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SCIE Learning Together

Ms. C Safeguarding Adults Review (SAR)

Commissioned by the East Sussex Safeguarding
Adults Board (SAB)



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1 Introduction

1.1 WHY THIS CASE WAS CHOSEN TO BE REVIEWED

1.1.1 The reason a Safeguarding Adults Review (SAR) is held is to enable to the members of the East Sussex Safeguarding Adults Board (SAB) to:

- Establish the lessons to be learnt from the death of Adult C in terms of how professionals and organisations worked both individually and together to safeguard those in their care.
- Identify what those lessons are, both within and between agencies, how and within what timescales that they will be acted on, and what is expected to change as a result.
- Prevent harm and apply these lessons to service responses for all adults at risk who need safeguarding support through individual and interagency working.

1.1.2 Section 44 of the Care Act 2014 sets out that a SAR should always be considered if:

- an adult has died (including death by suicide), and abuse or neglect is known or suspected to be a factor in their death;
or
- an adult has experienced serious abuse or neglect which has resulted in: permanent harm, reduced capacity or quality of life (whether because of physical or psychological effects), or the individual would have been likely to have died but for an intervention;
and
- there is concern that partner agencies could have worked more effectively to protect the adult.

1.1.3 The East Sussex SAB SAR Protocol can be found here:

<https://www.eastsussexsab.org.uk/documents/sussex-sar-protocol/>

1.1.4 This SAR Referral was received on 28th March 2018. The case met the statutory requirement of a SAR within section 44 of the Care Act and the SAR Subgroup made a recommendation to the SAB Independent Chair to undertake a SAR. This was endorsed by the Independent Chair on 18th June 2018.

1.1.5 A decision was made by the SAB in August 2019 to appoint new lead reviewers to progress the work in relation to this SAR.

1.2 SUCCINCT SUMMARY OF THE CASE

1.2.1 The subject of this SAR we are calling Ms. C. In adulthood she had a combination of needs related to chronic trauma, fragile mental health, drug and alcohol dependencies. In her mid-thirties, drug and alcohol dependency resumed, with criminal activities to fund her addictions. She sought alternative care arrangements for her children. Patterns of self-harm and suicide attempts emerged.

- 1.2.2 In 2015 she was referred into mental health services. During this time, she became involved with a new partner who was volatile and violent, and also had alcohol and drug misuse issues. In 2016, as her accommodation options became more limited, she experienced increasing periods of homelessness and rough sleeping. She was engaging with practitioners from Probation, Adult Social Care and Health, Brighton Women's Centre and Change, Grow, Live (CGL) STAR Substance Misuse Service.
- 1.2.3 She was reluctant to cooperate with police investigations because she was fearful of repercussions from her violent partner and his family. Two safeguarding enquiries were undertaken, and she was frequently subject of East Sussex Multi-Agency Risk Assessment Conferences (MARAC). In 2017 she was given a 12-week custodial sentence and served six weeks in a prison in a neighboring authority. During this time, she was connected with the Fulfilling Lives service. Following her release in the summer of 2017, and seemingly with no prospect of a resolution to her homelessness, Ms. C appeared to hit rock bottom. Following two extremely violent assaults, her violent partner was remanded to prison towards the end of the year, which resulted in charges against him and movement towards a court hearing.
- 1.2.4 At this time, accommodation was finally secured via a private landlord. Things seemed to be looking up and Ms. C seemed more positive. She also appeared in court again for theft and assault and received a 12-month community order. When the court results were published, her new address was included in the published detail in two local area papers. This made her very fearful again. She spent the day with a friend, drinking alcohol and taking drugs. She was found dead the following morning. The coroner's inquest ruled that Ms. C's cause of death was a result of 'mixed drug toxicity'.

1.3 METHODOLOGY, PERIOD UNDER REVIEW AND THE RESEARCH QUESTIONS

- 1.3.1 The SAB decided to use a Learning Together review approach (Fish, Munro & Bairstow 2010). This approach supports learning and improvement in safeguarding adults. The aim of this is to support involved staff, managers and strategic staff to use systems thinking to develop an understanding of the practice and to promote a culture of learning between involved partners.
- 1.3.2 Learning Together provides the analytic tools to support both rigour and transparency to the analysis of practice in the case and identification of systems learning. This creates a two-stage process:
- 1.3.3 The first stage involves breaking the timeline down into chunks of time called Key Practice Episodes. The quality of practice in each episode is then analysed, and contributory factors identified. This forms the case specific analysis of what happened and why.
- 1.3.4 The second stage builds on the case analysis to draw out underlying systemic issues that help or hinder good practice more widely. The structure of Learning Together systems findings requires the provision of evidence about the generalisability of issues that were identified in the case.
- 1.3.5 The Learning Together approach involves two distinct groups of participants in

the review process:

- **Case Group** - Practitioners with direct case involvement and their line managers; who are central to the learning event.
- **Review Team** - Senior managers with no case involvement who have a role in helping develop system learnings and supporting the case groups representatives if needed. They play an important role in bringing wider intelligence to ascertain which issues are case specific only, and which represent wider trends locally.

AGENCY INVOLVEMENT

1.3.6 Agencies making up the Review Team for this SAR included:

- Adult Social Care and Health (ASCH)
- Sussex Clinical Commissioning Groups (CCGs)
- Sussex Police
- Sussex Partnership NHS Foundation Trust
- Eastbourne Borough Council
- Hastings Borough Council
- Probation Service - Kent Surrey Sussex Community Rehabilitation Company (KSS CRC)
- Brighton Women's Centre (BWC)
- Oasis Project representing Fulfilling Lives
- Change, Grow, Live (CGL) - The Portal Domestic Abuse Service
- Change, Grow, Live (CGL) - STAR Substance Misuse Service
- Children's Social Care
- MARAC

1.3.7 Additional agency Individual Management Reports (IMRs) or Summary of Involvement reports were submitted by:

- East Sussex NHS Healthcare Foundation Trust – acute hospital setting
- Southdown Housing
- Seaview Project

1.3.8 Agencies who made up the Case Group for this SAR included:

- Sussex Police
- Children's Social Care
- Fulfilling Lives
- CGL STAR Substance Misuse Service
- MARAC
- Hastings Borough Council
- Adult Social Care and Health

1.3.9 Contributions outside of the Case Group were made by:

- Snowflake Night Shelter
- Brighton Women's Centre

1.3.10 We also sought to engage with family members to talk through the analysis, answer any queries and gain their perspectives.

1.3.11 We have tried to keep use of abbreviations to a minimum in order to increase accessibility of the report.

TIME PERIOD

1.3.12 It was agreed that the review would focus in detail on the year before Ms. C's death: December 2016 – December 2017.

RESEARCH QUESTIONS

1.3.13 The use of research questions in a 'Learning Together' systems review is equivalent to Terms of Reference. The research questions identify the key lines of enquiry that the SAB want the review to pursue and are framed in such a way that make them applicable to casework more generally, as is the nature of systems findings. The research questions provide a systemic focus for the review, seeking generalizable learning from the single case.

1.3.14 The research questions agreed at the beginning of this SAR were:

- a) How effectively do Safeguarding and Domestic Abuse systems work together locally, for people who are victims or perpetrators or both?
- b) In working with people with complex needs in relationships of domestic violence, how well do agencies understand their different roles, remits and restrictions of partners?
- c) What is helping and hindering us in working preventatively with women with complex and multiple needs and episodic times of crises?
- d) How well are we responding locally to crises when supporting homeless women with complex multiple needs?
- e) How easy is it currently to respond well to women who have lost contact with their children when they are reaching out for help to re-gain contact?

1.3.15 The assumptions behind these research questions are revisited towards the end of the SAR process, at the stage of identifying systemic findings from the case and are discussed later in the report.

METHODOLOGICAL COMMENT AND LIMITATIONS

1.3.16 SCIE were commissioned to conclude this SAR, building on the earlier commissioned work. Efforts to make the SAR process proportionate to the learning gained, the appraisal of practice in the time period has not been exhaustive. The aim has been for it to be adequate to identifying priority systemic learning for the SAB to consider. These are systemic issues that currently create barriers to more timely and effective help for people in circumstances similar to those experienced by Ms. C. A number of these systems findings have been prioritized and are presented in the body of the report. Others are noted in the appraisal of practice synopsis. It is a judgement for the SAB as to whether further exploration or assurance of these issues is required.

1.4 INVOLVEMENT AND PERSPECTIVES OF THE FAMILY

- 1.4.1 Ms. C's immediate family were notified of the review and given an opportunity to provide their views in relation to this case and comment on the draft findings. A total of three meetings have taken place in which Ms. C's mother and step-sister have met with representatives from the Review Team and SAB.
- 1.4.2 Ms. C's family expressed a view that they felt agencies working with Ms. C could have communicated and shared information about risks more effectively. They also recognised the positive interventions of some of the professionals involved and were particularly appreciative of the support provided by Fulfilling Lives and Probation Services.
- 1.4.3 Ms. C's family have emphasised from their perspective that they want to ensure the lessons learnt from Ms. C's death will effect positive change and help others. Ms. C's family will also have the opportunity to review and comment on the final report.

1.5 REVIEWING EXPERTISE AND INDEPENDENCE

- 1.5.1 The review was jointly led by Dr Sheila Fish from SCIE and Independent Consultant Alison Ridley. Sheila leads SCIE's Learning Together programme of work, bringing analytic expertise. Alison is a registered Social Worker and accredited SCIE reviewer, currently employed in a quality assurance role in an adult social care department, bringing safeguarding expertise. Sheila and Alison have worked together over many years in the conduct of SARs and bring a wealth of experience using the Learning Together model for SARs to produce useful systems learning.

1.6 STRUCTURE OF THE REPORT

- 1.6.1 The report first presents the systems findings that have emerged from the SAR analysis. Each finding gives an illustration of the issue from the case of Ms. C and also lays out the evidence identified by the Review Team that indicates that the issue is of wider relevance. Evidence is provided to show how each finding creates risks to other adults in future cases, because they undermine the reliability with which professionals can do their jobs. This part of the report is future facing. Each finding poses questions for the SAB and relevant agencies to consider in deciding what action they are going to take forward. The section is introduced with a brief reflection on the ways in which features of Ms. C's particular case are similar to other cases and therefore has the potential to surface generalizable learning to underpin improvement.
- 1.6.2 The second part of the report looks more to the past than the future. It provides the more case specific analysis. An overview is provided of what happened in this case. The synopsis aims to provide enough but not too much detail. We make no claims that it is comprehensive. The aim is to convey the view of the Review Team about how timely and effective the help that was given to Ms. C was, including where practice was below or above expected standards, explaining why where possible. Links are made with the systems findings where relevant.

1.6.3 The appraisal of practice synopsis also highlights some systemic vulnerabilities that the reviewers have not had the opportunity to explore further in this commission, so are not presented in the findings section.

2 Systems Findings

2.1 IN WHAT WAYS DOES THIS CASE PROVIDE A USEFUL WINDOW ON OUR SYSTEM?

- 2.1.1 This review has been concerned with a woman we are calling Ms. C. when she was 40 to 41 years old. Members of the Case Group described Ms. C as intelligent, articulate and eloquent. Professionals working closely with her warmed to her and liked her. Ms. C, like a small cohort of women locally, had a combination of difficulties that created a hard life and put her in a lot of risk. She had a lot of insight into her own situation, the risks she was exposed to as well as particular risks she posed. She played a very active role in making decisions to keep herself as safe as she could within the circumstances she faced.
- 2.1.2 At heart this case involves common challenges for professionals working with a small cohort of women who, like Ms. C, have a particular combination of difficulties stemming from a difficult childhood and impacting in adulthood. In adulthood, there often is a complex interplay of: fragile mental health, with patterns of self-harm and attempts to take their own lives, substance misuse, criminal activities to fund addictions, relationships marked by domestic violence and, for Ms. C during the period we review, homelessness.
- 2.1.3 The challenges are created in part by the service system being poorly designed to meet the needs of women in these circumstances in ways that are workable for them. The challenges are also in part created by the fact that there are no easy or quick solutions to some of the individual issues for woman in this cohort, and their combination make resolution even more complex. Ms. C's case raises important questions for agencies about the reliability of the multi-agency system to recognize and respond appropriately to significant escalation and change in patterns of domestic abuse, including coercion and control, for women in these circumstances.
- 2.1.4 The appraisal synopsis presented in section three provides a high-level summary of the quality and timeliness of help provided to Ms. C. In it, we attempt to flag up factors that helped or hindered practitioners in their efforts. Some of these factors represent wider systemic issues that will impact on work with other people in this vulnerable cohort of women. This SAR has prioritized four of the systems findings for the SAB to consider. They are laid out below.

The Review Team has prioritised four findings for the SAB to consider. These are:

	Finding	Category
1.	There is currently no accommodation readily accessible for women with the combination of needs related to chronic trauma, drug and alcohol abuse, homelessness and domestic violence and abuse. Women wishing to remain within a couple are even less well served in terms of accommodation. This leaves practitioners having to rely on perseverance and luck to access viable accommodation.	Management
2.	Current service set ups locally are not joined up or tailored to the needs of a small cohort of women who struggle with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. This leaves some of the most vulnerable women either excluded from services altogether based on eligibility criteria, or unable to access them because of the lack of proactive, flexible and intensive outreach support.	Management
3.	There is not currently an established multi-agency protocol or supporting tools for the <u>proactive</u> collection of third-party evidence of <u>patterns</u> of domestic violence and abuse. This leaves police responding reactively to incidents of domestic violence and abuse and trying but struggling to gather viable third-party evidence and leaves the voluntary sector frustrated at inaction against known perpetrators.	Tools
4.	A pattern of continuing to give women with complex needs short term prison sentences at a distance from their home area, disrupts any progress they may be making with the support of community teams, provides little time for specialist health care services delivered within prison to establish relationships, potentially leaving women more vulnerable on their release.	Management

2.2 FINDING 1

There is currently no accommodation readily accessible for women with the combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. Women who are within a couple are even less well served in terms of accommodation. This leaves practitioners having to rely on perseverance and luck to access viable accommodation.

SAR LIBRARY CODING:

2.2.1 This coding helps to specify with more precision the exact nature and relevance of the finding.

Which group of people or situation is this finding relevant to?	Which profession(s) or agencies is the finding relevant to?	Does the finding relate to a particular aspect or type of work within the care and support system	What type of systems issue is it: what kind of thing needs to change?
Women with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse	Not specific	Housing	Management system issue

KEY BACKGROUND INFORMATION

2.2.2 Safe accommodation is a fundamental need for women with complex needs (e.g. mental health issues, substance misuse issues, disabilities etc.) who are at risk of violence. A woman who is accommodated is less at risk than a woman who is reliant on the perpetrator for safety on the streets.

2.2.3 A number of options for accommodation are available, each having its own legal criteria and/or behavioural requirements. These include:

- Refuges for women escaping domestic violence and abuse.
- Complex needs refuges e.g. substance misuse, learning disability.
- Supported accommodation.
- Local authority provisions under the Housing Act based on assessed priority need and whether someone is ‘intentionally’ homeless.
- Private rental options.

2.2.4 A more recent development is the 2017 Homelessness Reduction Act (HRA) which came in force from April 2018. This created a new duty on local authorities

to relieve homelessness regardless of priority need (and intentionality). While relieving homelessness does not necessarily equate to providing housing, the process involves an assessment and the production of a Personalised Housing Plan. The HRA and, in particular, Personalised Housing Plans offer a new opportunity to work with rough sleeping couples in a proactive way¹, meeting the needs of each person at the same time as respecting relationships, especially for those authorities that embrace the intentions and principles that sit behind the HRA.

HOW DID THE FINDING MANIFEST IN THIS CASE?

- 2.2.5 Securing Ms. C accommodation was central to her safety plan over the whole time period of this SAR. Yet, from when she first experienced increasing periods of homelessness in 2016, it was two years before this was accomplished, in spite of the persistent efforts of practitioners working with her. The interplay of Ms. C's needs meant that the standard options available were not viable.
- 2.2.6 Women's refuges were not open to her. When she had previously been accommodated at a refuge for women escaping domestic violence, her violent partner had found her and coerced her into letting him stay, so she had been evicted. Following this, no other refuge was willing to accept her due to the risks generated to other women in the refuge.
- 2.2.7 Other supported accommodation providers had concerns about both risks to other residents and to staff who regularly work alone, because of her offending history. She could be violent to police officers upon arrest.
- 2.2.8 Her continuing misuse of substances was a further barrier to her being offered a placement and made it almost impossible for her Brighton Women's Centre support worker to find a private landlord who was willing to offer her rented accommodation.
- 2.2.9 Ms. C also faced barriers to accessing emergency accommodation from either of the Housing Departments involved. She was found to meet criteria for being regarded as "intentionally homeless" (under section 191, Housing Act 1996) by one Council Housing Department and not deemed to be in priority need by the other Council Housing Department under the Housing Act 1996 (section 189,1c).
- 2.2.10 A discretionary short-term placement was given, but this was out of area, so not an option that Ms. C deemed viable. Similarly, the advice given about approaching an alternative borough/district was given on the basis that the housing department felt it would be less risky for her to move away from the perpetrator in the locality. This was not a viable fit for Ms. C.
- 2.2.11 Against this background, the option of residential rehabilitation appeared both to professionals and Ms. C alike as the only choice, though through the SAR we have questioned whether this was ever a realistic option for Ms. C at the point it was being considered.

¹ Please see the 'Couples First' report commissioned by Brighton Women's Centre

HOW DO WE KNOW IT'S UNDERLYING NOT A ONE-OFF?

- 2.2.12 As part of the review process, we explored the extent to which these difficulties are usual for women in situations similar to Ms. C.
- 2.2.13 The difficulties having the history of domestic violence and abuse and cumulative risks recognized by Local Authority Housing Departments have been recognized by both councils. Local Authority Housing Departments have fed back that when an adult presents to them as fleeing violence, they try to verify this with police (or other domestic violence and abuse support providers) as standard practice and use an initial assessment to gather evidence. Feedback from members of the Review Team who work in the charity sector suggests the District and Borough Councils can appear to be reluctant to accept third party statements, and instead prefer to prioritise MARAC minutes or Police Crime Reference Numbers as 'evidence'.
- 2.2.14 Input from the Review Team and Case Group confirmed that there are no specialist refuges in or near East Sussex, even those set up to address single issues, such as drug and alcohol dependencies. Communities need 24-hour managed hostels or accommodation, that understand the complexities of addiction and the culture within that community, but these are not available.
- 2.2.15 Housing Departments seek to offer local temporary accommodation, particularly where the adult requests this, however this is not always possible. However due to the limited availability of accommodation accessible for women with this set of interacting issues, the housing that is offered is often 'out of area'. However, a woman who is accommodated in her local area and has access to her support networks is much more likely to stay safe. A woman who is sent miles out of area tends to feel isolated, so is much more likely to leave or lose that placement and return to the streets and the most high-risk scenario.
- 2.2.16 When women are in a couple who are both homeless, the challenge of finding accommodation is even more difficult. Most solutions are devised around single homelessness. Street homeless couples are usually felt to be too volatile and chaotic to be considered for accommodation support from local agencies as providers struggle to be able to manage the level of risk even on the rare occasions that accommodation is available for couples without children. Some couples therefore opt to stay on the street rather than face separation.
- 2.2.17 Research undertaken in East Sussex in 2018 (commissioned by Brighton Women's Centre) into the needs of street homeless couples² engaged with varied local and national housing providers and homelessness agencies as well as statutory bodies, gathering evidence by talking directly to service users and homeless agencies. The report resulted in a set of recommendations for a distinct and specific couple focused approach to working with couples.

² "Couples First? Understanding the needs of rough sleeping couples" October 2018

HOW WIDESPREAD IS THIS SYSTEMS FINDING?

- 2.2.18 We use this section to lay out evidence of how widespread the problem of the lack of viable accommodation is, for this cohort of women.
- 2.2.19 What we have ascertained is that nationally there have been significant reductions in the availability of safe accommodation for all women escaping domestic violence, regardless of their level or complexity of need. The Women's Aid 2019 report annual survey confirmed they have had to decline 59.7% of the referrals they received (an estimated 21,084 referrals) in 2017–18. Since 2010, 17% of specialist refuges have closed in the UK. Local authorities have cut spending on refuges by 24%. And nearly one in ten refuges and one in five community-based services who responded to their annual survey reported that they received no local authority funding.
- 2.2.20 Further, within these decreasing refuges, specialist support provision is also seeing a significant reduction, making them less likely to be accessible for women in Ms. C's circumstances. Only 17.3% of all refuge services have a specialist mental health support worker(s), 8.9% have a specialist drug use worker(s) and 8.9% have a specialist alcohol use worker(s). During 2017–18 only 5.8% of vacancies could consider women who had 'no recourse to public funds.'³
- 2.2.21 The lack of specialist refuges in or near East Sussex is not a local problem alone. Nationally, services such as refuge spaces and other accommodation options are even more difficult to locate for victims of domestic abuse with complex needs (such as substance misuse, homelessness, poor mental health and a history of criminal offending).

HOW PREVALENT

- 2.2.22 We use this section to try to lay out how many women are actually or potentially affected by the lack of accessible accommodation.
- 2.2.23 Statistics on the number of women with the combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse or, of those, how many are persistently trying and failing to secure safe accommodation can be ascertained from the network of women's centres across the country and the recent 'Gender Matters' report published by Lankelly Chase.
- 2.2.24 Rough sleeping count data published by the Ministry of Housing, Communities and Local Government showed that there were 4,266 people estimated to be sleeping rough on a single night in autumn 2019. This is down by 411 people or 9% from last year and down 10% from the peak in 2017 but is up by 2,498 people or 141% since 2010⁴.
- 2.2.25 Total referrals into the CGL The Portal Domestic Abuse Service, for support related to domestic violence, average (including duplicate referrals) at 400 per

³ Women's Aid 2019 'The Domestic Abuse Report 2019: The Annual Audit'

⁴ <https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2019>

month or near 5,000 per year. We have not secured equivalent figures for referrals to CGL STAR Substance Misuse Service.

2.2.26 From these numbers we can draw out the number of women actually or potentially affected while small, is probably growing.

SO WHAT? WHY SHOULD THE SAB AND PARTNERS CARE?

2.2.27 “Requisite variety” is a term used in the systems literature to capture the situation whereby in order to deal effectively with the diversity of problems it encounters, a system needs to have a repertoire of responses which is (at least) as nuanced as the problems faced. This case highlights that there is currently no available accommodation accessible for women in Ms. C’s circumstances.

2.2.28 Housing is key to someone’s ability to keep themselves safe. Yet this review has highlighted how for one of the most vulnerable group of women, there are effectively no housing options, so that despite the commitment of frontline staff, appropriate housing solutions cannot be identified. It took from April 2016 – December 2017 for Brighton Women’s Centre support worker to find and secure a single private rental property. We commend the practitioners who worked with Ms. C so determinedly and generously. This finding highlights the systemic nature of this issue. The lack of commissioned options significantly increases the risk that vulnerable women in similar circumstances will not be so lucky.

FINDING 1 - There is currently no accommodation readily accessible for women with the combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. Women wishing to remain within a couple are even less well served in terms of accommodation. This leaves practitioners having to rely on perseverance and luck to access viable accommodation.

QUESTIONS FOR THE SAB TO CONSIDER:

2.2.29 Have the lack of housing options for this vulnerable cohort of women been considered by the SAB and partners previously?

2.2.30 Is an options appraisal needed and if so, who would need to contribute to the thinking?

- E.g. via a specialist refuge type accommodation for women with a substance dependencies?
- E.g. a managed women's hostel with 24-hour staffing and sufficient security to manage the complexities of this client group?

2.2.31 Are there opportunities created by the review of provision of services as part of the tendering for the new domestic violence and abuse specialist services, to call for consideration of options to fill this gap?

2.2.32 While longer term alternatives are explored, what more can agencies do to mitigate the negative impacts of the lack of suitable accommodation options, for women struggling with drug and alcohol dependences, chronic trauma, fragile mental health and relationships involving domestic violence and abuse?
E.g.

- Can a jointly agreed approach be developed between Housing Officers and other staff (e.g. voluntary sector practitioners) who are supporting vulnerable adults with complex needs, to support the building up of comprehensive picture of whether or not the adult is in priority need or not?
- Can the ability of refuges or woman's hostels to be able to support women with complex needs be strengthened? For example, a shared approach to managing risks (and evictions) that appreciates that some problematic behaviours will not stop at the point of being housed.

2.2.33 How would the SAB know if this situation has improved?

2.3 FINDING 2

Current service set ups locally are not joined up or tailored to the needs of a small cohort of women who struggle with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. This leaves some of the most vulnerable women either excluded from services based on eligibility criteria, or unable to access them because of the lack of proactive, flexible and intensive outreach support.

SAR LIBRARY CODING:

2.3.1 This coding helps to specify with more precision the exact nature and relevance of the finding.

Which group of people or situation is this finding relevant to?	Which profession(s) or agencies is the finding relevant to?	Does the finding relate to a particular aspect or type of work within the care and support system	What type of systems issue is it: what kind of thing needs to change?
Women with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse	Not specific	Commissioning	Management system issue

KEY BACKGROUND INFORMATION

2.3.2 Most services are set up around individual specialisms:

- Social care
- Substance misuse / dependencies
- Criminal justice
- Mental health
- Domestic violence and abuse
- Housing
- Medical.

2.3.3 Services standardly assume a willing subject. Someone’s case is closed, for example, the person misses appointments.

2.3.4 Services commonly struggle with ‘dual diagnosis’. So, for example, we see mental health services, domestic abuse refuges and housing services requiring individuals to have detoxed from substances before they are able to work with

them.

- 2.3.5 Such a set up creates significant accessibility issues for women who struggle with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse.

HOW DID THE FINDING MANIFEST IN THIS CASE?

- 2.3.6 During the 13-month period under review a host of local agencies worked with Ms. C and her case was discussed 19 times at the two local MARAC multi-agency forums in Hastings and Eastbourne, either as an item of AOB (any other business), full case discussion or MCCP (MARAC Complex Case Planning). Additionally, Ms. C's concerns were open to two separate safeguarding enquiries at different points during that period. Local agencies were keen to support Ms. C and the commitment, resilience and time of frontline staff across agencies is clearly evidenced. Appropriate multi-agency forums were used to share information and plan risk management strategies.
- 2.3.7 As well as the difficulties securing safe accommodation, discussed in Finding 1, Ms. C's circumstances and the level of control her partner exerted, mitigated against her being able to engage with more conventional 9-5 based services to keep herself safe. This led to a pattern of agencies attempting to help but then withdrawing because Ms. C was not able to maintain engagement.
- 2.3.8 Ms. C was supported very effectively by a number of professionals within key statutory agencies (e.g. Adult Social Care and Health, Probation Service, CGL The Portal Domestic Violence Service and CGL STAR Substance Misuse Service). However, the input she received from her support workers from Brighton Women's Centre (who worked with Ms. C from April 2016 continuously until her death) and Fulfilling Lives (who worked with her from August 2017 until her death) offered a more intensive and flexible style of out-reach.
- 2.3.9 However, Fulfilling Lives is not a standard commissioned service so is not a solution longer term. Review Team members also stated that no current services could match the resource currently available to Fulfilling Lives (via the National Lottery).

HOW DO WE KNOW IT'S UNDERLYING NOT A ONE-OFF?

- 2.3.10 Feedback from the Review Team confirmed that the need for more accessible and coordinated services, including flexible intensive outreach was not restricted to Ms. C's case but affected the small cohort of women in circumstances similar to Ms. C's.
- 2.3.11 CGL The Portal Domestic Abuse Service reports that demand for the service has increased year on year (over 100% of their referral rate target). The commissioned service for domestic violence and abuse in East Sussex does not have specifically funded workers to address the above issues, currently all CGL staff are trained IDVAs (Independent Domestic Violence Advisors) and work closely with colleagues at CGL STAR Substance Misuse Service, and advocate for clients to be supported with housing/mental health and other services. They have confirmed that they do not have the resources and capacity to provide the

amount of outreach support that is needed across the county, especially in rural areas or with clients who require intense long-term key-work support due the complexity of their needs.

2.3.12 There are a number of services that provide support to adults with these complex needs in partnership with domestic violence services, but they themselves are not specialists.⁵ The Review Team confirmed that much of the funding to support adults who are homeless, experienced substance misuse issues and/or domestic violence is short term and goes to separate organisations. There is a currently no service receiving medium or long-term funding to work specifically with women victims of domestic abuse who have additional complex needs such as homelessness and mental health problems.

2.3.13 This led to a discussion about the possible cost-effectiveness of commissioning different parts of the system to be pulled together to something more flexible, tenacious and holistic, for women who are multiply disadvantaged and for whom the existing system of short-term funding of specialist services is less than ideal.

HOW WIDESPREAD IS THIS SYSTEMS FINDING?

2.3.14 There is broad consensus that nationally the current system of service provision is not working for people with multiple and complex needs. The National Lottery Community Fund has invested £112 million over eight years in Fulfilling Lives Programmes in 12 areas across England, to help those experiencing multiple disadvantage to access more joined-up services tailored to their needs, providing an operating model of effective working with this group of adults.

2.3.15 Reports from the national Fulfilling Lives partnerships describe many reasons why it can be difficult for people to get the help they need. People can fall between thresholds for different services, their needs being too complex for general services but not severe enough for specialist help.

2.3.16 Fulfilling Lives research has highlighted the following features which they have

⁵ The following services have short term funding and provide support for women with substance misuse issues facing homelessness or lack of stable accommodation.

- Rough Sleeper Initiative (RSI) – funded until March 2020 that works with a very small cohort of entrenched rough sleepers or sofa surfers in Eastbourne and Hastings, offering a multi – disciplinary team approach which focuses on substance misuse, mental and physical health and a worker from adult social care. Service users are assessed and supported in appropriate accommodation.
- Seaview Project - based in St Leonards, provides a range of services to the street community. Funding is drawn from a number of sources and the substance misuse specific service is funded until March 2020.
- East Sussex Recovery Alliance (ESRA) – this organization provides a range of activities and support groups that help individuals sustain their recovery. Funding is drawn from several sources with some aspects funded until March 2020 and others until June 2024.
- Oasis Womens' Recovery Service – A gender specific service to address problematic substance misuse through groups and 1:1 key working sessions. This is service is funded until March 2020.

found to make a difference to the effectiveness of service delivery to this cohort of adults:

- Persistent and ongoing support is essential for engaging chronically excluded people. There is a need not to give up on adults or close the case if someone misses appointments.
- Complex and entrenched needs take time to address.
- A long-term approach so that workers can build personal relationships based on trust with adults.
- Partnerships with adults aim to provide holistic support and focus on the adults' priorities, rather than working to externally set targets.

2.3.17 These principles are also in line with the aims and ethos of person centred strengths-based models, the 'Making Safeguarding Personal' ethos and the six safeguarding principles outlined in the Care Act 2014.

HOW PREVALENT

2.3.18 We use this section to try to lay out how many cases are actually or potentially affected by the systemic issues highlighted in this finding.

2.3.19 As stated in Finding 1, there are no precise statistics on the number of women with the combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. In Finding 1 we showed the rise in numbers of people suffering homelessness. Here, it is relevant to look at the figures from the Fulfilling Lives national programme.

2.3.20 The 2015 report "Hard Edges" estimated there were 58,000 people annually who had contact with homelessness, substance misuse and criminal justice services. Since 2014, Fulfilling Lives, working in just 12 areas of England, has worked with 3,480 people. Partnerships delivering the programme have experienced high levels of demand for their services, with some having to stop taking referrals.

2.3.21 From this, we can draw out the number of women actually or potentially affected while small, is not insignificant and possibly growing.

SO WHAT? WHY SHOULD THE SAB AND PARTNERS CARE?

2.3.22 "Requisite variety" is a term used in the systems literature to capture the situation whereby in order to deal effectively with the diversity of problems it encounters, a system needs to have a repertoire of responses which is (at least) as nuanced as the problems faced.

2.3.23 This case highlights the current challenge for services trying to provide an effective, joined up response when trying to engage with the cohort of women with multiple disadvantage and needs. For these women, it appears the MARAC and Safeguarding processes are less effective at reducing risk than where the client group's needs are less complex. This is not a new insight, but the death of Ms. C underscores the challenge to partner agencies to consider how best to redesign set ups in order that they work more effectively for this extremely vulnerable group of women. The Fulfilling Lives publications provide both the moral and financial case for why this is so pressing.

FINDING 2 - Current service set ups locally are not joined up or tailored to the needs of a small cohort of women who struggle with a combination of needs related to chronic trauma, drug and alcohol dependencies, homelessness and domestic violence and abuse. This leaves some of the most vulnerable women either excluded from services based on eligibility criteria, or unable to access them because of the lack of proactive, flexible and intensive outreach support.

QUESTIONS FOR THE SAB TO CONSIDER:

- 2.3.24 Have the lack of joined up or tailored services for this vulnerable cohort of women been considered by the SAB and partners previously?
- 2.3.25 Is there a role for the SAB to support multi-agency partners to engage with the learning from the Fulfilling Lives programmes in the South East, that are scheduled to end shortly?
- 2.3.26 Is an options appraisal and cost-benefit analysis needed to consider whether it would be more cost effective to jointly commission a gender specific, trauma informed, holistic service for women victims of domestic abuse with complex needs, which would work towards goals agreed by the adult, and provide proactive, flexible and intensive outreach support? If so, who would need to contribute to the thinking?
- 2.3.27 While longer term alternatives are explored, what more can agencies do to mitigate the negative impacts of the conflicting eligibility criteria between services, which are often not co-located and so make it very hard for women to get the right support at the right time?
- 2.3.28 Can the SAB consider running a workshop to support with understanding how models of support for complex needs can be commissioned differently, and who should be involved in designing this workshop?

2.4 FINDING 3

There is not currently an established multi-agency protocol or supporting tools for the proactive collection of third-party evidence of patterns of domestic violence and abuse. This leaves police responding reactively to incidents of DVA and trying but struggling to gather viable third-party evidence and leaves the voluntary sector frustrated at inaction against known perpetrators.

SAR LIBRARY CODING:

2.4.1 This coding helps to specify with more precision the exact nature and relevance of the finding.

Which group of people or situation is this finding relevant to?	Which profession(s) or agencies is the finding relevant to?	Does the finding relate to a particular aspect or type of work within the care and support system	What type of systems issue is it: what kind of thing needs to change?
Victims of domestic violence and abuse	Multi-agency (police-voluntary sector)	Gathering third party evidence of domestic violence and abuse	Management system issue

KEY BACKGROUND INFORMATION

2.4.2 Domestic violence and abuse, including coercive control, has risen sharply up the social and political agenda recently. This has been driven in part by the numbers of women killed by a partner or ex-partner, which continue to rise. It has also been driven by the creation of a new offence of controlling or coercive behaviour in an intimate or family relationship, under the Serious Crime Act (2015) Section 76.

2.4.3 National guidance for both police and prosecutors dealing with all cases of domestic abuse, advocates a creative and proactive approach to the collection of evidence, moving away from victims being regarded as the main or sole source of testimony. The emphasis is on joint working by police officers and prosecutors to build cases that can be prosecuted without the victim’s participation. The statutory Coercive Control guidance (paragraph 45) outlines how other agencies can assist in providing third party evidence for this offence, for example, medical records, case notes from other services such as mental health or drug and alcohol services.⁶

⁶https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf

2.4.4 In some domestic abuse cases, there will be enough other evidence that the prosecution need not rely on the victim's evidence. Police officers and prosecutors are expected, wherever appropriate, to prosecute cases based on this other evidence. These are known as evidence led prosecutions.⁷

HOW DID THE FINDING MANIFEST IN THIS CASE?

2.4.5 Ms. C was known by local agencies to be subject of both physical violence and behaviours typical of coercive control. For example, her partner would take control of her mobile phone and her money.

2.4.6 Early on in the period of SAR, we noted proactive, well-considered responses by the substance misuse service who was supporting Ms. C in preventatively calling the police to advise that Ms. C had left their service with her violent partner, because he knew the winter homeless hostel where she was going to be staying and had said he was not happy with her staying there. Similarly, we noted good practice by the winter homeless hostel in calling out the police and protecting Ms. C, when her partner came to the hostel and began to fight with her. Details of her case had been shared frequently at the MARAC meeting.

2.4.7 Altogether there were 22 occasions when the police attended incidents between Ms. C and her partner when domestic abuse was identified. Ms. C's violent partner was arrested on seven occasions for assault on Ms. C, and on several occasions, he was charged following arrest. In March 2017 he was arrested and charged with assault. He pleaded guilty and was given a £100 fine, however none of the other occasions when he was charged led to any convictions, despite the efforts of the police in trying to gather third party witness statements and evidence from CCTV it proved impossible to put together sufficient third-party evidence.

2.4.8 Ms. C had considerable expertise about her own situation and what would increase or decrease the risks she faced. She was not in a strong position to be able to provide evidence to the police, as she saw that it would have increased the likelihood her violent partner would harm her. On a number of occasions during the period under review Ms. C made decisions not to co-operate with police investigations because she was fearful of repercussions from her partner and his family. Practitioners who attended the SAR Learning Workshop confirmed the powerful and pervasive message that "grassing" to the police was not forgivable within the traveller community (which her partner and his family were a part of) or the street homeless community. Ms. C was aware that sharing information or evidence with the police would increase the risks she faced, particularly as a street homeless woman.

2.4.9 She was persuaded to report a particularly violent assault toward the end of 2017 and give a statement to police despite continually stating to support workers and other professionals that to do so would put her at increased risk from the perpetrator and his family. She continued to experience threats of violence and

⁷ <https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2020/01/Joint-Inspection-Evidence-Led-Domestic-Abuse-Jan19-rpt.pdf>

death from the perpetrator's family until shortly before her death.

- 2.4.10 What seems surprising, and key to this finding, is that the potential volume of third-party evidence that could have in theory been drawn on to evidence an established pattern of domestic violence and abuse, including coercive control, was not used to progress cases against him. These might have included recordings of interactions and exchanges between Ms. C and her violent partner witnessed by practitioners in different services, who knew them - homeless hostels, Brighton Women's Centre, Probation Service, Fulfilling Lives, CGL STAR Substance Misuse Service and Mental Health Services – as well as medical records including from Accident and Emergency and minutes of MARAC meetings. Contextual evidence may be available from housing services (e.g. if they had been called out to breach of the peace or had records of damage to property such as holes in walls or complaints from other tenants). These could be valuable sources of evidence useful to triangulate evidence linked to specific evidence but also to evidence the persistent and escalating pattern of violence over time.
- 2.4.11 The police did proceed with one investigation on the basis of independent corroborative evidence, however when in November 2017 they consulted the Crown Prosecution Service (CPS), they were advised that the CPS could not proceed due to Ms. C not having given a statement confirming how her injuries occurred.

HOW DO WE KNOW IT'S UNDERLYING NOT A ONE-OFF?

- 2.4.12 As part of the SAR process we were keen to explore what lay behind this scenario in a little more detail. We wanted to understand better the obstacles to more ready use of potential third-party evidence to progress prosecutions of cases of domestic violence and abuse. The opportunity for dialogue with agencies during the SAR process itself was limited. What the SAR Reviewers have identified is that while guidance and tools are available to CPS and police for putting together a case together using all evidence, including third-party evidence, there is nothing equivalent available to all other partners to help understanding of what is actually needed to put a case together for court using third-party evidence or to enable partners to proactively collect evidence that would be useful, so that it is ready in the event that it is needed.
- 2.4.13 The 'Domestic Abuse Guidelines for Prosecutors' issued by the Director of Prosecutions highlights the potential range of offences to consider and patterns over time:

There will be many offences falling under the definition of domestic abuse; due regard should be given to the scope of offending that falls within the breadth of the definition, particularly under the controlling and coercive elements, and psychological abuse which may not be immediately evident as there may not be any physical injury visible on the complainant.

Acts of control or coercion alone may not be seen or recognised immediately as obvious criminal behaviour by

the complainant or by criminal justice agencies; however, when reviewing cases, prosecutors should consider evidence of such conduct alongside determinable criminal offending, as well as any previous incidents where similar behaviour was reported but no further action was taken at the time.

2.4.14 It references the Joint NPCC (National Police Chiefs Council) and CPS Evidence Gathering Checklist – For Use by Police Forces and CPS in Cases of Domestic Abuse. This similarly stresses wider patterns of behaviour. It assists police officers with a checklist of who to contact to assist in the gathering of evidence in domestic abuse cases:

*Have you collected **all available evidence**, including material other than the complainant's statement and given consideration to the **wider pattern of behaviour and its cumulative impact**?*

2.4.15 What is missing is any multi-agency protocol detailing what this can include or tools to support how it should be recorded. Without this, information buried within case notes of agency partners can be missed. Such a protocol and tools would support the voluntary sector and others to be able to build up relevant third-party evidence over time and demonstrate patterns of coercive control as well as violence, and make this available in a clear and consistent form, in a timely fashion when it is needed. It would simultaneously help build understanding among partners about the range of things that can count as third-party evidence for the range of offences potentially falling under the definition of domestic violence and abuse.

HOW WIDESPREAD IS THIS SYSTEMS FINDING?

2.4.16 We have not had the opportunity to explore whether the under-use of third-party evidence from universal and specialist service providers in domestic abuse cases, is a local, regional or perhaps national issue. Similarly, we have not had the chance to identify whether any tools exist elsewhere, to support common expectations about what counts as evidence and how it should be recorded, to encourage its proactive, cumulative collection.

HOW PREVALENT

2.4.17 We use this section to lay out how many women are actually or potentially affected by the current levels of accessibility and use of third-party evidence in domestic violence and abuse cases.

2.4.18 We can get an idea of those potentially affected, by looking at statistics about domestic abuse. Between 1st January and 31st December 2018 there were 243 safeguarding enquiries coordinated by the East Sussex Local Authority (ASCH) which involved alleged domestic abuse, with a high proportion of those concerns being raised by the police.

2.4.19 It is harder to find data to indicate how many people are actually affected i.e. seeing little or no use of available third-party evidence of patterns of domestic

violence and abuse, in the progressing of potential criminal cases.

2.4.20 Feedback from CGL STAR Substance Misuse Service suggests that they know of cases where third-party information has not been gathered and where the CPS have deemed that the evidence is insufficient, especially if coupled with a victim who is not supporting a prosecution or CPS do not recognise the victim to be a reliable witness due to their substance or mental health issues.

SO WHAT? WHY SHOULD THE SAB AND PARTNERS CARE?

2.4.21 Domestic violence and abuse, including coercive control, can have a devastating and all too often fatal impact on victims' lives, justifying a proactive approach by all agencies and professionals. Key to this is making an evidence-led approach a focus and priority not just for police officers and prosecutors, but also for the whole range of other practitioners who have the chance both to work closely with and/or to witness victims separately, and together with their violent partners. This finding has focused on the issue of support for multi-agency collaboration in this important field.

2.4.22 This case has highlighted a gap in the provision of a cross-agency protocol and tools to support the proactive and cumulative documentation of third-party evidence by all partners of domestic violence and abuse. Without these, levels of greater understanding across agencies of what kind of evidence is needed by the police to meet the requirements laid down in law varies, and as does understanding of how the CPS apply the requirements. Without such supports, patterns of domestic violence and abuse are much more challenging to evidence and even cases where there is adequate third-party evidence, can end up without criminal convictions either pursued or secured.

FINDING 3 - There is not currently an established multi-agency protocol or supporting tools for the proactive collection of third-party evidence of patterns of domestic violence and abuse. This leaves police responding reactively to incidents of domestic violence and abuse and trying but struggling to gather viable third-party evidence and leaves the voluntary sector frustrated at inaction against known perpetrators.

QUESTIONS FOR THE SAB TO CONSIDER:

- 2.4.23 What further data would the Board like to see in order to gain assurance about how effectively the new legislation and guidance is being used to support evidence being documented by, and gathered widely from, all agencies and used in prosecutions?
- 2.4.24 Is the Board satisfied that the third-party information shared at MARAC meetings and/or recorded on MARAC referrals or minutes is being adequately and effectively used to inform protective planning and where appropriate criminal investigations into domestic violence?
- 2.4.25 Where else might the Board look for good practice or innovations about tools to support the documentation and sharing of third-party evidence of domestic violence and abuse?
- 2.4.26 Would it fit under the Board functions to create such multi-agency guidance and related training?
- 2.4.27 What multi-agency partners would need to be involved e.g. MARAC attendees, housing/tenancy support and health services, women's centres, domestic abuse services, drug and alcohol services?

2.5 FINDING 4

A pattern of continuing to give women with complex needs short term prison sentences at a distance from their home area, disrupts any progress they may be making with the support of community teams, provides little time for specialist health care services delivered within prison to establish relationships, potentially leaving women more vulnerable on their release.

SAR LIBRARY CODING:

2.5.1 This coding helps to specify with more precision the exact nature and relevance of the finding.

Which group of people or situation is this finding relevant to?	Which profession(s) or agencies is the finding relevant to?	Does the finding relate to a particular aspect or type of work within the care and support system	What type of systems issue is it: what kind of thing needs to change?
Women	Magistrates	Sentencing	Management system issue

CONTEXT

- 2.5.2 In 2007 the Corston Report recommended that women convicted of crimes should be treated ‘holistically’ and services should be delivered through the community rather than criminal justice agenda, however since that time many women continue to be given short term custodial sentences, often far away from their home areas.
- 2.5.3 The Care Act 2014 confirms that the local authority responsible for responding to the social care or safeguarding needs of prisoners is the one in which the prison is situated, which is often not the same as the authority where the adult has been ordinarily resident and has built up relationships with local teams.
- 2.5.4 Generally, women serving short sentences are at even greater risk of losing continuity with home teams while they are in prison because the geographical distance to the prison is a particular issue.
- 2.5.5 Amongst key statutory and voluntary agencies there are varying approaches (in terms of policy, practice and level of funding) to whether cases are kept open and what level of in-reach into prison to support planning for the adult’s release is possible.

HOW DID THE FINDING MANIFEST IN THIS CASE?

2.5.6 Ms. C was given a 12-week custodial sentence and served six weeks in Bronzefield prison (located in Surrey) in 2017.

- 2.5.7 There was a mixed picture in terms of which teams were able to maintain any active or direct contact with Ms. C during her period in prison. The Probation Service kept the case allocated. CGL STAR Substance Misuse Service is not able to hold cases open while a woman is in prison even for a short sentence, so Ms. C's case was closed. CGL STAR Substance Misuse Service will pick up contact with the adult as part of an onward plan where requested following prison release.
- 2.5.8 Adult Social Care and Health does not have a specific policy on closing cases where an individual is placed in prison out of area and the allocated Social Worker from East Sussex Adult Social Care and Health was able to maintain some contact with Ms. C by telephone whilst she was in prison.
- 2.5.9 Ms. C's Brighton Women's Centre Support Worker liaised with Fulfilling Lives⁸ and prison resettlement staff throughout the sentence. However due to the geographical distance of Bronzefield, service visits were not possible. A support worker from Fulfilling Lives visited Ms. C towards the end of her period in custody to explore her benefits and options for safe accommodation on release.
- 2.5.10 In the community Ms. C had been actively engaging with practitioners from Probation, Adult Social Care and Health, Brighton Women's Centre, and CGL STAR Substance Misuse Service. Prior to her custodial sentence, Ms. C had agreed to a plan of detoxing in order to move into a residential rehabilitation placement. The Adult Social Care and Health's record indicates her mental health deteriorated following her detox whilst in prison – this appeared to be a significant factor in her changing her decision to not pursue rehabilitation. Ms. C appeared to require specialist health care services whilst in prison to support her with her mental health needs and (enforced) detox. This support in prison may have enabled her to 'stay' with her decision to access rehabilitation on release from prison. The restrictions on community teams maintaining meaningful contact with Ms. C left little opportunity for any of them to work with her when she changed her mind about being ready to stop taking substances on release.
- 2.5.11 Coupled with the scarcity of housing options, it also resulted in no accommodation arrangements being put in place prior to Ms. C's release in August 2017. On her day of release, she attended an appointment with her Probation Officer and then presented to Hastings Borough Council Housing Department Rough Sleeper team. Her circumstances were judged not to meet criteria to be deemed as 'priority', so no accommodation was offered.

HOW DO WE KNOW IT'S UNDERLYING NOT A ONE-OFF?

- 2.5.12 As part of the review process, we explored how usual such a scenario is, of short-term prison sentences for women with complex needs and the disruptive effects. Feedback highlighted that far from being an oddity of this particular case, it is not unusual for women with complex needs to be given short-term sentences

⁸ Fulfilling Lives is a national lottery funded, voluntary sector learning project which offers outreach to adults who are experiencing multiple and complex needs. The programme tests new ways of ensuring individuals receive joined up and person-centred services. Fulfilling Lives workers hold small caseloads and so is able to provide prison in-reach to a small number of women for whom domestic abuse is a high risk.

in East Sussex that are served at a geographical distance and this creates disruption to the work of community teams and challenges for provision of effective in-prison health and care support.

- 2.5.13 Feedback from the local frontline practitioners during the review confirmed that post custody support to women prisoners has been a longstanding issue due to the location of women's prisons and distance from home women are placed.
- 2.5.14 Frontline practitioners and members of the Review Team confirmed that in the past a level of in-reach into prisons had been better although it had never been adequate. Reductions in services over recent years have meant that it is difficult for most statutory teams to maintain continuity of contact with women in prison or to support meaningful planning to be undertaken.
- 2.5.15 For example, Brighton Women's Centre Inspire project has been funded to provide women centred support for women in the criminal justice system since 2009 to enable in-reach from the community services to 'follow' a woman into prison, however the geographical distance of women's prisons for staff to travel is a barrier and funding for this service has decreased under the 'Transforming Rehabilitation' programme.
- 2.5.16 The support that was provided to Ms. C on release itself, including arranging for one week of bed and breakfast accommodation in Eastbourne, would not be available to all women in such positions. The Fulfilling Lives is a time limited project and not an enduring part of the local network of the service delivery worker who was with her.
- 2.5.17 In relation to social care assessment and safeguarding enquiries it is the responsibility of the local authority in the area that the prison is located to engage and support prisoners, which adds a further challenge in terms of providing continuity of support and planning for the adult if she is in custody out of her usual area.

HOW WIDESPREAD IS THIS SYSTEMS FINDING?

- 2.5.18 The issue is not one restricted to East Sussex but is an accepted national issue. Regular recommendations have been made in national reports (e.g. The Corston Report, 2007) for smaller community-based options for women but these have not been funded or developed.
- 2.5.19 The Female Offender Strategy 2018 highlighted the need for magistrates to address the negative impact of short custodial sentences. There is currently no central national mechanism that would support a meaningful change in practice within magistrate's courts. Cross sector work is currently underway in East Sussex to explore this issue with sentencers and attempt to move the picture forward.

HOW PREVALENT

- 2.5.20 We use this section to lay out how many cases are actually or potentially affected by the systemic issues highlighted in this finding.
- 2.5.21 *Women In Prison* state that in 2018 7,745 women were sent to prison nationally. In the past decade the use of community sentences for women has halved

however the proportion of women serving very short prison sentences has risen sharply. In 1993 only a third of custodial sentences given to women were for less than six months, whereas in 2018 it was double this (62%). Nearly two in five women (37%) left prison without settled accommodation, around one in seven (14%) were homeless and nearly one in 20 (4%) were sleeping rough on release in 2017–2018.

2.5.22 Feedback from frontline practitioners during the review suggests that the majority of women prisoners are impacted by this issue, particularly those with complex needs, as they are unlikely to have families, partners or tenancies to rely on.

SO WHAT? WHY SHOULD THE SAB AND PARTNERS CARE?

2.5.23 Many women are given short custodial sentences that are long enough to create greater disruption in their lives but too short for any meaningful work to be carried out. The practical barriers of geography increase the difficulty for meaningful in-reach into prison coupled with the scarcity of housing options often means that no accommodation arrangements are made, and this group of women are released back to their high-risk circumstances on the street. The lack of in-reach into prison and the systems inability to put any holistic support in place before or after their release, compounds the risks to this group of vulnerable women.

2.5.24 The report by the Prison Reform Trust's report "There's a reason we're in trouble" (2017)⁹ explores domestic abuse as a driver to women's offending, and provides valuable insights into how our national criminal justice services are struggling to reduce the cycle of risk experienced by these women. The limited availability of accommodation and opportunities to work with staff to plan for release for women with addiction problems who are also victims of domestic violence increases the risk to this group and reduces the chance they can maximise the advantages of being separate from their violent partners and not having taken drugs whilst in prison.

⁹ http://www.prisonreformtrust.org.uk/Portals/0/Documents/Domestic_abuse_report_final_lo.pdf

FINDING 4 - A pattern of continuing to give women with complex needs short term prison sentences at a distance from their home area, disrupts any progress they may be making with the support of community teams, provides little time for specialist health care services delivered within prison to establish relationships, potentially leaving women more vulnerable on their release.

QUESTIONS FOR THE SAB TO CONSIDER:

2.5.25 Are there opportunities for the SAB and partners to support the cross-sector work currently underway in East Sussex to address the issue of short custodial sentences for women by engaging with sentencers?

2.5.26 While short term sentences remain a reality, what more can agencies do to mitigate the negative impacts, especially for women struggling with drug and alcohol dependences, chronic trauma, fragile mental health and relationships involving domestic violence and abuse? E.g.

- Could Skype be used (if possible) as a way for services to engage and provide more meaningful support for planning with the person before their release?
- Can statutory agencies guarantee that cases will be kept open to reduce the likelihood of those women being released with no holistic support in place?
- Is there more that can be done prior to release e.g. assessments for supported accommodation or refuge placements?

2.5.27 Is a review needed of support provided and co-ordination of services in the initial stages of release from custody?

3 Appraisal of professional practice in this case

3.1 BRIEF TIMELINE OF THE PERIOD UNDER REVIEW

3.1.1 The table below provides a brief timeline of the period reviewed in this SAR. It is not intended to be comprehensive but sufficient to provide the reader with an overview of the case prior to reading the appraisal of practice synopsis that follows.

Date	Key events and actions (Dec 2016 – Dec 2017)
11/12/16	Violent incident on Hastings seafront. Police attended but Ms. C would not engage.
19/12/16	Ms. C is staying with her mother temporarily.
22/12/16	MARAC AOB Hastings.
30/12/16	Ms. C attended meeting with her CGL STAR Substance Misuse Service. Substance Misuse and Probation workers
04/01/17	Ms. C in custody for criminal damage after argument with her violent partner under the influence of drink.
06/01/17	Ms. C and her violent partner argue at CGL STAR Substance Misuse service. Police attend but Ms. C would not engage
09/01/17	Ms. C reported that she has been evicted from her mother's address due to alcohol use.
12/01/17	Hastings MARAC discussion. Ms. C attends IDVA appointments. "TecSOS" phone to be allocated to Ms. C - a specially adapted mobile phone. When activated, these create a 'vulnerable person' alert on the emergency services' call system and local officers are dispatched immediately in response.
12/01/17	Ms. C attended court for four instances of shop theft. Sentenced with 12 months suspended order.
13/01/17	Housing confirm no statutory duty to provide accommodation, deemed intentionally homeless.
16/01/17	Safeguarding enquiry closed as an on-going plan is in place.
30/01/17	Ms. C identifies 3 goals – accommodation, access to her children and to stop using drugs.
08/02/17	Ms. C followed by her violent partner. Police called and arrest her violent partner. Police met with her to take a statement.
23/02/17	Hastings and Rother MARAC – case discussed.
23/02/17	Violence between Ms. C and her violent partner, her violent partner arrested but CCTV suggests Ms. C was the aggressor.
24/02/17	Ms. C feeling suicidal, seen by GP and advice given. MH crisis team made contact.
27/02/17	Night shelter due to close, Ms. C fearful of becoming street homeless and threats from her violent partner.
02/03/17	Discretionary emergency accommodation agreed by Housing (Hastings Borough Council) B&B
09/03/17	MARAC complex case conference held – accommodation key priority.
17/03/17	Her violent partner arrested, had punched Ms. C's face. Bail conditions not to contact Ms. C.

21/03/17	Ms. C using crack daily and 4 – 8 cans of alcohol. She declined being housed out of area.
07/04/17	Ms. C assaulted by her violent partner, bleeds from the mouth her violent partner arrested, Ms. C refuses to engage with police.
20/04/17	MARAC MCCP – 13 actions agreed.
13/06/17	Ms. C is shoplifting everyday as unable to manage her financial situation.
22/06/17	Her violent partner has injury to his finger believed to have been caused by Ms. C who was arrested – later released.
25/06/17	Probation Officer recommends custodial sentence in hope that this will allow separation from her violent partner so she can focus on detox.
26/06/17	Ms. C rough sleeping in Hastings with Mr C following eviction from her temporary accommodation.
28/06/17	Court – Ms. C sentenced to 12 weeks custody.
04/07/17	MARAC full case discussion – Ms. C listed as perpetrator.
18/07/17	Ms. C visited in prison - no longer wanting rehab in the community.
08/08/17	Released from prison. Hastings Housing offers no accommodation, several nights B&B arranged via Fulfilling Lives.
15/08/17	Sleeping rough. Eastbourne Housing refuse to offer accommodation as felt no proof of domestic violence (therefore not considered vulnerable in the meaning of the Housing Act).
17/08/17	Ms. C is living in a tent with her violent partner in Eastbourne, injuries visible, using crack cocaine.
23/08/17	Eastbourne Housing agree they do have a legal duty to provide temporary accommodation, section 188 Housing Act.
09/10/17	Ms. C has been using heroin (for first time) and crack cocaine, stockpiling pills and has a suicide plan.
19/10/17	Increasing violence by her violent partner and his family members, Ms. C considering requesting an injunction.
23/10/17	Argument followed by serious assault on Ms. C by her violent partner, police informed and arrest her violent partner.
26/10/17	MARAC meeting full case discussion (Hastings).
31/10/17	Ms. C is attacked by her violent partner's mother and sister.
01/11/17	Non-molestation Order (NMO) referral made to the National Centre for Domestic Violence (NCDV) - a free, fast emergency injunction service to survivors of domestic violence. Ms. C given a personal alarm.
06/11/17	Ms. C drops charges against her violent partner's mother and sister as too fearful.
08/11/17	Plan to present to Hastings Council to appeal their decision that she was intentionally homeless or make new homeless application.
09/11/17	Serious physical assault on Ms. C by her violent partner- injuries may require surgery, Ms. C feeling suicidal.
10/11/17	Presented to Housing Dept but told no duty to house her.
10/11/17	Accommodation secured in Eastbourne, but as no furniture Ms. C decides to move into property in January. Her violent partner arrested, hearing due 09/01/18.
13/11/17	Safeguarding concern raised and enquiry opened.
14/11/17	Hastings Council upholds decision not to house Ms. C, on grounds placement outside of area would be better for her.

22/11/17	Attends A&E following suspected overdose.
23/11/17	MARAC full case discussion (Hastings).
28/11/17	Safeguarding meeting postponed, her violent partner remanded to prison due in court 09/01/18).
01/12/17	Private rental property becomes available in Eastbourne.
06/12/17	Court appearance – Ms. C sentenced to 12 weeks community order for theft and assault.
06/12/17	Ms. C fearful of attacks from his family, Probation officer discusses safety measures, chest infection anti-biotics prescribed by GP.
12/12/17	Ms. C collects keys to flat, looking forward to having children to stay, drinking and taking drugs.
15/12/17	Local paper includes Ms. C' address which had been given in court – Ms. C very fearful.
19/12/17	MARAC AOB (Eastbourne).
20/12/17	Safeguarding enquiry closed as Ms. C regarded as being safe while cause of risk was in custody.
21/12/17	MARAC AOB (Hastings).
21/12/17	Ms. C looks forward to new flat, bought cards for her children, hopeful to be involved in their lives.
29/12/17	Ms. C's address published in Hastings paper in court results.
30/12/17	Adult C spent the day with her friend, drinking alcohol and taking drugs.
31/12/17	Adult C is found dead by her friend. Cause of death was subsequently confirmed as mixed drug toxicity.

3.2 APPRAISAL OF PRACTICE SYNOPSIS

- 3.2.1 The period under review begins when a safeguarding enquiry is already open and with significant multi-agency involvement, including Ms. C being known to MARAC. Responses by agencies to the initial violent incidents in the timeline of the SAR were patterns noted throughout the period under review. Agencies working directly with Ms. C were proactive and well-considered in their responses to the cumulative risk linked to the domestic violence and abuse, alerting police to incidents that occurred and ones they anticipated. Police responses did not always recognize, record or respond to incidents as domestic violence (three incidents not logged as such) or underplayed the level of risk in light of the established pattern.
- 3.2.2 Ms. C's was fearful of her increased vulnerability of becoming homeless at this point; it was increasingly difficult for her to stay at her home. She showed the first signs of wishing to make changes and separate from her violent partner. The MARAC forum provided an important mechanism for pulling all relevant information together from the wide range of agencies involved. This saw valuable information sharing take place and a relevant and proactive plan agreed, which included a focus on her violent partner. It was agreed that agencies with which she was engaging (including Probation and CGL STAR Substance Misuse Service) were to let police know if he was intimidating her, so that they could arrest him and put a Domestic Violence Protection Notice (DVPN) in place.

- 3.2.3 However, multi-agency plans to address her housing needs were unrealistic and ineffective. The complexity of Ms. C's situation posed serious challenges to the possibility of accessing housing due to her own substance dependencies, linked criminal activity and association with her violent partner. **The lack of accessible accommodation options for women in Ms. C's situation is discussed further in Finding 1.** As well as addressing short term needs, there seems to have been a gap in anyone planning and coordinating a medium-term plan, or devising a broader, longer term strategy within which individual actions sat. The MARAC process is designed to address short term risks, and does not provide longer term protection planning. **The challenges for existing service set ups in responding to the needs of women in circumstances similar to Ms. C's is raised as systems Finding 2.**
- 3.2.4 The safeguarding enquiry process supported agencies to get in place the practical support needed to progress the plans to try to access accommodation, for example. However, The Care Act (2014) Section 42 Enquiry framework is not well suited to manage chronic risk of the kind Ms. C was exposed to. The safeguarding enquiry was subsequently closed on the basis that risks continued but were being managed – a view the SAR reviewers see as overoptimistic at this stage.

INCREASING DISTRESS AND DETERIORATING MENTAL HEALTH

- 3.2.5 Towards the end of February 2017, Ms. C was again increasingly fearful of becoming street homeless and how she would manage to protect herself from her violent partner, as the winter night shelter she had been staying at since the beginning of the year was closing. He was continuing to harass her. Her mental health was poor and this was the first time that professionals in this timeframe, heard her talking about feeling suicidal.
- 3.2.6 We note that there was a good initial crisis response to Ms. C's mental health deterioration by Probation, the GP and the Mental Health crisis team. However, it did not result in any mental health input for Ms. C because the presence of her violent partner made it out of the question for Ms. C to meet with them. The SAR has raised questions about what more could have been done about her violent partner's presence at this point.
- 3.2.7 It is here that the SAR identified that the multi-agency plans began to unravel. In terms of the protection plan, the police intention to use Domestic Violence Prevention Order (DVPO) did not materialize, and opportunities to seek an evidence-led prosecution for the pattern of domestic violence and abuse were missed. The benefits of positive police action in arresting him following an assault and bailing him with conditions of no contact, were undermined when he breached those conditions with no consequences. **The lack of tools for supporting the proactive and systematic logging of third-party evidence across all agencies in order to establish patterns of domestic violence and abuse support the prosecution of domestic violence and abuse cases, is discussed in Finding 3.**
- 3.2.8 In terms of housing, we noted here valiant and determined attempts by Brighton Women's Centre to secure emergency accommodation, by persevering with re-referring to the different available options even while knowing that the likelihood of success if slim to none. **The lack of accommodation accessible for women**

with the combination of needs related to chronic trauma, drug and alcohol abuse, homelessness and domestic violence and abuse is discussed further in Finding 1.

INCREASE IN FREQUENCY OF RECORDED VIOLENCE AND SENSE OF SPIRALLING CHAOS

- 3.2.9 During March and April 2017, despite the efforts of professionals involved, Ms. C's situation escalated to crisis point due to the combination of the winter-time shelter ending and continuing violence, including two serious assaults. The perseverance of frontline practitioners in seeking housing options that would meet Ms. C's needs achieved some success, when one of the council's agreed to pay for emergency bed and breakfast accommodation on a temporary basis. However, Ms. C was distressed at the lack of progress in gaining permanent accommodation, and again expressed suicidal thoughts. Her levels of drug taking, raised concerns of her risk of overdose.
- 3.2.10 At this stage, the sustained violence and controlling and coercive behavior that Ms. C had been the victim of, impacted on her mental health and her increasing drug and alcohol use. A thorough review was needed of whether the safety plans were being implemented and indeed whether they were the right plans. There does not seem to have been any serious consideration of an evidence-led prosecution on the part of the police that focused on the established pattern of domestic violence and abuse. Neither did other agencies provide challenge about the failure to progress with the use of DVPOs. Agencies contributing to and attending MARAC do not seem to have been able to develop any alternative options for crisis intervention. They did not appear to be supported with a preestablished menu of that alternative possibilities.
- 3.2.11 Plans to secure housing were changed to focus on priority referrals for residential detox and rehab programme. The SAR reviewers sympathise with the desperation all professionals felt at this stage about the difficulty securing accommodation, but there are also questions for us about whether this plan for detox and rehab was realistic at this stage.

PRISON SENTENCE

- 3.2.12 The cost-effectiveness of short-term prison sentences for women has long been questioned (see the Corston Report 2007). Ms. C was given a 12-week custodial sentence and served six. This interrupted a period of time that needed to be focused on supporting Ms. C to stick with the plan to access residential rehabilitation, including thinking through what 'plan b' would look like.
- 3.2.13 Her time in prison reduced opportunities for community teams to maintain meaningful contact with Ms. C, and this was exacerbated by the distance of the prison from home. It also seems to have created an additional obstacle to community-based services keeping Ms. C focused on recovery and rehabilitation. Adult Social Care and Health's records indicate that her mental health deteriorated following her enforced detox from methadone and indicated that she reported a lack of mental health support from prison services. Ms. C changed her mind about the plan to access residential rehab shortly after entering prison. Active work of practitioners with Ms. C to progress alternative viable accommodation arrangements were delayed until her release in summer 2017.

The SAR has not had the opportunity to explore either the decision making about Ms. C's enforced detox or the role of prison-based recovery and health care services. **The systemic issue of the negative impact of short-term prison sentences for women is discussed further in Finding 4.**

3.2.14 The Review Team identified another serious problem linked to Ms. C's short-term prison sentence. When Children's Social Care met to talk about applying to the court for a Special Guardianship Order for Ms. C's youngest child, the SAR reviewers understand that they were unaware that she was about to get a custodial sentence. Usually this would have triggered a request for a delay, in order that the mother could be part of the process. This is important because recent research has indicated that, even when they do have the chance to be involved, many women do not realise the implications. These include how difficult it can be to regain parental rights. The SAR reviewers have not had the opportunity to explore the communication failure in this instance. The issue is therefore not presented as a systemic finding but logged here as a failure in this case.

ON RELEASE

3.2.15 The Fulfilling Lives worker made good use of the opportunity created by Ms. C's release from prison in August 2017, to start to establish a relationship with Ms. C; Ms. C realized that there was more chance of gaining access to accommodation if you went to the Council Housing department with a professional, so agreed to it. They had only met in her last two weeks in prison and Ms. C was quite suspicious of the service. However, little in the circumstances had changed, the chances of a positive outcome for Ms. C were slim. Taking Ms. C for housing assessment by the relevant council on release in some ways, therefore, represented a desperate clutching at straws. No systems exist to complete this assessment prior to release.

3.2.16 Ms. C was assessed and the Housing Officer confirmed that she was deemed to have been "intentionally homeless" and therefore "non-priority" (in relation to section 184 of the Housing Act) and no accommodation was offered. Practitioners described this as having a marked impact on Ms. C's morale. The subsequent practical response by Fulfilling Lives' to fund seven nights in a bed and breakfast achieved immediate safety. However, in the bigger scheme of things for Ms. C, however, this could only ever be a sticking plaster and shortly after leaving prison Ms. C was sleeping rough again, with her violent partner and the lack of housing options for Ms. C then re-emerged again, a re-run of the situation she had experienced before her prison sentence - despite the valiant efforts of practitioners working with Ms. C to find her safe accommodation.

3.2.17 It was misguided judgement on the part of Hastings Borough Council housing department on 8th August 2017 to conclude that her circumstances could be regarded as "non-priority" in relation to the Housing Act (section 184). On 15th August Eastbourne Housing Department also confirmed that Ms. C was not thought to have a priority need. It was good practice that the Brighton Women's Centre support worker continued to challenge these judgements. Frustratingly, the successful appeal made little difference to Ms. C. as accommodation was offered in another county, so she turned it down. **The lack of accommodation accessible for women with the combination of needs related to chronic**

trauma, drug and alcohol abuse, homelessness and domestic violence and abuse is discussed further in Finding 1.

ESCALATION AND INCREASED SEVERITY OF VIOLENCE

- 3.2.18 Approximately two months after her release from prison, October 2017 saw a marked escalation and change in patterns of abuse Ms. C was subject to by her violent partner and his family. At this point she became fearful of her life and there is was a marked deterioration of her mental health, telling her Probation Officer and Fulfilling Lives worker that she was feeling suicidal and was making plans to take her own life. Ms. C also injected heroin for the first time in her life. In conducting the SAR, we got a picture of Ms. C hitting rock bottom at this point. She was largely living separately from her violent partner during this period but was still attacked by him and his family. For the first time, she began to consider engaging with criminal justice agencies as a means of protecting herself, but she was still being intimidated by his family and had made it clear that she feared reprisals. An injunction against her violent partner, and charges against his mother and sister were dropped because she was too fearful, particularly while she did not have accommodation. She did not feel the police could keep her safe.
- 3.2.19 At this point, the situation needed a step change in response from professionals, a revised risk assessment and consideration of broader threats, including what appear as the beginnings of witness intimidation. This needed to have included police consideration of the range of prevention and protective orders that can be applied for by police, including a DVPO. These can be used when the perpetrator has been cautioned, released under investigation or where there is no further action being taken on that occasion but where there is evidence of violence and a need to protect the victim. A DVPO does not require the support or cooperation of the victim, although it is preferable for practitioners to engage with and support the victim. This is particularly significant in cases where the victim is unable, or too afraid to support police or criminal justice actions. Agencies contributing and attending MARAC appear instead to have more reactive approaches to crisis intervention rather than developing a proactive plan of intervention that would not have needed to rely entirely on either on Ms. C taking the initiative or on her support. Consequently, the actions taken by MARAC agencies did not reflect the severity or escalation of the risks. Ms. C's mother and sister feel opportunities to bring them in as a potential source of help at this point should also have been sought.
- 3.2.20 East Sussex Division of Sussex Police have recently launched a Domestic Abuse Improvement Plan. The SAR reviewers recommend the SAB seeks assurance of the effectiveness of this work. With the constraints of a proportionate SAR, no further systemic issues have been drawn out of this case.
- 3.2.21 There was an escalation of violence and witness intimidation against Ms. C, with a vicious assault of Ms. C in a caravan that left her with an eye and nose injury, potentially requiring surgery. The caravan owner left the caravan when the attack began and rang the police. This confirms the reviewers view that the closing stages of this case were marked by a number of very near misses, the outcomes of which could easily have been far worse. As with the earlier incidents, a step-change in risk management should have been the response of the agencies in order to provide the right level of protection and support, but this did not occur. As

throughout this case, the support provided by her Probation worker and Fulfilling Lives was dedicated and responsive. Ms. C was supported to get medical attention as a matter of priority, to engage with the police, and again attempt to access safe accommodation via the Council Housing Department. Only after a further assault involving a knife, in an effort to intimidate her not to proceed with supporting a prosecution, police remanded her violent partner in custody until his court hearing which was scheduled for early in the new year.

3.2.22 Ms. C remained fearful of attacks from his family. Measures were then put in place by the police to reduce risk of retribution by his family including alarms, markers, Non-Molestation Order. As stated earlier, there remain questions as to whether these were adequate to the severity and escalation of the situation and whether enough focus was placed on an evidence-led prosecution of a sustained pattern of domestic violence and abuse. **In Finding 3 we explore the lack of tools to support all agencies in the proactive, systematic logging of third-party evidence to establish patterns of domestic violence and abuse, and so support prosecution.**

3.2.23 It was at this stage that the valiant efforts of practitioners in determinedly knocking at the same doors to secure safe accommodation finally brought success. However, the flat was unfurnished, and in the context of her fear having to give evidence in court and dreading Christmas and her son's birthday on her own, Ms. C decided not to move in straight away. Ms. C's mother's view is that she may not have felt ready to be housed on her own.

APPEARING IN COURT AS A DEFENDENT

3.2.24 Early December 2017 Ms. C appeared at Magistrates Court as a defendant, charged with theft and assault. No application was made by Ms. C's defense barrister to prevent disclosure of her name and address in open Court as should have happened. This meant that these details were also later published in local papers and on-line with the conviction. The implication was that her violent partner and his family were also made aware of her new address, leaving her vulnerable to yet further violent and abusive repercussions and potentially again without an option of safe accommodation. **This was possible because there is currently no automatic link up that flags up situations where a victim of domestic abuse in the MARAC system also has to appear in court as a defendant.** This can leave the Magistrates Court and barristers unaware of potential risks to defendants who are also victims of domestic violence and abuse. The SAR reviewers have not had the opportunity to explore this issue further so it is therefore not presented in more detail in the body of the report as a systemic finding.

3.2.25 At this point, Ms. C needed an urgent review and update of her risk plan. There had been a significant escalation in violence, her partner had been remanded in custody, after a further assault on her triggered by his knowledge that she had made a statement to the police about the attack and now her move to safe accommodation was in doubt. It was therefore vital to keep Ms. C safe and supported during the period that followed, enabling her to progress to a court appearance as witness for the prosecution against her violent partner. We are critical that this was not conducted in either of the two MARAC meetings in the different local authority areas that occurred shortly afterwards and no crisis

intervention were made. We are equally critical Adult Social Care and Health's safeguarding enquiry was closed at this point and that no witness protection plans were initiated. There seems to have been an assumption that Ms. C was safe while her violent partner was in custody, and that the support being provided at this time by Fulfilling Lives was adequate, reflecting an underestimation of the severity or escalation of the risks to her at this time.