

	<p align="center"><b>Health and Well-Being Board</b></p> <p align="center"><b>18<sup>th</sup> September 2014</b></p>
<b>Title</b>	<b>Domestic Violence and Violence against Women and Girls Report</b>
<b>Report of</b>	Strategic Director for Communities
<b>Wards</b>	All
<b>Date added to Forward Plan</b>	July 2014
<b>Status</b>	Public
<b>Enclosures</b>	Domestic Violence and Violence against Women and Girls Action Plan 2013-2016, with actions only relating to the Health Sector
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## Summary

The Domestic Violence and Violence against Women and Girls Strategy and Action Plan for 2013-2016 addresses the following issues: Domestic Violence and abuse, Rape and Sexual Violence, Forced Marriage, Honour Based Violence, Gangs and Peer on Peer abuse, Trafficking, Prostitution, Female Genital Mutilation and Sexual Exploitation.

This kind of violence has a serious detrimental impact on the health and well-being of the wider local community. This affects men, women and children, not only in relation to the significant costs of the services needed but also the issues of health inequalities that develop as a result of the violence. Exposure to violence as a child has particularly negative impacts, not only increasing the risks of involvement in future violence but of substance misuse, poor mental health and chronic illness in later life.

This report highlights the overlap between these two strategic boards of; the Health and Wellbeing Board and the Safer Community Partnership Board via the Domestic Violence and Violence against Women and Girls Delivery Board and recommends a more joined up and integrated strategic and operational approach to address these issues, including the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

## **Recommendations**

- 1. That the Health and Wellbeing Board approves the proposed approach to the joint development of a process to address the Domestic Violence and Violence against Women and Girls Strategy and Action plan and the Health and Wellbeing Strategy overlaps.**
- 2. That the Health and Wellbeing Board notes the actions agreed for Health partners under the Domestic Violence and Violence against Women and Girls Action Plan 2013-2016 (see appendix 1 for a list of these actions)**
- 3. That the Health and Wellbeing Board notes the proposal to explore the gaps in current service provision and invites partner agencies to advise the Domestic Violence and Violence against Women and Girls Delivery Board. This includes support for health services, staff training and about sources of funding for the GP's IRIS Project to improve identification and referral of domestic violence and violence against women and girls issues by GPs.**
- 4. That the Health and Wellbeing Board notes the gaps in services and invites partner agencies to advise the Domestic Violence and Violence against Women and Girls Board on options around funding sources to commission services and staff posts of 'Independent Domestic Violence Advocates' and 'Independent Sexual Violence Advocates' to be located within the Health Sector settings such as hospitals**
- 5. That the Health and Wellbeing Board agrees to receive 6 monthly updates from the Domestic Violence and Violence against Women and Girls Delivery Board.**
- 6. That the Health and Wellbeing Board ensures alignment of its work with the Safer Community Partnership Board.**
- 7. That the Health and Wellbeing Board considers the importance of a local needs assessment for people who are at risk of causing violence, or are experiencing violence to be incorporated in the Joint Strategic Needs Assessment.**

### **1. WHY THIS REPORT IS NEEDED**

- 1.1** This report outlines the overlapping responsibilities between the work of the Health and Wellbeing Board and the Domestic Violence and Violence against Women and Girls Delivery Board and the Safer Communities Partnership Board (SCPB). The SCPB has overall responsibility for ensuring that the Domestic violence and violence against women and girls agenda is delivered for the borough. It is important that the strategic boards work together to maximise progress on the actions identified within the action plan. We are seeking the assistance of the Health and Wellbeing Board to help to raise the profile of the Domestic Violence and Violence against Women and Girls agenda and to help to drive progress on the Domestic Violence and Violence against Women and Girls Action plan.
- 1.2** People affected by violence are far more likely to experience poor physical and mental health. Early intervention is the most effective way to tackle negative health and wellbeing impacts of violence and to save local healthcare costs. Coordination across local services is necessary to address the complex needs of those at risk of causing violence, experiencing violence

and victims of violence. There is a need to address more effective joint strategic working between both of these boards, namely the Health and Wellbeing Board and the Safer Community Partnership Board to create partnerships that support the work that will provide better outcomes.

1.3 The current reporting structure for delivering the Domestic Violence and Violence against Women and Girls agenda within Barnet is;

- The Safer Community Partnership Board
- The Domestic Violence and Violence against Women and Girls Delivery Board
- Work has just started to work alongside the Local Safeguarding Children and Adults Boards where Domestic Violence is a key priority.
- This report and recommendations are mainly focusing on the health actions and targets

## 2. REASONS FOR RECOMMENDATIONS

2.1 Tackling the issues of domestic violence and violence against women and girls requires a fully coordinated approach working across all agencies, including health and this board has a significant role to play for effective strategic collaboration and commissioning to improve health outcomes. Tackling violence effectively cannot be done through enforcement alone. The Health and Wellbeing Board presents opportunities in commissioning and achieving better health outcomes.

2.2 Each year there are more than two million violent incidents in England, including domestic violence and abuse, gang and youth violence, sexual violence, violence against women and children and elder abuse. In 2007 it was estimated that 20,000 girls under the age of 15 in England and Wales were at risk of Female Genital Mutilation every year. Women's health is also disproportionately affected by violence such as domestic violence and abuse and rape.

2.3 The costs on the healthcare systems are significant and the costs to local communities are an estimated £30 billion per year. (*Reference: Protecting people, promoting health, Department of Health 2012*). Half of all recorded violent injury results in physical injury and requires health treatment leading to a high number of hospital admissions. There are also very significant mental health impacts: for example depression, suicide and anxiety disorders.. Violence has long and short term impacts on the physical, emotional and mental wellbeing of people.

2.4 It is believed that all forms of domestic violence and abuse and sexual violence are under-reported and may not always be appropriately recorded by local health services. The cause of injuries are sometimes not explored, it is a sensitive and specialist area in which staff and organisations require support on; as per recommendation 3. The Mayor of London is currently working with the Public Health Minister to address information sharing by health services

as detailed in the Mayoral Strategy on Violence against Women and Girls 2013-17.

- 2.5 Violence is often preventable and the Domestic Violence and Violence against Women and Girls Strategy and Action Plan is working to introduce a range of interventions. The Joint Strategic Needs Assessment and the Health and Wellbeing Strategy can provide an integrated multi-agency approach to tackle violence. The development of local evidence needs to take place to build a profile of domestic violence and the Violence against Women and Girls issues in Barnet and the services needed. Effective commissioning to reduce and prevent violence requires the collation and analysis of multi-agency data. A Performance monitoring Task and Finish Sub group has been established by Barnet Council that would greatly benefit from input from the health sector partners.. A new national information standard is being developed to enable A & E departments to collect data on violent assaults and to share this with third party organisations that might be able to support patients/clients. It would be beneficial to identify a common set of local performance indicators and outcome measures that would help us scope this piece of work.
- 2.6 Barnet needs to develop its domestic violence and abuse support services in line with national best practice guidance in order to make the biggest impact on those who experience abuse in the borough. The IRIS commissioning guidance, endorsed by the Royal College of General Practitioners (RCGP), is cited as best practice in the Department of Health taskforce report from its domestic violence subgroup.(Responding to violence against women and children: The role of the NHS'). IRIS is also cited as best practice in the Greater London Authority strategy, 'The Way Forward: A Call for Action to end Violence against Women'. IRIS is recommended in the Department of Health 'Commissioning services for women and children who experience violence or abuse – a guide for health commissioners'.
- 2.7 IRIS supports local areas to address issues such as the need for improved training and awareness on domestic violence and abuse for GPs and healthcare professionals, who do not always know what to do with a disclosure of domestic violence or abuse.
- 2.8 IRIS also provides Level 2 training to staff, which helps them to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. The training also involves an understanding of the epidemiology of domestic violence and abuse, how it affects people's lives and the role of professionals in intervening safely. Staff should also be able to respond with empathy and understanding, assess someone's immediate safety and offer referral to specialist services. Typically this level of training is for nurses, GPs, health visitors, and health and social care professionals.
- 2.9 The cost of implementing IRIS training in Barnet for 1 year is £60K (the costs reduce in subsequent 2/3 years to an approximate reduction of £7,000.) The costs include supporting 25 General Practices:

- recruitment, salary and on-costs for one full-time Advocate Educator
- sessional payment for the IRIS clinical lead (a practising local clinician)
- IRIS consultancy and set up
- Local delivery of IRIS training for trainers' course for the local team including copies of all training materials and templates for health education materials.
- A full Breakdown of costs will be supplied when requested

2.10 The Health and Wellbeing Board is asked to request that partner agencies advise on available funding sources that could be used to support this important project.

### **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

3.1 At this time there are no other viable options available that have been explored. The team have had limited success in trying to engage the health sector to drive this forward independently.

### **4. POST DECISION IMPLEMENTATION**

4.1 Work will begin immediately to implement the recommendations if approved.

### **5. IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

5.1.1 Within the current Corporate Plan 2013-2016 there are no specific references to domestic violence and violence against women and girls. There are priorities that include early intervention for children, health needs of the population, especially the older population but no specific mention to this area. This is a gap that could be addressed. Whilst the Domestic Violence and Violence against Women and Girls Strategy and Action Plan for 2013-2016 addresses these issues, this report seeks to initiate discussions about how these actions can be aligned into other strategic plans. Within the current Health and Wellbeing Strategy 2012-2015, there are no references to domestic violence or violence against women and girls. Therefore, this is a gap that we are seeking to address when the new strategy is developed.

5.1.2 There is a national indicator for domestic violence and abuse and three specific violence related indicators in the Public Health Outcomes Framework 2013-2016

- Violent crime, including age standardised rate of emergency hospital admissions for violence
- Rate of violence against the person offences
- Sexual violence

5.1.3 There is also a new Domestic Violence and abuse best-practice guidance

2014, established by the National Institute for Health and Care Excellence (NICE).

## **5.2 Resources**

The Children's Services currently commission three distinct Domestic Violence and abuse Services; providing Refuge provision, an Advocacy and Support service and a Perpetrator service. This amounted to a total of £673,217.68 in year one and thereafter £650,806.02 annually.

5.3 North London Rape Crisis Service is commissioned with Barnet and 6 other North London Boroughs. Barnet were previously contributing £20,000 per year towards this. However, in 2014 no payment was required from Barnet towards this contract.. This service is currently being funded by the Mayor's Office of Policing and Crime (MOPAC).

5.4 We would welcome a discussion with Health partners to explore the gaps in a range of services. This might include support services or referral pathways to specialist agencies in domestic violence and violence against women and girls issues. In some areas where there are specialist posts located within hospitals for example, there are an increase of referrals being made and clients being supported.

## **5.5 Legal and Constitutional References**

5.5.1 The Council's Constitution sets out the Terms of Reference for the Health and Well-Being Board. The responsibilities include partnership working across health and social care agencies to ensure that resources are directed to meet the needs of Barnet's population.

5.5.2 There are no duties imposed upon local authorities to provide specific services in respect of Domestic Violence against women and girls, but there are overarching duties to provide relevant community care services and to address safeguarding concerns as well as specific child protection duties. The Board is subject to the Public Sector Equality duty in s149 of the Equality Act 2010 when exercising its functions and must have due regard to the need to eliminate discrimination and advance equality of opportunities as required by that duty.

## **5.6 Risk Management**

5.6.1 It is important that the Health and Wellbeing Board support the work as the Domestic Violence and Violence against Women and Girls agenda needs the highest possible strategic profile and effective partnership working as there are health, economic and social consequences of violence. The current risks are that there is an under reporting of domestic violence and abuse cases and issues of violence against women and girls, particularly from health colleagues and agencies. This is evidenced by, the multi-agency risk assessment conference (MARAC) process, within Barnet that deals with high risk Domestic Violence cases. In the last financial year they only received 7 referrals from the health sector out of a total of 234 cases, suggesting significant under-reporting.

- 5.6.2 In the same financial year 2013-2014, the health generated referrals received by our Domestic Violence commissioned services through Solace Women's Aid were very low as well. Out of a total of 1012 referrals only 16 were referred by the Health sector which is low.
- 5.6.3 When there is an under reporting of cases then women, men, children and families as a whole are not supported appropriately and not protected. If early intervention does not take place then there are a wide range of repercussions that can occur. This includes repeat victimisation, health repercussions such as depression, mental health concerns self-harm, and suicide, low self-esteem, anxiety, isolation, increased problematic substance misuse, unwanted pregnancies and sexually transmitted diseases. It can also lead to poor parenting and children are often the victims of witnessing this violence and abuse or being victims of child abuse,
- 5.6.4 There are also consequences for the community and the borough including; social exclusion, criminal behaviour and activity, homelessness, poverty, unemployment, housing and financial ramifications that cost services dearly. Early identification and preventative work saves costs on services in the long run.
- 5.6.5 There is also a duty through safeguarding adults and children to ensure that Barnet supports clients that are at high risk. This also includes the all the services to work diligently to ensure that all the processes, sharing information and appropriate interventions take place and works to prevent domestic homicides in the borough. Of the 4 domestic homicides that we have reviewed since the Home Office guidance was introduced in 2011, all of the cases had Health services involvement.
- 5.6.6 There are health ramifications in tackling issues of women exiting prostitution, trafficking, female genital mutilation, honour based violence, rape and sexual assault, pregnancy and domestic violence. Health services are often the first point of contact for clients; therefore, their appropriate response and speedy referral is essential.
- 5.6.7 Barnet will also be scrutinised by the Mayor's Office of Policing and Crime (MOPAC) on the progress that the borough has made to address and tackle issues of Domestic violence and violence against women and girls. More information will be provided on how this will take place once received.

## **6 Equalities and Diversity**

- 6.1 Domestic violence and abuse and violence against women and girls disproportionately affect women, although some men are affected as well. It is claimed that 1 in 4 women experience some form of domestic violence and abuse; this cuts across all classes, faiths, ages and ethnic communities.
- 6.2 Recent work has highlighted that there are certain communities, such as Black minority ethnic and refugee (BMER), Lesbian gay, bi-sexual and transgendered (LGBT) and people with disabilities that experience additional

barriers to reporting incidents and barriers to accessing services. It is with these concerns that the equalities and diversity issues need to be addressed.

6.3 The Domestic violence and abuse definition has lowered the age to 16 years from 18 years so younger teenagers can be supported appropriately. Within the Children's services the Safer Families Team provides support for women who have children under the age of 11 years old, around domestic violence. Also Solace Women's Aid provides support for women and children over the age of 11 years old. However, there are no support services for victims under the age of 16 years old. This will be dealt within the MASH system and Safeguarding services as they are children.

6.4 The latest domestic homicide review in Barnet highlighted the difficulties for older people in accessing support services for Domestic Violence and mental health issues.

## **7. Consultation and Engagement**

7.1 There is a Domestic Violence and Violence against Women and Girls Forum in Barnet, with an independent Chairperson. The members are diverse and include a range of multi-agencies and people who live, work or study in the borough. They have been widely consulted and have approved the transitioned approach from addressing Domestic Violence only to expanding the agenda to include Violence against Women and Girls more generally

## **BACKGROUND PAPERS**

1. Domestic Violence and Violence against Women and Girls Strategy 2013-2016

[http://www.barnet.gov.uk/downloads/download/381/barnet\\_domestic\\_violence\\_strategy](http://www.barnet.gov.uk/downloads/download/381/barnet_domestic_violence_strategy)

2. IRIS Commissioning Pack Information

[http://www.irisdomesticviolence.org.uk/iris/uploads/documents/IRIS\\_CommissioningPack.pdf](http://www.irisdomesticviolence.org.uk/iris/uploads/documents/IRIS_CommissioningPack.pdf)