Executive Summary

In Search of Excellence (ISOE)©

A refreshed guide to effective domestic abuse partnership work –

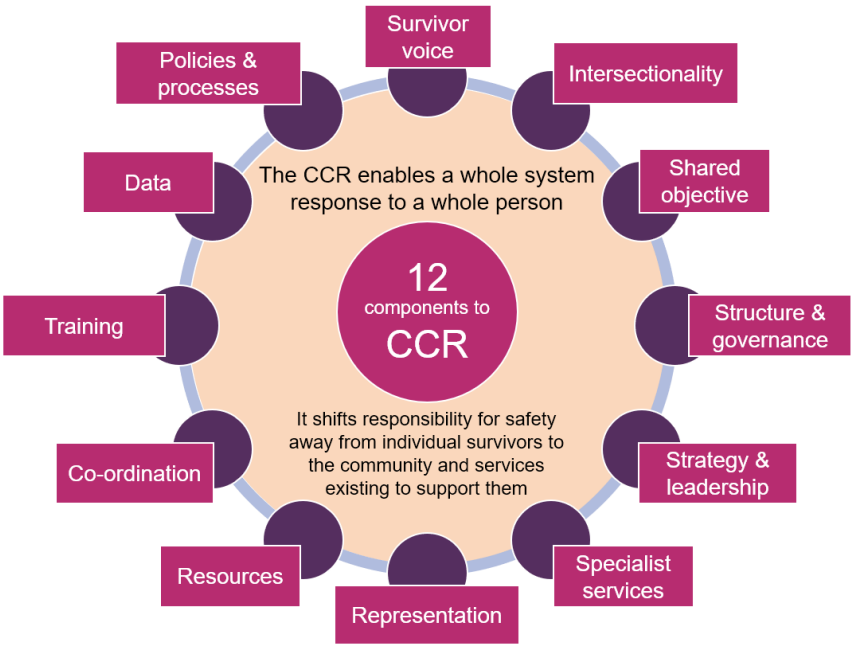
The Coordinated Community Response (CCR)

Standing Together (ST) is a national charity bringing communities together to end domestic abuse (DA). We exist to keep survivors and their families safe, hold abusers to account, and end DA by transforming the way organisations and individuals think about, prevent, and respond to it. We do this through an approach called the Coordinated Community Response (CCR).

What is the CCR?

Most public services are not designed with domestic abuse (DA) or violence against women and girls (VAWG) in mind, and they often struggle to protect people. Poor communication and gaps between services put survivors at risk. The CCR brings services, including health, housing, social care, education, criminal justice and communities, together to ensure local systems keep survivors safe, hold abusers to account, and prevent domestic abuse. It addresses prevention, early intervention, crisis, and long-term recovery and safety, working with a wide range of services, pathways, and systems.

This model of a coordinated local partnership to tackle and ultimately prevent domestic abuse is now widely accepted as best practice.



Why produce this report now?
The DA policy landscape has evolved and CCRs have been implemented to better protect survivors but there is a long way to go. Our full report – an update to ISOE first produced in 2013 - offers practical opportunities for local and national policy makers and practitioners to assess, develop and improve CCR delivery and DA services. We know that an effective CCR is the only way we will ever end domestic abuse.

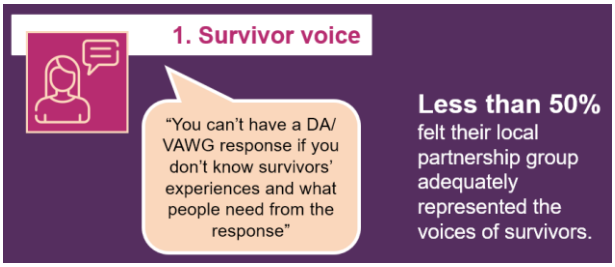
The CCR has never been more needed
Covid-19 has shone a spotlight on domestic abuse and its effect on adult and child survivors. In the first three weeks of lockdown in March and April 2020, the number of women who died from domestic abuse more than doubled. We anticipate that more than two million women and men in the UK will experience domestic abuse this year. In 2019 domestic abuse related killings in the UK were already at a five-year high.

"If we have learnt anything during Covid-19, it is that we do not have sustainable and systemic support for DA. The postcode system and all the cracks in the system have shown all the more. We desperately need a more coordinated community response to face down challenges and build back a better response to DA."
Nicole Jacobs, Domestic Abuse Commissioner for England and Wales.

Methodology
ST combined its expertise, previous research with DA survivors, and new research across multi-agency partnerships to produce ISOE. We surveyed 61 local authority, public health, VAWG / DA, policy, Clinical Commissioning Group and Police Crime Commissioner leads and 18 specialist DA services, including IDVAs, refuges, women's centres, and domestic abuse forums and partnerships. We included rural and urban areas in England and Wales and carried out interviews with key DA stakeholders, enabling us to greater understand how implementation of the CCR currently looks in practice.

Key findings

Component 1 - Survivor voice



Our research found that survivors are consulted during commissioning processes or in the creation of DA / VAWG strategies, but that there is a lack of meaningful, ongoing co-production which is properly funded and resourced. Less than half of DA / VAWG leads felt their local partnership group adequately represented the voices of survivors. More than half of DA / VAWG leads reflected that survivor voices were represented via their specialist domestic abuse service. This approach helps reach some, but not all survivors, including those most marginalised e.g. women with disabilities, older women, and women with no recourse to public funds.

We also found that there is a risk with survivor consultation that the job is seen as done once the questions have been asked - several participants felt the real challenge was how to embed the learning from consultations. Some CCRs and agencies had found ways to ensure survivor voice was at the heart of their work; ***"we went through an ethnographic process and picked apart what life was like for them, what the consequences of that were and what it was like trying to get help from the service system. What was apparent is it was awful."***

Component 2 – Intersectionality

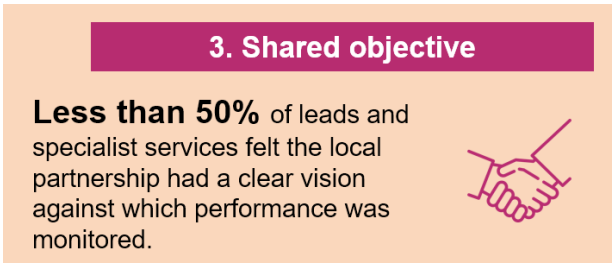
In our interviews with strategic leads meeting the needs of all survivors was described as an ongoing challenge. In our survey only 29% of respondents felt that their local partnership adequately represented the local community by including the voices of marginalised groups. As one participant told us ***"we talk about them a lot but are not often talking with them".*** Some areas spoke about engaging specialist groups

such as disability forums in the partnership but that financial constraints had impeded on this work. Some areas spoke of the challenge of meeting the needs of survivors who make up a small minority of the population, and that often there was an over reliance on individual employees within partner agencies to make change happen; ***"all services are LGBTQ friendly, but it depends on LGBT people in the organisations progressing things."***

A lack of understanding of the local population was also found to be an issue. One strategic lead told us, ***"previously, there was a lack of understanding about the 'diversity' of people in the county, it's now clear [after a local mapping exercise] there's a wider community of people and we're more aware of that now".*** All areas interviewed felt improvement was needed to increase safety for all.

> ***"We try to have conversations around intersectionality so when commissioning and developing services we look at who would be the last person to approach the service. So, when you think about who would access the service, it is not usually someone who is disabled, black, gay."***

Component 3 – Shared objective



Only 48% of leads and 43% of specialist services surveyed felt that the local partnership had a clearly outlined vision which performance was monitored against. Many reflected the challenges of ensuring equality across the partnership.

> "We have different services with different pathways between them. We need to think about how we design that together and commission it together."

Positively, we found that there was greater recognition of how multiple issues some survivors face can mean there are more ways they can engage with services; this was said to be partly as a result of shared objectives which have been developed and which identify every agency's role in the 'bigger picture'.

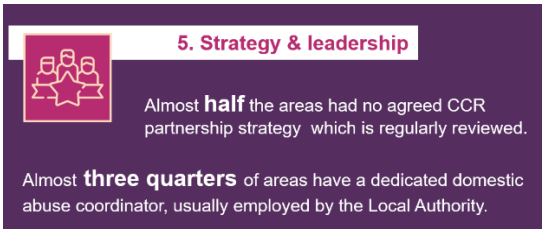
> ***"If I think about where we have challenges with other partnerships its maybe because we haven't established the shared vision."***

Component 4 – Structure and governance

Our research found that in 92% of areas domestic abuse was a specific strategic priority and for 72% this strategy is led by a DA / VAWG commissioner / coordinator. 86% of respondents told us that they manage their DA strategies through specific DA strategic and operational groups that sit within their larger governance framework. DA strategic and operational groups often sit under area Community Safety Partnerships, Health and Wellbeing Boards, or Joint Adult and Child Safeguarding Boards, which are jointly led by strategic partners across Health, Social Care and the Police.

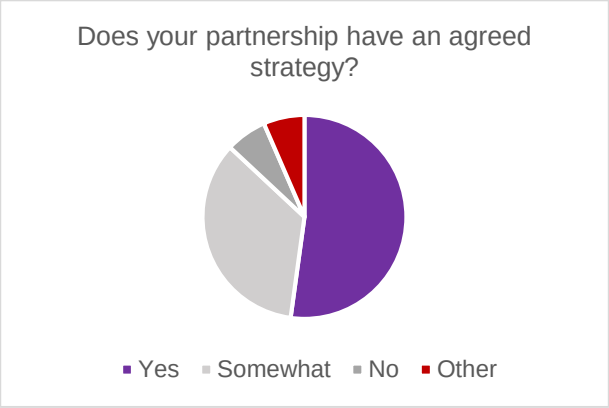
The DA Strategic Boards will often be led by the DA / VAWG Coordinator/Commissioner or a statutory lead, such as a community safety or police lead, and are composed of service leaders across police, health, the local authority, specialist domestic abuse services, and other commissioned and voluntary services. Participants in our research were involved in a wide range of operational groups depending on local strategic priorities. Almost 80% of survey respondents indicated that their DA work feeds into a higher structure in their local authority.

Component 5 – Strategy and leadership



Strategic responses to DA / VAWG vary greatly across England and Wales. Many areas only have a strategy focusing on DA, some have a

more comprehensive VAWG strategy and others have no strategy at all. Our research showed us almost 50% of areas had no agreed CCR partnership strategy which is reviewed regularly.



74% of areas did however have a dedicated domestic abuse coordinator of some kind working in their area, usually employed by the Local Authority. This role is key to bringing about systemic change and increasing accountability. But as a strategic lead highlighted in our research, ***"whilst it's important to have strategic leadership, it's also about making sure that other agencies and partners are working to that multi-agency culture."***

Strategies and strategic aims need to be inclusive, pre-emptive and preventative. In many areas, there has been an increased focus on those at high risk, or in the criminal justice system, which has impacted the breadth of services available to meet all levels of need. There appears to be an 'either/or' approach leading to a de-prioritisation of prevention and early intervention responses, which are highly strategic in supporting survivors in the most effective way.

Specialist services responding to our survey identified two key barriers of resources (including time - 71%) and funding (42%) to engaging with the strategic response locally.

Component 6 – Specialist services

We were pleased to learn from our research that in several areas DA need is now being assessed on an ongoing basis meaning that once funding is secured, the commissioning of specialist services is more seamless. Sustainable and efficient commissioning was identified by specialist services in our survey as the most important component of a local partnership. Poor commissioning processes and decisions were discussed by survey respondents as potentially causing disruption to services, collaboration between services, and to survivors. These same processes also interfered with quality and accountability in CCRs; ***"we want specialist services to hold statutory services to account but more needs to be done to create a level playing field. There are hierarchies."***

Lack of funding for core DA services continues to be a key issue for CCR partnerships. Most continue to struggle with the conundrum of limited funds, an immediate need to provide for high risk victims and a desire to support them at earlier stages of abuse and during recovery.

There is increased recognition that the core services of IDVA, Refuge and Outreach do not meet the needs of many survivors. 'By and for' agencies can be key in meeting the needs of minoritized women but are often undervalued and underfunded, and they do not always hold the position they should have as a key part of the CCR. Some participants told us that commissioning services aimed at minoritized survivors was difficult to prioritise. A possible solution to this was to have 'specialists' within a specialist service, but this often relied on the individual interests of a worker and therefore is unlikely to be sustainable.

More flexible models of specialist services have been developed, including flexible funding, mobile advocacy, and co-location. Co-located workers based in areas such as health, social care, and housing can serve to bridge the gap between specialist and statutory services.

Survivors with no recourse to public funds continue to be excluded from many specialist services, particularly those which are accommodation based. The option of returning to an abusive partner is no option at all.

Component 7 – Representation

> ***"Multi agency partnerships at a strategic level identify Domestic Abuse and Sexual Violence as priorities; without this it would be difficult to make thing happen. It is essential."***

The scale and impact of domestic abuse and its connection to other social problems makes it tempting to include all local organisations in every meeting and decision making process, leading to overload, confusion and stagnation. Our research found this causes problems; in the words of one strategic lead for DA, ***"domestic abuse and sexual violence is so cross cutting but if you have everyone there it doesn't work".***

It was positive to find in our research that 44% of strategic partnerships were chaired by a statutory agency, including Directors of Public Health or Children's Services, Local Authority and Community Safety Partnership leads. These roles will often hold suitable seniority to make decisions and harness relevant resources.

Our survey found that most of the key players were in regular attendance at strategic meetings. Our survey also found that agency representation was generally felt to be strong, however some partners were less visible than others and where they did attend meetings, they didn't contribute or take learnings back to their organisations; ***"we're good at getting people to show up, but sometimes embedding things is missing."*** Agencies most cited in our research as being less engaged in the CCR were probation and some health partners.

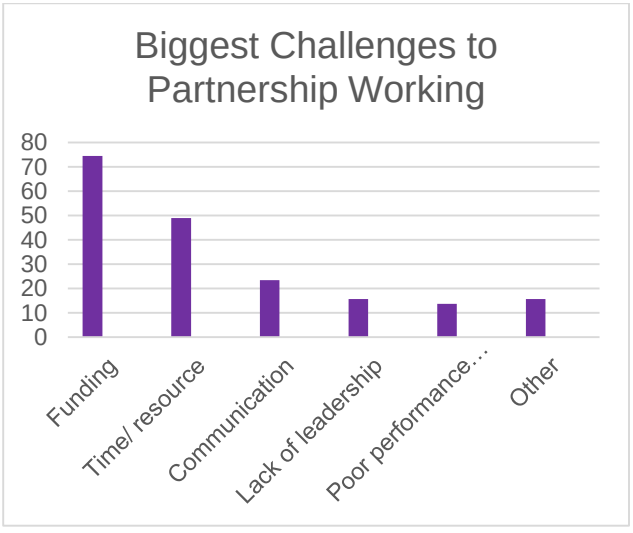
'By and for' organisations are often the worst hit by funding cuts in the sector and our research found that commissioning practices can also hamper their ability to engage with the CCR, resulting also in a lack of representation of the voices of marginalised survivors. The added value that voluntary sector partners bring should not be overly relied upon; ***"our domestic abuse specialist partner was held accountable alone for responding to domestic abuse, and this let other agencies off the hook."***

Component 8 – Resources

In many areas, the specialist DA sector has been blighted by historic underinvestment, a piecemeal approach to funding and a lack of focus on preventative and early intervention.

> Recent Home Office analysis estimated the cost of domestic abuse [to England and Wales] in the year ending 2017 to be approximately £66 billion.

When asked in our survey about barriers to partnership working, 75% of strategic partners said a lack of funding, and 57% of specialist partners said the same. 49% of strategic partners also said time resource was a major barrier, and 71% of specialist partners said the same.

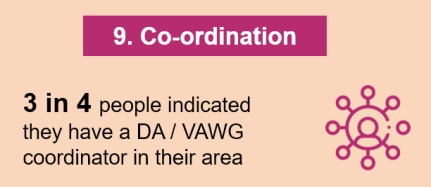


Challenges with commissioning came up repeatedly in our interviews with strategic partners; if domestic abuse is not embedded within the broader local priorities, consistent and sustainable funding will be difficult to achieve. Short funding cycles can be ineffective and lead to disruptions in partnership working. Some areas have addressed this by lengthening commissioning cycles, for example granting longer contracts with the option to extend. The

process of commissioning itself can hinder the CCR. One DA lead told us ***"all of the good will and collaboration you see to deliver shared ambitions, it was thrown up in the air through the tender process. A lot of independent organisations who might want to collaborate may not want to where there is a competitive process on."***

A joint commissioning strategy allows all partners to play their part and improve recognition of the value partners bring – ***"being able to jointly commission specialist services means we have buy in with the (key strategic partners), there is no one agency working in isolation."***

Component 9 – Coordination



75% of people responding to our survey indicated they have a DA / VAWG coordinator in their area, highlighting the value still placed on this important role in implementing the CCR.

Coordinating the multi-agency response to domestic abuse in any given area is a full-time job – it is not realistic or appropriate for coordinators to support caseworkers and supervise specialist services or survivors themselves.

Whilst acknowledging the crucial role of the coordinator, it is important to remember coordination is a system and not a person. Coordinators cannot carry out this work alone. As one Domestic Abuse Lead who carries out the coordination role put it, ***"because I am a dedicated post, it can feel quite isolating, like I'm holding a lot of it as an individual."***

We found that resourcing is a significant factor in the scope and success of coordination efforts. Many agencies are hesitant about information sharing or feel they lack capacity to take part in multi-agency meetings, hampering coordination.

Component 10 – Training

Despite training being an essential factor in supporting people effectively and safely in help-seeking across services, including health, social care and police**,** professionals working in these services often receive little or no training on the issue whilst qualifying. The most basic level domestic abuse training across all services should include:

- The definition of domestic abuse
- The root cause of domestic abuse
- How to spot the indicators of domestic abuse
- Tactics used by perpetrators of abuse
- How to have safe conversations about DA
- Actions needed following a disclosure

Training should be delivered by a specialist, trauma-informed, updated regularly based on feedback, and each of the points above should be set in the context of each agency, the service they offer and their local area.

"Lots of organisations have single agency training but then they don't focus on multi-agency training – you need to look at the CCR and understand the bigger picture and how your organisation plays a part in that wider role, not just your agency."

Component 11 – Data

Only 20% of the areas we surveyed reported that data was collated and analysed at a central point. This makes it less likely that data is being used to monitor a shared vision and shared objectives, or that there is a shared understanding of what success looks like. We also found that many services do not collate data in relation to DA. Voluntary sector partners reported hesitance in providing data due to concerns around confidentiality and competition for commissions. This continues to be a challenge for the CCR. One participant told us ***"it was difficult to collect data because some agencies don't keep data in a way that was easy to collect or that was clear,***

for example social care might have a DA flag on a home and then remove that flag, which is hard to capture. The data sets also need to be right and accurate."

Our research did discover that some respondents have noticed improvements in data collection, submission and accuracy in response to Covid-19.

Component 12 – Policies and processes

Information sharing policies are especially important for a CCR. ST's 2020 DHR case analysis found that in 43% of cases, agencies knew about the DA taking place, but did not share this information with appropriate services. CCRs need to ensure the right policies and processes are in place to enact the partnership safely. If a local area is developing their policy and procedures for the first time, it would be helpful to identify an expert lead who can help establish a working group. Each policy and procedure will need to be regularly reviewed and updated, which may include consultations with survivors and expert services and stakeholders.

Domestic Homicide Reviews
Whilst DHRs are not part of the CCR it is essential they are connected to the partnership; the following recommendations draw DHR and the CCR together:

- The CCR should be embedded in all local areas, alongside DHRs.
- Improved understanding of coercive control and dynamics of abuse via training and awareness raising is needed for all agencies in contact with victims and perpetrators.
- Increased use of DASH risk assessments across all agencies is needed.
- Development of systems within agencies to identify victims and perpetrators is key.
- There needs to be improved record keeping and information sharing across agencies.
- Intersectionality is needed in all DHRs.

Conclusion and recommendations

This is everyone's business
Every agency who has a responsibility for working on DA must work effectively with all other relevant agencies, to secure the safety of the survivor and their children and hold perpetrators to account. We are calling on both central and local government to recognise the huge importance of implementing a coordinated and strategic response to tackling DA / VAWG, using the CCR. Relevant ministers in England and Wales all have a role to play in ensuring a focused, coordinated and comprehensive programme of work across government departments in order to tackle DA / VAWG is implemented. PCCs, senior leaders across local authorities and the third sector working on DA / VAWG need to ensure that the same happens at a local level – no more silos, poorly managed commissioning processes that put local expert organisations against each other, no more passing the buck to another organisation. We need these recommendations implemented now.

Locally developed, local owned
We know from our extensive experience of working in and with communities and partners that what may work in one area may not work as effectively in another, reflecting the nuance in local practices, challenges, and opportunities. A locally developed and owned response, rooted in the equal knowledge, experience, commitment and ideas of partners, is essential.

Deliver more than just a crisis response to DA
Many areas have a crisis response in place, without any system to recognise early signs or prevent further abuse. Using a CCR will change this and in a time of ever shrinking budgets it also ensures we make the best use of the resources available to us. A strategic response to DA will be informed by survivors, data driven, intersectional and mindful of the multiple barriers and discrimination faced by different survivors.

Ensure shared responsibility across agencies, coordination and good governance
In a CCR responsibility should be shared across agencies, not held by a single agency or person. We know that a combination of agreed processes, structures and committed individuals create the right environment for development and improvement. Coordination is a critical component in this work- it enables systematic and collective activity designed to make survivors and their children safe and hold perpetrators to

account. Coordination is a system, not a person. Good governance structures should reflect local need and available funding.

Recognise the diversity of survivor experience and be trauma informed

There is increased recognition that more needs to be done to make sure that services are survivor focussed. Survivors need to be at the heart of the work we do, and a greater understanding of what a trauma informed response might look like needs to be embedded across services. Meeting the needs of all survivors is essential. Survivors and their experiences need to be the key component within VAWG / DA strategies and responses in all areas, but too often the reality is that survivors are a missing voice in the CCR. The CCR should act as the conduit between survivors and the wider partnership, enabling institutions to adapt to changing need and improve practice.

Protect 'by and for' services, focus on prevention and early intervention, and fund DA work appropriately.

Local, specialist services are essential in supporting survivors appropriately and sustainably, ensuring a strategic CCR informed by best practice that better reflects the needs of survivors. Action should be taken to enable their participation. Assessing need within a local area should be the starting point for commissioning processes and allocating resources for specialist services. The crucial support of 'by and for' services must be protected and enhanced. To be truly strategic, we must focus on recognising and responding to high risk cases whilst also addressing the wider needs of all survivors.

Funding for prevention and early-intervention work must not be sacrificed and instead should be prioritised, alongside crisis support services. This is better for those impacted on by DA / VAWG, and more strategic on a resource basis. Funding levels should be protected and increased where needed, and funding should come from a range of budgets and agencies, reflecting the impact that domestic abuse has on other issues, for example in relation to housing, health, and social care.

Partnership is the only strategic way

We have seen that a strong, effective partnership approach based on a shared vision and objectives, is the most efficient and effective way to ensure local provision meets the needs of those subjected to abuse and holds the abusers to account. Ultimately the CCR ensures that everybody takes responsibility for ending DA and VAWG; it is the most effective mechanism to keep survivors safe and improve long-term health and wellbeing outcomes for the whole community.

A strategic response to DA will be informed by survivors, data driven, intersectional and mindful of the multiple barriers and discrimination faced by different survivors.

Our Findings

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Partnership is the only strategic way

Deliver more than just a crisis response to DA

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Recognise the diversity of survivor experience and be trauma informed

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Protect 'by and for' services, focus on prevention & early intervention, fund DA work appropriately.

CCR component key questions and recommendations at a glance:

CCR component	Key questions	Recommendations
Survivor engagement and experience	1. Are a diverse range of survivor's voices heard within the partnership? 2. Is survivor engagement safe and trauma informed? 3. Is there a system and process for embedding the experience of survivors into the CCR?	• All stages of service delivery should be informed by survivor experience and engagement, using co-production • Attention should be paid to ensuring a diversity of survivor voices are heard. Specialist services can help with this. • Survivors should be consulted across a range of mediums. • Engage with local services e.g. women's centres, disability and migrant rights organisations and 'by and for' services. • The voices of children as survivors should be heard and reflected in survivor engagement processes. • All survivor engagement must be safe and trauma informed. Using the Survivor Voices Charter can support this. • Building financial and safeguarding arguments to support the need for survivor informed change is key. • A formal system to ensure the results of survivor engagement are embedded is key for an effective CCR.
Intersectionality	1. Do all members of the partnership have an understanding of intersectionality and how it relates to the experiences of survivors? 2. Is intersectionality a genuine strategic priority? 3. Does your CCR include a wide range of communities?	• Intersectionality should be treated as a true priority. This means being practical, flexible and learning to meet the specific needs of different local communities • Staff and volunteers at all levels should be given appropriate and comprehensive capacity building to ensure a better understanding of intersectionality. • Engagement with 'by and for' and community groups can help to greater understand the local population, survivor's help seeking methods, and barriers to accessing support. 'By and for' agencies should be properly renumerated for their work. • Working with communities in an intersectional way means empowering survivors so that they know where they can go to receive support, without them losing their existing networks.
Shared vision and objectives	1. Is there a shared vision? 2. Can partners name the objectives? 3. Do they recognise the need to collaborate on equal terms?	• Ensure a shared vision, with identified outcomes, which goes beyond go beyond deliverables and data, is in place. • The vision will be a snapshot of the ambition of the partnership and is underpinned by the objectives of the CCR. • Shared responsibility across the partnership, which takes into account differing dynamics between partners and which articulates clear contributions from each agency and organisation involved in the CCR, is essential. • A shared theory of change should be in place - for all partners to be able to effectively engage with developing the vision, training may be needed to increase knowledge of the impact of DA, trauma informed practice and survivor engagement.
Structure and governance	1. Do all partners understand the governance structure? 2. Does the governance structure allow for challenge from smaller agencies?	• DA / VAWG governance and the CCR should be reflected in all local governance structures and strategies. • A Terms of Reference and Business Delivery Plan should be used to agree roles and responsibilities of partners. • Having both strategic and operational authority and structures should be in place to make and enact decisions. • There should be a bi-directional flow of information and influence between strategic and operational groups.

	3. How do you know the structure is effective?	• Appropriate representation on both strategic and operational governance structures across partners, agencies and all relevant organisations is essential. • Clear monitoring and evaluation frameworks should be in place to assess how effectively the CCR being delivered to meet local need and whether the roles and responsibilities and corresponding allocation of resources, enable this.
Strategy and leadership	1. Do the strategic objectives of the partnership and action plan include prevention and early intervention alongside high-risk responses? 2. Are all statutory agencies aware of their responsibility to deliver multi-agency responses effectively as well as the specialist sector? 3. Does your strategy incorporate an intersectional, gendered, survivor-led and trauma-informed approach? 4. Do you have a VAWG / DA Strategic Coordinator to support strategy delivery? 5. How is the learning from DHRs embedded in your local strategy?	• A strategy / strategic plan with SMART (specific, measurable, attainable, relevant and time-bound) strategic aims, agreed by all partners, should be in place. • Strategies that connect to the shared vision and objectives (section 3) of the CCR and the structure and governance of the CCR (section 4). • A strategy / strategic plan which is formulated with reference to the national policy landscape, but grounded in local context, knowledge and the intersecting experience of survivors is essential. • Ensure proper analysis of data sets which can evidence need and measure progress, alongside a living, breathing action plan which is also aligned to the learning and action plans resulting from local domestic homicide reviews, takes place. • A strategy that highlights and outlines the critical role and value of specialist services and the unique expertise they bring to the partnership is crucial. • A focus on early intervention and prevention, alongside high risk interventions in order to keep people safe, prevent DA from taking place, and provide cost savings opportunities. This means ensuring a strong focus in the strategy both on the role of the statutory sector which is where survivors at the early stages of their abuse are most likely to come into contact with services, and on specialist, expert services.
Specialist services	1. Is there sustainable funding for specialist services? 2. Are there gaps in service provision for survivors? 3. Is the statutory sector playing its part in responding to survivors?	• Service commissioning should take into account the expertise of small specialist organisations and be sustainable to ensure resources are used most effectively. • Provision for women only support should be ensured. • Needs should be assessed on an ongoing basis in each area as part of the CCR. • All those who have a responsibility to survivors should act as advocates for these people, including with other agencies. • Existing resources need to be used in the most effective and joined up way e.g. through partnership working • Funding should be protected and extended for DA services, including those prioritising prevention and early intervention. • Survivors who have no recourse to public funds must be supported appropriately. • Agencies need to work together to provide a range of seamless services to victims, working to overcome any gaps or potential gaps in service delivery. • Work with perpetrators, and training staff to do this work effectively, is important from both a reduction in DA and cost saving perspective. • Partnerships must address the needs of children as victims.

		• A range models of support and funding, such as sanctuary schemes, mobile advocacy, colocation work and flexible funding programmes, should be piloted and evaluated and where successful integrated across CCRs. • Local specialist services will be best commissioned, funded and delivered where there is real understanding of the diversity of local need and where specialist organisations are resourced appropriately.
Representation	1. Are key agencies represented at the relevant level? 2. Is strategic leadership supported by resources? 3. Are 'by and for' agencies able to engage meaningfully?	• Each Clinical Commissioning Group and Foundation Trust should map out the best person to participate via their domestic abuse and / or safeguarding lead. • Exclusion of voluntary sector agencies in CCR partnerships can be addressed by separating out commissioning decision making from the business of strategic meetings. • Partner dynamics should be mapped and managed to ensure that partners from the voluntary sector can be heard and included. • Strategic leads from different agencies should be held accountable in meetings, not just for attending but for agreed actions and contributions. • Clear terms of reference which map out partner representation should be in place.
Resources	1. Does the CCR grasp the scale and costs of the problem? 2. Is DA embedded within each agency's own planning? 3. Are strategic partners working to improve capacity within specialist services? 4. Are commissioning practices undermining partnership working?	• The added value brought by local, specialist services should form part of the overall funding and resourcing strategy. • Ensure partnerships take a broader view, recognising the wider effects of VAWG on society, public services and the economy. • Take time to make the business case for increased and more strategic resource allocation for DA and connected services. • Ensure partners and agencies are aware of the costs of not addressing DA or putting it into their strategic plans. • Commissioning cycles and processes should be longer and more collaborative to prevent competition and to enable partners to coordinate and integrate their work.
Coordination	1. Are partners aligned with the principle of a coordinated approach? 2. Are partners committed to collaboration? 3. Is the significance of the coordinator's role acknowledged and supported?	• Each CCR should recognise the importance of having a coordinator to bring agencies together. • Don't over rely on one person to coordinate everything; this won't work. Getting the balance right between having a coordinator and coordinating role but not overloading them or passing all responsibility to them, is important. • Ensure all partners are clear on their roles in the coordination process, as well as the wider work to address DA / VAWG. • Each CCR should give agencies and partners time and resources to address and mitigate for any coordination issues in order to improve joint working.
Training	1. Is there a common understanding amongst staff of the dynamics of domestic abuse? 2. Do colleagues at all levels have the skills and knowledge to identify and respond to domestic abuse?	• The partnership should discuss and decide key training messages regarding the nature, scope and impact of DA • Managers and supervisors should be trained first • Ensure trainers are well briefed on current local and operational issues for each agency. • Deliver multi-agency training where appropriate, to strengthen partnership links in this setting. • Utilise multiple opportunities to continually upskill staff.

	3. Is there a policy for service users and staff?	• Ensure training covers the expected standards for each service, is trauma-informed and intersectional, and has the survivor experience at the heart of it. • Use information given by participants in training sessions to provide detailed feedback about operational and systemic gaps that need to be addressed. Training should be continually revised and updated based on feedback. • Ensure that participants leave the training with a clear idea of what is expected of them, what is possible, and what is safe in their practice around domestic abuse issues. • Boost participants' confidence and competence through training that builds awareness and understanding of DA dynamics, a knowledge base about procedures, resources and legal requirements, and skills they can put to use. • Organisational processes must keep domestic abuse on the agenda e.g. is domestic abuse part of assessments, referral pathways, supervision sessions and staff meetings?
Data	1. Has the partnership mapped existing data? 2. Do all partners contribute data that is collated for the whole partnership? 3. Does the partnership have an agreed method of defining and measuring success?	• Map existing data collection within agencies and assess that alongside what data the wider partnership needs . • Agree a CCR wide definition of what success looks like, to ensure better data collection and effective use of resources. • Look to specialist services as experts in data collection and monitoring and evaluation within your CCR. • Ensure a dedicated member of staff exists who can collate data and monitor performance on behalf of the partnership. • Ensure every partner is clear on what data they should be collecting, why and what it is used for, including enabling the partnership to show the value of the work it does. • Make sure that data is collated and analysed centrally in the CCR as well as by partner agencies and organisations. • Address concerns around confidentiality and competitiveness through training in GDPR and changes to commissioning processes to encourage collaboration.
Policies and processes	1. Does the partnership have policies and protocols to work with other strategic boards effectively? 2. Are policies and procedures evidence based and survivor informed? 3. Do all partners have a clear understanding of information sharing?	The following should be in place across partner agencies and organisations, and for the CCR partnership itself: • Safeguarding policies & processes • Risk assessments • Assessment Conferences • Domestic abuse policy for staff • Governance policy - see section 4 on structure and governance. • Communication policy - this policy and accompanying procedures will define how messages (and information on data) will be agreed and published internally and externally, • Domestic Homicide Reviews - see section on DHRs. An effective CCR will have a clear process and procedures agreed for commissioning, delivering, and implementing learnings for any DHR they are involved in.
Domestic Homicide Reviews	1. Are DHRs embedded within the CCR? 2. Does your area have processes in place to communicate lessons learned and ensure accountability? 3. Are there structures in place to measure	• Attempts to engage family and friends in the DHR process should be considered, constructive, supportive and timely. • DHR panels should include a DA specialist and specialist community agencies. This will better reflect communities' specific needs and experience and be able to better ensure intersectional and trauma-informed analysis in the report. • Panel composition and equity should be ensured throughout, including during report writing. • DHRs should not be rushed.

	the impact of action plans?	• Local areas should have a system in place to ensure action- plans are completed; goals should be SMART. • DHR panel chairs should be victim-led, and able to facilitate panel discussions to identify meaningful lessons.

This report was written by Madeleine McGivern (charity consultant, facilitator and mentor) and is based on the full In Search of Excellence report, which was written alongside the Standing Together staff team. We would like to thank our local and national partners for their input to ISOE and the work they do which continues to inspire us. We give thanks to those living with and recovering from domestic abuse. We hope that our work will improve your access to support and justice and we act in memory of those we have lost due to domestic abuse.