

HEALTH AND WELLBEING BOARD

13th January 2021

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| Title: | Progress update: reMove Abuse Pilot |
| Report of the Director of People and Resilience | |
| Open Report | For Information |
| Wards Affected: All | Key Decision: No |
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| Sponsor: Chris Bush, Commissioning Director | |
| Summary: <p>To keep survivors, children, and families safe, the Council has been developing a whole system response to domestic abuse that supplements the existing offer to survivors with work focused on changing the behaviour of perpetrators.</p> <p>During the COVID 19 response it has become apparent that in order to give survivors and their families greater choice and control this system must include the option for them to remain safe in their own homes should they choose to do so. In practice, this ambition can only be achieved if we are able to provide short-term accommodation to the perpetrator that would sit alongside an evidence-informed programme of behaviour change work as well as a robust disruption strategy.</p> <p>This option will not be right for everyone, but it does form an important part of a whole system approach that can respond to the specific needs and circumstances of survivors and their families whilst placing responsibility for abusive behaviour at the feet of perpetrators. This paper sets out our journey to co-design this approach alongside survivors, potential service users and professionals across Barking & Dagenham.</p> <p>The work has attracted significant interest and we have successfully been awarded £209,052 to deliver the work for six months with match funding sourced locally for the additional 6 months. This allows us to deliver a year's pilot which will be evaluated and will inform future decision making.</p> <p>This report provides an update on the journey of the work so far.</p> | |
| Recommendation(s) <p>The Health and Wellbeing Board is recommended to:</p> <ol style="list-style-type: none">1. to note contents of the progress update and offer guidance to ensure that the pilot implementation and learning is a success | |

1. Introduction and Background

- 1.1. The Council has committed to the vision of 'One borough; one community; No one Left Behind', and domestic and sexual violence directly threatens this vision. The Borough Manifesto sets domestic violence as a clear priority and the Health and Wellbeing Strategy puts forwards the need to work closely with and for our residents to tackle violence and abuse. Domestic violence is also identified in the Corporate Plan as one of the root causes of poverty, deprivation, and health inequality in the Borough, as demonstrated by its disproportionately high prevalence - 25.9 incidents reported per 1000 of our population.
- 2.2. The Ending Violence Against Women and Girls Strategy 2018-2022 set out the plans to re-shape services to better fit the needs of our residents, and to integrate better with Community Solutions and Children's Care and Support. It also supports the move to a trauma-informed and gender-informed approach that holds perpetrators to account.
- 3.3. Domestic abuse is a significant driver of demand that impacts all areas of the business, from housing, to social care and health services. In the twelve months to October 2020 in which there were 5,501 incidents reported to police, it has created a fiscal cost of £16.3 million for the borough. If we include the socioeconomic costs this increases to somewhere in the region of £70million each year ([Sylvia Walby - The Cost of Domestic violence, update \(2009\)](#))
- 4.4. We have high acceptance levels of abusive behaviour amongst our young residents. In 2017 and 2019 school health surveys showed that 26% of young people thought there were times it is ok to hit your partner, and 32% of students thought it's sometimes acceptable to demand undressed/sexual photos from a partner. This was from Barking and Dagenham's year 8, 10 and 12 students (sample size over 2300 each time the survey was completed).
- 5.5. We do not accept this situation. Since the beginning of 2019, we have been working hard to develop our whole system response so that it is up to the challenge of addressing this problem. This response has several components:
 - In March 2019, Cabinet agreed the re-procurement of the local domestic and sexual violence service. Refuge successfully tendered and the new service was implemented in October 2019. The implementation was smooth and based on a range of service elements, including a limited and targeted perpetrator offer. This offer allows for 30 perpetrators to receive direct one to one work per year. To maximise the impact of this work, it was situated within Family Support and Safeguarding. Refuge have completed their first year in the borough from October 1st, 2019 through to September 30th, 2020. In the first year they received 1242 referrals, with 596 residents receiving a service. When we remove inappropriate referrals (non LBBB residents, no contact details available, working with another service etc.) the service has an engagement rate of 60.9% across the service currently.

- In May 2019, the council implemented DV FLAG East: A collaborative effort between the LBBD Legal Team and Barking and Dagenham Citizen's Advice to improve access to quality legal advice for families experiencing domestic abuse. This also includes development of a pro bono offer. The project was shortlisted for a Family Law Awards 2020 – for the Community Interaction Award. Barking and Dagenham legal team was also shortlisted for two LawWorks Pro Bono Awards, winning the Pro Bono Awards Best Contribution by an In-House Team, and receiving a commendation for Most Effective Pro Bono Partnership. This is very much seen as a partnership success across the internal legal team as well as all the family law firms involved and the citizen's advice team.
- In January 2021, the Council was one of the first five organisations in the country to be awarded an Everyone's Business Award recognizing our work to address domestic abuse in the workplace. In September 2020 the Council went on to win the Best Organisational Development Initiative Award at the PPMA Excellence in People Management Awards 2020, and this contributed to an overall Silver Award, marking the borough out for its success in this space. Since then, the borough has been asked to share our learning through various forums and webinars.
- In February 2020, the LBBD Domestic Abuse Commission launched, bringing 12 national experts around a table to explore the normalisation of domestic abuse in the borough, with a clear focus to examine and respond to the attitudes and behaviors in the borough that allow domestic abuse to exist. The paper is due to be published in February 2021.
- In September 2020, the Childrens Care and Support adopted the Safe & Together™ Model: an internationally recognised suite of tools and interventions designed to help child welfare professionals become domestic violence informed. It is based on the principles of partnering with the non-abusive parent, whilst working with the perpetrator to understand their patterns and hold them accountable through processes. Currently a cohort of 80 social workers are undergoing intensive core training on the model. We have also offered overview days as introductions to the model for partners which was heavily attended by health colleagues.
- IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial. Funded by the Violence Reduction Unit, it implemented in Spring 2020 in the borough. So far, 17 practices have signed up and started training and one practice (the Oval Practice) is now fully trained. The training is made up of three modules over which 127 clinicians have been trained.
- We are preparing for Domestic Abuse Housing Alliance (DAHA) accreditation in February 2021. DAHA Accreditation is the UK benchmark for how housing

providers should respond to domestic abuse in the UK. A MHCLG funded housing coordinator has been instrumental in driving the agenda forwards and has coordinated a full training programme, pushed for systems changes and assisted Inclusive Growth colleagues as they develop their first Domestic Abuse Housing Policy.

- 6.6. In March 2020, the COVID 19 pandemic led Government to restrict citizen's movements, creating concern in the sector that domestic abuse would increase as had been the case in both China and Italy.
- 7.7. National charities launched a massive campaign to raise awareness, which led newsreaders like Victoria Derbyshire to write the National Domestic Abuse Helpline on their hands in a bid to reach victims. This led to a massive increase in calls. The UK's largest domestic abuse charity, Refuge, reported a 700% increase in calls to its helpline in a single day and several reports suggest a 25% increase in contacts through the helpline and online requests for help since lockdown began.
- 8.8. Calls to the national Respect Phonenumber for perpetrators increased by 67%, emails by 185%, webchats by 2,200% and website visitors by 581% since lockdown began. This also reflects increased requests for support to Respect from children's social care as to how to deal with adolescent to parent violence
- 9.9. Analysis of the national domestic abuse helpline showed that in April 2020 there were 2581 calls from across London, with Barking and Dagenham making up 3% of these calls (n=74).
- 10.10. Locally we were able to respond quickly, supporting Refuge to be able to adapt working practices to deliver the service remotely. We were also able to bring in additional universal perpetrator work in recognition of the number of perpetrators seeking support to change. In the first 6 weeks of the universal perpetrator work being offered 24 men engaged with a view to undertaking behaviour change work.
- 11.11. We want to build on these developments to ensure that, moving forward, our whole system response to Domestic Abuse includes a much stronger focus on perpetrators. We are well placed to do so, not just due to COVID-related developments mentioned above, but due to system wide conversations that have been ongoing for the last 18 months.
- 12.12. Like many places, we recognize that our whole system response must give survivors much greater choice and control over their living arrangements whilst shifting the responsibility for change from survivors to perpetrators. Survivors are often forced to move many miles from their homes, away from their support networks, friends, and families, pulling their children out of schools and away from their support. The impact is harrowing as they must start life completely from scratch – new bank accounts, new jobs, new GPs, schools, support services, friends, families – and with no link to the new area's culture or heritage.

- 13.13. Choice and control are actively taken away from survivors, who are forced to juggle managing the abuse from their perpetrators with the expectations of professionals that they must make decisions that uproot their whole families.
- 14.14. Often the decision to leave is based on what they are made to do, rather than what feels safest, or what would cause the least disruption to the children involved.
- 15.15. We want to give this power back to survivors. We want to give them choice and control over how they move on with their lives. In practice, this means turning the way we think about domestic abuse on its head. We must focus on changing perpetrator behaviour as well as supporting survivors. And we must work with the latter to create space for safety and recovery, which means being able to stay in their own homes should they wish to do so and assuming it can be made safe.
- 16.16. Pre-COVID 19, the Domestic Abuse Commission discussed this possibility, as part of a wider meeting which explored housing opportunities for survivors. There was general support for an approach which considered shifting accountability for moving on to the shoulders of perpetrators.
- 17.17. As part of the initial response to COVID 19, there were discussions at both a local and regional level exploring the option of re-housing perpetrators. These conversations were prompted by the significant increase in risk and demand created by COVID-19, but they also reflected a wider recognition that the absence of choice for survivors in the current system reinforces the loss of control and agency they experience at the hands of perpetrators. Developing a system that could allow survivors and their families to remain safely in the home would move accountability square on to the shoulders of the perpetrator. It would also give survivors space to breathe and to both access and make the most of supportive services.
- 18.18. With strong appetite across partners, we explored the potential to do this quickly as part of the response to COVID-19. But the risks involved, both to families and to the Council (financial and reputational relating to potential obstacles in legislation) meant that the decision was made to take a more considered approach. Equally, it was recognised that very few places have to date managed to sustainably design or implement models that would provide survivors with greater choice and control over their living arrangements. Doing so would be ground-breaking.
- 19.19. In recognition of the innovative and potentially ground breaking nature of this work, and in order to build on the momentum created by COVID-19, we have designed an innovation programme, supported by a cross-council working group, that will spend the next year exploring and testing potential models, working closely with professionals and partners across the system as well as both survivors and potential service users. This working group is made up of representatives from Care and Support Commissioning, Transformation, Inclusive Growth and Policy & Participation.

20.20. The innovation programme was built around three phases of activity, which are set out below:

- Phase 1: May-July 2020
 - Horizon Scanning
 - Evidence Review
 - Perpetrator Interviews
 - Survivor Interviews
 - Staff Interviews
 - Codesign Session

Governance: During this phase, a paper was included on the forward plan for relevant member portfolios, LAG, and internal officer meetings, PRMG, Procurement Board and CSG.

- Phase 2: August to September 2020

Real World Testing: To put learning into practice we started to work with Community Solutions colleagues to identify 3 dispersed units for use in a test and learn prototype. We planned to run this through the autumn. As part of the COVID 19 response we have undertaken a direct award to Cranstoun to support us through Phase 2, working intensively with the perpetrators to develop a best practice model. We currently have one person housed through the prototype testing model.

Developmental Evaluation: We are working closely with the families involved, commissioned services and enforcement agencies to monitor and evaluate any change. We are leaning on Policy and Participation to support this work which includes subject interviews and weekly steering meetings.

Governance: This paper formed part of an appendix at Cabinet in December 2020 to complete the governance pathway. The paper was originally intended to be presented in September 2020 but due to the timelines set out by the Home Office in regard to their Perpetrator Fund, was delayed.

- Phase 3: October 2020 – Spring 2021

Procurement/Mobilisation: Assuming approval at Cabinet to procure the necessary interventions, we plan to mobilise quickly. The Home Office Fund set out delivery to start by 01st October 2020. We were informed by MOPAC the application was a success informally on the 28th October 2020 and we are awaiting official confirmation which includes signing of a formal grant agreement.

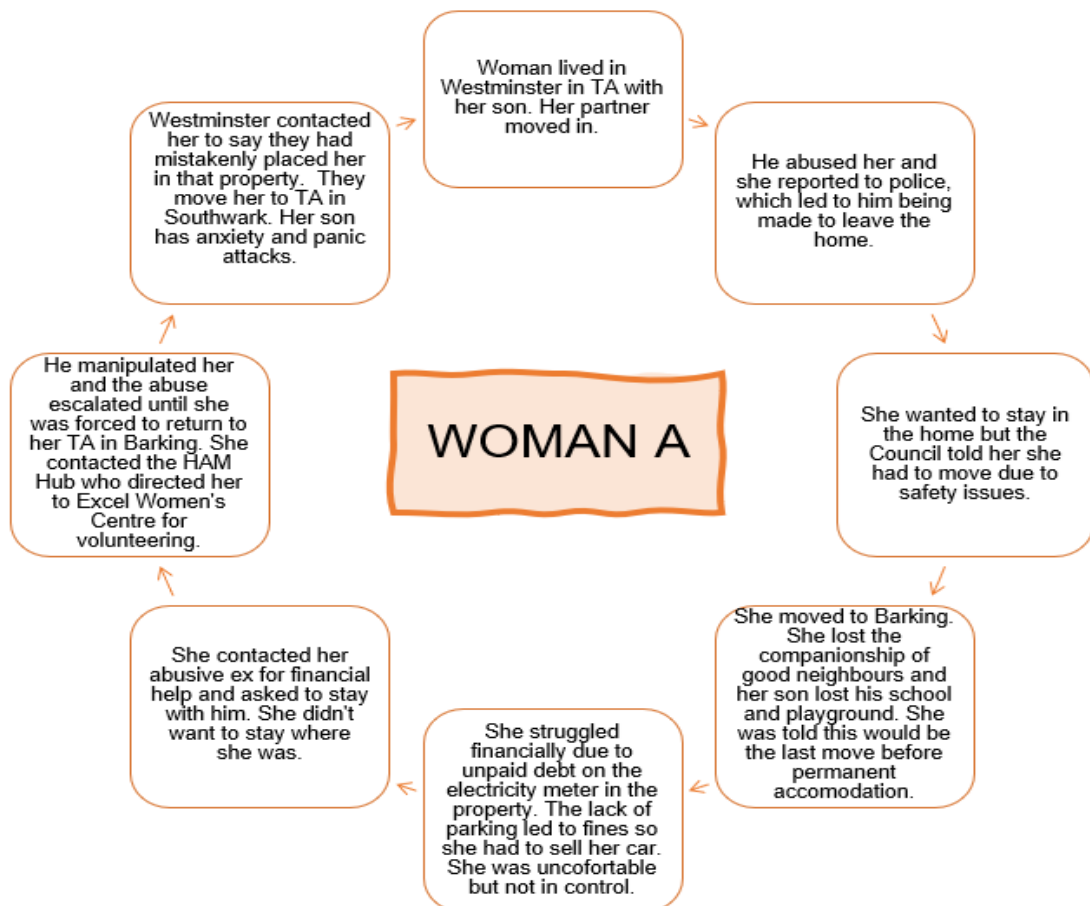
Governance: Regular updates have come through the People Resilience Group Meeting and the Corporate Strategy Group.

Messaging: Following mobilisation the work will be socialised online and offline, with stakeholders being made aware and materials to be developed to

raise awareness of the ability for perpetrators to choose safe, healthy, alternative behaviours to abuse.

2. Case Study and Co-design

- 1.1. The following case study was captured in Phase Two of the model design work and provides insight into the impact being moved has on victims of domestic abuse and helps in understanding the moral argument that we need to find new ways to support victims to be safe.
- 2.2. In the graphic below, we can see the experience of a woman fleeing domestic abuse and the pressures on her to choose a path that is punitive and impacts her child.
- 3.3. We have chosen to use this case study as it captures so clearly the barriers put up at every point of her journey – factors present in the many interviews we have undertaken with survivors.
- 4.4. Although woman A started in Westminster, her experience is one faced by women across the nation. Being placed in Barking and Dagenham briefly meant we were able to engage her. Typically, women from Barking and Dagenham are moved significantly further away, often into refuge accommodation or temporary accommodation in the midlands or north of the country.
- 5.5. Women in these situations regularly return to the person abusing them because the impact of living away from familiar surroundings, support, and being able to provide financially for children can be overwhelming.



6.6. During Phase 1 of the Innovation Programme several pieces of consultation and co-design were undertaken. We wanted to get this right, safely for survivors (including child survivors) and therefore we needed to recognise the sheer amount of skills, knowledge and experience across the borough that could help us shape the model. We also wanted this work to be rooted in what our residents tell us and so consultation included both local survivors and perpetrators:

| Consultation | Feedback / Input: |
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| People and Resilience Management Meeting | <ul style="list-style-type: none"> • Direction to ensure briefings go to Community Safety Partnership and Safeguarding Partnerships, as well as Health and Wellbeing Board • We need to respond directly to what our residents are telling us and create a space for survivors and children to be safe. • We need to create a true cultural shift where the perpetrator is held to account for their actions and the family have active choice in the interventions that best suit them. |
| Survivor Interviews | <p>Policy and Participation DA Commission Programme leads undertook the interviews throughout June/July 2020:</p> <ul style="list-style-type: none"> • All the survivors spoken to so far thought that the onus fell on the survivors and that more needed to be done for perpetrators, and to ensure that they were held to account for their actions. • One of the survivors described the wide-ranging impacts of her having to move home on both her and her son. She described how her having to move home meant she lost her community and friends, her son suffered mental health consequences and had to start a new school. She also explained how when she moved into her new temporary accommodation, there were issues with the property, and she was struggling financially which led her getting back in touch with her abusive ex and moving back in with him. • Other survivors explained how they feel trauma from staying in their homes, and how there are still some defects in the property from physical abuse, which have not been fixed. Some of the survivors also wanted to ensure that this would be matched with options for them to move. • Some survivors were also concerned about post-separation abuse and were concerned that abuse could continue even if the perpetrator was in touch with interventions. • Some quotes from the survivor’s interviews are given below: <i>“When the police got involved, I got worried for my safety obviously, I contacted the council, or the police had done. They said they were going to move me out of London, I said no”</i> <i>“Why do people invest the money on moving the victim whilst he works on the next victim”</i> <i>“Keep me in the home, for my mental health and my sons mental health”</i> <i>When the police got involved, They didn’t let me know what they done with him, I was just moved even though I didn’t want to”</i> <i>“Nothing is being done” “The abuse happens, and the victim is worried about her life, she just wants to be safe. She just wants to move but the consequences of that move are really big”</i> |

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| | <p><i>“Perpetrators do not have any empathy. They don’t have any empathy, they don’t care. You can be crying in front of them and they don’t care. But there will be men that are willing to change and there should be groups that they can go to for help”</i></p> |
| <p>Perpetrator Interviews</p> | <ul style="list-style-type: none"> • Shame and a fear of perceived fear of judgement were strong commonalities of experience between the men interviewed who were involved with the existing perpetrator work. • There was a focus on the wide range of issues affecting families, including substance misuse, poor mental health, homelessness and unemployment. • One man was asked to leave by his partner who owned the home. He slept in his cars for a few nights but had no money for food and had alcohol addiction. He searched for support on his phone and called the council, explained his situation. The council referred him to a hostel for the night and to a foodbank. The council then assisted him with finding a private rented flat share and suggested Cranstoun to him and he voluntarily went on the Men and Masculinity course. He said: <p><i>“I’m so grateful for what the council have done for me, they have been so supportive and quick in helping me find a place. They told me about the men and masculinities program with Cranstoun and I voluntarily joined it.”</i></p> <p><i>We asked whether he would have benefited from a programme that offer alternative accommodation. He said:</i></p> <p><i>“Oh yeah, definitely. I’ve done this voluntarily. I never had to do the programme, but I wanted to. If I were offered that, I would definitely take up the offer. The accommodation is critical, Things were hard with everything is going on and if I had known about this, I would have done.”</i></p> <p>Perpetrator Interviews quotes shown below:</p> <p><i>“She said I had to go, whilst she was at work I was packing myself and when she got back, and I left. I knew she meant it that time and I wasn’t going to change her mind. It was when I was packing my things I realised, I can’t change her mind, but I can change myself.”</i></p> <p><i>“Me and my partner are getting on better because I am changing, it’s her birthday coming up, but I can’t see her since I’m quarantining, so I took her some presents round a few weeks back”</i></p> <p><i>“Seeing things more from my partners perspectives. I don’t snap so much like having a short fuse. I don’t snap so much.”</i></p> <p><i>“From what I have heard, there is not enough support for men”</i></p> <p><i>“Whether you are the abuser and abusee, the embarrassment of coming out about it, stops you from getting support”</i></p> |
| <p>Staff Interviews: Early Help Co Design Session – 3rd June 2020</p> | <ul style="list-style-type: none"> • Positive feedback because it puts emphasis on perpetrator to change • Need to consider emotional impact for the survivor if they choose to stay in the home – case examples given of a survivor being re-traumatised. • Attention drawn to the impact on children/issues of child control • Need to consider survivor empowered through choice • Need to consider post separation abuse in relation to suitability for accommodation offers |

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| | <ul style="list-style-type: none"> Engaging perpetrators can be difficult as often they normalize or minimize behaviour. Needs to go alongside staff training as staff often feel not equipped to engage with perpetrators Ultimately, wide support for the programme but with clear focus on the safety of the survivor and children at all times, and an understanding that there is no 'one-fits-all' approach. |
| <p>Codesign Multi Agency Co-design Session 1 – 8th June 2020</p> <p>(Attendees: Police/Refugee/Community Solutions Support/Community Solutions Intervention/ Children's Care and Support SIS/Commissioning/Community Solutions Triage)</p> | <p>Strong support for the programme and the pilot phase but several views raised for consideration:</p> <ul style="list-style-type: none"> Challenge related to sheer numbers of people on housing register who fall through gaps but being perceived as prioritizing perpetrators. There is not enough social housing or private sector housing available in general, so we need to be clear in our messaging that this is not a reward for abusive behaviour. Need to ensure programme is survivor-centered – what if the survivor does not want to be involved? What support is there for the survivor? How is it measured from survivor perspective? Timing is poor in relation to housing demand – that after evictions ban and restrictions are lifted there will be extra demand for housing as people are evicted due to rent arrears Etc. and a potential for increased numbers of people fleeing domestic abuse once lockdown ends. The specialist intervention service will not have domestic abuse workers ready to support this straight away and domestic abuse commission due to publish in January 2021. Concerns raised around timelines. Challenge on capacity and resources. The work would be resource intensive and new processes for frontline staff to learn for a potentially small cohort. Consideration for linking into existing processes. Children – perpetrator could see the assessment if he has caring responses for the child, and there have been instances where perpetrators manipulate this and can control professionals People might dip in and out of it – the reality of services is people drop in and out rather than not complying at all so the specification will need to be prepared for this A need to consider the incentive for being involved. Need to look at reward and consequence for perpetrators and victims, and the framing of the offer. Affordability – We need to ensure that this is affordable for the family during and after the programme. |
| <p>Domestic Abuse Commission Session</p> | <ul style="list-style-type: none"> Needs to be part of an overall approach which is survivor led – need to ensure survivor has options Suitability assessment as well as risk assessment – mental health and survivor safety needs to be at the heart of this. Mental health services need to be strongly linked to understand the potential impact Operation Encompass may have a role in terms of reaching out to perpetrator for this/other interventions. This would mean schools well placed to refer into the programme too. “Turning the space for action on its head – the survivor’s space for action and the perpetrators’ space for action are all linked/relative, so need to |

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| | <p>reduce the perpetrators' space for action in order to increase survivors' space for actions so need to ensure this project would do this.”</p> <ul style="list-style-type: none"> • Respect standards should be used. • Starting from a space of perpetrator information sharing, starting with housing and building up would be a truly radical approach – no other Las could do that and it counters the manipulation of perpetrators because they can't lie about it. Need to think of GDPR and confidentiality but often the focus is survivor led data sharing which adds another layer of emphasis on survivor. • The Drive model has multi agency information sharing, so even if not taking that approach could learn from that – this would help as the survivors aren't the ones we need to know the history for, but the perpetrators are so we can understand their risk • Importance of messaging – need to be clear how it is framed in relation to survivors • Impact of Domestic Abuse Protection Orders in new DA bill will bring in more power for community orders • One area had a men's worker in the courts, who spoke to every perpetrator and picked up the response from there. |
| Community Safety Partnership | <ul style="list-style-type: none"> • Discussed on 24th June 2020 • Wide support for the programme, keen to tie into DVPO work with police. • We need to ensure all relevant portfolio holders are engaged with the work. |
| Council Consultation | <ul style="list-style-type: none"> • Led by the Cabinet Member for Social Care and Health Integration, a paper was shared across elected members inviting feedback and space to raise concerns. |

3. The Model: **reMOVE abuse**

- 1.1. The learning led to a model being codesigned, developed by and for our residents, with learning from across the local system and based on key principles – the safety of survivors and children is absolutely paramount, and that the work would need to embed with wide service support networks to have a good chance of success.
- 2.2. It would also ensure that in order to be authentically innovative it would need to be able to adapt to the needs of the family. For example, the accommodation element may not be best place to be housing that the Council have nomination rights to, instead the perpetrator may be better placed in private accommodation, and may be able to afford this and contributing to any children too. In other cases, the level of control may mean that we target any financial support towards the existing home.
- 3.3. The model, named '**reMOVE abuse**', covers the following strands:

Assessment: Referral will come from professionals and self-referrals, and we have a pathway set up with our East Area DVPN/O lead to ensure perpetrators who have a DVPO in place are assessed quickly at the point where there is space for engagement. The criteria are not based on risk alone – although this is part of assessment – all levels of risk will be able to access the intervention. We anticipate that we will see higher levels of risk initially as partnership approaches such as the MARAC are primed to respond quickly.

Following referral, Cranstoun will initiate contact within 5 days, provide a comprehensive assessment and offer start date of intervention work if safe to do so. Assessment will be face-to-face wherever possible, as well as via telephone or online platforms such as Teams/Zoom/WhatsApp dependent on the COVID restrictions in place. The assessment will identify and prioritise risk and identify suitability of intervention. It will cover: Demographics / Children / Relationship History / Violence and abuse – Recency, frequency, gravity / Violence and abuse in previous relationships / Psychosocial history / Complex Needs (Drug and alcohol, Mental health) / Motivation / Immediate concerns and Safeguarding.

Intervention: The intervention will be based on 1:1 case management and will be delivered by a team of three case managers, service manager and a partner support service. Where clear cohorts form that are group ready Cranstoun will deliver group work with men through their men and masculinities programme approach. Intervention will be delivered in community-based settings at a variation of times, including evenings. Intervention will include regular safety planning, as well as ongoing dialogue and feedback to referrers at referral, assessment and treatment intervention, highlighting any increased risk or concern as well as providing progress and engagement reporting, identifying Static Risk and Dynamic Risk factors. Cranstoun's case management system will track and log interventions and flag risk. Risk assessment tools will include: Perpetrator Risk Identification Checklist / Inventory of coercive and controlling behaviours / Evaluation at initial, interim and end to identify shift in thinking / Safety planning / Disrupt intervention – focusing on Recency, frequency, gravity.

The key work takes learning from a range of integrative theoretical tools and interventions such as: Psycho-educational / Psychodrama / Cognitive behavioural therapy / Trauma informed approach. Cranstoun will use 'disrupt interventions' in order to reduce risk and increase safety for victims/survivors and children, including working in partnership with police in order to support Non-Molestation orders, Custody, Occupation and Domestic Violence Protection Orders (DVPO). Cranstoun have evolved their current programme, ensuring responsiveness to local and national trends. Cranstoun ensure the relevance of their material by engaging with a range of governing and research bodies, including RESPECT and Kings College London.

Partner Support Service: - Cranstoun will provide an attached support offer to partners/ex-partners of all perpetrators engaged. This will include a pro-active telephone call offering partners/ ex-partners support, consisting of weekly safety planning, one to one emotional support, advocacy and onward referral into Barking and Dagenham's established survivor offer delivered by Refuge. Cranstoun will use its Domestic Abuse case management system IZZUKA to track and log interventions and flag any risk. Risk assessment tools used will include: DASH RIC (risk identification check list); Evaluation (perpetrator programme completion and 3 months post completion); Safety planning.

Accommodation: We will use accommodation that is either in the Council's ownership or to which the Council has nomination rights. This includes leased accommodation, temporary accommodation and stock held in the Housing

Revenue Account (HRA). The aim is to charge rent for individuals placed under this programme, which mean that there will be no net cost in providing accommodation. However, given the nature of the programme it is recognised that in some cases we will need to cover the cost of the rent to meet the wider aims of the programme. This is being fully funded through external Home Office monies.

The accommodation will be offered as a short-term lease and the perpetrator will have a full affordability assessment. It is important to note that should a household not be able to afford two rents due to benefits not covering it (as would potentially be the case when a woman flees to refuge accommodation for example) then we would be assessing the family to better understand where we would be better to cover the rent – with the remaining family, for example, to ensure no ongoing financial abuse is taking place. Accommodation will include basic hard furnishings.

Aftercare: The pilot is only for a limited time of one year. As a partnership we are aware that to create change both the perpetrator and the survivor, as well as any surviving children will need access to ongoing support – and for survivor's, therapeutic recovery offers. This is not always specialist in nature but may be through tackling isolation for example. Cranstoun will offer onward referral into local offers and aftercare will be discussed at steering groups. For those who access the accommodation strand this will be reviewed by the steering group for every case.

Evaluation: There is limited evidence in terms of independent evaluation focused on impact rather than engagement of perpetrator responses across the country and this is a crucial element to the budget as it will help the decision making at the end of the project as to whether it has successfully impacted the lives of residents and whether it has created a change in demand in relation to care and support, adult mental health, children's mental health etc. LBBB cutting-edge data systems and support from the Insights team will allow us to track the impact of this work in a comprehensive way. This will be commissioned externally as the initial bid specified independent evaluation.

The evaluation will consider how successfully the programme has delivered impact alongside savings. At the end of the project, should we have identified savings based on the evaluation we will seek to continue the project based on those local savings rather than seeking additional funding. If we require more time, then we will seek to extend the length of the evaluation to try to create a longer term understanding of impact on families.

4. External Funding

1.1. Throughout the learning we engaged funders, sector specialists and stakeholders across the system. This generated a significant amount of interest, particularly from funders who recognised the potential benefits of such an innovative approach to tackling domestic abuse. Not only is it new in its approach but it is untested and unevaluated. Therefore, it is set up as a pilot project – we need to develop the evidence base for future developments.

- 2.2. In particular, we were encouraged to bid into the Home Office Perpetrator Fund released in August/ September 2020. The fund was targeted at police and crime commissioners and therefore local authorities could not bid directly. The Mayor's Office Police and Crime (MOPAC) submitted a bid on our behalf.
- 3.3. The Fund required 6-month match funding as it was only available for delivery between October 2020 and March 2021, and the expectation was that local authorities would fund the second 6 months delivery to make up a full years project. Funding has been sourced locally as set out in the procurement strategy.
- 4.4. Despite significant delays we found out informally that we had been successful in the bid at the end of October 2020. We are awaiting formal notice and grant agreements to be signed to be able to mobilise the work.
- 5.5. A conversation has been had with MOPAC to manage expectations on a mobilisation date – we cannot mobilise until all governance is complete, particularly as we are using local match funding. We initially would have brought the governance papers to September or October Cabinet which would have allowed for speedy implementation. The delays meant that we missed the deadline for November cabinet and therefore mobilisation date is set for 16th December 2020, the day after this paper is discussed, and on the condition that the grant agreement has been signed.

5. Learning

- 1.1. The work set out above could only be done through cross-Council work alongside our partnerships. Collaborative co-design of the model required the skills and knowledge of all stakeholders, statutory partners, elected members, voluntary and community sector partners alike. The development leant on the passion and willingness of our partnerships to find new ways of working with each other and being open to change.
- 2.2. We are keen to build this learning into future developments around domestic abuse, keeping residents at the heart of service design, and recognising the strengths across all parts of our system.
- 3.3. *Domestic abuse is everyone's business*, and as such future commissioning will ensure the continued collaboration with all stakeholders, including those with most at stake: our residents.

6. Financial Implications

- 6.1 This report is mainly for information and sets out to provide the Health and Wellbeing Board progress update regarding reMove Abuse Pilot Programme. As such, there are no financial implications arising directly from the report.

7. Legal Implications

- 7.1 Implications completed by Tessa Odiah – Interim senior Contract Solicitor)
- 7.2 This Project highlights a new innovative approach to tackling domestic abuse.
- 7.3 As a result of the potential benefits to the proposed approach, it generated significant amount of positive interest, including part funding Grant from the Home Office Perpetrator Fund and other potential local Funders.

7.4 There is therefore no adverse Legal implication to the Council in its support to this Project.

8. Risk Management

1.1. A risk register is included in Section 9 of Appendix A: Cabinet Paper December 2020

9. Crime and Disorder

1.1. We anticipate the reMove Abuse pilot will have a positive impact on domestic abuse offending. In the 12 months to October 2020 there were 5501 reported incidents to police – over 15 every day. This should be reflected in the number of crimes recorded as well as a decrease in repeat victimisation.

10. Safeguarding

1.1. We anticipate positive impacts on safeguarding as the offer will allow for 100 perpetrators to be managed on a 1:1 case management basis. This work complements the recent adoption of Safe and Together in children's care and the working hypothesis is that the work will contribute to a decrease in the number of children taken into care as a result of unresolved domestic abuse. This hypothesis will be tested through the commissioned evaluation and inform future commissioning approaches.

11. Property/Assets

1.1. The Council has identified units and there is some focus on units that the Council has nomination rights to. However, this will not fit every case and there will be multi-agency decision making panel that will decide whether the use of accommodation within the control of the Council is most appropriate. For example, in a case where it is clear there will be no reconnection between parents, we would look to assist finding accommodation through the private sector to avoid creating a homeless duty later on, or potentially having to consider eviction. It is important to consider a level of flexibility if we are truly centring efforts on what is best for the children and survivors.

Public Background Papers Used in the Preparation of the Report:

- Violence Against Women and Girls Services Supporting Local Commissioning December 2016:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf
- Government's Strategy to end violence against women and girls: 2016 to 2020:
<https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>
- MOPAC Violence Against Women and Girls Strategy 2018-2021:
<https://www.london.gov.uk/mopac-publications/mayors-violence-against-women-and-girls-strategy-2018-2021>
- MOPAC Survivors Consultation: Listening to women and girls affected by gender-based violence
https://www.london.gov.uk/sites/default/files/mopac_survivors_consultation.pdf

- The Cost of Domestic Violence: Up-date 2009, Sylvia Walby
http://www.lancaster.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc
- Criminal Prosecution Service VAWG Report
<https://www.cps.gov.uk/sites/default/files/documents/publications/cps-vawg-report-2018.pdf>
- [Ending Violence Against Women and Girls Strategy 2018-2022](#)

List of Appendices:

- Appendix A -** Cabinet Paper December 2020
<https://modgov.lbbd.gov.uk/internet/documents/s142555/ReMOVE%20Abuse%20Report.pdf>