CRIME AND DISORDER 2017: DOMESTIC ABUSE TOPIC GROUP

To examine the effectiveness of the Crime & Disorder (C&D) Partnership and the Domestic Abuse Partnership, in relation to identifying, responding and preventing various forms of domestic abuse.

Report of the Topic Group

7 December 2017
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REPORT OF THE CRIME AND DISORDER 2017: DOMESTIC ABUSE
TOPIC GROUP

1.0 Purpose of Report

1.1 This is the report of the Crime and Disorder 2017: Domestic Abuse Topic Group. The Group’s aim was to examine the effectiveness of the Crime & Disorder (C&D) Partnership and the Domestic Abuse Partnership, in relation to identifying, responding and preventing various forms of domestic abuse.

1.2 The Topic Group addressed the following questions:

- How effectively does the Domestic Abuse Partnership respond to domestic abuse?
- How effective is the Domestic Abuse Partnership at working together to ensure victims are identified, families are supported and perpetrators are brought to justice?
- How effective is the Domestic Abuse Partnership at identifying and supporting victims from vulnerable groups?

1.3. The Scoping document can be seen at Appendix 1. Associated papers issued to Members can be found at: Crime and Disorder 2017: Domestic Abuse scope and associated papers.

2.0 Recommendations

2.1. That Domestic Abuse (DA) Champions are introduced county wide and the DA Partnership targets work with GPs on this. (Paras 4.1, 5.2)

2.2. That DA training and awareness raising is adopted by the HSAB as part of mandatory safeguarding training for operational front line staff and managers across Adult Care Services (ACS); and, that all relevant ACS contracts build in DA training as a mandatory requirement. (Paras 3.6, 4.1, 5.6, 5.7)

2.3. That the Hertfordshire DA Partnership actively creates support services for medium and standard risk victims. (Paras 3.6, 3.9, 4.4, 4.5, 5.4)

2.4. That work should be undertaken with Princess Alexandra Hospital, Luton and Dunstable Hospital and Barnet General Hospital to identify and develop improved communications with the service that performs a similar function to that of the Independent Domestic Violence Advisors (IDVAs) at the Lister and Watford hospitals. (Paras 3.6, 3.7, 4.3, 5.3)
That the partnership develops a countywide non-mandatory perpetrator programme. (Paras 3.8, 4.5, 5.4, 5.5)

3.0 Background

3.1 UK Government defines Domestic Abuse (DA) as 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, or emotional.

3.2 Members were reminded of the Hertfordshire Domestic Abuse Strategy 2016-19 ‘Breaking the cycle’, which states how the 3Ps (Prevent, Protect and Provide) operate. This strategy is seen as an essential development by the Domestic Abuse Partnership. Three years ago Hertfordshire County Council (HCC) was on a low baseline for dealing with Domestic Abuse because of minimal partnership working and minimal communication. HCC lead a countywide review, with financial report from OPCC due to the above concerns as well as those on governance and partnership arrangements. A strategy was in place with a number of groups; however it was fragmented and not embedded effectively with no clear leadership. The review helped to address this low achievement, formed an official Partnership to work towards mutual goals for a significant increase in engagement and awareness raising. As a result of the strategy and a drive from all partners, Hertfordshire is now seen nationally as one of the leading areas for dealing with DA. The key partners working together are the Police and Criminal Justice Board as well as both Hertfordshire Safeguarding Boards. Officers highlighted that DA is a priority under the Hertfordshire Adults Safeguarding Board.

3.3 Officers stated that prevention of DA is the greatest challenge for their organisations. It was evidenced that just responding to incidents was insufficient and that more emphasis was needed in raising awareness. For example, the need to be mindful of the impact on other family members as often victims do not realise that the others around them are also affected. A situation can develop where victims believe that they are protecting others by taking the abuse themselves. However, the impact on children witnessing DA can emerge by them perpetuating the cycle of abuse as adults or they can suffer with mental health problems.

3.4 Additionally the general public is not cognisant of the wider issues and ramifications of DA. Traditionally coercion and control are not perceived as aspects of DA and yet both are intrinsic to the dynamics and behaviours of this abuse. For example the sub-group looking at Domestic Homicide Reviews has now expanded its portfolio because of changes to the national statutory definition and guidance for how to
conduct DHRs, reviewing and analysing them. This has meant that there is greater consideration of suicides as there is increasing evidence being found of both coercion and control prior to death.

3.5 In response to the DA definition including school age as a range that encounters DA, the Hertfordshire DA Partnership is planning to strengthen work with schools. The DA Partnership has begun talks with a national charity to develop a programme of work for schools. The current programme that is offered to schools is not compulsory, is generic and there is not significant engagement with schools. Further work is being done with this charity so that the programme is more attractive to schools, tailored to be in a variety of formats dependent on age and pursues the Prevention strand of the strategy.

3.6 To further awareness the DA partnership is increasing its engagement work through a number of streams. One aspect is in hospitals. The topic group heard that Watford and Lister hospitals have Independent Domestic Violence Advisors (IDVA). These are officers that provide a direct line to training, advice and DA support services for staff, as well as services and case management for high risk victims. Another aspect is working to improve engagement and interventions with communities not always reached, such as the traveller community, through outreach programmes.

3.7 Officers informed Members that having IDVAs present in hospitals had provided a significant benefit. For instance, they have been able to train hospital staff to identify victims who present in the Emergency Department (ED).

3.8 The Topic Group heard of perpetrator programmes which exist to educate, re-habilitate and provide mental health support services for abusers where necessary, rather than a custodial sentence. In Hertfordshire there is only one perpetrator programme which is based in Stevenage. This programme has limited scope and is not available countywide.

3.9 Members of the Topic Group were informed of three categories of risk (high, medium and standard) by which all victims are assessed depending on the Domestic Abuse, Stalking and Honour Based Abuse (DASH) risk identification checklist. The scoring from the checklist along with trained professional judgement will dictate the risk category a victim is placed in at that given time.

3.9.1 High – Identifiable indicators of risk of serious harm or death. The potential event could happen at any time and the impact would be serious. ‘Risk of Serious harm is a risk which is a life threatening and or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible’.
3.9.2 Medium – Identifiable indicators of risk of serious harm. The offender has the capability to cause serious harm, but is unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, and drug and alcohol misuse.

3.9.3 Standard – Current information, intelligence or evidence does not indicate likelihood of causing serious harm.

3.10 In addition to the funding commitments of the main partners, the DA Partnership receives some additional funding from the Home Office, which will last for three years (2016-2019) to support specifically identified areas of development. After that date no future funding identified. This is a significant problem for the Hertfordshire DA Partnership, but all partners are committed to the work being done and are identifying methods of securing future funding for services into the future. Without future funding the DA Partnership will not be able to provide the services as set out in the strategy. Therefore, being able to continue to provide these services would place pressure on other services.

3.11 Members were informed that there was a delay in commencing the development project work as whilst the Police and Crime Commissioner’s office were made aware of the funding available from the Home Office in July ACS did not become lead commissioners until September. The funding is still not with ACS as it is released by the Home Office in arrears on receipt of evidence of the spend. When the funds are transferred they will be transferred from the Home Office to the PCC and then to ACS. The difficulty of this money transfer system may bring additional delays.

3.12 Members were impressed that the DA Partnership was aware of the dog rescue charitable service. The scheme takes animals in to care from homes where Domestic Abuse is taking place. Some victims are unwilling to leave their abusive relationship over concerns regarding their pet. Additionally, Members were pleased that the DA Partnership made sure to identify any pets present in a home where DA is suspected, as often abuse of pets is a precursor or indicator for abuse of people. Members encouraged the continued sharing of these messages to all partners, which officers committed to share in their next ‘Important Information’ release.

4.0 Evidence

4.1 Members heard that the DA Partnership is prioritising developing a network of Champions across the county as part of the additional Home Office funding. The Champions will act as ambassadors for domestic abuse alongside their existing role. This network builds on the models already in place for safeguarding. In this ambassadorial role the
Champions would be expected to raise the discussion around DA, be the lead point of contact for their designated area when disseminating information and reporting as well as the lead for developments in training and awareness engagement. This will all be based around their current role in Hertfordshire. If a Champion were to move on then a successor would be identified ahead of time so that there is a continued presence.

4.2 The Topic Group asked what outreach took place with the traveller community and officers shared that there have been various methods such as literacy classes that created a safe place for women to speak and share experiences. There have also been classes offering crafting skills and socialisation to make sure victims are not prevented from attending by abusers. In reality, these classes were intended to create a safe place for victims to share their story of abuse with a trusted person, outside of the community, who could then provide information about support services for victims of Domestic Abuse. Members were however concerned to hear that currently only one person in the Hertfordshire DA Partnership is working on traveller community engagement and therefore believed that this is not resilient.

4.3 On hearing of the positive impact that IDVAs are achieving at both main Hertfordshire hospital sites, Members queried the IDVA presence in Hertfordshire border hospitals i.e. those that receive a significant number of patients from Hertfordshire. Members were concerned to hear that officers were not aware of any IDVAs or similar support present in these hospitals. Members expressed their uneasiness about officers being unaware of the support presence in border hospitals and therefore the potential concern of there being gaps in provision for Hertfordshire residents. This may mean victims remain unidentified. It was confirmed by officers that there were plans for increasing the IDVA presence, but these were not yet fully in place.

4.4 Members heard that victims who are assessed as medium or standard risk are identified and recorded, but there is limited support until those victims become high risk. Members voiced their concern at the lack of specialised case work support services available for those in medium and standard risk; particularly as during the site visit preceding the topic group officers had stated that there was a higher probability that the next DA related homicide in Hertfordshire is likely to be a victim currently in the medium or standard risk category. The DA Partnership is looking to change focus so that case workers are developed to further provide support services for victims in the medium and standard risk categories. This has not yet started.

4.5 Members were concerned that the county was not fully covered by a countywide, non court ordered perpetrator programme. The volunteer run perpetrator programme in Stevenage began as a two year pilot and expanded to Watford and Broxbourne in its second year. However, this was not taken up across the county and shrunk back to solely support
the Stevenage area. This has meant that limited work has been able to be done across Hertfordshire through a non-mandatory perpetrator programme. Members were informed that comparatively across the country there are large scale voluntary sector run programmes. Members saw the benefit of these programmes as preventative measures that abusers can engage with which would in turn support medium and standard risk victims. Abusers can be referred or can self-refer to programmes, it is not always a court order. Members believed this to be a priority in the DA programme of work.

4.6 Members pressed officers on what they would do at the end of the three year funding period to keep these valuable services going. Officers responded by stating that the Domestic Abuse Partnership has been engaging with external organisations with the goal of finding alternative funding streams. Members highlighted the benefit of joint bids and the Partnership confirmed that they have been looking at ways of providing some services in conjunction with voluntary organisations, therefore building the opportunity of joint bidding. Without the resources these services cannot continue. Continued awareness raising and joint provision with external organisations would mean that alternative funding arrangements are continually sought.

4.7 Members challenged the DA Partnership on having too many entry points and causing confusion with the public. Officers responded that they are developing a hub as part of the changes to Sunflower, which will act as a single point of access (SPA). This would allow for a consistent message. Members wanted to make sure that all officers agreed and were clear what the SPA was for and to share that consistent message. Officers are planning to begin running the hub by the end of January 2018.

4.8 Looking further at partnership working, Members asked about the relationship between the Police and health professionals. They were informed of the continued work of co-responding, where a MH worker will attend incidents with Police officers. This is an aspect of the service that runs throughout the week. Members were told that professionals are able to contact the Police directly if they have any concerns. Furthermore, the Police website has the facility for professionals to make contact referrals or use live chat for advice or reporting, which can remain anonymous if required.

4.9 Members were pleased to hear that professionals were aware of ease of contact with animal charities in DA circumstances.

5.0 **Conclusions**
Members expect that the latest status of the Domestic Violence Bill will be reflected in the executive response.
5.1 Members commended the DA Partnership for the engagement work that has taken place since its introduction. It is vital that the level of engagement and expands. Raising the profile of DA through awareness campaigns and joint ventures with other organisations can assist in making sure DA remains the top of all agendas.

5.2 Members believed that the network of Champions is a great way to filter information to GPs and other professionals through a trained cohort, as well as having people responsible for leading the DA conversation across the county. However, further work needs to be done on this as a priority and involving as many parties as possible on developing the role of the Champion. Members raised with officers that they were aware of a similar programme in the HSAB where the CCGs encourage NHS providers to have Safeguarding Champions. While this was seen as a good programme for the HSAB, Members asked that officers confirm that this model is appropriate and that safeguarding champions can take on the additional role of DA champion before proceeding.

5.3 It was stated by Members that the IDVA presence in Hertfordshire hospitals appeared highly effective and needed to be replicated in the border hospitals that also have significant Hertfordshire resident intake. Officers confirmed that hospitals did report DA when they were aware of it but were not aware of any IDVA equivalent network. Members stated that officers needed to work with partners in border counties to understand what is in place and then develop this service or expand it to cover Hertfordshire residents.

5.4 After highlighting the benefits of the non-mandatory perpetrator programme as an alternative method of supporting medium and standard risk victims, Members were highly concerned that this programme was limited to Stevenage and that the support for victims at these lower risk levels across the county is fragmented and limited. Members believed that a significant amount of work needed to be done to protect these individuals based on the information that the next homicide victim is likely to come from one of those lower risk levels. Members believed it was essential that the planned widening of the scope encompasses all three categories of risk otherwise the service will be reactive to high risk only rather than being preventative.

5.5 Members were concerned at the absence of a community based countywide non-mandatory perpetrator programme and stated that it is a vital need. The programmes that should be developed must and act as an alternative to a custodial sentence in cases where learning, re-education and support will be more successful. From what has been heard Members believed there was sufficient evidence that these types of programmes can be very effective. It was accepted that all cases are different and programmes are not always the best solution; therefore, they should run alongside the formal court mandated route.
5.6 Members were pleased that DA is a priority for the HSAB. However, they believed that there was a need to make DA training mandatory in all contracts so that it is embedded as core practise. Members were however disappointed that despite co-commissioning of GPs by the CCGs, there was no control over what they should or should not do. This was all under direction of NHS England. Therefore, every effort needed to be made to encourage engagement with DA training and awareness raising.

5.7 Members regard it as imperative that joint applications for funding are made to ensure funding is available once the three years of guaranteed Home Office funding comes to an end. It was of high concern that funding was not secure past this point for the projects being supported. However, it was believed that the inclusion of mandatory training in ACS contracts would go a long way to securing the future of DA.

5.8 While there is an offer to schools, Members believed there was an opportunity for more directed work to be developed and supplied to schools. Members were pleased that the Hertfordshire DA Partnership has met with a national charity to discuss the development of this in terms of what programmes can be offered to schools and that this needed to take place as soon as practicable.

5.9 Members support the plan for developing the hub hosting a single point of contact and believe that it is essential to bring a sense of coordination to the wide range of services and engagement going on from so many organisations. The hub would allow for a single, clear message and ease of direction for all those requiring support.

6.0 Members and Witnesses

Members of the Topic Group

Susan Brown
William Wyatt-Lowe (Chairman)
Lynn Chesterman
Susie Gordon
Ron Tindall

Other Members in Attendance

Witnesses

<table>
<thead>
<tr>
<th>Jenny Coles</th>
<th>Director Children’s Services, HCC</th>
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<tr>
<td>Mick Ball</td>
<td>Detective Chief Superintendent, Herts Constabulary</td>
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<tr>
<td>Name</td>
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<tr>
<td>Tracey Cooper</td>
<td>Head of Adults Safeguarding HVCCG &amp; ENHCCG</td>
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<tr>
<td>Helen Gledhill</td>
<td>Strategic Partner Domestic Abuse, HCC</td>
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<tr>
<td>Sarah Taylor</td>
<td>Partnerships Manager Domestic Abuse, HCC</td>
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<td>Amanda McIntyre</td>
<td>Director Stefanou Foundation</td>
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**Officers**

- Theresa Baker    Democratic Services Officer
- Charles Lambert  Scrutiny Officer
APPENDIX 1

OBJEKTIVE: To examine the effectiveness of the Crime & Disorder (C&D) Partnership and the Domestic Abuse Partnership, in relation to identifying, responding and preventing various forms of domestic abuse.

BACKGROUND: annual C&D scrutiny; members added to the work programme Sept.2016 and agreed in June 2017 that the focus would consider Domestic Abuse.

Hertfordshire has published a Domestic Abuse Strategy 2016-19, 'Breaking the Cycle', (July 2016). The Strategy constitutes Hertfordshire's response to its 2014/15 review of domestic abuse services conducted by SafeLives and commissioned by the Police and Crime Commissioner. The SafeLives review highlighted good practice but also made extensive recommendations, including around governance and structure, ensuring an effective multi-agency approach to tackling domestic abuse, across Hertfordshire

Hertfordshire embraced the SafeLives Review and established an Improvement Programme that included introducing new governance arrangements, reviewing the Joint Strategic Needs Assessment (JSNA) and conducting multi-agency consultation. The result is a clear and evidence-based agenda for breaking the cycle of domestic abuse, underpinned by shared commitment to the Strategy's goal for 'women, children and men in Hertfordshire to be kept safe from domestic abuse and have the opportunity to lead healthy and happy lives'.

An Equality Impact Assessment in line with the Equality Act 2010 has been undertaken to inform the development of the Domestic Abuse (DA) Strategy and determine the impact and mitigations needed to provide equitable support for diverse groups. We have identified that there is generally under-reporting from a range of victims from different equality groups, in particular the Black & Ethnic Minority (BAME) and Traveller communities. This proposal enables the DA partnership to raise awareness and enable victims to come forward, receiving effective support and access to specialist accommodation based services.

Within this national strategic context, and in order to deliver on local priorities, Hertfordshire is committed to preventing the escalation of DA at every opportunity. This funding will be specifically focused on hard-to-reach communities with in Hertfordshire, to ensure that everyone in the county has the same level of access to high quality services.

Hertfordshire’s Domestic Abuse Strategy has a clear multi-agency governance structure. This network of domestic abuse professionals, across the public and voluntary sectors, is key to ensuring strategic direction and plans are informed by local knowledge and good practice. A strong and well-
informed network is also crucial to ensuring that service users are offered astutely judged and well-coordinated pathways. Domestic abuse is complex. Which service is most appropriate for any particular individual or family can only be ascertained through informed professional judgement about the nature of the risks and needs in combination with a good understanding of the available services.

Where the various public and voluntary sector agencies know about, understand and trust each other’s services, they do already refer and introduce service users to the appropriate service yet gaps in knowledge can mean that opportunities are missed. We will only achieve our intended outcomes by working together, particularly with the universal services residents use on a daily basis such as schools, hospitals and GPs. We will therefore work across the public and voluntary sectors to strengthen our collective understanding of risk and need, the different kinds of support available and how best to handle referrals, introductions and service pathways. The network needs to embrace not only specifically domestic abuse services but also other relevant services that have a different focus or label.

QUESTIONS TO BE ADDRESSED:
- How effectively does the Crime & Disorder Partnership respond to domestic abuse?
- How effective is the Domestic Abuse Partnership at working together to ensure victims are identified, families are supported and perpetrators are brought to justice?
- How effective is the Domestic Abuse Partnership at identifying and supporting victims from vulnerable groups?

OUTCOME/S:
That members are able to identify the developments of domestic abuse arrangements across Hertfordshire, whilst also recognising the challenges and complexities around the nature of the work area and identifying clear outcomes of measuring success.

CONSTRAINTS:
- The focus will be domestic abuse and will not include safeguarding

RISK & MITIGATION AFFECTING THIS SCRUTINY:

RISK/S: What happens if partners are unable to fulfil commitments they have made to the Crime & Disorder Partnership.

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<thead>
<tr>
<th>WITNESSES i.e. individuals</th>
<th>EVIDENCE i.e. organisations e.g. HCS</th>
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<tbody>
<tr>
<td>Sue Darker Adult Care Services</td>
<td>VCS Representative</td>
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<td>District &amp; Borough Council</td>
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13
Tracey Cooper CCG Safeguarding Lead

**METHOD:** 1 day Topic Group  
**DATE:** 7 Dec 2017

**SITE VISIT:** St Albans/Hertsmere refuge and WGH  
**DATE:** 29 November 2017

**MEMBERSHIP:**  
Susan Brown; Lynne Chesterman; Susie Gordon; Ron Tindall; William Wyatt-Lowe (chairman)

**SUPPORT:**  
**Scrutiny Officer:** Charles Lambert  
**Lead Officer:** Helen Gledhill/Sarah Taylor  
**Democratic Services Officer:** Elaine Manzi

**HCC Priorities for Action:** how this item helps deliver the Priorities delete as appropriate
1. Opportunity To Thrive ✓
2. Opportunity To Prosper ✓
3. Opportunity To Be Healthy And Safe ✓
4. Opportunity To Take Part ✓

**CiPS ACCOUNTABILITY OBJECTIVES:** delete as appropriate
1. Transparent – opening up data, information and governance ✓
2. Inclusive – listening, understanding and changing ✓
3. Accountable – demonstrating credibility ✓

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**Appendix 2**

**Glossary**

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<th>ACS</th>
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