

Operation Provide – Lancashire Constabulary

Operation Provide is a multi-agency programme and joint collaboration developed to improve the response to victims of domestic abuse.

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Key details

Does it work?	Smarter practice
Topic	Violence including homicide
Organisation	Lancashire Constabulary
Target group	Adults General public

Smarter practice

Overview

Operation Provide (Op Provide) is a multi-agency programme and joint collaboration developed by Lancashire Constabulary, Blackpool Teaching Hospitals NHS Foundation Trust and initially with support from Fylde Coast Women's Aid. It was developed to enhance the response to victims of domestic abuse and introduced during the early stages of the coronavirus (COVID-19) pandemic, following the introduction of lockdown restrictions by the government across England and Wales.

In its initial pilot, the aims of Op Provide were to:

- reach out to locked-in victims (victims of domestic abuse who were locked in with their abusers as a result of COVID-19 stay at home orders in early 2020)
- maximise positive victim outcomes
- reduce the likelihood of repeat victimisation

- enhance the police response in domestic abuse investigations

Op Provide embeds NHS-employed and trained independent domestic violence advocates (IDVAs) within a dedicated domestic abuse team. The health IDVAs are deployed alongside operational police officers to offer enhanced support to victims of domestic abuse.

Problem

During the first national lockdown across England and Wales in March 2020, Blackpool Teaching Hospitals NHS Foundation Trust recorded increases in requests for third sector support for domestic abuse victims. This coincided with a reported decrease in calls for service to domestic abuse incidents by Lancashire Constabulary. This led to acute concerns over potential hidden harms (undetected and unreported abuse of a person or people) and the ability of locked in victims to safely connect with services.

The pandemic provided both the context and driving force for multiple agencies to come together to offer combined services at the point of need for victims of domestic abuse. Although in its inception, the Op Provide initiative was only set to last for the duration of the COVID-19 pandemic. Due to its success, it has continued to operate beyond its original remit.

Response

Op Provide deploys dedicated NHS employed health IDVAs in a patrol capacity alongside Lancashire Constabulary police officers to domestic abuse incidents. Op Provide was built on lessons from Operation Synergy, which deployed officers alongside paramedics and a mental health crisis team nurse to support individuals with immediate mental health needs. Similarly, Op Provide deploys a combined health IDVA and police officer team in a dedicated domestic abuse police response vehicle.

There are three ways in which the multi-agency team can be used.

1. Live incident response – the health IDVA attends a live incident within the joint deployment arrangements (police officer and health IDVA).
2. Post-incident response – the health IDVA attends post-incident within the joint deployment arrangements (police officer and health IDVA).
3. Consultation – ad-hoc engagement by officers seeking advice on safeguarding.

While on joint patrols, health IDVAs and police officers have clearly defined roles. When deployed, health IDVAs offer advocacy and support services to victims, dependent on the needs of the victim.

This support may include:

- immediate risk assessment
- safety planning
- emotional support services
- information provision and signposting
- advocacy around the criminal justice system
- social welfare issues

Police are deployed alongside the health IDVA to maintain safety and gather further information relevant to the investigation. After initial contact and where necessary, longer-term safeguarding issues are passed on to the police division safeguarding team and/or criminal investigation department (CID) to progress investigations.

In terms of how Op Provide works, there are four underpinning assumptions.

- The police are not the only agency that need to respond to DA victims to support safeguarding and criminal investigation.
- Victim support beyond the (primary) charging and prosecution of an offender affects DA victim engagement with safeguarding and the criminal investigation.
- The speed of health IDVA intervention and support is a factor that affects engagement with safeguarding and criminal investigation.
- Health IDVAs making direct contact with victims at an early stage is likely to increase victims' engagement with safeguarding and the criminal investigation.

Operation Provide logic model

Problem	<ul style="list-style-type: none">• Decrease in calls for service for domestic abuse during COVID-19 pandemic.• Reported increases in calls for service to third sector organisations.• Raised concerns for locked-in victims of domestic abuse and hidden harm.
Response – Operation Provide	<ul style="list-style-type: none">• Reach out to victims of domestic abuse who report to the police.• Maximise positive victim outcomes.• Reduce the likelihood of repeat victimisation.• Enhance police response in domestic abuse investigations.
Response – resources	<ul style="list-style-type: none">• Blackpool Teaching Hospitals NHS Foundation Trust.• Liverpool John Moores University.• Ministry of Justice funding.• Office of Police Crime Commissioner funding.• Detective sergeant for operational oversight and triage.• Dedicated domestic abuse vehicle.• Dedicated police officer to domestic abuse vehicle.• Independent domestic violence advocates (IDVAs).• Divisional safeguarding unit.

Response – domestic abuse incident response	<ul style="list-style-type: none">• Detective sergeants triage incoming domestic abuse incidents.• Deployment of IDVAs and uniformed officer to incidents of domestic abuse.• Safeguarding responsibilities maintained post incident via divisional safeguarding unit.
Response – evaluation and monitoring	<ul style="list-style-type: none">• Early independent academic evaluation of Operation Provide.• Holistic mixed-method and multi-participant evaluation.
Response – trauma informed practice	<ul style="list-style-type: none">• Trauma-informed policing built into new recruits' training.• System-wide trauma-informed training provided by Lancashire Violence Reduction Unit.

Outputs

- Engagement of victims by IDVAs much earlier in criminal justice system process.
- Broader offer of services to victims of domestic abuse.
- Academic analysis and evaluation of Operation Provide.
- Number of officers/staff trained in trauma informed practice.
- Number of incidents attended by the joint IDVA and police team.
- Number of victims responded to.
- Number of victims supported through Operation Provide.

Outcomes

- Increases in victim engagement with domestic abuse investigations.
- Increases in victim engagement with domestic abuse safeguarding.
- Increase in funding for Operation Provide beyond COVID-19.
- Better evidential package.
- Shifting perceptions of officers through the lens of trauma.

- [View the logic model as a poster](#)

Implementation

COVID-19 loosened some of the traditional barriers for implementation, easing constraints on bureaucracy, governance and approval processes. Alongside the changing nature of domestic abuse, and the acute concerns for domestic abuse victims, Op Provide moved from conception to initiation in three days.

The key to achieving an innovative and urgent implementation was the ability to build on existing partnerships and work in collaboration efficiently and effectively.

Health service partners from the Blackpool Teaching Hospitals NHS Foundation Trust were able to support the programme by providing funding of £176,000, which facilitated five health IDVA's, a management lead for the programme and administrative support. (An additional £76,000 of funding was awarded by the Ministry of Justice and the Office of the Police and Crime Commissioner for Lancashire to extend the service.)

Lancashire Constabulary provided response officers and dedicated response vehicles to support the direct response to domestic abuse victims on a day-to-day basis, alongside longer term safeguarding from the district safeguarding unit.

In collaboration with the core public sector partners, Liverpool John Moores University (LJMU) led an evaluation of the initiative from the outset. The ongoing monitoring and evaluation conducted by LJMU offers an evidence base to support Op Provide to continue beyond its initial remit and provides justification for further investment. A summary of findings from the evaluation are described in the outcomes and impact section.

How Operation Provide works

Standard dispatch procedures are used in the first instance for domestic abuse incidents in all situations. Once a victim is safe, they are passed to Op Provide, overseen by the safeguarding unit.

While health IDVAs support victims by attending incidents with the response team from a dedicated Op Provide response vehicle, they attend approximately 70% of cases post-incident.

Police officers are provided from response teams to Op Provide on a rotating basis. The rationale for rotating response officers was to enable a broad base of exposure to Op Provide and to further up-skill officers in safeguarding.

Risk assessment

A routine domestic abuse risk assessment (DARA) is performed by the immediate response officers at the incident. This is used to identify victims for Op Provide using a high/medium/standard assessment of threat.

In a post-incident case, detective sergeants in the safeguarding unit triage recorded investigations from the previous 24 hours to ensure appropriate work is identified for a multi-agency deployment. Further discussions with the custody processing team help identify priority victims relating to prisoners detained in cells.

Domestic abuse victims identified as high risk are attended by Op Provide. Medium and standard risk victims can be attended where there are additional vulnerabilities or health needs, or where intervention may reduce future high harm incidents.

The police officer and health IDVA team further assess case/incident logs at the beginning of a shift. (An average shift culminates in visits to four or five victims of domestic abuse, typically operating on a 7am to 3pm or 2pm to 10pm shift pattern).

Engaging with victims

Health IDVAs aim to engage with victims outside of the routine and lifestyle of the offender, most often when the offender is in custody.

Health IDVAs can access health and appointment data from the local NHS trust to facilitate decision making at the scene, but also to offer discreet interventions in locations such as GP and dental practices, or at regular hospital appointments where domestic abuse victims cannot be contacted.

When meeting the victim, the roles of the police officer and the health IDVA are explained to provide clarity around the independent advocacy role of the health IDVA.

The health IDVA offers advocacy and support services to victims. This can include immediate risk assessment, safety planning, emotional support services, information and signposting, and advocacy around the criminal justice system and social welfare issues.

Police officers lead on gathering information to support an investigation and maintain the safety of the victim and the health IDVA.

Following initial attendance by the health IDVA, safeguarding is maintained by the police Division Safeguarding Team, who consider an array of protective arrangements. These may include house security, advice and broader third sector support.

Operation Provide process summary

1. Instigation of a domestic abuse (DA) event.
2. Initial response.
3. Live incident Op Provide (OP) response.
4. Safeguarding triage DA incident.
5. Consultation (independent domestic violence advocates (IDVAs) offering advice to incident response (IR) officers).
6. Post incident OP response.
7. Health IDVA offers advice, support and advocacy.
8. Recording safeguarding incidents through health.
9. Further investigations.
10. Safeguarding and onward referrals.

Operation Provide process summary

Enablers for implementation

Trauma-informed approach

Trauma-informed practice has been built into the basic training of all incoming recruits into the force. (As part of a multi-agency partnership, the Lancashire violence reduction network (VRN) has facilitated a system-wide programme of cross-sector training to more than 4,500 staff across Lancashire in 18 months.)

Trauma-informed training has enhanced the policing response to those who have and are suffering domestic abuse, leading to a more informed response. In terms of Op Provide, it was felt that increasing understanding of trauma would lead to increased buy-in from policing and police partners to the multi-agency, preventative approach.

Evaluation

Programme evaluation was key for enabling ongoing feedback and measuring success beyond anecdotal reporting. In Op Provide, the evaluation provided evidence that supported further extensions of the programme, including applications for additional funding.

Existing partnerships

Lancashire had strong pre-existing partnerships with statutory and academic partners and third sector organisations.

Health IDVA independence

Health IDVA independence from the police, with a focus on victim requirements, was recognised as breaking down initial barriers between victims and the police-IDVA team. The symbolic weight of the 'NHS lanyard' was felt to operate as a preliminary trust-builder with victims at a particularly critical point in service engagement.

Safeguarding & Multi-Agency Risk Assessment Conference (MARAC)

Beyond the immediate response and risk assessment of domestic abuse victims, longer term management options for those who are deemed high risk are coordinated through MARACs. Op Provide expedited a change to the existing MARAC with provision for meetings taking place daily to ensure timely risk assessments and progress longer term safeguarding for victims.

Longer terms safeguarding provision can include police alarms, hostel accommodation, advocacy support and advice and further referrals to third sector agencies.

Outcomes and impact

Assessing outcomes and impacts

An initial evaluation of the programme was undertaken as part of an academic partnership with LJMU.

The evaluation used a range of methods, including the quantitative analysis of Op Provide programme data collected using a tracker completed by the IDVA and the collection and analysis of qualitative data, including observations of the Op Provide Team in practice and interviews. (All findings were taken from the evaluation report, 'Lancashire Constabulary Operation Provide Evaluation: How can we best safeguard domestic abuse victims in COVID-19 lockdown and beyond?', McManus M, Ball E and Moorhead J (forthcoming).)

The evaluation showed some promising findings. The tracker data from the 493 Op Provide attendances indicated that 41% of victims engaged with the criminal investigation and 67% engaged with safeguarding advice, two of the programme's success measures.

There were no records on previous engagement. However, self-reported data from Op Provide repeat victims indicated both areas of engagement had improved – with 14% saying they had engaged with a previous criminal investigation prior to Op Provide being implemented and 22% reporting having engaged with safeguarding advice on a case previously. The evaluation did not include a comparison group of victims not engaged with Op Provide.

Drawing on the interviews, the evaluation also identified a number of areas that would help the implementation of Op Provide.

- Ensure there is a policing strategic lead in place for Op Provide and a health equivalent with oversight across all IDVAs.
- Put in place regular review periods to identify any tensions/concerns and to troubleshoot and problem solve.
- Aim to recruit local IDVAs and base them locally in order to build effective multi agency relationships.
- Ensure all response officers understand what a good outcome should look like for a domestic abuse incident – not only focusing on prosecution/arrest, but also on safeguarding.
- Continued review of how the Op Provide was communicated to response teams, including supervisors so they could encourage and promote OP, resulting in better uptake and engagement.

Learning and recommendations

The Op Provide Team highlighted several areas to consider when implementing a similar domestic abuse initiative.

Operational model

Clear consideration should be given to which type/s of operational model are to be adopted by the host force. This could be one single strategy (for example, post-response-based model) or a combination of strategies (for example, response and post-response).

Risk assessment

Forces should consider appropriate risk assessment tools for response officers attending a domestic abuse incident to enable efficient triage. Op Provide uses high/medium/standard risk from

the DARA threat assessment undertaken during the initial response to domestic abuse incidents. (The risk assessment used in Lancashire for Op Provide is currently under review.)

High-level leadership

Senior-level leadership in police and health services was recognised as a key factor for success. Strong partnerships with top-level buy-in enabled resource leveraging, including finances, people and vehicles.

Terms of reference

Common and unambiguous terms of reference support collaboration by defining each organisation's contribution to the project, including clear operational responsibility between the officer and the IDVA.

Early academic evaluation

Early academic evaluation supported additional funding, increasing the longevity of the project beyond COVID-19.

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