

No Boundaries -
*Domestic Abuse and
Substance Misuse:
A Practice Guide*



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This toolkit has been adapted from Camden Domestic Violence Forum (2007) *Refining the Routes: Domestic Violence and Substance Misuse: Policies, Procedures and Protocols for Partnership Working in Camden* copyright London Borough of Camden 2007.

This version of the toolkit was compiled by the Tayside Domestic Abuse and Substance Misuse Working Group and Heather Duncan, Development Officer for the Project

NO BOUNDARIES: DOMESTIC ABUSE AND SUBSTANCE MISUSE - A PRACTICE GUIDE: written and compiled by the Tayside Domestic Abuse and Substance Misuse Project

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FOREWORD AND ACKNOWLEDGEMENTS

FIn 2006/07 Tayside Police recorded 3709 incidents of domestic abuse (Scottish Government, 2007). However, it is widely acknowledged that this figure represents the tip of the iceberg in terms of the number of women, children and young people affected by domestic abuse across Tayside. Evidence from a variety of national and international research projects indicates that between 26% and 67% of these women will also be affected by substance misuse.

These women, and their children, require the support of co-ordinated and consistent services to assist them to work towards a life free from violence, abuse and substance misuse. In 2006 the Tayside Domestic Abuse and Substance Misuse Project was established in order to examine the links between domestic abuse and substance misuse locally, and to support existing services to develop appropriate response to women who have experience of domestic abuse and who also have a substance misuse issue.

This toolkit represents a key element of the work of the project, and has been an essential first step in developing good practice within substance misuse and domestic abuse services currently operating across Tayside. It is envisaged that the implementation of this toolkit within these services will lead to improvements in the way women, and their children, experience service provision across the area, and will improve co-operation between the two sectors.

I would like to thank the Tayside Domestic Abuse and Substance Misuse Working Group for their hard work and their positive stance in recognising the need for this work; also the Service Users who contributed to the content of the document. This handbook is the product of their partnership working and highlights the amount of work done in Tayside since the project began in 2006.

This Toolkit was adapted from Camden Domestic Violence Forum's (2007) *Refining the Routes, Domestic Violence and Substance Misuse: Policies, Procedures and Protocols for Partnership Working in Camden*, which provided an invaluable starting point for the production of this toolkit. The support of the Camden Domestic Violence Forum throughout the production of the toolkit is gratefully acknowledged, as is the contribution of the Stella Project.

I hope this toolkit will prove to be an invaluable resource for services operating in the substance misuse and domestic abuse sectors throughout Tayside and that its implementation within individual services will be undertaken with the same enthusiasm as that of the Working Group, which developed it.



Kathryn Sharp

*Project Lead, Tayside Domestic Abuse and Substance Misuse Project
Co-ordinator, Dundee Domestic Abuse Forum*



INTRODUCTION

The Tayside Domestic Abuse and Substance Misuse Project is working together to facilitate a better working relationship between Domestic abuse and Substance Misuse services to:

- provide an understanding of domestic abuse and substance misuse and working practices within and between services.
- provide clearer referral pathways and information-sharing protocols between services and therefore enable service users to receive a more supportive and holistic service which recognises and addresses these complex issues.
- support Domestic Abuse Forums and Drug and Alcohol Action Teams to overcome obstacles and to progress any potential developments which would further meet the needs of the service users accessing both domestic abuse and substance misuse agencies.

“WOMEN WHO USE ALCOHOL OR DRUGS ARE NOT RESPONSIBLE FOR THE ABUSE THEY EXPERIENCE, THOUGH THEIR SUBSTANCE MISUSE IS OFTEN BLAMED OR CITED AS A JUSTIFICATION BY THE ABUSER.”

The Greater London Domestic Violence Project and Greater London Alcohol and Drug Alliance (2004)



PROGRAMME OF WORK

The Tayside Domestic Abuse and Substance Misuse (TDASM) Project began by commissioning a small scale research project which aimed to examine the links between domestic abuse and substance misuse in Tayside, and to identify barriers and challenges to women accessing and using services. This research highlighted a number of areas where practice in both sectors might be developed to enhance service responses to women. Many of these areas related to the “getting in” stage of service use; ensuring that women are aware of services available, are able to access these services and are responded to appropriately when they do.

The Project Management Group used the information from the research project to inform a comprehensive workplan that focused on the “getting in” stage of service provision. One strand of this work aimed to develop cross-disciplinary responses to the provision of services to the target group (women experiencing domestic abuse and substance misuse). Drawing on examples of work and resources developed elsewhere, in particular the Camden Domestic Violence Forum’s document: “Refining the Routes”, the Management Group, along with the Project Development Worker, established a Domestic abuse and Substance Misuse Working Group. The Group’s remit was to gather examples of good practice from across the UK and to adapt this work for use in Tayside. Their aim was to produce a toolkit for frontline staff working in the domestic abuse and substance misuse sectors.

This toolkit is the result of the work of the Good Practice Working Group formed in August 2007, meeting over the course of 13 months, covering 12 meetings. It reflects the work done by the substance misuse and domestic abuse sectors in the Tayside region of Scotland.

WOMEN WHO ARE EXPERIENCING ABUSE ARE:

- 15 TIMES MORE LIKELY TO USE ALCOHOL
- 9 TIMES MORE LIKELY TO USE DRUGS

Barron (2004)



DOMESTIC ABUSE AND SUBSTANCE MISUSE WORKING GROUP MEMBERS

The Tayside Domestic Abuse and Substance Misuse (TDASM) Project was undertaken on a Tayside wide basis, covering the 3 local authority areas of Perth and Kinross, Dundee City and Angus.

The TDASM Project is managed on an on-going basis by a small Management Group, which brings together representatives from:

- Angus Drug and Alcohol Action Team
- Angus Partnership on Domestic Abuse
- Dundee Domestic Abuse Forum
- Dundee Drug and Alcohol Action Team
- Perth and Kinross Domestic Abuse Forum
- Perth and Kinross Drug and Alcohol Action Team
- Scottish Government – Social Inclusion and Violence Against Women Unit Division
- Scottish Women's Aid
- Tayside Council on Alcohol

In August 2007 the Management Group and the Project Development Worker established a Tayside Domestic Abuse and Substance Misuse Working Group with a remit to compile a local toolkit outlining key points of good practice for implementation across Tayside. The core members of this group were:

- ADDaction Dundee Direct Access Service
- Angus Council SW Department (Alcohol and Drug Team)
- Angus Women's Aid
- CAIR Scotland
- New Beginnings
- Perth and Kinross User Involvement Group
- Perth Women's Aid
- Tayside Substance Misuse Service—Time Tay Change

The ongoing commitment and effort of these organisations is gratefully acknowledged. As is the contribution of the following organisations who also provided input into the toolkit:

- Aberlour Childcare Trust
- Barnardos Domestic Abuse Initiative
- Dundee Women's Aid
- NCH Arrest Referral



- Perth Central Healthcare
- Tayside Alcohol Problem Service
- Tayside Council on Alcohol
- Tayside Drug Problem Service
- Tayside Drug Treatment Testing Order
- Tayside Harm Reduction Service

DOMESTIC ABUSE IS EVERYONE'S ISSUE



“IF A SUBSTANCE MISUSE AGENCY IGNORES A WOMAN'S SAFETY, SHE MAY NEVER GET SOBER. IF DOMESTIC ABUSE PROVIDERS IGNORE HER SUBSTANCE MISUSE SHE MAY NEVER GET SAFE. CAN WE REALLY AFFORD TO KEEP TAKING THAT RISK?”

Marai Larassi - Director NIA Project



TERMS OF REFERENCE

This toolkit is not a research tool but a practical guide for local organisations, which aims to assist them to work together in partnership.

The toolkit contains the fundamental practical tools to enable effective partnership working between the substance misuse and domestic abuse sectors in Tayside in order to meet the complex needs of service users accessing services. All practical working documents were agreed and adopted by the agencies involved in the Tayside Domestic Abuse and Substance Misuse Working Group.

The policies and procedures are user friendly and can be adapted to suit particular needs (if necessary). They are specific to domestic abuse and substance misuse agencies but can be adapted to suit other agencies and services.

The policies and procedures are not intended to increase the workload of either sector through expectations of additional work, nor do they assume that one sector now has the required expertise for the 'other' sector.

The purpose is to enable safe and appropriate partnership work through informed and agreed ways of working together in order that complex issues can be addressed and important work shared, as part of a holistic approach to addressing service user needs.

In order to effectively identify and address the needs of women and their children experiencing domestic abuse and substance misuse, all agencies require a clear understanding of respective roles and responsibilities in relation to service provision.

Clear channels of communication and multi-agency working are therefore central to effective and successful service provision, and to the implementation of this toolkit.

This is just the beginning of partnership working across the sectors of domestic abuse and substance misuse in Tayside. It is a foundation for building new partnerships and working practices.

"THE SUPPORT WAS THERE TO HELP ME MOVE ON AND TO SHOW ME THAT I AM NOT THE ONLY ONE - AND I HAVE BEEN ABLE TO MOVE ON AND THAT I DID NOT HAVE TO STAY AND TAKE IT!"



ASSUMPTIONS

This toolkit has been developed with the assumption that each agency will already have basic professional policies implemented within their service.

If they are not in place then the Working Group recommends that this occur as a priority.

Such policies include:

- Confidentiality Policy
- Occupational Health and Safety Policy
- Child Protection Policy
- Protection of Vulnerable Adults Policy
- Staff Risk Assessment and Management Policy
- Lone Worker Policy
- Diversity Policy
- Immigration/Refugee/ Asylum Seeker Policy
- No recourse to Public Funds Policy
- Service User Rights Policy and Statement
- Service User Complaints Policy
- Service User Consultation Policy

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

"PROBABLY THE ALCOHOL HAS BEEN USED AS A KIND OF CRUTCH FOR ANY SORT OF EMOTIONAL POINT IN MY LIFE."



SIMILARITIES IN THE SERVICE USER GROUP

There are many similarities between women who misuse substances and women who experience domestic abuse.

The similarities include:

- Low self esteem
- Guilt
- Shame
- Isolation
- Initial denial of the existence of a problem
- Repeated attempts at ending the problem i.e. attempting to leave the relationship or trying to stop using substances
- Experience of trauma
- Fear in accessing services (negative consequences i.e. a real fear that she may have her children removed).

BASED ON THE GREATER LONDON DOMESTIC VIOLENCE PROJECT AND GREATER LONDON ALCOHOL AND DRUG ALLIANCE (2004) *THE STELLA PROJECT TOOLKIT: DOMESTIC VIOLENCE, DRUGS AND ALCOHOL: GOOD PRACTICE GUIDELINES*, CITED IN AND ADAPTED BY CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

"AT ONE POINT I WAS DRINKING A LITRE AND A HALF OF VODKA A DAY, WAKING UP, DRINKING IN BED, ALL THE TIME, GO TO THE SHOPS IN MY PYJAMAS - JUST TOTALLY WASTED."



SIMILARITIES IN SECTOR PROVIDERS/UNDERLYING PRINCIPLES

- Both may work with service users with multiple issues
- Both tackle social exclusion, working to break down barriers that encourage isolation
- Both focus on safety for the service user
- Both conduct risk assessment and screening
- Both have concerns regarding impacts on children and young people

These similarities are obvious links between agencies working together. In addressing this work we agree to certain underpinning principles and the way that the dual issues of domestic abuse and substance misuse occur. This informs how we work together and the way we work with service users. Partnership work is beneficial to service users and to service providers, allowing issues to be addressed holistically and for work to be shared.

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UNDERLING PRINCIPLES IN DOMESTIC ABUSE AND SUBSTANCE MISUSE PARTNERSHIP WORK

- Women who misuse substances are not responsible for any abuse perpetrated against them. Perpetrators are responsible for the abuse.
- Women who experience domestic abuse are more likely to use prescription drugs, alcohol and illegal substances.
- Substance use can impair a woman's cognitive functioning and motor coordination therefore reducing her ability to keep safe. We have to be aware of how her use impacts on her safety when discussing her safety with her.
- Substance misuse can be a coping method for women who experience domestic abuse. It can be a form of self medication from the pain, shame, guilt or isolation associated with domestic abuse. It can even be used as a form of self-protection. Women tend to use substances after a violent episode rather than before and women often report substance use following experiences of domestic abuse.
- In some instances women can be pressurised and manipulated into substance misuse as a form of power and control on the part of the perpetrator. Any attempts to address the substance misuse may be seen as losing this power and control and is likely to be sabotaged



- For women who are using substances, leaving an abusive relationship may be more complex. For example, experience of isolation, stigma, the possibility of supply cut and consequent withdrawals, lack of support and decreased safety in trying to access substance. Uncertainty is heightened as is fear of the unknown.
- Addressing substance misuse without addressing the domestic abuse jeopardises women's safety.
- Addressing domestic abuse without addressing substance misuse jeopardises women's safety

BASED ON THE GREATER LONDON DOMESTIC VIOLENCE PROJECT AND GREATER LONDON ALCOHOL AND DRUG ALLIANCE (2004) *THE STELLA PROJECT TOOLKIT: DOMESTIC VIOLENCE, DRUGS AND ALCOHOL: GOOD PRACTICE GUIDELINES*, CITED IN AND ADAPTED BY CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

“..YOU KNOW, PART OF ME JUST STARED THINKING... YOU KNOW, I STARTED THINKING, MAYBE THESE PEOPLE CAN HELP ME, SO ONE DAY I JUST WALKED IN THE DOOR.”



REFERRALS BETWEEN SUBSTANCE MISUSE SERVICES AND DOMESTIC ABUSE SERVICES

PROCEDURES FOR INFORMATION-SHARING AND REFERRALS

Referrals between services must be organised in accordance with our duty of confidentiality to the service user.

Information between domestic abuse and substance misuse agencies should therefore only be exchanged with the written consent of the service user (except in circumstances where to wait for written consent could place a person at risk).

Consent To Release Information Forms must be agreed upon and signed by service users before information can be shared between agencies. The form should be signed by both the client and the agency worker, dated, and state the nature of the information to be shared, with an attached timeframe.

In instances where the permission must be granted by the client quickly, (i.e. telephone), verbal permission may be granted with a note made in the service user's file.

Written permission must be obtained at the earliest possible time. The service users should be informed that all child protection issues will automatically be shared between agencies, and, where possible, this will be done in consultation with the service user. The service user will also be informed about the universal limits of confidentiality upon first contact with an agency– this includes the agency's requirement to breach confidentiality when issues arise concerning risk of harm to self or others.

Service-user consultation should take place at every stage of the referral unless to do so will place children or others at risk. Both workers and service-users should have the ability to withdraw at any stage of the referral process as part of the working relationship

Agencies and the service user should be clear about the support being offered and all other agencies involved. An initial telephone consultation should be conducted between these agencies in order to reduce confusion and overlap, and to ensure referrals are appropriate.

Where support is similar, the agency making the referral should make it clear to the service user and the receiving agency whether they propose any continued involvement with the service user and the reasons for this involvement. It will then be up to the receiving agency to decide whether they can accept the referral. This will include the nature of follow-up services for the woman and any boundaries around this follow-up.

Where the referral ends an agency's involvement with an individual, the receiving agency should report back to the referring agency regarding whether the service user has or has not subsequently engaged with their service.

Where agencies are involved with the same service user, an initial inter-agency (or multi-agency where there are several agencies involved) meeting would be held once the referral takes place. This should involve the service user. The purpose of the meeting will be to agree upon the support being offered by the different agencies. An individual support plan should then be agreed upon by the service user.



The support plan should clearly state:

- which agency is responsible for delivering each type of support and service required
- how long the service will be offered
- the goals and outcomes to be reached
- any boundaries or limits to services delivered must be defined

Consent to Release Information Forms will then be updated and signed as required to reflect any additional details/information to be shared between agencies.

Review meetings will take place as necessary, as agreed between the service user and the involved agencies. Practical issues regarding the forum and the location of the meeting (i.e. whose office, ideally face-to-face; if not telephone or written communication) will be negotiated between the service user and the agencies. These meetings will take place to assess progress, agree any necessary changes to the support plan and to review each agency's continued involvement and service delivery. Consent to Release Information Forms will be updated as required to reflect any additional information to be shared between agencies.

Written notes should be made at all inter-agency/multi-agency meetings. These notes should be circulated as soon as possible after the meeting has been held and, in any case, within seven working days.

If an agency is withdrawing support for the service user, the agency must inform all other agencies as to the reason for closure and the date of the closure.

CHILD PROTECTION

All agencies working with women and children should share their child protection policy with the other agencies and the service user.

Where a service user, or a service user's child, is on the Child Protection Register, or is responsible for a 'Child in Need', this information must be shared with the agency making and/or receiving the referral. The service user concerned must be made aware that this information will be shared between agencies. This will form a part of the confidentiality agreement upon first contact with the service user and the agency. Where an agency is making a referral to Social Work because of a concern about child protection they must inform all relevant agencies working with the service user of the referral and the outcome.

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Service User Consent to Release Information Form Tayside Domestic Abuse & Substance Misuse Project

I, (service user)
give permission to
(agency name).....
to share agreed relevant information with
(agency name)
regarding
.....
.....
.....
.....

I understand that my consent will be valid until the next review of my case unless I formally withdraw my consent in writing. I am aware that I can discuss my consent to release information form at any time.

I understand that my information will remain confidential unless I give consent to release this information to other agencies. I understand that this confidentiality may be breached in instances where issues arise concerning child protection or actual or potential harm to self or others.

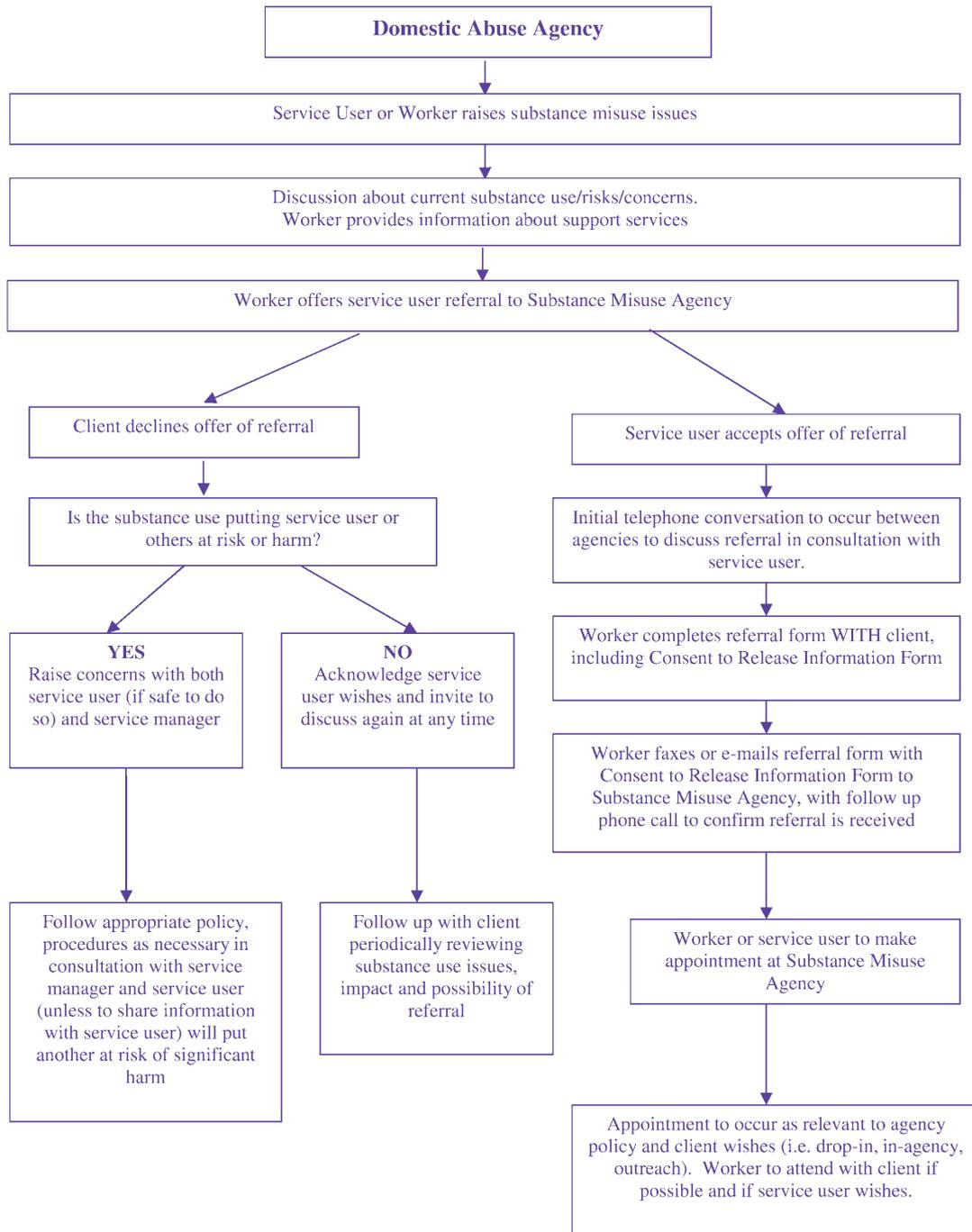
Signed (Service User) Signed (Witness)
Date Date
Agency

The information collected from you will be used for the purpose of providing services to you. The data will be shared only between the organisations named on this form and will be stored in accordance with data protection guidelines.

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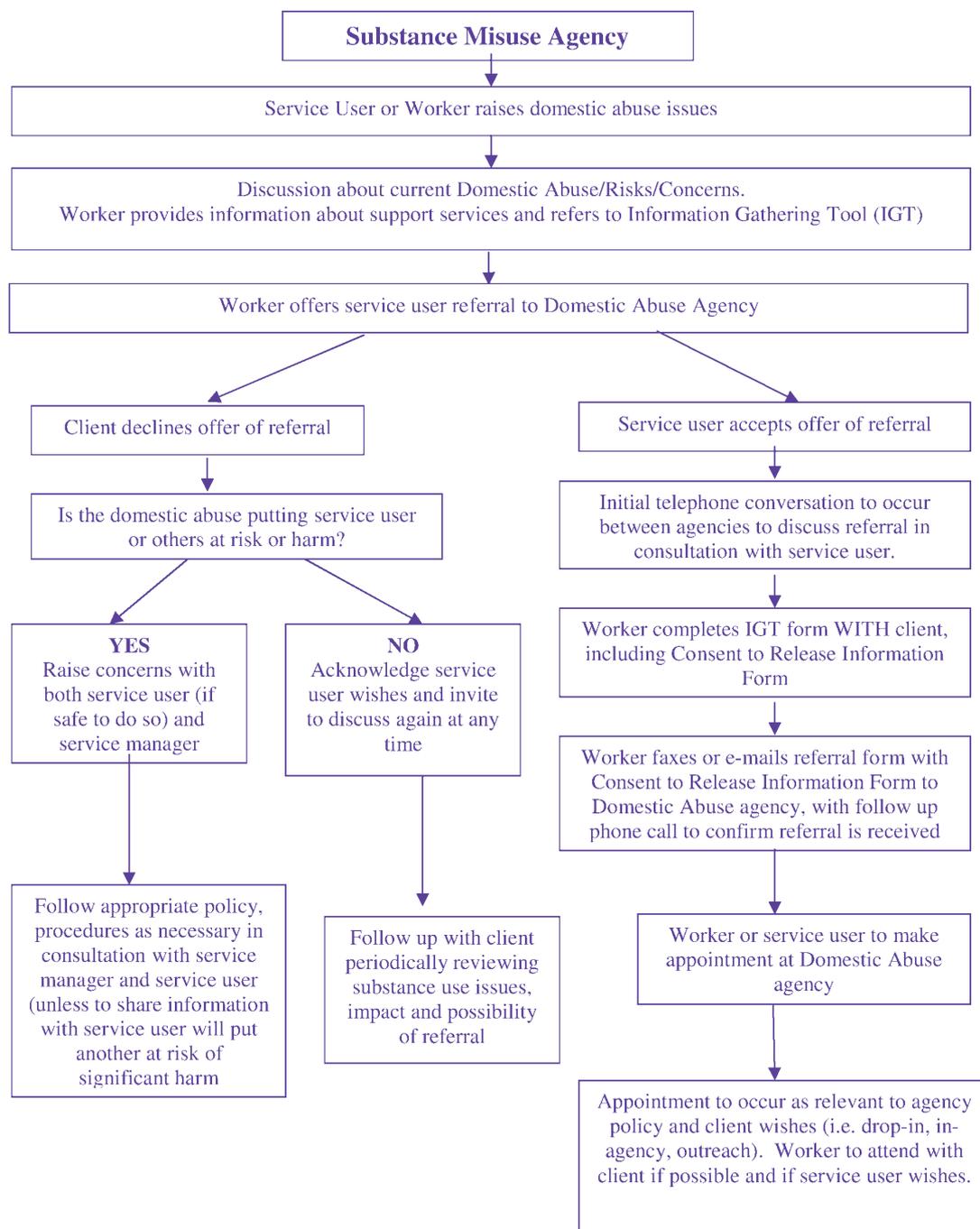
R EFERRAL PROTOCOL: DOMESTIC ABUSE AGENCY TO SUBSTANCE MISUSE AGENCY



BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*



REFERRAL PROTOCOL: SUBSTANCE MISUSE AGENCY TO DOMESTIC ABUSE AGENCY



BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*





CONFIDENTIAL

**Inter-Agency Information Gathering Tool
Tayside Domestic Abuse & Substance Misuse Project**

This form should be used to make referrals for people who have experienced, or are experiencing Domestic Abuse and Substance Misuse issues. It confirms the referral has been made and provides essential information to assist agencies to support the service user.

Your Agency	Worker	Phone	Date	Your Reference
Agency Referring To	Worker	Phone	Date	Their Reference

Service User Details

First Name	Surname	Ethnicity (as identified by service users)	Date of Birth DD/MM/YY	Male/Female
Address	SAFE Contact Numbers	Contact By Letter Y/N By Phone Y/N Safe Times (specify)	Preferred Language	
			Disability	
Tenancy Details		GP Details		
Service User Relationship With Perpetrator?		Service User Living With Perpetrator?		
Gender of Perpetrator – MALE/FEMALE		Age of Perpetrator		
How Long Has Domestic Abuse Been Happening				

Children's Details

Name	D.O.B.	Name and Relationship of Person Child Living With	On 'At Risk' Register Y/N

Most Recent Incident

Date of Incident	Child Present Y/N	Medical Attention Required Y/N
Reported to Police Y/N	Where it Occurred	
Brief Description		

Legal

Are there any legal orders currently in place relating to any family members (adults & children) Y/N
If YES, please give details.



CONFIDENTIAL

**Inter-Agency Information Gathering Tool
Tayside Domestic Abuse & Substance Misuse Project**

**Risk Factors
Substance Misuse**

Does service user have any substance use issues? Y/N If YES, please give details below.

Type of Substance(s)	How Long Been Using	Mode of Use	Any Other Details (General Quantity/Use How Often)

Other Risk Factors

Please provide details of any other risk factors that may affect client and/or service provided (i.e. mental health, pregnancy etc.).

Please provide information about others in the household using substance.

Any other presenting issues?	ACTION
Please indicate any other agencies woman is receiving services from Agency	SM Reported Y/N DA Reported Y/N

Referral Details

Please give details of all agencies you are referring on to	Date Referred

Can worker attend initial meeting? (as per protocol)

Client Consent

Data Protection requirements demand that the service user's permission be given before passing personal information to another agency. If the service user cannot sign the form in person to confirm this, you may sign on their behalf. Signing the form on behalf of the client confirms that their permission has been given.

I (service user name) _____ have checked the information on this form and agree it is accurate. I consent to this information being recorded in a confidential database. I UNDERSTAND THAT I WILL SIGN A SEPARATE 'CONSENT TO RELEASE INFORMATION' FORM TO STATE WHICH AGENCIES I GIVE PERMISSION FOR INFORMATION ABOUT ME TO BE SHARED WITH AND WHAT INFORMATION WILL BE SHARED.

Service User Signature: _____

Date: _____

by phone
tick here



Worker Signature: _____

Date: _____

DOMESTIC ABUSE ROUTINE ENQUIRY POLICY FOR SUBSTANCE MISUSE AGENCIES

PLEASE NOTE

Domestic Abuse Routine Enquiry Policy should be accompanied by:

- Training
- Tayside Directory of Drug Services and Tayside Domestic abuse Training Consortium Good Practice Guideline's Directory
- Service User Domestic abuse and Substance Misuse Statement Policy (for display in reception areas)
- Relevant legislation
- Domestic Abuse Workplace Policy
- Links to Domestic Abuse Forums
- Service User Assessment and Prioritisation Policy
- Staff Risk Assessment and Management Policy
- Occupational Health and Safety Policy
- Lone Worker Policy
- Child Protection Policy
- Protection of Vulnerable Adults Policy
- Confidentiality Policy
- Diversity Policy
- Immigration/Asylum Seeker/Refuge Policy
- No Recourse to Public Funds Policy
- Service User Rights Policy and Statement
- Service User Complaints Policy and Procedures
- Service User Consultation Policy and Procedures
- Substance Misuse Routine Enquiry Policy and Procedures
- Recording/Reviewing/Monitoring/Evaluation Policy and Procedures

Domestic abuse is a serious issue, affecting health, well-being, safety and the life chances of many women. The widespread stigma attached to domestic abuse, and the shame and fear that women who have experienced domestic abuse often feel contribute to very real barriers to them being able to access support and information. As such, it is absolutely vital that services are able to provide opportunities for survivors of domestic abuse to talk about their experiences in a safe place, to know that it is okay to talk about domestic abuse, and to receive support.



With the greater recognition that domestic abuse and substance misuse often co-exist, and the impact these issues have upon each other and the safety of service users and their families, it is important to inquire about domestic abuse with every service user presenting with substance misuse issues.

SCOTTISH EXECUTIVE DEFINITION (2004)

Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends).

Examples can include, but are not restricted to; physical assault or threat of physical assault such as slaps, stabbing, punches, kicks, pushes, burning, hair pulling, strangulation, spitting, hurting children, hurting family pets, children witnessing violence and abuse, rape, unwanted sexual contact, unwanted exposure to pornographic material, female genital mutilation (FGM), forced marriage, so called 'honour crimes', shouting, slamming doors, property damage, systematic criticism, degradation deprivation, isolation, harassment, stalking and withholding of money.

Greenan (2004)

POLICY OBJECTIVES

1. To proactively identify and support those women experiencing domestic abuse.
2. To prioritise service user rights and safety, and those who are vulnerable or at risk of harm, including children.
3. To actively identify and record cases involving domestic abuse so that funding may be generated and services developed to reflect the needs of service users.
4. To give service users a clear message that domestic abuse is not acceptable.
5. To meet the needs of young people and children through providing appropriate services to women.
6. To holistically support and empower those experiencing domestic abuse to make choices about their lives.
7. To inform service users of support services available.
8. To ensure appropriate and effective referral pathways and inter-agency partnership working.
9. To ensure that services that are provided are able to meet the diverse needs of the community.
10. To promote this policy and associated good practice principles.
11. To monitor and evaluate the effectiveness of this policy and its procedures and make changes as and when required.



STAFF RESPONSIBILITIES

Line Management

1. Ensure that all staff are familiar with and act in accordance with this policy and procedures.
2. Ensure that the staff who are working with service users regarding domestic abuse are adequately trained and are given appropriate support and professional supervision, which may include access to external specialist professional agencies if necessary¹.
3. Ensure that management personnel have adequate domestic abuse awareness (provide training if required) and the resources for professional consultation in relation to domestic abuse.
4. Acknowledge that staff working with people experiencing the effects of domestic abuse may find the work challenging and stressful.
5. Ensure adequate support for staff working in this area.
6. Identify relevant training and ensure access/participation.

Front Line Workers

1. Ensure that this policy and procedures are adhered to.
2. Identify and attend relevant training.
3. Make use of support and supervision available to assist self and team with working with service users experiencing the effects of domestic abuse.

BEST PRACTICE GUIDELINES

Agency

1. Agency to prominently display literature and information about domestic abuse services for service users in reception, support areas and in toilet facilities².
2. Agency to prominently display Policy Statement regarding Domestic Abuse Policy in reception and support areas.
3. Agency to provide relevant information to all service users as routine procedure, with pack including domestic abuse information leaflets.
4. Agency to commit to regular and ongoing membership and participation in local area Domestic Abuse Forums³.
5. Agency to remain actively aware of Domestic Abuse Good Practice Guidelines and adhere to them as appropriate⁴.

¹ Relevant training and resources can be accessed through the Tayside Domestic Abuse Training Consortium and / or local Domestic Abuse Forums. Contact details are provided at the end of this toolkit.

² See resource list at the end of this toolkit for information regarding additional publicity materials available through the TDASM Project.

³ Contact details are provided at the end of this toolkit.

⁴ Copies are available through the Tayside Domestic Abuse Training Consortium and / or local Domestic Abuse Forums. Contact details are provided at the end of this toolkit.



6. Agency to commit to inter/multi agency partnership working to benefit service provision and service users.
7. Agency to commit to and practice periodically reviewing policy and procedures with; service users, agency staff, partner agencies, local Domestic Abuse Forum. Review timeframes to be agreed, stated and adhered to.
8. Monitoring of referrals. This includes recording statistics which will help improve individual agency response as well as provide valuable evidence for further work and funding.
9. Systems implemented by the agency are to ensure confidentiality and safety of service users. (See information Sharing Protocols). Survivors and perpetrators of domestic abuse could possibly be service users of the same substance misuse agency—agencies should use their judgement when planning care in order to minimise risk and ensure safety for the woman experiencing domestic abuse. Monitoring procedures and specialised women only space should be implemented to cater for the needs of the service user.

Front Line Workers

All staff should be provided with relevant training to facilitate disclosure.

1. Workers should never work with or access files or information of service users they know outside working agency, are related to or have personal knowledge of outside the workplace.
2. Domestic abuse and any other sensitive issues to only be discussed in a confidential and private setting.
3. Domestic abuse is not to be discussed or raised with a service user if she is accompanied by another person (this includes adults and children). This applies even if the service user is accompanied by someone 'supportive' and/or who knows about the domestic abuse. Their presence may hinder open discussion around issues, cause shame or embarrassment to the service user, and/or compromise her safety, any support networks she may have and confidentiality. Explain to both service user and companion that it is standard agency policy to meet 1:1. It may be that the woman insists that the person be present. Workers should use their discretion and experience to respond to this request. (Exceptions may arise including the need for a language translator).
4. When using the services of a language interpreter it is important to ensure that the service user and the interpreter are not known to each other, ensuring safety, professional boundaries and confidentiality. This will need to be checked separately prior to organising an interpreter appointment and confirmed once an appointment has been made. At appointment, the worker should check again with the service user that she is happy to go ahead with the appointment.
5. Where possible, offer the service user the option to speak with worker of the same gender.



6. Check with service user about possible special provision in accordance with Diversity Policy.
7. Explain to service user the agency policy including that it is standard procedure to inquire about domestic abuse. Explain that domestic abuse issues will not exclude her from the service, but that asking will allow the service to best meet her needs and make appropriate referrals if required.
8. Explain confidentiality policy to service users.
9. Prioritise the safety of those experiencing domestic abuse, including young people and children (refer to agency Confidentiality Policy, Child Protection Policy and Vulnerable Adults' Policy).
10. When domestic abuse is disclosed, actively listen to the service user, accept her disclosure and be non-judgemental. This means not telling the client what you think they should have done or what they should do.
11. Explain to the service user the various support agencies that can assist, as appropriate. Inform the service user of all options available and of what to expect of any referral processes she may choose to go through.
12. Keep accurate, concise, relevant and up-to-date records of all incidents of domestic abuse disclosed.
13. Store service user files securely as per Data Protection Guidelines.
14. Record statistics for monitoring, reviewing and evaluation purposes.
15. Do use gender-neutral terms when discussing domestic abuse and relationships (see Diversity policy).

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

1. *AWARENESS OF SERVICES*
2. *ACCESSING SERVICES*
3. *EXPERIENCES OF SERVICES*

THESE ARE KEY ISSUES IN SERVICE RESPONSES WITH PEOPLE WITH COMPLEX NEEDS. ALL OF THESE APPLY TO WOMEN WITH DUAL EXPERIENCES OF SUBSTANCE MISUSE AND DOMESTIC ABUSE

Rosengard et al (2007)



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ROCEDURES FOR DOMESTIC ABUSE ROUTINE ENQUIRY

WHO TO ASK

It is best practice to ask every individual who accesses the service. There are no criteria, therefore, for either asking or not asking, so domestic abuse will be inquired about for all service users. This will be explained to the service user when asking the question about the issue.

WHEN TO ASK

Ideally domestic abuse will be specified as an issue at the time of referral. However, as this does not occur routinely between agencies, (because the service user may have self referred or for a whole host of reasons), the service user may not yet have disclosed their experience of domestic abuse. It is best practice to ask at the assessment stage for the service, along with other issues that are explored, in order to assess need, risk and the appropriate nature of the service delivery. This will inform how best to devise a support plan to ensure safety as a priority, and to consider which services would be involved and in what capacity.

Ideally domestic abuse routine enquiry will form a part of the agency's initial assessment and happen as part of the normal procedure without the need for prompting. However, if this is not the case, it is still possible to routinely ask about domestic abuse alongside the assessment, perhaps in Health and Safety or in Relationships section. If this is not incorporated into the assessment module per se, it may be worthwhile to create a special form that goes alongside the assessment form so that it will prompt the worker to ask.

HOW TO ASK

It is important to know why you are asking about domestic abuse and the philosophy behind this—this will enable workers to be clear on what the agency approach is, as well as being able to fully inform the service user of why you are asking, and to provide an adequate answer. Service users will possibly be feeling extremely vulnerable about the thought of disclosing, wondering why you want to know and what you will do with the information. This can be a real barrier to receiving support.

It is vital to routinely inform service users of this information as procedure.

This will help build a foundation of trust so that service users have confidence to disclose, discuss and work with these disclosures.

Most women experiencing the effects of domestic abuse will not ordinarily voluntarily disclose to professionals that they are experiencing domestic abuse and, if they do disclose, most likely will not call their experiences domestic abuse. It is therefore important to frame questions in a way that explains what is meant by domestic abuse and to provide differing options for understanding. By directly asking, this gives them 'permission' to disclose and discuss.



It is best practice to introduce the policy as an all-of-agency procedure and to explain why this is so. This will be reinforced by the display of the Domestic Abuse Policy Statement in the reception/support areas.

Enquiry should be carried out in a respectful, non-judgemental manner, and in a way where the service user feels fully informed and reassured about why the issue was raised. Confidentiality Policy, and the Limits of Confidentiality should also be explained as procedure, in order to lay foundation for trust, and to respect the service user's rights and safety.

It should be explained to the service user that it is not the intention of the worker/agency that the service be withheld if such an issue arises, but rather that if the person is experiencing domestic abuse this will affect the way that the agency will support them, and also that it may be important to discuss referrals to other appropriate agencies to best support them.

As such, routine inquiry about domestic abuse is to be carried out in a non-discriminatory manner and with a focus on the woman's safety and well-being (and that of her children).

Domestic Abuse - Examples of Framing Questions

There is no one 'right' way of inquiring about domestic abuse. However, it is crucial to introduce the issue first, explaining the reason for asking, and then to begin to ask. Please see some examples below:

- o We at AGENCY recognise that domestic abuse happens to many people. Often, domestic abuse can be linked with substance misuse as well. Because of this, and because it affects people's safety, health and well-being, we have started asking everyone who comes into our service about whether they are being hurt by anyone. You may have seen our Health & Safety/Domestic Abuse Policy statement in the waiting area while you were waiting for your appointment. You don't have to talk about anything that you really don't want to, but it would help to be able to talk with you about things so that we can understand what is happening to you and work with you in the best possible way, with your permission.
- o Because domestic abuse is so common we now ask everyone who comes into our service if they experience this. This is because it affects people's safety, and our priority here is to help keep people as safe as possible.
- o You may have seen our policy and some posters out in the waiting area. As domestic abuse is so common we now ask everyone about it as part of our every day procedure.
- o Because we care about your well-being we will ask you about whether you are being hurt at home. We ask everyone this just because we want everyone to be as safe as possible.
- o As well as talking about substance misuse issues we are also asking all service users about violence in the home because this is very common. You may have seen our posters out in the waiting room.
- o I have noticed your injuries. Because we care about your safety if we ever see



anyone with injuries we always ask them whether there is any violence at home, as this is common.

- o Did someone cause these injuries? was it your partner / ex-partner?

Domestic Abuse - Direct Questions

These are some leading questions which may be useful in enabling a woman to talk about their experiences of domestic abuse. Questions should cover the different types of abuse that women might experience - physical, emotional, financial and sexual abuse. They are asked with regard to partners and ex-partners.

- Do you ever feel scared or frightened of your partner / ex-partner?
- Do you ever feel like you are in danger from your partner / ex-partner?
- Does your partner ever hurt you?
 - e.g. bite, slap, punch, kick, burn, spit, strangle...
- Have you ever been hurt or threatened with a weapon?
 - e.g. knife, rope, belt, furniture, glass...
- Has the abuse increased in severity or frequency recently?
- Is your partner / ex-partner jealous or possessive?
- What usually happens when you and your partner / ex-partner argue?
- Does your partner / ex-partner ever degrade you, put you down or call you names?
 - e.g. that you are worthless, stupid, dumb, ugly, too fat, not good enough...
- Does your partner / ex-partner ever shout or scream at you?
- Does your partner / ex-partner ever try to threaten or intimidate you?
 - e.g. by damaging your property, slamming doors...
- Does your partner / ex-partner ever hurt or threaten anyone close to you?
- Does your partner / ex-partner ever stop you from seeing your family and friends?
- Does your partner / ex-partner ever make you do sexual things that you don't want to do?
 - e.g. force you to have sex, not use contraception, rape you, watch pornographic material...
- Does your partner / ex-partner stop you from doing things that you would like to do?
 - e.g. working, shopping, visiting people, exercising...
- Does your partner / ex-partner keep money from you so that you have to ask for it?
- Do you ever not have enough money for yourself / the children / for food / to pay the bills?



- Does your partner / ex-partner ever make you use substances?
- Does your partner / ex-partner ever try to sabotage any attempts you make to stop using substances?

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

ACCORDING TO LITERATURE, WOMEN WHO EXPERIENCE DOMESTIC ABUSE AND WHO ALSO USE SUBSTANCES ARE MORE LIKELY TO DO SO AS A CONSEQUENCE OF THEIR ABUSE.

3 MAIN THEMES:

COPING MECHANISM—SELF MEDICATION, RELIEF FROM PAIN, FEAR AND GUILT

SOCIAL ISOLATION—THE STIGMA AND SECRECY ASSOCIATED WITH DOMESTIC ABUSE—WOMEN MAY TURN TO SUBSTANCES

SUBSTANCES INTRODUCED BY PARTNER—Bennett and Lawson (1994) - THE MALE PARTNER OFTEN INTRODUCES (OR COERCES AND MANIPULATES) WOMEN TO SUBSTANCE USE AS A WAY OF INCREASING POWER AND CONTROL. WHEN A WOMAN'S PARTNER IS ALSO HER SUPPLIER, IT WILL BE DIFFICULT TO END THE RELATIONSHIP (Swan, Farber and Campbell (2000)). ANY ATTEMPT ON BEHALF OF THE WOMAN TO STOP HER SUBSTANCE MISUSE WILL LIKELY BE ACTIVELY RESISTED BY HER PARTNER AS IT PRESENTS A THREAT TO HIS CONTROL OVER HER.



SUBSTANCE MISUSE ROUTINE ENQUIRY POLICY FOR DOMESTIC ABUSE AGENCIES

PLEASE NOTE

Substance Misuse Routine Enquiry Policy should be accompanied by:

- Training
- Domestic abuse Routine Inquiry Policy and Procedures
- Tayside Directory of Drug Services and Tayside Domestic abuse Training Consortium Good Practice Guideline's Directory
- Service User Domestic abuse and Substance Misuse Statement Policy (for display in reception areas)
- Relevant legislation
- Domestic abuse Workplace Policy
- Service User Assessment and Prioritisation policy
- Staff Risk Assessment and Management Policy
- Occupational Health and Safety Policy
- Lone Worker Policy
- Child Protection policy
- Protection of Vulnerable Adults Policy
- Confidentiality Policy
- Diversity Policy
- Immigration/Asylum Seeker/Refuge Policy
- No Recourse to Public Funds Policy
- Service User Rights Policy and Statement
- Service User Complaints Policy and Procedures
- Service User Consultation Policy and Procedures
- Recording/reviewing/monitoring/evaluation Policy and Procedures

Substance misuse is a serious issue, affecting the health, well-being, safety and life chances of many women. The widespread stigma attached to substance misuse, and the shame that people often feel, contribute to very real barriers to them being able to access support. As such, it is absolutely vital that services are able to provide opportunities for service users to talk about their experiences in a safe place, to know that it is okay to talk about it and to receive support.

With the greater recognition that domestic abuse and substance misuse often co-exist, and the impact these issues have on each other and the safety of service users and their families, it is important to inquire about substance misuse with every service user presenting with domestic abuse issues.



SUBSTANCE MISUSE WORKING DEFINITION

“The use of substances (alcohol, prescription drugs and illicit drugs) with serious negative consequences of a physical, psychological, social and interpersonal, financial and legal nature for users and those around them.”

Adapted from Hidden Harm (2003: 7) definition of problem drug use.

POLICY OBJECTIVES

1. To proactively identify and support those who are experiencing substance misuse.
2. To prioritise service user rights and safety, and those who are vulnerable or at risk of harm.
3. To actively identify and record cases involving substance misuse so that funding may be generated and services developed to reflect the needs of service users.
4. To improve the response of the agency to service users who experience substance misuse, thus enabling supportive and appropriate service provision.
5. To best meet the needs of young people and children through providing holistic services to service users.
6. To holistically support and empower those experiencing substance misuse to make choices about their lives.
7. To identify appropriate and effective referral pathways and inter-agency partnership working.
8. To inform Service users of support services available and other appropriate services.
9. To ensure that services are provided to meet the diverse needs of the community.
10. To promote this policy and associated good practice principles to other agencies.
11. To monitor and evaluate the effectiveness of this policy and its procedures and make changes as and when required.

STAFF RESPONSIBILITIES

Line Managers

1. Ensure that the staff are familiar with and act in accordance with this policy.
2. Ensure that staff who work with service users who have issues around substance misuse are adequately trained (including Substance Misuse Awareness and Disclosure and Substance Misuse Routine Enquiry) and are given appropriate support and professional supervision, which may include access to external specialist professional agencies if necessary⁵.

⁵ Relevant training and resources can be accessed through the Scottish Training on Drugs and Alcohol (STRADA) and / or local Drug and Alcohol Action Teams. Contact details are provided at the end of this toolkit.



3. Ensure that management personnel have good substance misuse awareness (including training if required) and the resources for professional consultation (relating to substance misuse)
4. Ensure that risks to staff working with service users regarding substance misuse are minimised.
5. Acknowledge that staff working with people regarding substance misuse may find the work challenging and stressful.
6. Ensure support is made available to staff who experience increased stress levels whilst working with service users regarding substance misuse.
7. To identify relevant training and ensure access/participation⁵.

Front Line Workers

1. Ensure that this policy and procedures are adhered to.
2. To identify and attend relevant training.
3. Make use of support and supervision available to assist self and team with working with service users experiencing the effects of substance misuse.

BEST PRACTICE GUIDELINES

Agency

1. Agency to prominently display literature/information relating to substance misuse services for service users in reception and support areas.
2. Agency to prominently display Policy Statement regarding agency Substance Misuse Policy in service user reception/support areas.
3. Agency to provide relevant information to all service users as routine procedure, with pack including substance misuse information leaflets⁶.
4. Agency to commit to regular and ongoing membership and participation in local area Drug and Alcohol Action Teams.
5. Agency to remain actively aware of Substance Misuse Best Practice Guidelines and adhere to them as appropriate.
6. Agency to commit to inter/multi agency partnership working to benefit service provision and service users.
7. Agency to commit to and practice periodically reviewing policy and procedures with; service users, agency staff, partner agencies, local Drug and Alcohol Action Teams. Review timeframes to be agreed, stated and adhered to.

⁶ See resource list at the end of this toolkit for information regarding additional publicity materials available through the TDASM Project.



8. Monitoring of referrals. This includes recording statistics which will help improve individual agency response as well as provide valuable evidence for further work and funding.
9. Systems implemented by the agency are to ensure confidentiality and safety of service users (see Information Sharing Protocols).

Front Line Workers

All staff should be provided with relevant training to facilitate disclosure.

1. Workers should never work with or access files or information of, service users they know outside the workplace, they are related to or have personal knowledge of outside the workplace.
2. Substance misuse and any other sensitive issues should only be discussed in a confidential and private setting.
3. Substance misuse is not to be discussed or raised with a service user if she is accompanied by another person (this includes adults and children). Even if the service user is accompanied by someone 'supportive' and/or who knows about the substance misuse, their presence may hinder open discussion around issues, cause shame or embarrassment to the service user, and/or compromise her safety, any support networks she may have and confidentiality. Explain to both service user and companion that it is standard agency policy to meet 1:1. (Exceptions may arise including the need for a language translator).
4. When using the services of a language interpreter it is important to ensure that the service user and the interpreter are not known to each other, ensuring safety, professional boundaries and confidentiality. This will need to be checked separately prior to organising an interpreter appointment and confirmed once appointment has been made. At appointment, the worker should check again with the service user that she is happy to go ahead with the appointment.
5. Where possible, offer the service user the option to speak with worker of the same gender.
6. Check with service user about possible special provision in accordance with Diversity Policy (see Diversity Policy).
7. Explain to service user the agency policy including that it is standard procedure to inquire about substance misuse. Explain that substance misuse issues will not exclude her from the service, but that asking will allow the service to best meet her needs and make appropriate referrals if required.
8. Explain confidentiality policy to service users.
9. Prioritise the safety of those experiencing substance misuse, including young people and children (refer to agency Confidentiality Policy, Child Protection Policy and Vulnerable Adults Policy).



10. Explain to the service user the various support agencies that can assist, as appropriate. Inform the service user of all options available. Inform the client of what to expect of any referral processes she may choose to go through.
11. Keep accurate, concise, relevant and up-to-date records.
12. Store service user files securely as per Data Protection guidelines.
13. Record statistics for monitoring, review and evaluation purposes.
14. Use gender-neutral terms when discussing substance misuse and relationships (see Diversity Policy).

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*

“WOMEN WHO MISUSE SUBSTANCES ARE LIKELY TO FIND IT EVEN HARDER TO REPORT DOMESTIC ABUSE THAN ANY OTHER WOMEN.”

(Saunders & Barron, 2003)



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ROCEDURES FOR SUBSTANCE MISUSE ROUTINE ENQUIRY

WHO TO ASK

It is best practice to ask every individual who accesses the service. There are no criteria, therefore, for either asking or not asking, so substance misuse will be inquired about for all service users. This will be explained to the service user when asking the question about the issue.

WHEN TO ASK

Ideally substance misuse will be specified as an issue at the time of referral. However, as this does not occur routinely between agencies, (because the service user may have self referred or for a whole host of reasons), the service user may not yet have disclosed their experience of substance misuse. It is best practice to ask at the assessment stage for the service along with other issues that are explored in order to assess need, risk and the appropriate nature of the service delivery. This will inform how best to devise a support plan to ensure safety as a priority, and to consider which services would be involved and in what capacity.

Ideally Substance Misuse Routine Enquiry will form a part of the agency's initial assessment and happen as part of the normal procedure without the need for prompting. However, if this is not the case, it is still possible to routinely ask about substance misuse alongside the assessment, perhaps in the Health and Safety section. If this is not incorporated into the assessment module per se, it may be worthwhile to create a special form that goes alongside the assessment form so that it will prompt the worker to ask.

HOW TO ASK

It is important to know why you are asking about substance misuse and the philosophy behind this—this will enable workers to be clear on what the agency approach is, as well as being able to fully inform the service user of why you are asking, and to provide an adequate answer. Service users will possibly be feeling extremely vulnerable about the thought of disclosing, wondering why you want to know and what you will do with the information.

This can be a real barrier to receiving support.

It is vital to routinely inform service users of this information as procedure. This will help build a foundation of trust so that service users have confidence to disclose and discuss and work with these disclosures.

Substance Misuse - Examples of Framing Questions

There is no one 'right' way of inquiring about substance misuse. However, it is crucial to introduce the issue first, explaining the reasons for asking, and then to begin to ask. Please see some examples below:

- o We at AGENCY recognise that many people use drugs and alcohol and for lots of different reasons. Often, Domestic abuse can be linked with substance misuse as



well. Because of this, and because it affects people's safety, health and well-being, we have started asking everyone who comes into our service about what drugs and alcohol they use. You may have seen our Health & Safety/Substance Misuse Policy statement in the waiting area while you were waiting for your appointment. You don't have to talk about anything that you really don't want to, but it would help to be able to talk with you about things so that we can understand what is happening to you and work with you in the best possible way, with your permission.

- o Because so many people who experience domestic abuse use drugs and alcohol to try to cope with the abuse, we now ask everyone who comes into our service if they experience this.
- o You may have seen our policy and some posters out in the waiting area. As so many people use drugs and alcohol we now ask everyone about it as part of our every day procedure.
- o Because we care about your well-being we will ask you about whether you or anyone in the home uses drugs or alcohol. We ask everyone this just because we want everyone to be as safe as possible.
- o As well as talking about domestic abuse we are also asking all Service users about drug and alcohol use because this is very common. You may have seen our posters out in the waiting room.

Direct Questions

Questions should include substance misuse of the perpetrator as well as the client in order to assess risk.

Substance Misuse of Women

It is important to ask the woman about substance misuse to see how their experience links with their experience of domestic abuse.

It will also be important when devising safety plans with the client, as substance use may impair cognitive functioning and motor coordination and thus reduce the ability to make plans for safety when intoxicated.

Alcohol and Drugs (legal, illegal and prescription medication, whether prescribed or diverted)

- o **How many different types of drugs and/or alcohol do you use?**
Or—what kinds of alcohol and drugs do you use?

Please Note: This question is posed firstly as an open-ended question with the deliberate assumption that the service user is using one or more substances. This is to normalise substance use and to give the service user 'permission' to disclose. If the first question posed asks for a 'yes or no' response about substance use the service user is more likely to state 'no', and the opportunity to explore any substance use and assess related risk and safety will be lost.



- o **Please state type of alcohol/drugs being used** (beer, wine, spirits, cider, cocaine, crack cocaine, heroin, LSD, amphetamines, cannabis, ketamine, methadone, benzodiazepines, MDMA ecstasy, khat, magic mushrooms, anabolic steroids, solvents, any other prescribed medication).

Please Note:

To best engage with the service user around discussing their substance use it is important to adopt their language. For example, if a service user is talking about using 'pot' or 'skunk' in relation to cannabis, then use these words rather than cannabis. As such, when posing questions about the different kinds of substances the service user may be using, giving non-technical terms as examples may be more likely to encourage disclosure and discussion⁷.

- o **Do you ever use these substances together, at the same time, or in the same day?**

This question is to assess risk, as taking more than one type of substance can be very dangerous. For example, mixing alcohol with pills can cause significant harm or even be fatal. Of course, taking one substance in itself may be dangerous depending on the amount, the person, their environment and many other factors.

Frequency of Use: **How often do you use alcohol/drugs?**

- All day, every day
- Several times a day
- A few times a day
- Once per day
- A few times a week
- Once per week
- Other (please state)

- o Amount used: **How much alcohol/drugs do you generally use?**

This will help get a picture of the service users' use. It is useful to allow the client to tell their story and encourage dialogue rather than a 'question-answer' formation. Most of the details could be elicited in this manner with appropriate prompting where necessary.

- o **Has your alcohol/drug use increased recently? (increased in frequency or amount or both?)**

This will help to gain a recent and current picture and will also relate to the service user's circumstances regarding safety. For example, if domestic abuse has increased in frequency or severity the service user's substance use may also have increased. Alternatively the perpetrator may be limiting the client's supply of substances as a form of power and control and the service user may be suffering physical or psychological withdrawals which may be

⁷ More information regarding types of substances and their effects can be found in *The Greater London Domestic Violence Project and Greater London Alcohol and Drug Alliance (2004) The Stella Project Toolkit: Domestic Violence, Drugs and Alcohol: Good Practice Guidelines.*



affecting their physical and mental health. It will be important to ask the service user 'why' they think it has increased to understand the context of this.

- o **Why do you think you use alcohol/drugs? (e.g. Social drink, block out bad things, to feel better, to cope with abuse, etc). Please state.**

This should be approached in a non-judgemental manner. It will be useful to understand the 'function within the dysfunction' in order to address the substance misuse as well as to make plans for safety.

- o **Does anyone make you use drugs and/or alcohol?**

This will be important to ask as this is one way that substance misuse can be linked with domestic abuse. It is unhelpful to make assumptions about the service user's use—it may be that they are forced to use certain substances, but fear being judged or not believed, and will never disclose such information unless directly asked.

- o **Do you have any concerns about your use in relation to below (ask for each section)?**

Physical health (e.g. blackouts, nausea, heart/liver, lethargy, etc)

Mental health (e.g. depression/feeling down, anxiety, sleep disorder, etc)

Spirituality

Relationships (intimate, family, friends, children, work colleagues, etc)

Financial issues

Legal issues

- o **Is there anything you would like to change about your drug/alcohol use?**

If yes, please give details.

This will often come out of the conversation in general, which is why it is important to encourage a flowing dialogue about the service user's use. It is important not to make any assumptions about whether the service user wants to make any changes at all, or potentially the type of changes they may want to make. Please do not assume that the service user wishes to completely abstain from use, although this may be the case.

- o **Does your ex/partner/family ever try to sabotage any attempts to make you stop using substances?**

This will be important to ask as this is one way that substance misuse can be linked with domestic abuse. It is unhelpful to make assumptions about the service user's use—it may be that they are forced to use certain substances, but will never disclose such information unless directly asked.

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Agency Policy Statement - Substance Misuse Agency

Agency Policy Statement

Here at SUBSTANCE MISUSE AGENCY our aim is to ensure the safety and well being of our service users as much as possible.

This is why we ask everyone we see about Domestic Abuse.

We know that Substance Use can often be linked with Domestic Abuse.

So, to best support you we will ask you about Domestic Abuse so that our services can help you in the best way possible.

SUBSTANCE MISUSE AGENCY will not accept any forms of violence or abuse on the premises, and strives to support those who may be experiencing violence or abuse in the community.

Please ask about this if you have any questions.

Thank you

We aim to provide a safe and secure environment for our clients. All information disclosed will be treated confidentially unless issues arise concerning child protection, or actual or potential harm to others.

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Agency Policy Statement - Domestic Abuse Agency

Agency Policy Statement

Here at DOMESTIC ABUSE AGENCY our aim is to ensure the safety and well being of our service users as much as possible.

This is why we ask everyone we see about Substance Use.

We know that Domestic Abuse can often be linked with Substance Use.

So, to best support you we will ask you about Substance Use so that our services can help you in the best way possible.

DOMESTIC ABUSE AGENCY will not accept any forms of violence or abuse on the premises, and strives to support those who may be experiencing violence or abuse in the community.

Please ask about this if you have any questions.

Thank you

We aim to provide a safe and secure environment for our clients. All information disclosed will be treated confidentially unless issues arise concerning child protection, or actual or potential harm to others.

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REFUGES

WORKING WITH WOMEN WHO MISUSE SUBSTANCES - REFUGES

1. Refuges should not discriminate against women who have substance misuse issues; as such, individual assessments should be made to determine whether refuge accommodation is appropriate for women. Assessment criteria should be based on the stability of the woman, the needs of the woman and the needs of the refuge; not the woman's substance misuse.
2. Any refuge or domestic abuse service in Tayside which accepts a referral from a woman who also has substance misuse issues should (with the woman's consent) refer her to the appropriate specialist agency.
3. Domestic abuse workers should have enough knowledge (through training) to be able to give basic drug / harm reduction information.
4. Refuges should work to empower women who have substance misuse issues by asking what the woman wants, rather than telling her she must stop her substance use.
5. Refuges need to be clear about the legal implications of substance use in the refuge. This should be stated in Occupancy Agreements (held within the policies and procedures of those providing refuge accommodation).
6. Workers should prioritise personal safety issues, conduct risk assessments and work within the legal framework when supporting women within refuge or away from the premises.
7. Refuges have a duty to ensure that women fleeing domestic abuse who have substance misuse issues are not discriminated against by others staying in refuge.
8. Domestic abuse Outreach Services should build good links with drug and alcohol services in order to work jointly to support women.

SAMPLE POLICY—COMPLYING WITH THE MISUSE OF DRUGS ACT

All staff must take all reasonable actions to ensure that their organisation complies with Section 8 of the Misuse of Drugs Act on premises it manages⁹.

Miscellaneous Offences involving Controlled Drugs etc.

A person commits an offence if, being the occupier or concerned in the management of any premises, he knowingly permits or suffers any of the following activities to take place on those premises, that is to say:

- A. Producing or attempting to produce a controlled drug in contravention of section 4(1) of this Act.



- B. Supplying or attempting to supply a controlled drug to another in contravention of section 4(1) of this Act, or offering to supply a controlled drug to another in contravention of section 4(1);
- C. Preparing opium for smoking;
- D. Smoking cannabis, cannabis resin or prepared opium.

"MY CHILDREN WERE COMPLETELY DISTRAUGHT. ALL WE HAD WERE THE CLOTHES WE STOOD IN AND I WAS IN THE SPECIAL CARE UNIT. THE SERVICES WERE INVALUABLE TO US."



WORKING TOGETHER TO PROTECT YOUNG PEOPLE AND CHILDREN

1. Domestic abuse is likely to have a detrimental impact on young people and children. Where there is substance misuse, domestic abuse may not be seen or prioritised, as such risk to young people and children may be overlooked.
2. Domestic abuse is an important indicator of risk of harm to a young person or a child. Where domestic abuse is disclosed, the needs of young people and children must be assessed including an assessment of risk. Workers need to ensure that young people and children are safe.
3. Protection and empowerment of women can be effective child protection. In considering the safety of the woman, and in making support plans, workers need to have the needs of the young person or child as paramount.
4. Substance misuse does not automatically mean that a woman is a bad parent, however it can be a source of stress and individual assessments have to be made.
5. When domestic abuse services are supporting women with children who also have substance misuse issues, a referral (with consent) should be made to specialist services who work with young people and children affected by parental substance misuse.
6. All workers should be aware of Child Protection Procedures and reporting protocols for their own agency⁸.

⁸ Workers may also wish to refer to the pan-Tayside Guidance for the Protection of Children and Young People, available at http://www.dundeeprotects.co.uk/guidance/guidance_home.htm. Relevant information and training is also available through local area Children and Young Persons Protection Committees. Contact details can be found at the end of this toolkit.

⁹ A full version of the Act can be viewed at http://www.opsi.gov.uk/acts/acts2005/ukpga_20050017_en_1.



RISK ASSESSMENT & SAFETY PLANNING - DOMESTIC ABUSE AND SUBSTANCE MISUSE

The service user's safety is a priority. It is **vital** that the worker addresses any immediate risk and safety issues.

If it is safe for the client to hold these, provide information card/leaflets with the contact numbers for Know the Score: 0800 587 587 9 , Drink-line: 0800 917 8282, NHS Direct: 0845 46 47. Always make sure that Service users are aware of emergency number 999.

It will be important to ensure that the woman has a note of the National Domestic abuse Helpline: 0800 027 1234

IMMEDIATE

Injuries

If the service user has life-threatening injuries, dial 999 for emergency medical assistance. The service user's permission should ideally be sought, but it is not necessary, due to universal Duty of Care Policy and Limits to Confidentiality. However, it is best practice to inform the service user that you will be calling an ambulance and the reasons for doing so.

If the client has non life-threatening injuries discuss these with the client and emphasise agency policy that in the interests of service user health and safety you would like to arrange medical attention in conjunction with the service user, with their permission.

It will be helpful for any injuries to be documented by the worker, as well as by any medical professionals who tend to these injuries.

SHORT TERM - SUBSTANCE MISUSE

This policy is meant to guide non substance misuse specific workers regarding promoting service user safety. As such this policy will not make expectations of Domestic Abuse Workers to carry out the full role of a Substance Misuse Worker. Substance misuse harm minimisation and safety planning is a comprehensive and specialist skill which should be carried out by Substance Misuse Workers. As such, please consult with substance misuse specialists regarding specific safety strategies and harm minimisation regarding substance misuse. The aim of this policy is to raise awareness, identify risks to safety and to facilitate partnership working regarding these very important issues.

Ask the service user if they feel their health or safety may be affected by any harmful using practices. For example, if the service user complains of any pain, numbness, seizures, blackouts, recent near-overdose, heart pains or bruising or swelling around any possible injection sites, it will be beneficial for the client to see a medical professional.

It would be ideal to consult and plan for safety in conjunction with a substance misuse agency.



LONG TERM - SUBSTANCE MISUSE

Any perceived long term risk to the client will ideally be addressed by a substance misuse agency as part of a referral. If, however, the client has not given permission for a referral to be made, it will be beneficial for the worker to consult with a local substance misuse agency regarding safe and supportive courses of action, whilst keeping the identity of the client anonymous.

SHORT TERM - DOMESTIC ABUSE

This policy is meant to guide non domestic abuse specific workers regarding promoting client safety. As such this policy will not make expectations of Substance Misuse Workers to carry out the full role of a Domestic Abuse Worker. Domestic abuse harm minimisation and safety planning is a comprehensive and specialist skill which should be carried out by Domestic Abuse workers. As such, please consult with domestic abuse specialists regarding specific safety strategies and harm minimisation regarding Domestic abuse. The aim of this policy is to raise awareness, identify risks to safety and to facilitate partnership working regarding these very important issues.

It would be ideal to consult and plan for safety in conjunction with a domestic abuse agency.

The following safety planning model (Tayside Domestic Abuse Training Consortium, 2007) provides a framework for both short and long term planning.

A Safety Plan needs to reflect each individual's specific circumstances. The plan will change as circumstances change.

Safety Planning is not a one-off process

Areas to consider include:

- o What does a woman need to be safe?
- o Does she want to take any action today?
- o Has she done anything in the past to keep herself safe/her children safe?
- o What worked in the past?
- o What never worked in the past?

If returning to an abusive relationship, safety areas to consider include:

- o Is there a safe place she can go to if she feels she is in danger?
- o Can she get to a phone?
- o Does she know who she would call for help?
- o Does she have phone numbers?
- o Does she have access to transport?

If leaving an abusive relationship, safety areas to consider include:

- o Planning a safe time to leave, when the perpetrator is not around.



- o Ensure children are clear about where they should be, who they should be with.
- o The woman and her children's safety is a priority and should supersede belongings and personal possessions.

The point of leaving an abusive relationship can be the most dangerous time for women.

LONG TERM - DOMESTIC ABUSE

Any perceived long term risk to the client will ideally be addressed by a domestic abuse agency as part of a referral. If, however, the service user has not given permission for a referral to be made, it will be beneficial for the worker to consult with a local domestic abuse agency regarding safe and supportive courses of action, whilst keeping the identity of the service user anonymous.

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN

*WOMEN WHO ARE EXPERIENCING ABUSE ARE:
5 TIMES MORE LIKELY TO COMMIT SUICIDE
3 TIMES MORE LIKELY TO BE DIAGNOSED AS DEPRESSED OR
PSYCHOTIC*

Barron (2004)



DOCUMENTATION FOR CLIENT FILES

It is important to keep accurate, concise, relevant and up to date records. All records should be written during the session with the service user, agreed by the service user and signed and dated.

ANY DOCUMENTATION WILL INCLUDE:

- the nature of the routine inquiry.
- the response of the service user.
- the worker's response including discussion of options and information-giving.
- risk assessment and any injuries that have been noted.
- any referrals made.
- any safety plans.
- any scheduled follow-up appointments.

Even if substance misuse/ domestic abuse is not identified as an issue, it should still be documented that the worker inquired about it, and the service user response.

If the worker did not inquire about substance misuse / domestic abuse as part of Substance Misuse / Domestic Abuse Routine Enquiry Policy, this should also be documented with the reasons why this did not occur. Possible reasons could relate to issues of safety. For example, if the service user was accompanied by someone else, if it was not possible to speak in a confidential setting, or if the service user left before the appointment was completed.

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN



D

OMESTIC ABUSE RECORDING/MONITORING AND REVIEWING/EVALUATION POLICY FOR SUBSTANCE MISUSE AGENCIES

PLEASE NOTE

Domestic abuse Recording/Monitoring and Reviewing/Evaluation Policy should be accompanied by:

- Training
- Tayside Directory of Drug Services and Tayside Domestic abuse Training Consortium Good Practice Guideline's Directory
- Service User Domestic abuse and Substance Misuse Statement Policy (for display in reception areas)
- Relevant legislation
- Domestic abuse Workplace Policy
- Service User Assessment and Prioritisation policy
- Staff Risk Assessment and Management Policy
- Occupational Health and Safety Policy
- Lone Worker Policy
- Child Protection policy
- Protection of Vulnerable Adults Policy
- Confidentiality Policy
- Diversity Policy
- Immigration/Asylum Seeker/Refuge Policy
- No Recourse to Public Funds Policy
- Service User Rights Policy and Statement
- Service User Complaints Policy and Procedures
- Service User Consultation Policy and Procedures
- Domestic Abuse Routine Enquiry Policy and Procedures
- Substance Misuse Recording/reviewing/monitoring/evaluation Policy and Procedures

It is crucial to reflect on service delivery. Components of service include; service aims and objectives, philosophy/mission statement, target outcomes, and the policies and procedures a service implements to provide a framework for service delivery. This encompasses the overall aim and projected outcomes of 'what', 'when', 'how' and 'who'. Service users and their profiles and needs are never stagnant; they are ever changing, thus, services need to adapt to reflect their target group's needs. Formal systems and structures are therefore needed for recording and monitoring information central to the service user, reviewing service delivery reviewing of policies, procedures and protocols and evaluating service provision.



POLICY OBJECTIVES

1. To improve the response of the agency to service users who experience the dual issues of domestic abuse and substance misuse.
2. To collate and record information regarding agency involvement with service users experiencing domestic abuse in order to gain insight into their profiles, issues, how their needs are being met, and any gaps in service delivery.
3. To gather service user statistics to establish baseline data against which to measure outcome targets, in order to monitor and evaluate the effectiveness of services.
4. To review agency policies, procedures and protocols to ensure they are meeting their objectives, altering and developing these as appropriate.
5. To review inter-agency partnership working processes and how related policies and protocols are meeting service user needs who have dual issues of domestic abuse and substance misuse.
6. To gather evidence to maintain current funding and/or to support further funding bids, including the potential need for new specialist services, or aspects of current service provision which should be instigated or developed.
7. To gain an understanding of potential and actual barriers which may inhibit service user access to services e.g.; childcare, housing/accommodation issues, crisis intervention support, health needs, confidential and safe access to services, etc; developing and implementing protocols to alleviate these and enable engagement as appropriate.
8. To actively promote and enable service user consultation regarding service delivery and incorporate this into service planning.
9. To identify service user profiles and needs in order to inform training needs for service staff.

RECORDING/MONITORING

Ideally, data systems will be put in place across Tayside incorporating agencies on all levels as part of an integrated approach to gathering information.

The purpose of this policy is to agree to the concept of proactively gathering this specific information and to introduce user-friendly ways of doing this.

This information can then be forwarded to the local Domestic Abuse Forums and Drug and Alcohol Action Teams on a bi-annual basis and collated to contribute towards forming a picture of trends in Tayside.

How to Record

It will be useful to gather such information alongside other statistic-gathering procedures, however this might not be possible i.e. domestic abuse may be disclosed at a later stage of the relationship. Agencies may decide to incorporate the following into their current forms



of recordings. Alternatively a separate sheet or form may be created to go alongside existing ones.

Types of Information to be Recorded

The information below will be recorded in addition to that which agencies already gather. For example, agencies will already record information such as service user age, sex and children's details.

Total number of service users screened for domestic abuse?

Total number of service users screened about domestic abuse who disclose experiencing domestic abuse?

Domestic Abuse Routine Enquiry upon assessment?

Domestic Abuse Routine Enquiry during the working relationship?

Experience domestic abuse in the past?

Currently experiencing domestic abuse?

Type of domestic abuse experienced (physical, emotional financial, sexual, verbal)?

Domestic abuse experienced along with what type of substance misuse?

Referral made to domestic abuse agency? AND did the service user consequently engage with that service?

Referral received from domestic abuse agency? AND did the service user consequently engage with your service?

REVIEWING

Client Perspective Input

Agencies will ideally already have their own Service User Consultation Policies. However, for the purpose of this policy it is important to mention the critical nature of actively requesting feedback from the service users whose lives are affected by the service. This needs to be comprehensive rather than tokenistic, with the process embedded to take such feedback to senior management and strategic personnel in order to assess and action change where necessary.

This information can then be presented to the local Drug and Alcohol Action Teams and Domestic Abuse Forums on a bi-annual basis and collated to contribute toward forming a picture of trends in Tayside from a service user's perspective.

The following are some of the ways of requesting service user feedback regarding service delivery.

Questionnaires/surveys for service users to complete anonymously. This should not, however, be the only method of consultation available as it prevents service users who have literacy or learning difficulties from participating.

Suggestion boxes for service users to be able to, anonymously if they choose, submit comments or ideas.



Dialogue with service users 1:1 with their worker, as part of ongoing work.

Dialogue with service users 1:1 during the exit interview process as they reflect upon their journey with the service and their outcomes.

Service user led and run involvement via focus groups.

Annual service user consultation meetings with senior management.

Service user representatives at professional meetings.

House meetings (in refuges and residential settings).

Agency Perspective and Input

Although staff should ideally personally reflect upon their individual practice and the effectiveness of their policies and procedures as part of their everyday practice, it is also necessary to formalise such processes in terms of accountability for the entire service.

Agency to commit to and practice periodically reviewing policies and procedures with:

Service users (please see above)

Service staff - This may take place through various forums such as; supervision, case discussion, meetings, team away days, service surveys (both 'in-house' and independently), or other formal arrangements to enable honest and comprehensive feedback.

Partner agencies - This may take place through networking events, regular meetings, training swaps, seminars, conferences, sub group meetings, and other organised events.

Tayside Domestic Abuse & Substance Misuse Working Group - Quarterly meetings are an excellent platform to share ideas and information regarding any issues raised around domestic abuse. As these meetings are multi agency events they are an ideal way of holistically addressing issues, barriers, policies and ways of working together.

Outcomes Regarding Review Processes

It is important to have measures and processes in place to ensure reviewing information reaches senior management and strategic personnel, that they are invested in ensuring feedback is 'taken on board', and that services and their policies and procedures adapt accordingly in an effort to best meet service user need.

EVALUATION

The formal evaluation of service provision is vital.

Services should undergo independent evaluation as part of accountability and best practice. Formal evaluations are lengthy, comprehensive and in-depth processes which require a substantial investment of resources. The outcomes of such evaluations should be written, published and openly shared with staff, Service users and multi-agency partners in Tayside.

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) *REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN*



SUBSTANCE MISUSE RECORDING/MONITORING AND REVIEWING/EVALUATION POLICY FOR DOMESTIC ABUSE AGENCIES

PLEASE NOTE

Substance Misuse Recording/Monitoring and Reviewing/Evaluation Policy should be accompanied by:

- Training
- Tayside Directory of Drug Services and Tayside Domestic abuse Training Consortium Good Practice Guideline's Directory
- Service User Domestic abuse and Substance Misuse Statement Policy (for display in reception areas)
- Relevant legislation
- Domestic abuse Workplace Policy
- Service User Assessment and Prioritisation policy
- Staff Risk Assessment and Management Policy
- Occupational Health and Safety Policy
- Lone Worker Policy
- Child Protection policy
- Protection of Vulnerable Adults Policy
- Confidentiality Policy
- Diversity Policy
- Immigration/Asylum Seeker/Refuge Policy
- No Recourse to Public Funds Policy
- Service User Rights Policy and Statement
- Service User Complaints Policy and Procedures
- Service User Consultation Policy and Procedures
- Substance Misuse Routine Enquiry Policy and Procedures
- Domestic Abuse Recording/reviewing/monitoring/evaluation Policy and Procedures

It is crucial to reflect on service delivery. Components of service include; service aims and objectives, philosophy/mission statement, target outcomes, and the policies and procedures a service implements to provide a framework for service delivery. This encompasses the overall aim and projected outcomes of 'what', 'when', 'how' and 'who'. Service users and their profiles and needs are never stagnant; they are ever changing, thus, services need to adapt to reflect their target group's needs. Formal systems and structures are therefore needed for recording and monitoring information central to the service user, reviewing service delivery reviewing of policies, procedures and protocols and evaluating service provision.



POLICY OBJECTIVES

1. To improve the response of the agency to service users who experience the dual issues of domestic abuse and substance misuse.
2. To collate and record information regarding agency involvement with service users experiencing substance misuse in order to gain insight into their profiles, issues, how their needs are being met, and any gaps in service delivery.
3. To gather service user statistics to establish baseline data against which to measure outcome targets, in order to monitor and evaluate the effectiveness of services.
4. To review agency policies, procedures and protocols to ensure they are meeting their objectives, altering and developing these as appropriate.
5. To review inter-agency partnership working processes and how related policies and protocols are meeting service user needs who have dual issues of domestic abuse and substance misuse.
6. To gather evidence to maintain current funding and/or to support further funding bids, including the potential need for new specialist services, or aspects of current service provision which should be instigated or developed.
7. To gain an understanding of potential and actual barriers which may inhibit service user access to services, e.g. childcare, housing/accommodation issues, crisis intervention support, health needs, confidential and safe access to services, etc; developing and implementing protocols to alleviate these and enable engagement as appropriate.
8. To actively promote and enable service user consultation regarding service delivery and incorporate this into service planning.
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RECORDING / MONITORING

Ideally, data systems will be put in place across Tayside incorporating agencies on all levels as part of an integrated approach to gathering information.

The purpose of this policy is to agree to the concept of proactively gathering this specific information and to introduce user-friendly ways of doing this.

This information can then be forwarded to the local Drug and Alcohol Action Teams and Domestic Abuse Forums on a bi-annual basis and collated to contribute towards forming a picture of trends in Tayside.

How to Record

It will be useful to gather such information alongside other statistic-gathering procedures, however this might not be possible i.e. substance misuse may be disclosed at a later stage of the relationship. Agencies may decide to incorporate the following into their current forms of recordings. Alternatively a separate sheet or form may be created to go alongside existing ones.



Types of Information to be Recorded

The information below will be recorded in addition to that which agencies already gather. For example, agencies will already record information such as service user age, sex and children's details.

Total number of service users screened for substance misuse?

Total number of service users screened about substance misuse who disclose experiencing substance misuse?

Substance Misuse Routine Inquiry upon assessment?

Substance Misuse Routine Inquiry during the working relationship?

Experience substance misuse in the past?

Currently experiencing substance misuse?

Type of substance misuse experienced? (e.g. Substance, poly-use, method of consumption)

Substance misuse experienced along with what type of domestic abuse? (e.g. Financial, physical, emotional, sexual, verbal)

Referral made to substance misuse agency? AND did the service user consequently engage with that service?

Referral received from substance misuse agency? AND did the service user consequently engage with your service?

REVIEWING

Client Perspective Input

Agencies will ideally already have their own Client Consultation policies. However, for the purpose of this policy it is important to mention the critical nature of actively requesting feedback from the service users whose lives are affected by the service. This needs to be comprehensive rather than tokenistic, with the process embedded to take such feedback to senior management and strategic personnel in order to assess and action change where necessary.

This information can then be presented to the local Domestic Abuse Forums and Drug and Alcohol Action Teams on a bi-annual basis and collated to contribute toward forming a picture of trends in Tayside from a service user's perspective.

The following are some of the ways of requesting client feedback regarding service delivery.

Questionnaires/surveys for service users to complete anonymously. This should not, however, be the only method of consultation available as it prevents service users who have literacy or learning difficulties from participating.

Suggestion boxes for service users to be able to, anonymously if they choose, submit comments or ideas.

Dialogue with service users 1:1 with their worker, as part of ongoing work.

Dialogue with service users 1:1 during the exit interview process as they reflect upon their



journey with the service and their outcomes.

Service user led and run involvement via focus groups.

Annual service user consultation meetings with senior management.

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Agency Perspective and Input

Although staff should ideally personally reflect upon their individual practice and the effectiveness of their policies and procedures as part of their everyday practice, it is also necessary to formalise such processes in terms of accountability for the entire service.

Agency to commit to and practice periodically reviewing policies and procedures with:

Service users (please see above)

Service staff - This may take place through various forums such as; supervision, case discussion, meetings, team away days, service surveys (both 'in-house' and independently), or other formal arrangements to enable honest and comprehensive feedback.

Partner agencies - This may take place through networking events, regular meetings, training swaps, seminars, conferences, sub group meetings, and other organised events.

Tayside Domestic Abuse & Substance Misuse Working Group - The quarterly meetings are an excellent platform to share ideas and information regarding any issues raised around substance misuse. As these meetings are multi agency events they are an ideal way of holistically addressing issues, barriers, policies and ways of working together.

Reviewing timeframes for each of the above should be agreed and explicitly stated and adhered to.

Outcomes Regarding Review Processes

It is important to have measures and processes in place to ensure reviewing information reaches senior management and strategic personnel, that they are invested in ensuring feedback is 'taken on board', and that services and their policies and procedures adapt accordingly in an effort to best meet service user need.

EVALUATION

The formal evaluation of service provision is vital.

Services should undergo independent evaluation as part of accountability and best practice.

Formal evaluations are lengthy, comprehensive and in-depth processes which require a substantial investment of resources. The outcomes of such evaluations should be written, published and openly shared with staff, service users and multi-agency partners in Tayside.

BASED ON CAMDEN DOMESTIC VIOLENCE FORUM (2007) REFINING THE ROUTES: DOMESTIC VIOLENCE AND SUBSTANCE MISUSE: POLICIES, PROCEDURES AND PROTOCOLS FOR PARTNERSHIP WORKING IN CAMDEN



FURTHER WORK FOR TAYSIDE

- Welcome / Introduction Packs
- Reviewing ongoing training for each sector
- Domestic abuse Workplace Policy
- Client Consultation Policy
- Comprehensive Data Capture / Monitoring Policy
- Domestic abuse and Substance Misuse Staff Risk Assessment and Management Policy
- Mental Health Policy linking in with Domestic abuse and Substance Misuse
- Children and Young People's Policy linking in with Domestic abuse and Substance Misuse
- Women in Prison Policy linking in with Domestic abuse and Substance Misuse
- Women involved in Prostitution / Sexual Exploitation Policy linking in with Domestic abuse and Substance Misuse
- Disability Policy linking in with Domestic abuse and Substance Misuse
- Common Assessment
- Children and Young People—Good Practice Guidelines for Agencies



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R

ESOURCE LIST

Resources developed by the Tayside Domestic Abuse and Substance Misuse Project:

Table Top Training Resource - Staged Scenario DVD

The DVD is the result of a Forum Theatre Event held in March 2008 in Mains Castle Dundee. The DVD provides an insight into the process involved in the making of the forum theatre and a step by step guide for practitioners to use this in future training events.

A Day in the Life... - Children and Young People's Exhibition (available for loan for seminars, conferences etc.)

This exhibition was produced jointly by the children and young people from Angus Connect, (Tayside Council on Alcohol), Dundee Women's Aid and Perth and Kinross Women's Aid. The exhibition provides an insight into the meaning of the words Violence, Drugs and Alcohol expressed by the children while taking part in a project during the summer months of 2007.

The exhibition is available for loan and can be used at conferences, seminars and awareness raising events.

Joint Service Publicity

Developed to provide an awareness of services available to women and their families who have domestic abuse and substance misuse issues. The materials developed also create an awareness of service provider knowledge of the links between domestic abuse and substance misuse. This publicity's aim is to create the right environment to encourage women to talk about the issues of domestic abuse and substance misuse.

Copies / examples of all the above resources are available from Dundee Domestic Abuse Forum 01382 434569 or ddaf@dundeecity.gov.uk



HISTORY OF THE TAYSIDE DOMESTIC ABUSE AND SUBSTANCE MISUSE PROJECT

The Tayside Domestic abuse and Substance Misuse Project (TDASMP) was established in 2006 under the Scottish Government's Multiple and Complex Needs funding initiative.

The aims of the TDASM Project were to;

- Ensure a coordinated and consistent multi-agency response to women with dual experience of Domestic abuse and their own Substance Misuse across Tayside.
- Ensure a co-ordinated and consistent multi-agency response to children and young people across Tayside who have specific needs as a result of their experiences of both domestic abuse and the impact of parental substance misuse.

The objectives of the project were to:

- Improve access to appropriate service for women, children and young people.
- Develop cross-disciplinary responses to the provision of service for both target groups.
- Improve satisfaction with services and outcomes for both target groups.
- Ensure professionals are knowledgeable and adequately trained to support both the target groups.

Project funding was used to support an initial research project, which informed the work of a temporary Development Worker.

Given the time—limited nature of the funding, the project did not seek to establish new services but instead sought to improve practice and/or further develop good practice within and between existing services. Under each of the project objectives a number of key actions were identified to be progressed by the Development Worker in partnership with services working in the substance misuse and domestic abuse sectors.

- Improving access to appropriate services for women, children and young people
- assisting services to create a positive environment for disclosure - production of joint publicity material, encouragement of services to display information from the alternative sector, production and distribution of publicity packs, production and distribution of "disclosure posters".
- local pilots of women only time / elements within existing services - 6 substance misuse services have signed up for pilots starting September 2007, additional training will be provided to staff prior to pilots starting, includes provision of adequate spaces for children and young people.
- Developing cross-disciplinary responses to the provision of services for women, children and young people



- production of cross-disciplinary toolkit covering referral, information sharing and routine enquiry / screening by working group of 22 senior practitioners.
- encouragement of roll out of good practice relating to multi-agency working between sectors - this will focus on current local arrangements that identify champions / information points within each sector as a point of contact / expertise for the alternative sector.
- Improving satisfaction with services and outcomes for women, children and young people
- development of joint publicity materials and roll out of publicity strategy in early 2008.
- consultation with Children and Young Peoples' practitioners
- Children and Young Peoples' Summer Project
- Ensuring professionals are knowledgeable and adequately trained to support women, children and young people
- development and implementation of training packages for practitioners in conjunction with Scottish Women's Aid and STRADA.
- development and implementation of a multi-agency table top training event in order to increase awareness and understanding of agencies roles, remits and referral procedures

This toolkit is therefore just one outcome of the overall work of the TDASM Project and its partners. A list of other outcomes and resources is provided in this toolkit. The project will complete its own evaluation prior to its completion in December 2008, which will be available in due course. The project will also be part of a wider evaluation of the Multiple and Complex Needs funding stream that is being completed by the Scottish Government. This wider evaluation will seek to identify generic practices and approaches that positively affected service delivery to all people who experience multiple and complex needs. This evaluation will also be made available in due course.



USEFUL CONTACTS

TAYSIDE DOMESTIC ABUSE FORUMS / PARTNERSHIPS

Angus Partnership on Domestic Abuse

St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

Tel: 01307 474873

E-mail: apoda@angus.gov.uk

Website: www.apoda.org.uk

Dundee Domestic Abuse Forum

1-3 Shore Terrace
Dundee
DD1 3AH

Tel: 01382 434569

E-mail: ddaf@dundeecity.gov.uk

Website: www.ddaf.co.uk

Perth and Kinross Domestic Abuse Forum

51 York Place
Perth
PH2 8EP

Tel: 01738 625061

E-mail: pkdaf@btconnect.com

Website: pkdomesticabuse.co.uk

Scottish Training on Drugs and Alcohol (STRADA)

89 Dumbarton Road
Glasgow
G11 6PW

Tel: 0141 330 2335 or 0141 330 2400

E-mail: strada02@lbss.gla.ac.uk or strada@gla.ac.uk

Website: www.projectstrada.org

TAYSIDE DRUG AND ALCOHOL ACTION TEAMS

Angus Drug and Alcohol Action Team

St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

Tel: 01307 474878

E-mail: turnbullid@angus.gov.uk

Dundee Drug and Alcohol Action Team

Constitution House
55 Constitution Road
Dundee
DD1 1LB

Tel: 01382 424510

E-mail: vered.hopkins@nhs.net

Perth and Kinross Drug and Alcohol Team

5 White Friars Crescent
Perth
PH2 0PA

Tel: 01738 476966

E-mail: ljmclaughlin@pkc.gov.uk

TAYSIDE CHILDREN AND YOUNG PERSONS PROTECTION COMMITTEES

Angus Child Protection Committee

Joint Strategic Support Unit
St Margaret's House
Orchardbank Business Park
Forfar
DD8 1WS

Tel: 01307 474869

E-mail:



**Dundee Children and Young Persons
Protection Committee**

Podium Block, Floor 1

Tayside House

Crichton Street

Dundee

Tel: 01382 433373

E-mail: dawn.docherty@dundeecity.gov.uk

Website: www.dundeeprotects.co.uk

**Perth and Kinross Child Protection
Committee**

Pullar House

35 Kinnoull Street

Perth

PH1 5GD

Tel: 01738 476880

E-mail: childprotectcomm@pkc.gov.uk

**Tayside Domestic Abuse Training
Consortium**

1-3 Shore Terrace

Dundee

DD1 3AH

Tel: 01382 434569

E-mail: irina.pelc@dundeecity.gov.uk

**Tayside Domestic Abuse and Substance
Misuse Project**

1-3 Shore Terrace

Dundee

DD1 3AH

Tel: 01382 434569

E-mail: irina.pelc@dundeecity.gov.uk



This development and production of this toolkit was funded by the Scottish Government's Multiple and Complex Needs Initiative.



CONFIDENTIAL
Inter-Agency Information Gathering Tool

This form should be used to make referrals for people who have experienced, or are experiencing Domestic Abuse and Substance Misuse issues. It confirms the referral has been made and provides essential information to assist agencies to support the service user.

Your Agency	Worker	Phone	Date	Your Reference
Agency Referring To	Worker	Phone	Date	Their Reference

Service User Details

First Name	Surname	Ethnicity (as identified by service users)	Date of Birth DD/MM/YY	Male/Female
Address	SAFE Contact Numbers	Contact By Letter Y/N By Phone Y/N Safe Times (specify)	Preferred Language	
			Disability	
Tenancy Details		GP Details		
Service User Relationship With Perpetrator?		Service User Living With Perpetrator?		
Gender of Perpetrator – MALE/FEMALE		Age of Perpetrator		
How Long Has Domestic Abuse Been Happening				

Children's Details

Name	D.O.B.	Name and Relationship of Person Child Living With	On 'At Risk' Register Y/N

Most Recent Incident

Date of Incident	Child Present Y/N	Medical Attention Required Y/N
Reported to Police Y/N	Where it Occurred	
Brief Description		

Legal

Are there any legal orders currently in place relating to any family members (adults & children) Y/N
 If YES, please give details.

CONFIDENTIAL

Inter-Agency Information Gathering Tool

Risk Factors

Substance Misuse

Does service user have any substance use issues? Y/N If YES, please give details below.

Type of Substance(s)	How Long Been Using	Mode of Use	Any Other Details (General Quantity/Use How Often)

Other Risk Factors

Please provide details of any other risk factors that may affect client and/or service provided (i.e. mental health, pregnancy etc.).

Please provide information about others in the household using substance.

Any other presenting issues?

ACTION

Please indicate any other agencies woman is receiving services from
Agency

SM Reported Y/N
DA Reported Y/N

Referral Details

Please give details of all agencies you are referring on to

Date Referred

Can worker attend initial meeting? (as per protocol)

Client Consent

Data Protection requirements demand that the service user's permission be given before passing personal information to another agency. If the service user cannot sign the form in person to confirm this, you may sign on their behalf. Signing the form on behalf of the client confirms that their permission has been given.

I (service user name) _____ have checked the information on this form and agree it is accurate.

I consent to this information being recorded in a confidential database. I UNDERSTAND THAT I WILL SIGN A SEPARATE 'CONSENT TO RELEASE INFORMATION' FORM TO STATE WHICH AGENCIES I GIVE PERMISSION FOR INFORMATION ABOUT ME TO BE SHARED WITH AND WHAT INFORMATION WILL BE SHARED.

Service User Signature: _____

Date: _____

by phone
tick here



Worker Signature: _____

Date: _____

The information collected in this form will be used for the provision of services to you and will be stored in accordance with the data protection requirements. The data will not be shared with anyone without your consent

Agency Policy Statement

Here at our aim is to ensure the safety and well being of our service users as much as possible.

This is why we ask everyone we see about Domestic Abuse.

We know that Substance Use can often be linked with Domestic Abuse.

So, to best support you we will ask you about Domestic Abuse so that our services can help you in the best way possible.

..... will not accept any forms of violence or abuse on the premises, and strives to support those who may be experiencing violence or abuse in the community.

Please ask about this if you have any questions.

Thank you

We aim to provide a safe and secure environment for our clients. All information disclosed will be treated confidentially unless issues arise concerning child protection, or actual or potential harm to others.

Agency Policy Statement

Here at our aim is to ensure the safety and well being of our service users as much as possible.

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Please ask about this if you have any questions.

Thank you

We aim to provide a safe and secure environment for our clients. All information disclosed will be treated confidentially unless issues arise concerning child protection, or actual or potential harm to others.

Service User Consent to Release Information Form

I, (service user).....
give permission to
(agency name).....
to share agreed relevant information with
(agency name).....
regarding
.....
.....
.....
.....

I understand that my consent will be valid until the next review of my case unless I formally withdraw my consent in writing. I am aware that I can discuss my consent to release information form at any time.

I understand that my information will remain confidential unless I give consent to release this information to other agencies. I understand that this confidentiality may be breached in instances where issues arise concerning child protection or actual or potential harm to self or others.

Signed (Service User)..... Signed (Witness).....

Date Date

Agency

