

# **Review of Domestic Violence and Abuse**



## **Neighbourhoods Overview and Scrutiny Board**

**February 2015**

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## **Review of Domestic Violence and Abuse**

### **Introduction**

1. Domestic violence and abuse (DVA) is complex and affects all aspects of the life over a long-term. It's not always all about violence, but can also be about power and control where victims can be groomed for years to accept their situation, to have this rather than nothing. It is generally recognised that some victims may go on to have further abusive relationships.
2. Domestic abuse and violence has a significant impact on Council and partner services both universal and specialist. It also has an impact on the city in terms of cost, reputation and health of the individuals affected. In order to tackle these issues, the Council debated the following motion at their 5 March 2014 meeting:

"In view of impending changes to commissioning of victim support services, being passed to the Police and Crime Commissioner for Derbyshire, Council resolved to ask the Council Cabinet to work in partnership with the Police and Crime Commissioner, using the established cross-party Neighbourhoods Overview and Scrutiny Board to:

- a. consider and evaluate the levels of domestic abuse within the City
- b. 'dip sample' the way that cases have been managed and their outcomes
- c. discuss and disseminate the best possible levels of professional practice within the City
- d. consider setting up a strategic countywide group to enhance the work of domestic abuse specialists, such as the Independent Domestic Violence Advocates
- e. make recommendations to Cabinet about future resources, training and awareness
- f. urge Government to consider seriously the call by domestic violence specialists that 'coercive control' be made an offence."

### **Evaluating levels of domestic abuse within the City**

3. The Board considered an initial scoping report on 29 April 2014, however they felt they needed more information before commencing the review. A more detailed report was considered by the Board on 22 July 2014 which gave a local perspective.

## Local overview

- Derbyshire Police responded to 6,870 domestic abuse calls in Derby during 2013/14, equating to 18.8 every day or for every 1,000 households there were 67.2 calls
- In 2013/14 Derby City, Erewash and Chesterfield had the highest numbers of recorded crimes for domestic abuse and Derby made up 37% of the overall Derbyshire total
- The wards in Derby with the highest rates of domestic abuse incidents in 2013 are Arboretum and Derwent
- Domestic abuse recorded crime in Derby has increased from 7.3% in 2011/12 to 9.6% in 2013/14, equating to approximately 1 in 10 domestic abuse related crimes. Over the last 3 years there has been an increasing trend unlike the overall crime rate which has been decreasing. It should be noted that it is generally accepted that these crimes remain under-reported
- Children in the household where an incident has taken place averages at round 58% of incidents in Derby. This breaks down further into 7 out of 10 high and medium risk cases and about 5 out of 10 for standard risk
- 34% of the total number of child protection plans at the end of 2013/14 had domestic abuse as a significant factor. The actual number was 102 plans in comparison with 87 at the end of 2012/13
- In 2013/14 approximately 41% of cases going through commissioned treatment services for substance misuse had domestic violence as a significant factor
- There is a specialist domestic violence court in Derby and Chesterfield. The Derby court is held each Wednesday with hearings in the morning and sentencing in the afternoon. There were 431 cases heard in 2013/2014 and has been a rise in cases of 7.4% from April to September 2014. Overall Derbyshire conviction rates remain fairly consistent and was 76.4% in 2013/2014
- 214 high risk cases were managed through Derby MARAC (Multi Agency Risk Assessment Conference) in 2013/14 with 12% identified as repeats. This was an increase from 168 cases in 2012/13 with 11% repeats. From April to December 2014 Derby MARAC managed 351 cases and the MARAC now meets fortnightly to cope with the increase
- Derby City Council's Domestic and Sexual Violence Team had 311 high risk victim referrals in 2012, 324 in 2013 and 509 referrals in 2014 - **an increase of 57.10%**
- The cost of domestic abuse in Derby was estimated in 2009\* at £26,500,000 per year across a number of key functions (Criminal Justice, Health, Social Care, Housing, Civil Legal Costs and Economic output losses) this rose to £72,200,000 per year when you include an approximation for the human and emotional cost to the individual. *\*Based on report produced by the Trust for London and the Henry Smith Charity which estimates the costs of domestic violence for each local authority area.*

## **Domestic Abuse Case Studies**

4. The Board was informed that all incidents of domestic abuse reported to the police require attending officer(s) to complete a detailed risk assessment. Victims are assessed as being at one of three levels of risk, depending on the 'score' they meet on the indicator checklist along with the professional judgement of the officer completing the form. Victims are assessed as being at either standard, medium or high risk of serious harm or homicide. In order to get a better understanding of how services are delivered locally, members were provided with case studies on three different levels of risk of harm to victims.
5. Although any professional can complete a risk assessment, the vast majority of those referred to the advocate team are completed by Police. Those victims assessed as being at high risk are referred to both the MARAC and the DSV advocate team.

### **Case study 1 – Standard risk**

VB and TB live in Spondon. They have been married for 4 years and have a 15 month old son. Police responded to a call from a neighbour reporting loud shouting and sounds of banging coming from VB and TB's address. Officers attended and the door was answered by VB who was tearful but had no visible injuries. Officers spoke to the couple separately. VB confirmed that her and her husband had been arguing but that nothing else had happened. TB also stated that he had had a row with his wife and advised that their son was staying with his grandmother and so was not at the address. Police have no records of any other incidents reported involving the couple. There were no signs of a disturbance at the property. The risk indicator checklist was carried out with VB – she answered 'no' to every question, other than to Q9 which asks whether or not she had had a baby within the last 18 months. As there were no other concerns the risk assessment was submitted showing VB to be at standard risk. No referrals were made and as the child was not present at the time of the incident no other agencies were alerted.

### **Case study 2 – Medium risk**

HH and PK live in Alvaston – they do not live together. They have been in a relationship for 5 months. The couple do not have any children together however HH has a 3 year old daughter from a previous relationship who lives with her. Police responded to a call from HH reporting that PK was at her address and was refusing to leave. When officers attended PK had already left the property. HH told the police that PK had turned up at her address drunk. She stated that they had argued and she had asked him to leave but he had refused so she had dialled 999. HH stated although PK had not assaulted her on this occasion, he did slap her for the first time a few weeks ago and said that this had scared her. HH did not want to make a formal complaint to officers about the recent assault however they did carry out the risk

assessment with her. HH said that she was frightened about PK assaulting her and that the abuse was getting worse.

The risk assessment carried out by officers showed HH to be at medium risk. She was not willing to take any criminal action at this time however she was given the contact details for a national domestic abuse charity that assists with getting civil protection orders in place. The SNT (Safer Neighbourhood Team) for HH's area were informed about the risk she had been assessed at. HH also consented to a referral for additional security to be installed at her property. A sanctuary referral was completed and forwarded onto the advocate team and was then sent onto the Crime Prevention Team (who are now part of Derby Homes) who arranged to visit HH's property. HH was also given the contact details for Victim Support in case there was any other practical or emotional support she needed getting in place.

### **Case study 3 – High risk**

Wendy is a health visitor within the Family Nurse Partnership. Wendy has been carrying out visits with TT since she had her son just over a year ago at the age of 18. Wendy has been concerned for some time about TT's ex-partner, KL, who is father to her son. The couple have an on/off relationship and do not live together. KL has an extensive criminal history and has spent time in and out of prison. It has taken a long time for TT to open up to Wendy however she recently disclosed that when she was pregnant KL had made threats to hurt her and her then unborn child.

Wendy sought advice from the DSV advocate team about how to progress with the disclosures TT was making. She was advised to carry out the risk assessment and was given some information about the criminal and civil options open to TT. Wendy carried out the risk indicator checklist and TT made detailed disclosures about physical, emotional and sexual abuse. The assessment showed TT to be at high risk of serious harm. Wendy referred TT to the MARAC and DSV advocate team.

An advocate carried out a joint visit with Wendy and TT. At this stage she was not willing to make a formal statement to police but it was agreed that the advocate would support her in seeking civil protection via a non-molestation order. There were then a series of further incidents involving KL turning up at TT's property drunk, making threats and asking to see the baby. TT reported these incidents to police and with the support of the advocate team disclosed previous, but recent, assaults. KL was arrested and charged with a number of offences. He has bail conditions in place not to contact TT.

TT's case was heard at MARAC. The police were able to confirm that KL had previous convictions for assault and harassment on a previous partner. It was agreed that under the Domestic Violence Disclosure Scheme information about these previous convictions would be disclosed to TT to ensure that she was able to make an informed choice about not resuming the relationship. Police confirmed that a critical registration marker had been placed on TT's address and agreed to give her a Skyguard alarm as soon as one became

available. Housing Options agreed to arrange an appointment for TT so that steps could be taken to have her re-housed. The advocate team advised that they would continue to provide appropriate support through the criminal proceedings, agreeing to liaise with Witness Care for special measures to be put in place for the trial and to discuss with TT whether or not she would like a restraining order imposed as part of the criminal proceedings (this is available even on a non-conviction).

TT continues to engage well with the advocate team, who work closely with Wendy.

## **Summary of Evidence Received by the Board**

6. The Board sought evidence from individuals from voluntary and statutory organisations including the national charity, Co-ordinated Action Against Domestic Abuse. CAADA provides a range of practical tools and training to support professionals and organisations working with domestic victims particularly those at risk of murder or serious harm. CAADA collects and analyses data from 286 Multi-Agency Risk Assessment conferences (MARACs) across the country. Evidence was requested on following three areas:
  - Supporting medium and standard risk victims
  - Tackling perpetrators
  - Raising awareness and understanding
7. The information was provided in written form and verbally at a special meeting convened to gather evidence on 30 October 2014. Receiving written information in advance of the meeting enabled members to understand the key issues and have more informed discussions. A summary of information is provided below.

## **Supporting medium and standard risk victims**

### **Prevention/ Early intervention services**

8. A number of voluntary and statutory organisations provide preventative, early intervention services in the city. HadhariNari Advice and Information Centre has been providing a comprehensive service for women in the city for over 28 years. Women approach the Advice Centre as the first point of contact for domestic violence in Normanton Derby and are able to discuss a range of options such as support on health issues and housing needs. The Supporting Victims of Violence (SV2) runs the Consent Workshop and operates a 24/7 advice line. The Women's Work provides preventative services through the Schools' Freedom programme and reactive services through adults' sessions.

9. At Derbyshire Health Care Foundation Trust (DHCFT), all members of staff are required to complete a compulsory training programme which includes Safeguarding of children and adults. The training programme includes all aspects of domestic abuse from identifying potential victims to understanding processes and procedures and guidance on how to respond to it. Health Visitors and Midwives routinely enquire about domestic violence and impact of potential violence on victims and children through their early contact with families at antenatal, pre-birth and post natal assessments visits.

### **Reactive services**

10. Most organisations provide a reactive service to victims of domestic abuse. Refuge is the UK's largest charity providing safe accommodation to women and children fleeing domestic abuse. It operates 25 units in Derby, providing 24 hour accommodation, 365 days of the year. The accommodation is available for up to 12 weeks for service users. This includes nine self contained flats and eight shared accommodation for generic service users with eight self contained flats for South Asian women and children fleeing honour based violence and forced marriage. Women receive practical and emotional support from a key worker. Where specialist support is required, Refuge refers people to other agencies including health services, education, housing, Police Domestic Violence Unit, MARAC, adult and children's services and other agencies. Refuge works with women to raise their awareness of the dynamics of domestic violence to enable them to understand their experiences and the possible danger signs. Women leaving the refuge are offered up to 3 months resettlement support, however prior to leaving, their risk assessments are reviewed and support and risk management plans updated.
11. Children and Young People's Services (CYP) also largely provide reactive services although they offer early intervention through engagement with new parents (usually mothers) at Children's Centres, and in direct work with young people. The majority of their referrals come from the Police and are received either at the First Contact Team or through other referral points. A social work manager is currently co-located with the Police and works on screening DV reports and identifying an appropriate CYP response. The current agreement is that:
- Those with a medium or high Domestic Abuse or Stalking Harassment (DASH) assessment will go as a referral to Children's Social Care. They will have a social care assessment and if necessary an urgent response.
  - Those with a standard DASH assessment will be passed through to Early Help Services (Multi Agency Teams or MATs) or to universal services with advice to consider the needs of the child and if necessary, complete an early help assessment.



12. Derby Homes provides mainly a reactive service to instances of domestic abuse. The Family Intervention Project workers identify where domestic abuse is an issue or has been previously. Victims are encouraged to recognise the signs and where possible to attend the Freedom programme. Domestic abuse is included in their safeguarding training delivered to all staff and covers the impact on children.
13. Victims of domestic abuse usually approach Housing Options for assistance after having already experienced the abuse. The service employs 'homeless prevention' methods by referring for sanctuary measures to make an existing home safe or finding alternative suitable accommodation, including in the private rented sector. Housing Options has a statutory duty to take homeless applications from households who have been placed in a refuge facility in Derby having fled domestic abuse from other parts of the country.
14. Derby Adult Safeguarding identifies domestic violence as a form of abuse that could lead to a referral for safeguarding. Victims meeting its criteria receive support to stay safe and gain protection from future harm. Safeguarding Lead Officers attend MARAC meetings to provide information and ensure informed multi-agency decisions are made. Sometimes the decision of MARAC may be to refer the victim into Safeguarding as this is seen as the best way to protect the person. This will often be because either the victim is already known to health and social care or that the presenting issues indicate that agencies should get involved to support the victim.
15. According to the Probation Service, all offenders made subject to the Better Lives Programme are offered contact with the Women's Safety Worker. Offender Managers working with Perpetrators will have victim protection as part of the risk management plan. This will continue to be the case with the National Probation Service and is hopefully included in the contracts for the Community Rehabilitation Company.
16. The Southern Derbyshire Clinical Commissioning Group commission safeguarding services from their providers, Derby Hospitals Foundation Trust and Derbyshire Healthcare Foundation Trust. Both providers support and train their members of staff who have direct contact with victims or perpetrators. Members of staff from these organisations also work with victims when they present themselves at Accident and Emergency services and through health visitors and school nurses services.

#### **What victims want the most**

17. Witnesses were asked to give their views of what the victims of domestic abuse want the most. The Board was informed that victims primarily want a safe home environment and freedom from abuse. People also want practical help to

access welfare benefits and support with life skills such as cooking nutritional meals, opening bank accounts and parenting skills support. Some individuals also require interpreting services.

18. Children and young people want to be free from abuse. To help achieve this aim they want better living space. Provision of good quality social housing is crucial to the achievement of this aspiration.
19. Evidence from Police states that they deal with 5,500 domestic abuse crime cases each year. Response to their user satisfaction survey shows that 81.7% of victims of violent crime are satisfied with their service. However, victims want support from the moment of engagement with the Police through to the court process.

### **Emerging trends**

20. Agencies dealing with domestic abuse were asked about emerging trends. They said that they are experiencing difficulties in engaging with new and emerging communities although some people are now beginning to access services. Clients of DHCFT are accessing additional support with the range of issues linked to domestic abuse such as mental health, self harm, drug/alcohol dependency and forced marriage. Due to lack of preventative work, clients are escalating from low to medium risk to high risk of abuse.
21. Agencies are also experiencing an increase of domestic violence involving older people. They said that as people grow older, conditions that present with aggressive behaviours such as dementia are becoming more common.
22. Southern Derbyshire CCG stated that more young people are becoming victims of domestic violence or perpetrators of domestic violence and therefore feel early intervention/ education is essential. They have concerns about a number of serial perpetrators who are moving from one vulnerable victim to another and that the level and type of violence at times is escalating. They felt that more resources need to be invested to work with the perpetrators to try and change their pattern of behaviour.
23. It was reported that there has been a marked increase in the number of cases referred to MARAC and many of these are households with children. This is making unsustainable demand on resources in both the National Probation Service and the Community Rehabilitation Company. With Transforming Rehabilitation both organisations need to send staff to the MARAC and prepare the information on their cases. The cases being referred in do not always meet the MARAC criteria and the risk is that cases may not get the service they require and therefore dilute effectiveness of MARAC.

24. Voluntary groups stated that they are experiencing a reduction in their funding which is affecting delivery of preventative and reactive services.

25. Other emerging issues include:

- Higher levels of self-harm in Derby compared with the national average, with significant levels of children and women with psychological distress. Domestic violence is not a causative factor but it can be a contributory factor
- Multicultural issues: Female genital mutilation
- Discipline - People from Eastern European countries seemingly accepted behaviour towards women and children hitting/smacking
- Substance misuse- preoccupation, behaviour, access to harmful substances. Abuse may not be directly related to substance but lifestyle and impact on financial stability/poverty in household
- Media views of domestic abuse – Minimising of incidents : “only did it once”
- Inadequate sharing of information amongst agencies e.g. Nurse/ Health Visitor visiting a home where Probation are involved with the perpetrator. Information is not shared to aid assessment of potential and actual risk. Lone working plans for professional’s visit are not shared
- Society doesn’t have zero tolerance to abuse.

### **Services required over the medium term**

26. People giving evidence to the Board were asked to give their views on types and level of services they think will be needed over the next 2-5 and 5-10 years.

27. Virtually all respondents expressed a need have more services for children and young people which enables them to talk about how they feel and to express their fears and anxieties. They said more resources need to be invested within schools (as early as possible) to talk to children about healthy relationships and staying safe. More use of social media is should be used to raise awareness of abuse.

28. Help for service user’s to focus on their own perspectives of their situations, thus raising awareness of domestic abuse/cycle of abuse, power and control issues. This requires increase in 1-1 and group sessions to raise self esteem and build confidence. Relevant training for service users is needed to help them become financially independent e.g. welfare benefits, budgeting, debt advice.

29. There needs to be continued Independent Domestic Violence Advisor support in the city. Dedicated MARAC support function for all partner agencies and specialised support for HBV, FM and FGM.

30. A domestic abuse perpetrator programme is needed to refer clients for both voluntary self referrals and mandatory referrals as a result of criminal/court processes. This could be twinned with the victim programme.
31. There is a general concern about insufficient resources to address domestic violence.
32. People also felt that greater clarity is required on what is deemed to be abuse and clear expectations on thresholds and emerging best practices.
33. Further points raised by witnesses include:
- More local refuge provision (targeting services to all communities but with provision for new communities)
  - Increased outreach/floating support for medium risk in Derby City
  - Community support for children including children's Outreach and counselling for children
  - More early intervention work to prevent high risk cases
  - A service user involvement group for survivors
  - Increased community group liaison work
  - Consultant level clinician in domestic abuse across the health community due to prevalence being so high. To work both proactively and systematically
  - More internal and externally skills development training around domestic abuse and impact
  - Less emphasis on women to be the only protecting parent against perpetrator.
  - Transcultural challenges re multicultural issues are addressed, with consideration and adaptation to culturally sensitive services
  - Services need to be accessible to disabled people, including accessible helplines for Deaf people and information accessible for visually impaired people
  - Issues around abuse in same sex relations need to be addressed to make sure services are accessible.

### **Multi agency working**

34. Multi-agency arrangements bring together colleagues from the various agencies to discuss the changing needs of the client group and help improve outcomes. Information that is shared enables more thorough risk assessment. Joint working also helps to develop services in the local area and enable victims to overcome their barriers to report domestic violence and abuse, tackle health inequalities. Some respondents said that information sharing is effective between statutory agencies however this could be improved within the voluntary sector particularly

relating to medium and standard risk clients. These cases are not seen as immediate risk but are in danger of escalating to high risk cases.

35. Education services recently asserted to the DSCB Education Hub that they receive little or no information about incidents affecting pupils. This lack of effective information sharing prevents appropriate support being made available to the child and appropriate engagement with the parent. The lack of information sharing has the cumulative effect of significantly limiting opportunity to put effective safeguarding arrangements in place.
36. Police stated that although they share information effectively this is not always timely. The barriers are the sheer capacity to deal with 21,000 referrals required to be dealt with by the CRU annually. It is physically not possible to refer all this information to all other agencies, the majority of these referrals sit as standards. Other agencies do not have the capacity to deal with this volume of information. A professional judgment is made on sharing of high and medium risk cases involving children. They also share the list of serial and repeat perpetrators to certain agencies.
37. Information sharing also continues to be an issue with some health professionals and although this is being addressed. Safeguarding officers actively encourage staff to share information if an adult or a child is at risk or at potential risk of harm to aid their assessment.
38. People giving evidence to the Board stated that domestic abuse should be seen as a priority within the council and that more resources are needed to combat the increasing escalation of abuse. They also suggested that more funding is required to provide front line domestic abuse services.

## **Tackling Perpetrators**

39. Addressing issues related to perpetrators are important part of the jigsaw in tackling domestic abuse. Agencies were asked about current services available for perpetrators of domestic abuse. This not only involves looking action being taken when a crime is committed but also to measures available to help change behaviour.
40. According to the Derbyshire Healthcare FT there is evidence that people with a history of violence or anger are discriminated or denied access to services due to lack of understanding of the causes of anger and aggression and also lack of skills and knowledge of how to treat. This is a national area for improvement with the over representation of individuals with MH problems, substance misuse and in our prisons and probation system. The Trust offers a limited amount of specific therapy and has achieved good outcomes but recognises the lack of access to

Psychological therapies is a national issue. They are of the view that a service similar to that offered to victims should be readily available for perpetrators. This will require analysis and review of capacity and demand.

41. Safeguarding investigations should encompass an investigation of the perpetrator and any subsequent protection/safety plan will take into account the needs of the perpetrator for care and support. In addition, Safeguarding will link into other forms of support that may be available to reduce the risk posed by perpetrators. In some instances perpetrators may have needs arising from mental health issues and this will be addressed by referral to mental health services where appropriate. Carer stress may also be a component of domestic violence and referrals will be made to carer support agencies again where appropriate.
42. Where the perpetrator is self-neglecting and their presenting issues are posing a public safety issue then referral can be made to the Vulnerable Adults Risk Management (VARM) process. This is for individuals who don't meet the eligibility criteria for health and social care services but the risk they pose themselves is felt to be significant. This process encourages agencies to work together to assertively and creatively put in place support which can reduce the risk to the person and the wider public.
43. The Police provide a reactive 24/7 service as they respond to incidents that they are called to. They have trained communications officers, trained frontline operational staff, trained specialist DV Detectives dealing with high risk cases. Police also have plans to tackle repeat and serial perpetrators for the most prevalent offenders. These plans are managed by specialist officers and also from the Divisional reactive and beat teams.
44. From July 2014 Police are able to use Domestic Violence Protection Order/ Protection Notice (DVPO/ PN). This system allows them to target offenders by removing them from the home for 28 days and thus allowing all agencies to engage with the victim regarding safeguarding.
45. The Board was informed that perpetrators want to control their anger and aggressive outbursts and to learn more adaptive coping strategies. They also want early intervention when domestic abuse issues are emerging.

#### **Services required over the next 2-5 and 5-10 years?**

46. Increased funding for perpetrator programs with an evidenced base in relation to effectiveness and these to be linked to a service protecting victim's is required.

47. The Derbyshire Healthcare FT stated specific multi-agency approach is needed to provide a range of psychological therapies for perpetrators both within group and individual settings. A capacity and demand analysis, with a service improvement trajectory to minimise that gap, should be considered.
48. There is a gap in service provision for people with anger control issues in domestic situations. Improving Access to Psychological Therapies(IAPT) do provide a service but excludes people who present with a history or current risk of violence. However for individuals along the spectrum of need with more severe and enduring mental health conditions additional support would be required.

## **Raising Awareness and understanding**

49. The Board wished to know what is being done to raise the awareness of potential causes of domestic abuse, its impact on families and individuals and where people can access support.
50. The Adult Safeguarding Board seeks out and hears from all agencies on how they contribute to domestic violence services in the City. This enable its to understand current provision, identify the gaps in arrangements and how these impact on Safeguarding practice across the City. They are in the process of auditing Safeguarding practice in agencies represented on the Safeguarding Board.
51. Derby City and Derbyshire County Strategy groups should collaborate across Police and Crime Commissioners boundary.
52. Derbyshire Healthcare FT stated that consideration be given for review of the public health role to ensure communities understand more about impact of domestic abuse. There should also be media campaigns to raise the awareness.
53. The Board was informed that there should be single strategy for dealing with domestic abuse in the city. This should have a whole systems approach so that key organisations contribute to this agenda and action plans. Invest resources into developing and delivering programmes for victims and perpetrators.
54. Further clarity would be welcomed as to how the safeguarding arrangements with the Police across Derby and Derbyshire are to be closely aligned on a longer term basis. The current differences between the two models of multi-agency safeguarding hub being established are understood to be interim arrangements.

55. The Derby Safeguarding Children's Board has implemented the use of the Domestic Violence Risk Identification Matrix (DVRIM model Barnardo's) across agencies and has put in place a training programme to support this. The support for the use of the DVRIM would be welcomed across the sectors to sit alongside the CAADA DASH assessment to ensure that both children and adult victims are suitably assessed and action taken.
56. The DSCB is currently working with young people to produce materials for display in schools to promote clarity about appropriate relationships, what is inappropriate and where they can obtain support. The provision for support for young people to keep themselves safe and seek help should be a priority across the education sector.
57. It is important to challenge what people consider to be cultural norms if it is considered to be abusive and harmful.
- Establish a culturally competent workforce.
  - Promoting inquisitive enquiry across the system
58. There are inconsistencies in information sharing and have areas to improve as evidenced in the majority of local and national Serious Case Reviews. A review of all multi-agency information sharing protocols is required.
59. Barriers to information sharing include:
- fear of breaching confidentiality
  - breaking up relationship with client even though Safeguarding overrides this, staff can continue to find this challenging.

## **Conclusion**

60. Everyone should be able to live free from abuse, particularly in their own home. However evidence received by the Board shows that the trend is on the increase nationally and locally. Victims want the abuse to stop, although the majority want to remain in the relationship. Agencies have also noted that majority of victims want to stay in Derby though this increases the likelihood of them seeing the perpetrator.
61. Getting victims and perpetrators to engage with services is not always easy. Although independent advocates have helped to change this over the years it is still an issue. Some victims know the risks but still choose to remain in abusive relationships. This raises a question on whether victims are able to make informed choices. There is also a long-term capacity issue of whether agencies would be able to cope and provide services if more people came forward.



62. It is recognised that majority of the resources go to victims, addressing the affects of domestic behaviour and less is spent to change behaviour of perpetrators, unless it is mandated by Courts. This raises an important question on how well we understand about how people who move up and down the risk levels and whether agencies are intervening at the right time. Do they prevent escalation, particularly when it takes so many incidences before a victim discloses?

## Recommendations

The Neighbourhood Board recommends:

1. That Derby adopts a zero tolerance approach to Domestic Abuse and Violence in the City.

It is important to send out a clear message that domestic abuse is unacceptable and will not be tolerated. Adopting a zero tolerance approach will not only give confidence to victims to come forward and seek assistance but will also help to deter perpetrators as appropriate action is taken against them.

2. The Derby City Council works closely with Derbyshire County Council and the Police and Crime Commissioner to take a similar stand across the county.

This stance should be taken across Derbyshire and in close co-operation with Police and Crime Commissioner as any action against perpetrators is likely to involve the Police.

3. That the Neighbourhoods Board be consulted on the draft DVA strategy currently being developed by the Derby Derbyshire Domestic Abuse and Sexual Violence Partnership which proposes adopting the following draft vision:

**“Our ambition for Derby and Derbyshire is that everyone can live safe lives, without the threat or experience of domestic abuse and violence or sexual violence because it is not tolerated by our citizens and organisations”**

4. That a conference be held in partnership with the County Council and the Police Crime Commissioner to launch the strategy and disseminate professional practice. Consideration is given to make this an annual event to maintain the profile of the strategy and monitor progress in tackling this issue.

The strategy needs to be adopted and owned widely by agencies if it is going to make a difference in tackling domestic abuse. An annual event will allow progress to be measured and actions tweaked where appropriate to improve its effectiveness.

5. Appoint a Councillor Champion to raise awareness and to lead on the work on tackling domestic abuse. Also that the DVA champion works with the champions for CYP and Older People to ensure DVA issues are raised in all settings.

Having a councillor champion to lead on domestic abuse will provide political direction and give confidence to victims that council takes this issue seriously.

6. If appointed the DVA Champion is invited to participate in the Derby Domestic and Sexual Violence Action Group.

Having the member champion attend the action group meetings will strengthen the work of Group.

7. Strengthen the status of the Derby Domestic and Sexual Violence Action Group making it a sub-group of Derby's Health and Wellbeing Board. This should also be the key body for co-ordination of activity across the city and across different sectors.

The Derby DSVAAG is already part of the City/County strategic governance structure reporting to the Co-ordination Group and ultimately the Governance Board, however these arrangements are countywide. Placing the Group under the Health and Wellbeing Board as a constituted committee of the Council will consolidate its position as a key focal point for the city as well as fostering links to both Safeguarding Boards and other thematic partnership for city services.

8. That the Adult and Children's Safeguarding Boards work more closely with Overview and Scrutiny Boards to audit and challenge the effectiveness of multi-agency arrangements.

This will help not only to keep Board informed of the key issues but can provide political support to improve multi-agency arrangements.

9. An appropriate training programme on DVA for local Councillors and all Council staff be developed and delivered.

This will help to raise awareness of domestic abuse amongst everyone at the council.

10. That Derby City Council develops and adopts a DVA employee policy.

11. That acting in partnership with other relevant agencies, an assessment of the need for specialist outreach support services for medium risk victims is developed. Collective action can then be taken to secure resources for these services in the future with a focus on preventing escalation.

12. Working in partnership

- a) Establish strong evidence base regarding what helps prevent perpetrators of DVA from re-offending
- b) Develop and deliver programme to change behaviour of the perpetrators. Collective action can then be taken to secure resources for these services in the future with a focus on preventing escalation.

It is important to set up an appropriate training programme to help perpetrators change their behaviour and reduce the risk of escalating or repeating their actions.

13. That Cabinet assure themselves that there is sufficient provision of refuge for those fleeing DVA in the City

The Board is aware that places of refuge for victims are likely to be affected as council's budget come under pressure. However, it is important assess extent of local provision as the cost of placing individually externally is usually higher.

14. That the knowledge gained from conducting recommendations 12, 13 and above helps to develop a clear pathway for victims and perpetrators who request help in Derby.

15. Establish a central database of perpetrators and DVA victims if possible, alongside clear pathways for information sharing.  
A central database can help with providing effective and efficient services.

16. Monitor whether a common risk assessment is shared/used by all partners and if it is not recommend that this is done.

The partnership has adopted the **CAADA** Domestic Abuse, Stalking and 'Honour'-based Violence **Risk Identification Checklist** (CAADA DASH RIC) for the assessment of victims and Barnardo's Domestic Violence Risk Identification Matrix (DVRIM) for assessment of children and young people.

17. Information on DVA be given consistently to pupils across the City as part of a PSHE education programme alongside information about where to get help if required.

Raising awareness amongst young people that abuse is unacceptable should help influence behaviour and thus reduce future risk.

18. That the Southern Derbyshire CCG provides all GPs with up to date training on recognising and handling DVA cases.  
GP's can play an important part in identifying affects of domestic abuse and can alert appropriate agency to offer help and support.

19. That all Derby Councillors work with residents to better understand the challenges in adopting a zero tolerance approach to DVA and take a lead in their local communities to provide pragmatic and realistic solutions in respect

of raising awareness, challenging attitudes and empowering local residents to recognise and report abusive behaviour in all of its forms.

20. That Derby City Council supports the Government's proposals to change legislation regarding 'coercive control' announced on 18 December.

*"On balance, we are persuaded that there is a gap in the current legal framework around patterns of coercive and controlling behaviour, particularly where that behaviour takes place in an ongoing intimate partner or inter-familial relationship.....*

*Consequently the Home Secretary has announced today that she will include a new offence of domestic abuse as an amendment to the Serious Crime Bill, to be introduced at commons committee stage. The amendment to the Serious Crime Bill will explicitly criminalise patterns of coercive and controlling behaviour where they are perpetrated against an intimate partner or family member. Like stalking this behaviour may appear innocent, but the cumulative impact on the victim's every-day life will be significant, causing the victim to feel fear, alarm or distress. The emphasis will be on the control that those in abusive intimate relationships (both partners and family members) experience."*

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