

**OFFICE OF THE POLICE AND CRIME COMMISSIONER
FOR HUMBERSIDE
DECISION RECORD**

Decision Record Number: **9/2014**

Title: **Support for Victims of Domestic Violence and Sexual Violence**

Executive Summary:

The PCC and the health and care services have strong shared interests and need to work together to tackle crime and violence. These shared interests include violence, domestic abuse, sexual assault, mental health and drugs and alcohol. This report makes recommendations to work together with respect to domestic violence and sexual assault.

Commissioner Comments:

The Commissioner indicated that due to the complexities of the partnership funding arrangements, he would defer making a decision on IDVA until he had clarity regarding existing funding arrangements, service provision and the level of need in each local authority area. He advised that he would want to reach a decision based on consensus with partners and that he intended to put in place stable long term funding arrangements to ensure this most vital area of provision was secure.

Regarding ISVAs he indicated that he supported option 1 (at para 5.4) which was to fully fund an additional ISVA for the North Bank because of the disparity in the provision of ISVAs in the Force area with 2 on the South Bank where there was less demand. He felt that there was chronic under provision on the North Bank for this vital service to the most vulnerable victims of crime which was due to the previous bidding process. He would provide 1 year of funding to Victim Support for them to employ an additional ISVA to enhance provision on the North Bank.

The Commissioner queried the level of child ISVA support available and requested a report from each local authority on the provision of ISVA support to child victims of sexual abuse and the level of need.

Decision:

- (a) That a decision on the IDVA be deferred pending further information and clarity, and
- (b) That Option 1 be supported with respect to Sexual Violence (paragraph 5.4) and 1 year of funding (approximately £41,000) be provided to Victim Support for them to employ an additional ISVA in order to enhance provision on the North Bank.

Background Report: Open

Police and Crime Commissioner for Humberside

I confirm I have considered whether or not I have any personal or prejudicial interest in this matter and take the proposed decision in compliance with my code of conduct.

Any such interests are recorded below.

The above decision has my approval.

Signature *Matthew Crow*

Date 26.03.14

POLICE AND CRIME COMMISSIONER FOR HUMBERSIDE

SUBMISSION FOR DECISION

OPEN

Title: Support for Victims of Domestic Violence and Sexual Violence

Date: 26 March 2014

1. Executive Summary

- 1.1 The PCC and the health and care services have strong shared interests and need to work together to tackle crime and violence. These shared interests include violence, domestic abuse, sexual assault, mental health and drugs and alcohol. This report makes recommendations to work together with respect to domestic violence and sexual assault.
- 1.2 Preventing and reducing domestic and sexual violence is a key objective of the Police and Crime Plan. Protecting and supporting those who are victims of domestic and sexual violence is also part of the wider aim to improve the quality of service to victims. The purpose of this submission is to seek grant funding from the Police and Crime Commissioner to provide stability and sustainability for the next 3 years for Independent Domestic Violence Advisers (IDVAs), MARAC Coordinators and an additional Independent Sexual Violence Adviser (ISVA).

2. Recommendation(s)

The PCC is asked to support Option 3c with respect to Domestic Violence (paragraphs 4.6) to ensure we have a sustainable funding arrangement for IDVA services for the future.

The PCC is asked to support Option 2 with respect to Sexual Violence (paragraph 5.5)

3. Background – Domestic Abuse

- 3.1 Domestic abuse is an intractable and widespread problem. Research indicates that two women every week are killed by their current or ex-partner and it is estimated that there are 100,000 victims at risk of serious harm or murder across England and Wales. Domestic abuse has an adverse impact on the health and wellbeing of victims and it is closely associated with child abuse and neglect, as well as a range of other social issues including homelessness and substance abuse.

- 3.2 Domestic abuse requires the cooperation of multiple agencies to resolve it, and many of these organisations are now operating in the harshest financial climate experienced for many years.
- 3.3 At the heart of services to victims of domestic violence is a national model which prioritises victims at high risk of serious harm or murder. The model depends upon specialist support from trained advisers called Independent Domestic Violence Advisers (IDVAs). IDVAs are independent and provide emotional and practical support, engaging adult victims from the point of crisis and mobilise the resources of many different agencies to keep each victim and, where necessary, children safe. The effective coordination of other public services now happens through the work of Multi-Agency Risk Assessment Centres (MARACs), meetings usually chaired by the police, where statutory and voluntary sector partners work together to share information on the highest risk cases, and a coordinated safety plan to protect each victim is developed.
- 3.4 Research conducted by CAADA (Co-ordinated Action Against Domestic Abuse) shows that the IDVA and MARAC approach is an effective means of addressing high risk domestic abuse and thereby saving lives. From the CAADA survey the majority of adult victims reported improved safety and wellbeing outcomes after receiving support, including a cessation of abuse, feeling safer and an improved quality of life.
- 3.5 To ensure the IDVA/MARAC model works properly, with sufficient provision in every area, CAADA recommend that there should be:
- 4 IDVAs and 1 MARAC Coordinator for every 100,000 of the adult female population.

In the Humberside area this equates to:

	Adult Female Population	IDVA	MARAC Coordinator
Hull	105600	4	1
East Riding	141200	6	1
North East Lincolnshire	65700	3	1
North Lincolnshire	69100	3	1
Total	381,600	16	4

- 3.6 Whilst the adult female population provides a useful guide for determining the number of IDVAs and MARAC Coordinators, domestic abuse is not gender

specific so the adult population (16 and over to comply with the new domestic abuse definition has been used to calculate funding allocations.

3.7 IDVA/MARAC provision in Humberside has historically been funded locally from public bodies and from a range of charitable organisations mainly with one off or short term funding. Funding is getting much tighter during these austere times and our IDVA provision is a patch work / postcode lottery with variable working practices for IDVA services working in the community. From the information I have obtained from the four unitary authorities the picture across Humberside is as follows:

	IDVA	MARAC Coordinator	Other DV Support
Hull*	0	1.5	9.5
East Riding**	0	1.6	9
North East Lincolnshire***	1	1	2
North Lincolnshire****	3	1	5

* In Hull none of the posts are solely categorised as IDVA. The 9.5 support workers engage with all levels of risk and provide a range of support that victims need as part of the Hull Domestic Abuse Partnership. The DAP Manager believes this provides added value and if sexual violence is involved then the support worker will combine this with normal DV duties. The MARAC Coordinator role is undertaken by the DAP Manager, who is supported by a MARAC administrative post hosted by Humberside Police. The total cost for 9 DV support workers is approximately £280,000 funded from Public Health (£100k), Housing (£20k), Home Office (£20k), and Hull City Council (£160k). In addition the DAP has a 0.5 post who works with male victims funded by Housing related support of about £11k. The MARAC administrator post is funded by the Home Office (£15k). The DAP service is wider than the roles outlined above and includes police staff, housing officers and health practitioners who work in partnership with agencies such as 'Strength to Change'. The service was recently subject to a favourable Independent Review on behalf of the Hull Health and Wellbeing Board.

** In East Riding, similar to Hull, they do not have dedicated IDVA roles. They use support workers who perform an IDVA type role. There are 6 IDVA equivalents that are supported by 3 project assistants. The service (Domestic Violence Abuse Partnership or DVAP) includes four strands (i) mainstream adult DV service dealing with about 3,000 referrals a year (ii) PODAS Perpetrator services – 2 posts and a Team Leader offering 1:1 work with perpetrators, (iii) children's service – 1.5 posts and a Team Leader in Children's Services dealing with 'hidden harm' issues as a result of witnessing DV and (iv) MARAC – Team Leader and 0.6 admin post dealing with about 240 high risk cases per year. Funding for the DVAP partnership is largely through the Council with some Home Office funding and Supporting People funding. The cost of the service is not known.

*** In North East Lincolnshire there is 1 IDVA funded by the CSP (£34k) as part of It's My Right (trading name for Grimsby and Scunthorpe Rape Crisis) and 1 MARAC Coordinator (£30k). Half of the MARAC Coordinator post is funded by the Home Office. There are also 2 additional support posts (DV Researchers hosted by Humberside Police) funded by the CSP through Local Area Agreement funding. It's My Right are also currently looking to recruit a Young Persons Independent Domestic Violence Advocate.

**** In North Lincolnshire there are 3 IDVA posts funded by the Home Office and the CSP and 1 MARAC Coordinator funded by the CSP. There is additional DV support (Amber Project) funded by North Lincolnshire Council (£167k pa) that includes 3 full time project workers, a part time service manager and a part time volunteer coordinator.

3.8 CAADA estimate that investing in the IDVA/MARAC model provides a substantial return on investment, claiming for every £1 spent, £2.90 is saved.

As outlined above the funding for IDVAs/MARACs is 'bitty' with the Home Office elements due to end in April 2015. It would make sense for the PCC to take the lead in an attempt to mainstream the funding for the CAADA recommended level of 16 IDVAs and 4 MARAC Coordinators across the Humberside area on the basis of population as set out in the table at 3.5 above. Currently the Police and Crime Commissioner does not provide any direct funding for domestic or sexual violence services for victims although he will be responsible for commissioning victim services from October 2014.

- 3.9 Humberside Police have recorded the following number of domestic violence incidents over the last three years.

	2011/12		2012/13		2013/14*	
	No.	%	No.	%	No.	%
A	3582	21.0	3424	22.8	2722	22.1
B	2960	17.4	2502	16.7	2077	16.9
C	3745	22.0	3116	20.7	2532	20.6
D	6762	39.6	5978	39.8	4962	40.4
	17049	100.0	15020	100.0	12293	100.0

* 9 months only (April to December 2013)

- 3.10 An extrapolated figure for the full 12 months of 2013/14 would be 16,390. You will note that the proportion of incidents for each area is relatively stable throughout the 3 year period. In April 2013 the national definition of domestic abuse changed lowering the age from 18 to 16 years. It is estimated that this has increased the number of reported incidents by 20%.

4. Options

Option 1

- 4.1 The Police and Crime Commissioner funds the obvious gap in service at North East Lincolnshire to ensure they have the CAADA recommended number of IDVA's - i.e. 2 additional IDVA's at a cost of £70,000 per annum and guarantees this funding for the next three years commencing April 2014. The total cost therefore for three years is £210,000.

Risks/Benefits

Whilst this option quickly fills an obvious gap in service provision there is a risk that other unitary authority/CSP areas would perceive this decision as the PCC simply subsidising previous under investment in domestic violence services.

Option 2

- 4.2 To ensure a more equitable and fair allocation the PCC agrees the same level of funding for domestic violence advisers in all four unitary authority areas. This funding would cover the cost of 2 IDVA's in each area (8 in total) at a total estimated cost of £280,000 per annum (£840,000 over three years). This funding would explicitly fund 2 IDVA posts (or posts that at least incorporate all the core requirements of the IDVA role).

Risks/Benefits

This option can be implemented very quickly and will provide a level of certainty for the continuation of this service when some of the extant funding sources come to an end. To guard against the possibility of disinvestment by others the PCC could stipulate a condition of this funding is that local authorities/CSPs do not take this as an opportunity to disinvest in local domestic violence service provision and maintain the CAADA recommended number of IDVA posts.

Option 3

- 4.3 Given the disparate and uncertain funding for IDVAs and MARAC Coordinators the PCC provides one third of the total funding required to ensure the CAADA recommended number of IDVAs/MARAC Coordinator posts. This would effectively help to 'mainstream' funding for the next three years. The agreed amount can be calculated in a number of ways.
- 4.4 **Option 3a** - based on the level of the adult female population (as per CAADA) as illustrated in the table below:

	Adult Female Population	IDVA	MARAC Coordinator	Potential Total Cost*	Cost to PCC per annum
Hull	105600	4	1	£170,000	£56,666
East Riding	141200	6	1	£240,000	£80,000
North East Lincolnshire	65700	3	1	£135,000	£45,000
North Lincolnshire	69100	3	1	£135,000	£45,000
Total	381,600	16	4	£680,000	226,666

* assumes a cost of £35,000 for an IDVA and £30,000 for a MARAC Coordinator.

Discussions will need to take place with the Local Authorities (including public health) and Clinical Commissioning Groups (CCGs) to ensure this vital service is a shared responsibility of the three agencies.

- 4.5 **Option 3b** – based on the level of demand (based on the number of DV incidents over the last 12 months) as illustrated in the table below:

	DV Incidents	%	Potential Cost*	Cost to PCC per annum
Hull	4962	40.4	£274,478	£91,493
East Riding	2532	20.6	£140060	£46,687
North East Lincolnshire	2722	22.1	£150570	£50,190
North Lincolnshire	2077	16.9	£114,891	£38,297
Total	12293	100%	£680,000	£226,667

* assumes a cost of £35,000 for an IDVA and £30,000 for a MARAC Coordinator.

Again, discussions will need to take place with the Local Authorities (including public health) and Clinical Commissioning Groups (CCGs) to ensure this vital service is a shared responsibility of the three agencies.

- 4.6 **Option 3c** – based on a combination of the adult population (male and female aged 16 and over) and demand (as determined by the number of domestic violence incidents) as illustrated in the table below:

	Option 3a funding allocation	Option 3b funding allocation	Adult popn. and demand	Cost to PCC per annum*
Hull	£170,000	£274,478	£231,682	£77,227
East Riding	£240,000	£140060	£195,425	£65,142
North East Lincolnshire	£135,000	£150570	£134,167	£44,722
North Lincolnshire	£135,000	£114,891	£118,725	£39,575
Total	£680,000	£680,000	£680,000	£226,666

* assumes a cost of £35,000 for an IDVA and £30,000 for a MARAC Coordinator.

As per Options 3a and 3b further discussions will need to take place to secure the support of Local Authorities and Clinical Commissioning Groups.

- 4.7 It is hoped that the remaining two-thirds of the funding (as demonstrated in the above options) would be mainstreamed through those other organisations who have a vested interest in preventing and reducing domestic violence such

as Local Authorities (including public health) and Clinical Commissioning Groups through a pooled budget arrangement.

- 4.8 Outcome measurement and quality assurance would need to be embedded as part of any agreement to track performance from the point of identification through to case closure. Accountability on the effectiveness of service provision would be to a Strategic Partnership Board that the DPCC and Deputy Chief Executive have recently been discussing with the police and partners.

Risks/Benefits

This approach would provide long term stability and certainty for the domestic violence services across Humberside and would provide implementation to one of the outcomes identified from the violent crime summit, namely increasing the capacity of IDVA provision.

Some Local Authorities already provide partial funding for these services and the police provide 'in kind' support via staff and accommodation. Currently however no funding for these services is provided by the PCC or the CCGs. As some funding is time limited this option provides added security for the future provision of a vital and well respected service. It would however not be as quick to implement as options 1 or 2 as it would necessitate a meeting of some kind of strategic level board which is not yet established and coordinating diaries of key players could take some time.

There is a risk however that local authorities on receipt of new investment via the PCC and potentially CCGs decide to curtail their level of investment in domestic violence services. However there is an argument that this proposal could release some of the extant funding to enhance domestic violence services. For example, the PCC could suggest and seek assurance that any released funding could be used on one or more of the three suggestions below:

To improve early identification, and reach victims who are hidden from the CJS, some IDVA services could be located in A&E and maternity departments.

- 4.9 CAADA evidence shows that it takes 5 years for a high risk victim of domestic violence to find effective help. Different referral routes to IDVA/MARAC services influence early identification and the profile of victims who are supported. Nearly half of all victims are currently identified through the criminal justice system. Victims who are referred through the health agencies (just 7%) were more likely to reflect vulnerable, hard to reach groups such as

pregnant victims, those with mental health and substance use issues, and victims from black and ethnic minority communities. Early evidence also suggests that victims who are identified through health agencies also experience a shorter length of abuse than victims who are identified by the criminal justice system or who self refer.

If this option is preferred then there is an opportunity, through joint working and funding with public health and CCGs, to employ some IDVAs at local hospitals, within A&E and maternity units. These services provide a safe location to disclose domestic abuse to a trusted health professional at an earlier stage in an abusive relationship. Co-location of IDVA services in hospitals also provides easier access to on-site services which benefit these vulnerable victims, for example drug and alcohol, mental health and safeguarding nurse teams. In this way victims are offered a more complete package of immediate support.

- 4.10 IDVAs located in A&E and maternity units will complement IDVA services in the community, allowing the overall IDVA model potential to be more fully realised. The care pathways for the referral of victims to the appropriate safety and recovery service will need to be developed. This might include substance use, mental health and safeguarding teams as well as community domestic violence services.

To improve support for children and young people experiencing domestic abuse (either directly or indirectly), an element of any 'freed' funding could be earmarked to provide specialist services for children and young people'.

- 4.11 According to CAADA research 66% of victims of domestic violence have children living in or visiting the home where domestic abuse was taking place. Most of these children are under 5 and have been living with abuse for the majority of their lives. On average, it takes victims with children one year longer to access support than those without children. Children who live with domestic abuse are at increased risk of behavioural problems and emotional trauma, as well as mental health difficulties in adult life. It is estimated that 35% of families are involved with children's safeguarding at the point of engaging with the IDVA service. The children, whilst perhaps not in an abusive relationship themselves, they are still victims of domestic abuse, and it is therefore recommended that some element of funding could be used to provide support to children and young people. This would be discussed with partners and outlined in any conditions of funding. This is also relevant given the fact that from April 2013 the definition for domestic violence changed to anyone aged 16 and over rather than 18.

Any use of funding directed to improve support for children and young people could also include some preventative work with schools to promote gender equality to prevent violence against women and girls.

- 4.12 There is some evidence to show that school and community interventions can promote gender equality and prevent violence against women by challenging stereotypes and cultural norms that give men power and control over women. School based programmes can address gender norms and attitudes before they become deeply engrained in children and young people. The Government's publication in 2012 'Call to End Violence against Women and Girls' supports these ideas. Its guiding principle is to prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours which foster it and intervening early to prevent it.
- 4.13 **Option 3c** is the preferred option because it provides a real opportunity to properly fund domestic violence support for victims and it is an opportunity to better join-up services with the health and care sector where we have a strong shared interest. It also provides an opportunity to enhance domestic violence services by using some existing funding to adopt some of the suggestions outlined above. Identifying health and social care needs early, and taking long term action to tackle them, can reduce the risk of harm to vulnerable adults and reduce the risk of children and young people becoming involved in similar activity. It also takes account of demand pressures in each area as well as the level of the adult female population.

Option 4

- 4.14 We wait until a new strategic level board is established and one of their first tasks would be to establish a 'task and finish' group to carry out a needs assessment and to make recommendations to the Board to ensure we have sustainable funding arrangements for IDVA/MARAC Coordinator services in the future. As well as the Police and Crime Commissioner, there are other organisations with a vested interest in preventing domestic abuse (health, housing, social services, employers, criminal justice partners) who could invest in a more strategic sub-region IDVA service that is jointly funded.
- 4.15 The Coordinated Community Response Model (CCRM) could be adopted as a blueprint against which local domestic violence services can be assessed and any gaps identified. The 'task and finish' group would consist of specialists who are used to working with the intricacies and subtleties often seen in domestic violence cases. This group might decide that the best way to understand the needs of victims of domestic violence is to commission some research to develop a business case that outlines the optimum model for a strategic sub-region domestic violence service and the likely costs involved.

As a result of this research a tender specification is agreed between partners and a new strategic Humberwide IDVA/MARAC/DV service would then be jointly funded and commissioned. The estimated costs for possible research of domestic violence services would be in the region of £50,000 and domestic violence services would then be commissioned on the basis of the recommended service model.

Risks/Benefits

This option would present a thorough review of service provision from the victims' point of view. As such it would be 'outcome' focused as well as 'input' focused. A review of service provision has already been carried out in Hull however and partners might be resistant to such a comprehensive service review been requested by the PCC. However it can be argued that this is the most robust approach to help to address the need for sustainability, provide more flexibility, better value for money and more consistent standards and services. A commissioned service could lead to bids from a consortium of local domestic abuse providers and lead to greater innovation and creativity regarding service delivery. Client outcomes would be specified in the tender document and would include measures such as cessation of abuse, increased safety, improved health and wellbeing and client independence.

5. Background – Sexual Abuse

5.1 The Police and Crime Plan has prioritised victims of serious crime, those who are persistently targeted and the most vulnerable. Victims of domestic and sexual violence fall into all 3 categories. The SARC provides round the clock care and support to people who experience sexual violence and demonstrates good partnership working between healthcare and the criminal justice system. Independent Sexual Violence Advisers (ISVAs) work with victims of recent and historic serious sexual crimes and provide ongoing advocacy and support for victims to access services and help them through the criminal justice system. The support provided will vary from case to case, depending on the needs of the victim and their particular circumstances. However, the main role of an ISVA is to make sure that victims of sexual abuse have the best advice on:

- What counselling and other services are available to them
- The process involved in reporting a crime to the police
- Taking their case through the criminal justice process, should they choose to do so

5.2 The number of sexual offences recorded by Humberside Police is outlined in the table below.

	2011/12		2012/13		2013/14*	
	No.	%	No.	%	No.	%
A	197	17.1	219	18.6	219	23.0
B	228	19.8	221	18.8	194	20.4
C	334	28.9	328	27.9	207	21.7
D	395	34.2	409	34.7	333	34.9
	1154	100.0	1177	100.0	953	100.0

* 9 months only (April to December 2013)

5.3 There are currently 3 ISVAs across the Humberside area, 2 on the South Bank and 1 on the North Bank. This appears disproportionate based on population and the level of demand shown in the above table. All three positions are currently receiving funding contributions (£20,000 per post) from the Home Office until the end of March 2015.

Option 1

5.4 There is no recommended number of ISVAs to support the adult female population but anecdotally there is a belief that having only 1 ISVA to cover the whole of the North Bank is not sufficient. This option requests the PCC to fund an additional ISVA to provide extra support to the current ISVA and that this role is hosted by Victim Support. The cost will be approximately £41,000 (figures provided by Victim Support).

Option 2

5.5 Given the time limited nature of funding for ISVAs as mentioned above at 5.3 the PCC agrees to partially fund a new ISVA post for the North Bank and also underwrite the contribution to existing ISVA posts currently funded by the Home Office (this HO funding will cease at the end of March 2015 anyway). This will cost £80,000 in 2014/15 and similar in 2015/16 and 2016/17. The PCC would seek discussions with partners (similar to IDVA/MARAC posts) to secure the remainder of the funding for this post.

5.6 There is also an issue, raised by Victim Support and the SARC Manager about the lack of effective support in the area for children and young people, and asking whether there is any opportunity to fund a specialist ISVA to support young people at risk of or suffering sexual violence and/or sexual exploitation. This is an issue to explore further with partners.

6. Risks

- 6.1 The risks of a poorly funded IDVA/MARAC service and ISVA service are clear. If the preferred options are supported by the PCC then the risks outlined above are mitigated. There could be issues securing the funding support required from Public Health and Clinical Commissioning Groups given the lack of an established 'big table' to discuss such issues.
- 6.2 You are already aware of the risks regarding child victims of sexual assault and the lack of forensically trained paediatricians. A solution to this issue looks likely and the commissioning of SARC services will soon transfer from the police to NHS England. However there is still a risk regarding the lack of specialist ISVA support dealing with child victims of sexual violence and those children affected by sexual abuse and neglect within the household.

7. Financial Implications

- 7.1 The financial implications are detailed above, but in summary, the preferred options, if supported will cost:

(i) IDVAs/MARAC Coordinators

Option 3c would cost **c£226,666** for one year and **£680,000** for three years.

If option 4 is supported but fails to attract partner 'buy-in' and Option 2 is adopted as a 'fallback' option the cost of this would be **c£280,000** for one year and **£840,000** for 3 years.

(ii) Independent Sexual Violence Advisers

If the preferred option 2 is supported the cost would be **c£80,000** for 2014/15 and **£240,000** for three years.

8. Legal Implications

- 8.1.1 There are no legal implications.

9. Equalities Implications

- 9.1 There are many barriers preventing victims of domestic and sexual violence from accessing services. For example people from black and minority ethnic groups or with disabilities, older people, pregnant people, trans people and lesbian, gay or bisexual people. Recommending that some IDVAs are located within a hospital setting would enable more vulnerable and hard to reach groups to be identified and referred to the right care pathway.

10. Consultation

- 10.1 Discussion, as opposed to consultation, has taken place with Community Safety Partnerships, the Domestic Abuse Partnership (DAP) in Hull, the Domestic Violence and Abuse Partnership (DVAP) in the East Riding and the police lead for Domestic Abuse . These matters have also been raised by Victim Support and the current ISVA for Hull and the East Riding.
- 10.2 Political sensitivities have been highlighted at paragraph 4.1 should you decide to opt for option 1 with respect to IDVA/MARAC support.

11. Media information

- 11.1 If supported these options reflect the PCCs commitment to supporting victims of the most serious crimes. It indicates that the money is following the priorities of the Police and Crime Plan and media interest would be significant.

12. Background documents

- 12.1 There are several background documents as follows:
- PCCs Violent Crime Summit pre read and subsequent actions/notes.
 - CAADA insights ' A place of greater safety'
 - Themis Research briefing 'Why invest in hospital IDVAs'
 - CAADA 'Saving lives, saving money' MARACs and high risk domestic abuse.

13. Publication

- 13.1 This report is categorised as 'open'.

