HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	**A Review of Services for Those Affected by Domestic Violence**
Report of the Director of Public Health	
Open	**For Decision**
Wards Affected: ALL	**Key Decision:** YES
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Summary:

Reducing domestic violence is a responsibility shared by all the partner organisations and there are also various statutory duties to fulfil. For services the main priority for intervention is to increase the safety and protection of women and children.

The aim of undertaking a service review of domestic violence services is to evaluate the current impact and value for money of the services available in Barking and Dagenham. Commissioned services for 2013-14 which directly address domestic violence total £823,500 funded through various partner agencies. Services have evolved over time and this review provides the opportunity to ensure our provision is in line with current and future needs.

Recommendation(s)

The Health and Wellbeing Board is asked to:

(1) Consider the recommendations of the review of services relating to domestic violence and discuss the implications for Barking and Dagenham. These are that:

- Commissioners should prioritise the funding of services which focus on identification and protection of those individuals (including children) at risk and experiencing domestic violence. These would include both Independent Domestic and Sexual Violence Advocate services and the Refuge and Sanctuary supported accommodation services.
- Commissioners should also prioritise for funding those services that target people across the life course who are most at risk, for both preventative action as well as early identification, including pregnant women and people with disability or long term illness. Services that address prevention as well as early identification are important.

- Commissioners should ensure that preventative services targeted at perpetrators or potential perpetrators are targeted at those with known higher risk factors, e.g. those with alcohol or substance misuse, history of offending, or severe depression.
- Commissioners should review the counselling services provided by the Women's Trust with a view to decommissioning them. More cost effective options for delivery may be available through existing commissioned mental health services, including Improving Access to Psychological Therapy (IAPT) services.
- Commissioners should further review local services in 2014/15 following the publication by the National Institute for Health and Care Excellence (NICE) its guidance on domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence. This publication is expected in February 2014.

(2) The Health and Wellbeing Board should invite NHS England to present its plans to introduce important changes to the arrangements for commissioning sexual assault services and for those people who experience sexual violence.

(3) Commissioners should following the recent reorganisation of local maternity services and the introduction in 2013/14 of a new funding system which brings all maternity care into Payment by Results, consider the impact and opportunities presented by the new funding arrangements for maternity services.

In respect of the level of need it would be prudent for NHS Barking and Dagenham Clinical Commissioning Group to extend the existing contract with the Refuge for a further six months whilst these issues are considered and the appropriate provision is agreed by commissioners for 2014-15.

Reason(s):

Under the Health and Social Care Act 2012 the statutory Health and Wellbeing Board has a duty to consider and comment on service reviews into health and social care and make commissioning recommendations to improve the quality of care and value for money.

1. Background to review

The Health and Wellbeing Board of Barking and Dagenham received a report on domestic violence in April 2013, and agreed a recommendation that:

"The Public Health Programme Sub-Group be asked to review the provision of services in the borough and make recommendations to the Board's July meeting as to which services should be commissioned and how these should be funded".

The recommendations of this review are in section 5. The services are described in Appendix 1.

2. Definition of domestic violence

The Government published an update definition of domestic violence on 14 February 2013:

"*Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:*

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."**

* This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Whilst this is not a legislative change, the definition is intended to send a clear message to victims about what does constitute domestic violence and abuse.

3. Legal context

There are a range of civil remedies and criminal offences which are relevant in cases of domestic violence. Legislation has been developed to offer protection to victims and to children who witness domestic violence. Appendix 1 details the legal context. Two important points of note:

- The Crime and Disorder Act 1998 places a statutory requirement on local authorities to monitor the level of domestic abuse in their communities and establish partnerships in order to reduce the problem as well as to pressurise more reluctant agencies. The Community Safety Partnership brings together the representatives of statutory, voluntary and private organisations which deal with crime reduction including domestic violence.
- The legislation applied in respect of civil or criminal proceedings depends on the circumstances and offence of the domestic violence.

4. The role of the health service commissioners

Locally there is a need to clarify the commissioning responsibilities that NHS Barking and Dagenham Clinical Commissioning Group has in respect of safeguarding vulnerable women and children on the issue of domestic violence. Department of Health policy and guidance is well developed in this area.

The Department of Health recognises that the National Health Service is the service that the victims of domestic abuse are more likely to come into contact with at some point in their lives. Domestic violence has long been recognised as an important public health issue with significant implications for health service delivery in accident and emergency units, primary care, maternity services and mental health services (The Annual Report of the Chief Medical Officer for England and Wales *On the*

State of the Public Health 1996). The Department of Health in response to *Responding to violence against women and children – the role of the NHS*: *The report of the Taskforce on the Health Aspects of Violence Against Women and Children* (2010) offered further recommendations to improve health responses.

In the new commissioning landscape clinical commissioning groups (CCGs) will be responsible for commissioning health services for most of the population. In relation to children and young people, CCGs are under a statutory duty (Crime and Disorder Act 1998) to co-operate in the provision of multi-agency Youth Offending Teams. CCGs will also be responsible for the commissioning of emergency care services for 'every person present in its area,' as well as mental health services, including primary mental health, psychological therapies and child and adolescent mental health services.

The current priorities for NHS England, CCGs and Public Health England have four distinct foci: awareness raising of domestic violence as a public health issue; training and developing the health service workforce to offer an improved standard of service to those experiencing domestic violence (e.g. training for health visitors to provide support to families when they suspect violence against women or children may be a factor); improving the quality of service provision and finally developing information and research frameworks.

Further clarity will be available in February 2014, when the National Institute for Health and Care Excellence (NICE) publishes guidance on domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence. This would be the ideal point for health and social care commissioners to further review service provision for this vulnerable group.

5. Information about domestic violence

5.1 Analysis of the British Crime Surveys 2007/8[i] and 2011/12[ii] gives an insight into the national picture about who is most affected by domestic violence:

- In 2011/12, 7.3% of women and 5.0% of men reported having experienced domestic abuse during the year, equivalent to an estimated 1.2 million female victims and 800,000 male victims.
- The 2010/11 British Crime Survey estimated that 30% of women and 17% of men had experienced domestic abuse since the age of 16.
- The likelihood of being a victim of any domestic abuse tended to increase with decreasing household income. Women living in households with an income of less than £10,000 were at particularly high risk of any domestic abuse (13%).
- Women who were killed by current of former partners significantly outnumber men – around three quarters of the people killed by current or former partners are women.
- While men are more likely than women to be the victim of a homicide, women are more likely than men to be killed by a partner, ex-partner or other family member. 51% of all female victims of homicide and 5% of male victims were killed by a current or ex-partner.

- There is little variation in risk of any domestic abuse by ethnic group (between white and non-white groups).
- Both women and men with a long-term illness or disability (including learning disability) were more likely to be victims of any domestic abuse in 2011/12 (12.8% and 7.3% respectively), compared with those without a long-term illness or disability (4.6% and 6.1%).

Other research[iii] suggests that in 73% of cases of domestic violence, alcohol had been consumed prior to the incident and 48% of those convicted of domestic violence had a history of alcohol abuse, while 19% had a history of substance misuse.

5.2 In respect of uptake of Refuge facilities, the National Domestic Violence Helpline do not hold figures by borough. The Women's Aid Annual Survey 2011/12 confirms the following for England and Wales:

- around **19,510 women** and **19,440 children** stayed in refuge accommodation during the year 2011/2012;
- **27,900** women who sought emergency refuge during the year were – at least initially - unable to find a refuge space;
- around **139,100 women** and **19,145 children and young people** were directly supported by outreach and other non-refuge services provided by domestic violence organisations during the year 2011/12, and a further **107,700 children** received indirect support by virtue of the support given to their mothers;
- direct support from **all specialist domestic and sexual violence services** was provided for a total of **158,610 women** and **38,585 children and young people** during the year 2011/12; and
- an increasing number of service users had **additional support needs**, making it difficult for some services to provide the support needed.

5.3 Profile of the needs of service users

It must be noted that the profile of needs of service users has been become increasingly complex over time. Service providers have stated that there is a notable increase in management issues within the refuges, highlighting the difficulties for some in terms of communal living and the need for greater housing and support options. The service types and solutions have been considered in Barking and Dagenham and in the context of more specific needs, such as:

- Substance misuse
- Mental health
- Learning disabilities
- Minority ethnic groups (particularly travellers, Asian women and Eastern European migrant communities)
- Lesbian, gay, bisexual and transgender people
- Single people without children (including older people)

- Female and male victims and survivors of domestic abuse
- Children and young victims and survivors of domestic abuse

5.4 Domestic violence and pregnancy

Successive reports have suggested that the incidence of domestic violence increases while women are pregnant. Some reports suggest that between 30% and 40% of domestic violence starts while a woman is pregnant.

Repeated United Kingdom confidential inquiries into maternal deaths[iv] [v] have highlighted that a small number of women are murdered by their partner, ex-partner or someone known to them during or shortly after pregnancy. The most recent report of the Centre for Maternal and Child Enquiries (2011) provides a review of all maternal deaths between 2006 and 2008. During this time 11 women died in this manner. All but three were killed while still pregnant. A further 23 women, whose death was attributed to other causes, had features of domestic abuse. These 34 deaths represent 13% of the total number of maternal deaths reported. The report authors suggest that this was probably an underestimate. This proportion is consistent with previous years' reports.

The 34 UK women whose deaths were reported shared some common features including:

- they were more likely to be late bookers (after 22 weeks);
- their partner was reported as overbearing or disruptive and was present at all maternity appointments;
- they had a history of poor attendance at appointments;
- they had a history of severe depression or other mental illness;
- they or their children were already known to Social Services;
- they had a history of recurrent sexually transmitted infections.

5.5 The local situation

Barking and Dagenham has the highest reported rate of domestic abuse offences across the area covered by the Metropolitan Police Service. The Crown Prosecution Service estimates that nationally domestic abuse accounts for about 18% of violent crime; in Barking and Dagenham that figure is estimated to be about 35%. These figures imply that this would be equal to around 8/9 per 1000 population rate for domestic violence compared with 4/5 per 1000 for London as a whole. However, just because the proportion of violent crime attributed to domestic violence is high in Barking and Dagenham it doesn't mean the issue is necessarily more common than elsewhere. The Community Mental Health Profile 2013 identifies overall rates of violent crime are significantly worse in the borough than the England and London average as identified in the episodes of violent crime, rate per 1,000 population, 2010/11 (England average: 14.6, London: 21.3, Barking and Dagenham: 24.9) and supports the view that these numbers are an accurate reflection rather than different proportions of different types of crime.

Between 1 April 2012 and 31 July 2012, there were 668 child safeguarding referrals made in Barking and Dagenham, of which **132 (19.8%)** have domestic violence as a stated issue.

It is important to recognise in service provision that domestic violence can occur in heterosexual and same-sex relationships, and the perpetrator may also be a household member other than a partner or ex-partner. Men may also be subject to violence in the home. However the monitoring figures available from currently commissioned services identify that locally it is predominantly women in heterosexual relationships who are accessing services.

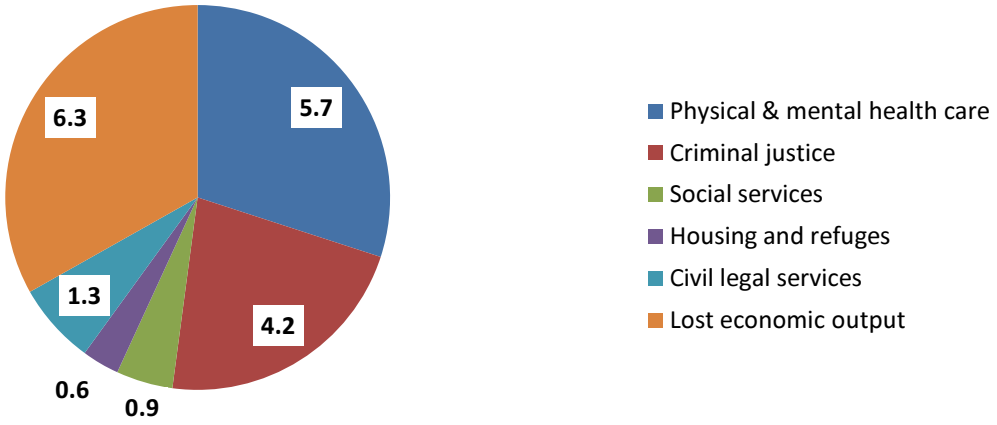
5.6 Economic analysis

The estimated cost of domestic violence in Barking and Dagenham is shown in Figure 1. This is based on work done at Lancaster University[vi] looking at costs in seven areas:

- The criminal justice system includes police, prosecution services, courts, probation and prisons.
- Health care (both physical and mental health), including costs to primary care and hospitals.
- Social services – only the costs linked to children and safeguarding are included.
- Housing and refuges: includes the cost of emergency Local Authority housing and refuges.
- Civil legal services: the cost of solicitors and injunctions are included.
- The cost of lost economic output due to time off work for injuries.

Figure1

Cost* of domestic violence in Barking and Dagenham 2009
(cost in £ millions - total £19.1 million)



* Based on 2009 population estimate (93,000 16–59 year olds, males and females). The estimated cost of lost economic output was limited solely to that due to time off work due to injuries. The chart excludes human and emotional costs.

With acknowledgment to the Trust for London and the Henry Smith Charity

The figure shows the majority of the £19.1 million is spent on direct health care (£5.7 million) or lost economic output (£6.3 million) due to time off work with injuries sustained. Investment in identification and preventative services should be a priority for health service commissioners in order to reduce the impact on use of hospital and primary care services and save money in the longer term.

6. Service quality

The Community Safety Partnership has undertaken a number of policy reviews, and developed strategy to ensure that the organisations providing the direct support services meet the minimum standards set by central government and work towards continually improving their services. This involved collating the views of current and ex-clients, staff, management and stakeholders or referrers. Some organisations did not meet the standards or decided to terminate their contract to provide the services, others had action plans to ensure that:

- There are policies and procedures in place for staff.
- There is information for applicants - such as leaflets advertising the service, how to apply, who is eligible, how people would be prioritised to ensure fair access to the services, what the service is like and what support can be provided.
- There is information for service users about how the service operates - including everyone having an assessment of their needs (i.e. what support is required) and a plan of how these needs will be met, and ensuring that people's health and safety are maintained, that they are aware that they have the right to live free from abuse and that if they wish to make a compliment, suggestion or complaint that they are empowered and enabled to state their views and these are actioned when required.

Nationally, a charity 'Co-ordinated Action Against Domestic Abuse' (CAADA) has been identified to support and improve the multi-agency response to domestic violence, focusing particularly on those most at risk of harm. Prevention activity in Barking and Dagenham is based on the model developed by CAADA. CAADA organises training for the Independent Domestic Violence Advisors (and other staff), and provides tools such as risk assessment tools to enable workers at a local level to work more effectively. CAADA also supports and develops the work of Multi-Agency Risk Assessment Conferences (MARAC). These are multi-agency meetings where information about high risk domestic abuse victims is shared. Analysis shows that following intervention by a MARAC and an Independent Domestic Violence Advisors service, up to 60% of domestic abuse victims report no further violence.

This now means that all services provided within Barking and Dagenham meet or exceed the minimum standards set by central government. There has been a recognised commitment from the agencies represented on the Community Safety Partnership to be the best and continually improve and develop their services. Additionally there are National Service Standards for domestic (and sexual) violence developed by Women's Aid at the request of central government.

7. Current service provision in Barking and Dagenham

In Barking and Dagenham there are a number of commissioned services which seek to support victims of domestic violence in the borough. The services work together to ensure a co-ordinated community response model. The service review has been driven by consideration of the following three categories that the services fall into:

- Core – a service which is essential for the protection of individuals.
- Supporting – a service which is necessary to support one of the core services.
- Supplementary – a service that while valuable is not essential to protecting individuals or preventing immediate harm.

7.1 Core Services

7.1.1 Refuge Independent Domestic and Sexual Violence Advocacy (IDSVA) community based service

The service provides specialist advocacy to high risk victims of domestic violence and ensures that victims access services, e.g. education for children, housing, benefits, criminal justice services and health services. This Independent Domestic and Sexual Violence Advocate service combines the roles of:

- The Independent Sexual Violence Advisors (ISVAs) provide independent support to victims of sexual abuse through the criminal justice process. ISVAs help victims to live without fear of violence and access the services they need in the aftermath of the abuse and violence they have experienced.
- The Independent Domestic Violence Advisors (IDVA) provide specialist support to victims of domestic violence. Their role is defined as follows: Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. They are pro-active in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions.

7.1.2 Barking Havering and Redbridge University Hospitals NHS Trust Maternity Domestic and Sexual Violence Advocacy service (provided by the Refuge)

In December 2010 Barking and Dagenham PCT commissioned the Refuge to provide Independent Domestic and Sexual Violence Advisors at the maternity services based at Barking Havering and Redbridge University Hospitals NHS Trust. This is a two year funded project to establish a new domestic violence service as part of the ante natal and post natal care pathway. In addition to being based in the maternity service at King George Hospital the Maternity Domestic and Sexual Violence Advocacy service holds regular drop in sessions at the following booking clinics:

- First Monday of every month - Fanshawe Clinic, Dagenham
- Fourth Monday of every month - Loxford Polyclinic, Ilford
- Third Tuesday of every month - Ingrebourne Children's Centre, Romford
- Every Tuesday and Wednesday - King George Hospital, Ilford
- First Wednesday every month - St Kildas Children's Centre Romford
- Every Thursday - Queens Hospital maternity unit, Romford

The service works to identify and increase the safety of pregnant women experiencing domestic violence and any children exposed (including the unborn child) whilst also supporting the development and implementation of Trust procedures. Midwives are now routinely enquiring about domestic violence on around **90% of bookings** undertaken on the E3 maternity booking system. The service is one of only three services in London that provides this important service and has just been awarded the CAADA Leading Lights accreditation status having passed the entire 27 assessment criterion over a 12 month process.

The whole service at Queen's Hospital, regardless of residence, was funded by Barking and Dagenham PCT and since 1 April by NHS Barking and Dagenham Clinical Commissioning Group (NHSBD). This project comes to end in October 2013. It is important to note that the current payment arrangements for maternity services are set to change in 2013 and a **new system which brings all maternity care into Payment by Results (PbR)** is now being tested. It will pay for maternity services as a complete pathway upfront. The aim is to create incentives for providers to deliver the best, proactive care to prevent avoidable complications and interventions. NHS Trusts and NHS Foundation Trusts will receive enhanced PbR payments to recognise more complex care which is outlined in Appendix 2. This would apply in particular for women with complex social factors, including domestic violence.

The service needs to be reviewed by NHSBD and considered for mainstreaming as part of the care pathway in line with changes to funding arrangements for maternity services. For NHSBD, following the reorganisation of local maternity services, a significant number of women resident in Barking now receive their maternity care from Barts Health NHS Trust. From May 2012 around a 1000 bookings (800 births) per annum from the borough will move from Barking Havering Redbridge University Hospitals NHS Trust (Queens Maternity Unit) to Barts Health NHS Trust (Newham Maternity Unit). For those pregnant women identified as having complex social factors referral is made to the dedicated ACORN service based at the maternity service in Barking Community Hospital. This service is not separately commissioned and forms part of mainstream maternity services at Barts Health NHS Trust.

7.1.3 Sexual assault referral centres (often referred to as Havens)

Sexual assault referral centres are safe locations where victims of sexual assault can receive an integrated service of medical help, legal advice and counselling from professionally trained staff. This is a multi-agency approach that brings together various legal, medical agencies and departments in one place which helps both the

victims and those investigating the crimes. At present there are three sexual assault referral centres in London based in an acute hospital setting:

- St. Mary's Hospital – Paddington
- The Royal London Hospital – Whitechapel
- King's College Hospital - Camberwell

On 13 June 2013, NHS England announced its intention to introduce important changes for the arrangements for commissioning sexual assault services and for those people who experience sexual violence. In the context of this review it would be advisable for the Health and Wellbeing Board to invite NHS England to inform the Board of their commissioning intentions.

7.1.4 Refuge supported accommodation for women and children fleeing domestic abuse

Refuge places for women and their children are co-ordinated through the National Domestic Violence Helpline (which is run by Women's Aid and Refuge). The general premise is that women are placed outside of their borough to avoid the risk of future victimisation by the perpetrator or extended family and friends. This means that boroughs fund provision in their own borough on the assumption that their residents will be able to access other boroughs' provisions. Women's Aid and Refuge were not able to provide us with a breakdown of Barking and Dagenham residents housed elsewhere in the country. Their annual report identifies that in 2011/12 around 19,510 women and 19,440 children stayed in refuge accommodation nationally.

7.1.5 Victim support domestic violence case worker

This worker provides support to victims who would not meet the threshold for IDSVA support (i.e. those assessed as medium risk). The worker receives referrals automatically from the police and via the IDSVA service.

7.2 Supporting services

7.2.1 Multi-agency risk assessment conferences (MARAC)

Multi-agency risk assessment conferences (MARAC) are multi-agency meetings where statutory and voluntary agency representatives share information about high-risk victims of domestic abuse in order to produce a co-ordinated action plan to increase victim safety. The agencies that attend MARAC include: police, probation, IDSVAs, children's services, NHS and housing.

In 2011 a Home Office review into the effectiveness and cost effectiveness of MARACs found the following.

- Existing research indicates that MARACs (and IDVAs) have the potential to improve victim safety and reduce re-victimisation and therefore may be a highly cost-effective measure. However, as the available evidence on MARAC outcomes is relatively weak, a more robust evaluation would be required to strengthen these findings.

- Factors which were seen as supporting effective practice included having: strong partnership links (including a commitment from agencies to tackle domestic violence in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator); and the availability of training and induction.

7.2.2 MARAC co-ordinator - the multi agency risk assessment

The post holder co-ordinates and administers the multi-agency risk assessment conferences.

7.2.3 Domestic violence and hate crime manager

Provides strategic co-ordination to the partnership and leads work around awareness raising (includes White Ribbon Campaign UK) and multi agency training.

7.2.4 Sanctuary project

Sanctuary is a service for domestic violence survivors who wish to remain in their own homes. Sanctuary is one aspect of the borough's safer homes project which provides more secure homes. Referrals for Sanctuary are co-ordinated by the MARAC co-ordinator.

7.2.5 East London Rape Crisis Centre

The service comprises telephone support and counseling. There are four service outcomes set for this service which is shared across all the boroughs in east London.

The importance of awareness raising and the helpline is two-fold: firstly to promote an understanding of the impact of domestic violence and sexual assault and that it is not acceptable behaviour. Secondly, to ensure that victims had knowledge of support services and how to access help. This was due to a realisation that some victims initially required a 'listening ear' in terms of hearing and understanding their experiences of abuse. The process of seeking help was very rarely, in most cases, about immediately accessing refuge accommodation and in many instances a victim wanted to talk about and consider what options of support could be made available to her and her children.

7.3 Supplementary services

7.3.1 'Finding the Words' project

This is a project to work with young people around healthy relationships and sexual exploitation.

7.3.2 White Ribbon day

The Community Safety Partnership is an active supporter of the White Ribbon Campaign UK working to involve men in opposing violence against women and is set up to co-operate with work done by Womankind Worldwide.

7.3.3 Woman's Trust

The Woman's Trust is a specialist counselling and support service/mental health agency providing support to women to address the emotional and psychological impacts of domestic violence. The commissioned service provides up to 18 weeks of specialist counselling provision so that they can rebuild their lives.

8 Gaps in service provision

8.1 Improved provision of services for children affected by domestic abuse.

There is a longstanding recognition of the need to improve services for children and young people affected by this concern. One of the pressing needs, for children/young people identified by non-abusing parents is the provision of emotional support and counselling. Traditionally and until the present day, the option of access to the Child and Adolescent Mental Health Services (CAMHS) appeared to be the only viable option. The obstacle of a long waiting time was a significant off-putting factor and frustration, meaning that children did not access help.

Up until April 2013, there were no direct services commissioned for children affected by domestic violence. However, this financial year the Council has commissioned service provision for this group of children. This funding will enable therapeutic support to those children affected and will also place a domestic violence advocate in the Multi Agency Safeguarding Hubs (MASH) to ensure victims receive the support they require to protect their children. The Council has also invested in a community treatment programme funded by AVA (Against Violence and Abuse) and this will commence in September 2013. The programme will work with children and the victims of abuse.

8.2 Refuge provision

Nationally, the demand upon places is high with 27,900 women who sought emergency refuges during the year unable, at least initially, to find a refuge space. Refuges also report that there are an increasing number of service users who have additional support needs (substance misuse, disabilities) making it difficult for some services to provide the support needed.

8.3 Domestic violence intervention programme:

There are two types of perpetrator programme, those run by the probation service (IDAP) for convicted offenders, and community-based programmes run by the voluntary sector. The benefit of having a community-based programme is that it includes perpetrators who have not been convicted. In 2007 Barking and Dagenham commissioned the Domestic Violence Intervention Project (DVIP) to provide a community-based programme for £34k per annum. Initially this was commissioned in Stratford as part of an innovative east London arrangement with neighbouring boroughs. Five years on, while neighbouring boroughs decommissioned the service, we continued to run the service from a satellite venue in Barking and Dagenham. While it was recognised that the service worked effectively to address perpetrators behaviour, the numbers of individuals completing the 26 week course was only16 in 2011/12. The service was therefore not deemed to be cost effective and was decommissioned to contribute to the Council's cost

savings requirements. This has left a gap in provision, particularly for those perpetrators who cannot afford to access the service independently although it was generally felt that the programme was potentially unrealistic for some service users who could not commit to the 26 weekly sessions. Any plans to retender would need to consider what model of intervention would be most cost effective.

9. Review of domestic violence services

The new (2012–2015) Domestic and Sexual Violence strategy for the borough has four objectives:

- prevent domestic and sexual violence from happening in the first place;
- provide support to victims where violence does occur;
- reduce the risk of harm to victims and bring perpetrators to justice; and
- work better as a partnership locally to achieve the best outcomes for victims.

The review is timely as key contracts are up for re-procurement in 2014 these are:

- The two IDSVA services (Community Based IDSVA and Maternity based IDSVA) were commissioned in 2010 for three years as one contract. The current contract expires in January 2014. In April 2013 NHSBD agreed to fund the Maternity based project until September 2013. Funding has been secured from the Mayor's Office for Policing and Crime (MOPAC) to increase the offer to young people through the appointment of a young person's IDSVA in 2013/14 and an additional £40k for both 2014/15 and 2015/16.
- The Refuge Supported Accommodation was commissioned as a three year contract by the Council comes to an end in March 2014.

Services commissioned to address the issue of domestic violence in the borough should be aligned to at least one of the above objectives, but it may be necessary to prioritise the objectives above in order to inform commissioning decisions in the context of affordability.

A brief description of each of the services that are currently funded is contained in Appendix 3 of this report. The cost of each service is also provided as well as some information about outputs. Currently, the single largest investment is on the provision of the IDSVA service in local hospitals and the community. This totals £250k.

10. Conclusion and recommendations

The review of services for those affected by domestic violence has identified that the borough has in place a range of services that meet or exceed the minimum standards set by central government. Relative to other London boroughs and other parts of the country there is a good comprehensive level of provision to support and safeguard vulnerable women and children who experience domestic violence.

The high incidence and prevalence of domestic violence in this borough means that the application of increasingly scarce resources needs to optimise the effectiveness

and value for money achieved by services commissioned to address this important issue. The following recommendations should be considered:

10.1 Commissioners should prioritise the funding of services which focus on identification and protection of those individuals (including children) at risk and experiencing domestic violence. These would include both Independent Domestic and Sexual Violence Advocate services and the Refuge and Sanctuary supported accommodation services.

10.2 Commissioners should also prioritise for funding those services that target people across the life course who are most at risk, for both preventative action as well as early identification, including pregnant women and people with disability or long term illness. Services that address prevention as well as early identification are important.

10.3 Commissioners should ensure that preventative services targeted at perpetrators or potential perpetrators are targeted at those with known higher risk factors, e.g. those with alcohol or substance misuse, history of offending, or severe depression.

10.4 Commissioners should review the counselling services provided by the Woman's Trust with a view to decommissioning them. More cost effective options for delivery may be available through existing commissioned mental health services, including Improving Access to Psychological Therapy (IAPT) services.

10.5 Commissioners should further review local services in 2014/15 following the publication by the National Institute for Health and Care Excellence (NICE) its guidance on domestic violence: how social care, health services and those they work with can identify, prevent and reduce domestic violence. This publication is expected in February 2014.

10.6 The Health and Wellbeing Board should invite NHS England to present its plans to introduce important changes to the arrangements for commissioning sexual assault services and for those people who experience sexual violence.

10.7 Commissioners should following the recent reorganisation of local maternity services and the introduction in 2013/14 of a new funding system which brings all maternity care into Payment by Results, consider the impact and opportunities presented by the new funding arrangements for maternity services.

In respect of the level of need it would be prudent for NHS Barking and Dagenham Clinical Commissioning Group to extend the existing contract with the Refuge for a further six months whilst these issues are considered and the appropriate provision is agreed by commissioners for 2014/15.

11. Mandatory implications

11.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) has a strong overall domestic violence analysis as well as a detailed safeguarding element within it. There is general agreement that cross-sector working in the borough with involvement from

the NHS, employment, housing, police and other bodies, in addition to the Council's children's services and adult and community services is good.

11.2 Health and Wellbeing strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, public health, and adult social care with the children and young people's plan. The strategy is based on eight strategic themes that cover the breadth of the frameworks in which domestic violence is picked up as a key issue. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures for domestic violence are mapped across the life course against the four priority areas.

11.3 Integration

The development of a multi-agency response to domestic violence is now widely acknowledged as the most effective way both to support and protect women and children who have experienced domestic violence, and to challenge male perpetrators. This does not mean just the setting up of inter-agency domestic violence forums. Rather it refers to the co-ordination or even, in some instances, the integration of service provision so that agencies work to the same brief and adopt a consistent approach

One of the outcomes we want to achieve for our joint Health and Wellbeing Strategy is to improve health and social care outcomes through integrated services.

11.4 Financial implications

(Implications completed by: Dawn Calvert, Group Manager, Finance)

In 2013/14 funding of £823,500 is being invested in domestic violence services from multiple sources which are summarised below:

Barking and Dagenham	£204,500
Public Health Grant	£368,000
Housing Revenue Account	£72,000
CCG	£120,000
Metropolitan Police	£39,000
MOPAC	£20,000
Total	**£823,500**

Appendix 3 details the allocation of the 2013/14 investment in more depth.

If any of the services detailed in Appendix 3 are decommissioned this could potentially release funding to be either re-invested within domestic violence services or within the contributing organisation.

(Implications completed by: Sharon Morrow, Chief Operating Officer NHS Barking & Dagenham CCG)

NHS Barking and Dagenham CCG is reviewing a number of contracts that have been novated from the former PCT and has committed funding up until October 2013, to enable a service review to be undertaken.

A NHSBD decision on continued investment in this service beyond 2014 would be informed by the following:

- The local need for a service and the health benefits
- The effectiveness of the service
- National guidance on commissioning for domestic violence services
- How much of the project to establish a service is now "business as usual" for the provider
- The change in maternity pathways – ensuring that resources are prioritised for Barking and Dagenham residents

Any decision to stop the service before the end of the contract term would require a 6 month notice period. The CCG would be required to procure a service if it was to be continued beyond April 2014.

11.5 Legal implications

(Implications completed by Lucinda Bell, Solicitor, Social Care & Education)

- **Procurement**

  If services are commissioned by way of a service contract between the Council and an outside organisation, the Council will need to ensure that the provisions for awarding contracts are adhered to as set out in the EU procurement regulations. Likewise, if the Council is to grant fund such organisations in order to commission aspects of delivery, State Aid rules may apply, dependent upon the nature of the organisation being funded and other considerations. Legal Services is available to provide advice on these matters once further information is forthcoming.

- **Equalities**

  Section 149 of the Equality Act 2010 imposes the Public Sector Equality Duty on the Council.

- **Health and Wellbeing Board Duties**

  The Heath and Wellbeing Board has the power to encourage commissioners of health-related services to work closely with it and a power to encourage providers of health or social care services to work closely together (*Section 195(3) and (4), Health and Social Care Act 2012*). The Board is under a duty to encourage integrated working this includes:

- a duty to encourage those arranging for the provision of health or social care services in their area to work in an integrated manner; and
- a duty in particular to provide advice, assistance, and so on, to encourage the making of arrangements under section 75 of the National Health Service Act 2006. (*Section 195(1) and (2),* Health and Social Care Act 2012).

11.6 Risk management

There is no legal obligation upon the Council or its partners to provide services to support the victims of domestic violence; however, the work that the partner organisations undertake serves to prevent serious injury and homicides. Therefore, the primary risk of not having appropriate needs based commissioned services on domestic violence is to the reputation of the Council and its partners. Domestic violence is a widespread problem and it is appropriate that the Health and Wellbeing Board should be clear about its commissioning priorities in addressing it.

11.7 Section 17 of the Crime and Disorder Act

Under section 17 of the Crime and Disorder Act 1998 all statutory agencies within the Health and Wellbeing Board have a duty to integrate consideration of the impact on crime and disorder of any decision, policy, activity or strategy that it performs. The statutory agencies are required to ensure that there is no negative impact on crime and disorder of any such decisions. Domestic violence is the biggest crime of violence in Barking and Dagenham and impacts adversely on individuals and on children as witnesses to violence. While an effective commissioned programme of services is not a statutory requirement, it will improve community safety and support victims.

12. Non-mandatory implications

12.1 Safeguarding

Addressing domestic violence and abuse is a key priority for the Local Safeguarding Children's Board and the Safeguarding Adults Board.

Research indicates that adults at risk are twice as likely to experience domestic violence and are also likely to endure it for longer and so the level of violence is likely to be more severe. In 2011/12 **15%** of all allegations of abuse or neglect against adults at risk were allegedly perpetrated by partners and **22%** perpetrated by other family members. This indicates that approximately **37%** of safeguarding adult alerts are domestic violence in nature. Adults at risk are likely to remain in abusive relationships because they face greater barriers in leaving. For example victims who misuse substances or have mental health issues may face greater stigma in seeking help or feel that they are excluded from mainstream services. Equally those with learning disabilities and/or those who lack capacity may not understand how to seek help. Equally while most services do provide some access for disabled individuals, those with more complex care needs may not be able to access some services.

The numbers of children suffering abuse relating to domestic violence continues to increase. The rate of referrals from the Police in particular relating to domestic violence incidents where children are present has seen a steep increase over the last 3 years. Currently 80% of the children on a child protection plan have been involved in or at least witnessed domestic violence and the increase of this issue in the teenage population is also cause for concern. In addition there are over 430 Looked after children many of whom have suffered such abuse and over 60% of all contacts received in social care have some form of domestic violence related issues. This is likely to continue with the demographic changes and the impact of the government's welfare reforms begins to have an impact.

These issues need to be considered when we commission services to ensure that services do not discriminate against adults and children at risk.

13. Background papers used in the preparation of the report:

Domestic Violence and Sexual Violence Strategy
http://moderngov.lbbd.gov.uk/documents/s64161/DSV%20Report.pdf

Joint strategic Needs assessment
http://www.barkinganddagenhamjsna.org.uk/Pages/jsnahome.aspx

Joint Health and Wellbeing Strategy
http://www.lbbd.gov.uk/AboutBarkingandDagenham/PlansandStrategies/Documents/HealthandWellbeingStrategy.pdf

Home Office circular 003/2013: new government domestic violence and abuse definition https://www.gov.uk/government/publications/new-government-domestic-violence-and-abuse-definition

The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom http://onlinelibrary.wiley.com/doi/10.1111/bjo.2011.118.issue-s1/issuetoc

The Annual Report of the Chief Medical Officer for England and Wales *On the State of the Public Health*, 1996

Securing excellence in commissioning sexual assault services
http://www.england.nhs.uk/2013/06/13/commis-sex-ass-serv/

Community Mental Health Profile 2013
http://www.nepho.org.uk/cmhp/index.php?pdf=E09000002

Supporting high-risk victims of domestic violence: a review of Multi-Agency Risk Assessment

Conferences (MARACs)

https://www.gov.uk/government/publications/supporting-high-risk-victims-of-domestic-violence

14. Glossary

BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
CAADA	Co-ordinated Action Against Domestic Abuse (charity)
IAPT	Improving Access to Psychological Therapies
IDVA	Independent Domestic Violence Advisor
LBBD	London Borough of Barking and Dagenham
MARAC	Multi-Agency Risk Assessment Conference
MOPAC	Mayor's Office for Policing and Crime

15. References

[i] Povey, D (Ed.), Coleman K., Kaiza P., Roe S. "Homicides, Firearm Offences and Intimate Violence 2007/08 (Supplementary Volume 2 to Crime in England and Wales 2007/08)" 22/01/09.

[ii] Office of National Statistics "The Crime Survey: focus on: Violent Crime and Sexual Offences, 2011/12" London February 2013.

[iii] Gilchrist, E., Johnson, R., Takriti, R., Weston, S., Beech, A. & Kebbell, M. (2003) "Domestic violence offenders: characteristics and offending related needs" Home Office Findings 217, London.

[iv] Lewis, G. (ed.) "Why Mothers Die: The sixth report of the confidential inquiries into maternal deaths in the United Kingdom" Confidential Inquiry into maternal and child health (CEMACH)" Royal College of Obstetricians and Gynaecologists, London 2004.

[v] 2011 Centre for Maternal and Child Enquiries (CMACE), BJOG 118 (Suppl. 1), 1–203.

[vi] Walby, S. "The Cost of Domestic Violence: Up-date 2009" Project of the UNESCO Chair in Gender Research, Lancaster University.