience. CAADA (see below) has developed a 15-day accredited advocacy training course which is attended by all advocates working in the WSU and is also available to people working with victims of domestic abuse within a range of organisations(Live service from December 2001)

5) **Fast track systems.** This element of the work comes from the first four elements in that domestic abuse is prioritised through the systems used by the agencies involved in the multi-agency approach

The Unit's one-stop shop approach to domestic violence means that women only have to tell their story once; the WSU shapes packages of services which are available at its premises around the individual victim.

(live in Cardiff from December 2001 and developing)

Outcomes

Outcomes from the work of the CWSU include:

the percentage of women refusing to make a complaint about domestic abuse following a call out to the police has fallen from nearly 60% in January 2001 to under 14% by October 2004 where it has remained for the next 3 years (Robinson 2002)

the success of MARACs has been measured by the number of police domestic violence complaints after the MARAC - by this measure around 60% of women had not needed to contact the police six months after their MARAC and around 40% after a year (Robinson 2005)

the level of repeat victimisation has reduced from over 30% in January 2001 to under 5% in October 2004, it has remained under 10%

(April 07 figure 4%) (Robinson 2002)

evaluations of the work of the WSU note that its approach is highly cost effective - costing just £2 per household in Cardiff per year compared to £125 per household for more traditional responses. (Robinson 2005)

70% of the High Risk (7 ticks or above on the risk indicator and/or Clinical Judgement) cases are 4 months after the CWSU input are removed from the 'at risk' group ,with 76% of victims stating they 'felt safer' and 47% stating they ' are much safer'. (Hestia2008)

The CWSU deals with complex cases at intake over 75% of service women stated that they are subject to more than one type of abuse(sexual,physical,emotional)compared to 20% at review stage 4 months on . (Hestia2008)

Therefore CWSU are working with the most at risk most complex cases and producing very positives safety outcomes from a short term intervention . We know from the longer term evaluation of the MARAC that this process makes 42% of very high risk victims safe a year after their case has been heard at MARAC

The success of the WSU is due to the holistic approach and that it is not possible to use a pick and mix approach to the various elements of the model. External evaluation has proven that this model has the most impact on reducing domestic abuse. The model can and is enhanced through aromatherapy , acupuncture etc , in fact anything a victim feels helps her and these services are donated to CWSU by those practitioners.

The CWSU has become a victim of its own success , the demand for visits to and presentations to the CWSU from across the UK has been overwhelming. Currently we have trained in Turkey Austria , Portugal and we are about to introduce the model in Eire . CWSU are part of the European WAVE (Women against violence Europe) bid for Daphe funding, with the intention of introducing Marac to other European Countries.

Many of the 120 areas who visited CWSU from the UK in 2007 had no funding , but were multi-agency groups from towns and cities who had heard of the successful model and were keen to implement this across their population , we could not realistically charge for our time and energy . We have always been very generous with our materials and to a lesser extent time as we do not wish to be distracted from our core business of delivering safety to Cardiff residents .

As success breeds interest and multi-agency work thrives on interest , we have wanted to maximise this moment . The CWSU has headed up :

A Sarc for Cardiff and Vale of Glamorgan due to open in June 08 (set up and re-furbishment budget 600k)

A midwery and Health visitor | Care pathway (now across Wales)

A Gynaecological and Sexual Health Care pathway (roll out across Wales ongoing)

A Specialist DV Nurse at University Hospital of Wales(funded by CWSU 2005-07) now funded directly by Home Office Crime Team in Wales

2008 New Developments

Flying Start

Building on the existing Flying Start initiative CWSU hope to develop a Flying Start DV Specialist model ,targetting our most vulnerable children living with DV in the City . CWSU secured the agreement of the Flying Start Board in January 08 and has in April 08 secured the funding from the private sector .CWSU as always will look to externally evaluate what our input will achieve; as we wish to demonstrate to all FS why this approach works.

The need is clearly identified in 2007 692 children living in high risk DV families were discussed at the Cardiff MARAC. In October 2007 Cardiff commissioned an independent audit of Cardiff's most vulnerable children, it identified those children living with DV as the largest group with the highest unmet need .

Cardiff and Vale SARC

The SARC aims to provide a wholistic service from Health ,Forensic, Police, Social Care and Voluntary sector for victims of Sexual violence. Currently services are not interwoven and often work to conflicting targets, due to a lack of understanding of each others roles .By developing a partnership model for these services we as an area can deliver an enhanced more competent service for victims. CWSU Director Chairs this initiative for the City and Vale area, in 2007 it accounted for 40% of her time a significant input which will decrease when the SARC becomes operational .

Once operational the SARC will have a Center Manger and a Clinical Lead , a Consultant in Sexual Health The CWSU will manage the Independent Sexual Violence Advisors (including a Childrens specialist funded through Lloyds /TSB Foundation) who will provide the Advocacy role at the Sarc and be an equal partner with Health and the Police in the running of this response to sexual violence. This partnership model appears the way forward to delivering streamlined quality services in a transparent and accountable manner to victims .

Recommendations

That Independent Advocacy Services be available to all victims of DA in the Welsh population

That all geographical areas run DV MARACS

That WAG develop promote best practice and support through their network of regional co-ordinators these services for victims of DA

That all agencies whether Health or Social Care are trained to identify DA and then have clear referral routes to these specialist services

Appendix 1 Risk Assessment

10 ticks and/or clinical judgement = referral to MARAC

Questions	Yes/No/ Don't Know	Source
1. Does partner / ex- partner have a criminal record? If 'yes' is the record domestic abuse related?		
2. Has the current incident resulted injuries? If 'yes' does this cause significant concern?		
3. Has the incident involved the use of weapons? If 'yes' does this cause significant concern?		
4. Has partner/ex-partner access to any weapons?		
5. Is partner/ex-partner experiencing/recently experienced financial problems?		
Does the partner/ex-partner have / had problems with the following: Alcohol Mental Health Drugs		
7. Is the victim pregnant?		
8. Has the partner/ex-partner expressed / behaved in a jealous way or displayed controlling behaviour or obsessive tendencies (such as stalking, abusive phone calls or texts)? If 'yes' does this cause significant concern? Give details:		
9. Has there been/going to be a relationship separation between the victim and the partner/ex-partner?		
10. Is there and conflict with partner / ex-partner over child contact? Give details:		

11. Has the partner/ex-partner ever threatened to kill anybody? Him/herself Victim Children Other intimate partner Others (specify) If 'yes' does this cause significant concern?		
12. Has partner/ex-partner attempted to strangle/choke past or current partner?		
13. Is the abuse becoming worse and/or happening more often?		
14. Has the partner/ex-partner said or done things of a sexual nature that makes the victim feel bad or that physically hurts the victim? Give details:		
15. Is the victim frightened? (Give victims perceptions of the situation indicating what they think the partner/ex-partner will do).		
16. Is the victim afraid of further injury or violence?		
17. Is the victim afraid that the accused will kill her?		
18. Is the victim afraid that the accused will harm her/his children?		
19. Does the victim have suicidal thoughts?		
Does the victim feel isolated from family / friends? Give details.		
Advocacy Worker's perception (please complete this section with your observations about the client's risk especially where there are lower numbers of "yes" responses):	Total	
"Yes" Responses: 10 or more = VHR, under 10 = standard.		

Note that this form only uses 2 categories of risk: standard and very high risk

Appendix 2 UK MARAC data

In 2007 9,300 cases were heard at UK MARACs

CAADA has analysed data from mature UK MARACs i.e.

Running more than 12 months

Discusses more than 10 cases

Have over 10% repeats (as areas claiming less are not keeping data accurately)

This provides robust data of 1,700 cases of them-

11.4% of those taken to MARAC are BME

Repeat victimisation 29.7%(70.3% decline as all are repeats to start)

15% cases from other agencies than Police

Average cases at meetings 14