

Appendix 1: Oral and written evidence and list of visits undertaken as part of the review

Oral evidence/hearings:

7th June 2011 Interviews:

- Denise Dupont, Division Manager (Kent), Victim Support
- Louise Ludwig, Detective Inspector, Kent Police
- Lorraine Lucas, Family Intervention Worker, Community Budgets Pilot (Families & Social Care)

11th June 2012 Interviews:

- Specialist Health Visitors and Specialist Lead for School Nursing
- Carol McKeough, Safeguarding Adults Policy and Standards Manager, Families and Social Care

18th June 2012 Interviews:

- Andy Pritchard, Detective Chief Inspector and Gavin Roy, Detective Inspector, Kent Police
- Dr Greg Ussher, Deputy Chief Executive Officer, Metro Centre Limited
- Malcolm Gilbert, Operations Director and Danielle Gates, Independent Sexual Violence Adviser, Family Matters.

25th June 2012 Interviews:

- Angela Slaven, KCC Director of Service Improvement; Stuart Beaumont, KCC Head of Community Safety and Emergency Planning and Alison Gilmour; Kent and Medway DA Coordinator
- Sue Nicolaou, Regional Manager and Karen Stevens, Family Support Worker, Sheppey Family Support Project, Family Action
- Diane Barron, Chief Executive and Pauline Deakin, MARAC Development Officer – South East, Coordinated Action Against Domestic Abuse (CAADA)

2nd July 2012 Interviews:

- Dave Philpot, Programme Manager, Community Domestic Abuse Programme (CDAP) and MARAC co-ordinator for Mid-Kent, (Maidstone and Swale areas)
- Sue Dunn, Domestic Abuse Volunteer Support Service and Merle Bigden, Trustee, DAVSS
- Sarah Billiald, Chief Executive and Maurice O'Reilly, Director for North Kent and lead on Domestic Abuse, Kent Probation Service

5th July 2012 Interviews:

- Fizz Annand, Independent Consultant and Stuart Skilton, Group Manager (Community Safety), Kent Fire and Rescue Services (Reporting for the Task and Finish Group on IDVA Services)
- Melanie Anthony, Performance and Review Manager, Supporting People
- Niki Luscombe, K-DASH Chief Executive

9th July 2012 Interviews:

- Alan Barham, Headteacher, Sittingbourne Community College

- Andrew Coombe, Associate Director of Safeguarding and Rosalyn Yates, Specialist Nurse for Domestic Abuse, NHS Kent and Medway
- Tim Smith, Detective Superintendent, Kent Police

23rd July 2012 Interviews:

- Dr Bose Johnson, Kent Public Health Unit (Rescheduled from 9th July – standing in for Jess Mookherjee)
- Claire Moulsher, Senior Prosecutor, Crown Prosecution Service

Written/supplementary evidence:

Fizz Annand, Fizz Annand Consultancy

Melanie Anthony, Performance & Review Manager, Customer and Communities (KCC)

Kel Arthur, Head of Children's Safeguards Unit, Families & Social Care (KCC)

Emma Bartley, 2 Seas Trade Project Officer (KCC)

Merle Bigden, Domestic Abuse Advisor, DAVSS (Domestic Abuse Volunteer Support Services)

Julia Bird, Finance Administrator, Children's Centre Administrator, Sure Start (KCC)

Shuna Body, Area Manager (East Kent), Kent Community Warden Service (KCC)

Sharon Buckingham, Head of Adult Learning Resource Team (KCC)

Paul Carroll, Deputy Director of Custody, NOMS, Kent & Sussex Region

Deborah Cartwright, Service Manager, (Chief Officer) Oasis Domestic Abuse Service

Lorna Coyne, Rising Sun Domestic Violence and Abuse Service

Pat Craven, Freedom Programme

Karen Davies, Matron Safeguarding Vulnerable Adults, Maidstone & Tunbridge Wells Hospitals Trust

Paula Denholm-Bassett, Team Manager Kent Support Team, Lifeways Team, West Kent Housing Association

Denise Dupont, Divisional Manager, Victim Support

Allison Esson, Supporting Parents Commissioning Officer, Commissioning Unit, Commissioning and Partnerships Group (KCC)

Dr N T Fear, Reader in Epidemiology, Academic Centre for Defence Mental Health, King's College London

Lenni Frampton, Youth Inclusion Support Panel Project Co-ordinator, Customer and Communities (KCC)

Danielle Gates, Manager of ISVA Services, Family Matters

Marie Gerald, Housing Options & Private Sector Manager, Dartford Borough Council

Alison Gilmour, Kent & Medway Domestic Violence Co-ordinator

Sheridan Grundy, Children's Centre Network Manager, Six Bells and Cliftonville Children's Centres (KCC)

Gypsy and Traveller Unit (KCC)

Steve Hams, Deputy Chief Nurse & Head of Quality, East Kent Hospitals University NHS Foundation Trust

Penny Jedrzejewski, Named Nurse for Child Protection, East Kent Hospitals University NHS Foundation Trust

Gaelle Jezequel, Area Youth Officer, Customer and Communities (KCC)

Jo Hook, Senior Commissioning Officer (families, parents and carers), Families & Social Care (KCC)

Carol Hull, Senior Family Liaison Officer, Education Learning and Skills (KCC)

Integrated Youth Service (KCC)

Medina Johnson, IRIS Implementation Lead, Identification & Referral to Improve Safety, Next Link Domestic Abuse Services
 Helen Jones, Head of Commissioning, Families & Social Care (KCC)
 Janice Keen, Bishop's Adviser for Safeguarding, Children and Vulnerable Adults
 Amanda Lewis, Homestart, Shepway
 Management Information Unit (KCC)
 Wendy Mann, Acting Integrated Processes Team leader (KCC)
 Ann McNicholl, Families and Social Care (KCC)
 Steve Milton, Director, Innovations in Dementia CIC
 Oasis Domestic Abuse Service
 Donna Payne, Solicitor
 Rebecca Perry, SATEDA
 David Philpot, St. Giles Trust
 Gaby Price, Commissioning Manager, Kent Drug and Alcohol Action Team (KCC)
 Linda Prickett, Public Health, West Kent
 Douglas Rattray, Community Safety Officer, Canterbury City Council
 Marie Reynolds, Business Manager, Child Health & Maternity Commissioning, NHS Kent and Medway
 Heather Robinson, Children's Centres Coordinator, Gravesham Sure Start Children's Centres (KCC)
 Penny Roots, Training Advisor (KCC)
 Sophie Scott, Marac/Mappa Co-ordinator, Kent Police
 Nick Smead, Learning Account Manager, Business Strategy & Support (KCC)
 Alison St Clair Baker, Business Transformation Programme Manager (KCC)
 PSE 57685 Nick Symons, East Kent MARAC Coordinator, Community Safeguarding Team
 Charlotte Walker, Children's Commissioning Officer, Families & Social Care (KCC)
 Karen Waters, Housing Options Officer, Swale Borough Council
 Marisa White, Head of Strategic Planning, Partnerships □ Democratic Services (KCC)
 Victim-survivors and their relatives
 Sally Williamson, Director, Project Salus

Visits:

24th April Multi-agency Domestic Abuse One Stop Shop, Ashford
 1st May Specialist Domestic Violence Court, Margate
 1st May Multi-agency Domestic Abuse One Stop Shop, Dover
 15th May Multi-agency Domestic Abuse One Stop Shop, Swale
 16th May Oasis (Refuge), Thanet
 23rd May Specialist Domestic Violence Court, Maidstone
 28th May Rising Sun Domestic Violence and Abuse Services, Canterbury
 30th May K-DASH, Maidstone

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Preventing and Responding to
Domestic Violence and Abuse in Kent
Select Committee Report – Executive Summary
2012

Kent County Council
County Hall
Maidstone
ME14 1XQ
08458 247247
county.hall@kent.gov.uk



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Chairman's Foreword



During this Select Committee I think I can say for all Members we have been on a roller coaster of differing emotions ranging from sympathy to admiration to anger. We have seen evidence of and heard at first hand some harrowing stories of abuse and violence which are hard to comprehend. The further we looked into people's experiences of domestic violence and abuse it became obvious there was no easy definition and no 'one size fits all' in terms of the response. A better appreciation of the different types of abuse will ensure that resources are targeted more effectively.

We have looked at domestic violence and abuse affecting the whole compass of society in Kent and hope that this report will give an idea both of the problems and some of the solutions that could be followed.

The role of Kent Police is obviously a key aspect and I believe the withdrawal to other duties of dedicated Domestic Abuse Liaison Officers has had a negative effect for victims in Kent. I do appreciate that budgetary reductions have led to Officers taking on more general duties but this must have affected the quality of the response to victims and the extent to which domestic abuse is recognised. I hope that an improved multi-agency response, bringing to the fore the role of GP surgeries, Accident and Emergency Departments and Multi-Agency Domestic Abuse One Stop Shops coupled with other early intervention work, will ensure that victims can access support earlier on, before crises occur.

The establishment of Multi-Agency Risk Assessment Conferences and Specialist Domestic Violence Courts are all major steps forward as is the work of Independent Domestic Violence Advisors, including those attached to the Courts. The work of the voluntary sector in providing support and refuge for victims and children is particularly welcome and needed. I believe also that addressing these issues with children and young people is vital if we are to break this vicious and unacceptable cycle.

It is hard to summarise our work in a few paragraphs but I would like to thank most sincerely all Members, Officers and witnesses who provided the important evidence on which this report is based. Members of the Select Committee have given many hours of thought to the recommendations and hope these provide a way forward to combat, recognise and reduce domestic violence and abuse in Kent. I commend this report to you and hope you will find the contents innovative and helpful.

John Kirby J.P.

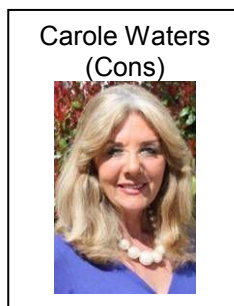
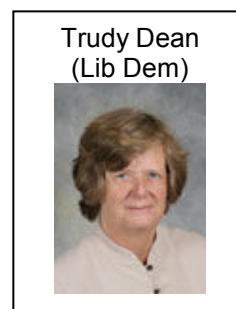
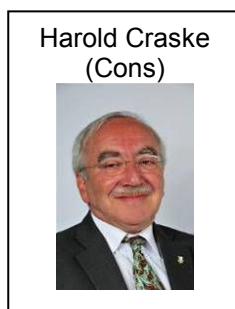
Chairman - Domestic Violence and Abuse Select Committee

1. EXECUTIVE SUMMARY

1.1 Committee membership

The Select Committee comprised eight Members of the County Council; seven Conservative and one Liberal Democrat; the Chairman being Mr John Kirby.

Kent County Council Members:



1.2 Establishment of the Select Committee

1.2.1 The Select Committee was put forward at the Crime and Disorder Policy Overview and Scrutiny Committee in July 2011 as a result of concerns that victims of domestic violence and abuse often fell through the 'safety net' or discontinued pursuing their cases in Court due in part to a lack of clarity on referral points.

1.3 Definitions of Domestic violence and abuse

1.3.1 There is no single accepted definition of domestic violence and abuse however the Kent and Medway Domestic Abuse Strategy refers to the Home Office (2004) and Women's Aid Definitions of domestic violence.

1.3.2 A Home Office consultation¹ ran from 14th December 2011 to 30 March 2012 on proposals to broaden the government definition of domestic violence, to include under 18s (16/17 year olds or all under 18s) and make reference to coercion which is 'a complex pattern of abuse using power and psychological control'. The former is in response to evidence from the British Crime Survey that 16-19 year olds are the group most likely to suffer intimate partner abuse. Coercive behaviour is known to feature in a high number of domestic abuse cases and can manifest as financial abuse, verbal abuse, isolation and repeated abuse of varying severity. It is also a significant risk factor in domestic homicide. The results of the consultation were announced on 19th September 2012 and the new definition of domestic violence will be implemented by March 2013 as follows:

"Any incident or pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, the following types of abuse: psychological; physical; sexual; financial; emotional."

"Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour."

*"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."*²

1.3.3 The Women's Aid Definition:

"Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called "honour crimes". Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'."

1.3.4 Co-ordinated Action Against Domestic Abuse (CAADA)'s definition of domestic abuse is:

"a pattern of behaviour which is designed to control an intimate partner or family member".

¹ <http://www.homeoffice.gov.uk/publications/about-us/consultations/definition-domestic-violence/>

² This definition, which is not a legal 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.

1.3.5 Throughout this report, unless referring specifically to documents where another term is used, the term 'domestic violence and abuse' (DVA) will be used.

1.3.6 There is no legal definition of domestic violence and abuse in England and Wales. Other countries have sought to define it legally and, for example, Australian legislation in June 2012 broadened the legal definition of domestic violence to include emotional manipulation, withholding money and harming the family pet.

1.4 Terms of Reference (TOR)

1.4.1 To investigate breaking the vicious cycle and impact of domestic abuse in Kent, focusing on equitable access to support for victims and the efficacy of perpetrator programmes in reducing repeat victimisation and repeat offending.

1.4.2 To examine co-ordination and collaboration within and between statutory and voluntary agencies, with a particular focus on delivering efficient services and maximising safety while reducing negative impacts of organisational change in key organisations.

1.4.3 To make recommendations for Kent County Council and partner organisations (having explored funding options and feasibility) in order to improve outcomes for, and reduce long term damage to, individuals and families affected by domestic abuse.

1.5 Scope of the review

1.5.1 To investigate breaking the vicious cycle and impact of domestic abuse in Kent, focusing on equitable access to support for victims and the efficacy of perpetrator programmes in reducing repeat victimisation and repeat offending:

- Types and stereotypes – incidence of abuse (including female perpetrators, abuse within same-sex relationships, younger people in relationships, people with learning disabilities, people with mental ill-health, abuse of older persons by spouse/child)
- Provision of Healthy Relationship work in schools
- Access to services – reaching vulnerable groups, postcode lottery
- Sustainability of support/resourcing of front-line services
- Perpetrator programmes – effectiveness/evaluation/different models
- Civil and legal remedies and the role of Specialist DV Courts
- Relationship between substance misuse and incidence of domestic abuse

1.5.2 To examine co-ordination and collaboration within and between statutory and voluntary agencies, with a particular focus on delivering efficient services and maximising safety while reducing negative impacts of organisational change in key organisations.

- New structures for early intervention work in Children's Services – inter-agency referral processes, thresholds and responses, family interventions (contact issues)

- Risk assessment, Multi-Agency Risk Assessment Conference (MARAC) capacity and referral pathways for medium and standard risk domestic abuse cases
- Information sharing and communication between agencies
- Domestic Abuse Multi-agency One Stop Shops
- New policing model (Changes to Public Protection Unit/no specialist DV Officers)
- Training and awareness (domestic abuse/safety) among front-line workers

1.5.3 To make recommendations for Kent County Council and partner organisations (having explored funding options and feasibility) in order to improve outcomes for, and reduce long term damage to, individuals and families affected by domestic abuse.

- Explore funding options for any recommendations, within the timetable for the review taking account of KCC commissioning and voluntary sector funding

1.6 Exclusions

1.6.1 No particular exclusions were identified at the start of the review.

1.7 Evidence gathering

1.7.1 A list of witnesses who attended hearings is given at Appendix 2. A list of witnesses who provided written evidence is given at Appendix 3; details of training and visits carried out as part of the review are given at Appendix 4.³⁴

1.7.2 Due to the subject matter, Select Committee interviews were held as private briefings (and not in public as would normally be the case) to mitigate any potential risks to witnesses from the publication of agendas and meeting details.

1.7.3 Evidence was gathered from people with experience of domestic violence and abuse both through visits and following direct approaches (from witnesses) in a few instances.

1.7.4 A survey was sent out to Kent Secondary Head Teachers via the Schools' e-bulletin.

1.7.5 Informal approaches to a number of GPs were made.

1.8 Key findings

1.8.1 Domestic violence and abuse (DVA) represents 25% of all violent crime yet the majority still goes unseen and unreported. People often do not recognise, particularly in the early stages, that they are in an abusive relationship but incidents, almost without exception, escalate in severity and frequency. 'Risk' can fluctuate dramatically and failure to judge or respond to it effectively can lead in the worst

³ In a few cases the identity of witnesses who gave evidence has been kept private, for their protection.

⁴ To the main report

cases to victims' death. Strong leadership and championing of the issue are required so that domestic abuse and violence is given the priority it merits. An investment in services by all agencies is required and the relatively small amounts involved are entirely justified by the enormous social and financial costs to the county (estimated at £382.3 million per annum)⁵.

1.8.2 Despite national awareness campaigns, understanding (particularly of the dynamics) of DVA is poor among both public and professionals and there remains a great deal of stigma and shame around the subject. There is also a lack of accountability for perpetrators and the risk that we re-victimise victims with legal or social care processes. It is at least partly attributable to such factors that young people (even those fortunate enough not to have been exposed to violence or abuse at home while growing up) have 'tainted' views about what is right and acceptable behaviour in relationships. Adults suffering abuse frequently try to 'contain' what is happening within their family because of embarrassment or shame; indeed the Courts still consider domestic violence and abuse as a 'family matter'. A change of culture is required so that we better understand DVA and feel freer to talk about it; condemning it for what it is; an abhorrent behaviour as despicable and damaging as child sexual abuse.

1.8.3 Because of the gendered nature of DVA, equality in terms of services is not a matter of 'equal treatment for everyone' since women are disproportionately represented among victims. However, achieving equitable services does require an understanding of the less common types of victimisation and their prevalence in the diverse population being served. Kent is well placed to achieve equitable services provided there is a concerted effort by all the involved agencies to pool information and resources and to jointly commission what is needed based on evidence, local intelligence/data and the experience already gained within all sectors, particularly the voluntary, charity and social enterprise sector.

1.8.4 The latter plays a central role in addressing DVA across the whole spectrum from early intervention to the co-ordinated community response, since it is here where the specialist knowledge lies that must underpin much of future service provision. We are only just beginning to understand that not all of what we think of as domestic violence and abuse is the same. The role and dynamics of power, control and coercion and particularly their impact on parenting are best understood by specialist DVA service providers. However, the needs of people in violent and abusive relationships (where the power and control element is missing) might, for example, be met by generic services offering anger management or communication skills. Many perpetrators and some victims will also require the help of substance misuse or mental health services. Being able to recognise and understand the role all these factors play could be key to successfully addressing DVA, by targeting services effectively and achieving the optimum balance within constrained finances.

1.8.5 It is apparent (and society ignores at its peril) that for adult and child victims of domestic violence and abuse no real closure or recovery can be achieved (even after an abusive relationship has ended) without specialist therapeutic support (such as the Freedom Programme and targeted programmes for children and young people) and programmes such as CDAP for perpetrators. The violence and abuse may stop but trauma can be deep-rooted and the effects inter-generational. Without such

⁵Trust for London and the Henry Smith Charity (2011)

support, re-victimisation of the adult victim is likely and a wide-range of damaging effects impact on involved children.

1.8.6 The Police are viewed by many as the linchpin service with regard to domestic violence and abuse, since they are operating at the 'sharp-end' where crises occur and crimes become apparent. However, only a small minority of DVA comes to the attention of the Police. Coupled with this, reorganisation within Kent Police means that Specialist Domestic Abuse Units and specialist Domestic Abuse Liaison Officers no longer exist and this will impact on the response and follow up that can be expected in DVA cases. Kent Police are, however, committed to partnership working and addressing the difficulties that have been identified.

1.8.7 The most likely interface with professionals for adult and child victims of DVA, who frequently experience mental/physical ill-health or injury as a result, is in healthcare settings. Furthermore, a very high proportion of the children and families that come to the attention of children's social care professionals are likely to be experiencing DVA. It is therefore essential that health and social care professionals in particular, regardless of setting or context, can recognise where domestic violence and abuse is occurring, and respond effectively. GPs have a much greater role to play in early identification and referral to support and midwives and health visitors play an equally important role since DVA frequently starts or escalates when victims are pregnant.

1.8.8 Clear referral pathways between the involved services/organisations in Kent are vital and professionals from different disciplines need to be empowered with an understanding of DVA, knowledge of DVA services and most importantly the confidence to share information appropriately to keep victims safe. Coupled with this is the need for KCC and others to ensure that all relevant strategies are linked and actions to address DVA are embedded.

1.8.9 It would constitute a serious missed opportunity (for both prevention and intervention) if we failed to educate children and young people about domestic violence and abuse and about positive healthy relationships, while they are at school. Furthermore, services which come in contact with young people 'running into trouble' or becoming involved in anti-social behaviour, such as the Integrated Youth Service, are particularly well placed to work pro-actively on DVA issues as well as to intervene when necessary so that early brushes with youth justice do not pave the way for future criminality or other poor outcomes. This is particularly relevant since certain types of DVA are becoming more prevalent (such as adolescent DVA in peer relationships and parental abuse by adolescents). This, coupled with mounting evidence of the impacts on children and young people from experiencing DVA and the increased likelihood of their becoming a victim or perpetrator in the future, demonstrate the importance of tackling 'faulty' behaviours and beliefs about power, control and violence in relationships as early as possible, in order to break the cycle of domestic violence and abuse in Kent.

1.9 Recommendations

Members consider that the highest priority recommendations are those numbered 1-6 and 12-14 (contained in the final section on Breaking the Cycle)

STRENGTHENING THE MULTI-AGENCY RESPONSE

- R1** That KCC seeks to collaborate with Clinical Commissioning Groups in Kent so that the Kent and Medway domestic violence and abuse care pathway can inform the development of a Map of Medicine Clinical Care Pathway to assist all General Practitioners (GPs) in identifying and responding appropriately to cases of domestic violence and abuse and asks

That NHS Kent and Medway:

- expedites use of the Health Information Service Business Intelligence (HISBI) system to enable sharing of information on the presence of domestic violence and abuse (actual/disclosed or strongly suspected) in health settings such as Accident & Emergency (A&E) departments, GPs, Midwifery, Ante-natal and maternity settings. That in line with established protocols this information is shared and collated within Health and made available to other appropriate agencies/bodies such as Multi-Agency Risk Assessment Conferences (MARAC) especially when frequency of attendance indicates potential heightened risk to a patient or their child/children;
- Retain and develop specialist Domestic Abuse Health Visitor roles across Kent.

- R2** That to mitigate the loss of specialist domestic abuse police officers and to strengthen contact and referral processes:

Kent Police:

- ensure that there is a system for flagging the number of domestic abuse incidents and making this information available to responding officers and that a third (and any subsequent) incident, regardless of risk level, should trigger an automatic discussion with a domestic abuse specialist to determine whether a MARAC referral is required (in line with Co-ordinated Action Against Domestic Abuse (CAADA) guidance on potential escalation of domestic abuse cases);
- carry out an immediate review of information provision and referral to partner organisations including those in the voluntary sector and in particular Victim Support and, in addition, agree (with input from key partners) a process or processes to expedite urgent information requests.

Kent Police with KCC and Health:

- Determine whether the presence in the Central Referral Unit (CRU) of a domestic violence and abuse specialist worker could help with the effective triaging of cases;
- Ensure that all staff in CRU are trained in CAADA Domestic Abuse Stalking and Harassment (DASH) risk assessment;

- Put in place a process to ensure that domestic abuse notifications (DANs) not meeting social care thresholds are linked to a Common Assessment Framework (CAF) pathway so that families have the opportunity to access appropriate community support.

Kent Children and Adult Safeguarding Boards:

- Give urgent consideration to a process by which risk (for adults and children) can be monitored in the above case, where a CAF is declined.

R3 That KCC seeks to strengthen and develop the co-ordinated community response to domestic violence and abuse, in particular by:

- promoting the Kent and Medway Domestic Abuse Strategy Group (KMDASG) domestic abuse website
- establishing a single point of telephone contact to complement the domestic abuse website
- gaining commitment at strategic level from relevant agencies e.g. housing, Police, solicitors, health agencies, Victim Support, to the development and staffing of Multi Agency Domestic violence and abuse One Stop Shops (OSS) and facilitating more flexible provision (to include evenings and exploring ways to reach remote communities).⁶
- providing funding to publicise the One Stop Shop widely in each area
- seeking to support through the joint commissioning process the development of a Specialist Domestic Violence Court in the south of Kent

ACHIEVING SUSTAINABLE AND EQUITABLE SERVICES

R4 That KCC seeks to rationalise the existing patchy provision of domestic violence and abuse services and drives up the quality of services, by devising and implementing a commissioning plan, beginning with Independent Domestic Violence Adviser (IDVA) services and aiming to achieve joint commissioning of a 'domestic violence and abuse care pathway' informed by needs assessments and taking account of different forms and types of DVA.

- that joint commissioning is enabled by consolidating existing funding sources and seeking to align this with further funding from internal and external sources (e.g. Supporting People, KDAAT, Families and Social Care (FSC), Public Health, Police, Fire and Rescue, Probation, Health and Mental Health, the Police and Crime Commissioner (PCC), Health and Wellbeing Boards (HWB) and Clinical Commissioning Groups (CCGs) to provide a multi-agency domestic violence and abuse commissioning 'pot';
- that commissioned domestic violence and abuse services are monitored and evaluated through a Quality Assurance Framework.

⁶ This could also include alignment with existing 'Single Points of Access' (SPAs)

HIGHER PRIORITY, GREATER AWARENESS

R5 That KCC demonstrates strong leadership and commitment to addressing domestic violence and abuse by:

- ensuring that basic awareness training in domestic violence and abuse awareness is included in the Member Development Programme so that all Members can be ambassadors and advocates for a change in public attitude (and can signpost effectively to help and support);
- identifying a Member Champion for Domestic abuse to help drive forward changes and expedite the development of a network of Domestic violence and abuse Champion roles including in Health, (within Clinical Commissioning groups, GP surgeries, Accident and Emergency Departments);
- ensuring that the Member chosen to sit on the Police and Crime Panel (which will scrutinise the work of the PCC) is also a domestic violence and abuse Champion;
- having Member (Champion) representation on the Kent and Medway Domestic Abuse Strategy Executive Group.⁷

R6 Members welcome the development of a Kent and Medway domestic violence and abuse training matrix in order to rationalise existing provision and ensure all statutory sector professionals have the appropriate level and content of training and recommend that:

- to complement current training resources: a portfolio of domestic violence and abuse webinars is developed, with the involvement of survivors, offering professionals an alternative, quick and easy way to increase their knowledge and engagement.
- KCC Learning Resources/Training take a more proactive role in the development of training on domestic violence and abuse and ensure that there is a mechanism to engage survivors in the development of training, policy, practice and future services.

R7 That KCC seeks to influence attitudinal change on domestic violence and abuse using a 'multi-pronged' approach:

- asking the incoming Police and Crime Commissioner to have domestic violence and abuse as a top priority in the Police and Crime Plan for the duration of the Plan and that given domestic abuse represents 25% of violent crime in Kent, the new PCC is invited by Kent and Medway Domestic Abuse Strategy Group (KMDASG) to become a domestic violence and abuse Champion and to receive appropriate support and training for that role.

⁷ One or more Members could undertake these roles.

- asking that the County Community Safety Partnership continues to have domestic abuse as a high priority and cascades this to the local Partnerships
- using a Public Health campaign to help change perceptions
- using Safeguarding Week 2013 to raise awareness of domestic violence and abuse
- using established community safety routes to get domestic violence and abuse information and links into the public eye (e.g. Fire & Rescue Service leaflets in GP surgeries)

SHIFTING ACCOUNTABILITY

R8 That in implementing its Early Intervention and Prevention Strategy KCC creates culture change – through a process of:

- Embedding understanding of domestic violence and abuse and its impacts throughout the organization
- Examining the interface with individuals and families experiencing domestic violence and abuse
- Ensuring that practice, processes and communications are as supportive as possible to non-abusing parents (where this does not conflict with the duty to safeguard children)

R9 That KCC asks the Criminal Justice Board to carry out a review to determine whether breaches of Non-molestation or Restraining order in domestic abuse cases are being dealt with effectively by criminal justice agencies.

R10 That (in the light of the Family Justice Review, and given the proven impacts on children of witnessing/experiencing domestic violence and abuse) KCC lobbies the Ministry of Justice (MoJ) with regard to making perpetrators of domestic violence and abuse more accountable for their actions:

- The select committee support the recommendations of Children and Family Court Advisory and Support Service (CAFCASS) and RESPECT⁸ that, as a condition of perpetrators having contact with their children, they should be required to attend a specialist perpetrator programme and/or parenting classes and ask that these recommendations are taken into consideration by Families and Social Care during case conference proceedings
- That KCC and relevant partners conduct a review of arrangements in Kent for parental contact (including those families not in touch with Families and Social Care) and seeks opportunities for further safeguards to be put in place regarding supervision where a parent has perpetrated domestic violence and abuse

⁸ Membership association for domestic violence perpetrator programmes and associated support services

BREAKING THE CYCLE

R11 Members welcome the new services commissioned by FSC for children aged 5-13 who have experienced domestic violence and abuse and those targeted at healthy relationships (girls aged 11-16) and would like to see services commissioned for boys of this age to address unhealthy attitudes and behaviours towards girls or same sex partners in their peer relationships. Members would also like to see the gap in universal services to address healthy relationships within schools addressed through the commissioning process to augment schools' own teaching.

R12 That KCC takes a number of actions designed to increase knowledge and understanding within schools of the impact of domestic violence and abuse on children and young people:

- supports links between social care and education and retains vital Family Liaison Officers/Parent Support Adviser-type roles within schools;
- asks the Kent Safeguarding Children Board (KSCB) and Kent Head Teachers to ensure there is a focus on healthy relationships within the schools' Personal, Social and Health Education (PSHE), religious or ethics frameworks and that staff are trained to recognise and respond to issues of domestic violence and abuse affecting pupils at home or in their peer relationships.
- writes to the Teaching Agency asking them to require that teacher training programmes include compulsory modules on the impact of domestic violence and abuse on children and young people.
- writes to the Department for Education asking that schools are encouraged to place a greater emphasis on the health and wellbeing of pupils, in order to underpin their ability to achieve academically;

R13 That KCC should take a lead on developing approaches to young people who show aggressive or violent behaviour towards their parent(s) and that this should be reflected in the Integrated Youth Support Strategy and pilot programmes and any other relevant strategies.

R14 That KCC seeks to include information and links (such as www.thehideout.org.uk and the new Kent Domestic violence and abuse website - young people's resources) in materials published for young people.

