Domestic Violence

SUMMARY

3.1 What Is The Level of Need in Havering?

- Around 5,460 women and girls in Havering are estimated to experience domestic violence (DV) every year. Actual figures may be higher than this as these estimates do not include men experiencing DV
- 4,880 women and girls annually are also estimated to experience sexual assault, and 9,670 to experience stalking in Havering
- It is estimated that the cost of responding to DV in Havering is £23.3million annually (not including the human and emotional costs)
- Over 1000 cases of DV were supported by Havering DV services in 2010/11
- Havering has the 8th lowest rate of DV offences and incidents (per 1000 population) out of the 32 London Boroughs
- Over a third of DV in Havering takes place at the weekend, and 1 in 10 cases occurs between midnight and 1am

3.2 Current Service Provision in Havering

Services for those experiencing DV in Havering are delivered by a range of organisations such as Women's Aid and include:

- Refuge accommodation for 23 families, floating support for women and men in the community, children's refuge and community services, a drop in service, support groups, a counselling service, a helpline (including an on call 24 hour service for emergencies), skills and training support, an Independent DV Advocate (who supports risk of harm cases) and the East London rape crisis centre (not Havering specific)
- In 2010/11, Havering's Women's Aid supported 1192 women, 539 children and 20 men
- A MARAC (multi agency risk assessment conference) also operates locally. (where partners co-ordinate services for the highest risk DV cases to prevent repeat cases of DV) and supported 112 people experiencing DV in 2010/11. These high risk MARAC cases involved 112 children

3.3 Gaps in Knowledge and Service Provision in Havering

- Referrals from health services including GPs to DV services are extremely low and currently regular information from DV services on health referrals is not captured
- Little feedback has been collated from local service users on their views on how services are supporting them and what improvements are required
- Intelligence on the incidence and nature of issues such as prostitution, sexual violence, trafficking, forced marriage, honour based violence and female genital mutilation in Havering is currently lacking
- An outcome monitoring framework needs to be agreed and implemented by all DV services in Havering
- Data systems used by Children's Social care do not record domestic violence as a reason for referral or a background factor. Due to this gap in data little information is currently shared about children in contact with social care who are experiencing DV

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3.4. Domestic Violence (DV): for decision makers and commissioners to consider:

- Update and publish a DV and violence against women and girls strategy for Havering
- Engage GPs in the coordinated response to DV, to improve practice and generate referrals. Consider commissioning a pilot of Project IRIS with GPs, to improve primary care response to patients who are experiencing DV
- Ensure appropriate agencies and representatives attend the MARAC. Continue to improve the collation and analysis of MARAC data to understand the needs of those experiencing DV and to align services accordingly
- Work with health and social care to improve the availability of local DV data. Currently most local data on DV is provided by the police and including information from other partners would improve local intelligence on the prevalence of DV. There is also a need for local partners to begin to record information about areas such as forced marriage, honour based violence and female genital mutilation.
- Develop further joint commissioning for DV/violence against women and investigate the need for specialist services e.g. care for those girls and women affected by female genital mutilation or sexual violence
- DV Forum and Violent Crime Action Group to consider a DV awareness campaign to increase reporting of DV and increase confidence of victims to access help earlier
- Introduce DV performance indicators into the contracts of health service providers
- Consider commissioning specialist support services for families where DV has been identified e.g. a family DV support worker
- Consider how the East London rape crisis centre will be commissioned in the future and what resources will be available to support this commissioning (in 2013/14) when funding from the Mayor of London ceases)
- Develop a process with DV services for recording referrals received from health services to better understand health involvement in responding to DV
- Domestic Violence Forum to work with Havering Magistrate’s Court to improve management of domestic violence cases, including information sharing, tracking of results and listing of cases to help support services attend court and support victims
- Partners to explore the use of the Barnardos Risk Assessment Matrix in conjunction with the MARAC risk assessment tool

1. WHAT DO WE KNOW ABOUT DOMESTIC VIOLENCE IN HAVERING?

a) Introduction

Domestic violence (DV) is prevalent in the Borough. We know that it has a significant impact on the health and wellbeing of victims and their children.

DV is defined by the government as:
"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. This includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM) and forced marriage." (1)

DV has a financial impact on agencies and services and we know that it has a significant impact on the health and wellbeing of victims and their children. It is a major public health concern and is a priority safeguarding issues for children and adults.

The significance of domestic violence and its connection to child abuse is now well documented in research. In a recent study on Serious Case Reviews nationally, Marion Brandon noted that "the mention of DV permeated all types of reviews concerning babies, children and adolescents" (2). DV has been a feature of some Serious Case Reviews conducted in Havering since 2007. There were a number of relevant key learning points that affected the outcomes of some of these cases including: the failure to maintain focus on the child and failure to understand domestic violence.

DV is the leading cause of ill health for women aged 19 – 44, greater than cancer, war and motor vehicle accidents (3).

30% of DV starts or gets worse during pregnancy (4, 5).

Between 50% and 60% of women mental health service users have experienced DV, and up to 20% will be experiencing current abuse (6, 7).

The estimated costs of DV (not including the human and emotional costs) pro rated by population to Havering (8) is **£23.3 million**. The hidden costs to NHS in Havering in responding to DV (its immediate and the long term impact) is estimated to be **£7.1 million** a year). This figure includes the costs of visits to GPs and A&E, treatment for injuries, use of ambulances, prescriptions, referral to services for treatment, mental health and rehabilitation.

b) Prevalence of DV

Home Office estimates based on the British Crime Survey (9) makes the following estimates of the level of need for local services for DV, sexual violence and stalking in their area. These estimates can be used to help inform commissioning of services to meet unmet and previously un-recognised need.

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Figure 8: Estimated level of need for local DV services. Home Office, 2009.

Borough	Female population	Estimate for area
Havering	116,291	DV 5,466 Sexual Assault 4,884 Stalking 9,673
Redbridge	122,786	DV 5,771 Sexual Assault 5157 Stalking 10,213
Waltham Forest	112,093	DV 5,268 Sexual Assault 4,708 Stalking 9,324
Barking and Dagenham	858,76	DV 4,036 Sexual Assault 3,607 Stalking 7,143

Population data taken from 2001 Census (is total female population and not broken down to 16 – 59 age group). Figures are an estimate of number of women and girls who have been a victim in the past year.

c) DV Offences in Havering

Number of Incidents and Offences
Table 1 shows the number of incidents and offences in Havering for two financial years and the percentage change.

A domestic offence is where an incident occurs and the investigation reveals an offence against a statute of law (ie an assault). If the incident is not against a Statute of Law, e.g. a row between partners) it is defined as an incident. The police record both to ensure a full record of any potential DV is recorded.

Figure 1: DV offences and incidents in Havering in 2009-2011. Police Performance Information Bureau, 2011 (10).

	DV Offences	DV Incidents
2009/10	1,093	2,821
2010/11	1,200	2,817
Change	9.8%	-0.1%

Between 2009/10 and 2010/11, the number of DV offences in Havering have increased by 9.8%. In the same time period, the number of DV incidents has stayed approximately the same.

Havering's Performance

- Figure 2 shows how Havering 'sits' within the 32 other London Boroughs. It shows Havering's position in pure volume of reports and as a per thousand population. (A low number is good; high is bad.)

Figure 2: DV offences and incidents in Havering compared to all London Boroughs. Police Crime Reporting Information System, 2011 (11).

	DV Offences	DV Incidents

Population	8th	8th
Volume	9th	8th

Havering has the 8th lowest rate of DV offences and incidents (per 1000 population) out of the 32 London Boroughs. When only the volume of DV is considered (and size of the population is not taken into account), Havering has the 9th lowest volume of DV offences (out of the 32 London Boroughs) and the 8th lowest volume of DV incidents.

Arrest Rate

The arrest rate is the percentage of those committing DV who are subsequently arrested.

- In 2010/11, Havering had an arrest target of 77% and an actual arrest rate of 84%. In Havering, the sanctioned detection rate target was 47% and a 49% rate was achieved. This means that in almost eight out of ten cases where a DV allegation was made the perpetrator was arrested; of these arrests almost half (49%) result in a caution / charge. Havering is ranked 16th out of the 32 London Boroughs for DV sanctioned detection rate (where a ranking of 1st = best performing Borough) (12).

Victims and Accused

- Figures 3 and 4 show the breakdown of victims and accused respectively.

Figure 3: Table Showing the Proportion of DV Victims In Havering, by age and gender, 2010/11. Police Crime Reporting Information System, 2011 (13).

Age Groups	Female	Male	Total
<10	0%	0.1%	0.0%
10 – 17	1%	1%	1%
18 – 25	28%	24%	26%
26 – 35	30%	30%	30%
36 – 45	24%	25%	24%
46 – 55	11%	12%	12%
56 – 65	4%	5%	4%
66 – 75	2%	2%	2%
76 – 85	0.4%	1%	1%
86+	0.3%	0.4%	0.4%

Figure 4: Table 3: Table Showing the Proportion of those Committing DV in Havering, by age and gender, 2010/11. Police Crime Reporting Information System, 2011 (14).

Age Group	Female	Male	Total
10 – 17	0%	0.2%	0.2%
18 – 25	25%	30%	29%
26 – 35	32%	30%	31%
36 - 45	35%	27%	28%
46 - 55	5%	9%	8%
56 - 65	2%	2%	2%
66 - 75	2%	1%	1%

The table shows the percentage that the gender of a particular age group represents.

So the accused table shows that 35% of all female victims are aged 36 - 45 and 27% of all male victims are aged between that age. A large proportion (80%) of those experiencing DV are aged between 18 and 45.

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Time when DV Occurs (15)
Figure 5 shows DV offences by hour of the day separated into Havering (excluding Romford town centre) and Romford town centre only.

Figure 5: Time of day when domestic violence occurs in Havering. Police Crime Reporting Information System, 2010/11 (15).

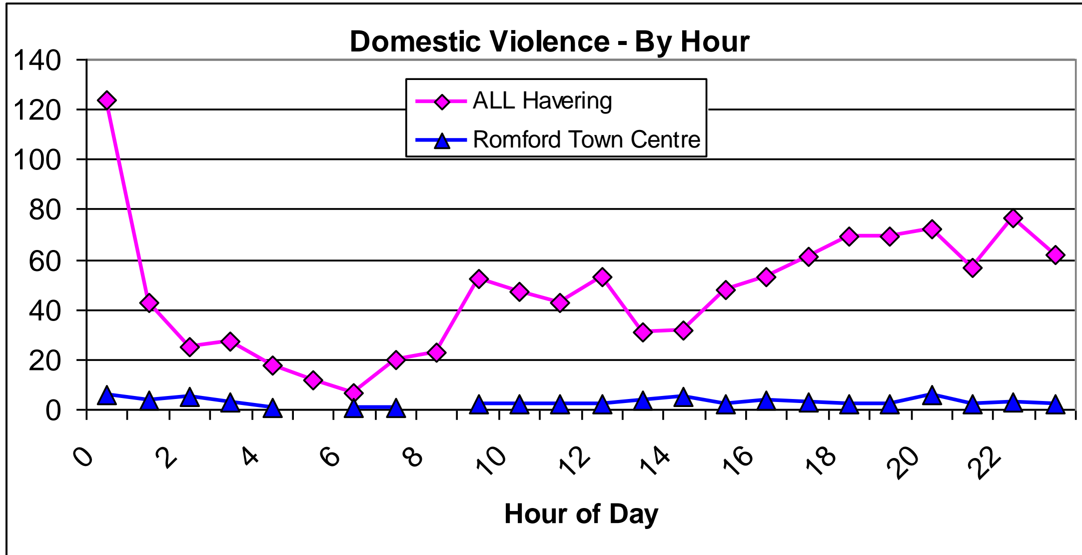
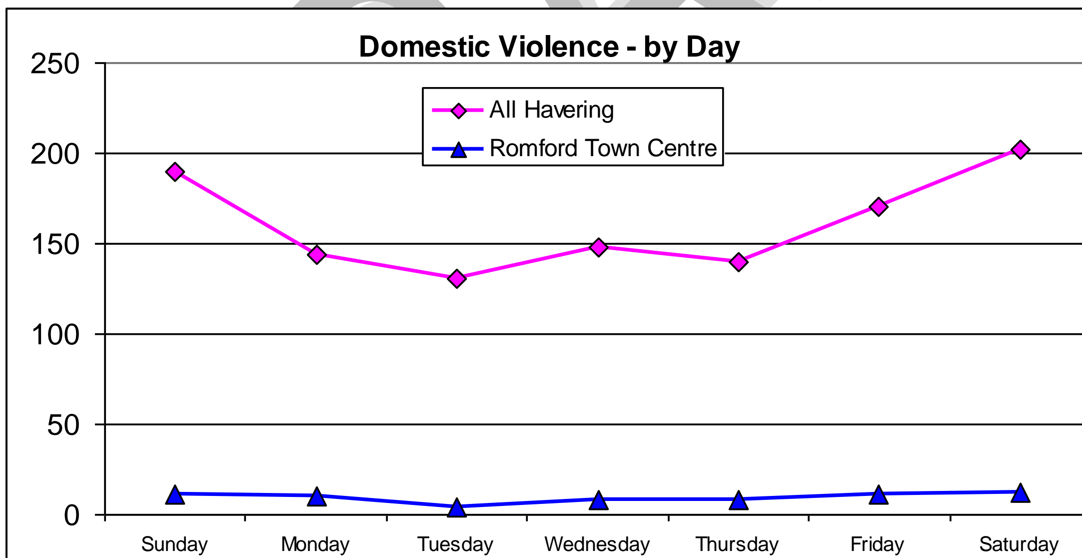


Figure 6 shows the same data but by day of the week.

Figure 6: Days of the week when domestic violence occurs in Havering. Police Crime Reporting Information System, 2010/11(15).



The premise being raised was whether alcohol can be linked to the offence of DV. Romford town centre, where there are a concentration of premises licensed to sell alcohol, does not show any significant increase in DV during licensing hours. Havering as a whole does show an increase in DV from 4.00pm to 1.00am. This may be due to partners being at home (or out) together. This is further supported by the lower number of reports during the 'normal' working day. This does not follow for the other raised reporting times, between 10.00am and 1.00pm. However, a further look at the data shows that these reports are mainly on a Saturday and Sunday which tends to support the argument that alcohol need not be a factor.

Saturday and Sunday account for 28% of the week but 35% of reports are made on these days. When the hours of the day for Saturday and Sunday are examined the fewest reports are made in the 8th hour (17%) (I.e. between 8.00am and 8.59am but this rises to 74% for the 3rd hour (3.00 to 3.59am). This could suggest that alcohol is involved, but further evidence is needed to investigate whether this is the case.

Over one in ten DV offences occur between midnight and 1.00am (11.04%).

Figure 7: Result of DV Cases Where Defendant Pleaded Not Guilty At First Hearing in Havering, September 2010 to August 2011. Havering Magistrates Court, 2011 (16).

				Outcomes		
Month	No of Trials	Victims Attended	Adjourned	Guilty	Not Guilty	Withdrawn
Sep-10	7	6	0	<5	<5	<5
Oct-10	6	<5	<5	-	<5	<5
Nov-10	13	8	<5	<5	<5	6
Dec-10	6	<5	<5	-	<5	<5
Jan-11	8	6	<5	<5	<5	<5
Feb-11	10	7	<5	<5	<5	<5
Mar-11	5	<5	<5	<5	<5	<5
Apr-11	8	8	<5	<5	<5	<5
May-11	10	7	<5	<5	<5	<5
Jun-11	9	7	<5	7	<5	<5
Jul-11	10	7	<5	<5	<5	<5
Aug-11	7	<5	<5	<5	<5	<5
Total	99	70	18	34	16	31
Percentage of Trials			18%	34%	16%	31%

Figure 7 (data provided by Havering Magistrates Court) (16) shows the result for DV cases were the defendant pleaded not guilty on the first hearing. It does not include those who during the remand for a trial changed their plea to guilty.

d) Prevalence of Harmful practices in Havering

Data on the prevalence of harmful practices within the borough is limited. The police data shows that from April 2011 to date there have been five cases of forced marriage and no allegations of female genital mutilation reported (17). In Havering, between 2001 and 2004, it is estimated that there were 47 maternities in Havering where women had female genital mutilation (18). This could present child protection concerns if these mothers the delivered a daughter. Data on the prevalence of FGM locally and reflects the national difficulties in collecting accurate data on the prevalence of FGM ain certain communities.

e) Total Cost of DV (19)

However as mentioned above, the MARAC is estimated to address only around 10% of all DV. Therefore the total cost of dealing with DV is even higher. It is estimated that based on Havering's population size, DV (not including the human and emotional costs) costs **£23.3 million per year**. The hidden costs to NHS in Havering in responding to DV (its immediate and the long term impact) is estimated to be **£7.1 million** a year). This figure includes the costs of visits to GPs and A&E, treatment for injuries, use of ambulances, prescriptions, referral to services for treatment, mental health and rehabilitation.

In comparison to other Boroughs across outer north east London, the costs are:

- Redbridge cost of DV is **£29.9 million**, the hidden costs to NHS are **£9 million per year**

- Barking and Dagenham cost of DV is **£19.1 million**, the hidden costs to NHS are **£5.7 million per year**
- Waltham Forest cost of DV is **£26 million** and the hidden costs to the NHS are **£7.8 million per year**

f) Safeguarding children and domestic violence
DV has been a feature of some Serious Case Reviews conducted in Havering since 2007. There were a number of relevant key learning points that affected the outcomes of some of these cases including: the failure to maintain focus on the child and failure to understand domestic violence.

Although children's social care are currently unable (for systems reasons, which are being addressed) to robustly quantify the actual prevalence of domestic violence as an issue in referrals to them or in child protection plans, it is acknowledged as a significant concern. The concern relates not only to the volume but to the severity of the violence, and the consequences that has on the safety and wellbeing of children in the household.

For those 6,150 families referred to Children's Centres over the past two years (2010 and 2011), domestic violence is recorded in 5% of cases. This is not a full indication of the prevalence, as Children's Centres tend to provide support in cases which do not meet child protection thresholds.

Data from the MARAC shows that in 2011/12 112 children were involved in the high risk cases discussed.

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2. WHAT CURRENT SERVICES ARE THERE FOR DOMESTIC VIOLENCE (DV) IN HAVERING?

a) Havering Women's Aid

Havering Women's Aid are commissioned by the local authority to provide refuge accommodation and a floating support service for women experiencing DV in Havering?. This is a three year contact from October 2011. Havering Women's Aid have 23 flats and are commissioned to provide 230 hours per week for the Refuge and Floating Support Service. They also provide a drop in and support group for women experiencing DV (commissioned until 2012).

Havering Women's Aid also provide the DV Support Group. , which holds 40 support group sessions annually (funded by Havering police and Havering Council)

2010/2011 Havering Women's Aid supported 1192 women, 539 children and 20 men. Referral to the service is via helpline and Havering Women's Aid provides a wide range of services such as:

- Refuge accommodation for twenty three families
- A Floating support service to women and men in the Community
- Children's services for the refuge
- Children's services for the community
- Drop In service
- Support Groups
- Counselling Service
- Helpline
- 24 hour on call for emergencies.

b) Independent DV advocate

An independent DV Advocate (IDVA) is provided by Victim Support to support high risk of harm cases discussed at the Borough's MARAC. This role is currently funded by the London Borough of Havering and the Home Office until March 2012.

In 2010/11 the IDVA supported 177 high risk victims of DV (169 female, 8 male) (20)

Figure 9: Individuals supported by the independent domestic violence advocate in Havering. Havering Independent Domestic Violence Advocate, 2011.

Age	
16 - 18	<5
18 - 35	93
35 - 50	55
Over 50	8
Unknown	18

Ethnic Origin	
White/Other	137
Black/Carribean	<5
Asian/Other	<5
Black/British	
White/European	<5
Black/African	<5
European	<5
Sri Lanka	<5
Unknown	<5

Over half of the referrals came from the police (90) and 32 from MARAC. The rest of the referrals came from a wide range of services and agencies in the Borough, however only one health referral was noted.

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In addition to the 177 high risk of harm cases, the IDVA received a further 708 referrals from the police. These cases are contacted and a risk assessment is completed. Usually this contact is limited to one phone call due to capacity of the IDVA.

c) MARAC

The Multi-Agency Risk Assessment Conference (MARAC) aims to review and co-ordinate service provision in high-risk of harm DV cases. The focus is to reduce repeat victimisation and prevent DV homicides. MARAC has a priority focus on victim safety with links to child protection and multi agency protection arrangements for violent and dangerous offenders. MARAC will facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

Each individual high risk case of DV discussed at the MARAC costs £20K (21). It is estimated that MARACs deal with around 10% of the total of all DV reported incidents. These are the most serious and high risk cases and should be seen as the "tip of the iceberg".

In the period between April 2010 and October 2011, 204 cases have been discussed at the MARAC, 31 were repeat cases. The MARAC has a repeat victimisation rate of 15.2%, which is lower than for cases not discussed at the MARAC (22). More information about the definition of DV repeat victimisation rates can be found on the Audit Commission website here:

www.audit-commission.gov.uk/localgov/audit/nis/Pages/NI032repeatincidentsofdomesticviolencecasesreviewedatmarac.aspx

This means that the 109 high risk cases of DV discussed at the MARAC in the Borough for 2010/11 cost partners in the Borough (e.g. the police, community safety, housing etc) **£2.18 million** and health services **£545,000** (this includes visits to GP, A&E, prescriptions and other health services such as sexual and mental health).

In comparison to high risk cases discussed at MARAC across outer north east London, the costs are:

- Waltham Forest **£4 million** and health services **£1 million**
- Redbridge: **£3.4 million** and health services **£850 000**
- Barking and Dagenham: **£5.3 million** and health services **£1.3 million**

Using an independently verified analysis (23), MARACs save at least £6,100 of these costs per victim. The net return on investment for the health service is 533%.

d) Family MOSAIC Project

Family Mosaic Project received 12 referrals in 2010/11 for their rent deposit scheme for victims of domestic violence. In the same year they received 7 referrals from Victim Support and from health services for support for victims of domestic violence.

e) Relate North East London

Relate North East London have 18 counsellors working in Havering who have all had training for Domestic Violence. They do not receive any funding to offer our services in Havering. The majority of the adult clients using the service are self referred or recommended by other agencies e.g. GP, Citizens Advice Bureau. These self referrals are usually all self funded, with exception of a few clients who are funded by Social Services.

In 2010/11 Relate saw 1083 adult clients and 341 children from Havering. 43 cases were due to family conflict, constituting approximately 12% of their caseload. Of the 341 children, 225 were referred to the service by education. The remaining 116 have either been referred by their GP, school, children's social care or other health professionals.

f) Women's Trust East London
Woman's Trust East London Counselling and Support Services provide free confidential one to one counselling to women affected by domestic violence. In 2010/12 they received 10 referrals for women living in Havering and in the year 2011/12 to date 8 referrals. No referrals have been from health services. Woman's Trust are funded by the Big Lottery Fund. This is a 5 year grant (April 2010 to March 2015). Woman's Trust work across 8 east London boroughs: Barking & Dagenham, Greenwich, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. 2 staff members work specifically for the East London Counselling and Support Services: a Senior Counselling Coordinator (28 hours per week), and an Office Administrator (25 hours a week).

g) Rape Crisis Centre
The East London Rape Crisis Centre started to take referrals in March 2011 and has received less than 5 referrals from Havering to date for its counselling service. Initial low take up of the service is expected as it's a new service and the sensitive and complex nature of disclosure and help seeking in cases of rape and sexual assault. An engagement and publicity campaign is underway to raise awareness locally of the service. The Mayor of London has funded the East London Rape Crisis Centre to March 2012. Consideration needs to be given to future commissioning of this essential service if this funding ceases. This is expected to be approximately £30 000 per year from each Borough.

h) Top 100 Families Project
The Top 100 Families project will identify current high contact, high need families across by all public sector partners within Havering. Once these families are identified all agencies will collectively review the intervention and support these vulnerable families receive.

The 'new' targeted approach with these families will be designed using best practice, listening to family feedback and experiences, consulting with frontline practitioners, improving cross sector communication, jointly funding work, sharing roles and responsibilities, improving performance management, eradicating duplication and achieving efficiencies and value for money.

The success factor will be the improved outcomes for families with multiple complex needs, with the majority of families needs being meet by the prevention and early intervention services, and a reduction in demand for specialist, high level targeted services and ultimately reduction to the amount of families at threat of loosing their children (into care), their liberty (offenders) or their home.

Following the piloting of this joined up approach, the changes to service planning and delivery will be imbedded into the day to day ways of working in all public sector agencies over time, to achieve systemic change.

All partners, including Police, Local Authority, Probation and Health Agencies have contributed to the identification of our high contact/high need families. Part of this process has been the identification of which 'complex needs' are experienced within family units, given that currently different agencies identify and assist families with multiple needs. Domestic abuse has been an identified issue in 38% of families identified. Families identified with domestic violence had a higher number of other complex issues in the household, for example, mental health, offending behaviour, debt issues and child protection plans.

The Top 100 Families approach will enable better sharing of intelligence, information and joined up working to both identify and work with families experiencing domestic abuse.

i) Policy framework
National

Call to end violence against women and girls HM Government 2011

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www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls

Call to end violence against women and girls: Action Plan March 2011 HM Government
www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan

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 Dept of Health March 2010 – followed by interim government response to the report of the taskforce on the health aspects of violence against women and children Dept of Health March 2010
www.dh.gov.uk/en/Publichealth/ViolenceagainstWomenandChildren/index.htm

Regional
The Way Forward. Taking action to end violence against women and girls – final strategy and action plan 2010 – 2013, March 2010 Mayor of London
www.london.gov.uk/priorities/crime-community-safety/tackling-priority-crimes/violence-against-women/way-forward

Local
Locally, DV is included in the Havering Community Safety Plan. Work to address DV in the Borough is included in theme one of the CSP plan – Serious Violence. This work programme has been developed to address Violence will seek to meet the Local Government PSA 23: Priority Action 1 – *'Reduce the most serious violence, including tackling serious sexual offences and DV'*.

Achievements noted in the CSP plan for 2009 – 2010
- Provision of DV drop in children centres
- Provision of services for people who suffer DV

NHS Barking and Dagenham DV and violence against women and children strategy and action plan 2010 – 2013 (this is now helping to inform NHS Outer North East London's and then Clinical Commissioning Groups response to DV and violence against women and girls)

3. WHAT GAPS ARE THERE IN SERVICES OR KNOWLEDGE IN THIS AREA?

- monitoring framework to be agreed and implemented by all DV services commissioned in the Borough
- Details from children's social care on the number of cases of DV they deal with (where is the primary reason for referral or a background factor)
- Referrals from health services including GPs to DV services are extremely low. We need to obtain regular information from DV services on health referrals, and work to capture information from victims of DV on their use of health services to evidence local need
- Feedback and perspectives of local service users on how our services are supporting victims and improvements they think are needed
- Data sets across services on incidents and concerns regarding DV, forced marriage, honour based violence and female genital mutilation
- Intelligence on the incidence and nature of prostitution, sexual violence and trafficking in the Borough.

4. WHAT DO LOCAL PEOPLE THINK?

No comprehensive recent consultation with women affected by DV in Havering been carried out. However, women survivors of DV who had received support from Refuge were consulted as part of the development of NHS Barking & Dagenham's DV and violence against women and children strategy, and the findings from this may also be relevant in Havering. Although this was not conducted with local women in the Borough it provides relevant feedback on survivors views of how health services can help victims of DV.

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The women felt that health services can and must play an important role in responding to DV– both for women and their children.

The women recommended that the health agency response to DV should include prevention and early intervention. They also recommended that training on DV is vital so that women experiencing DV can be confident that they will receive a consistent and professional response if they choose to disclose what is happening to them.

Above all, the health service response should be collaborative in approach and recognise that health services need to work with partner agencies to ensure that all the needs of DV victims are addressed. It is vital that partners from across the community work together in order to properly support women who experience violence.

The Community safety Partnership has agreed that a new DV strategy is needed for the Borough. Feedback from local DV services and their clients will be gathered to help inform and support the development of the new strategy.

5. EVIDENCE OF WHAT WORKS

a) NICE Guidance and national guidance

- Institute of Clinical Excellence (NICE) guidance on preventing and reducing DV between intimate partners is currently being developed and is expected in 2014

- Call to end violence against women and girls (2011). HM Government *www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls*

- Responding to Domestic Abuse: A Handbook for Health Professionals (2005). Department of Health: London. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4126161

- Domestic Violence, Sexual Assault and Stalking: Findings from the British Crime Survey (2004). Walby, Sylvia and Johnathan Allen. Home Office Research Study 276. Home Office: London. http://www.ccrm.org.uk/index.php?option=com_content&view=article&id=289&Itemid=354

- The Provision of Accommodation and Support for Households Experiencing Domestic Violence in England (2002). Office of the Deputy Prime Minister: London. http://www.communities.gov.uk/archived/publications/housing/provisionaccommodation

- Department of Health, Home Office and the Association of Chief Police Officers (2009) A Resource for Developing Sexual Assault Referral Centres (SARCs). http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107570

b) Project iris

Project IRIS is an intervention to improve the health care response to DV and abuse. GP practices receive training, an audit and ongoing support, a prompt in the medical system, a named advocate based in a DV specialist facility to which GPs can refer, and materials to display in surgeries. The cost of setting up and implementing project IRIS in a local area is approximately £50,000.

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The pilot study for Project IRIS found it to be cost effective, with a cost effectiveness ratio of approximately £2,450 per quality of life year (QALY). Operating over 25 GP practices, Project IRIS generated a cost saving of £80 000 against a £50 000 investment (24).

Further information about Project IRIS can be found here:
http://www.health.org.uk/publications/identification-and-referral-to-improve-safety/

c) Independent DV advocates
We know that DV advocates benefit victims of DV. For women and families living with severe DV, MARACs and Independent DV Advisors (IDVAs) offer a real solution. Almost two thirds of women living with high risk abuse report that it stops following intensive, multi-agency support coordinated by an IDVA (25).

6. ACTIONS AND RECOMMENDATIONS

- Develop and publish an updated Borough DV and violence against women and girls strategy
- Engage GPs in the coordinated response to DV, to improve practice and generate referrals. NHS ONEL and Clinical Commission Groups to consider commissioning a pilot of Project IRIS with GPs, to improve primary care response to patients who are experiencing DV.
- Ensure appropriate agencies and representatives attend the MARAC. Continue to improve the collation and analysis of MARAC data to understand the needs of those experiencing DV and to align services accordingly
- Work with health and social care to improve the recording and availability of local DV data. Currently most local data on DV is provided by the police and including information from other partners would improve local intelligence on the prevalence of DV. There is also a need for local partners to begin to record information about areas such as forced marriage, honour based violence and female genital mutilation. Children's Social Care to implement a domestic violence monitoring flag on their records so that data on number of children know to Children's Social Care due to domestic violence can be easily collected to support analysis of needs and trends. Children's Social Care to introduce a flag for all forms of VAWG concerns, particularly for FGM and forced marriage to improve recording and data collection.
- Develop further joint commissioning (particularly between the local authority and NHS ONEL and then Clinical Commissioning Groups) and also cross borough commissioning opportunities for DV/Violence Against Women, particularly in areas where high levels of expertise/specialism is required such as care for those girls and women affected by female genital mutilation, sexual violence
- A cross Borough, multi agency DV publicity campaign to be developed and implemented to raise the public's and practitioners awareness of DV and services available locally. This should include a series of high profile local community engagement events such as white ribbon day. Costed at £5000
- Introduce a series of DV key performance indicators into the contracts of health service providers to help support the mainstreaming of the response to DV within health
- Consider commissioning specialist support services for families where DV has been identified. This could be in the form of commissioning a specialist children and young people/family DV support worker to be located within one of the existing DV commissioned services at a cost of £50K to provide support and early intervention to families where DV has been identified
- Consider how the East London rape crisis centre will be commissioned in the future and what resources will be available to support this commissioning (in 2013/14) when funding from the Mayor of London ceases)
- Develop a process with DV services whereby they systematically record referrals received from health services and use of health services by victims as part of their case

intake system to help develop a better understanding of health activity on responding to DV

- Health service commissioners (NHS ONEL and then Clinical Commissioning Groups) and health service providers to recognise the cost of responding to DV locally and the important role they hold in the coordinated community response to DV
- Domestic Violence Forum to work with Havering Magistrates Court to improve the way in which domestic violence cases are managed, this includes information sharing/tracking of results and listing of cases to help support services attend court and support victims
- Domestic Violence Forum, MARAC and LSCB to explore together the use of the Barnardos Risk Assessment Matix locally in conjunction the MARAC risk assessment tool – DASH

7. FURTHER INFORMATION AND REFERENCES

a) Further Information

- For more information on MARACs visit www.caada.org.uk).
- For information on Project IRIS go to: http://www.health.org.uk/publications/identification-and-referral-to-improve-safety/

b) References

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