HEALTH AND WELLBEING BOARD

15th September 2020

Title:	**Domestic Abuse Update**
Report of the Director of People and Resilience	
Open Report	**For Information**
Wards Affected: ALL	**Key Decision:** No
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Sponsor: Chris Bush, Commissioning Director	

Summary:
This is a brief update for the Board's information in relation to the response to domestic abuse across the system in Barking and Dagenham during the pandemic and plans for the longer recovery period.

The update will focus more on health-related initiatives included work with pharmacies and more specifically on the IRIS programme: a domestic abuse identification and response project with GPs in Barking and Dagenham. Funded by the Violence Reduction Unit and delivered locally by Nia who run services for women and girls who have been subjected to sexual and domestic violence and abuse, the project has recently launched and there have been minor changes to the original delivery model as part of the response to COVID-19.

Recommendation

The Health and Wellbeing Board is recommended to note the:

(i) updates relating to domestic abuse, and

(ii) contents of the presentation from IRIS colleagues and provide guidance on supporting the ongoing implementation of the project.

1 Introduction and Background

1.1 The VAWG (Violence Against Women and Girls) Partnership last met in January 2020, but in lieu of VAWG meetings there has been significant work taking place across the system to tackle VAWG, with a real focus on domestic abuse. Much of this has been discussed virtually between partners.

1.2 Remote meetings have been particularly useful in relation to the COVID-19 response and this Microsoft Sway report discussed through the (remotely held) Domestic Abuse Operational Forum provides an update of the adaptations and changes in the system that have taken place:

LBBD DA Operational Forum

During the current coronavirus pandemic, the LBBD has been working closely with partners to respond quickly and efficiently to the increases in domestic abuse seen across the country, and i...

Go to this Sway

1.3 The Sway report is offered as a brief update in terms of the systems response, but at the Board meeting the Lead Commissioner will introduce the IRIS service, with the IRIS institution attending to talk through the delivery model, progress update, and coronavirus impacts.

1.4 IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for general practices that has been positively evaluated in a randomised controlled trial. It is a partnership between health and the specialist DVA sector. IRIS provides in-house DVA training for general practice teams and a named advocate to whom patients can be referred for support.

1.5 Funded by the Violence Reduction Unit for one year initially, the funding has now been adapted and will continue at a reduced level but over 2 years. The VRU funded the model recognising that:

i) One in four women will experience domestic abuse in their lifetime. Between 6% and 23% of women attending general practice will have experienced physical or sexual abuse from their partner or a previous partner in the preceding year. On average two women in England and Wales are killed by a male partner or ex-partner each week. (*The Health Foundation, 2011. Home Office, 2005)*

ii) 80% of women in a violent relationship seek help from health services at least once (usually general practice) and this may be their first or only contact with professionals. (*Department of Health, 2000)*

iii) Domestic violence is a common problem that is almost invisible in primary healthcare, even though women would most like to receive support from their doctors. Only around 15% of women with a history of domestic violence have any reference to abuse in their medical record in primary care. (*Richardson et al, 2002)*

iv) 75% of cases of domestic violence result in physical injury or mental health consequences to women. (*Department of Health, 2005)*

1.6 The model rests on one full-time advocate educator working with up to 25 practices alongside a Clinical Lead. The advocate educator is a specialist DVA worker who is linked to the practices and based in a local specialist DVA service. IRIS commissioned NIA to undertake this role as an East London focused organisation.

1.7 The advocate educator provides training to the practice teams and acts as an ongoing consultant as well as the person to whom they directly refer patients for expert advocacy.

1.8 The evidence base for the IRIS model is that it is effective for female patients. However, every practice that is IRIS trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors. Referral pathways for perpetrators of domestic abuse are also provided.

1.9 Ultimately the whole programme is to the benefit of patients, practices and practice teams. It:

i) Improves safety, quality of life and wellbeing for your patients and their children.

ii) Provides access to advocacy which benefits victims and survivors of DVA.

iii) Develops DVA aware practices with fully informed, resourced and equipped practice teams.

iv) Saves general practices and the wider NHS time and resources.

v) Provides holistic care thus achieving better patient outcomes in terms of improved quality of life, physical and mental health and wellbeing.

2 Mandatory Implications

2.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment 2018 has a section on domestic abuse, detailing the health impacts for children experiencing domestic abuse and the impact on social care, such as an estimated 32% of children living in income deprived families. It also outlines adverse childhood experiences, and how these are linked to multiple health risk factors and poor health outcomes in adulthood.

2.2 Joint Health and Wellbeing Strategy

The Joint Health and Wellbeing Strategy focuses on three themes – giving children the best start in life, early diagnosis and intervention and building resilience. Within resilience, there is a specific outcome relating to Domestic Abuse.

A borough with zero tolerance to Domestic Abuse that tackles underlying causes, challenges perpetrators and empowers survivors.

2.3 **Financial Implications**

Implications completed by Isaac Mogaji – Finance Business Partner:

This report is for information and asks the Health and Wellbeing Board to note the relevant updates relating to domestic abuse and provide guidance on supporting the ongoing implementation of the IRIS project. As such, there are no financial implications arising directly from the report.

2.4 **Legal Implications**

Implications completed by Lindsey Marks - Deputy Head of Law

There are no direct legal implications arising from this report, providing an update on service delivery only.

2.5 **Risk Management**

Through approaches to service commissioning, there are mechanisms for ensuring that the risks around individuals who have experienced domestic abuse in any form and managed, jointly as necessary with the systems in place for perpetrators of domestic abuse.

3 Non-mandatory Implications

Crime and Disorder

3.1 Domestic and sexual violence impacts on many other types of crime and is correlative with all types of violent crime, anti-social behaviour and offending. There are clear correlations with child sexual exploitation, criminal exploitation and youth violence, as well as with Modern Slavery.

3.2 Under the Community Safety Partnership, work is taking place to design preventative approaches to tackling violent crime, including domestic and sexual violence, which is underpinned by trauma informed ways of working, and recognising the damaging impacts of childhood adversity.

Safeguarding

3.3 Domestic and sexual violence presents a range of behaviour that pose a risk to the individuals themselves and others around them and can give rise to a range of safeguarding concerns.

3.4 The current strategy recognises the impacts of domestic violence on children in the home and recommends working closely to support the victim to safeguard their children, whilst tackling the risk: the perpetrator. Working with the whole family provides a framework to reduce risk, reduce the use of abusive behaviours, and to address trauma experienced by the victim and children.

3.5 The borough's systems for reporting and investigating both adult and child safeguarding concerns have established links to specialist support services, and the Strategy recognises the need for commissioning interventions to continue to foster these links and provide training for those involved in safeguarding.