

Draft Scrutiny Inquiry Report

Tackling Domestic Violence and Abuse.

June 2014



Contents

	Page(s)
1. Desired Outcomes and Recommendation Summary	3 - 11
2. Introduction and Scope	12 -17
3. Conclusions and Recommendations	18 - 62
4. Glossary	63 - 67
5. Evidence	68 - 71
6. Appendix 1 – Safer Leeds Domestic Violence Quality Mark 2013	72 - 74



Desired Outcomes and Recommendations

Desired Outcome – That there is an inclusive multi-sector partnership approach in driving forward a citywide Domestic Violence and Abuse Strategy and Action Plan including Performance Management.

Recommendation 1

That the Chair of the Leeds Domestic Violence Strategy Group:

- (i) Liaises with the Leeds Clinical Commissioning Groups to identify a commissioning representative(s) to join the Leeds Domestic Violence Strategy Group.
- (ii) Reviews the membership of the Leeds Domestic Violence Strategy Group, reflecting on recommendation 2 of the NICE public health guidance published in February 2014, to ensure it is relevant and inclusive.
- (iii) Liaises with the Chair of the Leeds Children's Trust Board to consider appropriate membership of the Leeds Domestic Violence Strategy Group in reflecting support to children and families.

Desired Outcome – There are clear linkages made between the Leeds Domestic Violence and Abuse Strategy and Action Plan and other relevant citywide strategies and action plans.

Recommendation 2

That the Chair of the Leeds Domestic Violence Strategy Group takes a lead on working with the Chairs of the local Strategic Partnerships to identify where linkages between the Domestic Violence and Abuse Strategy and Action Plan and other relevant citywide strategies and action plans need to be established or strengthened.

Desired Outcome – That victims of domestic violence and abuse feel confident in accessing support and advice through the Leeds Domestic Violence 24 telephone helpline.

Recommendation 3

That the Chair of the Leeds Domestic Violence Strategy Group leads on working with the Leeds Domestic Violence Service in actively promoting the Leeds Domestic Violence 24 telephone helpline and making it more explicit that victims can also use this helpline anonymously.



Desired Outcomes and Recommendations

Desired Outcome – That a virtual one stop facility is established to provide a comprehensive overview of the provision available in tackling domestic violence and abuse in Leeds and the appropriate referral pathways targeted at both victims and perpetrators of domestic violence and abuse.

Recommendation 4

That the Chair of the Leeds Domestic Violence Strategy Group progresses immediately with the development of a virtual one stop facility dedicated to tackling domestic violence and abuse and ensures that it is targeted at both victims and perpetrators and also acts as an effective tool for practitioners to use in terms of improving their understanding of existing provisions and the appropriate referral pathways.

Desired Outcome – That the additional barriers facing BME communities are recognised and factored into the commissioning framework for the provision of domestic violence and abuse services in Leeds.

Recommendation 5

That the Chair of the Leeds Domestic Violence Strategy Group ensures that the following service issues are factored into existing and future commissioning frameworks for the provision of domestic violence and abuse services in Leeds:

- Enabling easier access to an accredited interpreter service, appropriately trained in relation to honour based abuse
- Provision of local specialist services for BME communities
- Provision of outreach services within particular vulnerable communities
- Enabling easy access to specialist advice services surrounding immigration status

Desired Outcome – That actions arising from the governments 'A Call to End Violence against Women and Girls' Action Plan 2014 are maximised locally to help reduce the acceptance of honour based crimes.

Recommendation 6

That the Chair of the Leeds Domestic Violence Strategy Group ensures that planned actions set out in the government's 'A Call to End Violence against Women and Girls' Action Plan 2014 are closely monitored and utilised at a local level aimed at reducing the acceptance of honour based crimes.



Desired Outcomes and Recommendations

Desired Outcome – That there is sufficient capacity within the Leeds Domestic Violence Team to deliver domestic violence training and assist services across a wide range of sectors to attain the Safer Leeds Domestic Violence Quality Mark.

Recommendation 7

That the Chief Officer of Community Safety leads on working with the Leeds Domestic Violence Team to identify the capacity needs of the team in delivering effective training to assist services across a wide range of sectors to attain the Safer Leeds Domestic Violence Quality Mark.

Desired Outcome – That the Safer Leeds Domestic Violence Quality Mark is being actively promoted across the health and social care sector in Leeds.

Recommendation 8

That the Chair of the Leeds Domestic Violence Strategy Group leads on encouraging greater take-up of domestic violence training linked to the Safer Leeds Domestic Violence Quality Mark by making clear associations with the training recommendations set out in the NICE public health guidance document published in February 2014.

Desired Outcome – That GPs are given the knowledge and capacity to identify domestic violence and abuse and support patients at the point of disclosure to act immediately in seeking advice and support.

Recommendation 9

That the Chair of the Leeds Domestic Violence Strategy Group and the local Clinical Commissioning Groups:

- I. Work closely with the Leeds Domestic Violence Team in taking forward the recommendation of NICE and delivering integrated training for clinicians and administrative staff in local GP practices
- II. Look at the feasibility of developing an initiative in Leeds based around the Identification and Referral to Improve Safety (IRIS) initiative in Bristol
- III. Work closely with GP practices to promote the need to create safe environments at the point of disclosure of domestic violence and abuse whereby patients are offered more time and a private environment to support them in accessing immediate advice and support rather than rely on them making a self-referral after the appointment.



Desired Outcomes and Recommendations

Desired Outcome – That the views of Scrutiny are considered alongside other key stakeholders, including the Trade Unions, in the development of the Council's Domestic Violence Policy and Guidance document.

Recommendation 10

That the Chief Officer HR ensures that the views of Scrutiny are considered alongside other key stakeholders, including the Trade Unions, in the development of the Council's Domestic Violence Policy and Guidance document. In summary these include the following:

- Establishing linkages to undertaking stress linked assessments
- Exploring the merits of re-introducing 'Zero Tolerance Officers' in association with the principle of having additional link officers for staff to approach.
- Making it explicit that employees do not have to disclose their identity to obtain initial information and advice from the employee assistance provider service.
- Ensuring that the policy signposts perpetrators to support services too.
- Ensuring that the policy makes clear references to the Children's Safeguarding Policy in terms of when incidents need to be referred to Children's Social Work Services.

Desired Outcome – That information regarding referrals that relate to Council employees is captured effectively through closer linkages between HR, the Duty and Advice Team and Adult Safeguarding.

Recommendation 11

That the Chief Officer HR leads on establishing closer linkages between HR, the Duty and Advice Team and Adult Safeguarding so that information regarding referrals that relate to Council employees can be captured effectively.

Desired Outcome – That domestic violence training is incorporated into the Managers Challenge Programme.

Recommendation 12

That the Chief Officer HR leads on working with the Leeds Domestic Violence Team to incorporate training around identifying and responding to domestic violence into the Managers Challenge Programme.

Desired Outcome - That the Council's Domestic Violence Policy and Guidance is actively promoted across the wider business community as a good practice model.

Recommendation 13

That the Chair of the Leeds Domestic Violence Strategy Group leads on working closely with the Chief Officer HR and the Chair of the Joint Trade Union Committee to explore opportunities to promote the Council's own Domestic Violence Policy and Guidance document as a good practice model across the wider business community.



Desired Outcomes and Recommendations

Desired Outcome – That the local referral and assessment process relating to FGM, as set out in the procedures of the Leeds Safeguarding Children Board, is widely promoted across the city.

Recommendation 14

That the Chair of the Leeds Domestic Violence Strategy Group works with the Chair of the Leeds Safeguarding Children Board in maximising opportunities to actively promote the local referral and assessment process relating to FGM.

Desired Outcome – That by December 2014, information sharing protocols between partner agencies relating to domestic violence and abuse have been reviewed to ensure they are robust and fit for purpose.

Recommendation 15

That the Chair of the Leeds Domestic Violence Strategy Group ensures that a review of existing information sharing protocols between partner agencies relating to domestic violence is completed by December 2014 to ensure they are robust and fit for purpose.

Desired Outcome – That Leeds responds positively to the recommendations arising from the 2014 HMIC inspection in relation to the effectiveness of the police approach to domestic violence and abuse.

Recommendation 16

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Leeds Divisional Commander to ensure that all of the recommendations arising from the HMIC inspection are being reflected within local policing services.

Desired Outcome – That there is a single point of contact to refer all incidents of domestic violence and abuse which provides a holistic multi-agency approach in meeting the needs of the victim and their family.

Recommendation 17

That the Chair of the Leeds Domestic Violence Strategy Group explores the feasibility of establishing a single point of contact, building on the current 'front door' arrangements, to refer all incidents of domestic violence and abuse with the aim of providing a holistic multi-agency approach in meeting the needs of the victim and their family. In particular, the victim should receive advocacy and support in accessing safe accommodation and, where necessary, a school place for their children.



Desired Outcomes and Recommendations

Desired Outcome – That Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPOs) are utilised and monitored effectively within Leeds.

Recommendation 18

That the Chair of the Leeds Domestic Violence Strategy Group works with the Leeds Divisional Commander to monitor the effective use of Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPOs) in Leeds.

Desired Outcome – That vital skills and expertise built up within the third sector in terms of tackling domestic violence and abuse is being effectively harnessed.

Recommendation 19

That the Chair of the Leeds Domestic Violence Strategy Group leads on exploring how the Council and other commissioners of services can assist in ensuring that vital skills and expertise built up within the third sector in tackling domestic violence and abuse is effectively harnessed.

Desired Outcome – There is greater consistency and quality assurance across all schools in tackling domestic violence and abuse through effective cluster partnership working.

Recommendation 20

That the Chair of the Leeds Domestic Violence Strategy Group leads on working with the Director of Children's Services, the Chair of the Leeds Children's Trust Board and the Leeds Domestic Violence Team in developing a customised domestic violence charter mark that is based around a set of minimum standards for cluster partnerships to aspire to.

Desired Outcome – That clear associations are made between tackling domestic violence and abuse and the significant impacts this can have on achieving the 3 main obsessions as set out within the Children and Young People's Plan.

Recommendation 21

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Chair of the Leeds Children's Trust Board to make clear within the Children and Young People's Plan how tackling domestic violence and abuse can have significant impacts on achieving the 3 main obsessions set out within the plan.



Desired Outcomes and Recommendations

Desired Outcome – That existing communication mechanisms linked to schools are maximised to promote the importance of tackling domestic violence and abuse and sharing good practice.

Recommendation 22

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Director of Children’s Services to ensure that existing communication mechanisms linked to schools are maximised to promote the importance of tackling domestic violence and abuse and sharing good practice. Such mechanisms should include the Leeds Education Hub website and the 4-Heads peer support model.

Desired Outcome – That there is a clear mechanism in place to ensure that schools across the city are informed immediately of any incidences/referrals associated with a pupil so that they can respond appropriately and sensitively to the needs of that child and also to family members.

Recommendation 23

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Director of Children’s Services and the Leeds Divisional Commander to ensure that there continues to be commitment from all key partners towards the development of ‘Operation Encompass’ within Leeds.

Desired Outcome – That Leeds has developed a sustainable approach towards effective management and engagement of perpetrators of domestic violence and abuse.

Recommendation 24

That the Chair of the Leeds Domestic Violence Strategy Group ensures that work is undertaken immediately to develop a Leeds model aimed at providing a more sustainable approach towards effective management and engagement of perpetrators of domestic violence and abuse.



Desired Outcomes and Recommendations

Desired Outcome – That the effectiveness of local domestic violence perpetrator services and programmes can be clearly demonstrated through robust evaluation processes.

Recommendation 25

That the Chair of the Leeds Domestic Violence Strategy Group ensures that work is undertaken immediately with existing providers of domestic violence perpetrator services and programmes in developing a robust evaluation process aimed at assisting service providers to demonstrate the effectiveness of future programmes.

That particular progress surrounding such work is brought back to Scrutiny for consideration in September 2014.

Desired Outcome – That there is greater awareness of, and a multi-agency response to, adolescent to parent abuse in Leeds.

Recommendation 26

That the Chair of the Leeds Domestic Violence Strategy Group leads on undertaking work to ensure the following:

- (i) That local and national intelligence surrounding the risks posed by adolescent to parent violence is widely disseminated to increase greater awareness of this growing area of concern and galvanise action in tackling this problem.
- (ii) That the lessons arising from the Parents and Children Together (PACT) programme are used to inform the provision of future services in providing a multi-agency response to adolescent to parent abuse in Leeds.

Desired Outcome – That the Domestic Violence Disclosure Scheme is utilised and monitored effectively within Leeds.

Recommendation 27

That the Chair of the Leeds Domestic Violence Strategy Group works with the Leeds Divisional Commander to monitor the effective use of the Domestic Violence Disclosure Scheme in Leeds.



Desired Outcomes and Recommendations

Desired Outcome – That all local head teachers and governing bodies understand the significant impact that targeted prevention programmes based around respect and conflict resolution can have in helping future generations to understand and develop healthier relationships.

Recommendation 28

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Chair of the Leeds Children’s Trust Board and Director of Children’s Services to raise greater awareness amongst local head teachers and governing bodies of the significant impact that targeted prevention programmes based around respect and conflict resolution, whether delivered through PSHE and/or RSE, can have in helping future generations to understand and develop healthier relationships

Desired Outcome – That all local head teachers and governing bodies understand the significant added value to be gained through embedding restorative practices in schools and feel supported in taking this forward within their own school.

Recommendation 29

That the Chair of the Leeds Children’s Trust Board and the Director of Children’s Services ensures that further work is undertaken immediately to raise greater awareness amongst local head teachers and governing bodies of the significant added value to be gained through embedding restorative practices by citing existing good practices. Linked to this, assistance should be given to schools in taking forward this approach.



Introduction and Scope

Introduction

1. The term 'domestic violence' and 'domestic abuse' are often used interchangeably and so within our report we make reference to domestic violence and abuse in recognition that both terms are widely used. Ultimately we are referring to the abuse of power and control over one person by another, which can take many different forms, including physical, sexual, emotional, verbal and financial abuse.
2. In 2004, the government introduced a single definition of domestic violence, replacing previous different definitions in use across government and the public sector. This defined domestic violence 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 sexuality.
3. However, this was extended in March 2013 to include 'coercive control', recognising that patterns of behaviour and separate instances of control can add up to abuse - including instances of intimidation, isolation, depriving victims of their financial independence or material possessions and regulating their everyday behaviour. The new definition also includes people aged 16 and 17 after it was found that excluding this age group from the definition had left young victims without the help they need to

change their situation and escape abusive relationships.

4. The new definition of domestic violence and abuse, as issued by the Home Office, now states:

'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.'

5. This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear



Introduction and Scope

that victims are not confined to one gender or ethnic group.

perpetrators of domestic violence and abuse.

6. Domestic violence and abuse directly impacts on a person's sense of safety: it affects the well-being and quality of life of individuals, families and communities and as a result has significant social and economic costs. As such, reducing the prevalence and impact of domestic violence and abuse is now recognised as a key priority nationally, regionally and locally.
9. In acknowledging the complexity and cross-cutting nature of this area of work, the Children and Families Scrutiny Board and the Health and Wellbeing and Adult Social Care Scrutiny Board were also invited to nominate a representative to assist in undertaking this inquiry.
10. Terms of reference for this inquiry were agreed in September 2013 and set out the key purpose of this inquiry, which was to make an assessment of and, where appropriate, make recommendations on the following areas:

Scope of the Inquiry

7. The local Community Safety Partnership, Safer Leeds, had identified domestic violence as a key priority area within the Safer Leeds Strategy 2013/14. Linked to this, the Safer Leeds Executive agreed to develop a new Domestic Violence and Abuse Strategy and Action Plan for the city and set up a multi-sector Leeds Domestic Violence Strategy Group to lead on this task.
8. In determining the scope of this inquiry, we were therefore mindful that significant work was already being undertaken by Safer Leeds, primarily around mapping and analysing existing support provision across the city aimed at tackling domestic violence and abuse to identify gaps and explore opportunities to improve service delivery. We therefore set out to add value to this work by focusing more on improving the early detection and referral of victims and
 - The data sources currently used to measure the scale of domestic violence and abuse in Leeds and the potential use of other forms of intelligence to maximise local knowledge.
 - The key stakeholders across the different sectors that have a vital role in assisting to detect victims and perpetrators of domestic violence and abuse and identifying potential gaps in commitment.
 - Existing funding streams available for tackling domestic violence and abuse and exploring potential opportunities for securing additional resources.



Introduction and Scope

- Gaining an insight into the experiences of the victims and perpetrators of domestic violence and abuse to understand where potential barriers to accessing support may still exist.
 - The involvement of the health and social care sector in terms of their knowledge and capacity to detect victims and perpetrators of domestic violence and abuse as well as the capacity and confidence to share information to enable early intervention of appropriate support and advice services.
 - Existing provision in terms of raising awareness of domestic violence and abuse amongst young people and facilitating referral to appropriate support and advice services (for both victims and perpetrators).
 - The role of the Council and the Trade Unions in raising awareness of domestic violence and abuse amongst employers across the city (including Council staff)
 - How the Council and partners are challenging wider cultural attitudes that tolerate domestic violence and abuse and exploring opportunities for engaging communities, particularly BME communities, to be more proactive in supporting victims.
 - Identifying good practice models in other areas.
11. Throughout the course of our inquiry, we have welcomed the active contribution of key representatives of the new Leeds Domestic Violence Strategy Group, including the Chair of this Strategy Group. As such, we are pleased to learn that many of the issues raised during our inquiry have already helped to inform the development of the new citywide Domestic Violence and Abuse Strategy and Action Plan.
 12. We also welcomed the contribution of a wide range of practitioners to our inquiry and acknowledge the passion and commitment of many services that are working tirelessly in tackling this problem.
 13. We are extremely grateful for the invaluable insight gained from those that openly shared their own experiences of living with domestic violence and abuse. Within our report we have quoted particular comments from such individuals to help reinforce key messages arising from our inquiry.
 14. We have been equally inspired by the contributions made by pupils of Carr Manor Community School and have also quoted particular comments made by them in demonstrating how the principles of restorative practice embedded within their school has



Introduction and Scope

helped them develop key life skills around conflict resolution.

15. During the course of our inquiry, we also acknowledged that a number of key national research and guidance documents had been published. These are briefly set out below and have been referenced throughout this report, particularly where national findings correlate with the findings of our inquiry.
16. We noted that the National Institute for Health and Care Excellence (NICE) was developing public health programme guidance on ' Domestic violence and abuse: how social care, health services and those they work with can identify, prevent and reduce domestic violence and abuse'. During our inquiry, consideration was given to the draft guidance produced by NICE. However, the final guidance was published by NICE in February 2014 and so we have made references to this guidance in our own report, particularly as many of the recommendations set out by NICE complement our own findings and therefore we are fully supportive of their implementation locally.
17. Each year Women's Aid conducts a survey of the national network of domestic and sexual violence organisations in England - both members and non-members - in order to get a full picture of the services provided. During the course of our inquiry, the result of the 2013 Women's Aid Annual Survey had been published and therefore relevant references to this research are also used within our own report.
18. In 2010, the Government launched its strategy 'A Call to End Violence against Women and Girls' and have published action plans setting out its achievements and planned actions over the forthcoming year in response to emerging challenges. In March 2014, the government published its third action plan. This outlines the actions taken over the last 12 months and sets out ongoing actions between now and April 2015.
19. In September 2013, the Home Secretary commissioned Her Majesty's Inspectorate of Constabulary (HMIC) to conduct an inspection in relation to the effectiveness of the police approach to domestic violence and abuse, primarily focusing on the outcomes for victims.
20. HMIC therefore collected data and reviewed files from the 43 Home Office funded forces. The HMIC published a report on 27th March 2014 setting out its overall findings and recommendations following this inspection. However, the HMIC also published separate reports relating to individual police force areas. As such, we have also made references to the HMIC findings relating specifically to West Yorkshire Police, particularly where such findings correspond with issues arising from our own inquiry



Introduction and Scope

around tackling domestic violence and abuse.

Desired Outcomes, Added Value and Anticipated Service Impact

21. At the same time as our inquiry, Safer Leeds and the Domestic Violence Strategy Group have been undertaking an analysis of current domestic violence provision in Leeds, both Council funded and externally funded, and how this provision responds to demand. Such analysis will then help to identify gaps and inform future commissioning needs.
22. As the focus of our inquiry has been around improving early detection, encouraging disclosure and improving referrals to services, we do acknowledge that the impact of our recommendations will have clear resource implications in terms of the infrastructure and capacity of local services being able to deal with an increase in disclosures in addition to existing demands.
23. Overall, our recommendations aim to achieve better outcomes in terms of preventing abuse, raising awareness, bringing offenders to justice as well as assisting to reduce offending; and enabling victims and their families to access the support they need. This is linked to our vision that Leeds is a city that has a zero tolerance approach to

domestic violence and abuse, where individuals, families and communities are supported to reach their potential and lead safer, healthier and happier lives.

Equality and Diversity

24. The Equality Improvement Priorities 2011 to 2015 have been developed to ensure that the council meets its legal duties under the Equality Act 2010. The priorities will help the council to identify work and activities that help to reduce disadvantage, discrimination and inequalities of opportunity to achieve its ambition to be the best city in the UK.
25. Equality and diversity issues have been considered throughout this scrutiny inquiry. The evidence submitted and the topics debated in this inquiry have highlighted that whilst both women and men can experience domestic violence and abuse in heterosexual and same sex relationships, the likelihood of ever experiencing a physical assault from a partner or adult family member is higher among heterosexual women than men. It has also raised particular cultural sensitivities within BME communities that need to be more widely acknowledged.
26. However, overall our inquiry has also highlighted that domestic violence and abuse is an issue for every community



Introduction and Scope

and can affect individuals from any background or socio-economic demographic. As such, it is vital that any misconception that domestic violence and abuse only occurs in certain areas and to certain people is addressed immediately.

27. The individual, organisation or group responsible for implementation or delivery of the recommendations arising from this inquiry should also give due regard to equality and diversity and where appropriate an equality impact assessment will be carried out.



Conclusions and Recommendations

Maximising local intelligence through strong partnership working.

28. There is an abundance of evidence and research showing that women are more likely to suffer more serious injury and ongoing assaults than men. In the latest figures from 2012 to 2013 published by the Office for National Statistics, it is estimated that around 1.2 million women suffered domestic abuse and over 330,000 women were sexually assaulted.

29. However, it should still be acknowledged that men can experience domestic abuse from their female partner and that domestic abuse also occurs in same-sex relationships. Throughout our report we refer to victims and perpetrators of domestic violence and abuse, with the acknowledgement that this can refer to males and females.

30. A research study originally undertaken by Sylvia Walby on behalf of Lancaster University in 2004, and later updated in 2009, is often cited to demonstrate the significant costs associated with domestic violence and abuse. In 2009, Walby¹ reported that domestic violence

and abuse cost the UK an estimated £15.9 billion in 2008. This included:

- Just over £9.9 billion in 'human and emotional' costs (based on estimates of what people would pay to avoid such injuries)
- More than £3.8 billion for the criminal justice system, civil legal services, healthcare, social services, housing and refuges
- More than £1.9 billion for the economy (based on time off work for injuries)

31. Linked to her original study in 2004, Walby estimated costs of domestic abuse in Leeds during 2001 which totalled £322 million. Based on a population size of 715,402 at the 2001 census, this was equivalent to £447.53 per head.

32. However, domestic violence and abuse is often a hidden crime and so measuring the real extent of the problem is hampered by the reluctance of victims to report their experiences, which is an issue that we have addressed in more detail later in our report.

33. There is also no specific offence of 'domestic violence' under criminal law which means that the categorisations of crime in official statistics tend to reflect other legal definitions of crime linked to

¹ The Cost of Domestic Violence: Up-date 2009. Sylvia Walby, UNESCO Chair in Gender Research, Lancaster University. 25th November 2009.



Conclusions and Recommendations

domestic violence, for example: assault; criminal damage; harassment; attempted murder; and rape.

34. However, police are required to undertake a domestic abuse, stalking and harassment (DASH) risk assessment for every incident of domestic abuse to which they are called. This is a nationally recognised tool developed to assist police and others to make safe decisions to protect adult victims from serious harm. As such, it is generally used as the main form of intelligence gathering around domestic violence and abuse. However, we do note that following the recent HMIC inspection of West Yorkshire Police, the force is recommended to consider alternatives to the current process for the completion of the DASH risk assessment form to ensure that all relevant data is being captured effectively.

35. The latest statistics relating to domestic abuse recorded by West Yorkshire Police are as follows²:

- In West Yorkshire, domestic abuse accounts for 7% of calls to the police for assistance. Of these calls, 35% were from repeat victims.

- Domestic abuse accounts for 7% of all recorded crime.
- West Yorkshire recorded 541 assaults with intent to cause serious harm, of these 103 were domestic abuse related. This is 19% of all assaults with intent to cause serious harm recorded for the 12 months to end of August 2013.
- The force also recorded 11,010 assaults with injury, of these 4,089 were domestic abuse related. This is 37% of all assaults with injury recorded for the 12 months to end of August 2013.
- The force recorded 1,511 harassment offences, of these 906 were domestic abuse related. This is 60% of all harassment offences recorded for the 12 months to end of August 2013.
- The force also recorded 2,969 sexual offences, of these 185 were domestic abuse related. This is 6% of all sexual offences recorded for the 12 months to end of August 2013.
- On 01 November 2013 West Yorkshire had 695 active domestic abuse cases; 24% were high risk, 62% were medium risk, and 14% were standard risk.
- For every 100 domestic abuse crimes recorded, there were 88 arrests in West Yorkshire for the 12 months to end of August 2013. For

²West Yorkshire Police's approach to tackling domestic abuse.HMIC 2014.



Conclusions and Recommendations

most forces the number is between 45 and 90.

- West Yorkshire recorded 10,690 domestic abuse related crimes for the 12 months to the end of August 2013. Of these crimes, 35% resulted in a charge, 14% resulted in a caution and, 1% had an out of court disposal, for example, a fixed penalty notice for disorderly conduct.

36. Whilst Policing statistics are generally the main source of intelligence surrounding incidents of domestic violence and abuse, it was evident during our inquiry that there is a significant body of intelligence from a range of sectors that needs to be better coordinated. In particular, we found that there is wealth of intelligence within the voluntary sector that is not being captured effectively.

37. The collection and analysis of good local intelligence data is fundamental in our fight to combat domestic violence and abuse in Leeds as this will help raise greater awareness of the true extent of the impact of domestic violence and abuse in Leeds. It will also help to galvanise commissioners and providers of services to work smarter together in addressing areas of duplication and informing more integrated, targeted and innovative approaches across the city.

38. However, to achieve this we recognise that vital steps are still required to develop closer partnership working across a range of different sectors underpinned by clear data sharing protocols. Data sharing is a particular issue that emerged during our inquiry and so we have addressed this in more detail later in our report.

39. The Government Strategy 'A Call to End Violence against Women and Girls' and the recent public health guidance from the National Institute of Health and Care Excellence (NICE) also reinforce the need for better support for victims and their families from statutory, voluntary and community sectors working together to share information and agreeing practical action.

40. In particular, we note that NICE has recommended that local authorities, health services and their strategic partners (including the voluntary and community sectors) should ensure that senior officers from the following list of services participate in a local strategic partnership to prevent domestic violence and abuse, along with representatives of frontline practitioners and service users or their representatives:

- health services and the local authority (including the chairs of local safeguarding boards for adults and children)



Conclusions and Recommendations

- public health
 - sexual violence services
 - housing
 - schools and colleges
 - police and crime commissioners
 - community safety partnerships
 - criminal justice agencies (including probation)
 - the Children and Family Court Advisory and Support Service
 - specialist voluntary, community and private sector organisations.
41. Safer Leeds is the lead local Strategic Partnership in tackling domestic violence and abuse and we welcome that Safer Leeds has already recognised the need to strengthen local partnership working to support a more focused approach (set out in the Safer Leeds Strategy 2013-14). Linked to this, Safer Leeds agreed to develop a new Domestic Violence and Abuse Strategy and Action Plan for the city and set up a multi-sector Leeds Domestic Violence Strategy Group to lead on this task. Throughout the course of our inquiry we have welcomed the active contribution of key representatives, including the Chair, of this Strategy Group. As such, we are pleased to note that many of the issues raised throughout our inquiry have already helped to inform the development of the citywide Strategy and Action Plan.
42. The Leeds Domestic Violence and Abuse Strategy was formally agreed by the Safer Leeds Executive on 14th May 2014. The Strategy Group has now been given the responsibility for performance managing the action plan and reporting progress in the first instance to the Member Steering Group and then to the Safer Leeds Executive, as well as the Leeds Safeguarding Children Board, Leeds Safeguarding Adults Board and the Reducing Re-offending Board.
43. Whilst acknowledging that a multi-sector Strategy Group has already been established to drive forward the domestic violence agenda across the city, we do recommend that the membership of this Strategy Group is reviewed, and continues to be reviewed, to ensure that it is relevant and inclusive as recommended by NICE. Where NICE has made particular reference to having 'health service' representation as part of any multi-sector partnership approach, we particularly recognise the added value of ensuring that commissioners of health services are represented on this Strategy Group too.



Conclusions and Recommendations

Recommendation 1

That the Chair of the Leeds Domestic Violence Strategy Group:

- (i) Liaises with the Leeds Clinical Commissioning Groups to identify a commissioning representative(s) to join the Leeds Domestic Violence Strategy Group.
- (ii) Reviews the membership of the Leeds Domestic Violence Strategy Group, reflecting on recommendation 2 of the NICE public health guidance published in February 2014, to ensure it is relevant and inclusive.
- (iii) Liaises with the Chair of the Leeds Children's Trust Board to consider appropriate membership of the Leeds Domestic Violence Strategy Group in reflecting support to children and families.

Raising the profile of domestic violence as a public health priority

44. During our inquiry we found that many references were made to the term 'safeguarding' when referring to domestic violence and abuse. It is evident that tackling domestic violence and abuse is a public health priority and therefore it warrants recognition at a similar scale to the existing safeguarding agenda.

45. The adult safeguarding national policy agenda was set out in 'No Secrets' (Department of Health, 2000), and safeguarding services have developed considerably since then, including the establishment of Safeguarding Adults Boards. These are joint working arrangements comprising statutory and non-statutory organisations that work together within a local authority area to provide strategic leadership to safeguard adults at risk. There is a Safeguarding Adults Board within each of the five districts within West Yorkshire that operate in line with agreed West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures.

46. However, we acknowledge that the adult safeguarding agenda is primarily targeted at adults at risk. The term 'adult at risk' is used in replacement of the term 'vulnerable adult' as this term is accepted as being more respectful to those to whom it refers. At the time of our inquiry, the draft Care and Support Bill 2012 was being considered by parliament and this describes an adult at risk/in need of a safeguarding service as someone who:

- Has needs for care and support (whether or not the authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect



Conclusions and Recommendations

- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.
47. Adult Social Care lead on adult safeguarding and, along with other partners, investigate allegations of abuse or neglect where the adult at risk is unable to protect themselves due to their health or social care needs. They support adults at risk to develop approaches to manage the risks they face from abuse or neglect. Whilst these risks include all those covered in the government definition of domestic abuse, it is the factors that prevent the person protecting themselves that cause it to be dealt with specifically under safeguarding adults procedures.
48. However, in addressing abuse we believe that there should be no closed doors to accessing advice and support. As such, all practitioners dealing with domestic violence and abuse and adult safeguarding should have a mutual understanding of the law governing both agendas and also the appropriate referral pathways in accessing support.
49. Making the links with children's safeguarding is vital too. Where adult safeguarding and domestic abuse are being addressed, and children are involved or present as family members, professionals have a duty to refer to children's services, using local protocols and procedures, even if the adult victim chooses not to, or is not able to, accept help for themselves.
50. We therefore feel that in broadening the understanding of safeguarding in terms of the clear linkages to domestic violence, this will help instil a clear message that tackling domestic violence should be everyone's business too.
51. We recognise that workforce development will be essential in this regard, which has been a key factor raised throughout our inquiry. However, we also believe that by strengthening linkages between the new Domestic Violence and Abuse Strategy and Action Plan and other relevant citywide strategies and action plans, this will also help to raise the profile of domestic violence and abuse. In particular, we recognise the need to make clear linkages with the Children and Young People's Plan and the Joint Health and Wellbeing Strategy.
52. We are pleased to note that such good practice has already been undertaken in relation to the Leeds Drug and Alcohol Action Plan 2013-2016. A key priority within this plan is to have fewer families experiencing domestic violence related to the misuse of drugs and/or alcohol. As such, it sets out to ensure effective partnership working around actions outlined in the Domestic Violence and Abuse Strategy related to drugs and/or alcohol.



Conclusions and Recommendations

Recommendation 2

That the Chair of the Leeds Domestic Violence Strategy Group takes a lead on working with the Chairs of the local Strategic Partnerships to identify where linkages between the Domestic Violence and Abuse Strategy and Action Plan and other relevant citywide strategies and action plans need to be established or strengthened.

Identifying and addressing key barriers to disclosure.

'It becomes a way of life....it becomes normal'

53. Hearing directly from women who had experienced domestic violence and abuse in their own lives, some explained how they would often find themselves making excuses for their partner's abusive behaviour towards them and then feeling ashamed and also fearful of how they may be judged by others for not seeking help sooner, particularly when children were being exposed to an abusive environment too. Others shared their experiences of moving from one abusive relationship to another, which at the time had led them to question their own behaviour and self-worth before accepting that it was not their fault.
54. Too often we find that people experiencing domestic violence and abuse will suffer needlessly for years, causing increasingly serious and dangerous long-term impacts, both psychologically and physically.
55. A clear message arising from our inquiry is that if abuse has happened once in the home, it is vital that advice and support is sought immediately rather than delay. To prevent domestic violence and abuse from being a hidden crime, we therefore need to assist those affected by domestic violence and abuse to feel confident and safe to make those first vital steps towards seeking advice and support.
56. However, we find that there are still many myths and stereotypes about domestic abuse that can add to feelings of despair and isolation and make it more difficult for those experiencing abuse to seek help. Linked to such attitudes, we recognise that a key obstacle in tackling domestic violence and abuse is stigma. Sadly there continues to be stigma attached to a victim recognising and admitting they are in an abusive relationship and equally for any outsider who may suspect abuse but is reluctant to intervene due to the stigma of "poking your nose in".
57. Overcoming such stigma can and will save lives and therefore it vital that we continue to work collectively to change public attitudes and perceptions surrounding domestic violence by investing in public awareness



Conclusions and Recommendations

campaigns underpinned by a clear and consistent message that Leeds has a zero tolerance approach to domestic violence and abuse.

58. The government's 'A Call to End Violence against Women and Girls' Action Plan 2014 also stresses that attitudes which are entrenched in some segments of society need to be tackled to make a real sustainable change – attitudes which foster ongoing gender inequality, that provide cultural excuses or exemptions for illegal activity and attitudes of ambivalence and it being someone else's problem or responsibility.
59. We are therefore pleased to note that one of the key priorities set out in the new Leeds Domestic Violence and Abuse Strategy is to develop and deliver a Domestic Violence Communications Strategy, which will include delivering public awareness campaigns to change public attitudes.
60. Linked to this communications strategy, we recognise the importance of creating environments that are open and responsive to tackling domestic violence, thereby encouraging disclosure. This can be achieved through simple measures, such as clearly displaying information in a range of formats and locally used languages in waiting areas and other suitable places about the support on offer for those affected by domestic violence and abuse. We note that such actions are also reflected within the NICE guidance document.
61. In understanding common barriers to disclosure, we learned that many victims may not wish to criminalise their partner or are fearful of the repercussions of doing so due to a lack of confidence in receiving immediate protection following any disclosure. We also learned that another common barrier relates to the fear of their children being taken into care following disclosure.
62. By changing attitudes and reducing stigma we would hope that this will lead to more individuals feeling empowered to be more open and honest about their situation and also prompt them to act earlier in seeking appropriate advice and support.
63. We do, however, recognise the benefits of also having mechanisms in place to enable victims to seek initial advice discretely to find out what options are available to them with a view to then building up trust with the victim and helping alleviate any fears they may have in disclosing domestic violence and abuse.
64. During our inquiry, reference was often made to the Leeds Domestic Violence 24 telephone helpline. This is operated by the Leeds Domestic Violence



Conclusions and Recommendations

Service during normal office hours (a commissioned consortium of Leeds Women's Aid, HALT & Behind Closed Doors) and by Stonham Housing Group outside of normal office hours. We acknowledged that some victims may still be fearful of using this helpline and whilst we were informed that this is an anonymous helpline, we do feel that this needs to be made more explicit.

Recommendation 3

That the Chair of the Leeds Domestic Violence Strategy Group leads on working with the Leeds Domestic Violence Service in actively promoting the Leeds Domestic Violence 24 telephone helpline and making it more explicit that victims can also use this helpline anonymously.

65. Linked to the Leeds Domestic Violence and Abuse Strategy and Action Plan, we were also informed of a proposed action to develop a virtual one stop facility dedicated to tackling domestic violence and abuse. This would be in the form of a website linked to the Council. We do welcome and support this approach as this offers another channel for individuals to undertake their own initial research about the options available to them. However, it is vital that this facility is targeted at both victims and perpetrators of domestic violence and abuse. During our inquiry we heard directly from individuals that had perpetrated domestic violence and abuse and sought help themselves in addressing their behaviour towards their

partner but found it difficult to find out discretely what support options were available to them locally.

66. We also found that many contributors to our inquiry, primarily from the third sector, had experienced difficulty in finding out exactly what provision is available across the city in terms of tackling domestic violence and abuse, and particularly specialist services. We therefore see the potential of this online facility also being an effective tool for practitioners to use in terms of improving their understanding of existing provisions and the appropriate referral pathways.

Recommendation 4

That the Chair of the Leeds Domestic Violence Strategy Group progresses immediately with the development of a virtual one stop facility dedicated to tackling domestic violence and abuse and ensures that it is targeted at both victims and perpetrators and also acts as an effective tool for practitioners to use in terms of improving their understanding of existing provisions and the appropriate referral pathways.

Acknowledging additional barriers facing Black and Minority Ethnic (BME) communities

67. During our inquiry, we considered other factors thought to cause additional barriers to disclosure for those victims from BME communities. In association with the term 'honour based' violence



Conclusions and Recommendations

and abuse, we benefited hugely from speaking directly to organisations that work closely with BME communities to learn more about some of the sensitivities surrounding particular cultural practices, such as Female Genital Mutilation (FGM) and forced marriages. We also welcomed opportunities to engage directly with individuals that had experienced such abuse to gain an insight into the challenges they had faced and what had enabled them to seek out help.

68. As such, there was a consensus around particular actions still required to aid disclosure from such communities. These are highlighted below.

Enabling easier access to an accredited interpreter service, appropriately trained in relation to honour based abuse

69. When disclosing domestic violence and abuse, it is vital that services are able to converse effectively with victims in order to get to the root of their support needs. However, a clear message received during our inquiry is that language can be a key barrier to disclosure.
70. In terms of accessing an interpreter for the victim, it was stressed that this should not be their partner or another family member, not be known to the individual and not be an individual with influence in the individual's community.

As well as acknowledging that girls and women may feel embarrassed to discuss sensitive issues in front of such people, we also recognised the risk of personal information being passed on to others in their community and placing them in further danger. Furthermore, there is also a risk that interpreters who are from the family or who are from the individual's community may deliberately mislead professionals and/or encourage the individual to drop the complaint and submit to the wishes of their community or family.

Provision of more local specialist services for BME communities

71. As well as addressing language barriers, it was also evident from our inquiry that victims from particular BME communities would feel much more comfortable to approach specialist services that they felt would be more culturally sensitive to their needs.

Provision of more outreach services within particular vulnerable communities

72. Linked to the need for more specialist services for BME communities, we also acknowledged the value of providing outreach services in terms of increasing opportunities for victims of domestic violence and abuse to discretely access advice and support. We heard directly from an individual that had been referred to the Sahara Black Women's



Conclusions and Recommendations

Refuge and Outreach Project. She explained how she felt more confident in confiding in someone that was not from her own community but still had the same cultural background. Such outreach provision also enabled meetings to take place discretely away from the abuser. This was often likened to 'just meeting up with a friend'. We were therefore concerned to learn that the Sahara Project no longer exists. We also heard from a leading solicitor in this particular field who explained that since this project had ceased, the number of referrals for legal assistance for women especially from BME communities has reduced significantly. It is therefore evident from our inquiry that more outreach provision is needed and particularly within vulnerable communities.

Enabling easy access to specialist advice services surrounding immigration status

73. We acknowledge that fear of deportation can be another key barrier to disclosure and that perpetrators may also use this threat as another means of controlling their victims. During our inquiry, particular reference was made to the 'no recourse to public funds' policy, which is a general rule for most people who apply to come to the UK. The policy is based on the principle that people without a permanent right to remain in the UK should not have the same access to benefits as British citizens. Acknowledging that

immigration laws can be complex, we recognised the importance of practitioners being able to have easy access to specialist immigration advice.

74. We are pleased to note that the recent NICE guidance also identifies the need for commissioners and service providers in the statutory, private, voluntary and community sectors to help people who may find domestic violence and abuse services inaccessible or difficult to use, including people from black and minority ethnic groups. It also emphasises the importance of identifying barriers that such groups may face when trying to get help and to train staff in direct contact with people affected by domestic violence and abuse to understand equality and diversity issues. This includes those working with people who perpetrate this type of violence and abuse.

75. Within the government's 'A Call to End Violence against Women and Girls' Action Plan 2014, we note that one of the key outcomes for April 2015 is that 'acceptance of 'honour' crimes is reduced and communities are empowered to prevent them happening'. Planned actions therefore relate to awareness raising campaigns surrounding FGM and forced marriages amongst professionals and practicing communities; developing a programme of work to change the landscape in which the NHS will respond to, follow



Conclusions and Recommendations

up and support the prevention of FGM; and developing and launching a range of materials on FGM, including an e-learning tool, and an FGM resource pack (action ref: no 27 to 35). Such actions arising from this national strategy therefore need to be maximised locally.

Recommendation 5

That the Chair of the Leeds Domestic Violence Strategy Group ensures that the following service issues are factored into existing and future commissioning frameworks for the provision of domestic violence and abuse services in Leeds:

- Enabling easier access to an accredited interpreter service, appropriately trained in relation to honour based abuse
- Provision of local specialist services for BME communities
- Provision of outreach services within particular vulnerable communities
- Enabling easy access to specialist advice services surrounding immigration status

Recommendation 6

That the Chair of the Leeds Domestic Violence Strategy Group ensures that planned actions set out in the government's 'A Call to End Violence against Women and Girls' Action Plan 2014 are closely monitored and utilised at a local level aimed at reducing the acceptance of honour based crimes.

76. During our inquiry, we also acknowledged that the way that disclosures are responded to will also influence future actions of individuals in terms of maintaining contact with support services and instilling confidence to report any future abuse. We have therefore addressed this in more detail later in our report.

Promoting and enabling early detection.

77. During our inquiry, we were informed about MARACs (Multi-Agency Risk Assessment Conference). These are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented, a risk focused, co-ordinated safety plan can be drawn up to support the victim.

78. Whilst we are pleased to learn that MARAC processes are well established within Leeds, we are conscious that such measures are aimed at combating violence once it has reached crisis stage. We need to prevent and stop the escalation of abuse becoming high risk and to achieve this, effective early intervention is crucial.



Conclusions and Recommendations

79. Victims and perpetrators of domestic violence will have multiple points of contact with local and national bodies but too often important opportunities are missed. As a result, help is offered too late after significant and lasting damage has been done to individuals and families as well as extremely high costs being incurred by society too.
80. We recognise that fundamental to enabling early detection is workforce development whereby a wide range of frontline staff are given the knowledge and capacity to detect domestic violence and intervene early before problems spiral out of control.
81. We were pleased to learn that the Leeds Domestic Violence Team already offers support to service providers to attain minimum standards of delivery by providing training; model policies and guidelines; and materials. This is linked to the Safer Leeds Domestic Violence Quality Mark, set out in Appendix 1. As such, we acknowledge that there is already a mechanism in place which provides a consistent and quality assured approach towards detecting and tackling domestic violence and abuse.
82. Whilst we learned that over 200 organisations in Leeds have now attained this quality mark, we recognise that more work is still needed to encourage greater uptake. We are therefore pleased to learn that action is
- already being taken by the Leeds Domestic Violence Strategy Group in progressing work with procurement around incorporating this quality mark in relevant tender documents and service contracts.
83. As we acknowledged earlier in our report, by broadening understanding of the safeguarding agenda and strengthening links across relevant citywide strategies and action plans, we would hope that this will help to galvanise more action in up-skilling workforces to the standard set out in the Safer Leeds Domestic Violence Quality Mark.
84. During our inquiry we also identified specific actions required within certain sectors also aimed at improving early detection of domestic violence and abuse.
85. In fully supporting the need to deliver workforce development training across a range of sectors to support services to attain the Safer Leeds Domestic Violence Quality Mark, we also recognise the need to ensure that the Leeds Domestic Violence Team has the capacity to undertake such a task.

Recommendation 7

That the Chief Officer of Community Safety leads on working with the Leeds Domestic Violence Team to identify the capacity needs of the team in delivering effective training to assist services across a wide range of sectors to attain the Safer Leeds Domestic Violence Quality Mark.



Conclusions and Recommendations

The role of health professionals and particularly GPs

86. Health professionals are highly trusted within the community and have a huge role to play in identifying and helping to address domestic violence early, before problems spiral out of control. Healthcare professionals not trained to identify domestic violence and abuse may mislabel and misdiagnose people's problems, leading to inappropriate plans or ineffective remedies.
87. The NICE guidance also supports this view and has formally recommended that health and social care service managers and professionals should ensure frontline staff in all services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.
88. Linked to this, we note that NICE makes specific recommendations around different levels of training for different groups of professionals. This starts from a minimum baseline whereby training is provided to all staff to provide a universal response which will include a basic understanding of the dynamics of domestic violence and abuse along with their legal duties. We are pleased to acknowledge that such training also includes 'honour-based violence' and an awareness of diversity and equality issues. NICE state a further 4 stages of

specialist training around encouraging disclosures of domestic violence and responding appropriately³.

89. By making clear associations between the training recommendations put forward by NICE and the training standards set out in the Safer Leeds Domestic Violence Quality Mark, we believe that this will assist the Leeds Domestic Violence Strategy Group in encouraging greater take-up of the quality mark across this sector.
90. We are pleased to note that work is already being progressed by the Leeds Domestic Violence Strategy Group to work with the local Clinical Commissioning Groups in exploring options for including domestic violence training in their contracts.

Recommendation 8

That the Chair of the Leeds Domestic Violence Strategy Group leads on encouraging greater take-up of domestic violence training linked to the Safer Leeds Domestic Violence Quality Mark by making clear associations with the training recommendations set out in the NICE public health guidance document published in February 2014.

³ NICE public health guidance 50. Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. February 2014. Page 20.



Conclusions and Recommendations

91. Throughout our inquiry, there was much recognition given to the vital role of GPs in terms of identifying domestic violence and abuse and responding effectively to disclosures. It was evident from our inquiry that more work is needed to specifically encourage and assist GPs in becoming better informed and engaged in the domestic violence agenda. However, during our inquiry we welcomed the contribution of a particular GP representative and were inspired by her passion and commitment in driving forward this agenda amongst her peers.
92. We note and welcome that the NICE guidance makes a specific recommendation reinforcing this need too. This recommendation states that *'NHS England, commissioners and GPs should commission integrated training and referral pathways for domestic violence and abuse. This should include education for clinicians and administrative staff in GP practices on how to make it easier for people to disclose domestic violence and abuse. It should also include education for clinicians on how to provide immediate support after a disclosure and how to make referrals to specialist agencies. Managers of specialist domestic violence and abuse services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse'*.
93. During our inquiry, particular reference was made to an initiative in Bristol called the Identification and Referral to Improve Safety (IRIS). IRIS aims to engage general practices by providing primary care teams with the information, confidence and skills to ask their patients about domestic abuse and by creating an easy and clear referral route to a named advocate who is able to meet with patients and provide updates to the referring clinician. The advocate therefore acts as a consultant to the practice team on all issues around domestic violence. IRIS is enabling primary care professionals to not only treat the immediate health needs of the patient in front of them but also to refer them to recognised experts, on the basis that this can have a lasting and transformative effect on that person's life. Importantly, we recognise that this initiative provides a simple and direct referral route and feedback loop.
94. In taking forward the recommendation of NICE, we recognise the merits in working with the local Clinical Commissioning Groups to also look at the feasibility of developing an initiative in Leeds based around the IRIS initiative in Bristol.
95. Linked to our earlier point about creating environments that are open and responsive to tackling domestic violence and abuse, we believe that GP surgeries should be a safe environment



Conclusions and Recommendations

for victims to be supported in contacting specialist advice and support services. At the point of disclosure, GPs should be offering more time to that patient and also offering a private environment where they can be supported in accessing immediate advice and support rather than rely on them making a self referral after the appointment. This approach will help to alleviate any fears and risk factors associated with perpetrators finding out and will also provide assurance to the GP that the victim has taken the vital first step in accessing support.

Recommendation 9

That the Chair of the Leeds Domestic Violence Strategy Group and the local Clinical Commissioning Groups:

- I. Work closely with the Leeds Domestic Violence Team in taking forward the recommendation of NICE and delivering integrated training for clinicians and administrative staff in local GP practices
- II. Look at the feasibility of developing an initiative in Leeds based around the Identification and Referral to Improve Safety (IRIS) initiative in Bristol
- III. Work closely with GP practices to promote the need to create safe environments at the point of disclosure of domestic violence and abuse whereby patients are offered more time and a private environment to support them in accessing immediate advice and support rather than rely on them making a self-referral after the appointment.

Reinforcing early detection and intervention within workplaces

96. It is highly likely that all workplaces will have staff that have experienced or are experiencing domestic abuse as well as those who are perpetrators of abuse.
97. The research undertaken by Sylvia Walby in 2009 found that in England and Wales, £1.9 billion a year in economic output is lost due to decreased productivity, administrative difficulties from unplanned time off, lost wages and sick pay. Domestic abuse can cause employees to be distracted at work and can also increase employee turnover.
98. During our inquiry, we considered a national guide for employers developed jointly by the Chartered Institute of Personnel and Development (CIPD) and the Equality and Human Rights Commission entitled 'Managing and supporting employees experiencing domestic abuse'. This was published in April 2013 and provides practical guidance for employers on how to respond if an employee is affected by domestic violence. It also reiterates the importance of ensuring that managers are made aware of the warning signs that might suggest a member of staff may be suffering from abuse as well as the sources of support available to victims. During our inquiry, we were very pleased to welcome the contribution of a representative from York & North Yorkshire Chamber of



Conclusions and Recommendations

Commerce who had also been involved in the development of this CIPD guidance document.

99. We therefore explored the approach taken by the Council and were pleased to learn that the existing Domestic Violence Policy and Guidance document was being revised and that the CIPD document was being used as a key reference document in this regard. The revised policy and guidance was unavailable at the time of our inquiry as it was still being developed in consultation with the Trade Unions. However, senior HR officers, including the Chief Officer HR, provided an overview of the underpinning principles of the new policy.
100. In particular, we noted that clear linkages will be made to the Council's Managing Attendance Policy, Procedure and Guidance – recognising that managers may become aware of a situation through associated issues identified in the managing attendance process or through performance review. However, particular value was also placed upon undertaking stress linked assessments as another means of enabling individuals to open up about their home life too.
101. Acknowledgment was also given to the fact that staff may not wish to go through line managers or HR advisers and therefore, linked to the advice of the CIPD, we were pleased to learn that there will be other link staff trained to offer an alternative approach to discuss in confidence issues relating to domestic violence. However, reference was also made to the valuable role previously undertaken by the Council's 'Zero Tolerance Officers'. As such, we advise that HR also explore the merits of re-introducing 'Zero Tolerance Officers' in association with the principle of having additional link officers for staff to approach.
102. We were also informed that particular importance would be given to responding appropriately to employees who perpetrate domestic violence. As such, it would be made clear in the policy that harassment and intimidation by a council employee, whether of a partner or ex-partner who works for the Council or not, will be viewed seriously and may lead to disciplinary action being taken. However, as well as enforcing appropriate sanctions, we emphasised the importance of ensuring that the new policy also signposts perpetrators to where they can access support too.
103. We learned that the new policy would be providing details of the Council's 'employee assistance provider' service, which operates an independent, professional 24 hour telephone based information and counselling service which is provided free to Council employees and their immediate family (living in the same household, or a student). As such, we reiterated the



Conclusions and Recommendations

importance of making it more explicit that employees do not have to disclose their identity to obtain initial information and advice from this service.

104. We also recognised the need to ensure that the policy makes clear references to the Children's Safeguarding Policy in terms of when incidents need to be referred to Children's Social Work Services.

Recommendation 10

That the Chief Officer HR ensures that the views of Scrutiny are considered alongside other key stakeholders, including the Trade Unions, in the development of the Council's Domestic Violence Policy and Guidance document. In summary these include the following:

- Establishing linkages to undertaking stress linked assessments.
- Exploring the merits of re-introducing 'Zero Tolerance Officers' in association with the principle of having additional link officers for staff to approach.
- Making it explicit that employees do not have to disclose their identity to obtain initial information and advice from the employee assistance provider service.
- Ensuring that the policy signposts perpetrators to support services too.
- Ensuring that the policy makes clear references to the Children's Safeguarding Policy in terms of when incidents need to be referred to Children's Social Work Services.

105. Separate to the new policy and guidance document, we also identified a need to establish closer linkages between HR, the Duty and Advice Team and Adult Safeguarding so that information regarding referrals that relate to Council employees can be captured effectively.

Recommendation 11

That the Chief Officer HR leads on establishing closer linkages between HR, the Duty and Advice Team and Adult Safeguarding so that information regarding referrals that relate to Council employees can be captured effectively.

106. Linked to the new Managers Challenge programme, we believe that there should be specific training provided around identifying and responding to domestic violence, which can be incorporated to coincide with the launch of the revised policy.

Recommendation 12

That the Chief Officer HR leads on working with the Leeds Domestic Violence Team to incorporate training around identifying and responding to domestic violence into the Managers Challenge Programme.

107. As well as the York & North Yorkshire Chamber of Commerce, we also approached other employer representative bodies and a number of other larger employers. Whilst unable to contribute directly to our inquiry, we



Conclusions and Recommendations

were encouraged by their messages of support in driving forward this agenda. We also welcomed an offer made by the Regional Secretary of the Federation of Small Businesses in assisting the Council in raising employer awareness in this regard, which should be maximised.

Recommendation 13

That the Chair of the Leeds Domestic Violence Strategy Group leads on working closely with the Chief Officer HR and the Chair of the Joint Trade Union Committee to explore opportunities to promote the Council's own Domestic Violence Policy and Guidance document as a good practice model across the wider business community.

The importance of early detection of young people affected by domestic violence and abuse

108. Linked to the governments 'A Call to End Violence against Women and Girls' Action Plan 2014, we are pleased to note that another goal set by the government is ensuring that the workplace is somewhere that victims can receive support and assistance. A new action identified is to develop a toolkit of resources by November 2014 to support businesses to raise awareness of domestic violence during the 16 days of global action to end gender based violence (action ref no. 9)
109. We believe that the Council should be leading by example and working in collaboration with the Trade Unions in promoting a clear message to other employers across the city that they too need to raise the profile of tackling domestic violence within their workplace in line with their responsibility to provide a safe and effective work environment. As a starting point, we recognise the value of the Council citing its own Domestic Violence Policy and Guidance as a good practice model to be adopted by its external contractors.
110. Exposure to domestic abuse is always abusive to children although the impact on them may vary. Section 120 of the Adoption and Children Act 2002 clarifies the definition of significant harm as 'any impairment of the child's health or development as a result of witnessing the ill-treatment of another person, such as domestic violence'.
111. There is an abundance of research surrounding the wide range of ill-effects that exposure to domestic violence and abuse can have on children and young people, including the effect on their social, emotional, psychological and educational wellbeing and development. Early detection and effective interventions and support can therefore help reduce the likelihood of them being affected by, or perpetrating, domestic violence and abuse in adulthood.



Conclusions and Recommendations

112. We are pleased to note that the HMIC inspection had found that frontline officers have a good understanding of their responsibilities to children when attending incidents of domestic abuse. Officers check on the welfare of children present at the scene, elsewhere in the house and any other houses where children of the relationship are situated. They routinely record the details of all children in the relationship onto the DASH assessment form so that, when necessary, referrals could be made to partner agencies involved in the care of children.
113. We acknowledge that there is already existing joint working between West Yorkshire Police and Leeds Children's Services for responses to incidents of domestic violence. There is a daily safeguarding meeting in the Duty and Advice service where all incidents that have been reported to police that involve a pregnant woman, a child or a child has made a call, are discussed. This meeting is attended by police and social workers who analyse the DASH risk assessment; police records and social care records to plan appropriate action which might include a response from the children's social work service or targeted services. This is an area of development as agencies strive to identify where children need protection or services due to vulnerability.
114. In recognition of the additional barriers facing BME communities, we also
- acknowledge the importance of detecting and responding effectively to particular honour based abuse.
115. In relation to FGM in particular, this is a clear act of child abuse and violence against women and girls and as such, this needs to be dealt with as part of existing child and adult protection structures, policies and procedures. During our inquiry, we learned that the Leeds Safeguarding Children Board had introduced a specific chapter within its own procedures relating to FGM setting out the referral and assessment process in Leeds. This procedure therefore makes it clear that 'if any agency becomes aware of a child who may have been subjected to or is at risk of FGM, they must make a referral to Children's Social Care Services'.
116. Whilst welcoming the incorporation of this dedicated chapter on FGM into the procedures, it was evident from our inquiry that more work is required to ensure that it is being widely disseminated across all different sectors to raise greater awareness of its existence so that people will know how to respond appropriately.

Recommendation 14

That the Chair of the Leeds Domestic Violence Strategy Group works with the Chair of the Leeds Safeguarding Children Board in maximising opportunities to actively promote the local referral and assessment process relating to FGM.



Conclusions and Recommendations

117. In relation to forced marriage, we also recognised a need for all practitioners working with people who may be forced into marriage to be aware of the ‘one chance’ rule. That is, they may only have one chance to speak to a potential victim and thus they may only have one chance to save a life. This means that all practitioners working within statutory agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to leave without support being offered, that one chance might be lost.
118. Linked to this, we very much welcome the action being taken by the government in progressing legislation to criminalise forced marriage in the Anti-Social Behaviour, Crime and Policing Bill to ensure that this unacceptable practice can be robustly prosecuted.
119. During our inquiry, particular focus was given the vital role of education settings in helping to detect and respond to disclosures of domestic violence. We have therefore addressed the role of education settings in more depth later in our report.
- Overcoming barriers to early detection that are linked to a reluctance around data sharing
120. In April 2012, the Department of Health published ‘Striking the Balance’ Practical guidance of the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences)’. This guidance is intended to assist those responsible for making decisions about the appropriateness of sharing information (including sensitive health information) about individuals involved in domestic violence based around the Caldicott principles. It identifies the underlying ethical considerations linked to domestic violence so that tensions between confidentiality and information sharing may be resolved.
121. In relation to a MARAC referral, the guidance recognises that whilst consent from the victim should still be sought in order to share information, this is not necessarily required because the decision has already been taken that a MARAC is needed based on the risk to the victim. However, there should normally be transparency around the process of their information and potentially that of their children (if any) being shared unless this would itself increase the risk of harm.
122. The guidance also highlights that confidentiality of an individual’s information is not absolute – a fact that is recognised by the Courts and by professional regulators. It is expected and indeed required for organisations “Striking the Balance” to share information in child protection and similar cases as child protection



Conclusions and Recommendations

procedures are clearly set out and must be adhered to. However in other cases it is not mandatory but only “permitted” which therefore inevitably means that someone (often the Caldicott Guardian) will have to make a judgement about whether to share information and if so, how much.

123. Through effective training and development of clear data sharing protocols, there is a recognised need to reinforce the message set out in this guidance that ‘It cannot be “ethically” justified if we hold information that we know could prevent serious harm to others and yet knowingly decide not to share it’.

124. We acknowledge that the NICE guidance also recommends that commissioners and service providers involved with those who experience or perpetrate domestic violence and abuse develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse. This is to clearly define the range of information that can be shared and with whom. NICE also recognise the importance of ensuring that all staff who need to share information are trained to use the protocols so that they do not decline to cooperate because of being overcautious or for fear of reprisal.

125. We also acknowledge that a key action set out within the government’s ‘A Call to End Violence against Women and Girls’ Action Plan 2014 is around developing a new statutory code of practice for health and social care bodies to have regard to when making decisions about information sharing. This will include a framework containing more detailed guidance on particular aspects of information sharing. New statutory guidance on information governance for the health and care system was expected to be published by April 2014. We also note that the Department of Health is working with the Health and Social Care Information Centre (HSCIC) and NHS England to establish by spring 2014 a virtual “Centre of Expertise” that will provide a one-stop-shop for NHS and social care organisations seeking information governance and information sharing advice.

126. Linked to the Leeds Domestic Violence and Abuse Strategy and Action Plan, we note that improving information sharing between partner agencies is already a recognised priority. In welcoming this, we emphasise the urgency in progressing with a review of existing information sharing protocols between partner agencies relating to domestic violence to ensure they are robust and fit for purpose given that data sharing is regarded as a key barrier to early detection of domestic violence and abuse.



Conclusions and Recommendations

Recommendation 15

That the Chair of the Leeds Domestic Violence Strategy Group ensures that a review of existing information sharing protocols between partner agencies relating to domestic violence is completed by December 2014 to ensure they are robust and fit for purpose.

Responding effectively to disclosures

A need to respond effectively in accordance with risk

127. Domestic violence does not affect all women and children equally. We understand that particular groups of women (the young, pregnant women, women who have recently separated from their partners) are especially at risk, as are those who have experienced domestic violence in the past. However, a key message arising from our inquiry is that every case of domestic violence needs to be accurately risk assessed in order to determine the appropriate response needed.
128. We acknowledge that police officers attending domestic abuse incidents are required to undertake a formal risk assessment using the nationally recognised domestic abuse, stalking and harassment (DASH) risk assessment tool and their own professional judgement. The level of assessed risk should inform the actions the officer takes at the scene to safeguard the victim.
129. However, we note that HMIC had found that officers typically complete the risk assessment form on a computer when they return to the station. As a result, they may not have gathered all of the relevant information from the victim and the forms can be poorly completed. Staff who need to use the assessment later find problems because some questions have not been asked or the detail recorded is minimal. Even though the risk assessment tool is not consistently used at the scene, HMIC did find that officers are making informed and professional judgements of the immediate risk faced by the victim, and their initial actions are closely supervised either at the scene by their sergeant or through a discussion over the radio from the scene. However, HMIC has recommended that the force should consider alternatives to the current process for the completion of the risk assessment form with attending officers rarely taking the form with them to the scene and often completing it later, on a computer and to a poor standard.
130. We are pleased to note that the HMIC report for West Yorkshire highlights that domestic abuse cases that had been assessed as high risk receive the appropriate level of investigation and supervision. The multi-agency risk



Conclusions and Recommendations

assessment conferences (MARACs) for each district are well attended by the statutory and voluntary partners with commitments to act to make domestic abuse victims safer.

131. The HMIC report for West Yorkshire also highlights that the risk to victims of domestic abuse who are being dealt with by the safeguarding unit is well managed; however, it also acknowledges that they are dealing only with a relatively small proportion of the total number of victims.

132. The HMIC also acknowledges that the volume of cases in some parts of the force mean that the staff in the safeguarding units can only deal with the cases as they come in and do not have the capacity to keep reviewing each case to see if the level of risk has changed. The HMIC found that, for those cases initially assessed as high risk, the safeguarding units provide a reasonable service to victims but for medium and standard risk cases the ongoing service is of a much lower standard. This has led the HMIC to recommend that the force must review the handling of medium and standard risk cases throughout the investigation, including the provision of victim updates and the supervision of these cases.

133. As part of the HMIC inspection, it was also noted that the force had highlighted its intention in early 2014 to review its safeguarding unit structure. Linked to

this, we acknowledge that West Yorkshire Police have undergone recent restructuring with Leeds now a single policing district. The safeguarding structures have amalgamated into a single unit which encompasses adult, child, domestic violence and public protection. There are 3 syndicates that work between the hours of 0800 to 2100 hours (2200 hours at weekend) on a shift basis to provide specialist support around safeguarding matters.

134. These teams often manage the high risk domestic violence investigations and dedicated domestic violence coordinators work closely with victims. Other domestic violence investigations are now managed by District Neighbourhood Investigations, who have expertise in dealing with arrested persons. Overall the investigation of domestic violence is now managed by dedicated teams.

135. We are pleased to learn that the Leeds District Safeguarding Unit has also now implemented a new process around medium risk cases. In doing so, some of the most problematic cases are now discussed at a multi-agency meeting to problem solve and address underlying issues.

136. We were also informed that the Leeds District Police and the Crown Prosecution Service (CPS) are working closely together to ensure that domestic



Conclusions and Recommendations

violence cases are managed effectively through the court process. This includes reviewing every domestic violence file prior to submission to the CPS and maximising legislation around special measures (protecting witnesses), bad character evidence and restraining orders. This has resulted in Leeds achieving a yearly conviction rate above that of the national average.

137. In welcoming that such initiatives are being undertaken in Leeds, we do recommend that the Leeds Domestic Violence Strategy Group works closely with the Leeds Divisional Commander to ensure that all of the recommendations arising from the HMIC inspection are being reflected within local policing services.

Recommendation 16

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Leeds Divisional Commander to ensure that all of the recommendations arising from the HMIC inspection are being reflected within local policing services.

Developing a multi-agency approach to respond effectively to all incidents of domestic violence.

138. Those victims of domestic violence and abuse which are not considered to be at high risk will still be dealing with the physical and emotional impacts of domestic violence. As such, we believe that they too would benefit hugely from the same multi-agency

approach that is given to high risk victims, but to a lesser extent than the MARAC process.

139. In hearing directly from women that had experienced domestic violence and abuse, they particularly emphasised the importance of improving support mechanisms to access safe accommodation and a school place for their child.
140. During our inquiry, we particularly acknowledged the huge emotional strain for parents fleeing their home with children. Being left to navigate around the processes in place to access a school place is adding to this and therefore this prospect could be an additional barrier towards making the first steps to leaving the abusive situation they are in.
141. We therefore recognise the significant benefits to be gained through having a single point of contact/referral pathway in dealing with the holistic needs of a victim and their family. Having an advocate to act on their behalf and navigate through all the different systems and procedures effectively, such as housing options and the school admissions service, would contribute hugely to the recovery process of that victim and their family.
142. We particularly acknowledge the role of the existing Duty and Advice Team,



Conclusions and Recommendations

which acts as the 'front door' service in investigating all concerns relating to a child or young person at risk of harm and deciding what response is required in terms of the relevant specialist social work service or other support service. As such, we believe there is merit in exploring the feasibility of extending the concept of this 'front door' approach to enable a multi-agency response to all incidents of domestic violence and abuse.

Recommendation 17

That the Chair of the Leeds Domestic Violence Strategy Group explores the feasibility of establishing a single point of contact, building on the current 'front door' arrangements, to refer all incidents of domestic violence and abuse with the aim of providing a holistic multi-agency approach in meeting the needs of the victim and their family. In particular, the victim should receive advocacy and support in accessing safe accommodation and, where necessary, a school place for their children.

Providing immediate protection for the victim and making them feel safe

143. We acknowledge that victims of domestic violence and abuse may be fearful of the repercussions of disclosure due to a lack of confidence in receiving immediate protection.
144. Most domestic abuse victims contact the Police by telephone and speak to call handlers who are responsible for taking the details and opening an

incident log; this log is then passed to the district control room for it to send the appropriate police response. We therefore note that HMIC had found in West Yorkshire that call handlers have received little training in how to understand and deal with domestic abuse incidents beyond the training, which includes an element of domestic abuse, when they start in their job. Similarly, staff on enquiry desks in police stations have had limited specific training on how to recognise and deal with the full spectrum of domestic abuse, and the force cannot be confident that domestic abuse victims are getting the consistent quality of response at this first point of contact.

145. The current force policy requires attending officers to take 'positive action' to minimise the risk to domestic abuse victims. This includes arresting the perpetrator when appropriate to do so. For officers, this often means arresting for a breach of the peace if no other criminal offence is disclosed or confirmed by the victim. However, the HMIC acknowledge that arresting for breach of the peace often leads to difficulties at the custody suite when the custody officer does not accept that a breach of the peace has occurred so the person is released without charge.
146. We understand that the force policy specifically states that officers must not remove the perpetrator and take them to another address to calm the



Conclusions and Recommendations

situation. However, the HMIC had found during the inspection that many frontline officers were not following this policy and were indeed taking the perpetrator to another address rather than making an arrest because they thought this was the right thing to do. However, this course of action is routinely discussed with supervisors by radio and agreed before it takes place. The HMIC has therefore recommended that the force must review its current policy, which prevents officers from removing a perpetrator to a suitable address rather than arrest. In support of this, we have already recommended that all of the recommendations arising from the HMIC inspection are being reflected within local policing services.

147. However, during our inquiry we also acknowledged that, in line with the Crime and Security Act 2010 which legislated for the introduction of Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPOs), these have been implemented across England and Wales from 8th March 2014. Before this scheme it was felt that there was a gap in protection as police could not charge the perpetrator for lack of evidence and so provide protection to a victim through bail conditions and also because the process of granting injunctions took time.

148. We understand that DVPNs and DVPOs will be implemented by West

Yorkshire Police from June 2014. As such, we recognise the need to ensure that these are being utilised and monitored effectively within Leeds.

Recommendation 18

That the Chair of the Leeds Domestic Violence Strategy Group works with the Leeds Divisional Commander to monitor the effective use of Domestic Violence Protection Notices (DVPN) and Domestic Violence Protection Orders (DVPOs) in Leeds.

Acknowledging current support provision and the challenges faced by third sector domestic violence services

149. Domestic violence and abuse services and interventions are delivered by a range of services and organisations within Leeds. The Police, local authority departments such as Community Safety, Adult Services, Children's Services and Public Health, the NHS and health partners, Probation Service, the Crown Prosecution Service, third sector organisations and other public sector bodies all play an important role in contributing towards this agenda.

150. During our inquiry, we received an overview of the current services commissioned by the Council in delivering a refuge service and an Outreach, Resettlement & Independent Domestic Violence Advisory (IDVA) service. Stonham Home Group provides the refuge service, which



Conclusions and Recommendations

provides short term crisis intervention, safety planning, and timely move on to appropriate longer term accommodation. In addition, it also operates the Leeds Domestic Violence 24 telephone helpline outside of normal office hours.

151. The Outreach, Resettlement & Independent Domestic Violence Advisory (IDVA) service is provided by the Leeds Domestic Violence Service (LDVS) and can provide support for up to 300 clients at a time. LDVS is a consortium of Leeds Women's Aid, HALT & Behind Closed Doors. The purpose of this service is to provide a comprehensive, integrated outreach, independent domestic violence advisory and resettlement service to single and family households who have experienced domestic violence in order to reduce the risk of harm.
152. In addition, Leeds Women's Aid provide women with choices from a range of services including temporary supported housing, outreach support and floating support and drop in and telephone support. It is also commissioned to provide a health drop in service, which provides advice and support via 3 drop in clinics across the city each week. Clients can therefore access these discreetly and without an appointment.
153. We also acknowledge the valuable contribution made by Women's Health Matters, which provide locally based group and individual support services. This involves work with girls and women to provide preventative services which minimise the impact of domestic violence and support recovery.
154. In adult safeguarding, as in all kinds of social work and social care support, the principle of empowerment means that outcomes are at the heart of everything that is done to support the person, and that is demonstrated through a 'person-centred approach' – what does the person who has been harmed want to happen? This is equally valid for working with people experiencing domestic abuse.
155. Linked to this, we recognise that victims of domestic violence and abuse need to be empowered to make their own informed choices, but also need to feel supported in feeling strong enough to leave an abusive relationship. We heard directly from women in receipt of structured group support who felt that earlier access to such intervention would have helped them to feel strong enough to leave their abusive relationship earlier.
156. It is also important to acknowledge that people experiencing abuse are usually better able to care for, and protect, dependents when they are offered support and understanding by agencies that recognise it is the perpetrator who is responsible for the abuse and for the



Conclusions and Recommendations

effects of this on the victim's capacity to protect.

157. We note that the government's strategy 'A Call to End Violence against Women and Girls' also reiterates how structured group and individual support with some women can help divert children away from permanent Local Authority Care and back into safe family environments after domestic violence, not only improving the lives and wellbeing of the mother and child, but saving the Local Authority significant amounts of money in avoiding future care costs.

158. During our inquiry, we acknowledged that the third sector makes an enormous contribution to the delivery of domestic violence services to both victims and perpetrators. Some of this activity is commissioned but a significant proportion is delivered through the direct fund raising efforts of the organisations themselves. The funding however is usually time limited which creates insecurity for the organisations and risks to the future delivery of these services.

159. Such funding concerns have also been highlighted by Women's Aid, which reported that during 2012/13, 82 respondents to its 2013 national survey were running a service without any funding, or on a reduced budget. This represented almost half (48%) of those responding to the question (169 respondents). 79 respondents gave

details about the types of services affected, mainly children's services (including support workers in refuge or non-refuge services). In responding to the results of its survey, Women's Aid argue that without ensuring adequate funding of services across England, they are failing in their duty of due diligence and placing more women and their children at risk. It also concludes that changes in staffing also paints a troubling picture of the domestic violence sector – with less specialist staff for children's and BME services and more volunteers it is clear that services are struggling to meet the needs of women and children with reduced funding for staff.

160. We have already acknowledged that the Leeds Domestic Violence Strategy Group is undertaking an analysis of current domestic violence provision in Leeds, both Council funded and externally funded, and how this provision responds to demand. Such analysis will then help to identify gaps and inform future commissioning needs. As such, we emphasise the importance of taking into account the vulnerability of existing third sector services and the need to explore how the Council can work with other commissioners of services to assist in ensuring that vital skills and expertise built up in this sector is effectively harnessed.



Conclusions and Recommendations

Recommendation 19

That the Chair of the Leeds Domestic Violence Strategy Group leads on exploring how the Council and other commissioners of services can assist in ensuring that vital skills and expertise built up within the third sector in tackling domestic violence and abuse is effectively harnessed.

The need to maximise the valuable role of education settings

161. A common thread throughout the inquiry has been around the vital role that all education settings have in terms of understanding the importance of making an effort to respond effectively to and work to prevent domestic violence and abuse.

162. We are pleased to note that the Council's Domestic Violence Team has helped to develop the Early Start Domestic Violence Pathway to ensure that the Early Start Service is effectively responding to domestic violence in families. Whilst this has been a long developmental process (over approximately 10 years), every Children's Centre in Leeds has now been awarded the Safer Leeds Domestic Violence Quality Mark Level 1, with some of the centres also achieving Level 2.

163. However, we were concerned to learn that, despite efforts being made by the Domestic Violence Team to engage

local schools in effectively responding to domestic violence and abuse, the success rate has been patchy across the city.

164. School is a universal experience and therefore education staff should be ideally placed to reach all children and young people. As such, we believe it is essential that all school staff are equipped to respond effectively to disclosures of domestic abuse. As well as being receptive to any such disclosures, school staff should also receive training to recognise signs and symptoms of domestic violence and be particularly sensitive to cultural forms of abuse such as forced marriage and FGM. In relation to FGM in particular, we understand that girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in summer, in order for there to be sufficient time for her to recover before returning to her studies. Schools can therefore play a vital role in detecting potential signs of FGM and intervening in time to try and prevent such abuse from happening.

165. In accordance with the statutory guidance 'Working Together to Safeguard Children 2013' schools and colleges are already expected to work with social care, the police, health services and other services to promote the welfare of children and protect them from harm. This is further reinforced



Conclusions and Recommendations

- within the April 2014 statutory guidance for schools and colleges 'Keeping children safe in education'.
166. The new guidance makes reference to specific safeguarding issues, highlighting that expert and professional organisations are best placed to provide up-to-date guidance and practical support on specific safeguarding issues, of which domestic violence is cited as a specific issue, along with FGM and forced marriage. It also reinforces the responsibility placed upon governing bodies and proprietors to appoint a member of staff of the school's or college leadership team to the role of designated safeguarding lead. The guidance states that *'this person should have the appropriate authority and be given the time, funding, training, resources and support to provide advice and support to other staff on child welfare and child protection matters; to take part in strategy discussions and inter-agency meetings - and/or to support other staff to do so - and contribute to the assessment of children'*.
167. It also makes clear that the assessment of the quality of leadership and management made during an Ofsted inspection includes an assessment of the effectiveness of the safeguarding arrangements in place in the school or college to ensure that there is safe recruitment and that all children are safe.
168. We also acknowledge that the NICE guidance also makes specific recommendations to providers of services where children and young people affected by domestic violence and abuse may be identified and those responsible for safeguarding children. Such recommendations emphasise the importance of ensuring that staff can recognise the indicators of domestic violence and abuse and understand how it affects children and young people. This also involves being trained and confident to discuss domestic violence and abuse with children and young people who are affected by or experiencing it directly and putting in clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs.
169. NICE also recommends that clear referral pathways to local services are developed and implemented which can support children and young people affected by domestic violence and abuse. Where reference is made to 'service providers' NICE acknowledges these to mean accident and emergency departments, child and adolescent mental health services, dental services, GP practices, health visiting, maternity services, sexual health services and other health services; early years services, schools and colleges, school nursing services; social care; specialist paediatric services for child safeguarding and looked after children;



Conclusions and Recommendations

alcohol and drug misuse services; youth services; youth justice services.

now outdated and therefore in need of a refresh.

170. However, it is evident from our inquiry that there needs to be greater consistency and quality assurance across all schools in terms of their role in tackling domestic violence and abuse.

174. We particularly recognise the importance of gaining the commitment of head teachers and governing bodies in driving forward a 'whole school' approach towards tackling domestic violence and developing an ethos and environment in a school that supports and promotes the health, well-being and safety of all.

171. In view of this, we were interested to learn about an initiative launched in Bristol in March 2014 which focuses on preventing domestic and sexual abuse and emphasises the crucial role schools can play in this regard. The 'Bristol Ideal Award' is a form of accreditation based around a set of standards for schools to aspire to. Linked to this, there is also a dedicated website with practical resources for schools to access to support them in achieving this award.

175. During our inquiry, we therefore welcomed the opportunity to liaise directly with head teacher representatives in seeking their views around how best to engage schools in the domestic violence agenda. In doing so, the following key points were made:

172. In welcoming such an approach, we understand that a similar approach in terms of providing practical resource packs for primary and secondary schools, entitled 'Break the Silence, Stop the Violence', was developed in Leeds approximately 10 years ago.

176. Whilst there are variations in approach, all schools are committed to protecting young people and creating safe environments.

173. We understand that these were provided to all local schools and also generated a lot of interest from schools outside of Leeds. Whilst these resource packs are still cited on the current School Wellbeing website, these are

177. However, there is a recognised need to generate greater awareness regarding the role of schools in tackling domestic violence specifically and that appropriate referral pathways to specialist advice and support services need to be in place and made very clear to all staff.

178. Whilst staff may have suspicions regarding the welfare of a particular child, they may feel reluctant about



Conclusions and Recommendations

pursuing lines of enquiry for fear of the unknown about what may be triggered as a result. It is vital that staff feel supported in being able to have safe and confidential conversations with specialist individuals.

179. It is important for any initiative to be head teacher friendly in recognition that within some schools, the leadership team will also be part of the teaching staff.

180. Interestingly, in acknowledging that the needs of individual schools may vary across the city, there was also a consensus amongst the head teacher representatives that access to highly specialised advice and support services should be made accessible at cluster level in order to maximise resources.

181. We noted that over the last two years, the Domestic Violence Team has tried to adopt a different approach in trying to engage better with schools by utilising the cluster partnership arrangements.

182. Leeds is committed to being the best city for children and key to meeting this ambition is effective local partnerships in the form of children's clusters. Clusters are local partnerships that include, amongst others, the Children's Social Work Service, schools, governors, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services,

third sector, health, local elected members and a senior representative from children's services. There are currently 25 clusters across the city and the purpose of each partnership is to:

- enable local settings and services to work together effectively to improve outcomes for children, young people and their families
- build capacity to improve the delivery of preventative and targeted services to meet local needs
- create the conditions for integrated partnership working at locality level
- promote the ambition of a child friendly city across the locality

183. These local partnerships play a central role in delivering the priorities of the Children and Young People's Plan, co-ordinating the effort at the local level to achieve the greatest impact on outcomes for children and families. Enhancing cluster and locality working is therefore one of the key improvement strategies set out in the Children and Young People's Plan. At the time of our inquiry, we also acknowledged that the Children and Families Scrutiny Board was undertaking an inquiry into the role of the cluster partnerships.

184. We note that the current Children and Young People's Plan already acknowledges the need to try and



Conclusions and Recommendations

prevent situations in families escalating to the point at which the council has to take serious action, which in the most extreme cases can mean removing a child from their family, because the social and financial costs of doing so, as well as the impact on the child themselves, can be significant.

185. Linked to this, we understand that work is ongoing to grow the capacity of clusters to provide Early Intervention and Prevention support to local children and families by developing the role of the Targeted Services Leader.
186. Work undertaken with a number of cluster representatives, service managers, local authority partners and the cluster support group around effective early intervention and prevention services in Leeds clusters has already led the service to identify twenty practice points to support such work. Interestingly, one of the practice points states that *'The cluster has access to a range of effective, evidence based and restorative services to address assessed needs early. This includes high quality support in universal services and cluster teams along with access to specialist support when needed for assistance with, for example, health issues, problems relating to drugs, alcohol and domestic violence'*.
187. We learned that the Domestic Violence Team has prioritised work in clusters
- with the highest levels of Requests for Services to the Children's Social Work Service and the highest levels of reporting to the police. During our inquiry, we acknowledged the specific work undertaken by the Inner East Leeds Cluster Partnership.
188. Through the cluster's Guidance and Support meetings, first introduced in September 2011, it was possible to highlight and monitor the number of children and families affected by domestic violence. In presenting this information to the cluster's Joint Collaborative Committee, it committed to prioritising work around domestic violence in line with the following 3 aims:
- Raise awareness of domestic violence and impact on children and families
 - Increase practitioner confidence to seek advice and support
 - Increase knowledge of services in the area to access support
189. In acknowledging the successful approach already being undertaken within the Inner East Cluster Partnership towards tackling domestic violence and abuse and the views expressed by head teacher representatives during our inquiry, we believe there is merit in exploring the feasibility of developing a customised



Conclusions and Recommendations

domestic violence charter mark scheme for cluster partnerships.

190. Whilst we acknowledge that clusters across the city vary in terms of their maturity and effectiveness, we are mindful and concerned that there remains no formal mechanism for ensuring that all 25 Cluster Partnerships will proactively engage in working towards attaining this charter mark. As such, we recognise the importance of strong strategic leadership in driving forward this agenda across all 25 Cluster Partnerships if we are to achieve such quality assurance and consistency across the city. The Leeds Children's Trust Board provides support for cluster working and through regular performance reports, provide both challenge on the effectiveness of clusters and strategic support for improvement. In view of this, we recognise the importance of actively engaging the Leeds Children's Trust Board in the development and promotion of this cluster charter mark.

Recommendation 20

That the Chair of the Leeds Domestic Violence Strategy Group leads on working with the Director of Children's Services, the Chair of the Leeds Children's Trust Board and the Leeds Domestic Violence Team in developing a customised domestic violence charter mark that is based around a set of minimum standards for cluster partnerships to aspire to.

191. The Children and Young People's Plan highlights 3 priority indicators, referred to as 'obsessions' which relate to: number of children looked after; school attendance primary and secondary; and % of young people not in employment, education or training (NEET). It is regarded that work on the obsessions impacts on the full range of outcomes and indicators.
192. As such, we note that the clusters early work and successes arose from the application of an outcomes based accountability approach linked to the 3 obsessions set out within the Children and Young People's Plan. This approach takes the current baseline performance trend, and asks partners to agree an action plan for improving performance, or "turning the curve" towards the desired outcome.
193. In line with our first recommendation, we believe that in making clear linkages between the Leeds Domestic Violence and Abuse Strategy and Action Plan and the Children and Young People's Action Plan, this will help raise the profile of tackling domestic violence and abuse amongst the cluster partnerships. However, we also believe there is merit in making clear associations in terms of how tackling domestic violence and abuse within schools can also have a significant impact on the 3 main obsessions set out in the Children and Young People's Plan, in particular, reinforcing the



Conclusions and Recommendations

message that various consequences of abuse will have a negative impact on a child's attendance and attainment at school.

Recommendation 21

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Chair of the Leeds Children's Trust Board to make clear within the Children and Young People's Plan how tackling domestic violence and abuse can have significant impacts on achieving the 3 main obsessions set out within the plan.

194. We also recognise the need to maximise existing communication mechanisms to raise the profile of domestic violence and abuse and promote existing good practice amongst schools and clusters. A particular example raised during our inquiry was around utilising the 'inclusion area' of the new Leeds Education Hub website and promoting good practice through the 4-Heads peer support model.

Recommendation 22

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Director of Children's Services to ensure that existing communication mechanisms linked to schools are maximised to promote the importance of tackling domestic violence and abuse and sharing good practice. Such mechanisms should include the Leeds Education Hub website and the 4-Heads peer support model.

195. During our inquiry, we also acknowledged that schools need to be informed immediately of any incidences/referrals associated with a pupil so that they can respond appropriately and sensitively to the needs of that child and also to family members.
196. Reflecting on the point that was made earlier in our report about staff having suspicions of abuse but being reluctant to pursue this further, we recognise that by having this additional piece of evidence brought to their attention, this may encourage them more to act on their suspicions.
197. As such, we were pleased to acknowledge that work is already underway in developing a Leeds version of 'Operation Encompass' – an initiative in Devon and Cornwall which provides a means for police and head teachers to share information on pupils they believe have been affected by domestic abuse. The aim of this is to notify schools the day after an incident occurs so that the child can be supported at school and minimise the disruption to their life. In fully supporting this initiative, we also emphasise the importance of ensuring that there is full commitment from all key partners in embedding this process across all schools.



Conclusions and Recommendations

Recommendation 23

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Director of Children's Services and the Leeds Divisional Commander to ensure that there continues to be commitment from all key partners towards the development of 'Operation Encompass' within Leeds.

Investing in preventative measures

Working proactively with perpetrators to break the cycle of abuse

'I didn't know how sick I was until I got better....it was a change of lifestyle that I had to do'

198. As part of our inquiry, we welcomed the opportunity to hear directly from individuals that had perpetrated domestic violence and abuse and were now accessing support. Some of these individuals shared their experiences of trying to seek help themselves in addressing their behaviour towards their partner but found it difficult to find out discretely what options were available to them locally. Linked to this, however, they also explained that in undertaking their own research, they would look for support in addressing anger management issues as opposed to automatically recognising themselves as perpetrators of domestic violence and abuse.

199. Whilst acknowledging that many perpetrators of domestic abuse may identify themselves as having anger management issues, anger management interventions will focus on techniques to control emotions and not on addressing the deliberate use of abuse and violence to control someone else and so these interventions can be ineffective. It is evident that such individuals need to be referred to more specialised services that facilitate appropriate support mechanisms to address domestic violence and abuse.

200. However, we recognise that the label attached to them can be a barrier in seeking the correct support as they will also feel that they are being judged, but then those that do engage in specialist programmes find this is not the case.

201. Linked to the government's 'This is Abuse' campaign we note that the government has been working closely with partners and agencies to develop a campaign that works more effectively for boys, acknowledging that is harder to reach boys through more traditional forms of advertising and that some boys do not want to visit a website that labels them as an abuser but they still want to find out more information on these issues. Through its pilot work which looked at boys reactions to the campaign, it was found that the name 'This is Abuse' can be a barrier to boys so this has led to a page being developed on the campaign website



Conclusions and Recommendations

which is specifically aimed at boys called 'In the Know'. Linked to our earlier recommendation regarding the development of a local virtual one stop facility, we believe that this is an interesting point that needs to be considered during the development of this facility if we are to reach out to perpetrators too.

202. During our inquiry, particular references were made to the work being undertaken in Hull around its 'strength to change' initiative. Linked to this, men were consulted about what would appeal to them to self-refer and it was found that engaging them to be a better father was a key incentive. Other research also indicates men are much more likely to engage with services to address their abusive behaviours if they think it will benefit their relationships with their children. We are therefore pleased to note that Leeds is now underpinning that through its Caring Dads programme. This is a structured, multi-agency approach to addressing men's abusive behaviours within families. The aim overall is for men to be better fathers and, in so doing, better partners. We noted that in January 2014, there were 14 facilitators from a range of organisations who had been trained to deliver this programme.
203. In addition to this programme, we also received an overview of other organisations/programmes that deliver interventions to perpetrators. At the

time of our inquiry these included; Domestic Abuse Scheme Safer Leeds (DASSL); BARCA Reaching Out Programme; Health for all Family Intervention Programme ; Middleton Family Intervention Service; JIGSAW Visitors Centre: and S.T.O.P (Start Treating Others Positively).

204. In hearing directly from practitioners that work with perpetrators of domestic violence and abuse, it was evident that more sustainable provision is needed if we are to work proactively with perpetrators in terms of challenging their behaviour but also supporting them to break the cycle and develop healthier relationships. The enthusiasm and commitment of staff is there to be harnessed and expanded upon, but funding remains a key issue for many existing services already struggling to meet existing demand.
205. During our inquiry, we learned that on average, it could take up to a year in supporting someone to effectively change their attitude and develop healthier relationships. We found that the support being delivered to those individuals we met had helped them to develop coping mechanisms that they did not have before, with one particular individual highlighting that he was now more acute to signs of becoming anxious and angry and would therefore give himself 'time outs'.



Conclusions and Recommendations

206. Interestingly, another key point that was made by these individuals was the value they placed upon the knowledge that the door would always be open for them to come back if ever they felt that they were regressing and therefore needed intervention again at the right time. We are therefore concerned that such services and programmes are vulnerable as they also operate on a short term funding basis and therefore cannot guarantee to provide this safety net.
207. Based around existing demand needs and lessons learned elsewhere, such as Hull, it is vital that we develop a Leeds model that enables a more sustainable approach towards effective management and engagement of perpetrators of domestic violence and abuse. Linked to this, we recognise the need to develop a tiered response as not everyone will need a specialist service and therefore it is about providing a menu of options that offer appropriate challenge to unacceptable behaviour but also provides support in enabling them to break the cycle and develop healthier relationships.
208. However, we also acknowledge the need to assist services in undertaking robust evaluations of perpetrator programmes to demonstrate their effectiveness thereby better informing future commissioning decisions.
209. We note that the NICE guidance also acknowledges a lack of consistent evidence on the effectiveness of programmes for people who perpetrate domestic violence and abuse and therefore has also recommended further research into robust evaluations.
210. Within the government's 'A Call to End Violence against Women and Girls' Action Plan 2014, we are pleased to note that one of the key outcomes for April 2015 is to achieve an increased take up of perpetrator interventions to break the cycle of violence. As such, a planned action is to consider the evidence base for what works in the context of perpetrator programmes, identify and disseminate good practice (action ref: no. 37). Once available, such good practice should also be used in continuing to develop local provisions.

Recommendation 24

That the Chair of the Leeds Domestic Violence Strategy Group ensures that work is undertaken immediately to develop a Leeds model aimed at providing a more sustainable approach towards effective management and engagement of perpetrators of domestic violence and abuse.



Conclusions and Recommendations

Recommendation 25

That the Chair of the Leeds Domestic Violence Strategy Group ensures that work is undertaken immediately with existing providers of domestic violence perpetrator services and programmes in developing a robust evaluation process aimed at assisting service providers to demonstrate the effectiveness of future programmes.

That particular progress surrounding such work is brought back to Scrutiny for consideration in September 2014.

crimes. The HMIC has therefore recommended that the force should introduce a single process to identify and manage serious and serial perpetrators of domestic abuse. In addition, HMIC recommends that the force should also ensure local officers are as aware of the families at greatest risk of domestic abuse as they are of the burglars and vehicle crime offenders. We also welcome and fully support the implementation of these recommendations.

211. During our inquiry, we acknowledged the specific work undertaken by probation as part of their management and supervision of offenders that are already within the criminal justice system. As such, we acknowledged that this can lead to varying degrees of success as it is much more difficult to engage with individuals that have been ordered by a judge to attend a domestic violence and abuse perpetrator programme when such individuals have not reached the stage of acknowledging themselves that they have a problem and therefore need support.
212. Linked to this, we acknowledge the findings of the HMIC inspection which highlighted that there has been limited work done by West Yorkshire Police force to introduce a consistent approach to managing the most serious domestic abuse offenders compared to a more rigorous and comprehensive approach to managing prolific offenders of other
213. During our inquiry, we also acknowledged that more work is needed in tackling adolescent to parent violence (APV). This is a problem which until recently remained largely unarticulated within national youth justice or wider domestic violence policy leading to a lack of appropriate support services or responses. In addition to living in fear of assault, parents who are abused by their children report feelings of shame and blame and are reluctant to report the problem out of a fear of the consequences for their child.
214. We learned that Wakefield have for some time been running a targeted programme to address the issue of APV. Interestingly we note that statistics gathered from such work indicated that 84% of the parent participants had experienced domestic violence and that 84% of the boys had witnessed domestic violence.



Conclusions and Recommendations

215. We understand that the Leeds Youth Offending Service have been aware of this as a growing issue for some time, but until recently have struggled to find resources or training to develop an appropriate response. During our inquiry particular reference was made to the Parents and Children Together (PACT) programme. This programme has been specifically developed for Leeds by a leading practitioner in this field. The primary aim of PACT is to increase safety within families; support positive relationships and reduce violent offending and domestic abuse. Delivery of this programme has been a partnership between the Youth Offending Service, the Family Intervention Service and Signpost. At the time of our inquiry, the PACT programme was under evaluation following the first cohort. However, we were informed that early indications were that the PACT programme had been successful although it was also acknowledged that the programme had been significantly resource intensive in terms of staff time and therefore future development of this programme may warrant different levels of intensity depending on need.

216. In acknowledging this as growing area of concern, we share the ambition of the Leeds Youth Offending Service to improve the frontline response to families experiencing child to parent abuse across the city; to increase the confidence of agencies in working effectively with families on the issues

raised and to provide a clear pathway for more targeted support when necessary. We are therefore pleased to note that the new Domestic Violence and Abuse Strategy and Action Plan already identifies the need to develop multi agency responses to adolescent to parent abuse as a key priority.

217. We also welcome a new action within the government's 'A Call to End Violence against Women and Girls' Action Plan 2014 to develop and disseminate information for practitioners working with children and families on how to identify and address the risks posed by adolescent to parent violence (action ref no. 63). This therefore also needs to be utilised at a local level.

Recommendation 26

That the Chair of the Leeds Domestic Violence Strategy Group leads on undertaking work to ensure the following:

- (i) That local and national intelligence surrounding the risks posed by adolescent to parent violence is widely disseminated to increase greater awareness of this growing area of concern and galvanise action in tackling this problem.
- (ii) That the lessons arising from the Parents and Children Together (PACT) programme are used to inform the provision of future services in providing a multi-agency response to adolescent to parent abuse in Leeds.



Conclusions and Recommendations

The need to promote healthy relationships based around respect and conflict resolution

218. A key point that was raised during our inquiry is that we can often presuppose that people know how to cope with situations naturally, but if they are not taught such coping mechanisms then how would they know?
219. As such we recognise that schools can play a vital role in this regard. Education settings should be both a safe place for young people to disclose concerns about their relationships but also a source of targeted prevention programmes which demonstrate to young people what healthy relationships look like based around respect and conflict resolution.
220. Adult abusers can come from both violent and non-violent backgrounds and therefore interventions solely with children who have experienced domestic violence are insufficient. A more general approach is therefore required to help prevent future abuse and this should be implemented on a continuing basis rather than as a 'one-off' exercise in order to ensure maximum impact.
221. Schools need to recognise the impact of embedding preventative measures too and not regard domestic violence within the school curriculum as 'additional work' as this links closely to the schools
- statutory responsibilities in relation to promoting pupil wellbeing and pupil safeguarding. The new statutory guidance 'Keeping children safe in education' particularly acknowledges this and states that '*governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social health and economic education (PSHE), and/or – for maintained schools and colleges – through sex and relationship education (SRE)*'.
222. We also recognise the value of personal, social, health and economic education (PSHE) in this regard. Whilst PSHE education remains a non-statutory subject, section 2.5 of the National Curriculum framework document states that '*all schools should make provision for personal, social, health and economic education (PSHE), drawing on good practice*'.
223. We also acknowledge that Relationships and Sex Education (RSE) can be a powerful intervention as it can arm children and young people with the knowledge, skills and confidence to approach all their relationships in a caring, respectful way. In turn, this can have a significant impact on the epidemic of domestic and sexual violence. We note that the Bristol Ideal



Conclusions and Recommendations

has Relationships and Sex Education at the heart of its work and highlights that the Early Intervention Foundation 2014 has also highlighted how RSE would be an effective prevention tool.

through PSHE and/or RSE, can have in helping future generations to understand and develop healthier relationships.

Recommendation 28

That the Chair of the Leeds Domestic Violence Strategy Group works closely with the Chair of the Leeds Children's Trust Board and Director of Children's Services to raise greater awareness amongst local head teachers and governing bodies of the significant impact that targeted prevention programmes based around respect and conflict resolution, whether delivered through PSHE and/or RSE, can have in helping future generations to understand and develop healthier relationships.

224. Within the government's 'A Call to End Violence against Women and Girls' Action Plan 2014, acknowledgement is also given that schools play a vital role in education and safeguarding. As such, we welcome forthcoming planned actions over the next 12 months, including extending grant funding to the PSHE Association for a further year in 2014-15 to further raise the profile of PSHE and SRE, and improve the quality of teaching – for example by developing and publishing a set of case studies exemplifying good teaching on PSHE topics – including SRE. Linked to this, best practice will also be shared amongst schools by promoting the case studies produced by the PSHE Association, and the government will continue to support the education of young people on healthy relationships and in particular raise awareness around consent by building on the government's 'This is Abuse' campaign (action ref: no. 2 to 7)

225. In view of the above, it is clear that there needs to be greater awareness amongst local head teachers and governing bodies of the significant impact that targeted prevention programmes based around respect and conflict resolution, whether delivered

226. During our inquiry, we have also been inspired by the principles surrounding restorative practice and how this model of behaviour is already helping young people to develop key life skills around conflict resolution.

227. We heard directly from senior representatives from Carr Manor Community School in providing an overview of the key benefits arising from the school's Restorative Practice programme. In particular, it was noted that:

228. It provides a simple framework to assist pupils and families to communicate better together – with an emphasis



Conclusions and Recommendations

around promoting empathy as this is key.

229. It provides pupils with an essential life skill of knowing how best to resolve conflicts and that pupils can often become good role models for other family members too
230. Within Carr Manor Community School, the exclusions rates have dropped dramatically since embedding restorative practices within school as the behaviour of pupils has improved. Attendance rates for staff and pupils had also increased.
231. That the main costs associated with this programme relate to initial training for staff, which had been funded by the school as there was no external funding linked to this at the time.
232. We also welcomed the opportunity to hear directly from pupils at the school and were inspired by their contribution to our inquiry. We particularly noted the following comments made by these pupils:

'it has changed the way that I approach family and friends.... I will approach it more positively and calmly to find a way to resolve the situation better'.

'my life in general now is a lot more positive as I've got a stronger base. It (Restorative Practice) has made me a better person'.

233. We welcome that the Children and Young People's Plan already acknowledges that ultimately restorative practice is about creating the conditions for people to have better quality conversations, ones that avoid blame and instead focus on understanding how people feel and finding meaningful solutions to their problems. However, the Plan also recognises that embedding these ways of working genuinely into everything we do takes time and investment.

234. We are pleased to note that more and more of Children's Services staff have been on restorative practice training and that a number of schools are now using restorative practice techniques to structure their day and shape how pupils and staff communicate with each other. However, it is clear that more work is still needed, particularly with head teachers and governing bodies, to raise greater awareness of the significant added value to be gained through embedding restorative practices within schools and also support them in taking this forward.

Recommendation 29

That the Chair of the Leeds Children's Trust Board and the Director of Children's Services ensures that further work is undertaken immediately to raise greater awareness amongst local head teachers and governing bodies of the significant added value to be gained through embedding restorative practices by citing existing good practices. Linked to this, assistance should be given to schools in taking forward this approach.



Conclusions and Recommendations

Conclusion

235. Any form of intervention aimed at tackling and preventing domestic violence and abuse should be recognised as a cost effective measure in terms of stopping abuse and improving the mental health of all those involved in the long term.
236. We should all be responsible for standing up and challenging behaviours which are unacceptable and we hope that the findings and recommendations set out in this report will help make a tangible difference in preventing abuse, raising awareness, bringing offenders to justice as well as assisting to reduce offending; and enabling victims and their families to access the support they need.
237. As well as monitoring our own recommendations, we will also maintain a watching brief in terms of the progress made in implementing the actions set out within the new Leeds Domestic Violence and Abuse Strategy and Action Plan.
238. As a result of our inquiry, we acknowledge the amazing and lifesaving work that specialist domestic violence services deliver for those people experiencing domestic violence and their children. In acknowledging the challenges still faced by such services in tackling domestic violence,

we also recognise the importance of working towards securing the sustainability of the domestic violence sector to ensure these services continue to deliver vital and life-saving quality support in Leeds.

239. We are extremely thankful to all frontline practitioners and voluntary organisations for their passion and commitment to this cause and would welcome their continued engagement with the Council and Safer Leeds in working together in partnership to achieve our vision that Leeds is a city that has a zero tolerance approach to domestic violence and abuse, where individuals, families and communities are supported to reach their potential and lead safer, healthier and happier lives.



Glossary

(CAADA) Co-ordinated Action Against Domestic Abuse

This is a national charity supporting a strong multi-agency response to domestic abuse. CAADA provides practical tools, training, guidance, quality assurance, policy and data insight to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm.

Caldicott Guardian

This is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. The Guardian plays a key role in ensuring that the NHS, Councils with Social Services responsibilities and partner organisations satisfy the highest practicable standards for handling patient identifiable information.

Caldicott Principles

Further to a review commissioned in 1997 by the Chief Medical Officer of England, a committee was established under the chairmanship of Dame Fiona Caldicott which led to the publication of the Caldicott Report and the identification of six key principles surrounding information sharing, referred to as the Caldicott Principles. Briefly, these are:

1. Justify the purpose(s)
2. Don't use patient identifiable information unless it is necessary
3. Use the minimum necessary patient-identifiable information
4. Access to patient identifiable information should be on a strict need-to-know basis
5. Everyone with access to patient identifiable information should be aware of their responsibilities
6. Understand and comply with the law

Cluster Partnerships

There are currently 25 Cluster Partnerships within Leeds. These are local multi-agency partnerships that include, amongst others, the Children's Social Work Service, schools, governors, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services, third sector, health, local elected members and a senior representative from children's services. Local cluster partnerships are key to the partnership and delivery arrangements for children's services in Leeds.

DASH – domestic abuse, stalking and harassment (DASH 2009)

DASH is a risk identification, assessment and management model adopted by UK police forces and partner agencies in 2009. The aim of the DASH assessment is to help front-line practitioners identify high risk cases of domestic abuse, stalking and so-called honour-based violence.

Domestic Homicide Review

Local areas are expected to undertake a multi-agency review following a domestic homicide. The process aims to assist all those involved, to identify the lessons that can be learned from homicides where a person is killed as a result of domestic violence, with a view to preventing future homicides and violence.



Glossary

Domestic Violence Prevention Notices (DVPN)

A DVPN is the initial notice issued by the police to provide emergency protection to an individual believed to be the victim of domestic violence.

This notice, which must be authorised by a police superintendent, contains prohibitions that effectively bar the suspected perpetrator from returning to the victim's home or otherwise contacting the victim.

A DVPN may be issued to a person aged 18 years and over if the police superintendent has reasonable grounds for believing that the individual has been violent towards, or has threatened violence towards an associated person, and the DVPN is necessary to protect that person from violence or a threat of violence by the intended recipient of the DVPN.

Domestic Violence Prevention Order (DVPO)

The issue of a DVPN triggers an application for a Domestic Violence Protection Order (DVPO). This new power fills a gap in providing protection to victims by enabling the police and magistrates to put in place protection in the immediate aftermath of a domestic violence incident. With DVPOs, a perpetrator can be banned with immediate effect from returning to a residence and from having contact with the victim for up to 28 days, allowing the victim time to consider their options and get the support they need. However, the magistrates court must hear the application within 48 hours to limit the length of time for which the suspected perpetrator can be excluded from their home without the chance to defend themselves.

Duty and Advice Team

This is the 'Front Door' service to ensure that when another professional or practitioner or a member of the public has concerns that a child or young person may be at risk of harm or in need that an effective and purposeful response is provided. Team members decide on what response is required and direct the issue to the relevant specialist social work service or to another cluster based support service.

Female Genital Mutilation (FGM)

Female genital mutilation (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

Under the Female Genital Mutilation Act 2003, it is an offence for anyone (regardless of their nationality and residence status) to perform FGM in the UK or to assist a girl to perform FGM on herself in the UK. Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant. It is also an offence under the 2003 Act for a UK national or permanent UK resident to perform FGM or to assist a girl to perform FGM on herself, outside the UK.

Forced Marriage

A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used. It is an appalling



Glossary

and indefensible practice and is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights.

The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they're bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.

Forced Marriage Unit

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

High risk

Term used when, following a DASH risk assessment, there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious. Risk of serious harm (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'.

Honour based violence

This refers to a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

IDVA – independent domestic violence adviser

Independent domestic violence advisers or advocates (IDVAs) are trained specialists who provide a service to victims at high risk of harm from intimate partners, ex-partners or family members, with the aim of securing their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk, discuss the range of suitable options and develop safety plans.



Glossary

Leeds Community Safety Domestic Violence Team

This team provides a coordinating role in the city. They also deliver quality assurance and training for professionals and pilot new services. They are also funded through public health to provide support for all NHS staff across the city to ensure a safe and consistent response to domestic violence. Extensive work is being undertaken with midwives, health visitors, A&E and GPs to implement good practice recommendations by the Department of Health and NICE.

A comprehensive multi-agency training programme led by the LCC Domestic Violence Team and supported by partnership agencies delivers a range of courses to agencies/ professionals.

Leeds Health and Well Being Board (HWBB)

Established in May 2013, the Leeds Health and Well Being Board has a statutory responsibility to produce a Joint Health and Well Being Strategy which sets out common outcomes, priorities and key ambitions for services and agencies working in the National Health Service, Public Health and Social Care services, and in a range of Council services for children and adults.

Leeds Safeguarding Children Board (LSCB)

The LSCB has a statutory responsibility for holding those agencies responsible for promoting children's welfare, and protecting them from abuse and neglect, to account. It monitors and influences how effectively they keep children and young people safe.

MARAC (Multi-Agency Risk Assessment Conference)

MARACs are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim. There are currently over 270 MARACs operating across England, Wales, Scotland and Northern Ireland managing more than 64,000 cases a year.

Medium risk

Term used when following a DASH risk assessment there are identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

Refuge

A refuge is a safe house where women and children who are experiencing domestic violence can stay free from abuse. Refuge addresses (and sometimes telephone numbers) are confidential.



Glossary

Safeguarding

The term safeguarding is applied when protecting children and other vulnerable people. The UK Government has defined the term 'safeguarding children' as: *"The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully."*

A new definition in the draft Care and Support Bill 2012 describes an adult at risk/in need of a safeguarding service as someone who:

- Has needs for care and support (whether or not the authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Safer Leeds

This is the city's statutory Community Safety Partnership responsible for tackling crime, disorder and substance misuse in the city.

Standard Risk

Term used following a DASH risk assessment where current evidence does not indicate likelihood of causing serious harm.



Evidence

Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Working group briefing paper - Domestic violence and abuse services and arrangements in Leeds. 30th October 2014.
- Safer Leeds – Domestic abuse in Leeds overview report. September 2013. (Restricted document).
- The National Institute for Health and Care Excellence (NICE) Public Health Guidance 50. Domestic violence and abuse: how health services, social care and the organisation they work with can respond effectively. February 2014.
- The Cost of Domestic Violence: Up-date 2009. Sylvia Walby. Lancaster University. 25th November 2009.
- Children and Young People's Plan 2011 – 2015. Refresh 2013. June 2013.
- Keeping Children Safe in Education. Statutory guidance for schools and colleges. April 2014.
- Adult Safeguarding and domestic abuse. A guide to support practitioners and managers. Local Government Association, Directors of Adult Social Services. April 2013.
- Women's Aid Annual Survey 2013. Domestic violence services.
- Department of Health. 'Striking the Balance': Practical guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences). April 2012.
- West Yorkshire Police's approach to tackling domestic abuse. HMIC 2014.
- Leeds Drug and Alcohol Strategy and Action Plan (2013-2016). October 2013.
- A Call to End Violence against Women and Girls. Action Plan 2014. HM Government. March 2014.
- Report of the Leeds Youth Offending Service 'update on work being done on adolescent to parent violence'. October 2013.
- Briefing paper 'Work in Schools and other Settings - Children and Domestic Violence' November 2013.
- Working group briefing paper on current services/programmes in Leeds for perpetrators of domestic violence. February 2014.
- Safer Leeds briefing paper on Caring Dads – A Child-Centred Fathering Programme. January 2014.

Continued.....



Evidence

Reports and Publications Submitted

.....continued

- Working group briefing paper - Domestic violence and abuse services or arrangements in Leeds. 30th October 2014.
- Managing and supporting employees experiencing domestic abuse. A guide for employers. Equality and Human Rights Commission and the Chartered Institute of Personnel and Development. April 2013.
- Briefing papers covering Forced Marriages; Honour Based Violence; FGM (Female Genital Mutilation); Good practice points when working with Black and Minority Ethnic Women: Supporting Ourselves and Other women: Information and Contacts - Issues for Black and Minority Ethnic Women Experiencing Domestic Violence: New Legal Aid rules for family law.
- The Bristol Ideal. Schools Pack 1. The Bristol Ideal Standards & Related Resources. Preventing domestic and sexual violence. Promoting healthy relationships. March 2014.
- The Bristol Ideal. Schools Pack 2. What is domestic and sexual abuse, how to identify it, and how to respond to disclosures.

Dates of Scrutiny

Scrutiny Board meeting - 9th September 2013

Session 1 working group meeting – 30th October 2013

Session 2 working group meeting – 25th November 2013

Session 3 visits:

Women's Health Matters – 4th December 2013

S.T.O.P – 4th February 2014

Leeds BME Women's Forum Conference 'Untold Stories' – 12th March 2014

Session 4 working group meeting – 10th December 2013

Session 4 (part 2) working group meeting – 21st January 2014

Session 5 working group meeting – 5th February 2014

Session 6 working group meeting – 24th February 2014

Session 7 working group meeting – 3rd March 2014

Session 8 working group meeting – 25th March 2014

Session 9 working group meeting – 4th May 2014

Final working group meeting – 15th May 2014

Scrutiny Board Meeting – 9th June 2014



Evidence

Witnesses Heard

- Councillor Alison Lowe, Chair of the Leeds Domestic Violence Forum and Chair of the West Yorkshire Police and Crime Panel
- Councillor Mick Coulson, Support Executive Member, Community Safety Leeds
- Bridget Emery, Chief Officer Strategy and Commissioning, Office of the Director of Public Health
- Munaf Patel, Head of Localities and Safeguarding
- Hilary Paxton, Head of Safeguarding Adults
- Louise Hackett, Programme Leader, Environment and Housing
- Brenda Fullard, Consultant in Public Health
- Gail Faulkner, Head of Children's Social Work (South)
- David Cowley, Detective Inspector, Leeds District Safeguarding Unit
- Lisa Parker, Operations Manager, West Yorkshire Probation Trust
- Kate Bratt-Farrar, Director of Leeds Women's Aid
- Katina Lytra, Business Contracts Manager, Home Group
- Michelle De Souza, Manager, Community Safety
- Lucy Fishwick, Projects Manager, Womens Health Matters
- Mark Griffin, Detective Chief Inspector, West Yorkshire Police
- Lindsay Britton, Nurse Safeguarding Children and Domestic Violence Lead, Leeds and York Partnership NHS Foundation Trust
- Mark Gallacher, Leeds North Clinical Commissioning Group
- Jill Asbury - Head of Nursing, Nursing & Midwifery Workforce and Education, Leeds Teaching Hospitals NHS Trust
- Paula Gardner, Domestic Violence Team Deputy Manager
- Tanya Cockerill, West Yorkshire Probation Trust
- Dr Yen Andersen, Leeds North Clinical Commissioning Group
- Jim Hopkinson, Head of Service, Childrens Services
- Rebecca Gilmour, Deputy Service Manager, Leeds Youth Offending Service
- Will Donovan, Youth Justice Officer, Leeds Youth Offending Service
- Nick Jacques, Safeguarding, Carr Manor Community School
- Sarah Holdsworth, Assistant Principal, Carr Manor Community School
- Pupil Representatives from Carr Manor Community School
- Dave Evans, Perpetrator Lead, Domestic Violence Team
- Beverley Fearnley, Director of Women's Health Matters
- Kathy Grogan, Chief Executive of S.T.O.P. (Start Treating Others Positively)
- Andrea Richardson, Head of Early Help Services, Children's Services
- Amanda Ashe, Early Start Manager, Children's Services
- Max Naismith, Head of Service, Learning and Disability Community Support Service, Adult Social Care

Continued.....



Evidence

Witnesses Heard

....continued

- Lorraine Hallam, Chief Officer Human Resources
- Emma Wyatt, Senior HR Business Partner
- Susan Barber, Human Resources Manager
- Julie Butterfield, UNISON Health & Safety Representative
- Michael Millward, Leeds, York & North Yorkshire Chamber of Commerce
- Angela Singh, Project Officer, Domestic Violence Team
- Rachael Loftus, Policy and Performance Manager
- Neil O'Byrne, Independent Safeguarding and Risk Manager, Leeds Safeguarding Adults Partnership
- Parveen Ahmed, Specialist Solicitor in Domestic Violence, Children and Care Work
- Yvonne Hall, Managing Director of Palm Cove Society
- Gerard Stocks, Director of Palm Cove Society
- Anne McMaster, Executive Officer, Citizens and Communities
- Tracey Hoult, Senior Revenues Officer, Resources
- Alibun Nessa, Health Co-ordinator, Leeds Health For All.
- Kausar Iqbal, ECHO
- Hema Yadav, Dosti Asian Women's and Mental Health Project
- Preeti Tyagi, Shantona Women's Project for South Asian Women
- Azra Khan, Hamara Healthy Living Centre.
- Heather Nelson, Black Health Initiative
- Judith Shalkowski, Programme Manager, The Children's Society
- Abdou Sidibe, Senior Project Worker, The Children's Society
- Geeta Lota, Neighbourhood Police Officer- City and Holbeck area
- Sandra Pentelow, Principal Scrutiny Adviser (Children and Families Scrutiny Board)
- Gail Webb, Head of Learning Improvement, Children's Services
- Melanie Robinson, Targeted Services Leader (Inner East)
- Reena Chudasama, Inner East Cluster Project Officer, Children's Services
- Sarah Rutty, Headteacher of Bankside Primary School
- Joan Tattersall, Partner Headteacher, 4Heads
- Nicky Mamwell, Communications Lead, 4Heads
- Gail Palmer-Smeaton, Partner Headteacher, 4 Heads
- Martin Fleetwood, Principal of Temple Moor High School



Appendix 1



Safer Leeds Domestic Violence Quality Mark 2013

The purpose of the Safer Leeds Domestic Violence Quality Mark is to ensure consistent and high quality service provision to women, children and men affected by domestic violence.

The minimum standards outlined in this document are used to quality assure services' responses to victims, children and perpetrators. The quality assurance process forms part of the delivery of the Leeds Domestic Violence Strategy and Action Plan 2013.

Our Vision and Aims:

Our vision is that **Leeds is a city that has a zero tolerance approach to domestic violence and abuse where individuals, families and communities are supported to reach their potential and lead safer, healthier and happier lives.**

The aim of the strategy and action plan is to **reduce the prevalence and impact of domestic violence and abuse.**

To achieve this, we have set out four key outcomes, which are as follows:

1. **More victims are safe and feel safe**

We will achieve this by continuing to skill our workforce, developing and sharing best practice among service providers and commissioning accessible, effective services to victims. Services will be flexible and responsive to the diverse needs of victims and their children.

2. **Greater numbers of perpetrators are challenged and supported to change their behaviour**

We will increase the range of effective options available to perpetrators and market our provision appropriately. We will also use enforcement, sanctions and civil and criminal justice interventions to respond to offenders.

3. **Fewer children, young people and families are affected by domestic violence and abuse**

Domestic violence and abuse can often be linked with poor outcomes for children. We will work to ensure that we are better able to prevent harm by identifying, protecting and supporting vulnerable children and families. We will also work towards preventing inter-generational harm by delivering preventative work with children and young people and promoting healthy relationships.



Appendix 1

4. Violence is reduced through early intervention and changing attitudes

We will invest in public awareness campaigns; community development work; promoting good practice; reducing collusion; developing resilience and increasing awareness of where and how to get help.

The Domestic Violence Action Plan is developed and performance managed by the Leeds Domestic Violence Strategic Group and the Domestic Violence Team.

Process

The Domestic Violence Team supports service providers to attain minimum standards of delivery by providing training; model policies and guidelines; materials; staff resources to support community development work and consultancy.

The Safer Leeds Domestic Violence Quality Mark is rewarded for an initial 2 years. After the first 12 months, agencies receive an annual health check to quality assure their service and review their quality mark level. At this stage, they are also required to undertake an evaluation to assess the impact of the quality mark on their service provision.

After 24 months, agencies will be contacted to inform them that their Quality Mark is about to expire and given the opportunity to review and renew it.

Benefits to Agencies

- Improved service delivery
- Use of quality mark icon to identify as a service which aims to deliver best practice to women, children, male victims and perpetrators
- Evidence of added value to provide to funding bodies and commissioners

Benefits to those Affected by Domestic Violence

- Access to service providers who have invested in staff training, good practice, policies and guidelines
- Improved access to service provision



Appendix 1

The following tiered model of grading aims to offer agencies realistic and achievable goals in striving for best practice:

Level 1 – Safety and Good Practice

- 1.1 Domestic violence lead identified
- 1.2 Information displayed and disseminated to staff and service users
- 1.3 All appropriate staff receive Leeds Domestic Violence Strategic Group approved training
- 1.4 Relevant safety information and advice given to women who disclose domestic violence
- 1.5 Appropriate referrals and signposting to relevant agencies
- 1.6 Staff have awareness of Multi-Agency Risk Assessment Conferences (MARACs) and participate as appropriate
- 1.7 Agency is fully compliant with the Leeds MARAC Operating Protocol and Information Sharing Agreement where appropriate.
- 1.8 Staff are aware of the additional needs of vulnerable groups and receive guidance on how to respond
- 1.9 Staff are aware of the impact of domestic violence on children & young people and receive guidance on how to respond
- 1.10 Staff receive guidance on responding to perpetrators
- 1.11 Staff receive guidance on responding to male victims

Level 2 – Guidelines, Policies and Protocols

- 2.1 Guidelines on responding to domestic violence available for staff
- 2.2 Domestic Violence Policy developed in relation to service provision
- 2.3 Domestic Violence Policy developed and promoted in relation to employees as victims and as perpetrators
- 2.4 Staff have the knowledge and skills to implement routine or triggered questioning re domestic violence where appropriate
- 2.5 Appropriate documentation, recording and storage systems in place
- 2.6 Information sharing protocols established and agreed with partner agencies

**Scrutiny Board (Safer and Stronger Communities)
Tackling Domestic Violence and Abuse
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