



Cheshire East Domestic Abuse Needs Assessment & Review

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1. Introduction

- 1.1. This report presents the findings of a review and needs assessment completed by Standing Together Against Domestic Abuse (Standing Together) on behalf of Cheshire East Council. Standing Together is a national charity bringing communities together to end domestic abuse through supporting organisations to work in partnership to identify and respond effectively to domestic abuse and to ensure survivors receive the best possible support to live free from abuse.
- 1.2. We sought to build a comprehensive picture of domestic abuse in Cheshire East: need, demand for services, service provision, and the response of all organisations to domestic abuse individually and in partnership. For the purposes of this report, the term ‘partnership’ describes all organisations (statutory, voluntary and community) that have any role in responding to domestic abuse victims/survivors and those who harm, children and adults.
- 1.3. The needs assessment and review operated from the basis that children and young people are victims of domestic abuse in their own right, not ‘witnessing’ or ‘indirect victims’, as stated in the Domestic Abuse Act 2021¹.
- 1.4. The needs assessment and review were informed by the Coordinated Community Response model² of partnership responses to domestic abuse and the Whole Housing Approach³ to domestic abuse (WHA), both of which have been recognised as examples of best practice in the Domestic Abuse Act 2021 Statutory Guidance⁴.
- 1.5. The Domestic Abuse Act 2021⁵ placed statutory requirements on Cheshire East Council, which are outlined in the following table, with a summary of Cheshire East Council’s status.

DA Act 2021 Part 4 Statutory Requirements	Cheshire East Council Status
Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.	The Cheshire East Domestic and Sexual Abuse Partnership board meets this requirement.
Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area.	A needs assessment was completed in 2021/22 as part of the Whole Housing Approach development work. The needs assessment in this review updates that for 2022/23.

¹ <https://www.legislation.gov.uk/ukpga/2021/17/section/3/enacted>

² STADA In Search of Excellence: <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

³ DAHA Whole Housing Toolkit: <https://www.dahalliance.org.uk/who-we-are/whole-housing-approach/whole-housing-toolkit/>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

⁵ <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.	Completed through publication of the Whole Housing Approach Strategy 2021-23.
Implement the strategy through commissioning / de-commissioning decisions.	Commissioning decisions will follow the completion of this review.
Monitor and evaluate local delivery and effectiveness of the strategy.	The Cheshire East Domestic and Sexual Abuse Partnership board is responsible for this.
Report back to central government annually.	The Cheshire East Domestic and Sexual Abuse Partnership board is responsible for this.

- 1.6. The Government published its Domestic Abuse Action Plan⁶ in March 2022, with the following priorities, which can also be found in the Government’s National Violence Against Women and Girls Strategy 2021-24⁷: Prioritising prevention; Supporting victims; Pursuing perpetrators; A stronger system.
- 1.7. Cheshire East domestic abuse strategy and commissioning should also have reference to the Government National Statement of Expectations⁸, which set out the actions local commissioners need to put in place to ensure their response to VAWG is collaborative, robust, and effective through the following:
 - Put the victim/survivor at the centre.
 - Have a clear focus on the perpetrators in order to keep victims (and those at risk) safe.
 - Take a strategic, system wide approach to commissioning, acknowledging the gendered nature of VAWG.
 - Be locally led and safeguard individuals throughout.
 - Raise local awareness of the issues and involve, engage, and empower communities to seek, design and deliver solutions to prevent VAWG.
- 1.8. Cheshire East Council was awarded new burdens funding from government to implement the Statutory Duty in 2021/22 and 2022/23. Future levels of funding will be announced year on year by the Department for Levelling Up, Housing and Communities (DLUHC). This funding is explicitly provided to ensure the new burdens of the Act can be implemented and to meet the gaps identified through the needs assessment. New burdens funding does not replace

⁶ <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

⁷ <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064571/National_Statement_of_Expectations_2022_Final.pdf

existing funding for core services and there is no guarantee over future levels of government funding.

- 1.9. The report presents the findings of several strands of work delivered by Standing Together. While presented separately, when appropriate, the findings of each are referred to in other sections. Recommendations are made throughout the report, and listed together in section nine.
- Section two outlines the structure of the strategic partnership response to domestic abuse in Cheshire East, and the role and response of other strategic partnerships. Detailed tables are contained in Appendix 1 and Appendix 2.
 - Section three details the range of specialist domestic abuse provision in Cheshire East, how they are funded and what they deliver. A detailed table of provision is contained in Appendix 3, and the funding detail in Appendix 4.
 - Section four describes the ‘front door’ processes to accessing domestic abuse support in Cheshire East, and presents the findings of a review of these processes. More detailed information about these processes is also contained in Appendix 5 and Appendix 6.
 - Section five is a summary of the responses from non-domestic abuse specialist organisations and services. A detailed table is contained in Appendix 7.
 - Section six contains the needs assessment, based on the available data from specialist domestic abuse services and non-specialist services, including where possible, demographic data of those accessing services.
 - Section seven presents survivor feedback that was gathered as part of this review. This feedback is also integrated into the other sections where appropriate. Appendix 8 contains the full survivor consultation report, and Appendix 9 contains customer mapping and survivor journeys.
 - Section eight describes the range of audit and review process in Cheshire East, and presents the findings of a review of these processes, with detailed information contained in Appendix 10.
 - Section nine presents the conclusions of the review, and lists all recommendations made throughout the report.

2. Domestic Abuse Strategic Partnership

- 2.1. This section outlines the existing strategic governance for the partnership response to domestic abuse in Cheshire East. Conversations were held with the managers or coordinators of the core strategic partnerships, and Terms of Reference were reviewed.
- 2.2. The strategic governance for domestic abuse is through the Cheshire East Domestic and Sexual Abuse Partnership Board (CEDSAP), which monitors the Cheshire East partnership

strategy for domestic abuse. The most recent strategy ended in 2023, and a new one will be developed following the completion of this review and needs assessment.

- 2.3. The four core strategic partnerships in Cheshire East are: Cheshire East Safeguarding Adults Board, Cheshire East Safeguarding Children’s Partnership, Cheshire East Health and Wellbeing Board, and the Safer Cheshire East Partnership. The partnerships are outlined in detail in Appendix 1, including statutory responsibilities, coordination, structures, and current priorities.

Cheshire East Domestic and Sexual Abuse Partnership Board

- 2.4. Cheshire East Domestic and Sexual Abuse Partnership Board (CEDSAP) is a sub-group of the Safer Cheshire East Partnership. It is supported and coordinated by the Domestic Abuse and Sexual Violence Development Lead Advisor. The role is based in Children’s Services, managed by the Head of Service for Prevention and Early Help, who also chairs CEDSAP.
- 2.5. CEDSAP fulfils the requirement under Part 4 of the Domestic Abuse Act 2021 to “Appoint a multi-agency Domestic Abuse Local Partnership Board which it will consult as it performs certain specified functions”⁹. Additionally, Part 4 requires the local authority to do the following:
- Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
 - Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.
 - Give effect to the strategy (through commissioning / de-commissioning decisions).
 - Monitor and evaluate the effectiveness of the strategy.
 - Report back to central government.
 - Local authorities must have regard to the statutory guidance in exercising their functions.
- 2.6. These requirements are expected to be delivered through consultation with the multi-agency Domestic Abuse Local Partnership Board. Membership of the Board relevant to Cheshire East Council, with reference to s.58 of the Act, is outlined in Appendix 2.
- 2.7. It is not clear the extent to which CEDSAP is focused on sexual abuse, as would be suggested by the name of the partnership.
- 2.8. CEDSAP sub-groups have up to now been in place to address identified priorities within the partnership strategy 2020-23: *People who harm; Co-production; Complexity; Communication; Health; Commissioning*. These sub-groups are on hold while this review is completed, and the new partnership strategy is developed, although work is continuing in these priority areas.
- 2.9. The *Multi-Agency Risk Assessment Conference (MARAC) Steering Group* exists as a standing sub-group to CEDSAP to monitor and assess the performance of the MARAC process in Cheshire East. it is attended by Managers from the local authority, police, health, probation, fire and rescue, and Cheshire East Council DAFSU. Meetings are held quarterly.

⁹ <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>

- 2.10. The *Whole Housing Approach Steering Group* also continues to operate as a sub-group of CEDSAP, to ensure delivery of the action plan for the pilot. Attendance at the group comprises Managers from the local authority, police, health (ICB), fire and rescue, Registered Social Landlords, and voluntary sector services. Meetings are held quarterly.
- 2.11. An *Experts by Experience group* is in place to inform CEDSAP. A role (named 'Amplified Voice') is funded through DLHUC and provided by MyCWA to facilitate a peer support lounge to seek the views of survivors. The partnership is also proactively seeking the voices of survivors who may not access the peer support lounge. This includes work with Pearls of Cheshire (a local by and for service), Pure Insights (supporting care experienced young people), and the Gypsy, Roma, and Traveller communities. An organisation called Disability Positive delivers an established user group to steer the work of the CESAB, and their views are being sought to inform CEDSAP.
- 2.12. In addition to Cheshire East partnerships, there are regional and sub-regional partnerships CEDSAP must connect with: the Sub-Regional Domestic Abuse Group, Pan-Cheshire Criminal Justice Board, and SARC Commissioning partnership.

Cheshire East Strategic Partnerships

- 2.13. The ways in which CEDSAP interacts with the core strategic partnerships in Cheshire East varies, and in some areas could be improved. The role of the Domestic Abuse and Sexual Violence Development Lead Advisor is clearly crucial: all participating organisations were aware of this role and the vital part they play in coordinating and delivering a Coordinated Community Response. But, it is important that the partnership response does not rely solely on the Lead Advisor, and that appropriate connections and representations are made across all services and organisations.
- 2.14. Safer Cheshire East Partnership (SCEP): as a sub-group of SCEP, the work of CEDSAP is reported by the Domestic Abuse and Sexual Violence Development Lead Advisor, who is a member of SCEP. The Strategic Intelligence Assessment 2022-25 identifies domestic abuse as a priority area.
- 2.15. Cheshire East Safeguarding Adults Board (CESAB): the CESAB Business Manager is located within the Adult Safeguarding Team alongside the Community Safety Manager who manages SCEP. This enables a strong link to be in place between the work of SCEP, CEDSAP and CESAB. Additionally, the Domestic Abuse and Sexual Violence Development Lead Advisor is a member of CESAB and provides updates on the work of CEDSAP. While the Lead Adviser is located in Children's Services, they do not – and cannot – represent the work of that department, which is otherwise not represented at CESAB.
- 2.16. Cheshire East Safeguarding Children's Partnership (CESCP): CESCP has been through a process of transformation, and a new structure was being implemented as this review was completed. The transformation process identified the need to ensure a strong link with CEDSAP, with a two-way dialogue that recognises the shared responsibility of the two boards for responding to children who are victims of domestic abuse. This is also with reference to a

briefing published by the National Child Safeguarding Practice Review Panel¹⁰ which made the following recommendation:

“Reflecting the priority in the new Domestic Abuse Plan¹¹ (published 30 March 2022) to bring national government departments together in a whole-system response, child safeguarding partners should recognise their central role in the local response to domestic abuse. They should connect closely with the community safety partnership or domestic abuse board to ensure priorities and work plans align, including commissioning and budget priorities, with clear accountability mechanisms.”

- 2.17. Discussions are ongoing between the CЕСP, CEDSAP and the Domestic Abuse and Sexual Violence Development Lead Advisor to ensure appropriate membership, to ensure two-way dialogue between the partnership boards.
- 2.18. Cheshire East Health and Wellbeing Board (CEHWB): There is no formal link between CEHWB and CEDSAP, but CEHWB welcomes papers being brought to gain the board’s support. (This was done by CEDSAP for the Health Pathfinder model¹².) The Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28 contains domestic abuse specific outcomes, which will be delivered through CEDSAP with support from CEHWB.

Conclusions and Recommendations

- 2.19. Through CEDSAP, Cheshire East is meeting the statutory requirements of the Domestic Abuse Act 2021. It is a strong and established partnership, viewed positively by all partners.
- 2.20. CEDSAP places a priority on listening to the voices of those with lived experience, from diverse backgrounds and experiences, which is positive and provides an opportunity for the partnership to be held accountable by its local communities.
- 2.21. CEDSAP benefits from being placed as a sub-group to SСEP. The location of the board managers for SСEP and CESAB mean that connections between these boards are strong, also to the benefit of CEDSAP. The connection between CEDSAP/SСEP and CЕСP needs to be strengthened and formalised.
- 2.22. Looking across all the partnership boards, it is unclear why certain levels of representation are selected for the different strategic partnership boards. Most notable is the lack of local authority director or executive director level representation at SСEP (except for the chair).
- 2.23. There is also variation in the level of representatives to CEDSAP, for example from health providers. Another example is that Housing is not represented above Manager level, compared with other areas being represented by Heads of Service. Representation may reflect expertise or experience in domestic abuse that is beneficial to the board; but raises questions over accountability and oversight.

¹⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf

¹¹ <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

¹² <https://www.standingtogether.org.uk/pathfinder>

- 2.24. Children’s Services are represented at CEDSAP by the Service Manager for Crewe Child Protection and Child in Need, the Head of Service for Early Help (Chair), the Service Manager for ChECS (safeguarding front door) and Education. The strategic links with other important areas of Children’s Services, such as Children Looked After, Contextual Safeguarding, and other Child Protection/Child in Need teams, are unclear.
- 2.25. Adult Social Care is represented at CEDSAP by the Head of Adult Safeguarding and the Safeguarding Performance Officer. It is not clear how the wider remit of Adult Social Care participates in domestic abuse partnership governance.
- 2.26. Local authority Public Health, Wirral Community Health and Care NHS Foundation Trust, and North West Ambulance Service are not represented at CEDSAP or SCEP. They are connected through the attendance of the Cheshire and Merseyside ICB, but other health providers are direct members, so this appears as a gap.
- 2.27. It would support the partnership response to domestic abuse were SCEP able to hold other partnership boards accountable for their involvement in the partnership response to domestic abuse.
- 2.28. The National Child Safeguarding Practice Review Panel’s briefing on multi-agency safeguarding and domestic abuse¹³ highlighted good practice in the North Yorkshire multi-agency commissioning group, which Cheshire East could learn from in bringing partners together to discuss funding and commissioning (building on the CEDSAP Commissioning sub-group, currently on hold).
- 2.29. Information gathered from the Domestic Abuse Commissioner’s Office suggests that, in locating the domestic abuse strategic partnership within community safety, Cheshire East is in line with most partnerships in England. Further feedback highlights that areas in which the strategic partnerships are strong, place their domestic abuse partnership board within a network of strong connections and communication between the strategic partnerships, with clear accountability across all partner agencies and boards.
- 2.30. *Recommendations*
- CEDSAP should continue to operate as a sub-group of SCEP: this arrangement is working well and is in-line with most partnership arrangements nationally.
 - Strengthen and formalise the connections between CEDSAP and SCEP with CESCO, with reference to the National Child Safeguarding Practice Review Panel recommendation referred to above (paragraph 2.16). This development must recognise the wide scope of Children’s Services, from Early Help through to Children Looked After and Care Experienced: representatives must be able to effectively represent, and communicate with, the whole department.
 - Formalise the mechanism through which CEDSAP will report on delivery of the outcomes identified in the Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28.

¹³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf

- Review the membership of CEDSAP presented in this report regarding the level of representation and the gaps in representation, to understand the impact this has on functioning and strategic delivery, and make changes / invitations as appropriate.
- Ensure that the involvement of those with lived experience of domestic abuse is two-way, so that those who have contributed their feedback, or are affected by the work of the partnership, receive information/updates on its work.

3. Domestic Abuse Specialist Provision and Funding

3.1. This section describes the specialist domestic abuse services commissioned and provided in Cheshire East. For the purposes of this review, a ‘specialist’ service is one that is exclusively contracted, or designed, to deliver domestic abuse interventions. All provision in Cheshire East is presented in Appendix 3 aligned to the type of intervention that is delivered.

“These services [CEDAH, DAFSU, CWA] have saved my life. I’m grateful for them.”

- 3.2. Appendix 4 is a spreadsheet containing all funding for specialist domestic abuse provision in Cheshire East. The information is presented in the following ways:
- The cost of each service, broken down to each element, listed alongside whether roles are permanent or temporary, and the source of funding for each element of services.
 - Funding sources listed against each of the services, compared with the cost of each service and any shortfall, and the status of that funding (i.e., ongoing or temporary).
 - Total funding provided by each of the funders in Cheshire East, and what services each source funds.

Cheshire East Council Domestic Abuse Hub & Domestic Abuse Family Support Unit

- 3.3. Due to the way in which funding covers both Cheshire East Domestic Abuse Hub (CEDAH) and Domestic Abuse Family Support Unit (DAFSU), the funding is outlined here, followed by the detailed descriptions and costs of each service (see paragraphs 3.8 and 3.25).
- 3.4. 1 FTE Manager covers both CEDAH and DAFSU. Transport and running costs are in place to cover both teams.

CEDAH & DAFSU Management and Service Delivery Costs	Cost	Funding Source
1 FTE CEDAH & DAFSU Manager (Grade 10), permanent	£58,000	Core Cheshire East Council Children’s Services funding, ongoing
Transport costs	£7,140	

Supplies and services costs	£20,400	
TOTAL COST	£85,540	

- 3.5. Funding for CEDAH and DAFSU are from the following sources. The table also includes the temporary nature of some of the funding. While this funding covers both services, most of the ongoing funding is allocated to DAFSU, and the temporary funding to CEDAH.
- 3.6. It should be noted that the substantial funding from CEC Children’s Services Base Budget is due to the teams currently being located within that department.

CEDAH & DAFSU Funding Sources	What is funded	Funding	Nature of funding
Cheshire & Merseyside Integrated Care Board	DAFSU	£16,695	Ongoing
Cheshire Police & Crime Commissioner	DAFSU	£10,000	Ongoing
		£146,200	Ends at the end of 2024/25
CEC Housing	DAFSU & CEDAH	£5,000	Ongoing
CEC Community Safety / Adults Base Budget	DAFSU & CEDAH	£40,000	Ongoing
CEC Children’s Services Base Budget	DAFSU	£154,582	Ongoing
	CEDAH	£50,000	Ongoing
DLUHC	DAFSU Deputy Manager	£52,000	Ends at the end of 2023/24, future funding not guaranteed, announced year-on-year
	DAFSU	£41,000	
	CEDAH	£67,000	
TOTAL ongoing funding		£321,277	
TOTAL time limited funding		£271,200	
TOTAL funding		£592,477	

CEDAH & DAFSU Funding	Funding
TOTAL cost of CEDAH delivery (see below, paragraph 3.22)	£158,000
TOTAL cost of DAFSU delivery (see below, paragraph 3.29)	£371,500
TOTAL cost CEDAH & DAFSU management, service costs (see paragraph 3.4)	£85,540
TOTAL cost CEDAH & DAFSU delivery	£615,040

Shortfall (total funding minus total cost)	£22,563
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- 3.7. *Recommendation*: Cheshire East Council to explore whether the funding for domestic abuse service provision should not be seen as a cost to a specific department, to enable recognition of the responsibility of the whole Council to delivering domestic abuse responses, not just the service area where the teams are located.

Cheshire East Council Domestic Abuse Hub

“I was surprised at how much support I’m getting from the hub. It’s helping to make me feel safe and secure. Despite the delays in getting back to me, I know that whatever happens, I can go to the hub for help. There is nothing I would complain about this service. I believe that I wouldn't have survived without it.”

- 3.8. The Cheshire East Domestic Abuse Hub (CEDAH) is based in Cheshire East Council Children’s Services. It is single point of contact for information, consultation, referral, triage, and case allocation for those affected by domestic abuse and those who support them.
- 3.9. Referrals are made to CEDAH through the online portal, via telephone, and through Cheshire Constabulary VPAs. CEDAH welcomes self-referrals and referrals from professionals. A diagram of the process is presented in Appendix 5.
- 3.10. The expectation is that any individual or family in Cheshire East requiring support in relation to domestic abuse will be referred or signposted to CEDAH, not to individual services. This applies to all domestic abuse related referrals including victims/survivors and those who harm, for adults, children and young people. Where CEDAH receive referrals or contacts for high-risk victims/survivors, these are passed immediately to the DAFSU for response.
- 3.11. On receiving a self-referral via phone, wherever possible, CEDAH will respond to what the person needs at that time, which could be a full triage taking approximately an hour (not all self-referrals want to undertake this immediately). If it is not possible to do this due to CEDAH capacity, or the call-taker needing to undertake a scheduled call with another victim/survivor, the person’s details will be taken, and a time arranged to call them back.
- 3.12. CEDAH will refer someone on to support from MyCWA within the following criteria (see more on MyCWA provision below, from paragraph 3.51):
- If the individual referred has children, or is a child, with a Child in Need or Child Protection Plan.
 - Victims/survivors wanting to separate from their abusive partner.
 - Victims/survivors experiencing multiple disadvantage as assessed by the MyCWA ‘Chaos Index’ tool.

- 3.13. CEDAH aims to contact agency referrals within five working days. Due to the lack of capacity, it's currently closer to ten working days. As a snapshot when this review was being completed, there were 314 cases on the system that needed to be contacted by two members of staff. CEDAH tries to prioritise self-referrals and those with children, but within those groups, it is hard to prioritise again.
- 3.14. When an individual does not meet the criteria for referral on to MyCWA, but requests support, more in-depth safety planning is completed. Each call to undertake this can be 2-2.5 hours. This is unsustainable due to the current lack of capacity: given the time it takes, only two or three of these calls can be made in a day, during which time other referral triage and call responses cannot be given.
- 3.15. Additionally, it is felt by the team not to be person-centred or trauma-informed: trying to cover all elements of a safety plan is often too much for the victim/survivor to take in at one time. As a result, CEDAH is moving towards carrying out smaller pieces of safety planning work, following which the victim/survivor can call back when they need to move on to the next area of safety planning.
- 3.16. One survivor said the following about their first contact with CEDAH and completing the DASH-RIC during that call:

"I was listened to, but it felt like a tick box, asking if he does this or does that. I was asked if he hit my dog or any other animal. No, he hadn't, but if the dog was ill, he threatened he would destroy it. This was our much-loved family pet. I couldn't answer that question in black and white as they were asked. Right at the end, which shocked me was, bearing in mind that my perpetrator has been violent, and I shared this already, I was asked right at the end 'what am I frightened of?' Well I had already shared these details and I thought to myself, 'everything I just told you'."

- 3.17. In effect, CEDAH is case holding, because there is nowhere to refer some individuals to. However, the lack of capacity and emphasis on triage can impact on those seeking help when they feel they are on the receiving end of a process. The high demand also places a strain on staff, leading to stress and concerns that victims/survivors are not getting the support they need. This is not sustainable.
- 3.18. A theme from the survivor consultation was that survivors wanted the option to speak to someone face to face when at the start of the help-seeking process. Some also felt that, had they had direct access to MyCWA, they would not have had to repeat their story.
- 3.19. The need to meet face to face was particularly felt by survivors who had experienced technology-assisted abuse when they felt they had no choice but to use online spaces on their mobile devices, and not feeling safe to do so compounded their isolation. For one survivor, their perpetrator was monitoring them through their mobile phone and when they asked CEDAH to meet in person, they were told this wasn't an option.

“I felt let down because I didn’t want to speak over the phone and because they won’t do face to face appointments, I couldn’t get any help.”

3.20. Referrals from agencies (not police) can present issues in the process due to not being completed correctly or fully. For example, the referrer enters their own details where the details of the individual being referred should be; or not indicating that the contact details for the individual are safe to use. This creates work for the Business Support Officer and the Lead IDVA because they must go back to referrers to get the correct information.

3.21. The team comprises (some roles are not yet in post):

- 2 FTE Hub IDVAs in post at the time of this review.
- 1.8 FTE Hub IDVAs being recruited at the time of this review, including one with a focus on young people (Young People’s Violence Advisor, YPVA¹⁴), to be in post during 2023/24.
- 1 FTE Business Support Officer.
- 1 FTE Manager covering both CEDAH and DAFSU (costs presented in the above section, see paragraph 3.4).
- The Hub is also staffed by 1 FTE from MyCWA as part of the Cheshire East Council commissioned contract.

3.22. Funding for the service is as follows:

CEDAH Service Delivery	Cost	Funding Source
1 FTE IDVA (Grade 8), permanent	£50,000	Core Cheshire East Council Children’s Services funding, ongoing
1 FTE IDVA (Grade 7), temporary	£41,000	Cheshire & Merseyside Integrated Care Board, ongoing; Cheshire Police & Crime Commissioner, ongoing
1 FTE IDVA (Grade 7), expected to be in post half of 2023/24, temporary	£20,000	DLUHC, announced year-on-year
0.8 FTE YPVA (Grade 7), expected to be in post half of 2023/24, temporary	£16,000	
1 FTE Hub Business Support Officer (Grade 4), permanent	£31,000	
1 FTE MyCWA worker from commissioned service	Unknown	Cheshire East Council Children’s Services contract
TOTAL COST	£158,000	

¹⁴<https://safelives.org.uk/sites/default/files/resources/Young%20People%27s%20Violence%20Advisor%20suggestions%20on%20role%20-%20case%20management%20FINAL.pdf>

3.23. CEDAH is understood to be the core of the partnership domestic abuse response. It is well known and respected. Yet it has the most precarious funding of all domestic abuse services in Cheshire East. This impacts on staff retention and the wellbeing of existing staff who consistently operate above capacity.

3.24. *Recommendations*

- Understand the current response to self-referrals that cannot immediately be referred on or responded to within the triage process. Establish the length of time taken from initial call to closure and the impact this has on the ability of CEDAH to provide safety guidance and support. Identify which individuals are being supported in this way rather than receiving an onward referral, and how many, to identify the extent of the need.
- Establish what is a safe and manageable capacity per member of CEDAH staff to respond to referrals within the five working day response time. Take into account the data in the needs assessment (see section six). This can assist in estimating the actual costs to provide safe and manageable provision that meets the demand on CEDAH.
- Consider whether, in order to maintain CEDAH's role as triage rather than case-holding, the 2-2.5 hour phone calls and larger pieces of work with victims/survivors can be allocated to the commissioned service.
- Cheshire East Council, with CEDSAP and SCEP, to understand in greater depth the impact on CEDAH of the short-term, temporary nature of the funding, and identify where funding can be made more secure to ensure the stability of the service, as well as being sufficient to adequately staff the service.
- Explore the potential within CEDAH service design to accommodate face-to-face meetings for survivors who want this, or need it for safety reasons in order to access domestic abuse support.

Cheshire East Council Domestic Abuse Family Support Unit

3.25. The DAFSU offers provision to victims/survivors that are at high risk, delivered by a team of Independent Domestic Violence Advocates (IDVAs) based in Cheshire East Council Children's Services.

3.26. IDVAs aim to support all high-risk victims/survivors who are referred via CEDAH, Cheshire Constabulary VPAs (sent directly to DAFSU), including all those being discussed at MARAC. IDVAs support risk mitigation and advocate for their clients within multi-agency settings.

3.27. Full-time IDVAs have a typical caseload of 25. The capacity for new referrals has been annually 560, equating to around 100 referrals per FTE IDVA, which is in line with SafeLives recommended caseloads¹⁵. The first six months of 2023/24 (data not analysed in this review) indicate an increase in referrals to 334, projected to reach around 660 by the end of the year.

¹⁵ <https://safelives.org.uk/node/521>

This increase, combined with the level of complexity of victims/survivors being referred, mean IDVAs are working with victims/survivors for longer than SafeLives guidelines (six months rather than three), and the caseload becoming higher than can easily be managed.

3.28. The team comprises:

- 5.8 FTE MARAC IDVAs, including one with a housing focus.
- 0.8 FTE Macclesfield Hospital IDVA. The remaining 0.2 FTE of this role is included in the 5.8 FTE MARAC IDVAs above. See below about the Hospital IDVAs (from paragraph 3.71).
- 0.6 FTE Business Support Officer.
- 1 FTE Manager for CEDAH and DAFSU (see paragraph 3.4).
- 1 FTE Deputy Manager.

3.29. Funding for the service is as follows:

DAFSU Service Delivery	Cost	Funding Source
1 FTE IDVA (Grade 8), permanent	£48,000	Core Cheshire East Council Children's Services funding, ongoing
1 FTE IDVA (Grade 8), permanent	£48,000	
0.8 FTE IDVA (Grade 8), permanent	£38,000	
0.8 FTE IDVA (Grade 8), permanent	£38,400	
0.2 FTE IDVA (Grade 8), temporary (Member of staff works full time; remaining 0.8 FTE is Macclesfield Hospital IDVA, see below)	£9,600	Cheshire & Merseyside Integrated Care Board, ongoing
1 FTE IDVA (Grade 7), temporary	£41,000	Cheshire Police & Crime Commissioner, some is ongoing, some will end March 2025
0.6 FTE Business Support Officer (Grade 4), expected to be in post half of 2023/24, temporary	15,500	
Business Support Officer & IDVA Agency Staff to cover sickness/secondment (estimate 2 x Grade 7 staff 0.5 year)	£40,000	
1 FTE Deputy Manager	£52,000	DLUHC
1 FTE IDVA (Grade 7), housing focus, temporary	£41,000	
TOTAL COST	£371,500	

3.30. Deep dive case two (see section eight) found that the support of the IDVA (in this case, the Multi-Disciplinary Team IDVA) made a significant difference to the victim/survivor in delivering an 'empowerment through support' approach and coordinating the many services that were involved with the victim/survivor.

- 3.31. One survivor who identified experiencing significant trauma due to domestic and sexual abuse was involved with multiple services including police, CEDAH who referred to IDVA, and support from an ISVA (with two different ISVAs in that time). This speaks to the complexity of the system and how it can overwhelm survivors where there is an overlap of support between IDVAs and ISVAs.

“It’s a shame as it seems the services are there but only for people in emergency situations. I did speak to someone from Children’s Services and CEDAH. I first contacted my GP and went through all the steps necessary. I went to the police. I walked into a shelter. It seems to be that the only support available is for high-risk situations. It was deemed I was safe. That my child was safe. But we were not cared for because we were not deemed to be at risk.”

Multi-Agency Risk Assessment Conference (MARAC)

- 3.32. Multi-Agency Risk Assessment Conference (MARAC) referrals are received and coordinated by the Cheshire Constabulary Vulnerability Hub.
- 3.33. Referrals are discussed by the e-MARAC in the first instance, with all core agencies contributing information. Partners attending the meeting are Police, Cheshire East Council Housing, Cheshire East Council Adult Social Care, Cheshire East Council Children’s Social Care, IDVA (DAFSU) and health. A discussion is held around the risks and positives associated with the relationship and any actions that can be taken to mitigate risk.
- 3.34. If at e-MARAC it is agreed that all reasonable lines of support and assistance are underway and risk is therefore believed to have been mitigated, there is no requirement for the case to be heard at full MARAC.
- 3.35. If the risk is not believed to have been mitigated the case will be sent for full discussion at full MARAC with additional partners in including Probation and CGL.
- 3.36. All referrals to MARAC will be contacted by DAFSU to offer support (see paragraph 3.25).

Cheshire East Council Safe Accommodation: Sanctuary Scheme

- 3.37. The Cheshire East Sanctuary Scheme is delivered by Cheshire East Council, with Safe Partnership carrying out the security enhancements to a victim’s home. This is exclusively for those lived in private rented accommodation, or who own their own home. The aim is to enable them to stay there safely, alongside specialist support.
- 3.38. Additionally, security works are carried out by Registered Social Landlords for their own tenants. Registered Social Landlords are working with the Cheshire East Whole Housing Approach project to develop data collection on the works they carry out.
- 3.39. Cheshire Fire and Rescue Service carry out their own assessments and installations for all tenure types. They flag domestic abuse incidents on their systems. A representative of the service is involved with the Whole Housing Approach project.

3.40. Sanctuary Scheme is a major strand in the Whole Housing Approach project and pilot with Standing Together Against Domestic Abuse. A Coordinator is being recruited in 2022/23 and a working group is in place, involving Registered Social Landlords as well as Cheshire East Council. The aim is to develop a more centralised system and improve data collection.

MyCWA Dispersed Safe Accommodation, and Support in Safe Accommodation

- 3.41. Since April 2023, the dispersed safe accommodation (refuge) and support in safe accommodation, while still part of the contract, is funded through Cheshire East Council DLUHC funding (£245,000), rather than from the Core budget.
- 3.42. DLUHC funding is agreed year-on-year, and there is no information on how long the funding will last: it has been provided as ‘new burdens’ funding¹⁶ following the introduction of statutory duties by local authorities in the Domestic Abuse Act 2021.
- 3.43. To meet the statutory requirements of the Domestic Abuse Act 2021¹⁷, Cheshire East Council (with partners) must carry out a needs assessment and subsequently deliver a strategy that “clearly sets out its overall and holistic purpose, aims, priorities and approach to deliver a rounded offer of support to victims residing in relevant safe accommodation”. (B4.2) This is being enacted through the current review and needs assessment.
- 3.44. In giving effect to the safe accommodation strategy Cheshire Each Council should “ensure support is commissioned in relevant safe accommodation to meet the needs of victims including their children in line with their local strategy as soon as reasonably practicable and in line with local authority procurement rules and commissioning cycles.” (B5.1) This will continue to be in effect.
- 3.45. The statutory guidance sets out definitions of safe accommodation including refuge, specialist safe accommodation, dispersed accommodation, Sanctuary Scheme, and second stage accommodation. The accommodation must be provided by a local authority, registered provider of social housing or charity whose objectives include the provision of support to victims/survivors of domestic abuse. Bed and breakfast and generic, mixed temporary accommodation is outside the scope of the Act. (Statutory Guidance Part A: Key Definitions.)
- 3.46. More spaces are provided by MyCWA than are funded through DLUHC due to MyCWA sourcing funding from charitable foundations and other sources.
- 3.47. MyCWA provides the Flexible Funding intervention within the Whole Housing Approach project, ongoing in partnership with Standing Together Against Domestic Abuse. The funding for this is a National Lottery grant that will end in December 2024.
- 3.48. 21 units in individual houses and flats across Cheshire East are provided, with an average stay of nine months. The dispersed nature of the accommodation means there are no restrictions on referrals except for experiences of domestic abuse. This allows the service to

¹⁶ <https://www.gov.uk/government/publications/new-burdens-doctrine-guidance-for-government-departments/new-burdens-doctrine-guidance-for-government-departments#review-and-evaluation>

¹⁷ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

accommodate male survivors, survivors who are trans men or trans women or non-binary, those with higher levels of need or complex dependencies, and survivors with pets. There are three accessible properties for disabled survivors.

- 3.49. Some accommodation has the capacity to accommodate two survivors, but at times have a single occupant due to their level of needs. The complexity of these survivors' needs and circumstances can also mean move-on to new accommodation takes longer.
- 3.50. A new project is in development to house people who harm due to lack of stable housing being identified as a barrier to individuals participating in interventions to change their behaviours.

MyCWA Community-Based Provision

“[My]CWA is beyond incredible. What they do is amazing. What I found – which touched my heart – everyone is so respectful of each other. Nobody judges you, they let you speak uninterrupted. Despite guidelines of respect, you're free to be yourself. That is a breath of fresh air. To have somebody listening to you, that is like therapy – not to have to hide who you are.”

- 3.51. MyCWA are commissioned by Cheshire East Council to deliver community-based specialist domestic abuse support for adult and child victims/survivors. This contract will end in March 2024, having been in place for five years plus one year extension. Throughout that time there has been positive communication between MyCWA and Cheshire East Council contract management. Meetings are also attended by the Domestic Abuse and Sexual Violence Development Lead Advisor which provides an effective link with the wider partnership.
- 3.52. In addition to the contract MyCWA receive Home Office funding via the Cheshire Police and Crime Commissioner to deliver interventions with adults who harm.
- 3.53. It is not possible to separate MyCWA delivery between what is provided within contract, and what is provided as added value using external funding sourced by MyCWA. Cheshire East accesses much more provision than would otherwise be available within the value of the contract.
- 3.54. When the contract started in 2018/19 the emphasis was on delivery of early help support to individuals and families at lower than high-risk. Since then, provision has developed and changed, including in response to Covid, increasing referrals and complexity of referrals, and the reduction in funding in April 2023. The service adapted quickly and effectively to the changes required during and since Covid, and Cheshire East Council contract managers speak highly of the provision and how it has responded to change throughout the life of the contract.
- 3.55. In addition to the changes brought by Covid and the funding reduction, MyCWA has seen a significant increase in referrals over the years of the contract, alongside an increase in the

complexity of individuals and families being referred. With the support of Cheshire East Council contract managers and this has led to a move away from delivering early help support to a focus on supporting these complex individuals and families.

3.56. MyCWA accept referrals from CEDAH within the following criteria:

- If the individual referred has children, or is a child, with a Child in Need or Child Protection Plan.
- Victims/survivors wanting to separate from their abusive partner.
- Victims/survivors experiencing multiple disadvantage as assessed by the MyCWA ‘Chaos Index’ tool.

3.57. Due to the changes to referral criteria, there is now an additional focus within the contract on upskilling other professionals, such as those in Cheshire East Council Early Help and Social Care, to deliver interventions with children and families such as the Monkey Bob programme with young children.

“They [CEDAH] were literally saying to me I might qualify for support, but I might not. We’re going to help you but if there’s been this or that – but you don’t know what they’re looking for or getting at in order to get the help you need. I have no idea how they measure it. Feels like a case of the ‘computer says no’. Even though the staff are very nice, we know we’re being measured. What are you measuring my misery on? What qualifies me for services? I would love to know how they triage.”

3.58. The following is provided within the contract and using funding accessed from charitable foundations and other sources:

Access to Support	Capacity
1. 1 FTE staff to deliver CEDAH.	See above paragraph 3.8.
2. MyCWA’s own 24-7 helpline (no criteria, anyone can call).	Rota of staff and volunteers
3. Drop-in advice clinics for adult survivors of domestic abuse.	Approximate capacity 250 annually.
One to One Support for Adult Victims/Survivors	8 members of staff deliver both
4. Complex one-to-one intervention. Bespoke, holistic, support is tailored to the client and can include: planned flee, court support, safety planning, mental health support, practical support, onward referrals, for as long as required.	Average case load 8-15 per member of staff; open cases at one time 20-30; new referral capacity annually 10-60 depending on demand/capacity.

<p>5. Bespoke one-to-one support for adults with multiple barriers to help-seeking. Support plan in place for as long as required.</p>	<p>Average case load 12-15 per member of staff; open cases at one time 40; new referral capacity annually 30.</p>
<p>'Complex' clients include any client scoring 3+ on the Chaos Index, with a housing need or/and dual presentation. May decide to offer support to someone who does not meet the criteria, considered on a case-by-case basis. Intense support is provided, considering more than the clients' domestic abuse support needs. This can include making and supporting onward referrals. It includes relationship building support plans to increase client engagement and build rapport where a client might struggle to trust new professionals.</p>	
<p>Group Support for Adult Victims/Survivors</p>	
<p>6. Gateway Recovery Programme face to face and remote delivery of set number of sessions for adult female survivors.</p>	<p>1 member of staff. Average 12 groups of up to 12 survivors annually; open cases at one time 24; new referral capacity annually 144.</p>
<p>7. Peer Support Lounge: drop-in offered 3x per week during the day and 1x each at weekend and evening 9pm-midnight. Structured education session, e.g., boundaries, mental wellbeing, and an unstructured creative activity. Often includes food/refreshments.</p>	<p>1 member of staff. Approximate capacity 250 annually.</p>
<p>Support for Child Victims/Survivors and Families</p>	
<p>8. Complex One-to-One Children and Families intervention for families with adolescents (or younger) where there are concerns regarding contextual safeguarding/county lines/harmful behaviours.</p>	<p>Caseload: 3; 4 open cases at one time (10 new referral capacity annually).</p>
<p>9. Even Better Families: 8-15 week intervention, in groups of 1-2-1 for families with children aged over seven.</p>	<p>Caseload: 4; 30 open cases at one time (150 new referral capacity annually).</p>
<p>10. Monkey Bob toolkit for children aged two to seven to help them learn how to recognise their feelings, understand them, and develop strategies for expressing them safely.</p>	<p>Caseload: 4; 6 open cases at one time (30 new referral capacity annually). Non-MyCWA professionals trained to deliver.</p>

11. Tandem: work with families where there is child to parent violence/abuse.	Caseload: 4; 8 open cases at one time (40 new referral capacity annually).
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3.59. The following is provided by MyCWA in addition to the Cheshire East Council contract. Funding is from Cheshire Police and Crime Commissioner, charitable foundations and other sources:

Behaviour Change Work with Those Who Harm	
Lifeline: 32-week perpetrator intervention for men (Respect Accredited ¹⁸)	2x teams of 6 staff deliver all interventions. All staff deliver on all programmes via rota. Group provision /response interventions so no caseloads.
Evolve: 12-week behaviour change programme for women	
Inform: partner support offer alongside all behaviour change programmes	
Custody suite and CARA: 7/7 attendance in all custody suites across Cheshire by behaviour change workers and delivery of CARA	
Engage: skills-based denial focussed programme	

“I’ve been meeting with MyCWA and absolutely, they’ve helped me more so than I could imagine. They gave me tools to be stronger and process all the years this has been going on. They’ve enabled me to do this myself. They made me feel like there are people on my side. I feel like he’s on the radar now. And I’m not on my own.”

3.60. Some survivors who participated in the consultation couldn’t access MyCWA’s service due to wanting in-person support, which was not available.

“Ideally what I would have liked is a physical space to speak with someone. Like a room you can go to and speak face to face, you get so much more back than on the phone. My anxiety was horrendous, worst it’s ever been. If I met in person, the workers would have been able to pick up so much more and offer more help.”

3.61. *Recommendations*

¹⁸ <https://www.respect.uk.net/pages/respect-standard>

- Reporting from MyCWA to separate, if possible, what is delivered within contract and what is delivered over and above the contract value. This would demonstrate the added value to Cheshire East of MyCWA provision, and evidence the available capacity of the contract-only provision.
- Ensure that, across the partnership, there is recognition that individuals and families do not need to be identified at high-risk in order to be complex and require intensive support. Although the term is not widely used, to ensure consistency across partners, provide communication that all practitioners should avoid use of the term 'lower-level' to describe individuals and families identified at less than high-risk, because it can suggest they have a lower level of need, which is often not the case.
- Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to work with MyCWA and Cheshire East Council Children's Services to develop an action plan to enhance effective and trusting working relationships between the services, including for example, Children's Services practitioners observing the work of MyCWA with families.
- Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to facilitate wider partners to be involved in contract management reporting and discussions, to raise awareness of the work of MyCWA, the limitations and restrictions, and the high quality of work delivered.
- Consider how to provide support to survivors who want, or due to safety reasons can only access, in-person support.
- MyCWA to consider changing the name of the 'Chaos Index' Tool to remove negative associations, e.g., 'Multiple Disadvantage Measure'.

Cheshire East Council Whole Housing Approach

- 3.62. CEDSAP works to the Cheshire East Whole Housing Approach Strategy 2021-23, with the overall aim "to increase safety and choice for victims and their children by providing support for families in safe accommodation. Ensuring that where practical, survivors remain in their own homes."¹⁹
- 3.63. An action plan is in place, implemented and monitored by the Whole Housing Approach sub-group of CEDSAP.
- 3.64. Cheshire East Council and partners are working with Standing Together Against Domestic Abuse and Surviving Economic Abuse on a National Lottery funded Whole Housing Approach pilot scheme to support survivors of domestic abuse, helping them to remain safely in their communities.
- 3.65. Cheshire East Housing Options Team achieved DAHA Accreditation in June 2022. Working groups have been established on, and continue to develop responses to, Sanctuary Scheme

¹⁹ <https://www.cheshireeast.gov.uk/pdf/livewell/cheshire-east-whole-housing-approach-strategy-2021-23.pdf>

and Housing First. A Multi-Disciplinary Team is in place in housing, with a dedicated IDVA in the team. Training took place in January 2023 with Surviving Economic Abuse, as part of the project component on private homeowners.

3.66. The costs of delivering the components of the Whole Housing Approach project in Cheshire East is outlined below, with funding sources. All funding sources are temporary: DLUHC funding is announced year on year, with no guarantee of future funding; STADA funding is through the National Lottery funded Whole Housing Approach pilot, and is due to end in December 2024. There may be an extension to this due to the length of time it has taken to get staff into key roles.

Whole Housing Approach Delivery	Cost	Funding Source
Capacity building for by and for services	£35,000	DLUHC
Needs assessment	£21,000	
Developing survivor voice	£20,000	
Specialist training	£40,000	
Delivery of Sanctuary Scheme installations	£30,000	
0.8 FTE Data Analyst (Grade 8), estimate will be in post half of year, temporary	£18,000	
1 FTE Sanctuary Scheme Coordinator (job evaluation awaited), estimate will be in post half of year, temporary	£20,000 (est)	
Develop specialist Gateway Programme within the Housing First component	£4,000	
1 FTE Whole Housing Approach Coordinator (Grade 9), temporary	£52,000	DLUHC & STADA
Flexible funding – pot provided to and administered by MyCWA	£20,000	STADA
1 FTE Housing-based Mobile IDVA (Grade 7), estimate will be in post half of year, temporary	£20,000	
1 FTE Housing-based Multi-Disciplinary Team IDVA (Grade 7), temporary	£45,000	Cheshire East Council Housing & STADA
TOTAL COST	£325,000	

3.67. The above table does not include the DLUHC funding of £245,000 provided to MyCWA to deliver dispersed safe accommodation; both a statutory requirement within the Domestic Abuse Act 2021 and a core element of the Whole Housing Approach.

Hospital IDVA services

- 3.68. The Hospital IDVAs provide specialised support and advocacy for staff and patients at the hospitals who have experienced domestic abuse. The Hospital IDVAs work closely with staff to identify patients who may be experiencing domestic abuse, provide emotional support, safety planning, and refer onto support services such as the MARAC.
- 3.69. Two Hospital IDVAs are in place: one at Macclesfield Hospital, employed by Cheshire East Council and located within the DAFSU (see paragraph 3.25); and one at Leighton Hospital, employed directly by Mid Cheshire Hospitals NHS Foundation Trust.
- 3.70. Funding for both posts is the same, provided by the Cheshire and Merseyside Integrated Care Board and the Cheshire Police and Crime Commissioner.
- 3.71. The Macclesfield Hospital IDVA is employed by CEC Children’s Services and based in DAFSU:

Macclesfield Hospital IDVA Service Delivery	Funding Source
0.8 FTE IDVA (Grade 8), temporary (Member of staff works full time; remaining 0.2 FTE supports DAFSU, see above)	£16,000 for each IDVA, Cheshire & Merseyside Integrated Care Board, ongoing
0.8 FTE IDVA, MCHT	£16,000 for each IDVA, Cheshire Police & Crime Commissioner, ongoing

PEGS (Parental Education Growth Support)

- 3.72. PEGS is a national charity supporting parents, carers and guardians experiencing Child to Parent abuse, including those with adult children.
- 3.73. They have recently received funding to deliver their EPIC (Empowering People in Crisis) programme to residents within Cheshire East who are experiencing Child to Parent Abuse. EPIC is a 6-week resilience and empowerment programme.

Cheshire Cares

- 3.74. Cheshire Care is commissioned by the Cheshire Police and Crime Commissioner to deliver support to victims of crime in Cheshire.
- 3.75. The team completes a ‘daily download’ of crimes reported to Cheshire Constabulary in which the victim has consented to be contacted by Cheshire Cares. Additionally, officers may refer a victim of crime directly.
- 3.76. There are twelve Victim Care Officers who are all trained to respond to domestic abuse.
- 3.77. Where the crime is domestic abuse-related, an enhanced response is made. Every record is checked by the team. Where the victim has been identified by police as at medium or high risk, Cheshire Cares will not take any action. The exception to this is if, on reviewing the VPA,

there is no record of a referral to domestic abuse services. In these cases, the Victim Care Officer will contact CEDAH.

- 3.78. Victims identified by police as at standard risk will be contacted. Three attempts are made to reach victims on the phone. If contact has not been established, a letter (post or email) will be sent.
- 3.79. If during their contact with a victim a Victim Care Officer sees that the victim is higher than standard risk, they will complete a DASH-RIC with the victim. If the outcome is that the victim is at medium or high risk, a referral will be made to CEDAH or DAFSU accordingly.

Rape & Sexual Abuse Support Centre (Cheshire & Merseyside)

- 3.80. RASASC (Rape & Sexual Abuse Support Centre) is commissioned by the Cheshire Police and Crime Commissioner to deliver support to victims of sexual violence covering all of Cheshire and Merseyside.
- 3.81. In 2022/23, 192 referrals were made to the service for individuals who had been raped by a current or ex-partner, thereby also fitting the definition of domestic abuse.
- 3.82. While most of the referrals were already known to domestic abuse services, during that period seven direct referrals were made. Anyone disclosing past domestic abuse is automatically signposted and encouraged to access local support.

Pearls of Cheshire

- 3.83. Pearls of Cheshire is a by and for service providing support for all women and children, with a focus on providing culturally sensitive support for women and children from minoritized ethnicities in Cheshire East.
- 3.84. They run a drop-in, provide one-to-one support and home visits, and formerly ran an immigration advisory clinic.

Services funded by Cheshire Police and Crime Commissioner

- 3.85. In addition to the funding specifically for Cheshire East, the Cheshire Police and Crime Commissioner (PCC) funds a range of services across the county that Cheshire East benefits from.
- 3.86. Community safety funding is based on a grant giving process to each of the four local authorities in Cheshire. The formula is combines each area’s population, community safety risk assessment (crime volume, and severity), and data to reach an amount to be provided.

Cheshire Police & Crime Commissioner Funded Services	Funding
Initial referral and needs assessment services for victims of crime	£600,000
Services for victims of sexual violence (adults and children)	£290,985

Services for victims of domestic violence	£718,889
Restorative justice services for victims of crime	£130,000
Other services for victims of crime	£66,885
Building the capability and capacity of the VCSE sector to deliver victims' services	£84,650
Associated costs of commissioning	£80,716
Total for whole of Cheshire County, including Cheshire East	£1,972,125

3.87. The projects Cheshire East benefits from are as follows:

PCC Funded Domestic Abuse Services
Police Domestic Violence Advocates: currently 3 Advocates work alongside police Area Investigation Teams to help support victims from an early stage and give them the correct support throughout. Based in 3 areas of county: East, West and North.
IDVAs: Leighton and Macclesfield Hospital.
Children and YP IDVA in Cheshire East.
IDVA core and uplift for Cheshire East.
MyCWA: Delivery of the CARA, Custody Intervention Model, and perpetrator programmes.
PCC Funded Sexual Violence Services
RASASC: Core commissioned service in Cheshire who support victims of sexual violence across Cheshire via ISVA support.
Chester SASS: Employ a counsellor to conduct assessments and deliver services to victims of sexual violence.
PCC Funded Community Domestic Abuse and Sexual Violence Services
Innovating Minds: Train 22 healing together practitioners across Cheshire and offer wider support services to delivery partners.
Rape and Sexual Abuse Support Centre (RASASC): Receive additional funds to support individual with Learning disabilities or needing extra support.
Survive: Deliver art therapy sessions for victims of abuse.
Tools 4 Change: Deliver Gateway Programmes for vulnerable victims of domestic abuse.
Tomorrow's Women: Group sessions for victims.
Remedi: Domestic abuse young victim practitioner for young people affected by DA via the CEASE programme.

PCC Funded Other Services
Savera: UK are delivery enhanced support to victims of Honour-Based abuse and Harmful practices across the county.
Cheshire Cares: Victim service provided to all victims of crime in Cheshire.
Remedi: Deliver the Got your back programme which supports young victims of crime.

4. Accessing Domestic Abuse Support: Front Doors

Overview of Front Doors

- 4.1. This section describes the ‘front doors’ to Cheshire East through which individuals access support for domestic abuse. These are:
 - Cheshire East Domestic Abuse Hub (CEDAH)
 - Cheshire East Consultation Service – safeguarding front door (ChECS)
 - Cheshire East Family Help Front Door (Family Help)
- 4.2. Additionally, many (not all) schools pay for the Safeguarding Children in Education Service (SCIES) through which they can seek advice and information about safeguarding children in their schools. Anecdotal information provided to the review suggested there may be some confusion for schools as to which service to use: SCIES or ChECS. There may be a lack of clarity for schools for when they should contact SCIES, ChECS, Family Help, or CEDAH. This raises a wider issue for professionals where domestic abuse is a concern, and they are in contact with the parent/victim, but their primary role relates to children. For example, whether they contact the integrated front door for the child, and CEDAH for the parent/victim.
- 4.3. Additionally, Cheshire East Council Corporate Contact Centre handles calls for the majority of council services with the exception of Housing, Adults, Public Health and Children’s services. If a customer called the information point regarding domestic abuse they would be signposted to the Live Well Cheshire East site or transferred to the relevant phone number depending on their preference.
- 4.4. Cheshire East 0-19 Health Contact Hub is part of the commissioned contract with Cheshire East Council. Wirral Community Health and Care NHS Foundation Trust. A team of clinicians and administrators take all the calls to the Hub, triage, and respond appropriately. This includes signposting to other support such as CEDAH. *Recommendation:* Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.
- 4.5. CEDAH is described above (see paragraph 3.8). Cheshire East integrated front door (ChECS and Family Help) operates as follows:
 - On contacting ChECS (via phone or the online portal form), referrers are guided to select safeguarding or early help. The safeguarding option is for immediate safeguarding concerns and risks. The Early Help option is for all other concerns for children that do not

require an immediate safeguarding response. This can include where advice and guidance are required, as well as referrals.

- The portal forms and different options on contacting the integrated front door have been in place for around one year. A revised thresholds document was launched late June/early July to ensure all partner organisations understand their own responsibilities, and the pathways for raising concerns around children and families. It also provides additional tools and aims to be simpler for partner organisations to navigate.

- 4.6. The integrated front door and CEDAH are based in the same office, which facilitates partnership and joint working. Practitioners can talk face to face with each other, rather than relying on email, enabling prompter information sharing and responses to families and referrers. When a referral is received to Family Help, practitioners are required to complete checks; this includes with CEDAH to establish whether any member of the family has been referred for domestic abuse specialist support. The aim of this is to reduce duplication, so families are not called repeatedly by different parts of the integrated front door.
- 4.7. The managers of ChECS and Family Help have put together an outline for all integrated front door practitioners, setting out what is expected to be completed within a contact. Within this, speaking to CEDAH is mandatory.
- 4.8. The contact form for Family Help is being worked on to ensure practitioners identify domestic abuse where this has not already been flagged in the referral.

Cheshire Constabulary Vulnerable People Assessment Process

- 4.9. Vulnerable People Assessments (VPAs) are completed by Cheshire Constabulary first responders and reviewed by the Cheshire Constabulary Vulnerability Hub. For domestic abuse related VPAs, the Vulnerability Hub undertakes history checks and a homicide timeline assessment, and considering the outcomes of these, completes a secondary risk assessment.
- 4.10. The Vulnerability Hub then shares VPAs, or a summary of the VPAs, with CEDAH, DAFSU, ChECS, Family Help, Adult Social Care and Cheshire Cares.
- 4.11. The table below shows where VPAs are sent. HR is high risk domestic abuse; MR is medium risk; SR is standard risk. ‘Not safeguarding’ means a Family Help response may be required.

Involved in incident:	Adult V/S of domestic abuse			Children in households		Vulnerable adults in households with care & support needs
	HR	MR	SR	Safeguarding	Not safeguarding	
DAFSU	Y	N	N	Y all risk levels if adult HR	Y all risk levels if adult HR	Y – if adult HR
CEDAH	N	Y	N	Y all risk levels if adult MR	Y – if adult MR	Y – if adult MR

Involved in incident:	Adult V/S of domestic abuse			Children in households		Vulnerable adults in households with care & support needs
	Criteria:	HR	MR	SR	Safeguarding	
ChECS*	Y all risk levels if also child safeguarding			Y	N	Y – if also child safeguarding
Family Help*	Y all risk levels if also child & not safeguarding, but meet Early Help threshold			N	Y	Y – if also child non-safeguarding
Adult Social Care	Y all risk levels if also vulnerable adult			Y – if also vulnerable adult	Y – if also vulnerable adult	Y – any risk level
Cheshire Cares	N	N	Y (if consented ⁺)	Y – if adult SR	Y – if adult SR	Y – if adult SR

* Unless already open, in which case it goes direct to the relevant practitioner.

⁺ Cheshire Cares only receive VPAs where the victim's consent is recorded by the attending officer.

4.12. A diagram representing this process can be found at Appendix 6. Cheshire Constabulary have recently agreed to only send VPAs to the Family Help Front Door if there are concerns (that don't meet the threshold for referral to ChECS). Therefore not all VPAs with children will be shared with the integrated front door. This is recognised to be a learning process between Cheshire East Council and Cheshire Constabulary, to identify those children for whom the VPA needs to be shared.

4.13. The only VPAs that are not shared at all are those in which victims of domestic abuse are identified at Standard Risk, with no children or vulnerable adults in the household, *and* they have not consented to be contacted by Cheshire Cares. Cheshire Constabulary does not keep data on how VPAs are shared, but informed the review they believed the proportion of VPAs not shared is low.

4.14. The integrated front door (ChECS and Family Help) stated that where VPAs have been shared with Adult Social Care, they should check the system to establish whether ChECS/Family Help has already responded/discussed the family before taking any action.

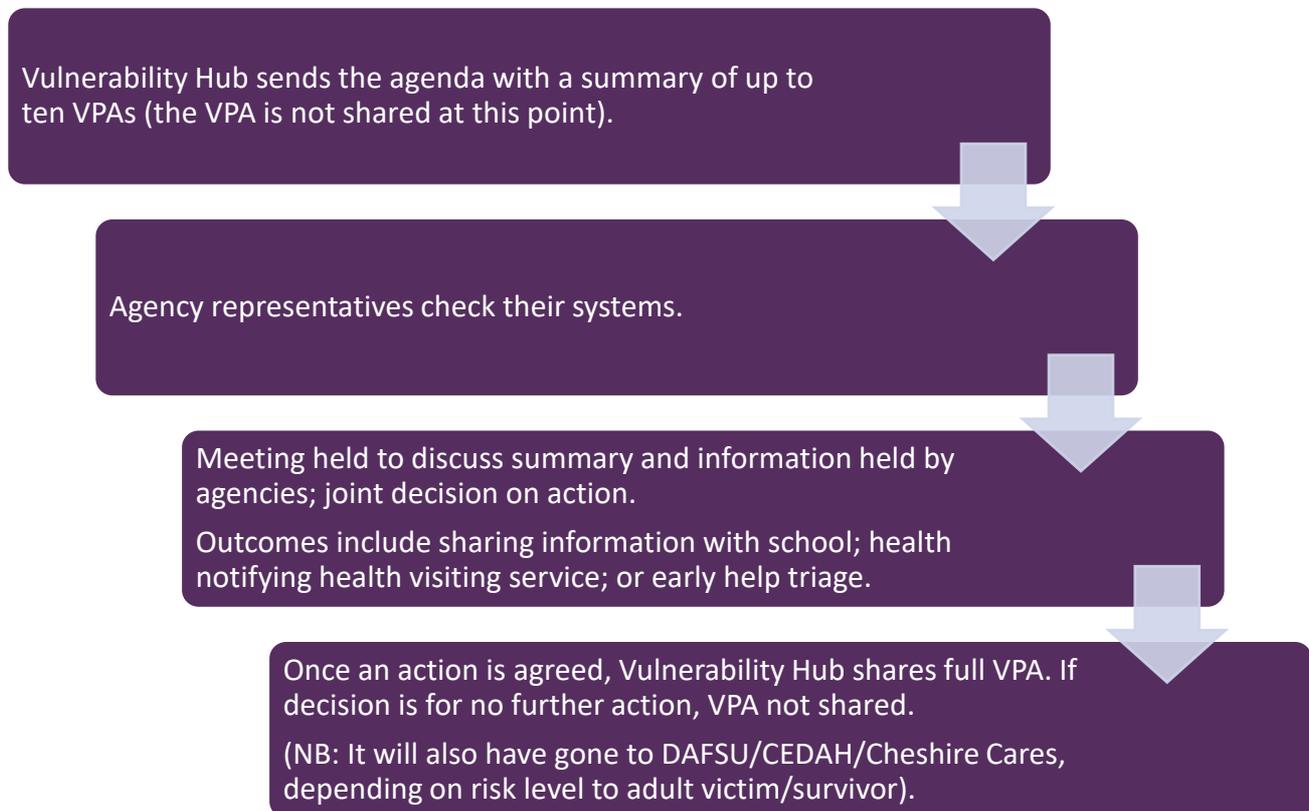
4.15. The Vulnerability Hub were previously responsible for sending Operation Encompass notifications to the schools of children involved in incidents as reported through VPAs. A new system means that a notification is automatically sent through first responders' mobile devices following an incident in which a child was in the household.

4.16. The daily meeting (see below) may additionally contact the school or ensure a notification has been sent. This is in response to a change by Cheshire Constabulary in how Operation Encompass is managed. Where previously, the Vulnerability Hub was responsible for sending

notifications to schools, this is now managed by the attending officer following an incident. This has led to some concerns and issues, which are being discussed by the Safeguarding Children Partnership.

Daily VPA Meeting

- 4.17. All partners spoke positively about the Daily VPA meeting (or 'Pit-Stop' Meeting) as an opportunity to share information, and discuss, VPAs where there are children in the household, but there are no immediate safeguarding concerns. However, the process is time-consuming and resource intensive.
- 4.18. Different accounts were given regarding VPAs with children that are not sent to safeguarding. Family Help stated the Vulnerability Hub screen these and select up to ten to be reviewed at the daily meeting for multi-agency discussion. The Vulnerability Hub stated that while the number brought to the daily meeting is capped at ten, if there are more than that, they will roll on to the following day. The aim is that no longer than 48 hours passes from arrival of the VPA into the Vulnerability Hub and multi-agency discussion. Therefore, a summary of all VPAs that do not meet the criteria for ChECS will be discussed at the daily meeting. The meeting therefore creates an urgency relating to child concerns that is not replicated at a higher level of concern, i.e., ChECS.
- 4.19. The daily/pit-stop meeting is attended by: Cheshire Police, CEDAH, health, Family Help, and when possible, a representative from education. Education is going through some changes, including looking at responsibilities, and currently send a representative around 75% of time. CEDAH fed back that it would help for Youth Offending to attend; Family Help fed back that it would be of benefit for Cheshire East Council Adult Social Care to be present.
- 4.20. The process is as follows:



- 4.21. Consent is a concern for attendees of the meeting. The Vulnerability Hub should only share VPAs where consent has been given. Health representatives have queried how much is discussed with the victim, for example, being clear that health information may be shared about them. Police and health are looking at establishing a data sharing agreement.
- 4.22. CEDAH are also concerned police may be sharing VPAs without consent. In these cases, CEDAH has no legal basis for responding to the referral. If the Vulnerability Hub deems that consent must be overridden to share, this must be recorded, including the rationale.

Conclusions and Recommendations

- 4.23. There is partnership working between ChECS, Family Help and CEDAH in relation to information sharing and discussing referrals. This aims to avoid duplication by identifying the most appropriate lead professional to respond to specific individuals and families.
- 4.24. The Daily Meeting is well regarded and a useful process for when there is uncertainty over which service is most appropriate to support a family.
- 4.25. As outlined in the section above (see paragraph 3.13), CEDAH lacks capacity to manage the volume of referrals it receives. This is leading to long waits for referred individuals to be contacted by the hub, which has the potential to increase risk and lead to preventable harm against adults and children. This also impacts on attendance at the Daily Meeting. A domestic abuse specialist should attend every meeting to provide expertise, even if there has been no prior contact.

- 4.26. Consent continues to be a challenge with referrals that do not meet the child safeguarding or domestic abuse high risk threshold. Different partners (local authority, police, health) have different expectations and understandings, and this could lead to information being shared inappropriately.
- 4.27. Considering the newly agreed process whereby the Vulnerability Hub will share with the Family Help Front Door all VPAs where there are concerns, but that do not reach the threshold for safeguarding (ChECS), it is difficult to see what the role of the daily meeting will be.
- 4.28. Deep dive case one (see section eight) found that, despite the involvement of CEDAH, MyCWA and Cheshire East Council Early Help, there was a lack of coordination between services. While information was shared across services, this was not done in a way that established a full picture of risks, which would have enabled accurate identification of risk level and needs.
- 4.29. *Recommendations:*
- In light of the new VPA process agreed between Cheshire Constabulary and Cheshire East Council, review whether the daily meeting continues to be required.
 - While the previous recommendation is in progress, establish a process whereby every Daily VPA Meeting is attended by a domestic abuse practitioner. CEDAH attends, but there are times when capacity does not allow attendance, and the meeting therefore lacks domestic abuse expertise.
 - All relevant team managers should satisfy themselves that, on receipt of a VPA/referral/summary that is known to have been sent to other teams (see paragraph 4.11), practitioners check to establish whether contact has already been made. It may help to have a named contact within ChECS and Family Help who is consulted when overlapping VPAs/referrals arise.
 - Understand any overlap between high-risk domestic abuse and early help VPAs; or do all high risk incidents in which children are in the household go to ChECS?
 - A joint understanding of consent should be established in relation to sharing of information and VPAs, and if necessary, provide amended guidance to police first responders when discussing consent with individuals at incidents.

5. Domestic Abuse Response by Non-Specialist Services

- 5.1. This section presents the review findings relating to those organisations and services that are not specialist domestic abuse services (described in section three).
- 5.2. The Coordinated Community Response (CCR)²⁰ is a multi-agency partnership model for keeping survivors safe and holding abusers to account. A key principle is that no one service

²⁰ <https://www.standingtogether.org.uk/what-is-ccr>

can effectively deal with domestic abuse on its own; it requires a coordinated effort by all services in a local community. Most public services were not designed with domestic abuse in mind; the CCR is a mechanism designed so that domestic abuse does not fall off the radar.

- 5.3. Drawing on Standing Together’s CCR research *In Search of Excellence*²¹, all CEDSAP members, and other identified partners, were sent a template to complete covering: strategic and operational domestic abuse leads; policies and procedures; training; data collection; and listening to those who have experienced domestic abuse (survivor voice).
- 5.4. The following services and organisations completed the template, or met with Standing Together to discuss their response to domestic abuse (see Appendix 7 for the detail of these responses):

Service/Organisation
CGL Substance Misuse Service
Cheshire And Wirral Partnership NHS Foundation Trust
Cheshire Constabulary
Cheshire Council Adult Safeguarding
Cheshire East Council Adult Social Care Mental Health & Learning Disability (stated response applied to all Adult Social Care)
Cheshire East Council Children’s Services – Early Help
Cheshire East Council Children’s Services – Child in Need / Child Protection
Cheshire East Council Children’s Services – Safeguarding Children in Education
Cheshire East Council Housing Options
East Cheshire NHS Trust
Cheshire Youth Justice Services
Mid Cheshire Hospitals NHS Foundation Trust
National Probation Service – Cheshire East Delivery Unit
NHS Cheshire and Merseyside Integrated Care Board
NHS Talking Therapies (IAPT) – The Big Life Group
Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC)
Wirral Community Health and Care NHS Foundation Trust

²¹ <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

- 5.5. Cheshire East Council Children’s Services Children Looked After / Care Leavers / Contextual Safeguarding did not provide a completed template.

Strategic and operational domestic abuse leads

- 5.6. Nearly all respondents described strategic and operational leads for their response to domestic abuse and representation at the strategic partnership. Most operational leads had a focus on involvement in MARAC, rather than a wider remit within their service. The exceptions were:

- Cheshire East Council Children’s Services Early Help did not list a strategic lead in their return; but the Head of Service for Prevention and Early Help is the CEDSAP chair. No specific staff were listed as operational leads, but the service stated that Family Help Workers work in partnership with domestic abuse services. They are not involved in MARAC as they do not work with high-risk cases.
- Cheshire East Council Children’s Services Child in Need / Child Protection stated the strategic lead is the Head of Service for Prevention and Early Help. Like Early Help, no specific operational lead was given, but workers work in partnership with domestic abuse services. They are not directly involved in MARAC because this is managed through ChECS with information flow between the two parts of Children’s Services.
- Cheshire East Council Children’s Services Safeguarding Children in Education stated that the strategic lead is the Domestic Abuse and Sexual Violence Development Lead Advisor. While this post may be located in Children’s Services, they do not – and cannot – represent the department.
- NHS Talking Therapies (IAPT) – The Big Life Group does not have strategic or operational leads, but the Service Manager has attended partnership meetings.
- Wirral Community Health and Care NHS Foundation Trust do not have an internal strategic lead for domestic abuse; when asked, they stated they are represented at CEDSAP by the ICB.

5.7. *Recommendations:*

- Cheshire East Council Children’s Services and Adult Social Care to review, within their own departments, the strategic and operational leadership of their response to domestic abuse, with reference to the above.
- NHS Talking Therapies / The Big Life Group and Wirral Community Health and Care NHS Foundation Trust, with CEDSAP and the ICB, to review their strategic and operational responses to domestic abuse, and involvement with the partnership.

Domestic Abuse Policies and Procedures

- 5.8. All but one service has in place policies and/or procedures to guide staff in responding to domestic abuse when disclosed by, or known about for, service users or patients. Where appropriate, such as social care, domestic abuse was included in overarching safeguarding

policies and procedures. Where needed, this was supplemented by specific domestic abuse guidance for staff.

5.9. Additionally, many services have an additional policy or procedure that applies to members of staff affected by domestic abuse, as victims/survivors or as someone causing harm (i.e., a Human Resources Policy/Procedure).

5.10. Probation in Cheshire have worked over the past year to develop an Information Sharing Agreement with Cheshire Constabulary that will enable Probation to access police recorded information about offenders being managed, including domestic abuse-related call-out information. New administrative staff have been recruited whose role is to gather domestic abuse information from police systems to support the work of Probation.

5.11. The exceptions were:

- Cheshire East Council Housing Options stated that a Human Resources policy is in place. No other Cheshire East Council respondents appeared to be aware of this.
- In the returned templates, Cheshire East Council Children's Services Early Help and Child in Need / Child Protection return both answered 'No' to the question 'Does your service have an organisational domestic abuse policy and procedure, that guides staff in responding to members of the public/service users who disclose?' There is a Domestic Abuse Procedure within the Cheshire East Children's Safeguarding Procedures²². It does not provide local contact information for support, i.e., CEDAH, or what specialist support is available locally. It provides national information and links only.
- NHS Talking Therapies (IAPT) – The Big Life Group have a safeguarding policy, but not separate guidance relating to domestic abuse, and no Human Resources policy.

5.12. Additionally, domestic abuse is addressed within the Cheshire East Place Dementia Plan 2023-27, with outcomes identified for the Living Well Pathway.

5.13. *Recommendations:*

- Cheshire East Council to ensure that each service has a relevant domestic abuse policy and procedure, and that these are aligned with each other to ensure a consistent response, and all staff in the services are aware of their own policy/procedure.
- Cheshire East Council to review the Human Resources policy that was developed by Housing Options as part of DAHA Accreditation for applicability to all Council employees, and to adapt/publicise accordingly.

Domestic Abuse Routine or Targeted Enquiry

5.14. Of those for whom enquiry was relevant, the following services responded that they undertake some form of enquiry specifically on domestic abuse; this related exclusively to enquiry with potential victims/survivors, unless otherwise indicated:

²² https://www.proceduresonline.com/pancheshire/cheshire_east/p_dom_viol_abuse.html

Service/Organisation	Routine / Targeted Enquiry
CGL Substance Misuse Service	Conduct routine enquiry within adults and young people's services.
Cheshire And Wirral Partnership NHS Foundation Trust	Safeguarding Screening Tool that staff complete during initial interventions, and is then reviewed, includes enquiries about domestic abuse.
Cheshire Council Adult Safeguarding & Adult Social Care	Ask about domestic abuse within assessments.
Cheshire East Council Children's Services – Early Help & Child in Need / Child Protection	May ask about domestic abuse if they became concerned domestic abuse was a possibility.
Cheshire East Council Housing Options	Screening process at the point of housing applications and homelessness applications contain a set of standard questions about domestic abuse. Enquiry also taking place for those causing harm during the homeless application process.
Cheshire Youth Justice Services	Domestic abuse enquiry built into the assessment processes. Practitioners will ask the question directly and as a service will flag concerns on the child's electronic system
East Cheshire NHS Trust	Midwifery Service undertakes routine enquiry. Targeted enquiry is carried out in all other areas of the Trust when practitioners have concerns.
Mid Cheshire Hospitals NHS Foundation Trust	Midwifery Service undertakes routine enquiry. Targeted enquiry is carried out in all other areas of the Trust when practitioners have concerns.
National Probation Service – Cheshire East Delivery Unit	Routine enquiry undertaken to identify those causing harm.
NHS Talking Therapies (IAPT) – The Big Life Group	Initial assessment asks about harm from others and to others.
Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC)	Domestic abuse contained within initial assessments.
Wirral Community Health and Care NHS Foundation Trust	Health Visiting carry out routine enquiry with all mothers at ante-natal, pre-birth, one-year and two-year contacts. If the question cannot be

	asked during one contact, it will be asked at the next.
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Domestic Abuse Data

5.15. The following services responded that they record domestic abuse within their own systems, and were able to provide data to this review:

Service/Organisation	Data Collected	Data Shared with Review
CGL Substance Misuse Service	Y	Y
Cheshire And Wirral Partnership NHS Foundation Trust	N – DA recorded in case notes, not extractable	
Cheshire Constabulary	Y	Y
Cheshire Council Adult Safeguarding	Y	Y
Cheshire East Council Adult Social Care Mental Health & Learning Disability (stated that response applied to all Adult Social Care)	Through Adult Safeguarding	
Cheshire East Council Children’s Services – Early Help	Y	Y
Cheshire East Council Children’s Services – Child in Need / Child Protection	Y	Y
Cheshire East Council Children’s Services – Safeguarding Children in Education	Y – enquiries from schools for support re DA	Y
Cheshire East Council Housing Options	Y	Y
East Cheshire NHS Trust	Y	Y
Cheshire Youth Justice Services	Y	Y
Mid Cheshire Hospitals NHS Foundation Trust	Y	Y
National Probation Service – Cheshire East Delivery Unit	Y	Y
NHS Cheshire and Merseyside Integrated Care Board	N/A	N/A
NHS Talking Therapies (IAPT) – The Big Life Group	N – DA recorded in case notes, not extractable	

Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC)	Y	Y
Wirral Community Health and Care NHS Foundation Trust	Y	Y

5.16. *Recommendation*: Services/organisations that do not currently gather data on domestic abuse, to develop the capacity to do this. CEDSAP to identify how anonymous data will be shared with the partnership to inform strategic and operational decision-making.

Domestic Abuse Training

5.17. Most services delivered in-house, or accessed external, domestic abuse training. In many services, domestic abuse was included in safeguarding training. In some of those cases, standalone domestic abuse training was also offered.

5.18. Accessing domestic abuse training was not mandatory unless it was contained within safeguarding training, except for Cheshire Constabulary: it is mandatory for all frontline officers to receive Domestic Abuse Matters training.

5.19. Respondents stated the following when asked about gaps in training:

- Cheshire East Council Children’s Services Early Help: The knowledge and skills around domestic abuse, responding to, safety planning and intervening are variable across the service and a full skills analysis is needed.
- Cheshire East Council Children’s Services Child in Need / Child Protection: There is a gap in intervention training. Staff can identify domestic abuse and can put in safeguarding measures but interventions to change this behaviour is very standardised and commissioned out whereas it would be useful to have some of this experience within our own social workers and family support workers.
- ICB: A training needs analysis was mapped alongside the intercollegiate documents, with no current gaps identified within the ICB. However, there is an identified training gap for GPs as there is no IRIS²³ service in Cheshire East.

5.20. *Recommendation*: CEDSAP to consider developing a training framework for partner services/organisations to align their training with. Services/organisations not currently delivering training to ensure staff access domestic abuse training relevant to their role; training to be mandatory, and attendance to be monitored and reported on to CEDSAP.

Gaps in Domestic Abuse Responses

5.21. Two responses stated their initial referral and contact point would be MyCWA, rather than CEDAH. This is positive as it shows awareness is generally high, but demonstrates that

²³ <https://irisi.org/about-the-iris-programme/>

messages about CEDAH as the single point of contact continue to be needed.

Recommendation: Communication from CEDSAP that emphasises the role of CEDAH to be circulated to all staff of services/organisations referred to in this review. CEDSAP representatives of those services to inform CEDSAP of the internal communications undertaken.

- 5.22. Cheshire East Council Children’s Services Child in Need / Child Protection stated that there is a lack of support for children and young people who use harmful behaviour; this tends to be delivered by untrained Family Support Workers. Responses to adults who harm was also identified as lacking within Cheshire East Council. While MyCWA have intervention programmes, these are standard, not bespoke.
- 5.23. Cheshire East Council Children’s Services Safeguarding Children in Education highlighted that Operation Encompass is managed by Cheshire Constabulary, and it would be better delivered in partnership with the Safeguarding Children in Education Team. The response stated that this work is ongoing.
- 5.24. While significant work has been undertaken through the Health Pathfinder sub-group of CEDSAP, there are continued concerns over gaps in relation to primary health, specifically, IRIS and screening to identify those who harm. Mapping undertaken for Standing Together’s Whole Health project also identified that domestic abuse identification and responses could be improved in sexual health clinics.
- 5.25. These gaps should be taken in the context that Cheshire East’s Whole Health response is significantly more advanced than most areas nationally, and within Standing Together’s Whole Health project, is identified as an area others can learn from. Other than IRIS for general practices, the identified gaps are the next steps beyond standard best practice.
- 5.26. IRIS was commissioned in Cheshire East by the ICB in the past, but commissioning ended because there was insufficient evidence of impact. Identifying funding, or developing an alternative to IRIS within current funding available, has been a focus for CEDSAP, but the health sub-group has not met recently while the review has been ongoing.
- 5.27. *Recommendation:* CEDSAP to review the gaps in domestic abuse responses highlighted by respondents as the new strategy is developed.

Staff survey results

- 5.28. The survey link was shared through the CEDSAP membership, with representatives encouraged to send it on to their colleagues and staff. The survey was open from 19th July to 11th August, and 113 responses were received. The following table shows the proportion of responses from each sector.

Your Sector	% of responses
Children’s Services	21%
Adult Services	19%

Specialist Domestic and/or Sexual Abuse Service	14%
Substance Misuse Service	14%
Health	9%
Mental Health Service	6%
Other (children with learning disabilities, youth justice, charity, local government)	5%
Housing	5%
Probation	3%
Police	1%

5.29. The following table provides more detail of the services and organisations of respondents. One response each was received from: Cheshire Constabulary, Cheshire East Council Children’s Social Care (Child in Need/Child Protection), Cheshire East Council Housing, a local Town Council, East Cheshire Trust, Growth Company, Onward Homes, P3 Charity, and Your Housing Group.

Service/Organisation	% of responses
Cheshire East Council Adult Social Care and Safeguarding	18%
CGL	16%
Cheshire & Wirral Partnership NHS Foundation Trust	14%
Cheshire East Council Children’s Early Help / Family Support	14%
Cheshire East Council CEDAH & DAFSU	9%
MyCWA	5%
Cheshire Youth Justice Service	5%
Integrated Care Board	3%
Mid Cheshire Hospitals NHS Foundation Trust	3%
National Probation Service	3%
Peaks & Plains Housing Trust	3%

5.30. Within the following analysis of responses, while it may be simpler to add together the responses for ‘(dis)agree’ with ‘totally (dis)agree’, there is a difference between the two. Answering that someone does not ‘*totally* (dis)agree’ suggests a respondent may be less sure of their answer.

5.31. The first question gave a list of statements relating to attitudes to and understanding of domestic abuse. Respondents were asked to agree or disagree with the statements.

About domestic abuse (N=113)	Totally agree	Agree	Neither agree nor disagree	Disagree	Totally disagree
1. There must be physical violence for it to be domestic abuse	0%	0%	1%	7%	92%
2. Domestic abuse is rarely a one-off incident, it's more often a pattern of behaviour	48%	42%	4%	4%	2%
3. Coercive and controlling behaviour is rarely high risk unless there is also physical violence	0%	2%	1%	20%	77%
4. Domestic abuse is more common in certain cultures	4%	26%	27%	29%	14%

5.32. It is positive that the overwhelming majority strongly disagreed, or disagreed, and no-one agreed that there must be physical violence (only one respondent answered, 'neither agree nor disagree'. This suggests a high level of awareness of other forms of domestic abuse.

5.33. The responses to statement two suggest a high level of awareness that domestic abuse needs to be understood as a pattern of behaviour. For 1.8% to totally disagree, and 4.4% to disagree (plus 4.4% who neither agreed nor disagreed), suggests there is still some work to be done to move away from an incident-based response to domestic abuse.

5.34. Only two people agreed with statement three, highlighting that messaging is in place in Cheshire East emphasising the risk and harm caused by someone's use of controlling and coercive behaviours.

5.35. The spread of responses across all five indicators to statement four suggests there is a significant variance in views in Cheshire East organisations. This suggests there is a need to more clearly communicate the widespread nature of domestic abuse, and challenge stereotypes and confirmation bias around 'culture'.

5.36. The next five statements related to victims/survivors of domestic abuse and those who harm.

About victims/survivors and those who harm (N=113)	Totally agree	Agree	Neither agree nor disagree	Disagree	Totally disagree
5. Abusers often behave the way they do because of issues such as mental health or substance use	3%	18%	34%	29%	17%

6. Most victims of domestic abuse are heterosexual women	6%	38%	19%	23%	14%
7. I find it hard to see why victims of domestic abuse don't leave	1%	1%	4%	17%	78%
8. People that are abusive usually experienced domestic abuse as children	2%	22%	47%	23%	6%
9. It can be difficult to identify who is causing the harm, and who the victim is	3%	20%	40%	28%	9%

- 5.37. The range of perspectives on statement five needs further exploration. Although together, the highest response was from respondents who disagreed/strongly disagreed, the highest individual proportion of responses was for those who neither agreed nor disagreed. This could reflect a perspective that there are times when abusers' behaviours are triggered, or exacerbated, by their mental health or substance misuse. The use of substances, mental ill-health and the use of harmful behaviours are connected in complex ways for individuals, their partners and families²⁴; simplistic views of cause and effect are unhelpful to victims/survivors and those who harm.
- 5.38. The highest proportion of responses agreed with statement six. But the spread of responses, including a high proportion that disagreed, may indicate a lack of awareness of who is most at risk of being a victim of domestic abuse. If practitioners are aware that gay men, lesbian women, those who are bisexual, and trans and non-binary people can be equally at risk of being abused by a partner/ex-partner when compared with heterosexual women²⁵, this would be a positive finding. But if respondents disagreed because they believe heterosexual men experience domestic abuse at similar levels, this is incorrect²⁶. Nevertheless, it is important to recognise the increased barriers these different groups face in accessing support.
- 5.39. That nearly all respondents totally disagreed or disagreed with statement seven suggests a high level of awareness and understanding of the difficulties and barriers victims face in leaving abusive partners. Not least, the fact that the emphasis is on them to leave, rather than the abuser to stop. The 0.9% who agreed, and the 3.5% who neither agreed nor disagreed, suggests there may still be work to be done with professionals to ensure there are no victim-blaming attitudes.

²⁴ Gadd, D. et al (2019) The Dynamics of Domestic Abuse and Drug and Alcohol Dependency. British Journal of Criminology, 59 (5). pp. 1035-1053. doi:10.1093/bjc/azz011; also see https://safelives.org.uk/practice_blog/mental_health_of_perpetrators

²⁵ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

²⁶ https://www.researchgate.net/publication/228771295_Who_Does_What_to_Whom_Gender_and_Domestic_Violence_Perpetrators; see also Hester, M. (2013). Who does what to whom? Gender and domestic violence perpetrators in English police records. European Journal of Criminology, 10(5), 623–637. DOI 10.1177/1477370813479078

- 5.40. The highest proportion of responses to statement eight was for those who neither agreed nor disagreed. Research suggests many adults who harm were victims of domestic or other forms of abuse as children, but that the relationship between childhood experiences and adult behaviours is complex, and it is essential to recognise children’s agency and the role played by their relationship with the non-abusive parent and supportive professionals²⁷.
- 5.41. But research also shows that this is not the case for all people who harm, and many children who are victims of domestic abuse grow up to not use harmful behaviours (or be a victim of abuse). The spread of responses across the spectrum suggests there could be greater awareness of this research. In particular this is needed to ensure children’s capacity to understand, and recover from their experiences is recognised, and that assumptions and stereotypes about why people use abusive behaviours are not used.
- 5.42. Most responses neither agreed nor disagreed with statement nine. Combined with those who agreed and totally agreed, this may suggest many professionals find it difficult to identify who is causing the harm and who the victim is. This may also reflect the challenge in identifying domestic abuse as opposed to parental or couple conflict. The remainder of responses suggest there are professionals who find this identification less challenging. This could be a result of the roles that they have, working directly with victims/survivors of those who harm. It is also an indication that there is expertise in Cheshire East that can support the wider partnership in identifying who is doing what to whom.
- 5.43. The final two statements are presented in the table below. Given their role in safeguarding children and supporting children and families, additional analysis was done on those responses (N=16) from Cheshire East Council Children’s Services.

About child victims (N=113) CEC Children’s Services (N=16)	Totally agree	Agree	Neither agree nor disagree	Disagree	Totally disagree
10. Victims of domestic abuse are the people most responsible for protecting their children from harm (CEC Children’s Services)	4% (0%)	18% (19%)	32% (38%)	22% (19%)	24% (0%)
11. Children don't need to witness physical violence to be harmed by domestic abuse (CEC Children’s Services)	85% (75%)	11% (19%)	2% (2%)	0% (0%)	3% (6%)

- 5.44. While the overall total of those disagreeing/strongly disagreeing with statement ten (46%), and those who neither agreed not disagreed (32%) are more than those agreeing/totally

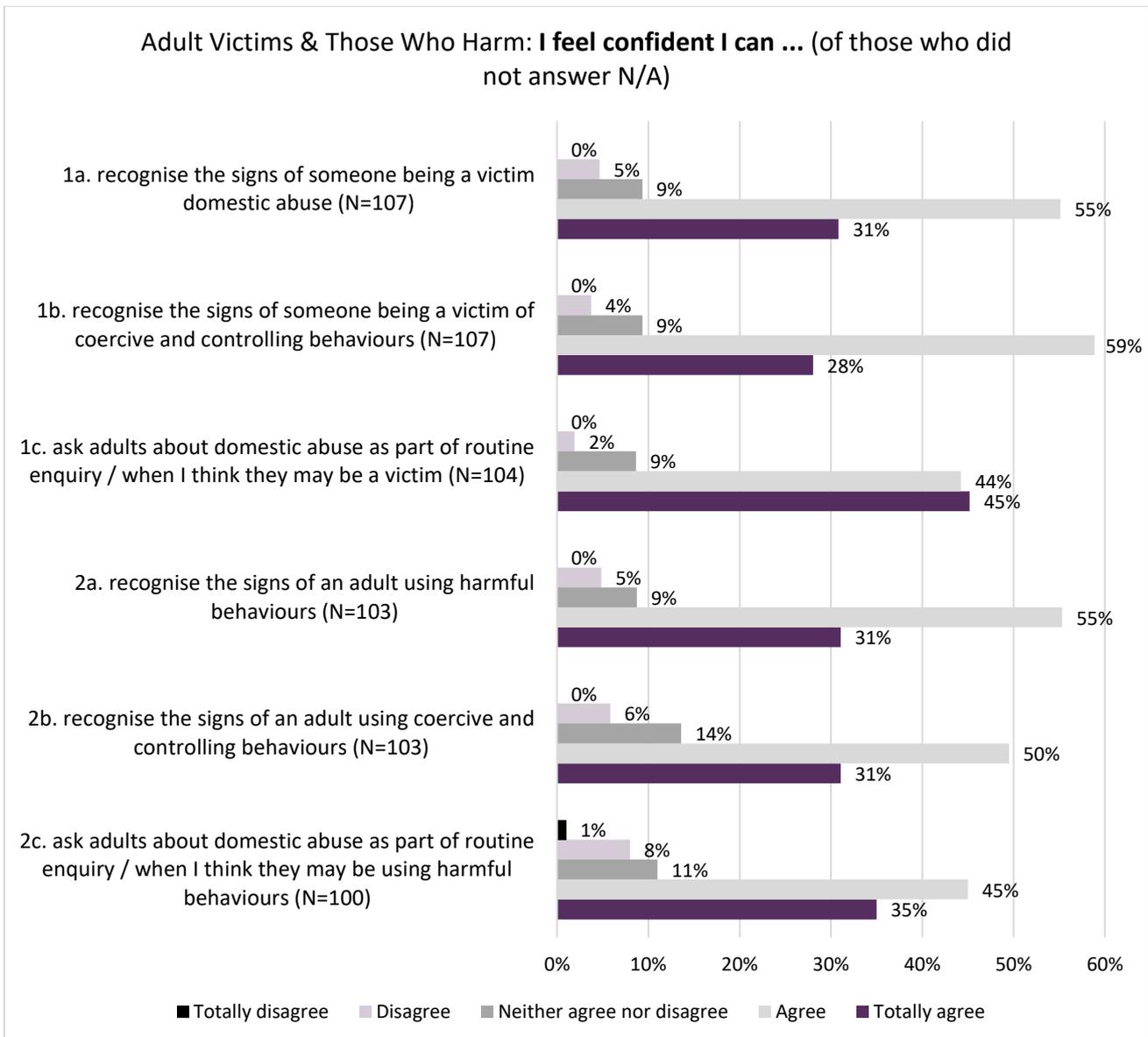
²⁷ Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse Negl.* 2008 Aug;32(8):797-810. <https://doi.org/10.1016/j.chiabu.2008.02.004>.

agreeing (22%), the fact that any professionals 'strongly agree' that victims are primarily responsible for protecting their children is concerning. The difference between all answers and Cheshire East Council Children's Services answers is not significantly different, with the exception that no respondents totally disagreed.

- 5.45. Without absolving non-abusive parents of any responsibility in relation to their children, research consistently demonstrates that when professionals focus on victims taking responsibility for their partner's/ex-partner's abuse this leads to ineffective responses to safeguarding children that pay insufficient attention to the person causing harm²⁸.
- 5.46. Respondents overwhelmingly agreed or totally agreed with statement eleven, suggesting a high level of awareness of the harm caused to children from the non-physical forms of abuse used by those that harm, in particular, controlling and coercive behaviours²⁹. Yet for 3% to neither agree nor disagree, and 3% to totally disagree, suggests there is still work to be done to ensure professionals are not focused on physical violence as the only or key indicator of harm to children who are victims of domestic abuse.
- 5.47. The responses differed for Cheshire East Council Children's Services, with fewer stating they totally agreed, and more stating they totally disagreed. Overall, this indicates that most practitioners in Children's Services are aware of the harms caused by controlling and coercive behaviours, but that this understanding is not universal.
- 5.48. Respondents were asked about their confidence to recognise the signs of domestic abuse and controlling and coercive behaviours in adult and child victims, and in those who harm. They were also asked about their confidence to ask adults and children about being victims or using abusive behaviours.
- 5.49. The following graphs exclude those who answered not applicable (N/A) to the questions. This option was provided for respondents who, for example, work exclusively with adults, or do not have a public facing role requiring them to undertake enquiry, respond to disclosure or work with victims/survivors.

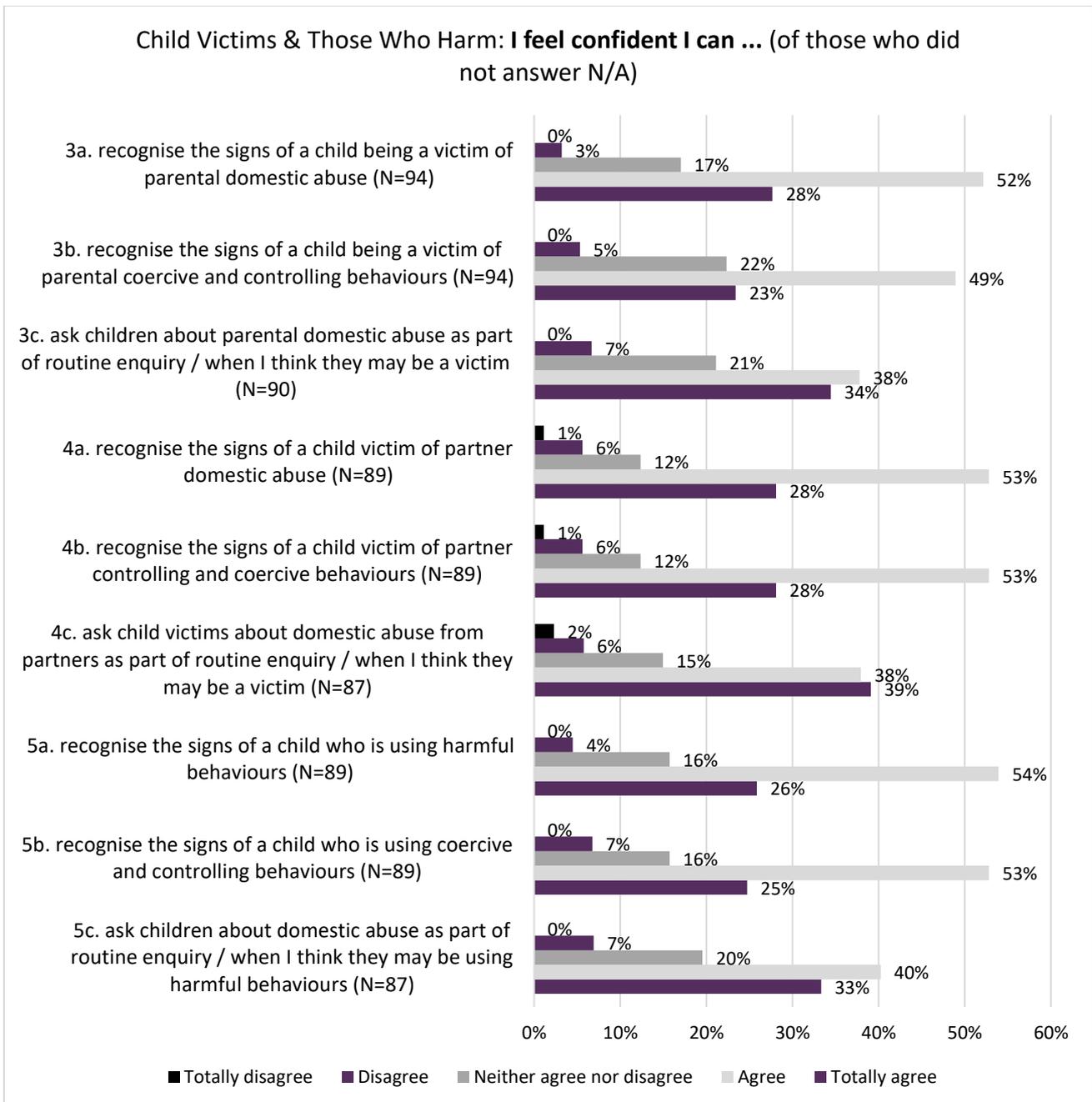
²⁸ https://www.researchinpractice.org.uk/media/lxul0sbe/rdac_what_does_the_research_tell_us_lit_review_nov_22.pdf & <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

²⁹ <https://www.researchinpractice.org.uk/children/publications/2018/december/coercive-control-impacts-on-children-and-young-people-in-the-family-environment-literature-review-2018/> and <https://learning.nspcc.org.uk/media/3305/helplines-insight-briefing-coercive-control-impact-children-young-people.pdf>



5.50. Indicators for (1) on the graph suggest an overall high level of confidence in recognising the signs of someone being a victim of domestic abuse and controlling and coercive behaviours, but this was not universal, and there was slightly less confidence in carrying out enquiries. Indicators for (2) on the graph show similar levels across the three questions relating to those who harm, which is positive and suggests the work of the partnership in raising awareness of responses to those who harm have been effective. Slightly more respondents neither agreed nor disagreed, disagreed, or totally disagreed within (2), highlighting the need to continue the focus on those who harm.

5.51. The following graph provides the answers relating to confidence around child victims of parental domestic abuse, partner domestic abuse, and children who harm.

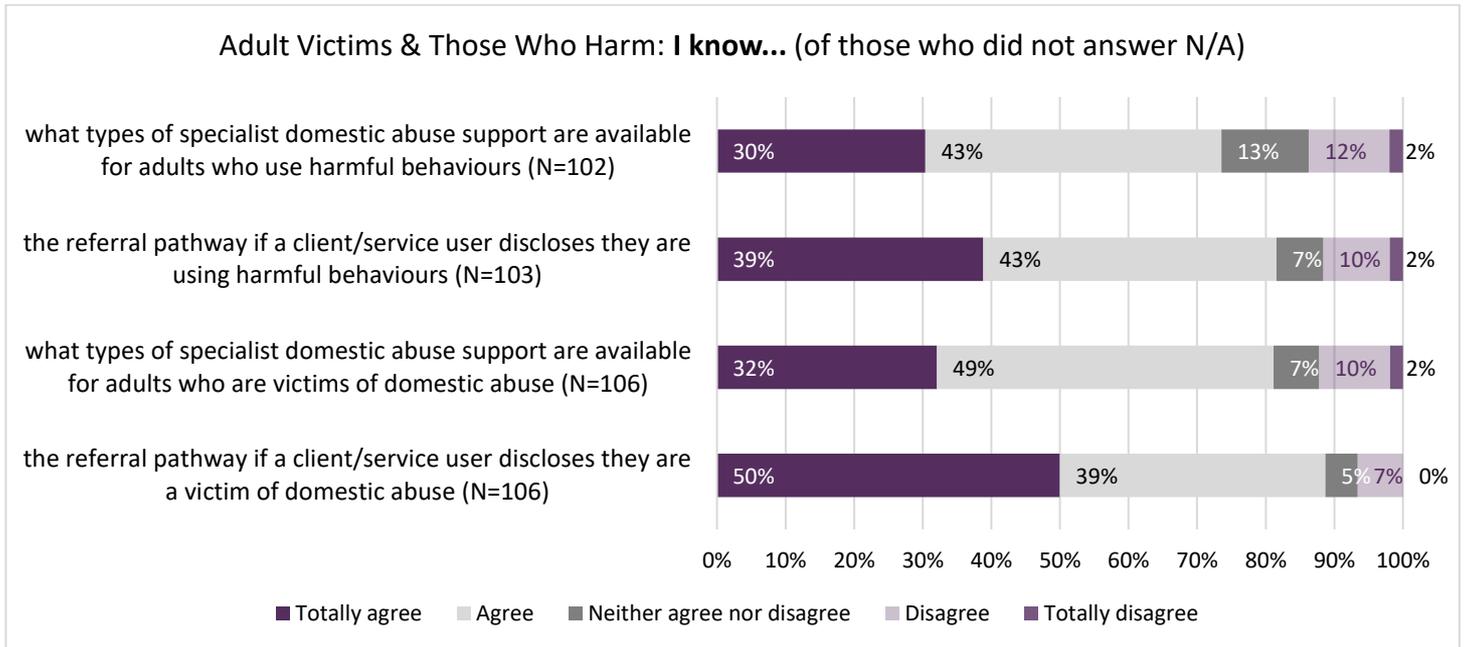


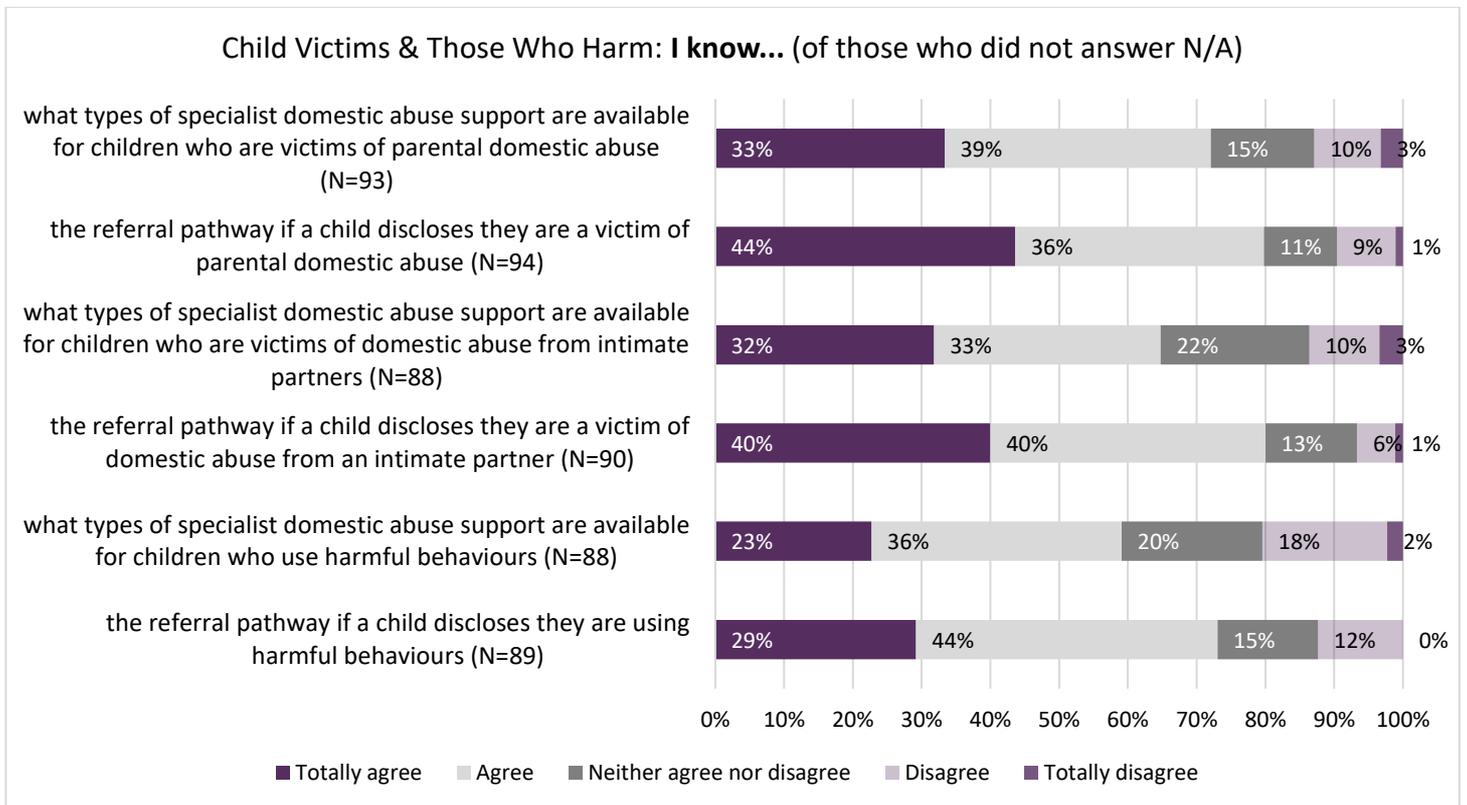
5.52. Responses relating to child victims of parental domestic abuse (3), child victims of partner abuse (4) and children who harm (5) highlight some confidence, but this could be improved, particularly in relation to controlling and coercive behaviours. The responses also suggest there needs to be more focus on enhancing practitioners’ skills relating to asking children about parental or partner domestic abuse and controlling and coercive behaviours, or their own use of abusive behaviours.

5.53. Respondents were asked about their confidence relating to their knowledge of referral pathways for specialist domestic abuse support for adult and child victims, and adults and children that harm, and what types of specialist services were available. This second question

is important because if a professional is referring someone, it makes a difference to that individual if the professional can give some indication of what support might be available.

5.54. As with the above graphs, those who answered N/A have been removed from the following two graphs. While it was important to include this option for those without public facing roles, all people working in Cheshire East need to have an awareness of domestic abuse referral pathways and support available. They may need to support a colleague, friend or family member, as well as their children. Additionally, they may be working with parents, or needing to support other professionals in the work they do with adults and children.

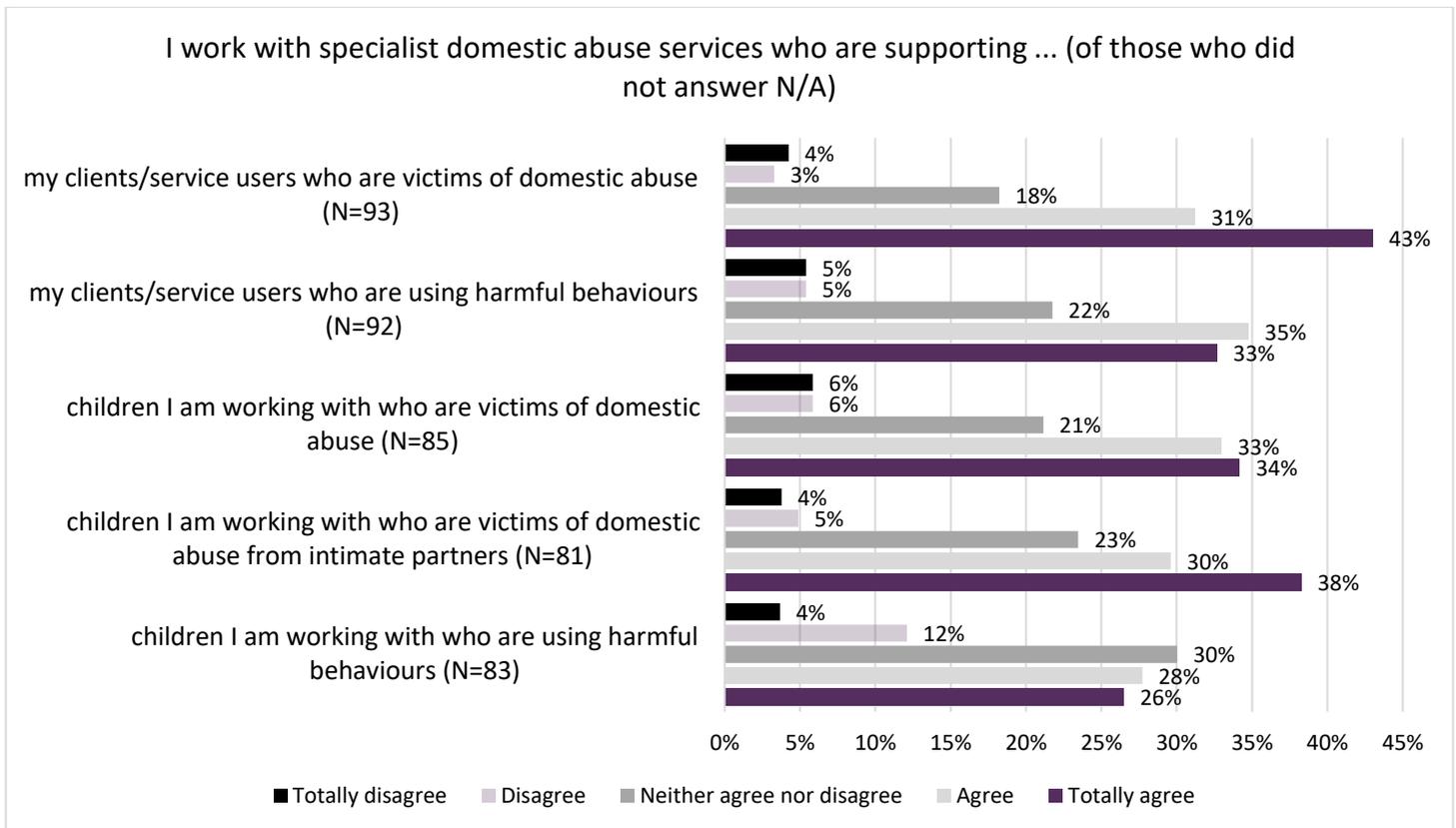




5.55. Levels of knowledge in the support available varied. Responses to the category of children who use harmful behaviours suggest there is a need to raise awareness of the support available for families in which a child is using abusive behaviours.

5.56. The above graph also suggests there is more work to be done to ensure those respondents who disagreed or totally disagreed that they knew the referral pathways and the support available for children or adults, are provided with this information.

5.57. Respondents were asked about multi-agency working with specialist domestic abuse service providers. Again, the data presented excludes those that answered N/A.



5.58. Overall, responses to those who agreed, or totally agreed, that they worked with specialist domestic abuse services were high across all five groups. With almost equal numbers between the two responses, there may be a difference between those who agreed and totally agreed, with the former feeling slightly less confident that they consistently work in this way. The high proportion responding that they neither agreed nor disagreed might suggest that they work with specialist services at times, but not all the time. This is worth exploring in relation to the potential barriers that prevent multi-agency working; and to compare with referral rates to CEDAH across the five groups of victims/survivors/those who harm.

5.59. Deep dive case two (see section eight) found minimal involvement of statutory services, despite the needs of the adult concerned.

5.60. Positive responses (agree) were lowest, and negative responses (disagree) were highest for those working with children using harmful behaviours. Combined with the previous graphs presenting responses relating to this group, there may be a need for a specific focus on overall responses to children using harmful behaviours.

5.61. It is concerning that for every group, a proportion of responses stated that they disagreed or totally disagreed. This needs further exploration. If these were professionals who did not work with these groups, then their answer would have been N/A; that they have given an answer suggests they do work with these groups, and therefore it would be expected that they would have some level of involvement with specialist services.

- 5.62. With reference to the 68% who agreed or strongly agreed that they work with specialist services who are supporting those who harm, within the survivor consultation, most participants felt no action had been taken with the person who was abusing them, and they were not held accountable.
- 5.63. *Recommendation*: CEDSAP to review the outcomes of the staff survey results to inform communication and training.

6. Data and Needs Assessment

- 6.1. This section presents data relevant to the domestic abuse response in Cheshire East. Firstly, population and demographics are provided for all of Cheshire East. This is followed by national data, which is used to estimate the prevalence of domestic abuse in the area. Specialist service data is provided, followed by the numbers reporting to non-specialist services for domestic abuse, and then the demographic data that was available. In the final section, potential gaps in responding to need are outlined.

*Population Data*³⁰

- 6.2. Cheshire East has an estimated population of 398,772.
- 6.3. 51% of the population is female, and 49% male.
- 6.4. 21% of the population is aged 19 and under; 56% is aged between 20 and 64, and 22% are aged 65 and over.
- 6.5. Ethnicity breakdown:
- 94.4% White
 - 1.8% Mixed Multiple Ethnic Groups
 - 2.4% Asian/Asian British
 - 0.6% Black/African/Caribbean/Black British
 - 0.8% Other Ethnic Group
- 6.6. 2.5% of Cheshire East households contain no-one who has English as their main language. In 0.5% of households, the only person with English as their main language is aged 3 to 15 years.
- 6.7. 91.5% of Cheshire East residents identify as straight or heterosexual. 1.3% as gay or lesbian (4,238); 0.9% bisexual (2,982); 0.3% in total as pansexual, asexual, queer, or any other sexual orientation (844). 6.1% (19,981) of residents did not answer.
- 6.8. 95% of Cheshire East residents identify with the same gender as the sex registered at birth. 0.2% (675) identify as a gender identify different from their sex registered at birth, but did not give a specific identity. 0.1% (268) identified as trans women, and 0.1% (213) identified as

³⁰ https://www.nomisweb.co.uk/sources/census_2021/report?compare=E06000049#section_4

trans men. Less than 0.1% identified as non-binary, with a similar proportion for 'all other gender identities. 4.6% (15,205) did not answer.

- 6.9. 98,984 of Cheshire East residents define themselves as having a long-term health problems and disability, representing 25% of the population. This is broken down as follows:
- 7.8% (31,165) are not disabled as defined by the Equality Act but do have a long term physical or mental health condition.
 - 10.1% (40,369) are disabled as defined by the Equality Act, with their day-to-day activities limited 'a little'.
 - 6.9% (27,450) are disabled as defined by the Equality Act, with their day-to-day activities limited 'a lot'.
- 6.10. 9% of Cheshire residents aged 5 years or over deliver unpaid care.
- 6.11. In Cheshire East in 2019, 8.3% of the population was income deprived in 2019. Of the 234 neighbourhoods in Cheshire East, 13 are among the 20% most income-deprived in England³¹.

National Domestic Abuse Data

- 6.12. National data continues to show that women are significantly more likely to be victims of domestic abuse than men, to report domestic abuse incidents to police, and to be killed by partners or ex-partners. Unfortunately, national data is unable to show diverse gender identities.
- 6.13. The Crime Survey for England & Wales (CSEW)³² estimated that in the year ending March 2022 6.9% of women (1.7 million) and 3% of men (699,000) experienced domestic abuse in the previous year (including partner or family non-physical abuse, threats, force, sexual assault, or stalking). The CSEW does not provide data on gender identity.
- 6.14. Of crimes recorded by the police, in the year ending March 2020, victims were female in 74% of domestic abuse-related crimes.
- 6.15. Between April 2019 and March 2021, 72.1% of victims of domestic homicide were female. Women are significantly more likely to be killed by a (male) partner/ex-partner; men are more likely to be killed by a family member.

Domestic Homicides	% of female homicide victims	% of male homicide victims
Killed by a male partner/ex-partner	77.0%	5.8%
Killed by a female partner/ex-partner	1.1%	27.9%
Killed by a female family member	2.2%	3.8%
Killed by a male family member	19.7%	62.5%

³¹ <https://www.ons.gov.uk/visualisations/dvc1371/#/E06000049>

³² <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandanddwales/yearendingmarch2022>

6.16. The needs assessment applied the above CSEW prevalence of domestic abuse (year ending March 2022) to Cheshire East population estimates and estimated the following prevalence:

	Women (aged 16+)	Men (aged 16+)
Subject to domestic abuse since age 16	49,050	22,972
Subject to domestic abuse in the last year	11,551	4,888

Domestic Abuse Specialist Services

6.17. This section presents data on provision of specialist domestic abuse services in Cheshire East; demographic data relating to the provision is presented later in this section.

Cheshire East Domestic Abuse Hub (CEDAH)

6.18. In 2022/23, 2,868 referrals were recorded to CEDAH; this was an increase of 21% from 2,370 in 2021/22.

6.19. The following table shows the top referrers to CEDAH in 2022/23. This data is taken from a spreadsheet in which staff record all referrals, separate to the main system, which cannot currently record all the data needed by CEDAH. The overall number of referrals (N=2881) is not significantly different to the referral number in the previous bullet point, and is likely caused by human error (not recording all referrals in the spreadsheet) or discrepancies such as recording a family as one referral on the spreadsheet, but as separate individual referrals on the main system.

CEDAH Referral Sources 2022/23	% of referrals
Cheshire Constabulary (via VPAs)	57%
Self-referrals	19%
Cheshire East Council Children's Social Care	10%
Health (see below)	4%
Cheshire East Council Adult Social Care / Safeguarding	3%
Self-referrals (via MyCWA)	2%
Other (not specified)	2%

6.20. Organisations that referred, but with much lower numbers, were: Probation, Cheshire East Council Education, and Housing (Cheshire East Council or a Registered Social Landlord).

6.21. Referrers with fewer than ten referrals in the year were: Cheshire East Council Family Services, MyCWA, Cheshire East Council ChECS, CGL, Mental Health, Parent of victim/survivor,

Cheshire East Council Early Start, Cheshire East Council Children’s Services (unspecified), Cheshire East Carers Hub, Disability Information Bureau, Emerging Futures, IAPT, RASASC and Witness Care.

6.22. Two referrals were recorded as ‘portal’ without stating where the portal referral had originated. One referral was recorded from outside of Cheshire East. One record did not state the referral source.

6.23. Referrals from any health provider were listed under ‘health’, which means it is not possible to know which area of health the referral came from. In 2022/23, no referrals were recorded from General Practices, although they may have been categorised within the generic ‘health’.

CEDAH Referral Sources 2022/23 – Health	No. of referrals
Health (actual source unknown)	96
Hospital (which hospital unknown)	2
Health IDVA (which hospital unknown)	1
HV (assume this means Health Visiting)	1
Leighton Hospital	1

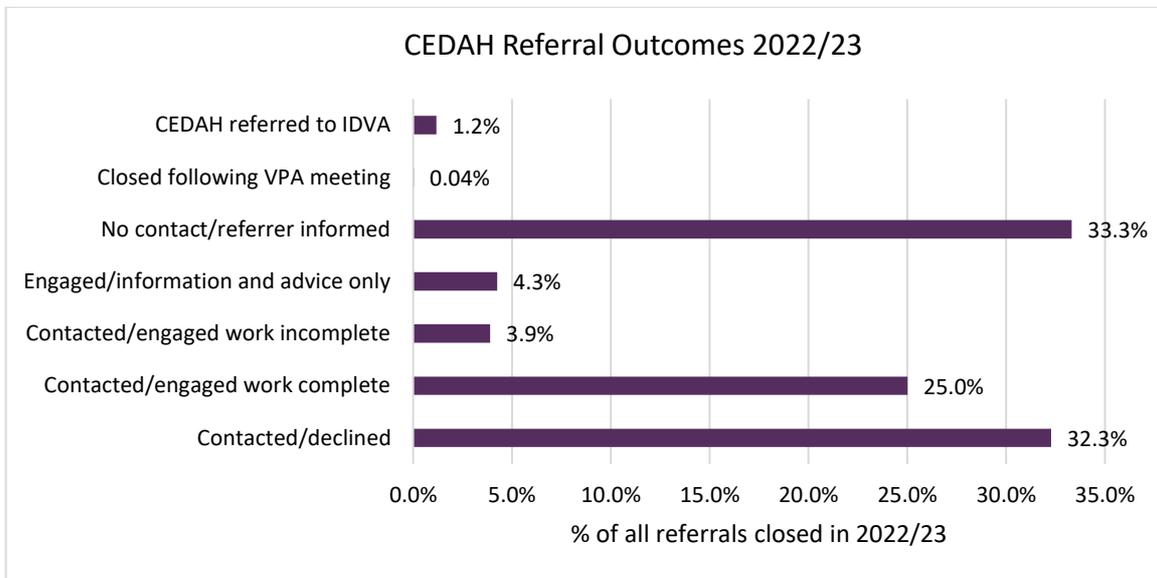
6.24. A drop-down list in the spreadsheet has now been created, and so the varying referrer names, such as that seen for health above, will no longer be an issue. However, it does not support analysis of which specific organisations referred to CEDAH in order to identify gaps.

6.25. It is noteworthy that there were no referrals from Cheshire Cares. Research into police completion of the DASH-RIC highlights accurate risk identification can be variable³³. Therefore, it would be expected that some Standard Risk referrals to Cheshire Cares, when the individual is contacted, are found to be medium or even high risk, prompting an onward referral to CEDAH or DAFSU.

6.26. The CEDAH total does not include High Risk referrals, which are only counted in DAFSU data (below). It also does not include the consultations and requests for information processed by CEDAH over the year, anecdotally this is in the hundreds.

6.27. CEDAH records data on all referrals that were closed each year, and the following data in relation to the outcomes of referrals is taken from 2022/23 closed cases (N=2,794). Other data relating to the referrals is presented as a proportion of all referrals with an outcome recorded in that area, which varies.

³³ Myhill, A., Hohl, K., & Johnson, K. (2023). The ‘officer effect’ in risk assessment for domestic abuse: Findings from a mixed methods study in England and Wales. *European Journal of Criminology*, 20(3), 856–877. <https://doi.org/10.1177/14773708231156331>

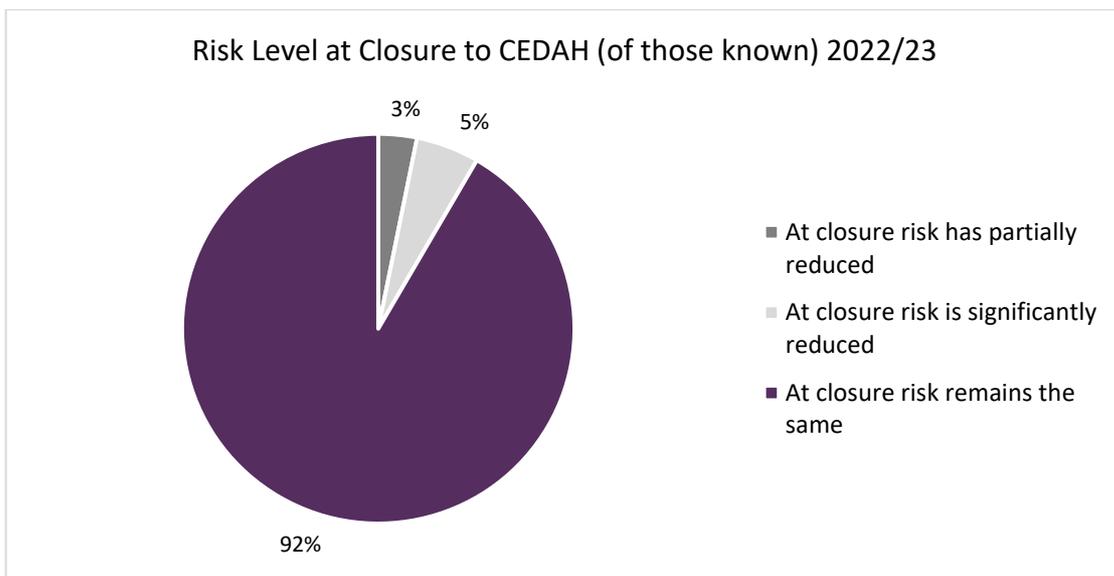


6.28. The above graph illustrates that 65.6% of referrals led to either no contact being established, or contact being made following which work was declined by the person referred.

6.29. It is assumed that ‘contacted/engaged work complete/incomplete’ includes individuals who were referred on to MyCWA, but this is not specifically recorded.

6.30. Of all referrals with a record of risk level at closure (N=2,644), for 74% the risk level at closure was unknown. Of all records, including those where risk level was not known, 24% had safety planning completed.

6.31. The following graph shows the risk levels at the point of closure by CEDAH, containing only those with a risk level recorded at closure (N=692).

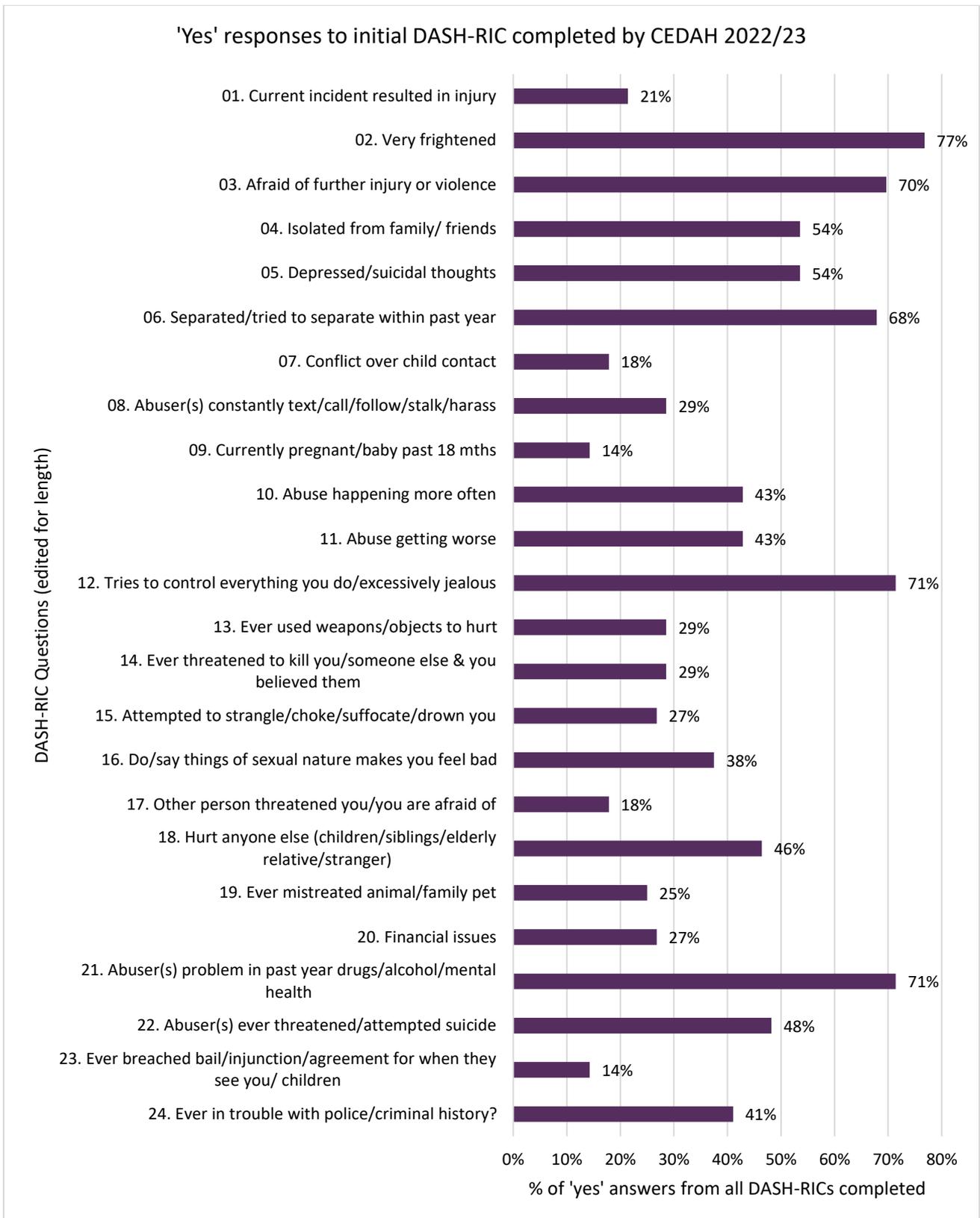


6.32. This outcome is to be expected given the remit of CEDAH, which is to provide onward referrals. Therefore, their short intervention could not be expected to reduce risk. It is also

understandable that such a high proportion of referrals are closed without the risk level being known, as many individuals may not want to complete a further DASH-RIC at that point.

- 6.33. It is positive that 8% of contacts result in risk levels being partially or significantly reduced due to the intervention of CEDAH.
- 6.34. The needs assessment analysed initial DASH forms completed by CEDAH (N=56³⁴), highlighting both the range of risks faced by medium risk victims/survivors, as well as the significant overlap with other service areas. This is presented in the graph below (after paragraph 6.37).
- 6.35. Compared with analysis of DAFSU initial DASH-RICs completed (see paragraph 6.58 below), the key differences (i.e., 15% or above difference) in risk levels between victims accessing DAFSU and CEDAH related to:
- (Q13) Use of weapons (25% more yes answers for high-risk victims)
 - (Q14) Threats to kill (22% more yes answers for high-risk victims)
 - (Q15) Attempted strangulation (26% more yes answers for high-risk victims)
 - (Q18) Abuser has hurt someone else (19% more yes answers for high-risk victims)
 - (Q23) Abuser has breached bail or an order (15% more yes answers for high-risk victims)
 - (Q24) Abuser has been in trouble with police/has a criminal history (29% more yes answers for high-risk victims)
- 6.36. Differences in the proportion of responses for the remaining 18 questions was less than 15%, suggesting the types of abusive experiences do not differ significantly between the two risk levels.
- 6.37. Comparisons for Q12, concerning the abuser's controlling behaviours, suggest victims/survivors at medium risk experience the same levels as those at high risk (71% for medium risk, 69% for high risk).

³⁴ Not all referrals will require a DASH-RIC if one has been sent with the referral and risk does not need to be reviewed.



6.38. Of the total cases closed with an outcome recorded of contact being made (N=927³⁵), 51% involved a discussion with the individual about the children's needs. A referral was made to ChECS, or ChECS were consulted, in 2%, and the children were recorded as having a safety plan in 2% of records.

6.39. *Recommendations:*

- Understand the circumstances for the records contacted in which children's needs were not discussed.
- Record CEDAH referrals that led to specific outcomes: referral to MyCWA; in-depth safety planning and support delivered; one-off brief support provided.
- The drop-down list for referral sources within the spreadsheet of referrals should reflect the named organisations referring to CEDAH, not generic headings such as 'health'.
- Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- Explore with organisations/services the barriers or other reasons for a lack of referrals to CEDAH (and DAFSU). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- Establish a way for CEDAH to record consultations and requests for information that are not part of the referral and response recording. This would demonstrate the scope of CEDAH's role and build a picture of the true demand on the team.
- Explore the circumstances of the 76% that were not recorded as having completed safety planning to understand the barriers in relation to completing safety planning or whether this is a recording issue for the team; and what resourcing may be needed to comply with case recording requirements.

Domestic Abuse and Family Safety Unit (DAFSU)

6.40. In 2022/23, 583 referrals were recorded to DAFSU, a reduction of 8% from 632 in 2021/22.

6.41. SafeLives estimate there will be 40 MARAC cases per 10,000 of the adult female population. Applying this estimate to Cheshire East population data suggests that there would be 670 high risk victims of domestic abuse discussed by MARAC each year, which would mean a 15% increase in referrals from the number received in 2022/23. As outlined above (paragraph 3.27) referrals have increased in the first six months of 2023/24 (data not analysed in this review) to 334, projected to reach around 660 by the end of the year.

6.42. The following table shows the top referrers to DAFSU in 2022/23. This data is taken from a spreadsheet in which staff record all referrals, separate to the main system, which cannot currently record all the data needed by DAFSU. The overall number of referrals (N=573) is not significantly different to the referral number in the above bullet point, and is likely caused by

³⁵ 'Contacted/engaged work complete'; 'Contacted/engaged work incomplete'; 'Engaged/information and advice only'

human error (not recording all referrals in the spreadsheet) or discrepancies such as recording a family as one referral on the spreadsheet, but as separate individual referrals on the main system.

- 6.43. Where multiple referrals are made for the same victim/survivor, the first referrer is shown in the data; therefore, there may be more referrals from the services listed below than are evident in the data.

DAFSU Referral Sources 2022/23	% of referrals
Cheshire Constabulary (via VPAs)	66%
MyCWA	6%
CEDAH	6%
Health (see below)	6%
Not recorded	5%
Other (not specified)	3%

- 6.44. Other than referrals received by police VPAs, all other referrers recorded in the table above made under 35 referrals in 2022/23.
- 6.45. Referrers with fewer than ten referrals in the year were: Probation, Cheshire East Council Adult Social Care, Cheshire East Council Children’s Social Care, Cheshire East Council Family Services and Early Help; self-referrals; Cheshire East Council Children’s Services (unspecified); Cheshire and Wirral NHS Partnership; New Era and Vesta.
- 6.46. One referral was a MARAC-to-MARAC transfer from another area. Two referrals were recorded as ‘portal’ without stating where the portal referral had originated. Five referrals were recorded from outside of Cheshire East.
- 6.47. Referrals from any health provider were listed under ‘health’, which means it is not possible to know which area of health the referral came from. In 2022/23, only one referral was recorded from a General Practice, although others may have been categorised within the generic ‘health’.

DAFSU Referral Sources 2022/23 – Health	No. of referrals
Hospital (which hospital unknown)	16
Health (actual source unknown)	7
Macclesfield Hospital	3
Hospital IDVA (which hospital unknown)	2
A&E (which hospital unknown)	1
GP	1

Mid Cheshire NHS Trust (referral may have been from Leighton Hospital)	1
Wirral Community Health & Care NHS Foundation Trust (NB: Trust delivers 0-19 health services)	1

6.48. As outlined above for CEDAH, a drop-down list in the spreadsheet has now been created, and so the varying referrer names, such as that seen for health above, will no longer be an issue. However, it does not support analysis of which specific organisations referred to DAFSU in order to identify gaps.

6.49. DAFSU record the areas victims/survivors reside in, the top areas are presented in the following table.

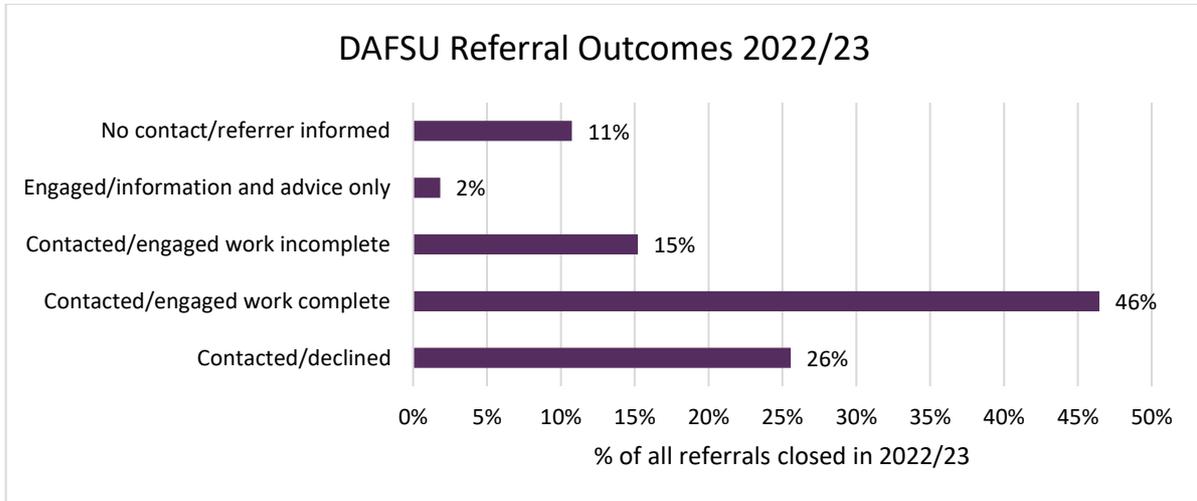
DAFSU Referral Areas of Residence 2022/23	% of referrals
Crewe	34%
Macclesfield	24%
Congleton	8%
Sandbach	6%
Wilmslow	6%
Nantwich	5%
Middlewich	4%
Knutsford	3%
Not recorded/unknown	2%

6.50. The following areas had five or fewer DAFSU referrals in 2022/23: Alderley Edge, Alpraham, Alsager, Handforth, Holmes Chapel, Poynton, Ridley, Styal, and Wistaston. One referral was made for someone who was homeless with no fixed abode.

6.51. The total referrals received for out of area was 27 (5%), the highest numbers came from Stoke on Trent (63% of out of area referrals) and Stockport (22%).

6.52. DAFSU record within the same data system as CEDAH, and therefore the same categories are used.

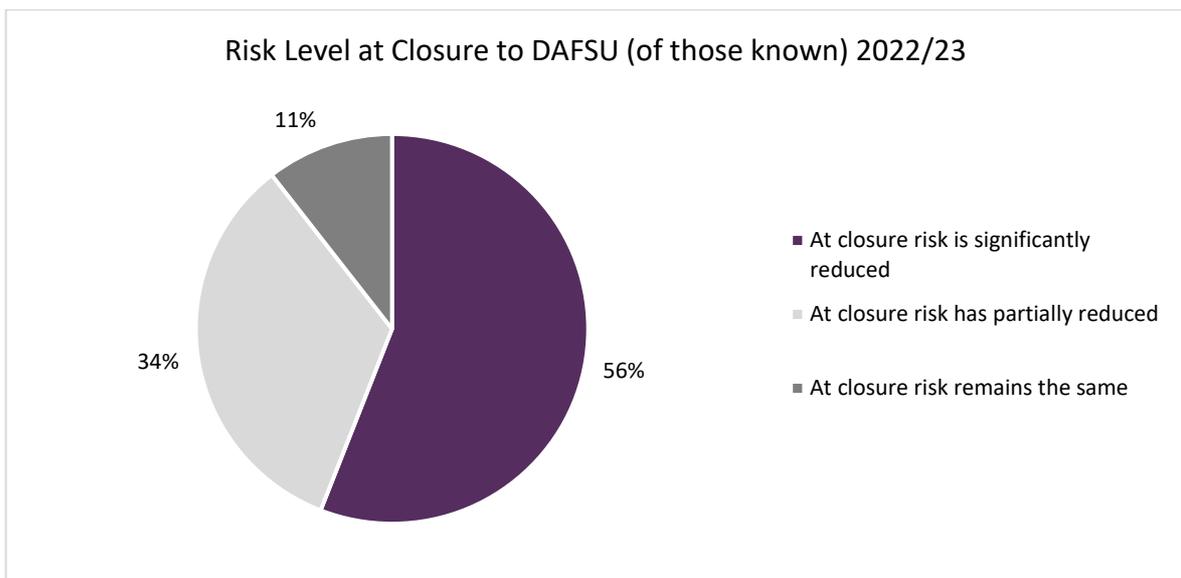
6.53. The following data in relation to the outcomes of referrals is taken from 2022/23 closed cases (N=493). Other data relating to the referrals is presented as a proportion of all referrals with an outcome recorded in that area, which varies.



6.54. The above graph illustrates that 37% of all referrals led to either no contact being established, or contact being made following which work was declined by the person referred. (71% of those contacted accepted support.) Given that these are victims/survivors identified as being at high risk, this is potentially concerning, and highlights the need for MARAC discussions without consent in order to put in place safety plans around victims/survivors who may otherwise be seriously harmed or killed.

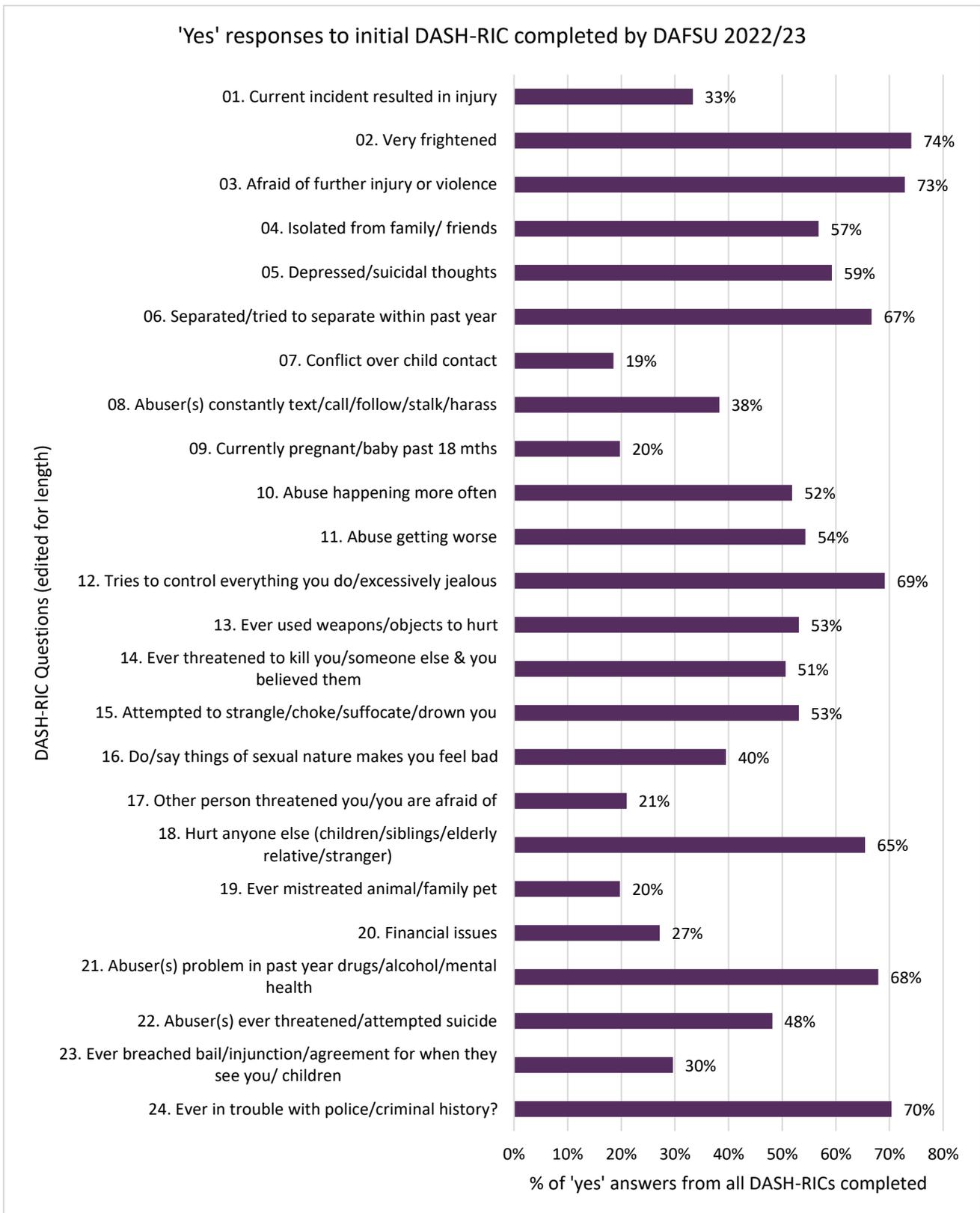
6.55. Of all referrals with a record of risk level at closure (N=492, 1 less than all referrals with an outcome recorded), for 40% the risk level at closure was unknown. Of all records, including those where risk level was not known, 39% had safety planning completed.

6.56. The following graph shows the risk levels at the point of closure by DAFSU, containing only those with a risk level recorded at closure (N=295).



6.57. The graph illustrates that, for those with risk level known at closure, risk had reduced partially or significantly for 89%.

6.58. The needs assessment analysed initial DASH forms completed by the DAFSU (N=80³⁶), highlighting both the range of risks faced by high-risk victims/survivors, as well as the significant overlap with other service areas. This is presented in the graph below.



³⁶ Not all referrals will require a DASH-RIC if one has been sent with the referral and risk does not need to be reviewed.

- 6.59. This analysis highlights the importance of connections with services including Cheshire East Council Children’s Services, CGL substance misuse service, and Cheshire and Wirral Partnership NHS Trust. Specifically, questions five and 21 that concern the victims’ and the abusers’ mental health and substance misuse show high levels of these issues in the cohort. Questions seven (child contact), nine (pregnancy), and 18 (hurt another person, including children) evidence the need for domestic abuse services to work closely with child safeguarding professionals.
- 6.60. Of the total cases closed with an outcome recorded of contact being made (N=313³⁷), 64% involved a discussion with the individual about the children’s needs. A child safeguarding meeting was attended in 16%, a referral was made to ChECS, or ChECS were consulted, in 27%, and the children were recorded as having a safety plan in 36% of records.

Multi-Agency Risk Assessment Conference (MARAC)

- 6.61. The following table compares Cheshire East MARAC with all Cheshire Police area MARACs and MARACs for England and Wales³⁸. A comparison with national data on Black and Minority Ethnic victims referred to MARAC is problematic due to the very variable population data nationally.

MARAC Measures 2022/23	Cheshire East MARAC	Cheshire MARACs (4)	SafeLives England (219)
Number of cases	583	1,732	102,011
Number of repeat cases / as % of all cases	114 / 20%	490 / 28%	33,899 / 33%
Number of cases per 10,000 adult females	35	40	48
% Partner agency referrals (i.e., non-police)	40%	30%	34%
% Where victim is Black/Minority Ethnic	3.8%	5.7%	17.8%
% Where victim is LGBT+	1.0%	1.6%	1.5%
% Of cases where victim has a disability	3.6%	6.5%	9.7%
% Of cases where victim is male	6.9%	6.1%	6.1%

- 6.62. Cheshire East MARAC additionally captured that 1.5% of victims were aged 16-17 years, and 1% of those harming others were aged 17 or below. This is collated by SafeLives, but the whole year’s data was not available in the national MARAC data set.
- 6.63. For partner agency referrals, and referrals where the victim is LGBT+, or male, Cheshire MARAC is near or above the Cheshire and England rates. But, referrals for victims from

³⁷ ‘Contacted/engaged work complete’; ‘Contacted/engaged work incomplete’; ‘Engaged/information and advice only’

³⁸ <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

minoritized ethnicities or have a disability are being received at a lower rate than Cheshire and England.

- 6.64. As reflected in the DAFSU referral data above (see 6.41), the number of cases per 10,000 adult female population was lower in 2022/23 than the rest of Cheshire and England, and below the SafeLives national average. But, data from 2021/22 and the first six months of 2023/24 suggest referral rates are usually much higher, making the number of cases per 10,000 adult females to be 39.
- 6.65. SafeLives states an established MARAC should have a repeat rate of 28% to 40%. SafeLives defines a 'repeat' MARAC case as "ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC." The incident does not have to be a criminal offence, violent or threatening.³⁹
- 6.66. A lower repeat rate than the national average, and the SafeLives recommended rate, is not necessarily a negative, potentially indicating effective partnership working and an effective IDVA service.
- 6.67. A total of 599 children were in households of a victim/survivor referred to MARAC, an average of more than one child per referral.
- 6.68. Non-Police referrals came from the voluntary sector, 7% (assumed to be mostly MyCWA), followed by secondary health care services (6%), Cheshire East Council ChECS (9%), and Cheshire East Council Children's Social Care (2%). Smaller numbers of referrals (under 10) were from Cheshire East Council Adult Social Care, Probation, Mental health, and primary health care. 13% of referrals were listed as 'other', which may be understood to comprise the referral sources for DAFSU provided above (see paragraph 6.42).
- 6.69. No referrals were recorded from Cheshire East Council Education, Cheshire East Council Housing, or CGL substance abuse service.
- 6.70. *Recommendations:*
- Explore the reasons why the referral numbers dipped in 2022/23 compared with 2021/22 and the first six months of 2023/24, identify any actions that may be needed.
 - MARAC Steering Group members should satisfy themselves, and inform CEDSAP, that referring agencies fully understand the repeat referral criteria for MARAC.
 - Understand the risk level outcomes for the 2% of referrals that were closed following information and advice only, and explore the consequences of this outcome for high-risk victims/survivors.
 - Understand the situations of the 11% closed where risk remained the same, for example, do these connect to the 15% of referrals in which work was not able to be completed.
 - Explore with organisations/services the barriers or other reasons for a lack of referrals to DAFSU (and CEDAH). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.

³⁹ <https://safelives.org.uk/definition-repeat-marac>

- Understand the circumstances for the records contacted in which children's needs were not discussed.
- Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.

MyCWA Community-Based Service

6.71. MyCWA provide quarterly reports to Cheshire East Council as part of contract monitoring. In 2022/23 the format of this changed to enable clearer data on delivery of the service. (This has been amended again in 2023/24 to facilitate better understanding of the provision.) As a result, limited data from 2021/22 is presented here. While this prevents comparison between the two years in some areas, enough 2021/22 data is available to show how the demand for, and provision of, services has increased, in most areas.

Intervention	2021/22	2022/23
Local training sessions delivered	49	70
Community awareness events held	7	27

Adult victims/survivors	2021/22	2022/23
New adult clients accepted into the service	916	1,122
Gateway programmes delivered	U/K	29
Adults completing Gateway programme (as proportion of those who started)	U/K	136 (73%)
Clients with chaotic / complex presentation	119	163
Peer support sessions delivered	105	141
Attendances at peer support sessions	U/K	198
New clients attending peer support sessions	U/K	19

Children and Young People	2021/22	2022/23
Children and young people completing safety or therapeutic work	134	177
Peer support sessions delivered	209	182
Attendances at peer support sessions	U/K	262

Individual children and young people attended peer support sessions delivered	U/K	113
Children and young people completed behaviour change intervention	35	28
Child Protection Conferences invited to attend <i>2022/23: Increase from 4 (Q1) to 21 (Q4)</i>	17	41 (98% attended)
Number of other child safeguarding meetings attended where Provider is engaged with family	225	261
Families that received safe relationship work	88	257
Families where the status of the social care plan was stepped down	U/K	74

Interventions with Adults Who Harm	2021/22		2022/23	
	Men	Women	Men	Women
Referred for assessment	U/K	31	237	127
Completed assessment (% of referrals)	92	25	127 (54%)	58 (46%)
Commenced Level 1 Group Programme	88	N/A	74	N/A
Commenced Level 2 Group Programme			33	N/A
Completed Level 1 Group Programme	41	N/A	43	N/A
Completed Level 2 Group Programme			12	N/A
Commenced Engage Group Programme	N/A	19	N/A	35
Completed Engage Group Programme	N/A	9	N/A	16
Commenced Engage one-to-one Programme	N/A	U/K	N/A	4
Completed one-to-one denial focused work	U/K	U/K	2	1
Denial focus packs sent to other professionals for one-to-one delivery with service users	U/K	U/K	21	1
Clients started on denial focused work with other professionals	U/K	U/K	5	N/A
Bail support commenced	U/K	U/K	24	1

Proportion of partners of those on programmes supported	93.3%	100%
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6.72. MyCWA highlight in their data return that work with women who harm has been impacted by the increasing complexity of the women being referred. MyCWA has increased the number of sessions women receive in order to manage this, and to increase the number of women who remain with the programme.

6.73. *Recommendation*: The way in which data is collated and presented for contract reporting has recently been changed, and MyCWA provision is now clearer. Within the development of the new contract, review the extent to which this has improved knowledge of the delivery of the contracted service. Specifically, is it possible to show the following:

- The number of referrals received, shown separately for victims/survivors and those causing harm, and separately for adults and children within those two groups. Demographic information disaggregated for each group. Levels of need for each group.
- The number of those referred that were accepted into support, and which support each referral accessed. How many started, and how many completed, the support accessed.
- The volume of work required for each intervention, e.g., FTE staff per intervention, hours spent delivering intervention per FTE staff.

MyCWA Dispersed Safe Accommodation

6.74. Data was available from MyCWA for 2021/22 and 2022/23 covering referrals to, and outcomes for, dispersed safe accommodation (refuge). Some data was only collected in 2022/23, and some categories changed between the two years.

6.75. Referrals to MyCWA dispersed safe accommodation rose from 157 in 2021/22 to 167 in 2022/23, the increase came largely from referrals within Cheshire East.

Dispersed Safe Accommodation Referrals	2021/22		2022/23	
	Self-referrals	Agency referrals	Self-referrals	Agency referrals
Referrals received by source	46	111	28	139
Total referrals received	157		167	
From Cheshire East area	31	75	15	107
From Cheshire county (not Cheshire East area)	1	11	0	5
From outside of Cheshire East & Cheshire county	14	25	13	27

6.76. The number of referrals received where the adult had children and/or presented with complex needs increased significantly between 2021/22 and 2022/23. The number of referrals with no recourse to public funds decreased.

Dispersed Safe Accommodation Referrals	2021/22		2022/23	
	Men	Women	Men	Women
Total referrals received	19	138	23	144
Referrals received with children	52		74	
Referrals received with complex needs	52		101	
Referrals received with no recourse to public funds	17		13	
Total children referred	U/K		158	

6.77. 15% of referrals were accommodated in 2021/22, and 17% in 2022/23.

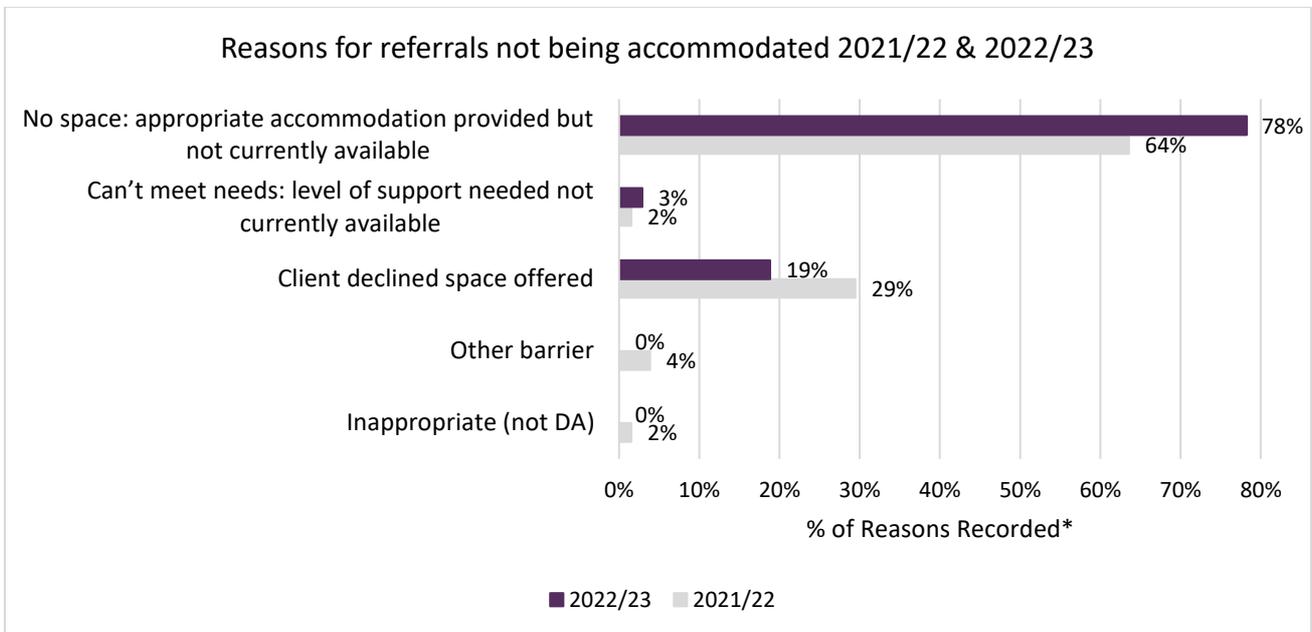
6.78. Across the two years, 10% of referrals for men were accommodated (4 of 42 referrals), and 17% of referrals for women were accommodated (48 of 282 referrals). Around a quarter of children referred were accommodated.

6.79. The number accommodated rose from 23 to 29 between the two years, made up of an increase in the number of women accommodated. There was an increase in those accommodated who presented with complex needs.

6.80. The number accommodated with no recourse to public funds doubled to 6 referrals; this is in the context of a decrease in referrals, meaning nearly half (46%) of these referrals were accommodated in 2022/23.

Accommodated (% of those referred)	2021/22		2022/23	
	Men	Women	Men	Women
Total Accommodated	2	21	2	27
Accommodated with complex needs	14 (27%)		24 (32%)	
Accommodated with no recourse to public funds	3 (18%)		6 (46%)	
Accommodated with children	9 (17%)		17 (23%)	
Total children accommodated	U/K		41 (26%)	

6.81. Where referrals could not be accommodated, the majority across two years were due to the service not having capacity. No referrals were declined where the only reason was no recourse to public funds.



* For the percentage of reasons recorded, N=129 for 2021/22, N=138 for 2022/23.

6.82. More detail was provided by MyCWA in relation to referrals not being accommodated, as outlined in the table below. Data for 2021/22 contained more detail. The table below does not suggest that the reasons listed not relevant in 2022/23, only that they weren't recorded.

Suitable space or support provided by MyCWA, but unavailable at time of referral	Number in 2021/22	Number in 2022/23
Space needed to be in a different area	3	0
Ground floor space needed	4	0
Required space for five children	1	0
Required a dog friendly space	5	0
Required wheelchair accessible space	1	2
Required adapted property	0	2
Client did not offer information to support background checks required for referral	1	0
Offered interview but client wanted specific support with alcohol misuse	1	0
Other barriers to accepting space	Number in 2021/22	Number in 2022/23
Client unable to attend interview arranged for doctors	1	0
Unable to interview client	1	0

Client declined space with MyCWA	Number in 2021/22	Number in 2022/23
Client not eligible for Housing Benefit and felt she couldn't meet the agreed payments	1	0
Space wanted out of Cheshire	1	0
Client accepted accommodation from different provider	1	0
Client didn't want to live in area offered	1	0
Client decided not to leave their relationship	1	0

- 6.83. Alternatives to MyCWA accommodation being offered included seeking alternative refuge space (done by the referrer, the client or MyCWA), seeking alternative supportive housing, or seeking safe accommodation alternatives such as Sanctuary Scheme (NB: recording of action taken where not accommodated was very low). In 2021/22, 60% of those not accommodated were being supported by a housing agency or IDVA; in 2022/23 the proportion was 83%.
- 6.84. The average length of stay in safe accommodation is nine months. Following this, approximately half of clients move on to their own homes. Across 2021/22 and 2022/23, 15% of clients moved out of refuge back to the person causing them harm. 17% moved in with a friend or relative.
- 6.85. 11% of clients left refuge in an unplanned way. Only one person across the two years was asked to move out of safe accommodation.

Safe Accommodation: Sanctuary Scheme

- 6.86. From January to June 2023, five installations were delivered by the Cheshire East Council Sanctuary Scheme (work carried out by Safe Partnership). Four were for private renters, and one for a homeowner. A total of five children were supported through these installations.
- 6.87. The average spend per household was £387, and there was an average of 18 days between referral and installation. This is longer than would be expected for the process.
- 6.88. Additionally, DAFSU IDVAs record when target hardening has been completed for a high-risk victim/survivor. This may include non-Sanctuary Scheme works. In 2022/23, the DAFSU recorded 141 victims/survivors had received this.

Macclesfield Hospital and Leighton Hospital IDVAs

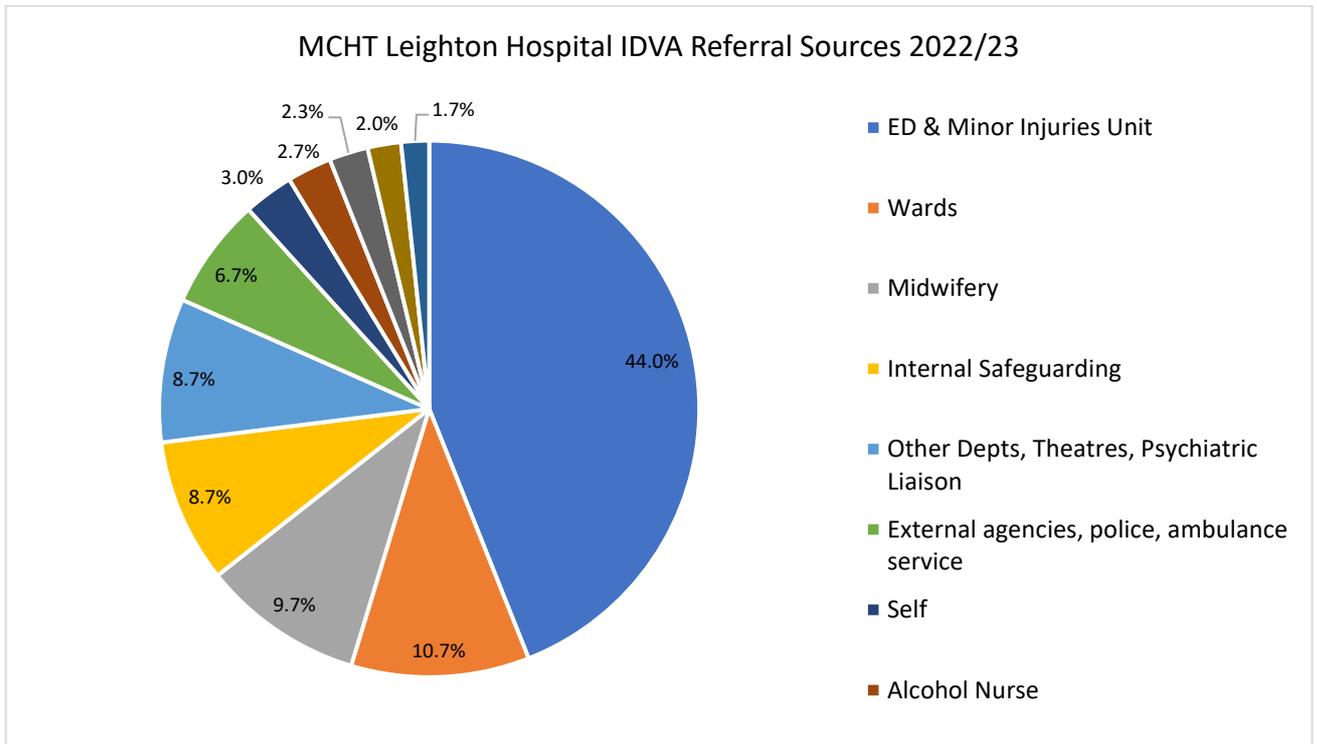
- 6.89. The Hospital IDVA based at Leighton Hospital, employed by Mid Cheshire Hospitals NHS Foundation Trust, provided data to the needs assessment.

6.90. In 2022/23 they received 300 referrals from the hospital, 10.5% of which were for staff and the remainder for patients. This represented a 29% increase in overall referrals from the year before, and the highest number of referrals since 2014/15.

6.91. 187 of the referrals were for patients resident in Cheshire East, the remainder resided in West Cheshire (101), out of area (10), or were not known (2).

6.92. The IDVA made 45 referrals to MARAC. 9% of referrals involved family abuse rather than intimate (ex)partner abuse.

6.93. Referral sources were as follows:



6.94. The Macclesfield Hospital IDVA data is contained within the DAFSU data presented above. East Cheshire Trust recorded that 160 referrals were made within the hospital to the IDVA in 2022/23.

Cheshire Cares

6.95. Data was available from Cheshire Cares for all of Cheshire, including Cheshire East. It is not possible to show only Cheshire East cases. Due to changes to the service over the previous year, there have been changes to data collection; therefore only data for 2023/24 is presented because it is more accurate than previous data reports.

Cheshire Cares: April to August 2023 (5 months)	Number
Number of new victim referrals to support services in the time period From the 'daily' download (see para 6.95); includes victims who are not appropriate for the service (e.g., not at Standard Risk) or who did not consent to support; these are screened out by Cheshire Cares.	2,245

Number of new referrals in the time period (i.e., victims consenting to contact & at Standard Risk)	326 (15% of new referrals)
Number of victims already being supported in the time period (i.e., the referral was made prior to the reporting time period)	381

Rape and Sexual Abuse Support Centre (RASASC)

6.96. RASASC received 192 referrals in 2022/23 that were for individuals who had experienced rape or sexual assault perpetrated by their partner or ex-partner, therefore within the definition of domestic abuse.

Domestic Abuse Reporting Data

6.97. This section outlines domestic abuse data available from non-specialist services. Information about organisations' domestic abuse response is contained in section five.

6.98. In reviewing the data presented here, it is important to be aware that this reflects where victims/survivors report, not an indication of prevalence, as we know that many don't tell professionals. For example, Crime Survey of England and Wales data states that around 24% of victims report to police⁴⁰.

Cheshire Constabulary

6.99. Data is collected on domestic abuse related crimes by the Constabulary for Cheshire East as outlined below.

Cheshire Constabulary Domestic Abuse	2021/22	2022/23
Number of recorded domestic abuse crimes	5,450	5,090
Number of domestic abuse crimes recorded as 'solved' (% of all DA crimes recorded)	742 (14%)	986 (19%)
Repeat victimisation: involving a victim who has been a victim is past 12 months (% of all DA crimes recorded)	3,302 (61%)	3,055 (60%)
Violence With Injury Crimes	1049	1052
Violence With Injury Crimes Solved (% of all Violence with Injury crimes recorded)	UK	258 (25%)

⁴⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingjune2022#domestic-abuse-and-sexual-offences>

- 6.100. The data shows over half of domestic abuse crimes in both years involved victims who had previously been recorded. Domestic abuse is categorised as the abusive person using a pattern of behaviour. Therefore, for the purposes of the partnership response to domestic abuse (rather than for police recording), these victims it would be helpful to frame them not as 'repeat' victims but as 'ongoing' victims.
- 6.101. The review noted discrepancies in the data from Cheshire Constabulary.
- 6.102. 3,289 VPAs were recorded with DA indicated in 2022/23 (including where not completed), compared with 5,090 crimes; it could be assumed that victims reported multiple crimes. The data for demographics was much higher, for example, 5,884 victims recorded for gender (including unknown/not recorded), this could be explained by there being multiple victims to one recorded crime, but raises questions over the difference between number of victims and number of VPAs.
- 6.103. The completion rate of the DASH-RIC by police attending incidents is very high, with only 14 not completed in 2022/23.

Vulnerable Person Assessment (VPA) with a Reason for Notification of 'Domestic Violence & Abuse' Risk Outcomes	2022/23	As % of all VPAs
High Risk	350	10.6%
Medium Risk	1,088	33.1%
Standard Risk	1,837	55.9%
DASH not completed	14	0.4%

- 6.104. The data above highlights that over half of all incidents reported to police that involve a VPA being completed are standard risk, and a third are medium risk. This demonstrates where the most significant volume is in terms of need for support. Standard risk incidents may involve victims who have in the past experienced significant harm; there may be high levels of complexity, and a need for a range of support.
- 6.105. The Constabulary also collate data on the number of Domestic Violence Protection Notices/Orders (DVPNs/Os)⁴¹ authorised, and the number of requests/disclosures made within the Domestic Violence Disclosure Scheme, also known as Clare's Law⁴².

Cheshire Constabulary Domestic Abuse	2021/22	2022/23
Domestic Violence Protection Notices (DVPNs) authorised	59	61
Domestic Violence Protection Orders (DVPOs) authorised (as % of Notices)	47 (UK)	55 (90%)

⁴¹ <https://www.gov.uk/government/publications/domestic-violence-protection-orders/domestic-violence-protection-notices-dvpns-and-domestic-violence-protection-orders-dvpos-guidance-sections-24-33-crime-and-security-act-2010>

⁴² <https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance>

Domestic Violence Disclosure Scheme Right to Ask Requests	UK	227
Domestic Violence Disclosure Scheme Right to Ask Disclosures Made (as % of requests)	UK	72 (32%)
Domestic Violence Disclosure Scheme Right to Know Considered	UK	268
Domestic Violence Disclosure Scheme Right to Know Disclosures Made (as % of those considered)	UK	108 (40%)

6.106. National data to the year ending March 2020 shows that 37% of risk to ask, and 52% of right to know applications, resulted in disclosure⁴³. Cheshire Constabulary is therefore in line with the national picture in relation to right to ask disclosures, but somewhat lower than for right to know disclosures.

National Probation Service – Cheshire Delivery Unit

6.107. The following data was available from Probation for Cheshire East, for the flags available on the case recording system.

Probation domestic abuse case recording	2021/22	2022/23
Individuals being supervised with a 'domestic abuse perpetrator' flag	123	232
Individuals being supervised with a 'domestic abuse history' flag but no 'domestic abuse perpetrator' flag	123	88

6.108. For those with a domestic abuse perpetrator flag on their record, it is assumed their index offence was domestic abuse related. For those with a domestic abuse history flag, but no domestic abuse perpetrator flag, it is assumed that the index offence was not domestic abuse, but they had a history of domestic abuse, and it is likely Probation have been working with them on their attitudes and beliefs linked to domestic abuse.

Probation domestic abuse case recording	2021/22	2022/23
Individuals referred to Building Better Relationships (BBR) behaviour change programme	88	80
Individuals completing the Building Better Relationships (BBR) behaviour change programme	29	5

⁴³ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-violence-disclosure-scheme-factsheet>

- 6.109. The number of BBR referrals and completions must be understood in the context that probation would never see all individuals referred in. There are many reasons for this, for example, the individual gains employment, or becomes ill, and can no longer attend; the individual moves out of area; the individual breaches the order and is taken back to court, or they commit further offences and are resentenced, recalled back to custody.
- 6.110. Additionally, most individuals sentenced to a community order that includes BBR receive orders of 18 months and two years, but some might not be allocated to a BBR programme until a year after the order commenced. Therefore, an individual sentenced will be counted as an individual referred in 2023, but might not start the programme until September 2024.
- 6.111. It is important to understand that whilst some BBR referrals do not lead to completion of BBR, following further assessment their needs will be addressed via alternative interventions eg, structured intervention – HELP or a toolkit (completed in a group) – skills for relationships completed on a 1-1 basis with their probation practitioner.

Cheshire East Council Children’s Services

- 6.112. Data was available from Children’s Services showing the number of domestic abuse related contacts to the integrated front door (ChECS and Family Help), and the number of children with child in need or child protection plans, and the number of children looked after, where domestic abuse was a recorded issue.
- 6.113. It is not possible to show, within this data, the nature of the domestic abuse for these children. It likely encompasses child victims of parental domestic abuse, child victims of partner domestic abuse, and children who are using harmful behaviours against parents, family members, and/or partners. The domestic abuse record may reflect current victimisation, or something that happened to the child in the past.
- 6.114. *Recommendation:* develop the case management system to enable recording that reflects the different ways in which children can be victims of domestic abuse, or cause harm, and whether the domestic abuse is a current or historic concern. (NB: domestic abuse in the past does not mean that there is no ongoing impact on the child.)
- 6.115. While ChECS contacts in which domestic abuse was a stated reason has increased, this is in-line with an overall increase in contacts to ChECS. It is important to note here, that only one reason for the contact will be recorded by ChECS; domestic abuse may be one of multiple concerns for a family, but is not the primary reason for the contact at that point. Therefore the count in the table below may be an underestimate.

Cheshire East Council Children’s Services ChECS Contacts	2021/22	2022/23
ChECS Contacts – all records	7,488	11,832
ChECS Contacts in which domestic abuse was a stated reason (as proportion of all records)	1,451 (19%)	2,097 (18%)

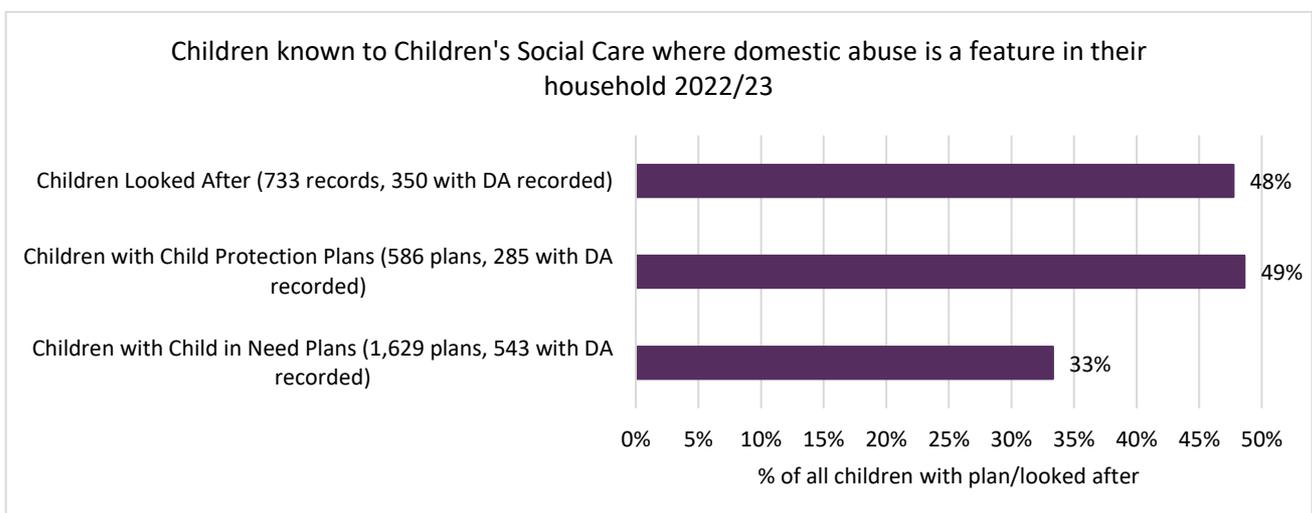
6.116. In 2021/22, Family Help Front Door contacts could not record whether domestic abuse was a stated reason. The ability to record was added from 1st August 2022, meaning 2022/23 data is partial. Extrapolating from the eight months of data available (219 records in which domestic abuse was a stated reason), the number in the table below is an estimate.

Cheshire East Council Children’s Services Family Help Front Door Contacts	2021/22	2022/23
Family Help Contacts – all records	2,553	2,194
Family Help Contacts – records in which domestic abuse was a stated reason (as proportion of all records)	UK	329 est. (15% est.)

6.117. This data suggests 17% of all contacts to the integrated front door recorded domestic abuse as a feature. It is possible that contacts did not have domestic abuse identified at the point of referral, but this was disclosed later on; data was not available relating to this, except for those families that went on to have involvement with social care.

6.118. For Child in Need and Child Protection Plans, and Children looked After, recording of responses to ‘Has domestic violence ever featured in this child/young person’s life?’ was significantly low in 2021/22. It was incomplete in 46% of Child in Need records (1,920 records), 43% of Child Protection Plan records (568 records), and 46% of Children Looked After records (672 records).

6.119. Due to such a high proportion not recorded in 2021/22, only 2022/23 data is provided in the graph below. In 2022/23 Child in Need (1,629 records) and Child Protection Plan records, incomplete records were down to 1%, showing a significant improvement in recording. For Children Looked After records, the proportion that were incomplete in 2022/23 was 13% (97 records), which, while an improvement in 2021/22, suggests the data in the graph below may not be complete.



- 6.120. This data suggests that approximately 40% of all children receiving within the remit of Children’s Social Care were victims or survivors of domestic abuse⁴⁴.
- 6.121. Initial contacts to ChECS (described in paragraph 6.115 above) in 2022/23 involved 18% with domestic abuse as a stated reason. Compared with the data in the graph above, this might suggest that very high proportions of initial contacts due to domestic abuse go on to receive attention from social care. Alternatively, it may be that domestic abuse has been identified as a concern following the Child in Need/Child Protection Plan being initiated.
- 6.122. CEC Safeguarding Children in Education Team record enquiries from schools relating to domestic abuse. 60 enquires were made in 2022/23, and 55 in 2021/22. Many (not all) schools pay for the Safeguarding Children in Education Service (SCIES), described in the section on Front Doors above, and therefore may have been making initial enquiries that then went on to become contacts to ChECS or Family Help Front Door.

Cheshire Youth Justice Service

- 6.123. The following data was available from the Youth Justice Service for Cheshire East, for the flags available on the case recording system.

Youth Justice Service individuals with open cases	2022/23
Flagged on system for being an individual causing domestic abuse harm (as % of all individuals)	4 (14%)
Flagged on system for being a victim of parental domestic abuse (as % of all individuals)	20 (69%)
Flagged on system for being a victim of partner domestic abuse (as % of all individuals)	1 (3%)

- 6.124. Individuals can be flagged for more than one of the above. The data demonstrates a high correlation between children being victims of domestic abuse and being involved with the criminal justice system at a young age.

Cheshire East Council Adult Safeguarding

- 6.125. The table below shows Adult Safeguarding Enquiries where domestic abuse has occurred for adults aged 18 and over, reported to, or identified by, Cheshire East Council.

Cheshire East Council Adults’ Safeguarding	2021/22	2022/23
Adult safeguarding enquiries where domestic abuse has occurred	999	1,102

⁴⁴ 1,178 of 2,948 children with Child in Need Plan, Child Protection, or Children Looked After; may be some double counting if children were stepped up or stepped down during the year.

Adult safeguarding enquiries where domestic abuse has occurred – proportion of all enquiries	20%	20%
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6.126. Over the last four years (since 2019/20) the number of records for domestic abuse has increased 381%, with the large increase in 2021/22.

6.127. An analysis conducted in 2022/23 of Adult Safeguarding Data suggested practitioners are not consistently recording domestic abuse in line with the definition of ‘personally connected’ in the Domestic Abuse 2021. As a result, guidance has been produced for practitioners and partners to assist them in recording domestic abuse, and recording is expected to improve in 2022/23.

Cheshire East Council Housing Options

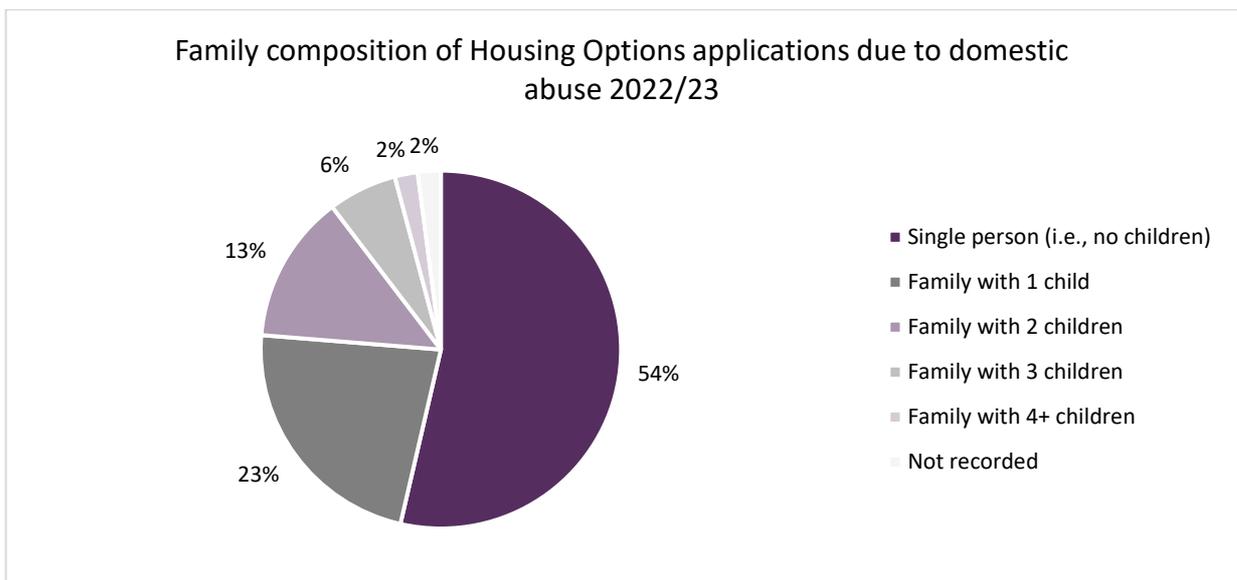
6.128. Data was provided to the needs assessment for domestic abuse-related approaches to Housing Options in 2022/23 (97 records).

Housing Options Data 2022/23	Number
Total applications due to domestic abuse	97
Applications responded to under Relief Duty	48
Outcome: secured accommodation for 6 months	52.1%
Outcome: withdrew	35.4%
Outcome: secured accommodation for 12 months	12.5%
Applications responded to under Prevention Duty (1 blank)	47
Outcome: secured alternative accommodation for 12 months or more	57.4%
Outcome: secured existing accommodation for 12 months or more	14.9%
Outcome: secured alternative accommodation for 6 months	10.6%
Outcome: contact lost	6.4%
Outcome: 56 or more days elapsed and no further action	4.3%
Outcome: secured existing accommodation for 6 months	2.1%
Outcome: withdrew	2.1%
Applications responded to under Final Duty	2

Outcome: Registered Provider tenancy	100%
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Housing Options Data 2022/23: Accommodation at point of application (N=97 total records)	Number
Property belongs to a friend, and I live with them	18.6%
Property is rented from Housing Association	17.5%
Property belongs to a family member, and I live with them	14.4%
Not recorded	11.3%
Property is rented from Private Landlord	10.3%
Homeless – no fixed abode	9.3%
Housed in temporary accommodation or hostel	5.2%
In safe accommodation (refuge)	5.2%
Property is supported accommodation	3.1%
Other	3.1%
Property belongs to a landlord, and I live with them	1.0%
Property is owned with mortgage	1.0%

6.129. Over half of applicants were single people with no children. Family composition for applicants was as follows:



6.130. A third of applicants were being supported by the Whole Housing Approach Domestic Abuse Specialist, and officers had sought their advice for over a third (37%). 9% were defined within the WHA as experiencing multiple disadvantage. 18% has received WHA funding. (NB: applicants may be recorded in more than one of these percentages.)

CGL Substance Misuse Service

6.131. Within assessments, CGL ask service users about harm they have experienced from others, and harm they have caused to others, including specifically asking about domestic abuse. The following table shows the overall numbers, and what proportion of client records this represents.

6.132. In the tables below, ‘not identified at this time’ is selected by practitioners when the person may have alluded to something in the past, i.e., over twelve months ago. Past experiences of abuse and harm are important for services to understand, as current trauma may be complicated or compounded by earlier experiences.

CGL harm and domestic abuse recording (N=400)		2022/23
Ever experienced harm from others		268 (67.0%)
Feel threatened	Current	22 (5.5%)
	Within last 3 months	23 (5.8%)
	More than three months previous	186 (46.5%)
	Not identified at this time	10 (2.5%)
	TOTAL	241 (60.3%)
Domestic abuse victim	Client declined to answer / not appropriate to ask	13 (3.3%)
	Current	6 (1.5%)
	Within last 3 months	18 (4.5%)
	More than three months previous	130 (32.5%)
	TOTAL	167 (41.8%)
Drug/alcohol user controlled by others	Current	5 (1.3%)
	Within last 3 months	7 (1.8%)
	More than three months previous	37 (9.3%)
	Not identified at this time	83 (20.8%)
	TOTAL	132 (33.0%)
Threats from others	Current	8 (2.0%)
	Within last 3 months	18 (4.5%)

	More than three months previous	132 (33.0%)
	Not identified at this time	42 (10.5%)
	TOTAL	200 (50.0%)
Physical abuse	Current	6 (1.5%)
	Within last 3 months	18 (4.5%)
	More than three months previous	160 (40.0%)
	Not identified at this time	10 (2.5%)
	TOTAL	241 (60.3%)
Economic abuse	Current	0
	Within last 3 months	3 (0.8%)
	More than three months previous	23 (5.8%)
	Not identified at this time	104 (26.0%)
	TOTAL	130 (32.5%)
Sexual abuse	Current	0
	Within last 3 months	2 (0.5%)
	More than three months previous	71 (17.8%)
	Not identified at this time	89 (22.3%)
	TOTAL	162 (40.5%)
Known to MARAC	Current	3 (0.8%)
	Within last 3 months	8 (2.0%)
	More than three months previous	13 (3.3%)
	Not identified at this time	87 (21.8%)
	TOTAL	111 (27.8%)

- 6.133. Of the six current victims of domestic abuse, one was currently known to MARAC, and one had been known within the last three months.
- 6.134. One current domestic abuse victim was also recorded as a domestic abuse perpetrator and had used violent behaviour within the last three months. One further current domestic abuse victim had also previously been convicted of a violent offence.
- 6.135. Of the five current 'drug/alcohol user controlled by others', one was also a current domestic abuse victim, and one had been a domestic abuse victim within the last three months.

CGL – harm and domestic abuse recording (N=400)		2022/23
Ever harmed others		184 (46.0%)
Violent behaviours	Current	4 (1.0%)
	Within last 3 months	7 (1.8%)
	More than three months previous	113 (28.3%)
	TOTAL	124 (31.0%)
Domestic abuse perpetrator	Client declined to answer / not appropriate to ask	8 (2.0%)
	Current	4 (1.0%)
	Within last 3 months	13 (3.3%)
	More than three months previous	80 (20.0%)
	More than three months previous & current	2 (0.5%)
	TOTAL	107 (26.8%)
Convicted of violent offence(s)	Current	7 (1.8%)
	Within last 3 months	2 (0.5%)
	More than three months previous	88 (22.0%)
	Not identified at this time	10 (2.5%)
	TOTAL	107 (26.8%)
Convicted of sex offence(s)	Current	4 (1.0%)
	Within last 3 months	2 (0.5%)
	More than three months previous	16 (4.0%)
	Not identified at this time	30 (7.5%)
	TOTAL	52 (13.0%)
Known to MARAC	Current	3 (0.8%)
	Within last 3 months	3 (0.8%)
	More than three months previous	6 (1.5%)
	Not identified at this time	33 (8.3%)
	TOTAL	45 (11.3%)

- 6.136. None of the current domestic abuse perpetrators were known to MARAC, and none had been convicted of a violent offence.
- 6.137. One current domestic abuse perpetrator was also recorded as a domestic abuse victim, had experienced threats from others, and sexual abuse, within the last three months. They were also a current 'drug/alcohol user controlled by others'.
- 6.138. One individual who was currently known to MARAC was marked 'never' under the domestic abuse perpetrator indicator. One further individual known to MARAC was marked 'previous' under the domestic abuse perpetrator indicator.
- 6.139. The data from CGL highlights the complexity of experiences by victims of domestic abuse and those who harm.

0-19 Health Services, Wirral Community Health and Care NHS Foundation Trust

- 6.140. The Health Visiting Service, part of the 0-19 and 0-25 Health Services delivered by Wirral Community Health and Care NHS Foundation Trust (commissioned by Cheshire East Council), carry out routine enquiry with all mothers. This is conducted at the ante-natal, pre-birth, one-year and two-year visits/contacts. If the question cannot be asked at one contact, e.g., there are other members of the family present, it will be asked at the next.
- 6.141. Over the previous three years, the question was asked to 8,307 patients, of which 543 (7%) answered 'yes'. This includes disclosing previously being a victim of domestic abuse, and yes to being a current victim.

Domestic Abuse Data Demographics

- 6.142. This section outlines domestic abuse data available from specialist and non-specialist services, broken down by demographic information available. Where possible, this is compared with population data. Demographic data from the MARAC is presented above (see paragraph 6.61).
- 6.143. Data is presented by proportions, rather than overall numbers, because many of the records will double-count victims/survivors or service users. For some services, the total numbers recorded did not add up to the same amounts between the different demographic information.

Sex/gender

- 6.144. Gender matters to all victims/survivors. Domestic abuse is a form of violence against women and girls, that is, 'violence that is directed against a woman because she is a woman or that affects women disproportionately'⁴⁵. 89% of victims of domestic abuse who have been subject to repeat victimisation (over 4 incidents) are women⁴⁶. Women are more likely to be

⁴⁵ <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>

⁴⁶ https://openaccess.city.ac.uk/id/eprint/21697/1/Domesticviolencefindings_2004_5BritishCrimeSurvey276.pdf

victims of repeated patterns of controlling and coercive control, experience higher levels of fear and are also much more likely to be killed by their partners or former partners than men⁴⁷. Trans people may experience the highest rates of abuse⁴⁸. While at significantly lower rates, heterosexual men do experience abuse from female partners, including violence, and control and coercion⁴⁹.

6.145. Data on the sex/gender of clients of individual reporting domestic abuse was available from the services listed in the table below. It should be noted that the MyCWA Community Services data represents those accessing support due to being victims or those who are causing harm.

6.146. Due to the limitations on recording created by certain systems, the data cannot show whether any of the individuals recorded as ‘male’ or ‘female’ identified as a different gender to the sex they had been ascribed at birth, i.e., transgender or non-binary. Only one service collected data on trans and non-binary people being referred, which was MyCWA Community Services; 0.1% of adult clients were recorded as such.

Organisation	% of clients recorded 2022/23		
	Male	Female	Unknown / Not recorded
CEDAH	14%	81%	6%
DAFSU	7%	94%	7%
MyCWA Community Services Adults	23%	72%	4%
MyCWA Community Services Children	56%	44%	0.1%
MyCWA Safe Accommodation (Adults referred)	14%	86%	0%
Cheshire Cares (NB: 5 months data for all Cheshire)	26%	70%	4%
Cheshire Constabulary Victims	25%	72%	3%
Cheshire Constabulary Those causing harm	79%	20%	1%
CEC Housing Options	12%	87%	1%

6.147. In line with national data and research, most victims reporting to services were female. Looking across the services in relation to risk level, DAFSU has the highest proportion of female victims, again reflecting national data and research above that women are most at risk of serious harm and homicide from abusive partners and ex-partners.

6.148. MyCWA Community Services for adults and children recorded the highest number of male service users; for adults, this will include those causing harm (this may also be the case for

⁴⁷ https://www.womensaid.org.uk/wp-content/uploads/2015/12/successful_commissioning_guide.pdf

⁴⁸ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

⁴⁹ https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/62/The-voices-of-male-victims-Burrell-S.R.-and-Westmarland-N.-2019.pdf

CEDAH). There is more of a gender balance when looking at the gender of children referred to MyCWA, as would be expected.

6.149. Access to services by trans and non-binary people is unknown due to their invisibility in the data reported. As shown in the above section on population data, the Census showed 0.4% (1,156) of Cheshire East residents identify as a gender identity different from their sex registered at birth. Less than 0.1% identified as non-binary, with a similar proportion for ‘all other gender identities’.

6.150. Safelives expect the proportion of referrals for male victims/survivors to MARAC to be 10%⁵⁰. This “reflects the current understanding of the different experiences of domestic abuse by gender” from research such as Hester⁵¹. Comparing this to Cheshire East data suggests that the awareness of services for male survivors is high in Cheshire East.

6.151. *Recommendation*: improve the recording of gender identity across all services listed here, so that a more accurate picture of those reporting/being referred can be developed that includes trans and non-binary gender identities.

Age

6.152. Data gathered by the Crime Survey of England and Wales suggests a higher proportion of adults aged 20 to 24 years were victims of domestic abuse compared with older adults. Yet research has identified specific barriers to young people reporting and accessing support for domestic abuse⁵².

6.153. Older people can face multiple barriers to seeking or accessing help relating to domestic abuse, including the length of time they have experienced it, concerns over the welfare of the abusive partner, and perceptions that domestic abuse services are for younger people⁵³.

6.154. Either none, or small proportions, of service users did not have their age recorded: CEDAH 0.2%; Police: 2.2%; Cheshire Cares 2.4%.

6.155. The following two tables present the data relating to children referred into services, which was available from CEDAH, DAFSU and Cheshire Constabulary.

Organisation	Total children (as % of all referrals)	13-17 years	0-12 years
		As proportion of total children	
CEDAH	34 (1.2%)	85%	15%
DAFSU	13 (2.1%)	69%	31%
Cheshire Cares	8 (1.1%)	100%	0%

⁵⁰ <https://safelives.org.uk/node/521>

⁵¹ https://www.researchgate.net/publication/228771295_Who_Does_What_to_Whom_Gender_and_Domestic_Violence_Perpetrators; see also Hester, M. (2013). Who does what to whom? Gender and domestic violence perpetrators in English police records. *European Journal of Criminology*, 10(5), 623–637. DOI 10.1177/1477370813479078

⁵² Barter C & Flood S. (2020). *Interpersonal violence and abuse in young people’s relationships*. Dartington: Research in Practice.

⁵³ <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

(NB: 5 months data for all Cheshire)			
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Organisation	Total children	Aged 17 years	Aged 16 years	Aged 15 and under
		As proportion of total children		
Cheshire Constabulary Victims (as % of all recorded)	184 (3.1%)	55%	34%	11%
Cheshire Constabulary Those causing harm (as % of all recorded)	75 (4.2%)	52%	43%	5%

6.156. The youngest victim recorded by Cheshire Constabulary was under 1 year of age. The youngest perpetrator recorded was aged 12.

6.157. The following table presents data on the ages of adult referrals or records.

Organisation	% of adult clients recorded 2022/23							
	18-24	25-34	35-44	44-54	55-64	65-74	75-84	85+
CEDAH	12.3%	29.2%	26.9%	18.2%	7.8%	2.5%	75+ 1.8%	
DAFSU	15.3%	33.7%	26.5%	14.2%	5.0%	1.0%	75+ 2.1%	
Cheshire Cares (NB: 5 months data for all Cheshire)	13.6%	24.0%	24.3%	17.3%	11.9%	4.1%	75+ 1.3%	
Cheshire Constabulary Victims	13.5%	27.3%	25.7%	15.5%	8.4%	2.5%	1.5%	0.4%
Cheshire Constabulary Those causing harm	15.1%	30.2%	25.8%	15.5%	6.0%	1.5%	0.9%	0.1%
CEC Housing Options	12%	36%	23%	22%	4%	1%	0%	0%

6.158. The Leighton Hospital (MCHT) IDVA records data under different age categories and is therefore presented separately; only two records were unknown.

Leighton Hospital (MCHT) IDVA client ages 2022/23 (N=300)	
0-16	3.0%
16-19	3.3%

20-29	23.0%
30-39	26.0%
40-49	19.0%
50-59	7.7%
60-69	6.3%
70-79	8.0%
80-89	2.3%
90+	0.7%
Unknown	0.7%

- 6.159. 22% of the population of Cheshire East is aged 65 and over, and research shows that older people can be at risk of domestic abuse from intimate partners/ex-partners and from family members including their adult children. This is not reflected in the data showing who is accessing services, except for those accessing support from the Leighton Hospital IDVA, which shows a higher proportion of older victims/survivors compared with other services. Cheshire Cares also shows slightly higher proportions of those aged 55-74 years being referred compared with other services. This may be a reflection of some of the risk identification checklist questions, for example, those in these age groups are not going to be pregnant and are unlikely to have young children, and may therefore score lower on the DASH-RIC.
- 6.160. *Recommendation*: explore the barriers to accessing support experienced by older populations.

Ethnicity

- 6.161. Victims/survivors from minoritized ethnicities face additional barriers to accessing support, including immigration status, language needs, as well as experiences of – or fears relating to – racism. The Domestic Abuse Act 2021 Statutory Guidance explicitly states that ‘by and for’ services have a crucial role in providing appropriate support (paragraph 150, p58) through their expertise and the trust many victims/survivors place in them. Cheshire East is supporting its local ‘by and for’ services, and it would be helpful to support them to provide data to the partnership to help understand who is accessing services.
- 6.162. It would also help for all services to gather data on the immigration status of victims/survivors referred or receiving support, including those with no recourse to public funds (only recorded by MyCWA safe accommodation dispersed refuge service) to help understand their access to support and barriers.
- 6.163. The services collecting ethnicity data collected it using very different categories. As a result, the data is presented separately.

6.164. CEDAH and DAFSU collect ethnicity data on the same system, and therefore use the same categories. These are presented in the table below. For both services, approximately half of individuals had no ethnicity recorded (1,298) and the data in the table is taken from those that did have it recorded (N=1,540).

	White British	White Other	Mixed Ethnicity	Asian	Black	Gypsy or Traveller	Other
CEDAH	88.1%	5.0%	2.3%	2.2%	0.9%	0.6%	0.9%
DAFSU	85.5%	5.9%	3.9%	2.2%	0.8%	0.6%	1.1%

6.165. Data from MyCWA Community-based services are presented in the table below. 30% of records had no ethnicity and the data below is taken from the records with ethnicity recorded (N=2079).

MyCWA Community Services	
White British	85.8%
Gypsy/Roma/Traveller of Irish Heritage	0.8%
White Irish	0.6%
White Eastern European	0%
White Other	5.1%
Black Caribbean / Black African / Black Other	3.3%
Indian / Pakistani / Bangladeshi	1.0%
Chinese / Other Asian	1.5%
Mixed	0.9%
Other	1.0%

6.166. Cheshire East Council Housing Options data for 2022/23 is as follows. Ethnicity was recorded for all individuals applying for support due to domestic abuse (N=97).

CEC Housing Options	
White British (includes English, Welsh, Scottish and Northern Irish)	85%
Any other White	7%
Any other Asian	3%
Mixed/Multiple	2%
Asian/Asian British	1%

Any other Black	1%
White Irish	1%
Black/Black British	0%

6.167. In the data from Cheshire Constabulary, 49% of victims (N=2,885) did not have an ethnicity recorded ('not stated' or 'not recorded'). The proportions in the below table are taken from the remaining 51% (N=3,005). For perpetrators, only 15.5% (N=269) were not recorded; the proportions below are taken from the remaining (N=1,467).

Cheshire Constabulary	Victims	Perpetrators
White British	93.4%	95.2%
White Irish	0.6%	0.3%
Any other White	2.6%	1.8%
Chinese, Arabic, any other ethnic group	1.1%	0.5%
Black Caribbean, African, any other Black background	0.7%	0.5%
Asian Indian, Pakistani, Bangladeshi, any other Asian background	0.6%	0.8%
White and Black Caribbean/Black African/Asian and any other Mixed background	0.5%	0.7%
Gypsy / Irish Travellers	0.5%	0.3%

6.168. Cheshire Cares data showed that 56% of victims supported by the service did not have ethnicity recorded; the table below shows the proportions of those that were recorded (N=308). The data is for 5 months in 2023, for all of Cheshire.

Cheshire Cares	
White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, any other White background)	98%
Mixed / Multiple Ethnic Groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed/multiple ethnic background)	0.3%
Asian / Asian British (including Chinese, Indian, Pakistani, Bangladeshi and any other Asian background)	0.6%
Black / African / Caribbean / Black British	0.6%
Other Ethnic Group (including Arab and any other ethnic group)	0.3%

- 6.169. Population data for Cheshire East, which is that 94.4% of the population is White British/English/Welsh/Scottish/Northern Irish. Other than Cheshire Constabulary, services recorded a slightly lower proportion of this ethnicity category, with the next highest ethnicity being 'White Other'.
- 6.170. *Recommendation*: improve the recording of ethnicity across all services listed here, so that a more accurate picture of the ethnicity of those reporting/being referred can be developed.

Sexual orientation

- 6.171. Lesbian women, gay men and bisexual people experience similar or higher levels of domestic abuse when compared with heterosexual women⁵⁴. Their experiences can be similar to that of heterosexual victims/survivors, but can also be different and specific to their own sexual orientation, intersecting with their experiences of discrimination outside of their intimate relationships. Barriers to accessing support included needing to have confidence that specialist services had knowledge and understanding of their specific experiences; it is not sufficient to state that services are 'open to all'⁵⁵.
- 6.172. Very high proportions of the data provided to the needs assessment did not have a sexual orientation recorded, and therefore the table below is taken from the much smaller number of records in which this was recorded. MyCWA had 67% with no sexual orientation recorded, DAFSU 81%, and CEDAH 86% not recorded. Housing only had 1% not recorded which was positive.

Organisation	% of adult clients recorded 2022/23					
	Straight/Heterosexual	Gay	Lesbian	Bisexual	Other	Prefer Not to Say
CEDAH N=398	97%	1.5%		1.5%	Not recorded	Not recorded
DAFSU N=119	97.5%	1.7%		0.8%	Not recorded	Not recorded
MyCWA Community Services N=765	97.1%	0.4%	0.7%	1.8%	0%	Not recorded
CEC Housing Options N=96	92%	0%	0%	3%	0%	1%

⁵⁴ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

⁵⁵ <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/140604-barriers-faced-lgbt-accessing-domestic-abuse-services-en.pdf>

- 6.173. For those that were recorded, the proportions that were straight/heterosexual were slightly higher than the proportion recorded by the Census (91.5% of Cheshire East residents identified as straight/heterosexual). Housing Options, which had recorded sexual orientation for all but one service user, was closer to the Census proportion. This may suggest that, within the high numbers not recorded, there are likely to be victims/survivors/other service users who identify as gay, lesbian, bisexual or other.
- 6.174. CEDAH, DAFSU and MyCWA records for those identifying as gay or lesbian are more in line with the census, which reported 1.3% of Cheshire residents identified this way.
- 6.175. *Recommendations*
- CEDAH and DAFSU to record gay and lesbian separately.
 - Improve the recording of sexual orientation across all services listed here, so that a more accurate picture of those reporting/being referred can be developed.

Disability/Health

- 6.176. Safelives' research⁵⁶ suggests that disabled people are more at risk of domestic abuse than non-disabled people; and they experience abuse for longer before accessing help. The impacts can be more severe, and their needs more complex due to their care and support needs which may have been met by the abusive partner or family member. Specialist guidance is available on meeting the needs of disabled victims/survivors⁵⁷.
- 6.177. MyCWA had very few records of clients with a recorded disability. Of the 50 records, nearly half recorded a learning disability or neurodivergence. The remaining records were for clients with hearing impairments or physical disability.
- 6.178. There were similarly very low numbers of disability or other health conditions recorded by CEDAH and DAFSU. It would not be appropriate to assume that an absence of a record is the same as the absence of a disability or health condition, given the high proportion of the population recorded as living with these. A quarter of Cheshire East residents in the Census stated they defined themselves as having a long-term health problem or disability.
- 6.179. When mental ill-health is included in datasets, as it is for CEDAH and DAFSU, the lack of recording is concerning given the significant impact on people's mental health when they are victims of domestic abuse⁵⁸. This includes the increased likelihood of suicide for women; and higher again for women from minoritized ethnicities⁵⁹.
- 6.180. *Recommendation*: improve the recording of disability and health across all services listed here, so that a more accurate picture of those reporting/being referred can be developed. Recording to reference the Census to enable comparisons to be made. If more detailed categories are also to be included, ensure these align across services.

⁵⁶ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

⁵⁷ <https://www.shapingourlives.org.uk/wp-content/uploads/2018/02/Shaping-our-Lives-A-Refuge-for-All-findings-report-online.pdf>

⁵⁸ Fogarty, A. et al (2023) <https://app.dimensions.ai/details/publication/pub.1158241294> & Rowther, A. et al (2023)

<https://www.sciencedirect.com/science/article/pii/S2667382723000042?via%3Dihub>

⁵⁹ <http://wrap.warwick.ac.uk/103609/>

Learning from Domestic Homicide Reviews

- 6.181. Cheshire East currently has three Domestic Homicide Reviews (DHRs) that are ongoing. Additionally, two DHRs have been submitted to the Home Office for quality assurance prior to publication. The review had sight of the draft reports for these, as well as a recently published DHR.
- DHR Mr & Mrs S: Mr S is believed to have killed Mrs S and then taken his own life; no evidence of domestic abuse prior to the incident.
 - Emma: took her own life; Emma had three children of school age. Reports of domestic abuse from her ex-partner.
 - Pam: unlawfully killed by her partner. Pam had four grown children. Pam had also experienced abuse from previous partners. Pam's partner was identified as a serial domestic abuse perpetrator.
- 6.182. The unpublished DHR for Emma (currently going through the Home Office quality assurance process) makes recommendations based on learning from the review on the following themes:
- Understanding and awareness of controlling and coercive behaviours, including in relation to guidance around routine enquiry, organisational policies and procedures.
 - Understanding and recognition of suicide in relation to domestic abuse, including the development of supplementary guidance to the DASH-RIC, enhancing training, and how services respond to such concerns.
 - Raising awareness with the public around accessing support for domestic abuse.
 - Practitioners' awareness of processes to escalate concerns, including without consent.
- 6.183. The learning in relation to awareness raising also arose as a theme in the survivor consultations. Many participants didn't know of the domestic abuse services available. One survivor suggested the creation of a leaflet to share with friends and family when domestic abuse is named, to help guide how they support survivors. She said she was given a similar one when diagnosed with a health condition that she was encouraged to share with family and her employer. Survivors accessing the Peer Support Lounge could help to develop this.
- 6.184. Additionally, there was an occasion when Emma reported her then partner to police; although a DASH-RIC was undertaken, this did not lead to referral to specialist domestic abuse services. This review (see paragraph 4.9) suggests that if a VPA had been completed it should have been shared, and highlights the need for the partnership to have complete clarity over the VPA process.
- 6.185. The published DHR for Pam makes recommendations based on learning from the review on the following themes:
- Despite being discussed at MARAC on five occasions, the DHR stated it was not clear that all the services involved with Pam were aware that she was a victim of domestic abuse.

There were discrepancies in the information shared with MARAC and some of the services involved in the process. Pam did not always support prosecutions.

- Despite Pam’s significant mental health concerns, and alcohol use, no VPAs were shared with Adult Social Care, and they had no involvement with Pam at any point. Additionally, the DHR found that there can be a lack of clarity for services on the actions expected of them when they receive a VPA. A ‘professionals meeting’ could have been convened had Pam been seen as an ‘adult in need’ by Adult Social Care.
- Pam was offered, and declined, refuge on several occasions, including because the ‘local’ accommodation offered was 50 miles away and therefore too far from Pam’s home.
- Pam’s partner’s homelessness was a feature throughout the period reviewed in the DHR and formed the focus of support from Adult Social Care. When Adult Social Care contacted police about this, they were informed of the MARAC discussions concerning Pam and her partner. Housing Options provided a high level of support to Pam’s partner, but his physical and mental health needs were too high for them to meet alone; he should have been referred to the ‘Hard to House’ Panel, and information sharing with a wider range of services could have helped.

6.186. The learning relating to Pam not supporting criminal prosecutions connects with a theme identified in the survivor consultation and in the audit review (see sections seven and eight).

Responding to need: analysis

“I had a positive experience. Once I contacted the police, everything happened at a good pace. I didn’t have to wait. There were no delays and I had quick replies... In the beginning, all these services are new and having not lived in the UK for long, it was difficult in the beginning. There were so many people contacting and video conferencing. I wasn’t clear on who was doing what... In relation to the many people contacting me, it was confusing. It would have been helpful to have one person contact me to explain which organisations would contact me and what each one does.”

6.187. This section compares the numbers reporting, being referred, or disclosing domestic abuse to any services. (NB: CEDAH & DAFSU data throughout this section reflects a tally of referral source figures, not the official referral numbers, because the referral source data could be disaggregated to support analysis; the totals are not significantly different to the correct referral numbers.)

6.188. The following table shows all records of those affected by domestic abuse accessing services in Cheshire East in 2022/23. This data is presented above separately for each service, but gathered here for analysis.

Crime Survey of England and Wales Prevalence estimate	2022/23
Aged 16+ subject to domestic abuse in the last year	16,439
Non-Specialist Domestic Abuse Service/Organisation	2022/23
CGL 'current' domestic abuse victims recorded	6
CGL 'current' domestic abuse perpetrators recorded	4
Cheshire Constabulary victims recorded	5,884
Cheshire Constabulary perpetrators recorded	1,767
Cheshire East Council Adult Safeguarding	1,102
Cheshire East Council Children's Services – Family Help Front Door contacts with domestic abuse as a stated reason (12-month estimate based on 8-months data) (NB: does not include families already open being re-referred.)	329
Cheshire East Council Children's Services – ChECS safeguarding contacts with domestic abuse as a stated reason (NB: not all will reach threshold for moving forward with social care involvement.)	2,097
Cheshire East Council Children with Child in Need Plans involving domestic abuse	543
Cheshire East Council Children with Child Protection Plans involving domestic abuse	285
Cheshire East Council Children Looked After with domestic abuse recorded	350
Cheshire East Council Housing Options homelessness applications due to domestic abuse	97
Cheshire Youth Justice Service: individual is causing domestic abuse harm	4
Cheshire Youth Justice Service: individual is a victim of parental domestic abuse	20
Cheshire Youth Justice Service: individual is a victim of partner domestic abuse	1
National Probation Service: Individuals being supervised with a 'domestic abuse perpetrator' flag	232
National Probation Service: Individuals being supervised with a 'domestic abuse history' flag but no 'domestic abuse perpetrator' flag	88
Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC)	192
Wirral Community Health and Care NHS Foundation Trust health visiting patients answered 'yes' to previously being a victim of domestic abuse/being a current victim (one-year estimate based on three-years data provided)	181
Specialist Domestic Abuse Service/Organisation	2022/23

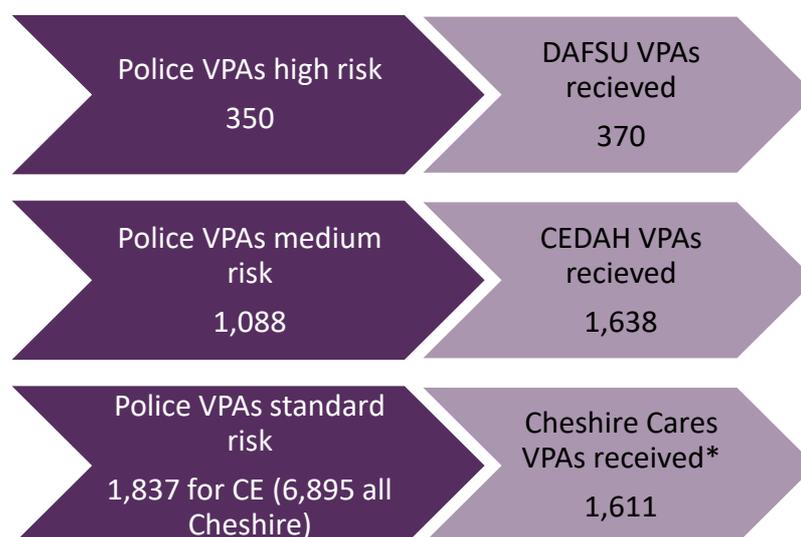
Cheshire East Council Domestic Abuse Hub (CEDAH) referrals	2,868
Cheshire East Council Domestic Abuse and Family Support Unit (DAFSU) referrals	583
MyCWA new adult clients (victims/survivors) accepted into service	1,122

6.189. The above table highlights the range of services that receive disclosures or reports of domestic abuse. It provides a picture of the volume of domestic abuse contacts recorded by non-specialist domestic abuse services. Were all those records to translate into referrals to CEDAH and DAFSU, this would be a significant increase. It would also vastly outstrip the capacity of MyCWA to respond to the demand. This would increase significantly again were the CSEW estimate to translate into referrals.

6.190. Not all referrals translate into support provided. The Domestic Abuse Commissioner’s report A Patchwork of Provision⁶⁰ presents data on referrals to community-based domestic abuse provision. The median number of referrals received by services responding to the research was 613, and of those, 80% (493) went on to receive support from the service; with just under half of these (222) receiving ‘repeat’ support. The concept of ‘repeat’ is problematic in relation to domestic abuse, as many victims/survivors will make several attempts to seek help until they are able to live free of abuse. A significant proportion of victims (adults and children) continue to experience abuse post-separation⁶¹, requiring ongoing or recurring (rather than repeat) support from services.

6.191. The data emphasises the need for all Cheshire East professionals to be trained and confident to respond to service users who are victims/survivors or use harmful behaviours.

6.192. The following diagram compares the number of police VPA outcomes (separated by identified risk level), with the number of VPAs received by relevant services. It shows a significant gap in medium risk VPAs.



⁶⁰ A Patchwork of Provision (2023) <https://domesticabusecommissioner.uk/national-mapping-of-domestic-abuse-services/>

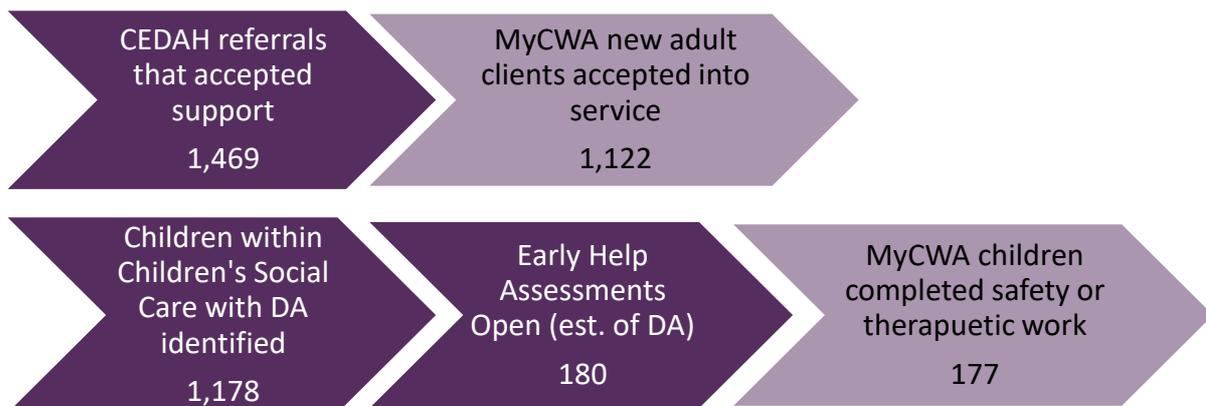
⁶¹ Stanley, N (2011) Children Experiencing Domestic Violence: A Research Review. Dartington: Research in Practice.

* All Cheshire, not just Cheshire East (12 months July 2022-June 2023); data may not be accurate. Data for April-August 2023/24, which is more accurate, shows 2,245 VPAs sent to Cheshire Cares for the whole of Cheshire, of which 326 victims identified as Standard Risk and had consented to be contacted.

6.193. The diagram highlights that the largest group requiring support are victims identified as standard risk, followed by those identified as medium risk.

6.194. Victims/survivors must give their consent to attending police officers for their information to be shared with Cheshire Cares; the discrepancy between the number of VPAs (6,895 for all Cheshire, 1,837 for Cheshire East), and those received by Cheshire Cares, suggests there is a significantly high number of standard risk victims/survivors not giving consent to receive support.

6.195. The following diagram compares referrals received by CEDAH in which support was provided, with MyCWA’s number of new adults accepted into the service, both for 2022/23. It then compares the total children with a Child in Need Plan, Child Protection Plan or Looked After in 2022/23, the number of Early Help Assessments open at the time of review, with the number of children who completed safety or therapeutic work with MyCWA in 2022/23. (The snapshot of Early Help Assessments open at the time of this review was 1,200; using the estimate that 15% of contacts to Early Help involved domestic abuse leads to an estimated 180 open assessments involving domestic abuse; this figure should be treated with caution, as there may be cases involving domestic abuse that were not recorded as a new referral due to already being open to Family Help; and not all new referrals will go on to receive support.)



6.196. Comparing the first set of figures, MyCWA new adults accepted into the service equated to three-quarters of CEDAH referrals who accepted support. The remaining clients were either not eligible for MyCWA and accepted support from CEDAH, or their needs were met by CEDAH and did not require onward referral at that time.

6.197. Data from Cheshire East Housing Options shows that 54% of homelessness applicants are single people with no children. If high-risk, they will be offered support by DAFSU and if standard risk they will be offered support from Cheshire Cares. However, if they are medium risk, it falls to CEDAH to offer support, which is limited as they are not a case holding service.

- 6.198. While the second part of the above diagram may have some double counting, for children who are stepped up or down during the year, it highlights the large numbers of children potentially in need of support due to their experiences of domestic abuse. Were all children that were open to Children's Services to receive support from MyCWA, this would require an increase in MyCWA capacity of 667%. However, in the context of multi-agency provision for children, it should be noted that some children will want to be supported by an existing professional, who is trained in supporting them around the domestic abuse, rather than being referred on. It is therefore important, while recognising the limits to MyCWA's capacity to work with children and young people, that they should not be seen as the only resource available for children,
- 6.199. There is a lack of information on which other professionals are delivered interventions to children such as Monkey Bob, and the number of children receiving this outside of MyCWA.
- 6.200. There is a lack of understanding of the work of MyCWA, and why criteria have been put in place to limit referrals. This is creating tension in relationships and could lead to a lack of trust between partner services. The impact of this will be felt most by families (adults and children) who do not access the support they need.
- 6.201. Despite demand outstripping supply, a strong theme emerging from survivor consultation is the essential role that domestic abuse services have and their value to survivors. The following feedback received about MyCWA in particular:
- "[My]CWA are beyond incredible. What they do is amazing."
- "What I found – which touched my heart – everyone is so respectful of each other. Nobody judges you, let's you speak uninterrupted. Despite guidelines of respect, you're free to be yourself. That is a breath of fresh air. To have somebody listening to you, that is like therapy – not to have to hide who you are."
- 6.202. Where a child has an existing relationship with a professional such as a Social Worker or a Family Support Worker, interventions to support them in relation to domestic abuse may be best delivered by that practitioner, rather than asking the child to work with someone new. Given the high volumes of domestic abuse cases being held by Children's Services, within a Coordinated Community Response there is an expectation that they have sufficient expertise to respond with children, young people, and adults as victims or those who harm. This is also emphasised in the Domestic Abuse Act 2021 Statutory Guidance:
- "Professionals should be equipped to identify and respond to children and young people experiencing domestic abuse, drawing on the range of support available, from early intervention to crisis stage. Best practice responses involve an integrated response which combines child safeguarding and high-risk domestic abuse expertise, particularly in relation to risk assessment and safety planning. Further details on responding to young people experiencing abuse can be found in the [SafeLives Practice Briefing](#), [Respect Guidance 'Work with young people's violence and abuse'](#) and [Women's Aid Good Practice Guidance for specialist services for children and young people](#)." (Paragraph 234, p80)

- 6.203. The Domestic Abuse Act 2021 formally recognised that children are direct victims of domestic abuse. They are not ‘witnessing’ abuse or passively experiencing it. Research consistently shows the significant harm to children of living with a parent/carer using controlling and coercive behaviours⁶². It is therefore essential for all practitioners working with children to understand the harm caused to children by these behaviours, and the ongoing, pervasive nature of them. This perspective enables practitioners to move away from an unhelpful incident-based approach that sees physical abuse as the key indicator of harm.
- 6.204. Children’s Services are focused on ensuring children are safeguarded. Research has shown that traditional responses that hold non-abusive parents (usually mothers) to account for keeping their children safe, rather than focusing on the person causing the harm, have not been effective in safeguarding children or ending the harm they experience⁶³. The only services that focus on the adult victims/survivors are CEDAH, DAFSU and MyCWA; they play a crucial role in ensuring that adult victims/survivors receive the support they need alongside their children when in contact with Children’s Services. It is unhelpful to see responses as focused on either the child, or the adult; all services need to address both child and adult victims’ needs while holding those who harm accountable for their behaviour.
- 6.205. The effectiveness of working in this way is demonstrated in the following quote, from a survivor who participated in the consultation.

“This [Family Intervention Worker] built a relationship with my daughter. My daughter was in a bad place at the time and now she just got a scholarship. My daughter was abusive to me. Portraying behaviours he [the perpetrator] used towards me that were aggressive. She was frightened to visit him. She then refused to do so. She had a traumatic episode. It was awful. She stopped going to school. The worker just listened and built a relationship with me. They then spent time listening to my child. They respected her wishes and feelings on not wanting to have contact with her dad. Children’s Services made it possible to have a safe relationship with her dad. They cleverly made sure the child stayed safe while not upsetting the Family Court Order. This was directed by what my daughter wanted to do.”

6.206. *Recommendations*

- Develop a way to gather up to date information and data on the number of professionals, from which services, are delivering domestic abuse interventions with children outside of MyCWA; and the numbers of children receiving these interventions.
- CEDSAP members and others working with children and families to establish to what extent practice comes from a stance that holds non-abusive parents/mothers

⁶² Katz, E. (2016) Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control. *Child Abuse Review* Vol. 25: 46–59.

⁶³ https://www.researchinpractice.org.uk/media/lxul0sbe/rdac_what_does_the_research_tell_us-lit-review-nov-22.pdf

responsible for their partners/ex-partners' (fathers') abuse, and the impact this has on the ability of the system to prevent harm and risk to children from those who harm. This can be completed alongside the new Embedded Case Manager roles, developed by Cheshire East Council and the Cheshire Police and Crime Commissioner with the [Drive Partnership](#). Harmful Behaviour Case Managers will be located within Child Protection and Child in Need teams to provide an intervention for those parents using harmful behaviours who may not be ready or able to engage in a behaviour change programme

- Explore bringing the Safe and Together model into Cheshire East, which foregrounds keeping the child 'safe and together' with their non-abusive parent while holding the person who harms to account.
- Review the findings of the Research in Practice Domestic Violence & Abuse and Child Protection Case File Analysis⁶⁴ for learning for Cheshire East.
- Understand the reasons for the differences between police-recorded VPAs for Standard Risk victims, with the numbers going through to Cheshire Cares who have consented for contact; identify actions needed as appropriate.

7. Survivor Feedback and Journey Mapping

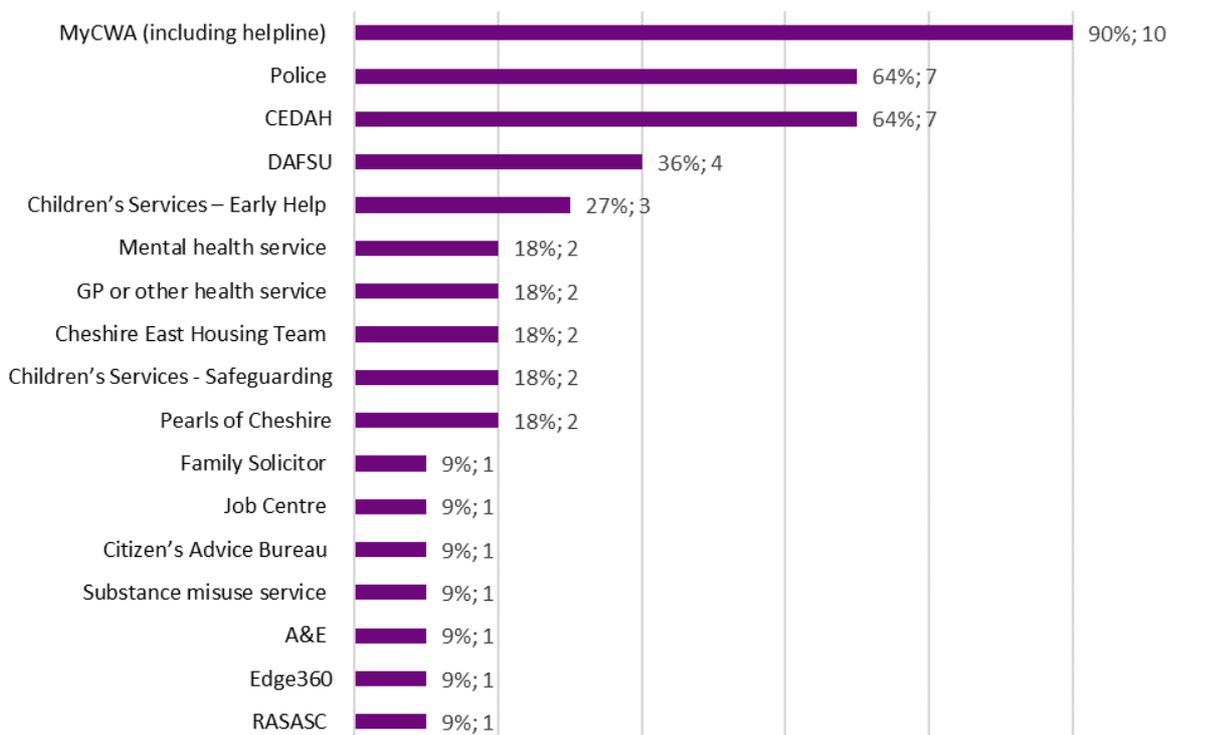
- 7.1. This consultation aimed to explore and understand the journey of survivors accessing domestic abuse support in Cheshire East. This consultation did not focus on survivors' experiences of domestic abuse. Instead, it sought to map and understand how they accessed services, the partnership response to domestic abuse, and how well this addressed the safety and support needs of survivors.
- 7.2. Customer mapping of the pathways survivors followed into specialist domestic abuse services are contained in Appendix 8, along with the survivor journeys of four survivors who took part in the consultation.
- 7.3. With the assistance of the Domestic Abuse & Sexual Violence Development Lead Advisor, specialist and by-and-for domestic abuse services were asked to identify survivors. DAFSU, MyCWA and Pearls of Cheshire shared contact details for 29 potential participants. The Whole Housing Approach Pilot Lead at Standing Together shared details for 3 survivors. All 32 women were contacted by an independent associate from Standing Together. There were 11 women who participated in a telephone or video call. For 10 participants, the call took between 40 and 70 minutes. One participant needed an interpreter and this call lasted 120 minutes. The high number of participants taking part in this consultation is a testament to the high quality of specialist support provided by domestic abuse services in Cheshire East.
- 7.4. Upholding the privacy and anonymity of survivors has been a priority of this consultation. Where names are used, these have been changed to protect the participant's identity.

⁶⁴ <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

Participants have not provided consent for this report to be shared publicly and beyond the Cheshire East partnership.

- 7.5. All 11 participants were adult women and identified with the same sex they were assigned at birth. Most participants were 26-45 years old, heterosexual, white British and held no religious belief. A third of participants identified having a health problem or disability that affected their day-to-day activities. Two participants had caring responsibilities.
- 7.6. The duration of domestic abuse participants experienced ranged from 3 months to 32 years, with a median of 11 years.
- 7.7. The first time that participants were in contact with or became aware of a specialist domestic abuse service ranged from 2 months ago to over 25 years ago, with a median of 2 years ago.
- 7.8. For all journeys analysed, the average time between the survivor’s first experience of abuse and becoming aware of a specialist domestic abuse service is 9 years. For three survivors, they had experienced abuse for 20+ years before they became aware of a domestic abuse service.
- 7.9. The number of services that survivors were in contact with ranged from 2 to 7, with an average of 4 services. The following graph shows the services that participants were in contact with. Specialist domestic abuse services and the police were the most common.

Services Accessed



- 7.10. A detailed report, including survivor quotes, has been produced that provides the detail of the summary, considerations and recommendations presented here.

Accessing specialist domestic abuse support

- 7.11. The essential role that specialist domestic abuse services play is clear from survivors' feedback. Survivors rated them highly and identified them as a lifeline. Survivors felt the strain that services were under through waiting times, delays in being contacted, not being able to access the type of support they wanted or in the way they wanted, which was mainly in person.
- 7.12. Survivors across all spectrums of risk level wanted more proactive contact from their domestic abuse worker. Survivors appreciated the level and nature of interaction they had with their domestic abuse workers, and many wanted more because of the high-quality support they were provided with and because it was often the only safe space they could access.
- 7.13. Of the survivors who accessed CEDAH, most found the service helpful. Some survivors described CEDAH as a gatekeeping rather than a gateway to specialist services. Survivors were aware that the risk assessment process was being carried out as a gateway to specialist services. This tool was designed as an information-gathering tool to understand risk and guide safety planning and not solely for the purpose of triaging services. Some survivors described the risk assessment process as a tick-box exercise and wanted more time to share their stories and receive emotional support at their first point of contact with a service.
- 7.14. Following an onward referral from CEDAH, the route into DAFSU had a quick response time, which is to be expected and a positive indicator that services for those at high risk of harm from their perpetrator are responsive to the urgency of their need. MyCWA had varying lengths of waiting times, ranging between a few weeks and several months. All survivors across the spectrum of risk identified wanting to access support immediately upon seeking help, as this is when they needed it most. Those who weren't offered DAFSU expressed the same need for immediate support as those who had accessed DAFSU.
- 7.15. A few survivors expressed a desire to access MyCWA directly without having to go through CEDAH.
- 7.16. Not all survivors who needed support were able to access it. These survivors described feeling services weren't designed for them. There is evidence to support that offering help that's wanted earlier can prevent an escalation and save costs to other sectors and statutory services. See the [Women's Aid Change that Lasts survivor journey mapping](#) as an example.
- 7.17. Survivors recognised they would need to interact with multiple services and to reduce overwhelm and confusion, suggested having a lead point of contact to offer emotional support, clarity on what would happen next, and the role of each service involved. They wanted this role to help coordinated communication between services to minimise the number of professionals making contact at the same time, especially at points of crisis. They wanted to be informed about anticipated waiting times and what support would be available in the interim, including the offer of proactive check-ins. This will assist survivors in their decision-making and overall satisfaction with services.

- 7.18. Several survivors supported by MyCWA referenced the need for specialist domestic abuse services to be separate, independent and protected spaces, including from statutory services as it helped to build trust and feel free to share their experiences.
- 7.19. One survivor with insecure immigration status wanted advice but due to fears of what this could lead to for her perpetrator, didn't feel able to access this. This same survivor who needed an interpreting service was let down by an interpreter who didn't accurately convey her story.
- 7.20. Pearls of Cheshire, a community-based 'by and for service' helping disadvantaged women and youths to meet their physical, mental, holistic and economic needs, also offer vital specialist support to survivors. Their website doesn't specify support for domestic abuse. And it's unclear how they situate in CEDAH's pathway to domestic abuse support.
- 7.21. None of the survivors felt their perpetrator had been effectively held to account in a way that helped them access safety and freedom. There were missed opportunities to support survivors to break free from their perpetrators. Survivors struggled to access justice through the criminal justice system. Not one survivor had a perpetrator who completed a behaviour change programme. Of those who thought their perpetrator was connected to this programme, they had not been contacted by an Integrated Support Service. One survivor felt that resources were being diverted from survivor services at the expense of funding perpetrator provision.
- 7.22. *Recommendations:*
- Consider seeking further views of survivors to represent the voices of those not represented in this report, including survivors with experience of family abuse, young people, male survivors and Gypsy and Roma Traveller survivors.
 - Consider CEDAH's role in assisting survivors to understand and navigate the system to minimise confusion and a sense of overwhelm when there are multiple services involved, including domestic abuse services involved. This should consider reducing the number of times survivors complete risk assessments and tell their stories.
 - Commissioning and delivery of specialist domestic abuse services should include resourcing that reduces waiting times, allows for more proactive check-ins, includes options to meet in person and outside working hours. This should also include an offer of support for the length of time that survivors need this.
 - Risk and needs assessment and safety plans should actively consider actions taken against perpetrators and survivors' wishes for this. A WHA response should consider how housing for perpetrators, where this hinders a survivor's safety and freedom, can be accessed and funded.
 - Consider the barriers that a survivor with insecure immigration faced in seeking help from a solicitor. Where possible, make them aware of what the onward information-sharing requirements are in relation to their perpetrator so they can make better informed choices on whether to seek legal advice.

- The Domestic Abuse Commissioner’s [‘A Patchwork of Provision’ report](#) found that ‘by and for’ services are more effective in supporting minoritised survivors than other types of services. Consider whether Pearls of Cheshire wants to, and can, formalise their role as a ‘by and for’ specialist domestic abuse service and include in future commissioning plans as a specialist by and for domestic abuse service.
- Ensure that domestic abuse behaviour change programmes (DAPP) offer integrated support service for survivors delivered in line with the [Respect Standard \(4th edition\)](#). Survivors should be contacted within one working week of their perpetrator being referred to a DAPP as part of safety checks and before confirming a perpetrator’s suitability for a programme (Standard C1.3).

Family Court

- 7.23. Two survivors consulted named the Family Court as significant in their help-seeking. One survivor found this to be the most challenging. The Domestic Abuse Commissioner’s report on the [Family Court and Domestic Abuse: achieving cultural change](#) highlights this as a common experience among survivors.
- 7.24. One of the recommendations in the Domestic Abuse Commissioner’s report includes that *‘every survivor going through the Family Court should have access to a specialist domestic abuse support worker.’* It also refers to how Independent Domestic Violence Advocates (IDVAs) and Independent Sexual Violence Advocates (ISVAs) now have permission to access the Family Court to provide crucial support for survivors during proceedings as of 6 April 2023.
- 7.25. The report also cites positive findings from the Pathfinder Court pilots, which include specialist domestic abuse support for survivors and leading to safer outcomes for children and adult survivors.
- 7.26. *Recommendation:* The strategy should consider the findings from the Domestic Abuse Commissioner’s report and how it can support survivors through this system.

Parental Alienation

- 7.27. Parental Alienation is a common counter-allegation made by perpetrators when survivors raise concerns about contact between children and a perpetrator. The Domestic Abuse Commissioner’s report listed in the Family Court section above also examines the harmful impacts of this discredited concept on child and adult survivors.
- 7.28. Further reports that debunk the concept of parental alienation are included in a [report commissioned by Cafcass Cymru in Wales](#) and the [UN Special Rapporteur’s report](#) on violence against women and girls.
- 7.29. *Recommendation:* The strategy should proactively address the issue that parental alienation is being used by statutory services in Cheshire East.

Technology-assisted abuse

- 7.30. Several survivors had experienced technology-assisted abuse (tech abuse) and described how services were unable to respond to their needs, which was due to services not always being informed about this type of abuse with the ability to help safety plan and with the recognition that in-person meetings facilitate safety.
- 7.31. *Recommendation:* The strategy should address the growing issue of tech abuse and the resulting needs of survivors. This should include the following:
- Responding to tech abuse is included in specialist domestic abuse service contracts. These services are asked what support they need to respond effectively. This should include funding services to train and upskill their staff. Refuge offers a [training course](#) for professionals.
 - Consider covering the costs of providing survivors with new devices where they can't access services due to digital stalking and tech abuse. Offer this as part of the flexible funding pot and make this available at the point of accessing CEDAH.
 - Consider prevention and early intervention initiatives including Relationship and Sex Education (RSE) that includes tech and digital abuse awareness raising as part of a planned programme of Personal, Social and Health Education.

Creating earlier intervention

- 7.32. The point at which domestic abuse started and when participants became aware of domestic abuse services available is too long. On average from the journeys analysed between the survivor's first experience of abuse and becoming aware of a specialist domestic abuse service is 9 years. This resulted in survivors living with abuse longer than they would have had they known what services and options were available to them. This places adult and child survivors at greater risk of harm for much longer than needed.
- 7.33. Bringing the point forward where survivors know what specialist support is available through increased promotion and improved responses from non-specialist services will reduce the time that survivors live with abuse.
- 7.34. Survivors' awareness of domestic abuse varies. Awareness raising activities and promotional content should aim to speak to an audience at varying levels of knowledge, including those who haven't yet named domestic abuse. The use of language is important.
- 7.35. *Recommendation:* Resources should be invested in publicising and promoting services across Cheshire East, both online and in community spaces. Refer to the main report for the list of ideas survivors felt would be most effective.

Non-specialist services

- 7.36. Non-specialist professionals are a key component of an effective coordinated community response. When they get the response to domestic abuse right, they can open doors for survivors and help them access safety much earlier. They can help survivors name their

experience as abuse and impart knowledge on the specialist services available and facilitate access to these services. How they respond to signs and disclosures is part of the intervention they offer. When they don't get this right, this creates more fear and blocks further help-seeking.

- 7.37. All survivors had at least one negative interaction with a non-specialist professional, which often related to a missed opportunity to spot abuse or respond appropriately to a disclosure. For some, it was because of the professional was uninformed about domestic abuse. Survivors described feeling judged and not believed. These responses further victimise and disempower survivors.
- 7.38. Responses from the police left much room for improvement. All survivors supported by DAFSU had first contacted the police. Three of those survivors were referred into CEDAH and not directly to DAFSU, which increases the number of domestic abuse practitioners a survivor is in contact with. It's unclear what the risk assessment score was at the time of referral and if police were aware the perpetrator posed a high risk of harm. Better coordination between the police and domestic abuse services can improve risk assessment accuracy and provide quicker responses. A consideration is for DAFSU, MyCWA and the police to work more proactively together when a survivor reports to the police. This should prioritise finding consensus on risk and safety needs, updating survivors on the criminal justice process and offering timely and frequent feedback and update.
- 7.39. Health settings are used by everyone and are ideal for reaching survivors from all backgrounds, especially those who may not recognise what's happening to them as domestic abuse or are not confident in seeking help. When GPs get the response right, this results in survivors accessing specialist services much sooner.
- 7.40. Safe accommodation was a core need for many survivors and one of the most challenging to meet. Not all survivors with housing needs appeared to be offered options through a WHA or were waiting for advice. Consideration should be given to how housing needs are screened for at assessment through a WHA lens. Pathways to Cheshire East Housing Team domestic abuse / WHA lead should be explored and facilitated when a survivor identifies a housing need.
- 7.41. Cheshire East Housing Service should proactively identify domestic abuse and refer survivors to CEDAH.
- 7.42. Survivors who are ready to move on as part of their recovery should be supported to do so.
- 7.43. *Recommendations:*
- Cheshire East to develop a training plan with non-specialist sectors, ideally influencing a policy that makes training on domestic abuse mandatory, especially with health, housing, children's services and the police. New starters should be provided with information on domestic abuse as part of their induction. Training should cover the need for proactive sign spotting and awareness of specialist services available.

- Check for consistency between police and domestic abuse service risk assessment scores and if improvements can be made with the police directly referring survivors who are assessed as high risk of harm directly to DAFSU to minimise number of professionals survivors are in contact with.
- Guidance for translators should be produced, which reinforces the importance of survivors having an opportunity to tell their story and have this recorded accurately, through their own perspective. Offer domestic abuse training and assistance with a developing domestic abuse policy and procedure.
- Consider adopting Housing First, an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes.

Role of employers

- 7.44. A consideration for the next strategy is the role of the partnership in promoting a more proactive role with employers. This could include the local authority developing their responses towards staff both experiencing and perpetrating abuse. A further consideration is how specialist domestic abuse services, like DAFSU in this example, can be developed and resourced to advocate and support survivors to access safety and increase their space for action through employers.
- 7.45. The Employers Initiative on Domestic Abuse (EIDA) has a membership of 1,200 organisations reflecting 8 million people across the UK. Positively, a third of their members have developed an employee initiative on domestic abuse. [EIDA's Employer Toolkit](#) offers practical guidance for responding to domestic abuse.

8. Audit and Review Processes

- 8.1. This section presents the findings of a review of audit processes for domestic abuse in Cheshire East. Case reviews were also completed to understand how audits and dip samples are carried out, and to support the development of a new audit process for domestic abuse.

Review of case audit and dip sample processes

- 8.2. The following audit processes were reviewed:
- Domestic Abuse Family Service Unit (DAFSU)
 - MARAC cases
 - Cheshire East Consultation Service (ChECS), including Social Care's Front Door (front door for children and families) and the Early Help Services
 - Children's Safeguarding
 - Multi Agency Audits and Dip Samples (ad hoc requests)

- 8.3. The findings for each area are as follows, with the detail provided in Appendix 9.
- 8.4. *DAFSU*: The service doesn't have a policy or procedure for undertaking audits and dip samples. There is no recorded process outlining responsibilities for the coordination of audit activities including how actions are recorded and monitored for completion. Or for how information is shared with staff involved in the case. There isn't a central database for storing actions.
- 8.5. *MARAC Case Audits*: The MARAC Steering Group reviews audits of five cases at alternate meetings. The purpose is to review long term outcomes against specific aims of the MARAC. Each MARAC representative will complete the MARAC Case Audit Template form for each of the three cases. There is a 'MARAC Case Audit' guide that sets out the purpose, process, and outcome of the analysis of results. The Domestic Abuse and Sexual Violence Development Lead Advisor monitors for completed actions.
- 8.6. *ChECS Reviews*:
- General audits for all cases take place every two weeks and are undertaken by a multi-agency team including representation from ChECS, Early Help, Children's Services Safeguarding, CEDAH, Police, Health, and Education.
 - Audits are conducted according to themes. Previous themes have focused on support needs (domestic abuse, substance misuse, parental conflict) and services accessed (Probation, Early Help). Approximately four to six cases are reviewed 'live' by the group who together work through a template with set questions and standardised scoring. The audit reviews the Front Door service response only and not what happens next.
 - The 'Front Door Multi-Agency Audit Form' tool is used. This is a generic form to review all cases and themes. It does not include any questions specific to domestic abuse. There is a four-point scoring system ranging from inadequate to outstanding (aligned with Ofsted grading system). The tool captures recommendations that include agreed actions to specify what needs to happen, by whom, and what changes will look like. These are followed up internally by ChECS staff.
 - A quarterly report is written by the Service Manager of the Front Door service, which is shared with the Learning and Improvement Group, a sub-group of the Cheshire East Children's Safeguarding Partnership (CECSP). The Head of Service Delivery for Early Help is a member of both groups and the chair of the Cheshire East Domestic and Sexual Abuse Partnership (CEDSAP) and acts as an informal communication link between all three groups.
 - There is an existing Children's Services Quality Assurance Framework for undertaking dip samples and audits. This is being updated to include Early Help.
 - There is no formal process for how cases where domestic abuse is a factor is shared with domestic abuse services, leads and partnership. The representative from CEDAH communicates actions to the relevant domestic abuse team (CEDAH, DAFSU or MyCWA) in an informal capacity.

- The process currently is for random cases to be identified; each Manager is asked to lead an audit, involving the worker. This is followed by a meeting with service managers and the Head of Service for Early Help. A report is written, and this is shared with the Cheshire East child safeguarding partnership, as well as being fed back to the worker. A managerial team reflective session is also held.

8.7. *Children's Safeguarding Team:*

- Audits are undertaken quarterly, chosen at random by the Business Intelligence Team. They are completed by an Auditor and allocated social worker for the child and family being reviewed. Auditors are Children's Social Care managers ranging from Tier One, the Executive Director of Children's Services, to Tier Five, Team Managers. Independent Reviewing Officers (ICO) and some of the Advanced Practitioners are also involved.
- A 'Children's Social Care Audit Tool' proforma is used, which covers ten priority areas. Domestic abuse is referenced in the first area concerning the child's safety. There is a prompt to consider domestic abuse when exploring relevant risks. There are three additional proformas to record conversations between the auditor and a) the allocated social worker, b) the parent and c) the child.
- A nominated Audit and Quality Assurance Officer (AQAO) and Principal Social Worker (PSW) review audits. The AQAO analyses and collates audit information and identify themes for improvement. The PSW uses this to identify training, mentoring and support offered to social workers by their team. There are also reflective plenary sessions to cascade learning with Social Workers involved in the cases that have been reviewed.
- A 'Children's Social Care Audit Policy and Procedure', updated in July 2023, sets out the audit process including who undertakes audits, where feedback and information are shared and how learning is cascaded, and areas for improvement are actioned. The policy and procedure include clear guidance on how actions are progressed and monitored for completion.
- There is no recorded process for how cases where domestic abuse is a factor is shared with domestic abuse services, leads and partnership.

8.8. *Multi-agency audits and dip samples (Children's Services):* These are requested on an ad-hoc basis by senior management when issues are observed. Panel members from Children's Services are chosen based on the relevant manager involved in the case. The Domestic and Sexual Violence Development Lead Advisor is typically a panel member for all cases reviewed. This may include an audit of a full case file from the Early Help Module case recording system, which explores select themes. An 'Audit Template' reviews a) specific areas of focus, b) what's working well, c) the concerns, gaps and challenges and d) records actions. It may also include a dip sample of a set number of cases (typically between five and ten). A 'Dip Sample Template' reviews a) the methodology including the priority area of focus and summary of the cases reviewed, b) what's working well, c) what the concerns are, d) what needs to happen next, and e) Head of Service feedback and oversight. There isn't a section dedicated to recording actions.

8.9. *Domestic Abuse Themed Case Audits*: There is a ‘Proposed Themed Audit Schedule’ recommending a monthly dip sample focused on a particular workstream or priority area of the DA strategy (see Appendix 9). Leads are identified for each theme/month. The schedule does not correspond to existing audits and dip samples undertaken. There isn’t a standardised tool for use across various teams and individuals undertaking dip samples. There isn’t a policy, procedure, or guidance to indicate how actions will be monitored and where learning will be shared.

Deep dive analysis and review of case audit outcomes

8.10. Reviews of previous audits and dip samples, and the completion of two deep dive case analyses assisted in understanding the audit processes undertaken by multiple services within Cheshire East Council. It also helped identify priority areas that audits and dip samples can focus on to improve individual and multi-agency responses. The following was undertaken:

- ‘Deep dive’ analyses were conducted on two case files from the Early Help Module case recording system, which is used by CEDAH, MyCWA, and ChECS.
- Five ‘multi-agency audits’ from the Early Help Module case recording system, undertaken by the ChECS Service Manager, were reviewed.
- Three dip samples of Children’s Services cases on a Child in Need or Child Protection Plan with domestic abuse identified as the main need were reviewed. This was requested by the Head of Quality Assurance and Safeguarding and conducted by ChECS and the Domestic Abuse & Sexual Violence Development Lead Advisor.

8.11. *Deep Dive 1* was for a family including two adults and four children. Adult 1 is the mother and a survivor of domestic abuse perpetrated by Adult 2, the father. This was a complex case covering a five-month period. It included two case files: one for Adult 1 and one for Child 1. Case notes for other members of the family were also recorded on both records. Case notes for Adult 2 were recorded on Child 1’s record. See Appendix 9 for a summary of the case, and more detail for the following trends that were observed, and the recommendations made to address these:

- Case recording improvements are needed.
- How domestic abuse was defined, understood, and explored differed across agencies.
- There was collusion with the perpetrator, including in relation to following a pathway of labelling the non-abusive parent as engaging in parental alienation, a concept that has been repeatedly debunked, and identified as a tactic of parents who have used abusive behaviours against their families⁶⁵.
- Lack of coordination between services.

⁶⁵ See, for example, the Domestic Abuse Commissioner’s report on family courts (https://domesticabusecommissioner.uk/wp-content/uploads/2023/07/DAC_Family-Court-Report-2023_Digital.pdf) and the United Nations’ Special Rapporteur’s report (<https://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children>).

- Slow response times by partner agencies to safeguarding concerns.

8.12. *Deep Dive 2* was for an adult female survivor without children (Adult 1). The survivor experienced multiple disadvantage and multiple forms of VAWG. The case file record begins in January 2021 however support services initiate in September 2022 and end in June 2023, reflecting a 10-month period of support. See Appendix 9 for a summary of the case, more detail on the themes observed, and a recommendation for consideration in the development of the next Domestic Abuse Strategy. A brief outline of the themes are as follows:

- Case recording was exemplary from the IDVA.
- The MDT IDVA and Edge 360 support were positive examples of a gender, trauma-informed and 'empowerment through support' approach.
- The MDT IDVA does an excellent job of coordinating the services involved.
- There was minimal involvement of statutory services.
- The Police response contained both positive and concerning responses.
- The Homelessness Advice Service sourced temporary accommodation but offered initial advice that was not in-line with housing legislation and amendments from the Domestic Abuse Act 2021.
- The hotel used as temporary accommodation was identified as unsafe but there was no record of Housing acknowledging the concern or taking action.
- There is an absence of action taken with the perpetrator.

Conclusions and Recommendations

- 8.13. There are good practices in place for systematic reviews of domestic abuse responses by individual services and for multi-agency responses via CEDAH. Most services and audits undertaken do not have policies and procedures to outline the process.
- 8.14. Only Children's Safeguarding has a policy and procedure for audits. Different audit tools are used across services; there isn't a standardised audit tool for reviewing multi-agency audits. Not all audit processes and tools clearly record actions or have a mechanism for monitoring the progress of actions. There is no mechanism for how audit information is shared with services, the wider partnership and the staff involved in the case.
- 8.15. The Children's Safeguarding and Early Help audit processes include seeking the views of family members, including parents and children.
- 8.16. There are multiple audit schedules (for individual services, multi-agency responses including monthly themed audits), which are not coordinated. The monthly themed audit adds to each service's existing audit schedule and increases the resources and time needed to support the process.
- 8.17. Areas not covered by this review were Adult Social Care and Adult Safeguarding (audit processes unknown) and Housing Options (audit process in place as required by DAHA Accreditation.)

8.18. The Head of Service for the Child Safeguarding partnership is developing an integrated quality assurance framework that will be embedded across all of Children's Services to align consistent practice and timescales.

8.19. *Recommendations* (in addition to case specific recommendations prompted by the deep dive analyses):

- Each service and audit process should have its own policy and procedure. This should include the following components:
 - The overarching aim and elements of effective audit and dip sampling for domestic abuse across all services and processes (which connects to CEDSAP's strategic aims).
 - An overview of the service's process, frequency of reviews, who conducts them and how files are selected.
 - What happens with the information, where and how this is shared, including DA leads, partnerships, and staff involved in the case.
 - How actions are monitored for completion.
 - How trends, issues, good practice, and learning are embedded.
 - Where domestic abuse is a factor, how this information is shared with domestic abuse services, leads and partnerships.
 - Consideration on whether to seek the views of service users.
 - The 'Children's Social Care Audit Policy and Procedure' offers an ideal template.
- Create templates or proformas for each service's audit and/or dip sample process to standardise practices and quality. See Appendix 9 for a suggested template for multi-agency case audits.
- Nominate a lead for each service and/or audit process to monitor the completion of actions and who will share themes and learning with the CEDSAP.
- Create a central 'Domestic Abuse Audit & Dip Sample Actions Log' to collate actions across all services and processes. Nominate a lead to monitor action completion. The log should be reviewed by the CEDSAP to identify themes, training needs, improved coordinated working and progress against the strategy.
- Consider connecting the 'Proposed Themes Audit Schedule' (Appendix 9) to each service's existing audit schedule instead of introducing it in addition to existing audits and dip samples. For example, DAFSU completes five assessments a quarter so relevant themes could be included as part of this process.

9. Conclusions and Recommendations

9.1. The following table presents the current picture in Cheshire East against the components of the Coordinated Community Response⁶⁶. Summaries are drawn from the detailed sections in this report.

Coordinated Community Response Component	Cheshire East
Survivor engagement and experience	Cheshire East places a high priority on listening to those with lived experience, led by the Domestic Abuse and Sexual Violence Development Lead Advisor and supported by voluntary sector services MyCWA, Pearls of Cheshire and Pure Insights.
Intersectionality	The needs of all victims/survivors and those who harm are considered by the partnership. This would be enhanced by developing more robust, and shared, data on the characteristics of those who access services.
Shared vision and objectives	The previous partnership strategy was effective in bringing partners together with a shared vision and objectives which continues to be in place at a strategic level. At an operational level, work is needed to ensure all organisations and services have a shared understanding of domestic abuse, and the need to adopt a believing and 'empowerment through support' approach.
Structure and governance	CEDSAP is a strong and effective partnership, with robust connections to some of the other Cheshire East strategic partnerships; links with other partnerships need to be strengthened.
Strategy and leadership	Cheshire East have taken a thorough approach to developing the next partnership strategy through the completion of this review. The previous strategy addressed all parts of the partnership, and incorporated victims/survivors and those who harm, including children and adults. A greater focus on primary prevention of domestic abuse should be added in future. The partnership would benefit from a permanent leader/chair (not changing when the location of the domestic abuse team changes), connecting with leaders in all relevant organisations and services.

⁶⁶ <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

Specialist services	Experienced and expert specialist domestic abuse services are in place within the Council and within the voluntary sector, including benefiting from the added value brought from the voluntary sector in relation to expertise and additional funding for provision.
Representation	CEDSAP has representation from nearly all relevant organisations/services in Cheshire East; there are some gaps that need addressing. The level of representatives at CEDSAP needs reviewing and potentially strengthening.
Resources	<p>The funding for specialist domestic abuse service provision does not meet the demand for the specialist services, specifically CEDAH and MyCWA.</p> <p>Much of the funding is time-limited, or uncertain through being announced year-on-year. This creates uncertainty within services, which can impact on staff wellbeing and retention, which has a direct impact on the service received by victims/survivors and those who harm.</p> <p>Resources appear to be allocated according to risk level, which does not account for the high levels of complexity and need that exists for those identified as less than high-risk.</p>
Coordination	<p>The Domestic Abuse and Sexual Violence Development Lead Advisor is well known and respected across the partnership.</p> <p>They are relied upon to bring expertise to organisations/services in the development of their response. Their role is crucial to the continuation of the partnership response.</p>
Training	Specialist domestic abuse training is provided by MyCWA for all partners, and organisations/services access this in addition to providing their own internal training. There were gaps in some services in accessing domestic abuse training, and in that training being mandatory, which need to be addressed.
Data	<p>The needs assessment was able to access domestic abuse data from a wide range of partners, with a very small number of organisations/services unable to extract specific data.</p> <p>Developments are needed in the gathering of demographic data.</p>
Policies and Procedures	Nearly all partners have policies/procedures in place covering responses to service users/patients affected by domestic abuse,

	and covering responses to members of staff who are victims/survivors or causing harm.
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- 9.2. This review demonstrates that Cheshire East meets the statutory requirements of the Domestic Abuse Act 2021.
- 9.3. Safe accommodation support, while part of the contract with MyCWA, is funded by DLUHC New Burdens funding for which there are no guarantees regarding amount, or length of time it will be available. Cheshire East Council is aware of this and will ensure longer term that this statutory requirement will be fulfilled within existing funding.
- 9.4. Services on offer to victims/survivors have changed over time with increases in demand and decreases in funding, both of which have led to restrictions on referral criteria. This means that survivors do not have access to equal provision, with the biggest gap being survivors who don't have children.
- 9.5. Funding nationally for domestic abuse services is challenging. The Domestic Abuse Commissioner's Office mapping of specialist domestic abuse provision in England⁶⁷ found, "Most survivors said they had contacted at least two different domestic abuse support organisations during the previous three years. Most survivors said at least one organisation that they contacted did not help them, while over 20% reported that 3 or more of the organisations they had contacted did not help them" (Technical Report, p45).
- 9.6. The mapping also found the following:
 "Victims and survivors need a range of types of support to help them find safety and to cope and recover from abuse. Most victims and survivors wanted some form of community-based support, and a combination of practical support, such as helpline advice, or one-to-one advocacy or caseworker support, and longer-term therapeutic support, such as counselling or mental health support" (Summary Report, p4).
- 9.7. Yet, except for accessing helpline advice and an IDVA, a minority of victims accessed the support they needed. Service providers that responded to the mapping research also stated that only a third of referrals received support.
- 9.8. Within this national context, domestic abuse provision in Cheshire East may continue to be stretched. What will be important, moving forward, is identifying how to deliver services to those most in need, accounting for different risk levels and those without children.
- 9.9. *Recommendations:*
- In developing the new domestic abuse strategy, Cheshire East should bring all partners together, strategic and operational, to agree the vision for responding to domestic abuse. This should include an equal focus on prevention and response.
 - Development of the vision and principles guiding Cheshire East's approach to domestic abuse should include an agreed vision for the response received by victims/survivors

⁶⁷ A Patchwork of Provision (2023) <https://domesticabusecommissioner.uk/national-mapping-of-domestic-abuse-services/>

from all services. This would incorporate a believing and ‘empowerment through support’ approach that underpins and is integrated into the work of all services, whether their primary focus is children or adults. This should also emphasise the need for knowledge and understanding of controlling and coercive behaviour, to move practitioners and services away from an ‘incident-based’ approach that focuses on physical violence to one that understands domestic abuse as a pattern of behaviour.

- CEDSAP to carry out an exercise with all members to identify what the ‘journey’ should look like in Cheshire East, in which all survivors and those who harm (children, young people and adults) who want specialist support are able to access this, regardless of their risk level, with the option of in-person meetings for all. This exercise should focus on the needs of all survivors/those who harm, setting aside existing processes and service design, to set out the ideal journey and support available. This can then be used as the basis for commissioning and re-designing specialist provision.
- Develop the CEDSAP commissioning sub-group into a partnership commissioning group that draws directly and transparently on the voices of those with lived experience, and the voices of specialist domestic abuse service providers (and learning from the survivor consultation carried out within this review). A partnership commissioning group would review available funding, provision, and demand, in the context of the partnership’s agreed vision and principles.

9.10. The following brings together all the recommendations from throughout report.

9.11. *Section Two: Domestic Abuse Strategic Partnership*

- CEDSAP should continue to operate as a sub-group of CSEP: this arrangement is working well and is in-line with most partnership arrangements nationally.
- Strengthen and formalise the connections between CEDSAP and SCEPT with CESC, with reference to the National Child Safeguarding Practice Review Panel recommendation referred to above (paragraph 2.16). This development must recognise the wide scope of Children’s Services, from Early Help through to Children Looked After and Care Experienced: representatives must be able to effectively represent, and communicate with, the whole department.
- Formalise the mechanism through which CEDSAP will report on delivery of the outcomes identified in the Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28.
- Review the membership of CEDSAP presented in this report regarding the level of representation and the gaps in representation, to understand the impact this has on functioning and strategic delivery, and make changes / invitations as appropriate.
- Ensure that the involvement of those with lived experience of domestic abuse is two-way, so that those who have contributed their feedback, or are affected by the work of the partnership, receive information/updates on its work.

9.12. *Section Three: Domestic Abuse Specialist Provision and Funding*

- Cheshire East Council to explore whether the funding for domestic abuse service provision should not be seen as a cost to a specific department, to enable recognition of the responsibility of the whole Council to delivering domestic abuse responses, not just the service area where the teams are located.
- CEDAH: Understand the current response to self-referrals that cannot immediately be referred on or responded to within the triage process. Establish the length of time taken from initial call to closure and the impact this has on the ability of CEDAH to provide safety guidance and support. Identify which individuals are being supported in this way rather than receiving an onward referral, and how many, to identify the extent of the need.
- CEDAH: Establish what is a safe and manageable capacity per member of CEDAH staff to respond to referrals within the five working day response time. Take into account the data in the needs assessment (see section six). This can assist in estimating the actual costs to provide safe and manageable provision that meets the demand on CEDAH.
- CEDAH: Consider whether, in order to maintain CEDAH's role as triage rather than case-holding, the 2-2.5 hour phone calls and larger pieces of work with victims/survivors can be allocated to the commissioned service.
- CEDAH: Cheshire East Council, with CEDSAP and SCEP, to understand in greater depth the impact on CEDAH of the short-term, temporary nature of the funding, and identify where funding can be made more secure to ensure the stability of the service, as well as being sufficient to adequately staff the service.
- CEDAH: Explore the potential within CEDAH service design to accommodate face-to-face meetings for survivors who want this, or need it for safety reasons in order to access domestic abuse support.
- MyCWA: Reporting from MyCWA to separate, if possible, what is delivered within contract and what is delivered over and above the contract value. This would demonstrate the added value to Cheshire East of MyCWA provision, and evidence the available capacity of the contract-only provision.
- MyCWA: Ensure that, across the partnership, there is recognition that individuals and families do not need to be identified at high-risk in order to be complex and require intensive support. Although the term is not widely used, to ensure consistency across partners, provide communication that all practitioners should avoid use of the term 'lower-level' to describe individuals and families identified at less than high-risk, because it can suggest they have a lower level of need, which is often not the case.
- MyCWA: Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to work with MyCWA and Cheshire East Council Children's Services to develop an action plan to enhance effective and trusting

working relationships between the services, including for example, Children’s Services practitioners observing the work of MyCWA with families.

- MyCWA: Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to facilitate wider partners to be involved in contract management reporting and discussions, to raise awareness of the work of MyCWA, the limitations and restrictions, and the high quality of work delivered.
- MyCWA: Consider how to provide support to survivors who want, or due to safety reasons can only access, in-person support.
- MyCWA: consider changing the name of the ‘Chaos Index’ Tool to remove negative associations, e.g., ‘Multiple Disadvantage Measure’.
- Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.

9.13. *Section Four: Accessing Domestic Abuse Support: Front Doors*

- Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.
- Establish a process whereby every Daily VPA Meeting is attended by a domestic abuse practitioner. CEDAH attends, but there are times when capacity does not allow attendance, and the meeting therefore lacks domestic abuse expertise.
- All relevant team managers should satisfy themselves that, on receipt of a VPA/referral/summary that is known to have been sent to other teams (see paragraph 4.10), practitioners check to establish whether contact has already been made. It may help to have a named contact within ChECS safeguarding and early help who is consulted when overlapping VPAs/referrals arise.
- Understand any overlap between high-risk domestic abuse and early help VPAs; or do all high risk incidents in which children are in the household go to ChECS safeguarding?
- A joint understanding of consent should be established in relation to sharing of information and VPAs, and if necessary, provide amended guidance to police first responders when discussing consent with individuals at incidents.

9.14. *Section Five: Domestic Abuse Responses by Non-Specialist Services*

- Cheshire East Council Children’s Services and Adult Social Care to review, within their own departments, the strategic and operational leadership of their response to domestic abuse, with reference to the above.
- NHS Talking Therapies / The Big Life Group and Wirral Community Health and Care NHS Foundation Trust, with CEDSAP and the ICB, to review their strategic and operational responses to domestic abuse, and involvement with the partnership.

- Cheshire East Council to ensure that each service has a relevant domestic abuse policy and procedure, and that these are aligned with each other to ensure a consistent response, and all staff in the services are aware of their own policy/procedure.
- Cheshire East Council to review the Human Resources policy that was developed by Housing Options as part of DAHA Accreditation for applicability to all Council employees, and to adapt/publicise accordingly.
- Services/organisations that do not currently gather data on domestic abuse, to develop the capacity to do this. CEDSAP to identify how anonymous data will be shared with the partnership to inform strategic and operational decision-making.
- CEDSAP to consider developing a training framework for partner services/organisations to align their training with. Services/organisations not currently delivering training to ensure staff access domestic abuse training relevant to their role; training to be mandatory, and attendance to be monitored and reported on to CEDSAP.
- Communication from CEDSAP that emphasises the role of CEDAH to be circulated to all staff of services/organisations referred to in this review. CEDSAP representatives of those services to inform CEDSAP of the internal communications undertaken.
- CEDSAP to review the gaps in domestic abuse responses highlighted by respondents as the new strategy is developed.
- CEDSAP to review the outcomes of the staff survey results to inform communication and training.

9.15. *Section Six: Data and Needs Assessment*

- CEDAH: Understand the circumstances for the records contacted in which children's needs were not discussed.
- CEDAH: Record CEDAH referrals that led to specific outcomes: referral to MyCWA; in-depth safety planning and support delivered; one-off brief support provided.
- CEDAH: The drop-down list for referral sources within the spreadsheet of referrals should reflect the named organisations referring to CEDAH, not generic headings such as 'health'.
- CEDAH: Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- CEDAH: Explore with organisations/services the barriers or other reasons for a lack of referrals to CEDAH (and DAFSU). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- CEDAH: Establish a way for CEDAH to record consultations and requests for information that are not part of the referral and response recording. This would demonstrate the scope of CEDAH's role and build a picture of the true demand on the team.

- CEDAH: Explore the circumstances of the 76% that were not recorded as having completed safety planning to understand the barriers in relation to completing safety planning or whether this is a recording issue for the team; and what resourcing may be needed to comply with case recording requirements.
- DAFSU: Explore the reasons why the referral numbers dipped in 2022/23 compared with 2021/22 and the first six months of 2023/24, identify any actions that may be needed.
- DAFSU: MARAC Steering Group members should satisfy themselves, and inform CEDSAP, that referring agencies fully understand the repeat referral criteria for MARAC.
- DAFSU: Understand the risk level outcomes for the 2% of referrals that were closed following information and advice only, and explore the consequences of this outcome for high-risk victims/survivors.
- DAFSU: Understand the situations of the 11% closed where risk remained the same, for example, do these connect to the 15% of referrals in which work was not able to be completed.
- DAFSU: Explore with organisations/services the barriers or other reasons for a lack of referrals to DAFSU (and CEDAH). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- DAFSU: Understand the circumstances for the records contacted in which children's needs were not discussed.
- DAFSU: Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- MyCWA: The way in which data is collated and presented for contract reporting has recently been changed. Within the development of the new contract, review the extent to which this has improved knowledge of the delivery of the contracted service. Specifically, is it possible to show the following: The number of referrals received, shown separately for victims/survivors and those causing harm, and separately for adults and children within those two groups. Demographic information disaggregated for each group. Levels of need for each group. The number of those referred that were accepted into support, and which support each referral accessed. How many started, and how many completed, the support accessed. The volume of work required for each intervention, e.g., FTE staff per intervention, hours spent delivering intervention per FTE staff.
- Improve the recording of gender identity across all services listed here, so that a more accurate picture of those reporting/being referred can be developed that includes trans and non-binary gender identities.
- Explore the barriers to accessing support experienced by older populations.
- Improve the recording of ethnicity across all services listed here, so that a more accurate picture of the ethnicity of those reporting/being referred can be developed.

- CEDAH and DAFSU to record gay and lesbian separately.
- Improve the recording of sexual orientation across all services listed here, so that a more accurate picture of those reporting/being referred can be developed.
- Improve the recording of disability and health across all services listed here, so that a more accurate picture of those reporting/being referred can be developed. Recording to reference the Census to enable comparisons to be made. If more detailed categories are also to be included, ensure these align across services.
- Develop a way to gather up to date information and data on the number of professionals, from which services, are delivering domestic abuse interventions with children outside of MyCWA; and the numbers of children receiving these interventions.
- CEDSAP members and others working with children and families to establish to what extent practice comes from a stance that holds non-abusive parents/mothers responsible for their partners/ex-partners' (fathers') abuse, and the impact this has on the ability of the system to prevent harm and risk to children from those who harm.
- Explore bringing the Safe and Together model into Cheshire East, which foregrounds keeping the child 'safe and together' with their non-abusive parent while holding the person who harms to account.
- Review the findings of the Research in Practice Domestic Violence & Abuse and Child Protection Case File Analysis⁶⁸ for learning for Cheshire East.
- Understand the reasons for the differences between police-recorded VPAs for Standard Risk victims, with the numbers going through to Cheshire Cares who have consented for contact; identify actions needed as appropriate.

9.16. *Section Seven: Survivor Feedback and Journey Mapping*

- Consider seeking further views of survivors to represent the voices of those not represented in this report, including survivors with experience of family abuse, young people, male survivors and Gypsy and Roma Traveller survivors.
- Consider CEDAH's role in assisting survivors to understand and navigate the system to minimise confusion and a sense of overwhelm when there are multiple services involved, including domestic abuse services involved. This should consider reducing the number of times survivors complete risk assessments and tell their stories.
- Commissioning and delivery of specialist domestic abuse services should include resourcing that reduces waiting times, allows for more proactive check-ins, includes options to meet in person and outside working hours. This should also include an offer of support for the length of time that survivors need this.

⁶⁸ <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

- Risk and needs assessment and safety plans should actively consider actions taken against perpetrators and survivors' wishes for this. A WHA response should consider how housing for perpetrators, where this hinders a survivor's safety and freedom, can be accessed and funded.
- Consider the barriers that a survivor with insecure immigration faced in seeking help from a solicitor. Where possible, make them aware of what the onward information-sharing requirements are in relation to their perpetrator so they can make better informed choices on whether to seek legal advice.
- The Domestic Abuse Commissioner's '[A Patchwork of Provision](#)' report found that 'by and for' services are more effective in supporting minoritised survivors than other types of services. Consider whether Pearls of Cheshire wants to, and can, formalise their role as a 'by and for' specialist domestic abuse service and include in future commissioning plans as a specialist by and for domestic abuse service.
- Ensure that domestic abuse behaviour change programmes (DAPP) offer integrated support service for survivors delivered in line with the [Respect Standard \(4th edition\)](#). Survivors should be contacted within one working week of their perpetrator being referred to a DAPP as part of safety checks and before confirming a perpetrator's suitability for a programme (Standard C1.3).
- The strategy should address the growing issue of tech abuse and the resulting needs of survivors. This should include the following:
 - Responding to tech abuse is included in specialist domestic abuse service contracts. These services are asked what support they need to respond effectively. This should include funding services to train and upskill their staff. Refuge offers a [training course](#) for professionals.
 - Consider covering the costs of providing survivors with new devices where they can't access services due to digital stalking and tech abuse. Offer this as part of the flexible funding pot and make this available at the point of accessing CEDAH.
 - Consider prevention and early intervention initiatives including Relationship and Sex Education (RSE) that includes tech and digital abuse awareness raising as part of a planned programme of Personal, Social and Health Education.
- Resources should be invested in publicising and promoting services across Cheshire East, both online and in community spaces. Refer to the main report for the list of ideas survivors felt would be most effective.
- Cheshire East to develop a training plan with non-specialist sectors, ideally influencing a policy that makes training on domestic abuse mandatory, especially with health, housing, children's services and the police. New starters should be provided with information on domestic abuse as part of their induction. Training should cover the need for proactive sign spotting and awareness of specialist services available.

- Check for consistency between police and domestic abuse service risk assessment scores and if improvements can be made with the police directly referring survivors who are assessed as high risk of harm directly to DAFSU to minimise number of professionals survivors are in contact with.
- Guidance for translators should be produced, which reinforces the importance of survivors having an opportunity to tell their story and have this recorded accurately, through their own perspective. Offer domestic abuse training and assistance with a developing domestic abuse policy and procedure.
- Consider adopting Housing First, an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes.

9.17. *Section Eight: Audit and Review Processes*

- Each service and audit process should have its own policy and procedure. This should include the following components:
 - The overarching aim and elements of effective audit and dip sampling for domestic abuse across all services and processes (which connects to CEDSAP's strategic aims).
 - An overview of the service's process, frequency of reviews, who conducts them and how files are selected.
 - What happens with the information, where and how this is shared, including DA leads, partnerships, and staff involved in the case.
 - How actions are monitored for completion.
 - How trends, issues, good practice, and learning are embedded.
 - Where domestic abuse is a factor, how this information is shared with domestic abuse services, leads and partnerships.
 - Consideration on whether to seek the views of service users.
 - The 'Children's Social Care Audit Policy and Procedure' offers an ideal template.
- Create an overarching guide to clearly map and set out how audits and dip samples for domestic abuse are undertaken by all Cheshire East services, including all the services and audit processes mentioned in this section and for Adult Social Care, Adult Safeguarding and Housing Options. This should be listed by the lead service responsible for undertaking them.
- Create templates or proformas for each service's audit and/or dip sample process to standardise practices and quality. See Appendix 9 for a suggested template for multi-agency case audits.
- Nominate a lead for each service and/or audit process to monitor the completion of actions and who will share themes and learning with the CEDSAP.

- Create a central 'Domestic Abuse Audit & Dip Sample Actions Log' to collate actions across all services and processes. Nominate a lead to monitor action completion. The log should be reviewed by the CEDSAP to identify themes, training needs, improved coordinated working and progress against the strategy.
- Consider connecting the 'Proposed Themes Audit Schedule' (Appendix 9) to each service's existing audit schedule instead of introducing it in addition to existing audits and dip samples. For example, DAFSU completes five assessments a quarter so relevant themes could be included as part of this process.