	Health and Well-Being Board **12 March 2015**
Title	**Domestic Violence and Violence against Women and Girls Report**
Report of	Strategic Director for Commissioning
Wards	All
Date added to Forward Plan	September 2014
Status	Public
Enclosures	Appendix 1: Domestic Violence and Violence against Women and Girls Action Plan 2013-2016
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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 provides the six monthly update requested by the last Health and Well-Being Board in September 2014.

Recommendations

1. **That the Health and Well-Being Board notes the recommendations of the completed Domestic Homicide Review (DHR A) recommendations pertinent to health organisations as set out under section 2 of this report.**

2. **That the Health and Well-Being Board members consider the way forward for the IRIS project in Barnet following the rejection by NHS England to fund this initiative.**

1. WHY THIS REPORT IS NEEDED

1.1 This report provides a six monthly update requested at the Health and Well-Being Board (HWBB) in September 2014. It is important that the HWBB is aware of the progress.

1.2 It was agreed that the Health and Well-Being Board would write to NHS England to request funding for the Identification and Referral to Improve Safety (IRIS) project. This happened and NHS England have responded stating that they are unable to provide local funding for the IRIS project but are looking into other initiatives and training opportunities. We would welcome funding suggestions from the HWBB. The need for the IRIS project was evidenced in the previous report for the September board. Barnet has very low referral rates for domestic abuses from GPs and the IRIS project has been evidenced to be extremely effective in increasing the number of referrals and improving the practice of GPs and their staff in responding to domestic abuse.

1.3 The Domestic Violence and Violence against Women and Girls Action Plan 2013-2016 has progressed (see Appendix 1). More information is contained in the report.

1.4 Following the completion of the last Domestic Homicide Review (DHR A), there were a number of recommendations for Health partners; these are included below for your information.

2. REASONS FOR RECOMMENDATIONS

2.1 The Safer Communities Partnership Board holds overall responsibility to ensure that all the Domestic Homicide Reviews and all of its recommendations are completed in a timely manner. The agencies named in the report/recommendations are responsible for delivery and feeding back on the progress made. It is vital that the HWBB is aware of any recommendations pertinent to NHS organisations arising from Domestic Homicide Reviews to ensure visibility of the issues.

2.2 **Domestic Homicide Review (DHR A)** - The Domestic Homicide Review that was completed and approved by the Home Office In June 2014 and published in December 2014 included recommendations that relate to Health. The

recommendations that follow have been taken from the Review pertinent to NHS organisations.

Recommendations

2.2.1 All Health Partners to develop a policy on domestic violence that includes a requirement that all health staff have training on domestic violence in line with their responsibilities. This should equip staff to be able to recognise when someone may be experiencing domestic violence, to enquire sensitively, recognise risk and refer where appropriate.

2.2.2 The Family General Practice to incorporate the Royal College of General Practitioners' (RCGP) guidance on responding to domestic violence into their own policy. They need to understand the role of the practice management in Domestic Violence

2.2.3 To be assured that primary care are adopting the RCGP guidance on domestic violence across all settings.

2.2.4 To commission the IRIS model to improve the early identification of domestic violence in primary health care.

2.2.5 In conjunction with the Barnet Safeguarding Adults Board and the Barnet Public Health lead, ensure that materials are available in all primary care settings promoting services for domestic violence victims and perpetrators.

2.2.6 To ensure that there is adequate guidance available for health care staff on the use of interpreters and specifically when it is not appropriate for a family member to act as an interpreter during medical consultations.

Consider a "tag and flag" system for medical records of those at risk of domestic violence. Where such notes are archived, to ensure that such tag and flag notifications are transferred along with the notes

2.3 **Domestic Violence and Violence against Women and Girls Action Plan Progress Report – There has been progress since the last Health and Wellbeing Board meeting in September 2014. This includes;**

2.3.1 Discussions are currently taking place to incorporate Domestic Violence and Violence against Women and Girls within the Joint Strategic Needs Assessment.

2.3.2 The CCG and Public Health are currently developing their FGM policy and procedures as outlined in the Domestic Violence and Violence against Women and Girls Action Plan and have organised a training session for partners

2.3.3 A Young Person's Domestic Violence Advocate has been appointed at Solace Women's Aid to support young boys and girls around their issues of being victims of domestic violence. More cases are being reported to this age group.

2.3.4 As it is recognised that the earlier the intervention could break the cycle of having continuous unhealthy relationships; hence a long term saving on the health services.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 At this time there are no other viable options available that have been explored.

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 The Domestic Violence and Violence against Women and Girls Strategy and Action Plan for 2013-2016 addresses these issues and the new JSNA will incorporate the DV and VAWG agenda, this will also be reflected in the 2015 refresh of the Health and Wellbeing Strategy.

5.1.2 In order to aid our profile and understanding of DV we need more data from our health partners and the police. We will be addressing this through the Safer Communities Partnership Board. This would include data on:

- 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). This is not mandatory but a good practice toolkit that would be good to adopt.

5.2 **Resources**

5.2.1 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 amounts to a total of £673,217.68 in year one and thereafter £650,806.02 annually which are full funded.

5.2.2 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 because this service is currently being funded by the Mayor's Office of Policing and Crime (MOPAC).

5.2.3 The key resource issue for this board is the proposal that funding be identified to support the introduction of the IRIS project.

5.3 **Legal and Constitutional References**

5.3.1 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.

5.3.2 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.

5.4 **Risk Management**

5.4.1 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 is major health, economic and social consequences of violence. A significant risk is that there is currently under reporting of domestic violence and abuse particularly from health colleagues and agencies. This is evidenced by the multi-agency risk assessment conference (MARAC): 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. According to CAADA this is low, considering the size of the health sector.

5.4.2 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. This risk could be mitigated somewhat by the introduction of the IRIS project.

5.5 **Equalities and Diversity**

5.5.1 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.

5.5.2 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.

5.5.3 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 specialist DV support services for victims under the age of 16 years old who currently need to be dealt with by MASH and family services. There is a Young Person's Advocate that has taken on the role to support 16 – 18 year olds who are experiencing domestic violence.

5.5.4 The latest domestic homicide review in Barnet highlighted the difficulties for older people in accessing support services for Domestic Violence and mental health issues and this must be considered in future service delivery.

5.6 **Consultation and Engagement**

5.6.1 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 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.

6. BACKGROUND PAPERS

6.1 Domestic, Health and Wellbeing Board 18 September 2014 item 11; https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7782&Ver=4

6.2 Domestic Violence and Violence against Women and Girls Strategy 2013-2016; http://www.barnet.gov.uk/downloads/download/381/barnet_domestic_violence_strategy

6.3 IRIS Commissioning Pack Information; http://www.irisdomesticviolence.org.uk/iris/uploads/documents/IRIS_CommissioningPack.pdf

6.4 Domestic Homicide Review Report (DHR A); https://services-for-schools.barnet.gov.uk/citizen-home/housing-and-community/domestic-homicide-review-dvhr.html