Appendix A

Domestic Violence and Abuse Workshop

23rd October 2014

Workshop Notes

Attendance

Representatives from:
Lancashire County Council Public Health
Lancashire County Council Community Safety
Lancashire County Council Prevention and Early Help
Lancashire Safeguarding Children Board
Lancashire Safeguarding Adults Board
University of Central Lancashire
NHS England
Public Health England
Blackburn with Darwen Council
Blackpool Council
Fylde & Wyre Clinical Commissioning Group
East Lancashire Clinical Commissioning Group

Welcome – Dr Sakthi Karunanithi

Dr Sakthi Karunanithi welcomed attendees and set the context for the workshop. Following a presentation from the Lancashire Community Safety Strategy Group, Lancashire County Council's Scrutiny Committee had requested feedback on the work of health bodies in relation to domestic abuse. The purpose of the workshop is a starting point for this work to enable us to identify what can be improved in relation to domestic abuse. He stated that by the end of the workshop we want to:

- Achieve a common understanding of the guidance
- Identify what it means for us and our organisations
- Identify key actions needed going forward

Overview of NICE Guidance – Professor Nicky Stanley

Professor Nicky Stanley (UCLAN and member of the NICE Guidance Programme Development Group) gave an overview of the NICE Guidance (Domestic Violence and Abuse: how health services, social care and the organisations they work with can respond effectively) and highlighted that this is 'a call to arms' particularly for the health services. Key points in the presentation included; considering how different professions define consent to share information, the role of primary prevention and the importance of workforce training to support implementation of the guidance. Professor Stanley gave details of the PEACH (preventing domestic abuse for children) study and the Strength to Change Campaign (targeting male perpetrators of domestic abuse). In addition information was provided about the Connect Centre for International Research on Interpersonal Violence and Harm.

Lancashire Context – Helene Cooper

Helene gave an overview of the domestic abuse joint strategic needs assessment and highlighted the fact that under reporting is an issue which can skew the perspective of need. She provided attendees with information about the local commission.

Comments/questions from the group:

- How much do we spend per head on the victims? What would an excellent service look like and how much would it cost?
- We are on the right journey to meet the NICE Guidance but the funding is temporary.
- Older adults – perpetrators may be classed as carer under stress.
- Also issues where victims of domestic abuse then become carers.
- Public Health England priorities around violence are: domestic abuse, elder abuse, and the impact of adverse childhood experiences.

Workshops

Two groups considered the NICE recommendations and assessed the current position against them. A summary of the workshop discussions is identified below:

Recommendation 1: Plan services based on an assessment of need and service mapping
Health Safeguarding Group (nurses) looking at guidance. Local Health & Wellbeing Partnerships e.g. WL looking at pathways. Governance arrangement mapping to clarify and maximise opportunity to influence. DA in health visitor specs to look at the whole family and not just CYP. Gaps in provision e.g. CYP/APT are adult mental health services routinely asking about CYP with family. Better understand epidemiology to identify where the tipping point is in likelihood of becoming perpetrator/victim. What is a healthy relationship? Solihull training. Not always about specialist services.
Recommendation 2: Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
Pan Lancashire – Lancashire, Blackpool, Blackburn with Darwen. Theme for Health & Wellbeing Board; Lancashire Safeguarding Children Board; Children & Young People Plan; Community Safety Partnerships; and Supporting People Boards. Development of shared outcomes: self-care, prevention and early help, golden threads, reflect local action. Build joint working into criminal justice partners e.g. police, probation.
Recommendation 3: Develop an integrated commissioning strategy
Empower service users to access universal services rather than build reliance on specialist service. Break dependency culture. Design interventions to build resilience, self-care and self-management e.g. picking up the pieces. Abilities for partners to see outcomes, expected gaps or performance issues by exception. Development of performance dashboard. Need to improve strategic sign-up to commissioning strategy and delivery against shared outcomes.
Recommendation 4: Commission integrated care pathways
Joint working and development with third sector in-line with commission. Link social marketing to services to improve take-up, plan in tandem (raising expectations and manage

demand creatively) Understand what every agency does along the pathway Not always universal access therefore look at the range of provision. Review pathways for vulnerable groups. Routine engagement with universal services, share learning from good practice.
Recommendation 5: Create an environment for disclosing domestic violence and abuse
Partnership campaign materials in different languages available e.g. football World Cup campaign. Been too reliant on services to do this - need to work together and influence. Need to utilise what is already available Adults - care assessment / planning, often with service user and carer together - how does someone decline? Need to be left alone with health professionals to disclose. Training need re getting people alone - antenatal, A&E etc. Need to circulate better the information about services available e.g. to GPs, dentists, pharmacies - need a single number. No health reps currently on strategic leads group - need all relevant agencies there. Need to identify who has responsibility for different parts of the pathway. Role of HWBB to be clarified. Emphasis continues on high risk victims rather than prevention. Safeguarding training currently inconsistent - need to specifically understand DA as part of that LCC - staff support scheme and training in place. DA employers charter under development Could cover at induction for staff - across all sectors.
Recommendation 6: Ensure trained staff ask people about domestic violence and abuse
MARAC - lead professional role – all need to understand DA relevant to their role NHS East Lancs - good practice questions Need to audit across professionals & sectors. All midwives 'have' to ask the question Independent Domestic Violence Advisor (IDVA) involvement needed as part of referral pathway.
Recommendation 7: Adopt clear protocols and methods for information sharing
Improve confidence of front line staff to ask the question and use pathways. Address cultural issues in organisations.
Recommendation 8: Tailor support to meet people's needs
Risk management needed in terms of data v domestic abuse outcomes. General information sharing so people know what's in place. Evaluation monitoring quarterly - Co-ordinated Action Against Domestic Abuse (CAADA) monitoring/evaluation built into commission. Workforce development delivery via MARAC training Community based programmes and peer support available Some gaps in service and ongoing funding challenges. Need to look at commissioned contracts and ensure links are in place to relevant services. Need services to work together better - joint training
Recommendation 9: Help people who find it difficult to access services
Use social media and explicit messages. Utilise social marketing to challenge perceptions and raise awareness. Better links to local information on web - make searching easier. Build on community assets to challenge behaviour and support families. Better understand how people make choices to access or not access services - insight consultation. What are the barriers that turn potential service users away?
Recommendation 10: Identify and, where necessary, refer children and young people affected by domestic violence and abuse

Importance of role of ante-natal and midwifery services
Recommendation 11: Provide specialist domestic violence and abuse services for children and young people
Include DA elements in Early Support and Child and Adolescent Mental Health Services (CAMHS) provision. Improve access to psychological therapies. Raise political awareness.
Recommendation 12: Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
Training - workforce development issue Commissioning issue - working towards CAADA leading lights Future funding may be insufficient to ensure on-going compliance with guidance. Clarify role of NHS England and CCGs in this wider DA agenda Fragmented workforce development. On-going service status is unsure – funding uncertainty. Need to commission services together better. Need to screen for other needs at same time e.g. sexual health referrals
Recommendation 13: Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
MARAC and mental health service co-ordination poor / patchy. Involvement of mental health colleagues tends to be retrospective
Recommendation 14: Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
(Initially concentrating on victims – adult & children/young people).
Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
Lancashire Safeguarding Board – opportunity to provide training Social work degree - little DA training. GP training - little coverage of DA. Need the training to be bespoke to role, relevant and compelling
Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
Needs improvement - NHS England role? Need to invest in prevention.
Recommendation 17: Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
More important once in role, but essential.