

# Stella Project

## Separate **Issues** Shared **Solutions**

### Innovative Responses:

New pathways to address domestic violence and substance misuse across London

#### **Introduction**

In December 2008 the Stella Project reaches its sixth year of operation and it has been five years since the opening of London's first integrated substance misuse and domestic violence project. Work first initiated by a few innovative and progressive frontline agencies has been spreading across London (and beyond) and the first regional specialist refuge for survivors and their children with problematic substance use opens its doors shortly. It is therefore timely to assess the current position in London with regards to service development and the strategic importance given to the dual issues. All London local authorities have been contacted asking for information and examples of practice, at both a strategic level and within service delivery, in responding to the needs of both victims and perpetrators experiencing problematic substance use.

The aims of this report are to:

- build an accurate picture of the strategic responses to domestic violence and substance misuse across London Boroughs and resulting service delivery
- highlight innovative and integrated joint working practice to inform future policy and service development across London and the UK
- highlight key learning points and make recommendations where relevant.

We hope that the presentation of this mapping will prove useful to commissioners, those responsible for policy within Drug and Alcohol Action Teams (DAATs) and Community Safety Teams, as well as practitioners responsible for service delivery. We want to demonstrate how work was achieved and show outcomes where possible with the hope of informing and inspiring further work across the UK.

Thanks to everyone who took the time to contribute to our requests for information. This survey would not have been possible without the feedback and help from staff within local authorities and we really appreciate your help. Thanks also to City Parochial who fund the Stella Project.

### Key Learning Points

- It is clear from the findings that recognising the dual issues within a strategy/strategic framework is not a guarantee of changes to practice or service delivery. As demonstrated by the mapping exercise, while 31 boroughs had recognised the dual issues within their strategies, only 18 showed evidence of formal working with monitoring systems to address them. While this issue is not unique to this area of work, it was apparent that many commitments to take work forward featuring in earlier strategies had not taken place and lacked solid measures for monitoring and accountability. **Specific actions which are measurable and monitored should be attached to any strategic commitments on the dual issues, to ensure the efficacy of the strategy and to achieve changes in service delivery and practice.**
- Unsurprisingly, the research revealed that integrated work was most evident in boroughs with a history of partnership working between DAATs and domestic violence leads. **Regular communication and strong working relations between statutory leads for**

**domestic violence and substance misuse are a key factor for success in this work.**

- Clear processes and guidance around collecting data within individual agencies is necessary in order to feed into meaningful indicator/target monitoring. This requires that agencies have received training on how to implement effective routine questioning and referral pathways. **Evidencing need is crucial for attracting and sustaining funding for development work.**
- This survey revealed that integrated work was funded from diverse sources including Supporting People, Primary Care Trusts, DAATs, Local Area Agreements and Crime and Disorder Reduction Partnerships. However, **the precarious nature of funding can slow down the impetus to develop innovative pieces of work. This is reinforced when work is reliant on one lead person.**
- It is encouraging to see targets to reduce alcohol related domestic violence. However a note of caution; ensuring improved outcomes for service users and service delivery requires engaging with and understanding the relationship between domestic violence and alcohol. Initiatives to meet targets should be rooted firmly in the perspective that alcohol is not the cause of domestic violence. Therefore **attempts to address alcohol use without addressing the underlying dynamics inherent to domestic violence will not be sufficient to promote the safety of survivors and their children.**
- A number of strategies noted that this client group will be picked up within alcohol brief intervention pilots. **The Stella Project recommends that such pilots initiate staff training on how to work with men who are abusive and identify clear**

**referral pathways into appropriate services. Good practice would engage with partners to promote their safety and to measure the effectiveness of interventions.**

## Methodology

Research was conducted during the period of December 2007 to June 2008. The detail contained within this report is therefore an indication of boroughs' responses at that time and we acknowledge that many local authorities were in the midst of drafting certain strategies which could not be fully reflected in this research. The starting point for the research began with the Domestic Violence Survey published by the Government Office for London in April 2007. This included a question on the work taking place locally between domestic violence and substance misuse services. We took these responses and analysed them in conjunction with relevant plans and strategies (based on information available on the internet) for each borough during the period of December 2007 to February 2008. The type of strategies analysed were:

- Community Safety Strategies/Crime, Disorder and Drugs Strategies
- Domestic Violence Strategies
- Alcohol Strategies
- Drug Treatment Plans
- Local Area Agreements (LAAs)

A briefing was circulated to domestic violence and DAAT leads in January 2008 informing them of the research. Information resulting from the strategies' analyses addressing the links between domestic violence and substance misuse were collated using Excel. During February and March 2008, this information was then used to send targeted, individual emails to the domestic violence and DAAT leads

at each of the 33 London local authorities with requests for further information. Typical information requested was:

- further clarification on actions/priorities featured in strategies and action plans, e.g. improving referral pathways, agreeing protocols, providing a dedicated service etc.
- whether boroughs have any specific indicators or targets linking domestic violence and substance misuse
- whether services collect data on clients experiencing domestic violence/drug and alcohol problems and what they then do with this data, e.g. is it fed into a needs assessment?

Follow-up telephone interviews were conducted with all boroughs, either with the domestic violence or DAAT lead, during April to June 2008, to get more detail as required. All information received was entered into the spreadsheets and coded, and a thematic analysis undertaken to identify common themes, examples of good practice and key learning points.

A coding system to classify the information received identified four 'levels' of work in this area:

- 1 Awareness of the links in strategies/plans
- 2 Some evidence of cross sector working
- 3 Stated objectives or priorities in strategies/plans
- 4 Specified actions with evidence of these having taken place and/or monitoring

We acknowledge that the findings of this research represent a snapshot of time based on information provided by statutory agency leads and that the information elicited was subject to the researchers' interpretation. We are aware that there will be work developing in agencies that is not related to the local authority which may not be fully reflected in this report.

## Mapping Results

### Awareness of the links in strategies/plans

This 'level' encompasses all those boroughs that make explicit reference to the links between domestic violence and substance misuse within local plans (Domestic Violence Strategies; Alcohol Harm Reduction Strategies; Drug Treatment Plans; Community Safety Strategies; or Crime, Disorder and Drugs Strategies). This stops short of taking forward the issue beyond referencing the links.

Thirty-one London Boroughs, or 91 per cent, show an awareness of the links between domestic violence and substance misuse in their plans or strategies.

### Some evidence of cross sector working

This 'level' encompasses all those boroughs that show some evidence of joined up working to address these two issues. Typical examples of this include delivering joint training to staff in both sectors; representation from drug and alcohol agencies/the DAAT on Multi-Agency Risk Assessment Conferences (MARAC).

Thirty-one London Boroughs, or 91 per cent, show some evidence of joint working between the domestic violence and substance misuse sectors.

### Stated objectives or priorities in strategies/plans

This 'level' moves beyond the previous category of cross-sector working to illustrate where boroughs have identified more formal objectives to take work forward in this area.

Twenty-six London Boroughs, or 79 per cent, have stated objectives or priorities relating to joining up work around domestic violence and substance misuse in their strategies or action plans.

For examples of strategies and action plans that have specific objectives and/or actions around domestic violence and substance misuse, please visit the Stella Project policy bank at our website – [www.gldvp.org.uk](http://www.gldvp.org.uk)

### **Specified actions with evidence of these having taken place and/or monitoring**

This 'level' includes those boroughs that have undertaken or are undertaking specific, measured actions to join up provision for survivors or perpetrators of domestic violence experiencing problematic substance use. This differs from the above section in that objectives in strategies and plans have led to actions being taken, with evidence of completion and/or a monitoring system in place to assess progress.

18 London Boroughs, or 55 per cent, have specified action to address domestic violence and substance misuse, with evidence of these having taken place and/or monitoring arrangements in place.

Some examples of the type of actions that have taken place are given below, along with more detailed case studies expanding on some of the key learning points resulting from this work.

### **Formalised procedures/protocols/Service Level Agreements**

Four boroughs had decided to formalise their joint working arrangements through written protocols or Service Level Agreements (SLAs) coordinated jointly by the local authority leads for substance misuse and domestic violence. Some specified minimum levels of practice standards expected by services while others combined this with guidance on how to conduct screening and referrals.

**Greenwich:** the DAAT is monitoring the implementation of practice standards for the substance misuse and domestic violence agencies through a traffic light monitoring system and an SLA agreed with one drug and alcohol agency to screen for domestic violence.

**Hounslow:** an SLA is in place between two substance misuse agencies and three domestic violence agencies with named leads within each agency responsible for implementation.

**Lambeth:** a joint protocol has been developed comprising practice guidance for individual agencies and identifying actions for further development within the borough. All voluntary and statutory agencies in the borough have been asked to nominate lead practitioners who will ensure the work is rolled out within their organisation.

**Sutton:** a new SLA with drug and alcohol agencies will require screening for domestic violence using a new common assessment 'triage' form.

### **Data monitoring – collation and analysis of indicators**

Six boroughs had developed or were in the process of developing clear structures to collect data about the overlapping prevalence of domestic violence and substance use among victims and/or perpetrators. This ranged from adapting databases for inclusion of new data to the centralised collation of referral forms between domestic violence agencies and external partners. Several boroughs had instigated programmes of training for routine enquiry but it was acknowledged that there needs to be an ongoing rolling programme.

**Barnet:** a new database has been created for use by substance misuse agencies to report and collect all data. This includes sections for recording disclosures by domestic violence victims and perpetrators.

**Brent:** all substance misuse/domestic violence referrals are being monitored by the specialist worker and entered into the ADVANCE integrated database and case tracking system.

**Enfield:** in addition to monitoring drug or alcohol use by victims and perpetrators in cases which reach the MARAC, referrals between the three domestic violence advocacy services and Rugby House will be monitored centrally in the Community Safety Unit through the use of a common referral form. Each end will be monitoring respective service outcomes.

**Greenwich:** data collection formalised into an SLA (see above).

**Lewisham:** through its domestic violence and alcohol screening pilot the local authority is able to build up a clearer picture of the levels of alcohol use among those arrested for domestic violence offences. Of this cohort, levels of repeat offending captured by the police are monitored.

**Waltham Forest:** substance use by victim and perpetrator is collected quarterly as part of the domestic violence data monitoring process in place with domestic violence agencies in the borough.

### **Specific funded service provision or post(s)**

Seven boroughs had currently allocated funding for specific posts or projects to simultaneously address substance misuse and domestic violence. These range in scope from frontline workers based in a specialist agency to strategic posts within the local authority. The sources of funding were also varied and included the pooled drug treatment budget, the LAA and Supporting People. Two boroughs had committed several years funding previously which has since ended and two other specialist posts/projects were funded independently through voluntary sector organisations.

**Brent:** the DAAT currently fund a specialist post situated in the domestic violence advocacy service ADVANCE.

**Camden:** see case study below.

**Drug Alcohol Services London (DASL):** the STAR domestic violence and substance misuse project operated within DASL from 2005-08 through London Councils funding. A specialist worker will continue with funding from Tower Hamlets local authority.

**Greenwich:** a substance misuse and domestic violence floating support worker is currently based within the housing department funded through Supporting People. This resulted from the work of the substance misuse and domestic violence group led by the DAAT and supported by the Domestic Violence Strategic Partnership Board.

**Haringey:** a specialist substance misuse and domestic violence post is based in Haringey Advisory Group for Alcohol. This was originally

funded through the Primary Care Trust (PCT), with current one year funding provided through Supporting People. Haringey Supporting People also contributed towards funding of the first pan London specialist refuge for women with drug and alcohol problems which is operated by the Nia Project with funding from London Councils.

**Islington:** a domestic violence and alcohol project based at the Women's Alcohol Service in partnership with the Nia Project operated for three years through LAA funding which has since ended.

**Lewisham:** an alcohol arrest referral worker based in the custody suite is undertaking alcohol brief intervention work with domestic violence arrestees (see case study). Funded until March 2009 from the LAA.

**Newham:** a new domestic violence and substance misuse development worker started in July 2008 to develop the partnership working between local agencies and hold a small case load, funded through the PCT for one year initially.

**Nia Project:** in addition to gaining funding for the specialist refuge, this violence against women organisation based in the voluntary sector has a specialist substance misuse worker funded by the Tudor Trust.

**Southwark:** Supporting People fund the short term crisis accommodation for survivors with support needs around mental health and substance use. Operated by Eaves Housing with further funding from Family Mosaic.

**Solace Women's Aid:** the alcohol and domestic violence project funded from London Councils commenced in July 2008. This is a London wide service with two specialist drug and alcohol workers (one for adults and one for children) and a generic children's worker.

**Tower Hamlets:** fund a specialist domestic violence and substance misuse advocate to work with homeless women or those at risk of homelessness, domestic violence and with substance misuse problems.

### **Measurable outcomes with attached targets**

The development of local alcohol strategies has resulted in four boroughs setting measurable targets relating to substance misuse and domestic violence. One further borough has included integrated targets in their homelessness strategy.

**Barking and Dagenham:** under the objective to “reduce the number of alcohol related violent crimes”, baseline data will be established to determine the “number of domestic violence incidents where alcohol is a factor”, with a performance indicator of “reduce by 10 per cent”.

**Enfield:** a target to “increase referrals between substance misuse and domestic violence agencies.”

**Greenwich:** targets to “increase identification of those suffering domestic violence with alcohol misuse problems in the treatment system” and “to increase access to domestic violence services by those in the treatment system.”

**Islington:** a target to “improve information sharing and training exchanges between domestic violence service providers and alcohol services so that people experiencing domestic violence who have alcohol problems receive appropriate support and treatment”. Will be measured through “evidencing referrals between alcohol and domestic violence agencies.”

**Tower Hamlets:** the Homelessness Strategy includes the following targets “to increase the number of women in hostels and refuges

engaged with drug, alcohol and mental health services by 5 per cent year on year” and “to increase the stability of housing for 25 homeless women that have experiences of domestic violence and substance misuse”.

### **The importance of partnerships to deliver work and ensure sustainability - BRENT**

- The integrated work within Brent is the result of strong and trusting relations between the Community Safety and DAAT teams, built up over the last five years. This has enabled the Crime and Disorder Reduction Partnership (CDRP) to try innovative approaches with regards to addressing the link between substance use and domestic violence.
- In 2005 the Domestic Violence Coordinator secured some funding to deliver a series of training sessions for both sectors and this was followed by the development of a working group attached to the Domestic Violence Forum which aimed to embed the developmental work.
- The lead manager for substance misuse was engaged in the work of the local domestic violence advocacy project and identified the possibility of increasing referrals to local substance misuse agencies through inter-agency working.
- This led to three years DAAT funding for a substance misuse worker at the domestic violence advocacy project. Commitment to this work is further embedded in local treatment plans and through the provision of funding for the training of domestic violence agencies.

## An innovative project to address alcohol use by domestic violence arrestees – LEWISHAM

- This pilot scheme was established in early 2007 to test the feasibility of delivering alcohol assessment and brief interventions to those arrested for domestic violence offences in the custody suite at Lewisham Police Station.
- Arrestees are voluntarily screened, given brief advice about their drinking, and if appropriate signposted to alcohol treatment, and often also to perpetrator services and the Respect phoneline. As a result several men have taken up referrals to TryAngle, the local perpetrator programme. A number of woman arrested alongside their male partners were also picked up and were consequently referred to services for survivors.
- The pilot managed to tap into a pool of people with significant drinking problems who had never been in touch with any treatment services.
- Data obtained through police records tracking arrests six months pre/post intervention has shown a dramatic reduction in repeat domestic violence offending, and the early signs are that the scheme could be important in reducing alcohol-related domestic violence in Lewisham.
- Caution must be taken when interpreting data (as noted in the evaluation) as a reduction of police recorded domestic violence incidents does not necessarily equate to a reduction in the perpetrator's offending.
- In line with RESPECT standards for perpetrator programmes and associated services, any work with perpetrators should engage and work with their partners in order to maintain safety. There is great potential for this project to do this work in partnership with local domestic violence advocacy services, MARACs and community

based perpetrator programmes which meet the Respect standards (available at [www.respect.uk.net](http://www.respect.uk.net))

- Engagement with partners would allow exploration of the theory that implies a reduction in drinking leads to a reduction in the seriousness of violence. It should never be assumed that addressing the drinking alone will address the complex power and control dynamics inherent to domestic violence.
- This would involve clear information sharing protocols and the ability to 'track' alleged offenders from point of arrest to their take up of services. It would require alcohol practitioners to be trained in working with domestic violence perpetrators within their treatment agencies, combining the approach of holding abusers accountable into their treatment responses and therapeutic work. The Stella Project has produced such guidance which can be found at [www.gldvp.org.uk](http://www.gldvp.org.uk)

### **The effects of short term funding on developing and sustaining work – CAMDEN**

“Whilst funding is always welcome it must be noted that in situations where this is short-term the impact can be very negative. This is particularly pertinent in terms of partnership work where relationships are forged, joint working is initiated and this can come to an abrupt end because of funding issues. This runs contrary to the true spirit of partnership working and ultimately is not conducive to delivering a coordinated response to those experiencing domestic violence. Funding should always be linked to strategy and should be provided accordingly ” (Camden Domestic Violence Coordinator)

- Camden Safety Net has a history of developing work around substance misuse and domestic violence drawing on short term pots of funding since 2004 to develop more integrated service provision.

- Research commissioned by Camden Safety Net (CSN) in 2004 to map ways for services to link together was funded by the LAA. It was not until March 2005, that 18 months funding was obtained through the LAA to take forward one of the report's recommendations for a development worker. This resulted in the development of training, a referral directory and policies and procedures for substance misuse and domestic violence agencies available at [www.camden.gov.uk/domesticviolence](http://www.camden.gov.uk/domesticviolence)
- When this funding ended in March 2007 vital work to ensure policies and procedures were being implemented and monitored was unable to continue.
- CSN have now obtained further short term funding for a substance misuse strategic worker to continue this work and link with the new Family Drug and Alcohol Court. This has been funded through the LAA and will run until March 2009.
- Camden PCT have also allocated some short term funding for a domestic violence worker based in ARP's Women's Alcohol Service due to run until March 2009.

**To complement this briefing the following resources are available at the Stella Project policy bank at [www.gldvp.org.uk](http://www.gldvp.org.uk)**

### GOL domestic violence report (2007)

Stella Project mapping briefings to domestic violence and DAAT Leads (Jan 2008)

### Joint domestic violence and substance misuse action plans

- Barking and Dagenham Action Plan (08-11)
- Newham Action Plan (08-11)

### Monitoring minimum standards/SLAs

- Greenwich practice standards for domestic violence and substance misuse agencies
- Hounslow SLA between domestic violence and substance misuse agencies

### Alcohol Strategies featuring actions around domestic violence

- Barking and Dagenham (08-11) DRAFT
- Brent (06-08) pg18
- Camden (07-10)
- Ealing (08-10)
- Enfield (06-08) pg 8
- Greenwich (06-08) pg 12 & 19
- Islington (action plan) DRAFT
- Lewisham (06-08)
- Wandsworth (08-11)

### Drug Treatment Plans featuring actions around domestic violence

- Hounslow Adult Drug Treatment Plan 08-09 (strategic summary and planning grids)
- Islington Adult Drug Treatment Plan (part 3 planning grids)
- Brent DAAT substance misuse plan 08-09

### Other strategies which address the dual issues

- Haringey Domestic Violence Strategy (Action Plan 05-08)
- Waltham Forest Domestic Violence Strategy (Action Plan 08-09)
- Bexley Community Safety Strategy (05-08)
- Tower Hamlets Homelessness Strategy (Action Plan 08-13)

### **Resources, reports and briefings:**

#### **Stella Project**

Separate Issues, Shared Solutions (2002)

Domestic violence and substance use: overlapping issues in separate services? (2005)

Domestic Violence, Drugs and Alcohol: good practice guidelines (2nd edition 2007)

Stella Project guidance for working with domestic violence perpetrators in substance misuse treatment (2008)

#### **Other agencies**

Camden domestic violence and substance misuse report (2004)

From Pillar to Post: Chorley and South Ribble domestic abuse and substance misuse community engagement project (2004)

Barking and Dagenham scoping report (2005)

Tower Hamlets Making the Links report (2005)

Nottinghamshire's good practice guidelines (2005)

DASL domestic violence and substance misuse report (2005)

Camden's Refining the Routes: policies and good practice guidelines (2007)

Lewisham's evaluation of the alcohol and domestic violence project (2007)

Easington alcohol and domestic violence project report (2007)

Tayside domestic violence and substance misuse research (2008)

About the Stella Project: The Stella Project is a partnership between the Greater London Domestic Violence Project (GLDVP) and the Greater London Alcohol and Drug Alliance (GLADA). As the leading agency addressing drug and alcohol related domestic violence and abuse, the Stella Project works for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators of domestic violence experiencing problematic substance use.

This report was researched and written by Helen Sturgess and Karen Bailey. For more information please contact [info@gldvp.org.uk](mailto:info@gldvp.org.uk) or telephone 020 7785 3862.



**November 2008**

**Copyright** Stella Project