



The Association of Directors of Public Health

Transforming the Response to Domestic Abuse: Consultation Response

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice.

The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

Introduction

1. Do you agree with the proposed approach to the statutory definition?

Agree

A small addition to the definition recognising the gendered nature of most domestic abuse may be appropriate.

2. Will the new definition change what your organisation does?

The new definition will provide the opportunity for local authorities to raise awareness of the different types of abuse, especially those which are non-violent, such as economic abuse, coercion and control. It will help local authorities better explain to the public and partners the far-reaching consequences of abuse, and ensure their responses are sensitive e.g. with regards to local housing authorities, and the Department of Work & Pensions.

3. How can we ensure that the definition is embedded in frontline practice?

Continued efforts should be made to raise awareness among partners at a strategic level and through multi-agency boards in local authorities. The changes should be highlighted and the opportunity should be taken to discuss current practice across multiple agencies.

We would like to see guidance for commissioners around domestic abuse. This could include guidance on the criteria and wording included within service specifications.

It may be worthwhile to add the definition and expectations around training within the specifications of commissioned services. This may be particularly useful where services are likely to come into contact with victims or perpetrators of domestic abuse. This is an opportunity to raise the profile of coercion and control, and emphasise that services should collect evidence (e.g. within case notes) where they believe coercion and control to be a factor, so that this can assist any prosecutions.

Finally, we would like to see national literature and messages outlining a plain English version of the definition, taking into consideration literacy and health literacy needs. This will help to ensure that members of the public, professionals and others know how to recognise and respond to domestic abuse.

4. What impact do you think the changes to the age limit in the 2012 domestic abuse definition have had? Please select one.

Positive

The changes have ensured greater emphasis on understanding young people's experiences of domestic abuse and have prompted higher levels of identification, particularly as their experiences of domestic abuse were invisible in local data before this. In some areas, it has prompted greater partnership working between young people's services, children's safeguarding and specialist domestic abuse services.

5. We are proposing to maintain the current age limit of 16 years in the statutory definition – do you agree with this approach? Please select one.

Agree

16 is a sensible age limit as it is the age of consent and the youngest age for marriage. However, this is a challenging question given the legal age of responsibility is 10 years.

In some circumstances the age limit should be viewed more flexibly, for example with peer on peer abuse. More should be done to recognise and respond appropriately to peer on peer abuse under the age of 16. Peer on peer abuse under 16 is indicative of developing patterns of behaviour that need a preventative intervention, but may not meet the threshold for services. Therefore, healthy relationship education needs to be embedded into mainstream offers and targeted at vulnerable groups such as Looked After Children.

6. In addition to the changes being made to how relationship education will be taught in schools, what else can be done to help children and young people learn about positive relationships and educate them about abuse?

Relationship education should be provided to all ages (i.e. from primary school upwards), with materials provided to support the curriculum and funded teacher training. Whole school approaches should be encouraged and all children and young people's services should be encouraged to deliver interventions around healthy relationships.

'Resilience' building type education is also of paramount importance considering the significant impact adverse childhood experiences (i.e. domestic abuse) can have on a child. There should be greater join up with the proposals in the Mental Health Green Paper for Young People. There also needs to be recognition of the need for education on healthy relationships within wider community groups (e.g. youth social groups) to embed the education in all aspects of a child's life.

Parenting programmes should include healthy relationships messages and should also be targeted at young parents with experience of parental domestic abuse. Support and guidance should be developed and disseminated for parents and carers on how to discuss issues with their children and how to cope as families living with domestic abuse.

Awareness raising should be much wider than just through educational establishments, and could be part of national campaigns on positive relationships and risky adolescent behaviours.

7. Which statutory agencies or groups do you think the UK Government should focus its efforts on in order to improve the identification of domestic abuse? Please tick the top 3 from the list.

- Armed forces
- Children's services
- Court staff
- Education professionals (for example teachers, school staff)
- Fire brigade

- Health professionals
- Housing staff
- Jobcentre staff
- Judges/magistrates
- Police
- Probation/Criminal Rehabilitation Company staff
- Prosecutors
- Providers of adult social care
- Commissioners of adult social care services
- Social workers

8. In addition to improving training programmes and introducing guidance, what more can the Government do to improve statutory agencies' understanding of domestic abuse?

There needs to be a culture change so that domestic abuse is recognised as a serious public health issue and regarded on the same footing as child and adult safeguarding. There should be mandatory training as part of inductions for public facing staff, and competency in responding to domestic abuse should be built into professional qualifications in policing, health, education, law and social care. Rolling out specialist training to enable all universal services to spot the signs of domestic abuse, and be able to respond appropriately is essential. Frontline staff e.g. the police, should feel confident in making appropriate referrals into support services, including for perpetrators.

Further guidance for frontline professionals would also be useful. Information should be aimed at broadening wider professionals' understanding of the breadth of domestic abuse, including efforts with perpetrators to 'break the cycle'.

Audit and inspection bodies should require staff training in appropriate policies and compliance with local procedures e.g. CQC and Ofsted. Commissioning guidance and regulations should include requirements around domestic abuse policies and training.

It is also important to ensure that statutory agencies understand the impact of domestic abuse, not only on the victim but also on any children involved. Understanding the costs to associated services is essential for ensuring that domestic abuse is seen as 'everybody's business'.

9. What further support can we provide to the public (employers, friends, family, community figures) so they can identify abuse and refer victims to help effectively?

There is still a lack of public awareness around domestic abuse and its different forms. National campaigns could be used to raise awareness, reduce stigma and help give people the confidence to report and seek support for domestic abuse.

10. We are in the process of identifying priority areas for central Government funding on domestic abuse. Which of the following areas do you think the UK Government should prioritise? Please select up to 3.

- Advocacy for victims to enable them to stay safely in their own home (Independent Domestic Violence Advisors or their equivalent)
- Therapeutic services to help victims of domestic recover from their experience

- Accommodation services
- Helpline services for those affected by domestic abuse to call for advice and support
- Interventions embedded in health
- Perpetrator programmes which aim to change offenders' behaviour and stop reoffending
- **Rolling out of new multi-agency approaches**
- **Other** – There is very little focus on prevention i.e. identifying those families at risk and working to reduce their abusive behaviours, especially where children are involved. More funding needs to be put towards early intervention, this includes education in universal settings, as well as targeted support for those families at lower risk levels before they reach crisis.

11. What more can the Government do to encourage and support effective multi-agency working, in order to provide victims with full support and protection? Please select up to 3.

- **Guidance**
- **Incentives through funding**
- Sharing effective practice
- **Training**
- Other (free text)
- None of the above
- Don't know/ No answer

12. What more can the Government do to better support victims who face multiple barriers to accessing support.

The government should support and fund multi agency working initiatives for victims and perpetrators with complex needs. Effective pathways between services for domestic abuse and agencies such as housing, mental health and substance misuse is essential. People with complex needs are often dealing with childhood or early adulthood trauma and therefore simply offering services is not enough. They require persistent gendered trauma informed support including for mental health and substance misuse. Although this approach may be expensive initially, it will reduce demand on public services in the longer term.

Guidance and training for commissioners should also include recommendations for how services can be offered flexibly e.g. outreach, different languages and formats, telephone support etc. Outreach support and online support may allow for those in rural localities, or without access to transport, to access the support they need.

13. What practical barriers do domestic abuse victims face in escaping or recovering from economic abuse and how could these be overcome?

Some victims, particularly males and victims from some cultural groups, may not recognise they are victims. Widely promoted national campaigns may help to raise awareness amongst such groups.

Measures should be put in place to assist those who have been victims of economic abuse. This should include arrangements with financial institutions, utilities and telecommunications companies and local authorities, particularly where the abuse has resulted in debt and/or poor credit scores.

Joint welfare benefits and joint tenancies are also barriers –accessing benefits in a sole name should be made easier. Claiming as a household will be an opportunity for abusers to control household budgets and restrict funds for food and essentials.

Changing a tenancy from joint to sole tenancy following domestic abuse should also be easy and with grace periods allowed in respect of over-occupancy, to enable time and space for longer term decisions to be made.

14. What more could be done to work with perpetrators in the community (convicted or non-convicted) to change their behaviour?

We are interested to hear of particular examples of practice which have been successful.

Stoke-on-Trent and Staffordshire are in the process of procuring a joint victim and perpetrator service to enable a more integrated service model. The joint service will be more responsive to the needs of victims and their children, will promote early identification and referral, will have a greater focus on prevention and will address the perpetrator’s behaviours. Stoke-on-Trent Public Health Department have also worked with Staffordshire University to undertake qualitative research with perpetrators of domestic abuse; the outputs of this research have been used to inform the development of a new service model.

Norfolk currently run parenting programmes such as ‘Caring Dads’, which engages fathers who pose a high risk of domestic abuse in the early stages of becoming a parent. Other programmes, such as Project CARA (Conditional Cautioning and Relationship Abuse) should also be considered. The programme is for men, mostly first-time offenders who receive a conditional caution for a domestic abuse offence. The programme includes workshops which explore issues such as understanding emotional abuse and the impact on families, recognising the feelings that lead to violence and identifying and dealing with contributing factors such as alcoholism and other substance misuse.

There needs to be greater evidence of the outcomes associated with perpetrator interventions at all risk levels. This will help to ascertain where best to target resources to achieve the best outcomes in terms of victim safety, but also longer-term cost savings.

15. How can we work better with female offenders and vulnerable women at risk of offending to identify their domestic abuse earlier? Top 3.

- Criminal justice agencies to adopt appropriate enquiries into history of abuse at each stage of the CJ Process
- Dedicated support and/or IDVAs in women’s services
- Encourage the use of schemes which divert vulnerable women out of the criminal justice system (where appropriate) and into services
- Improve availability of support for domestic abuse victims in prisons
- Support signposting into appropriate services for women who come into contact with the police
- Other:

16. How can the government better share and promote effective practice on DA across all public services both in regard to commissioning and delivery of services?

Joint commissioning of services should be encouraged. With the funding available to agencies becoming tighter, the provision of guidance and funding for interventions where multiple agencies can contribute would be welcome. The importance of providing funding for robust evaluation of any intervention is essential when piloting innovative approaches, and should not be overlooked.

Finally, the dissemination of the evaluations from these projects should be made more widely available.

This information should be circulated to domestic violence leads within agencies (via email), or be made more widely available on online.

17. What role should local areas play in sharing good practice?

An opportunity for local areas to attend a national conference around innovation in domestic abuse practices across the country would be welcome. This type of event allows for good practice to be recognised, and networking between agencies to exist. This type of event could also be aligned to a type of awards evening recognising where particularly innovative and effective practices are taking place around the country. Organisation of this type of event could lie with the new Domestic Abuse Commissioner.

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