

**DOMESTIC ABUSE STRATEGY – MANAGEMENT INFORMATION**

*To:* **Adults Committee**

*Meeting Date:* **01 March 2016**

*From:* **Adrian Loades, Executive Director: Children, Families and Adults Services**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**      *Key decision:* **No**

*Purpose:* **To inform the Committee of the measures developed to measure the impact of the Domestic Abuse Strategy.**

*Recommendation:* **Members are asked to:**

- a) note the findings of this report, and that a progress report on these activities is requested from the Chair(s) of the new Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership.**
- b) note that all strategic actions (Appendix 1) are now either complete or will be carried forward into the new joint plan.**
- c) note the implications of the deletion of an existing Health IDVAs post.**

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## **1.0 BACKGROUND**

- 1.1 The Domestic Abuse Governance Board was formed in November 2013 following a peer review which highlighted potential risks from a lack of clear strategic leadership in this area. A Governance Board was established with partners and meets quarterly. Initially the remit of the Board was Domestic Abuse only but this was extended to include Sexual Violence in July 2015. In January 2016, the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Governance Boards were merged (see 2.1 below). The Domestic Abuse Strategy was approved by this Committee in 2015 and Members have demonstrated their continued interest in this area of work, having previously reviewed performance information for the service.
- 1.2 The current Board is made up of representatives from Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary, National Probation Service, Community Rehabilitation Company, Local Safeguarding Children Board, Adult and Children's Social Care, Public Health, Cambridgeshire and Peterborough Foundation Trust, CAFCASS, Cambridgeshire and Peterborough Clinical Commissioning Group, District Housing, Community Safety Partnerships and the Office of the Police and Crime Commissioner.
- 1.3 The Domestic Abuse Strategy for 2014-2018 was signed off by all partners in November 2014. An action plan was created and monitored by the Governance Board. The outcomes of this plan are detailed below.
- 1.4 There are no national performance indicators for domestic abuse. A number of different methods of collating performance and management information were therefore discussed by the Governance Board reflecting the variety of locally set performance indicators used by partners. A management information template was set up and this was populated and monitored for 2014/15. In July 2015 it was agreed to revisit this area of work and Board members are now working on a new format for the information which will take effect from April 2016.

## **2.0 MAIN ISSUES**

- 2.1 Discussions with the Peterborough Domestic Abuse and Sexual Violence Partnership regarding joint work have been ongoing for a number of years. At the October 2015 Cambridgeshire Domestic Abuse and Sexual Violence Partnership Governance Board it was agreed that the two partnerships should trail a merger to explore the potential of shared resources, rationalised meeting arrangements, and joint governance. The first of these joint Boards was held on January 11<sup>th</sup> 2015, with the following actions arising:
- Agreement of joint Terms of Reference (April 2016)
  - Development of joint Needs Assessments (April 2016)
  - Propose performance management information (April 2016)
  - Countywide and local action plan to be developed (2016)
- 2.2 The new Partnership Board will be co-chaired by Cambridgeshire and Peterborough, and arrangements regarding the efficacy of the trail will be reviewed in January 2017.

2.3 The current Cambridgeshire Domestic Abuse Strategy is set out with four key elements:

- Prevent
- Protect
- Pursue
- Recover

2.4 The following indicators have been extracted from the full report to measure progress against the commitments within the strategy at a high level:

2.4.1 **We will prevent people from becoming perpetrators or victims of domestic abuse.**

2.4.2 If we are successful in this objective, we expect to see:

Greater reporting of domestic abuse to police

	Q1	Q2	Q3	Q4	Year
Total number of domestic abuse incidents reported to the Police	1862	1971	1859		<b>2015/16</b>
	1880	1965	1758	1705	<b>2014/15</b>
	1670	1907	1818	1894	<b>2013/14</b>

2.4.3 There has been a general increase in reporting since April 2013 and figures suggest this may reach a peak and become steady. Not all victims will be confident enough to report to the police, or it may not be appropriate as the abuse may not be a criminal act and therefore support from other agencies may be more appropriate.

2.5 We will protect victims of domestic abuse and their children, whether or not they choose to report crimes to the police.

2.5.1 If we are successful in this objective, we expect to see:

More people engaged in protective services such as IDVAs (Independent Domestic Violence Advisors)

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Year</b>
% of referrals into the IDVA service that engage with the service	81%	75%	72%		<b>2015/16</b>
	75%	71%	80%	78%	<b>2014/15</b>
	71%	78%	78%	61%	<b>2013/14</b>
% of IDVA clients that are 'repeat' clients	58%	29%	32%		<b>2015/16</b>
	51%	35%	21%	26%	<b>2014/15</b>
	29%	20%	41%	41%	<b>2013/14</b>
% of cases heard at Multi Agency Risk Assessment Conferences (MARAC) that were repeats – i.e. resubmitted within 12 months	14%	31%	34%		<b>2015/16</b>
	38%	34%	13%	24%	<b>2014/15</b>
	40%	52%	30%	38%	<b>2013/14</b>
Number of MARAC Cases	189	259	185		<b>2015/16</b>
	108	140	144	189	<b>2014/15</b>
	71	82	80	138	<b>2013/14</b>

- 2.5.2 Since April 2013 the percentages of victims who engage with the IDVA service are generally increasing.
- 2.5.3 The percentage of IDVA (and therefore high risk) clients being victimised and contacting the police more than once is variable due to the complexity of cases presenting. This can be difficult to interpret in terms of a performance indicator as further contact may either be part of a planned response to risks or be as a result of failure in the risk management plan.
- 2.5.4 The number of cases requiring a Multi Agency Risk Assessment Conference (MARAC) has increased dramatically. This is a result of the threshold for referrals to MARAC being lowered in June 2014. Referrals have increased by 216% at the present time. A new process of daily review of higher risk cases developed in partnership with all agencies based at the Multi Agency Safeguarding Hub is currently being piloted. This process is designed to maintain the most successful elements of the MARAC, but also to increase the timeliness and responsiveness of meetings.
- 2.6 We will pursue perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions.
- 2.6.1 If we are successful in this objective, we expect to see increased charges convictions and for domestic abuse. We would also expect to maintain the successful completion of referrals to offender interventions.

- 2.6.2 As per the table below, the number of cases that went to court increase by 18% from 2013/2014 to 2014/15.

	<b>2013/14</b>	<b>2014/15</b>	<b>2015/16</b>
Total number of domestic abuse cases that went to court	949	1121	Data not released until end of period
Total number of perpetrators completing Building Better Relationships programme	34	35	Data not released until end of period
Total number of perpetrators completing Ormiston Choosing to Change perpetrator programme	N/A	10	Data not released until end of period

- 2.6.3 The Ormiston programme commenced in 2014 and is voluntary, whereas those attending “Building Better Relationships” do so as mandated by the Court.

## 2.7 **We will support victims to recover from the consequences of domestic abuse.**

- 2.7.1 The Bobby Scheme is a scheme designed to increase household security through the installation of locks and alarms from a trusted source, with uniformed staff provided. Funded by the partnership and also by donations, the scheme also provides reassurance regarding security measures and advice. The service is provided at cost or free to those who are unable to afford it.

	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>2015/16</b>	51	68	34	
<b>2014/15</b>	42	39	43	34
<b>2013/14</b>	Total 139 for 2013/14			

- 2.7.2 Women Housed at the Refuges (actual numbers for 15/16 have yet to be supplied)

	<b>Cambridge Women's Aid</b>	<b>Refuge</b>	<b>TOTAL</b>
<b>2015/16</b>			
<b>2014/15</b>	51	86	137
<b>2013/14</b>	49	62	111
Occupancy Rate for the Refuges			
	<b>Cambridge Women's Aid</b>	<b>Refuge (Hunts)</b>	<b>Refuge (Fenland)</b>
<b>2015/16</b>	79%	88%	89%
<b>2014/15</b>	90%	83%	94%
<b>2013/14</b>	91%	93%	91%

- 2.7.3 The number of women housed in the refuges in Cambridgeshire continues to increase. Note: Women are generally not housed in the area in which they live.

## **2.8 Update on key activities**

- 2.8.1 As per paragraph 2.5.4 above, the MARAC process has been reviewed, and an enhanced process is being piloted.
- 2.8.2 To support the development of services, research was carried out into the context of male victims reporting DA to the police. The findings were that:
- 2.8.3 A significant percentage (37.5%) of these incidents could be considered as where Situational Couple Violence is taking place. This means that in the context of the relationship there is no clear historical victim / offender dynamic. There is likely to be evidence that both the victim and the offender have previously reported incidents where the victim/offender dynamic has been reversed (with victims being reported as offenders, and vice versa). In such circumstances there may be little evidence to show an escalation in the type or frequency of the abuse / violence from the offender. Sadly this may be the way in which this type of relationship operates.
- 2.8.4 An estimated 16.6% of incidents reported by men during the review period were indicative of an Intimate Partner Violence-type relationship where the female was the sole perpetrator.
- 2.8.5 Violent Resistance was observed in 8.3% of the incidents reviewed this is where the female offender had responded violently to historical violence or abuse perpetrated by the male victim.
- 2.8.6 23.5% of cases were familial violence (i.e. involving brothers, fathers, etc. and not in the context of an intimate relationship). The remaining 14% of cases did not fit this classification. This demonstrates some of the complexity of the cases behind the generic term of Domestic Abuse. Each classification described will require a different service response.
- 2.8.7 The domestic abuse 'Offer' detailing support for families affected by domestic abuse and an accompanying training offer for staff has been agreed by the Board, and is being implemented across Cambridgeshire. See Appendix 2
- 2.8.8 Work to raise awareness of domestic abuse amongst adults with learning disabilities was completed in partnership with VoiceAbility and an Easy Read document about how to support someone experiencing domestic abuse was created and distributed both countywide and nationally. The work reached the finals of the Learning Disability Awards in the Breaking Down Barriers Category in May 2015.
- 2.8.9 Work to increase partnership working with the Health sector, particularly GP's, is progressing via the Clinical Commissioning Group and Local Commissioning Groups.
- 2.8.10 An update on progress towards the strategic aims is attached to this paper as Appendix 1. It should be noted that all actions are either complete or will be carried forward into the forthcoming joint plan with Peterborough.

## **2.9 Issues going forward into 2016/17**

- 2.9.1 Funding has not been secured for 2016/17 from the CCG for the second of two Health IDVA posts. This means that the provision will continue with one post (resourced by public health), operating a reduced referral pathway from the Addenbrooke's and Hinchingsbrooke's Accident and Emergency Departments (and including maternity services at both sites). Existing pathways from community-based services (such as GPs, CPFT, etc.) will be deleted from April 1<sup>st</sup> 2016, after which point community-based services will still be able to refer into mainstream IDVA and voluntary sector providers. It is estimated, based on data from 2014/15, that this reduction in service will impact approximately 150 victims of domestic abuse.

## **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 Developing the local economy for the benefit of all**

- 3.1.1 The following bullet point sets out details of implications identified by officers:
- 3.1.2 Domestic abuse costs public sector services millions of pounds each year, in many cases it also affects the ability of victims to work and earn a living for victims and their children.

### **3.2 Helping people live healthy and independent lives**

- 3.2.1 The following bullet point sets out details of implications identified by officers:
- 3.2.2 It is essential that the strategy enables victims of domestic abuse, predominately women and their children to be safe and live their lives free of abusive behaviours.

### **3.3 Supporting and protecting vulnerable people**

- 3.3.1 The following bullet point sets out details of implications identified by officers:
- 3.3.3 Those vulnerable due to domestic abuse require support to enable them to life safely, free from risk of abuse and violence.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 The following bullet points set out details of significant implications identified by officers:
- 4.1.2 There has been a significant increase in the numbers of victims considered at high risk of homicide and therefore referred to MARAC as per 2.3 above. This increase has impacted on resources from all partners, and in particular the Council as the organisation taking responsibility for the co-ordination and Chairing, in addition to resources required from Adult and Children's Social Care, Police, Education Child Protection and the IDVAs.
- 4.1.3 As more victims and their children are identified, there is increased pressure

for all services working with these families.



- 4.1.4 Specialist services for those who are not at high risk of homicide are limited across Cambridgeshire – each of the two providers has an outreach service but the number of people being referred is also increasing (from 904 in 2013/14 to 928 in 2014/15, numbers for 2015/16 are expected to increase again).
- 4.1.5 The reduction in IDVAS capacity, outlined in 2.7 (above), will impact on the responsiveness of community-based health services to domestic abuse.
- 4.1.6 The implementation of the Care Act in April 2015 introduced domestic abuse as a category of abuse under Adult Safeguarding. Whilst figures are currently unknown, the Adult Safeguarding Service is moving three FTE posts into the MASH to coordinate the expected increase. As some of these cases will require specialist domestic abuse interventions we anticipate an increase in referral to the IDVA service and to Outreach providers.
- 4.1.7 Demand for specialist sexual violence services, such as the Independent Sexual Violence Advocacy Service (ISVAS) and Cambridge Rape Crisis Centre is also increasing. The Office of the Police and Crime Commissioner is leading on work to capture current pressures across the system, and will present these findings to the joint Board before the end of March 2016.

## **4.2 Statutory, Risk and Legal Implications**

- 4.2.1 The report above sets out details of a significant risk to victims in paragraph 2.10.1, seeking support through community-based health services following the deletion of a Health IDVAS post.

## **4.3 Equality and Diversity Implications**

- 4.3.1 There are no significant implications within this category.

## **4.4 Engagement and Consultation Implications**

- 4.4.1 There are no significant implications within this category.

## **4.5 Public Health Implications**

- 4.5.1 The following bullet points set out details of significant implications:.
- Domestic abuse and sexual violence has a significant on the physical and mental wellbeing of victims and their children, ensuring services are in place to meet the needs of these individuals will reduce the future burden on health services.
  - As outlined in the report, paragraph 2.10.1, the deletion of a Health IDVAS post will negatively impact on the capacity of community-based health services to appropriately respond to domestic abuse.

## **4.6 Localism and Local Member Involvement**

- 4.6.1 There are no significant implications within this category.

Source Documents	Location
Domestic Abuse Strategy 2014-2018	Amanda Warburton 2 <sup>nd</sup> Floor, Babbage House Shire Hall Site, Cambridge

## Appendix 1

### **Cambridgeshire Domestic Abuse and Sexual Violence Partnership Domestic Abuse Strategy (2014 – 18) Progress Update January 2016**

This update is designed to show, through 'RAG ratings',<sup>1</sup> progress towards our collective 'vision' **to reduce the harms associated with domestic abuse, and prevent these crimes from occurring across Cambridgeshire.**

Service mapping and needs analysis (which precluded and informed the strategy), found that there were key overarching gaps in provision for specific groups and in different areas of the county. These included:

- **A lack of availability of specialist intervention for families – in particular services that consider children and young people together with their protective parent**
- **A lack of availability of programmes for men who use violence in their relationships to support men who want to stop committing domestic abuse**
- **A lack of coordination between services, which led to gaps in provision in between different areas. It was recommended that the creation of a 'countywide offer' – a minimum level of provision that would be available to any victims, offenders or their families regardless of their location – would assist in closing gaps in provision.**

In addition to these overarching gaps in provision, the following thematic (**prevent, protect, pursue, and support**) areas for development were also identified. Each need is 'RAG rated' to show where progress had been made / is still required. Also attached to each need (in brackets) is the lead officer and relevant taskgroup charged with progressing the work:

#### **Prevent**

- The need to integrate messages around domestic abuse into parenting programmes (Simon Kerss, LSCB DA)
- The need to ensure that workers across public services are able to identify potential victims of domestic abuse and are able to signpost and refer to appropriate services; for example through adoption of a new modular training package based on the NICE guidance on domestic abuse (Simon Kerss, WFD DA Group)
- The need to work in partnership with schools to ensure that messages around healthy relationships are well integrated into PSHE lessons at schools, including targeted healthy relationship classes in secondary schools (Eva Acs, Health Relationships Group)

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<sup>1</sup> 'RAG ratings' are as follows: Green = action progressing towards completion / is complete. Orange = action progressing. Red = need to address action.

- The need to place a greater emphasis on education for communities into what constitutes abuse; and what support is available (Amanda Warburton, Awareness and Communications Group)
- The need to review available perpetrator programmes to consider how they could be better incorporated into the Cambridgeshire offer (Vickie Crompton / Simon Kerss, Implementation Board).

## **Protect**

- The need to provide new specialist interventions for children and young people affected as direct or indirect victims of domestic abuse, including examining expansion of the young people's IDVA role (this action will be carried forward into the joint plan).
- The need to develop approaches to specialist intervention for families – in particular services that consider children and young people together with their protective parent
- The need to carry out more work with young people who are perpetrators of domestic abuse to challenge their behaviour and ensure that it does not begin a pattern of violence which continues into future relationships (to be carried forward into joint plan)
- The need to include domestic abuse as a key priority in our Together for Families programme, in order to expand awareness of the 'think family' approach, which brings many agencies together to work with families with multiple needs; and gives families clear and positive goals to work towards, allowing them to succeed in independence (Simon Kerss, Implementation Board)
- The need to commit to working in partnership with strategic housing and social housing providers to review policies, initiatives and current working practices across all levels of need, to ensure early identification and consistency of housing approach to victims and perpetrators of domestic abuse across the County (Trish Reed, Governance Board)
- The need to address inconsistent provision across the county in specialist domestic abuse services; for example we will review the availability of refuge provision, Freedom programmes and Phoenix programmes across the county (Simon Kerss, Implementation Board)
- The need to work to develop clear policies on the best approach for all partners to take to working with families where domestic abuse is

occurring (Simon Kerss, LSCB DA Group and Implementation Board).

### **Pursue**

- The need to ensure that partners' processes and procedures support investigation and prosecution if necessary at every contact. For example, we will ensure that Constabulary incident logs contain more detailed information; this will ensure that details are captured for later investigation and evidence (Jon McAdam, Implementation Board)
- The need to continue to support increased reporting of domestic abuse; for example by making clear information available to victims and potential victims on how the criminal justice system works and the support available if a crime is reported (Jon McAdam, Implementation Board)
- The need to ensure a consistent approach to domestic abuse incidents, even if a prosecution may not take place; for example following robust investigative procedures even if victims do not want to pursue a prosecution (Jon McAdam, Implementation Board)
- The need to ensure that when a caution is the best possible response, that as part of the caution criteria a perpetrator should have to attend an 'input' and face up to domestic abuse as well as the underlying issues that made them offend (Jon McAdam, Implementation Board)
- The need to ensure that full use is made of offender interventions to support the rehabilitation of persistent convicted perpetrators in all appropriate cases (Jon McAdam, Implementation Board).

### **Support**

- The need to review services supporting recovery available countywide through a mapping report and consultation, in order to ensure that valuable services such as Phoenix programmes and peer support groups that help past victims to support others are widely available (Simon Kerss, LSCB DA Group and Implementation Board)
- The need to review access to mental health support for victims of domestic abuse in line with the findings of the Needs Assessment (Vickie Crompton, Implementation Board)
- The need to ensure that all victims are enabled to continue to live independently, feeling safe; for example through continued support for the Cambridgeshire 'Bobby' scheme (Vickie Crompton, Implementation Board).

## **Appendix 2**

### **The Cambridgeshire Domestic Abuse Partnership Offer**

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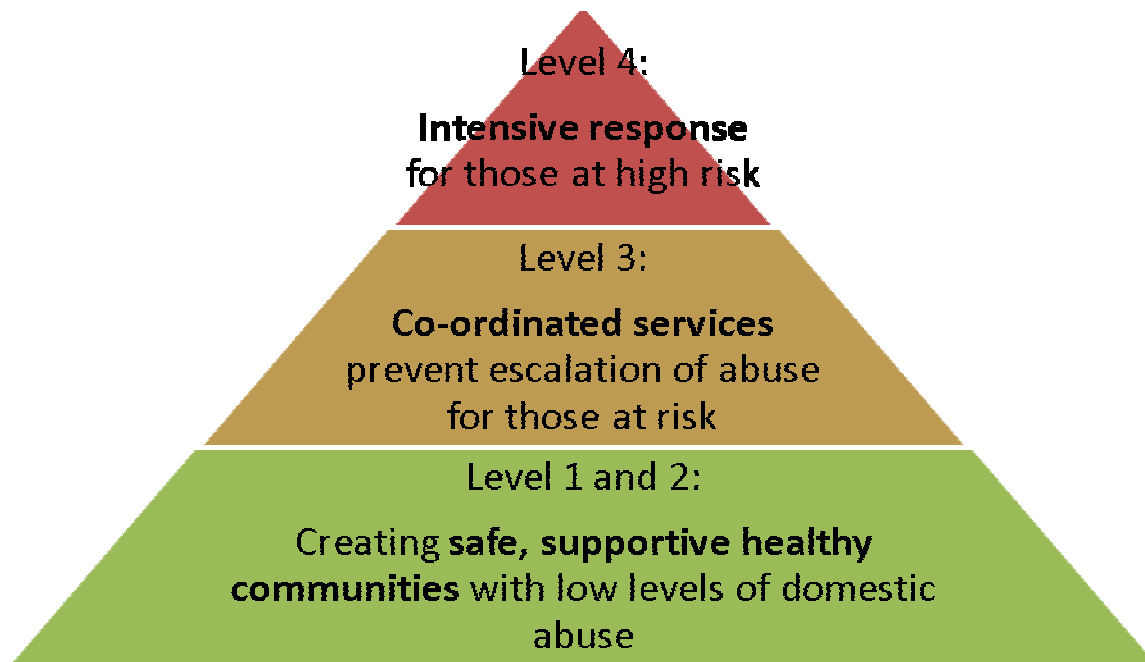
#### **Introduction**

The Cambridgeshire Domestic Abuse Partnership recognises that not every case of domestic abuse needs the same response – varying degrees and types of support are needed from different organisations depending on the circumstances of the individual victim, family or perpetrator. Prevention of abuse is also important – how we create strong and supportive communities where domestic abuse is seen as unacceptable to all.

Our different responses to domestic abuse happen at three distinct levels, as demonstrated in the diagram below. This provides a 'Model of Staged Intervention for Domestic Abuse', drawing on the Model of Staged Intervention (MOSI) used by the County Council; The Victim and Offender Strategies from the Police and Crime Commissioner; NICE guidance; the Home Office Community Coordinated Response Model and the County Council's emerging approach to Early Help.

This model provides a framework for developing a common understanding of people's needs; and a shared understanding of the roles and responsibilities of different services and organisations.

#### **Model of staged intervention for domestic abuse**



These levels are about prevention, lowering risk and managing demand on our more intensive services. The aim is to ensure that there are fewer people in the higher levels, receiving more targeted, intensive support. Early help as soon as need is identified is preferable to 'late help' when problems have escalated; but intensive safeguarding and support is always available to those that need it. Getting this right requires us to build capacity in communities to support people to help themselves; as well as creating effective, coordinated pathways and referrals between organisations, which will be developed as part of the action plan for this strategy. The levels can be summarised as follows:

At **Level 1**, we want to build safe, supportive and healthy communities with low rates of domestic abuse. In safe, supportive and healthy communities, communities have the capacity to support themselves, and the number of victims is reduced; with a wide range of agencies playing a part in empowering communities and delivering preventative work; there are high levels of confidence in policing; and communities are engaged with high numbers of witnesses prepared to come forward. Level 1 refers to support available within families and communities without the involvement of specialist services. This action is supported by **Level 2** services, which work to build protective factors into communities – for example by educating people about what constitutes domestic abuse; and educating children and young people about healthy relationships. Practitioners working at **Levels 1 and 2** will be able to respond to the disclosure of domestic abuse by offering supported signposting or onward referral to specialist services, and / or by facilitating access to protective factors relevant to the level of need.

Where domestic abuse occurs, we want to ensure that co-ordinated services are available early on which prevent escalation of abuse for people at risk – both for the victims and any dependent children and ensure that people are aware of what is available within their own communities. Whether or not people choose to engage with these services, or report abuse to the police, services will respond proportionately and provide clear pathways to the victim that will reduce risk according to their individual wishes: whether that is to leave the household; stay at home; or whether the offender is willing to engage with a rehabilitative approach. When the abuse has ended, support will be available to those that need it to promote recovery for them and their family. Practitioners working at **Level 3** will be able to provide an initial response that includes risk identification and assessment (using the RIM

and / or DASH), safety planning and continued liaison with specialist support services, including referral to specialist community-based programmes.

For those cases with the highest level of risk, our organisations will provide an intensive response in a coordinated manner, to address the immediate risk and protect victims and families urgently, stepping back once the immediate situation is resolved but ensuring that victims and families have immediate access to further support if needed. Practitioners working at **Level 4** will be able to give expert advice and support to people experiencing domestic violence and abuse, and are able to manage risk and safety as part of their casework.

### **Types of response**

In order to address each of the perspectives on domestic abuse; and to respond appropriately at different levels, there are four main areas of work that our partnership organisations will undertake. This strategy explores each of these areas in turn to identify what changes are needed in each:

- We will **prevent** people from becoming perpetrators or victims of domestic abuse
- We will **protect** victims of domestic abuse and their children, whether or not they choose to report crimes to the police
- We will **pursue** perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions
- We will support victims to **recover** from the consequences of domestic abuse.

These objectives will be supported by cross-cutting work to continuously develop the countywide offer to ensure a coordinated response to domestic abuse.

### **Assessments to support the Cambridgeshire Offer model**

Several local assessment processes are integral to establishing levels of need, and so informing appropriate agency responses to disclosure. The CAF, Victim's Needs Assessment and ASSET, for example, may all be used to support the Cambridgeshire offer.

However, specialist assessment processes, such as DASH RIC (Domestic Abuse, Stalking and Harassment Risk Indicator Checklist) and Barnardo's DV RIM (Domestic Violence Risk Indicator Matrix) should be used to assess the level of risk to the adult victim and child(ren).

Assessment is an on-going process, not a single event. Individuals and families can move between levels of need (both through increasing and/or reducing their needs and vulnerability) according to their particular circumstances, therefore it is essential that those working with those impacted by domestic abuse can be flexible and able to respond to changing needs and risk of harm. The importance of robust planning and multi-agency involvement in cases of domestic abuse cannot be over-stated.

Although repeated assessments are not always necessary to move those affected from one level of support to another, risk in domestic abuse cases is fluid and can escalate quickly. Practitioners must take into account the risk that the escalation of domestic abuse poses and be prepared to revisit assessments such as the RIM and DASH as the need arises.

### **Limitations of the Cambridgeshire Offer model**

It is intended that the Cambridgeshire Offer model should be used as a tool to enable individuals, families and agencies to communicate their concerns regarding domestic abuse: using a common format, language and understanding of the levels of needs, concern or risk.



It is also intended as a tool to enable practitioners to complete a needs 'map' to assess individuals / families, and articulate their needs and strengths and the risks and protective factors that may exist.

The model, and the descriptors included within the matrix, is not intended to be prescriptive, exhaustive or definitive. Need and risk have always to be considered on a case by case basis, and responses based on assessment and judgement and relevant statutory guidance. Practitioners should use their professional judgement, experience and training at all times to inform assessment and intervention.

The model does not guarantee service provision by particular agencies at each level. There may be restricting factors such as:

- Specific service criteria related to the agency's specialist area of work
- Previous interventions
- Geographical location
- Age limits
- Availability of community-based provision.

Finally, it should be recognised that those impacted by domestic abuse may seek to deny or minimise their experiences / level of risk. Practitioners should always be conscious of this issue when considering need, and be prepared to escalate concerns according to local and statutory safeguarding guidance.