

Review of Sexual and Domestic Violence in Leicester

January 2015

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Outstanding:	<p>Police figures check and update/ last call for partner figures (cannot guarantee inclusion at this late stage)</p> <ul style="list-style-type: none">• Service user quotes/themes/feedback• Evidence for assessment of progress• Proof reading• Check SV client need and vulnerability more data available?• Insert relationship figures for police 2013-14• Names of all DV homicides April 2009 – March 2014• More data on perpetrator needs?• Check numbers present on 13/11/14• Complete strategic principle/objective/action table?
Status:	<p>Not for circulation outside of contributors, DVDG or R2SV KSG Circulation for comment only – not use of figures/quoting</p>
Action:	Review and comment using track changes preferably, by 16 th January 2015 10am
Next stage:	Sign off and then draft the Strategy for 2015-20 based on this review and the final service profile

Introduction

This report has been prepared to assist in the development of the next Leicester Inter-Agency Strategy for Domestic Violence, which will include a wider focus on Sexual Violence too. The next strategy is intended to run from 2015-2020.

The review report includes information gathered over a period of nine months and includes findings from:

- Partner audit
- Contract management of specialist services
- Domestic Violence Delivery Group (DVDG)
- Response to Sexual Violence Key Stakeholders Group (R2SV KSG)
- Partner workshop on strategy development
- Partner workshop on monitoring and recording outcomes
- Partner briefing session on co-commissioning options across Leicester, Leicestershire & Rutland
- Desktop analysis
- Partner initial findings review meeting

The partners encompassed above include:

- Trade sexual health
- First Step
- Women's Aid Leicestershire Limited
- Leicester LGBT Centre
- Victim Support
- The Quetzal Project
- Leicestershire County Council
- Leicestershire Partnership Trust
- Leicester City Council
- Connexions
- East Midlands Ambulance Service
- Leicestershire Police
- Crown Prosecution Service
- Leicester Rape Crisis
- FreeVA
- Respect
- Leicester Citizens Advice Bureau
- Barnados
- Living Without Abuse
- The Bridge

- Enable
- Action Homeless
- New Dawn New Day
- NSPCC
- Probation Service

Domestic Violence is a priority area for the Safer Leicester Partnership Executive and appears in the Joint Strategic Needs Assessment for Leicester and the Mayoral Delivery Plan. There have been two inter-agency strategies for domestic violence work in Leicester to date. Whilst sexual violence has at times been a focus of the Safer Leicester Partnership it has not had the same delivery infrastructure as that of domestic violence work within the city. The R2SV KSG is a Leicester, Leicestershire & Rutland wide operational group which does not have current reporting responsibilities through the SLP.

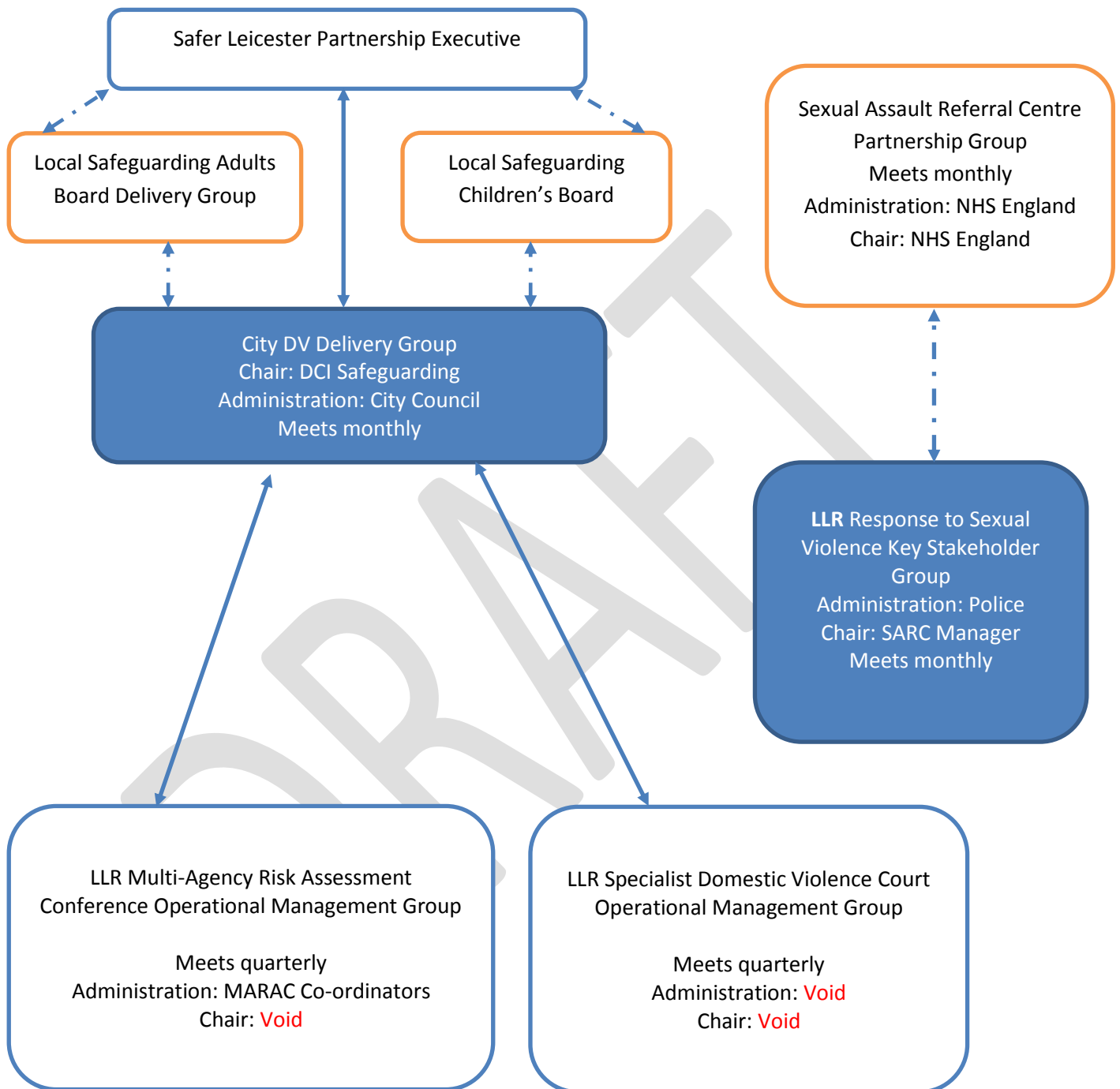
The city council pooled funding for domestic violence services in 2012, and did the same with funding going into sexual violence in 2013. On each occasion this process has led to service design in a way that was never possible before as services were funded through a variety of funding streams in different areas of the authority. From 2015 the intention is that sexual and domestic violence specialist services get commissioned at the same time, with a service redesign.

Since the last strategy was written, in 2009, there have been many changes both nationally and locally in terms of structure, legislation and service. There are no longer national performance indicators around this area of work, and individual organisation data systems continue to change, which generates challenge in building meaningful data sets for comparison over the years. Despite this, the general sense is that understanding of the issues of sexual and domestic violence is steadily growing both locally and nationally.

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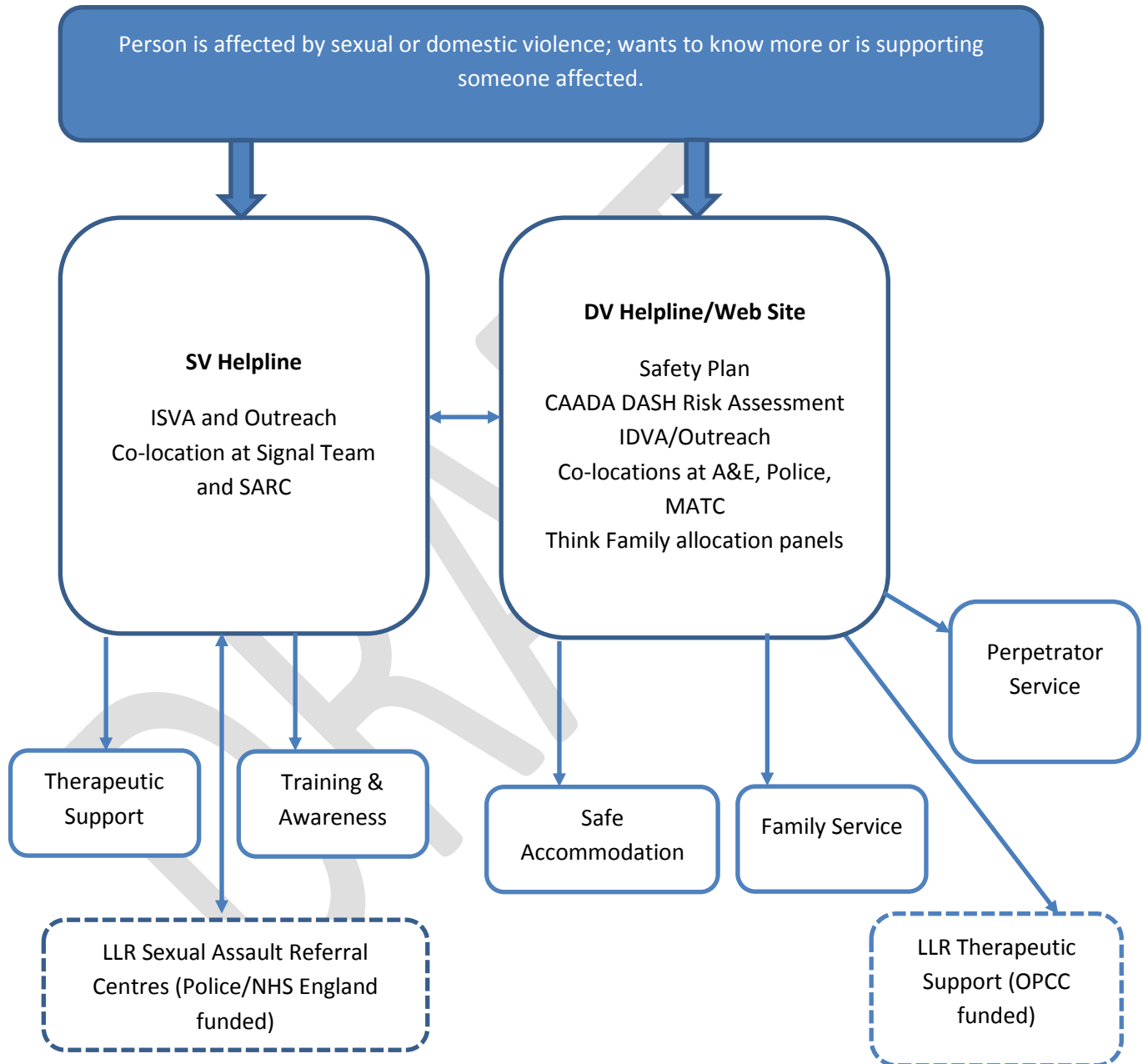
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Existing Strategic Structure(s)



Existing Support Pathway(s)

In existence since November 2013



Some direct access to the lower tier of services continues to exist.

[Hyperlink to service specifications?](#)

Helpline

The domestic violence helpline is an 0300 number (free from landlines and most mobiles), and is open to anyone aged 16 years or over affected by domestic violence; practitioners, new and existing service users of the SAFE project, friends and family members and general members of the public. The helpline is an integral element to the wider support project and is intended to be the first main point of contact.

Face to Face Support

This service includes Outreach and Independent Domestic Violence Advisor (IDVA) support; so across the range of crisis to longer term face to support and case work across all levels of risk (of homicide or serious injury). It is open to men and women and those with or without children. It offers telephone support and assistance, helps people make safety plans, access other services and assess risk. There is also an element of counselling provision within this contract (telephone and face to face).

A key component of this broad service is the co-ordination of services. The contract provides for an information hub for options such as relevant support groups like 'recovery toolkit' or the 'freedom programme'. There is the remit to provide IDVA staff at key locations such as the local emergency department, police station and the multi-agency access centre for travellers. There are contract requirements about timeliness of response, safety planning, risk assessment and representing the victim's voice at the Multi-Agency Risk Assessment Conference (MARAC). The project is staffed seven days a week.

Children, Young People and Families Service

There is also a 'Family Service' contract to deliver support to children, young people and families affected by domestic violence - past or present. This service works with children and young people aged 0-19. It offers emotional and practical support such as crèche facilities, individual and group work. There are specific groups for those children and young people who have experienced domestic violence and for those who are using violence. There is also specific parenting support work.

There has been a high level of demand for this service, which was new in 2012. At times there has been a significant waiting period. There has been a lower level of referral for young people aged over 13 years and a lower amount of referral of young people using violence.

Safe Home Service

The Safe Home Service offers an assessment of housing options for those affected by domestic violence, including making safety improvements to current addresses,

accessing emergency temporary accommodation (such as refuge provision) or negotiating a housing transfer. The main aim is the safety of those affected and finding sustainable long term safe accommodation as soon as possible. This can also mean moving the perpetrator rather than the victim of domestic violence, if they are committed to change and if this is the best way forward for the victim and children.

The level of demand for this service has been high and the number of specific supported accommodation units provided has been extended to 22 bed spaces, three of which are for men fleeing domestic violence. Certain stays are not captured in the figures in the table below as they are short term emergency accommodations. There has been a high level of need for safety improvement measures on people's own homes, and a low level of take up for perpetrators moving (they must be taking responsibility for violence and engaged in the perpetrator programme which limits possible client group significantly). This might increase with the implementation of Domestic Violence Protection Orders and wider identification and engagement work with perpetrators but this has not been witnessed to date. No figures have been provided by the service or local partners about times where there was a request for safe emergency accommodation that could not be secured due to local bed space levels. There have been cases involving several family members fleeing honour based violence that have been successfully supported and accommodated.

Perpetrator Service

In 2012 we also funded non-court mandated interventions for those men and women who wished to change their abusive behaviour, thereby introducing a perpetrator interventions service outside of the criminal justice system for the first time in several years. This received significant support from the consultation undertaken in 2011-12. As a new service, there has been a steady level of referral both directly from members of the public but also from local practitioners working with families. Several partners of these men and women (70% 2013-14) report not having contacted other services before and so there is some indication of reaching a 'new' population through providing this type of service.

Sexual violence helpline and face to face provision

In 2013 we changed the sexual violence services commissioned by the local authority. The Helpline, Outreach and ISVA (Independent Sexual Violence Advisor) Service is able to offer support, information and practical assistance for anyone affected by sexual violence past or present. They provide a confidential helpline, offering a call back & telephone counselling facility; provide opportunities for third party reporting and support; and signpost onto other specialist services as

appropriate. Outreach support is available to anyone over the age of 16 who has suffered sexual abuse. Crisis support and support through criminal or civil justice systems is also available through the Independent Sexual Violence Advisors.

The sexual violence helpline was a new service for Leicester in 2013. Previously people would call providers such as Rape Crisis, FreeVA, Juniper Lodge, Quetzal or First Step directly.

Therapeutic Services

The Counselling and Therapeutic Service offer sessions to victims of sexual abuse and their partners/close families either on a one to one basis or in group sessions. There is distinct service activity for female victims of sexual violence, male victims of sexual violence and adult women survivors of childhood sexual abuse. The current providers have reported that they would expect higher levels of referral from the helpline provider.

Training & Awareness

In 2013 there was a further commission around training and awareness relating to sexual violence, with a specific focus on children and young people. This service will come to an end March 2015 and there is no intention to re-commission in that format.

Prevalence and Trends

Ready Reckoner (Home Office 2013) background and calculations on Leicester Population:

- 10,395 women and girls aged 16-59 have been a victim of Domestic Violence in past year
- 4,785 women and girls aged 16-59 have been a victim of sexual assault in the past year
- 15,774 women and girls aged 16-59 have been a victim of stalking in the past year
- Estimated cost of domestic and sexual violence in an area this size... does not include additional costs from stalking, Female Genital Mutilation and Forced Marriage:
 - £31,519,620 total costs (not including human and emotional)
 - £6,792,031 physical and mental health care costs
 - £4,278,067 criminal justice costs
 - £805,643 social services costs
 - £19,643,879 other costs (housing, civil, legal and employment)
 - £100,635,743 human and emotional costs

The **2012/13 Crime Survey for England and Wales** indicated that there were nearly 2 million victims of at least one incident of domestic abuse (Office for National Statistics 2014)

30% of women and 16% of men had experienced any domestic abuse since the age of 16. *In Leicester this would mean more than 40,000 women based on the 2011 census*

19% of women and 3% of men reported having experienced sexual assault since the age of 16 (including attempts). *In Leicester this would mean more than 26,000 women based on the 2011 census*

Victims of partner abuse were also asked who they had spoken to about the abuse they had experienced. 57% of women and 40% of men had told a family member or relative. 36% of women and 33% of men had told a friend or neighbour. 38% of women and 22% of men had told someone in an official position. 27% of women and 10% of men had told the police.

Common reasons for not reporting to the police were that the abuse was too trivial, not worth reporting (45%), a private, family matter and not the business of the police (31%) and that they did not think the police could help (18%)

These figures represent a fairly stable trend in both prevalence and reporting.

Leicester Police BCU Data	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14-15 YTD
Total Reported Incidents of Domestic Violence	6926	7276	8128	7785	8611	8616	8633	8342	5432
Stalking Crimes and Incidents									
Forced Marriage Incidents and Crimes								10	
Honour Based Violence Incidents and Crimes								34	
Rape Incidents							119	133	
Other Serious Sexual Offences							244	251	
Other sexual offences							69	102	
Referrals to Juniper Lodge (adult SARC)									
Referrals to St Bernards (child SARC)									

There are differences in the reporting patterns for each local policing unit that cannot be easily accounted for at present (increases in some areas and decreases in others). Ward level data **needs to be updated** but up to 2012 shows that over 24% of the BCU area domestic violence takes place in Beaumont Leys, Castle and New Parks wards.

Reporting of domestic violence incidents to the Police in Leicester is reducing

The charts from Police indicate that the number of high risk cases of domestic violence identified is increasing

Leicester Police BCU Data	12/13	13/14	14/15 YTD
HR Cases	236	745	219
SR Cases	6980	6661	4480
MR Cases	1505	1261	755

All high risk cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC). The adult female population for Leicester is roughly 133,127 as at the 2011 census (aged 15 years plus). CAADA estimate 40 cases per 10,000 of the population will meet a local MARAC (High Risk) threshold at any one time. In Leicester this would equate to 533 cases per annum. The local MARAC is not currently seeing these numbers and would struggle to meet such demand without further resource commitment and/or a different approach from all partners.

Leicester RYTD MARAC Data¹	3/3/10	2/3/11	29/02/12	06/03/13	20/03/14
Number of cases	196	193	221	438	296
Cases per 10,000 female population	14.7	14.5	16.6	32.9	22.2
Number of children	251	258	288	351	380
Referrals Police	106	113	145	151	142
Referrals Non Police	90	80	76	89	154
Repeat Referrals	22%	29%	26%	24%	26%
BME	40	38	66	78	106
LGBT	4	0	3	3	0
Disability	6	4	10	15	8
Male	7	3	3	5	8
16-17* (category added 2014)					1

Leicester Probation Data²	09/10	10/11	11/12	12/13	13/14	14/15 YTD
IDAP Requirements	135	190				
IDAP Commencements		142				
IDAP Completions	88	103			85	
% Completions as out of total commencements						

City Council Housing Department (so for city council tenants) manage domestic violence within the harassment policy and there has been a steady amount of cases reported, with a general slight decline in overall numbers.

Leicester Council Housing³	11/12	12/13	13/14	14/15 April to September
Overall harassment cases	114	102	73	25
Domestic violence cases	47	62	36	11
% DV of all harassment	41%	61%	49%	44%

City Council Adult Social Care staff undertook a snapshot audit of cases in November 2014 (between 3rd and 10th). 30 staff members responded to this survey. Between them they had 420 cases open to them. Of these, 37 were identified as having a 'current or historic domestic violence or sexual violence element'. This represents 9% of cases. This survey, and the wider questions, will inform a workforce development plan with the aim of increasing identification and confidence in response.

¹ Figures taken from MARAC spreadsheet provided from MARAC co-ordinators via email 2014

² Figures provided by Jeanne Smith via email 2014

³ Figures provided by Chris Birgin via email 2014

Workforce development need

There are no sexual or domestic violence data returns available from the following partners:

- University Hospitals Leicester
- Leicestershire Partnership Trust
- New Dawn New Day
- Victim Support
- Citizens Advice Bureau
- Leicester Lesbian Gay Bisexual and Transgender Centre
- Trade
- NSPCC
- Action Homeless
- City Council Housing Options
- City Council Children & Young People's Duty & Assessment Service

All Partners to improve data collation and identification of sexual and domestic violence

The specialist sexual and domestic violence services commissioned by Leicester City Council have numerous performance indicators. The table below gives a sense of some of these over the contracts delivery to date.

City Council Commissioned Specialist SVDV Services	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15
Number of CAADA intake forms completed	31	192	193	273	209	158	211	227	282
Number of telephone support hours delivered	250	842	1942	2878	3776	3330	3065	3790	5861
Number of 'out of hours' interventions by support service	120	229	162	195	189	107	128	167	237
Number of people accessing the support service	876	1825	1610	1838	1869	1883	2229	1962	2200
Number of families referred to Family Service	5	34	18	27	33	32	96	41	21
Number of children & YP in those families	21	75	44	52	69	78	172	73	36
Number of 1:1 support hours delivered to CYP through the Family Service	15.5	388	456	732	825.5	595	601	767	916.5
Number of cases opened by the Family Service	14	73	50	53	82	44	65	55	65
Number of creche hours provided by the Family Service	0	39	27.5	39	40.5	117.5	179.5	161	92
Number of people referred to Safe Home Service	36	128	110	185	168	176	177	201	309
Number of own homes secured	11	45	60	46	43	40	38	39	40
Number of perpetrators found alternative accommodation	0	0	0	1	2	0	0	0	0
Number of Safe Home Service cases opened	30	55	100	185	168	176	177	201	309
Number of referrals received for Perpetrator Interventions	0	26	25	36	29	26	17	20	28
Number of eligible referrals for Perpetrator Interventions	0	24	24	32	23	24	15	20	28
Number of perpetrator cases opened	0	24	24	32	24	24	15	20	28
Perpetrators self-refer for help to change behaviour	0	4	3	8	6	4	7	3	12
New cases opened – Partner Support Service	n/a	n/a	n/a	n/a	n/a	17	13	17	27
Number of individuals accessing the helpline						67	88	124	265
Number of referrals received (o/r)						10	5	1	1
Number of outreach sessions delivered						45	25	8	60
Number of referrals (ISVA)						17	11	18	40
Number of therapeutic service new referrals in the quarter						33	60	48	56
Number of individual counselling sessions/hours delivered						309	1156	875	878
Number of staff trained in SV						47	40	47	70
Number of young people who have completed a healthy relationship programme						520	978	282	899

The issue of a single unique reference number (and associated information sharing agreement) that can cross check across agencies has not been achieved during the lifetime of these commissions. Therefore some of these figures will represent repeat presentations, as they do in Police and other data.

In terms of total volume from contract start date to September 2014, the numbers for the city council contracted specialist services are as follows:

Specialist Service	Indicator	Total No.
DV Family Service	Families referred	301
	Repeat referrals	11
	Cases opened	469
	Children and young people in those families	620
DV Safe Home Service	People referred	1546
	Repeat referrals	8
	Cases opened	1401
DV Support Service	New service user and third party (not staff) calls	2802
	CAADA DASH Risk assessments completed	7037
	Repeat referrals	160
	Number of intake forms completed	1776
DV Perpetrator Service	People referred	207
	Perpetrators self-refer	47
	Partner cases opened ⁴	123
	Perpetrator cases opened	191
SV Helpline, Outreach, ISVA	Individuals accessing helpline	544
	Onward referrals	113
	Open outreach cases	19
	ISVA referrals	86
SV therapeutic Service	Eligible referrals	95
	Counselling hours delivered	2909
	Onward referrals	22
SV training & awareness	Staff trained	204
	Young people completing healthy relationship programme	2679
	Schools delivering healthy relationship programme	24

Several local organisations have stated that they continue to provide refuge accommodation outside of our city council contracts. We understand that this is currently at a level of an additional 35 units.

During 2013-14, Women's Aid Leicestershire Limited report supporting 61 women. 16 of these women had children (27 children in total supported). Four referrals were assessed as being very high risk, with others high and standard.

⁴ Only collated since April 2013

Impact and Outcomes

Police City BCU Crime Type⁵	2009/10	2013/14
Actual Bodily Harm	1208	811
Common Assault	986	967
Threats to Kill	56	36
2+ Harassment	347	207
Indecency	95	219
Affray s4 and 5		114
Breach of orders/injunctions	30	7
Damage	426	93
Theft	47	415
Serious Acquisitive Crime		119
Offences against children	38	15
Murder	4	2
Attempted Murder	2	3
Choke suffocate with intent	2	0
Other		14

Offence details are sometimes difficult to trend due to changes in data collation. ABH and common assault are consistently a high proportion of offences. **Can we say what proportion of force violent crime is DV related?**

The Police conduct satisfaction surveys for domestic violence victims as and when resources allow. In 2013-14 there were 35 surveys undertaken and an overall satisfaction level of 86% reported.

Aug 13 – Jul 14	No. surveys	First response	Initial action	Investigation	Follow up	Treatment	Overall experience	Average
City	38	87%	94%	89%	86%	95%	95%	91%
County	47	91%	87%	80%	73%	87%	87%	90%
Force	85	89%	90%	84%	79%	91%	91%	90%

Satisfaction levels amongst those successfully surveyed by the Police remain high

Based on crimes recorded 2014/15 there has been the following outcomes⁶

- 345 crimes relating in charge. This represents 23% of all domestic violence crimes.
- 90 'adult simple caution' outcomes (6%)
- 25 CPS decisions not to prosecute due to public interest test (2%)
- 359 cases where evidential difficulties prevented further action (24%)

⁵ Figures provided by John Hammond via email January 2015

⁶ Figures taken from Police Performance Report November 2014 John Hammond

- 423 cases where the evidential difficulties were linked to the victim not supporting police action (28%)
- 25 cases where the outcome is noted as evidential difficulties victim based suspect not identified (2%)
- 35 cases where the Police decision was that charge was not in the public interest (2%)
- 20 cases of community resolution (1%)

Multi-Agency Risk Assessment Conferences (MARAC)

The MARAC is designed to increase the safety of those victims and their children who are at the highest risk of homicide or serious injury. Research indicates that often the domestic violence in these cases can be prolonged, complex with multiple types of abuse and have high levels of repeat occurrence.

“I was really impressed to see the amount of work that has gone into reviewing MARACs and look forward to working with you to develop your practices to ensure that the MARACs continue to be effective in reducing risk of harm to High Risk DA victims” Judith Vickress, CAADA Regional Development Officer Central, York and Humber, email correspondence February 6th, 2013

All of those who responded to a stakeholder question (survey undertaken in 2012) regarding the added value of a MARAC were positive that it added value to their work.

“I feel that there has been increased awareness and understanding between both Education Welfare Officers and schools. The school attendance of the children within the families raised at MARAC gives added perspective to the whole picture” (Principal EWO December 2012)

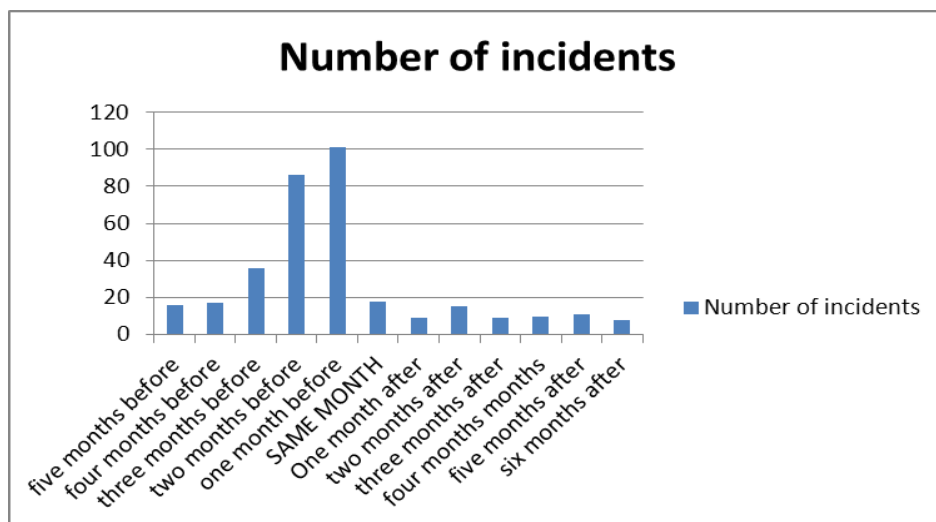
Of 70 cases heard at MARAC there had been 124 incidents of domestic violence reported to the Police in the three months prior to that MARAC and only 37 in the three months post MARAC. **This represents a 70% reduction in incidents.** In the three months prior to the MARAC there was an average 1.8 incidents per case (range 0-6) and in the three months post MARAC this was 0.5 per case (range 0-3).

All of those who expressed an opinion (on the stakeholder questionnaire) thought that information sharing and awareness of high risk cases had improved because of MARAC:

“I recently had a case at MARAC where the perpetrator had killed a previous partner. The client did not inform me and it only came to light at the MARAC. Staff came back with appropriate actions and other agencies are interacting and working better”

“I am regularly surprised at what agencies have been unaware of prior to the MARAC”

To give a visual sense of the impact of MARAC over time, incident levels were tracked for referrals to MARAC January to June 2012. This graph gives a sense of the escalation pre-MARAC and indicates a sustainable reduction of incidents post MARAC: **being updated?**.



Leicestershire MARAC seems to have a very positive effect and present value for the resource inputted (namely staff time)

Crown Prosecution Figures

			RYTD	RYTD	National Ranking (out of 42)
		2009/10	2012/13	2013/14	Q4 13/14
VAWG Conviction Rate	East Midlands		75.10%	76.10%	
	Leicestershire		76.50%	77.20%	21
DV Conviction Rate	East Midlands		74.10%	72%	
	Leicestershire	73.6% (914)	75.80%	69.80%	27
DV Caseload	East Midlands		10.15%	11.43%	
	Leicestershire		8.32%	8.88%	34
SO Conviction Rate	East Midlands		74.70%	80.80%	
	Leicestershire		73.80%	77.10%	34
SO Caseload	East Midlands		0.76%	1.20%	
	Leicestershire		0.73%	1.30%	15
Rape Conviction Rate	East Midlands		67.60%	69%	
	Leicestershire		58.60%	75.80%	4
Rape as % of Indictable Cases Only	East Midlands		10.38%	9.72%	
	Leicestershire		9.70%	9.04%	24

In 2012 Leicestershire was consistently in the top quarter of the national rankings across each performance area, indicating some decline. Saying that, the current conviction rate target for the CPS for VAWG cases is 75% and this is being surpassed.

There are around 95 defendants each month for domestic violence.

The numbers for first court appearances in the Leicester Specialist Domestic Violence Court (where most domestic violence cases should feature) are as follows:

Month/Year	Number of first court appearances at SDVC
December 2013	56
January 2014	53
February 2014	37
March 2014	33
April 2014	55
May 2014	47
June 2014	44
July 2014	65
August 2014	57
September 2014	42
October 2014	40
November 2014	50

The Domestic Violence Conviction Rate for Leicestershire compared to East Midlands neighbours:

	Derbyshire		Leicestershire		Lincolnshire		Northamptonshire		Nottinghamshire	
	Oct 14	%	Oct 14	%	Oct 14	%	Oct 14	%	Oct 14	%
Successful	122	76%	80	78%	58	87%	48	68%	158	74%
Unsuccessful	38	24%	22	22%	9	13%	23	32%	56	26%
Total	160		102		67		71		214	

Leicestershire rank two from the five areas in terms of successful prosecutions

City Council Sexual and Domestic Violence Commissions

(Selected performance indicators)

Impact & Outcomes	Q2 12/13	Q3 12/13	Q4 12/13	Q1 13/14	Q2 13/14	Q3 13/14	Q4 13/14	Q1 14/15	Q2 14/15
Service user feels safer following intervention	54%	79%	93%	91%	95%	86%	83%	99%	95%
Service user experiences a reduction in domestic violence	54%	70%	83%	88%	86%	91%	83%	98%	95%
Service user experiences improved health & wellbeing	73%	73%	93%	85%	84%	87%	84%	97%	95%
Children & YP feel safe at home	0	0	67%	100%	85%	90%	84%	100%	91%
There is a reduction in domestic violence	0	0	0	100%	100%	87%	100%	100%	100%
Parents feel more positive about their parenting capacity	0	0	75%	100%	87%	86%	100%	100%	100%
Victim feels safer at home	0	67%	77%	89%	90%	96%	92%	100%	99%
Timely move on where there has been disruption to own home	b/line	71%	91%	83%	92%	84%	86%	85%	83%
Victim satisfied with support offered in relation to accommodation options	50%	78%	84%	86%	92%	90%	92%	100%	95%
Reduction in domestic violence	0	0	0	80%	81%	81%	71%	80%	85%
Perpetrators gain an insight into own behaviour, causes and impact	0	100%	100%	100%	100%	100%	100%	100%	100%
Number of perpetrators who engage in their service plan and have partial or full completion	0	0	100%	83%	62%	70%	70%	75%	72%
Service user feels safer following intervention (SV Helpline, Outreach and ISVA)						no evidence	no evidence	100%	85%
Service user experiences improved health & wellbeing (SV Helpline, Outreach and ISVA)						no evidence	no evidence	71%	85%
Service user feels safer following intervention (SV therapeutic)						80%	85%	80%	85%
Service user experiences improved health & wellbeing (SV therapeutic)						80%	80%	85%	85%
Improved attitude and understanding of sexual abuse amongst frontline staff						no evidence	no evidence	100%	93%

For the domestic violence support service commissioned by the city council, the authority has also purchased the CAADA Insights Monitoring System, which uses a dataset that can then be compared with similar projects from across the country (see www.CAADA.org.uk).

The following evaluations were received from training delivered by the commissioned domestic violence services in 2013/14:

Training	Number completed evaluations	Performance Target met for standard of delivery (average taken)	Performance Target met for achieving objectives (average taken)	Delegates improved their post session rating from their pre session rating (average taken)
DASH	19	100%	100%	100%
CYP & Parenting (2)	32	100%	100%	91%
Forced Marriage	20	100%	100%	98%
Honour Based Violence	20	100%	100%	98%
Introduction to DV (3)	49	100%	98%	95%
Working with perpetrators (3)	39	100%	100%	95%
TOTAL/average	179	100%	100%	96%

All CAADA cases criminal and civil justice forms 2013-14:

Outcome	Number	%
Cases where a report was made to Police (as % of cases reviewed at exit)	187	24%
Cases where no report was made (as % of cases reviewed at exit)	29	4%
Cases where a charge was made (as % of cases reviewed at exit)	73	9%
Cases where no charge was made (as % of cases reviewed at exit)	99	53%
Victim withdrew	4	5%
Heard at SDVC	48	81%
Special measures were granted	14	24%
Guilty verdict	40	68%
Guilty plea	33	56%
Supported with civil order (as % of cases reviewed)	26	3%
Clients qualifying for legal aid	19	73%
Clients not qualifying for legal aid	2	8%

360 degree reviews of City Council Commissioned Specialist Services (conducted maximum of once in every 18 month period)

Domestic Violence (undertaken March 2014)

The responses from staff, service user and stakeholder surveys were very positive across all providers. Each survey contained statements that reflected the aims of the original specifications. A positive response thereby indicates that the objective for that service is being met. Across all providers and all statements:

- **85% of stakeholders** agreed (44% strongly)
- **81% of service users** agreed (47% strongly)
- **99% of staff** responded positively about the service employing them
- **100% of service users** responded that they **felt safer** because of the service

17 service user surveys responded to the question about incidents of domestic violence since supported by the service. Of these 17, 12 had experienced no further incidents (70%) and 5 had experienced fewer incidents (29%). **This marks a 100% reduction in domestic violence.**

Within the stakeholder survey (73 responses), 11% of scores 'disagreed' with some statements. This is a relatively small percentage. The statements where eight or more people disagreed were:

- The service is an effective institutional advocate on behalf of victim-survivors of domestic violence
- The service is effective in bringing about positive change in policy and procedures
- I have improved my knowledge of domestic violence through working with staff in this service
- It was clear what I could expect from the service
- The service was flexible to my client/service user needs

Within the service user survey (21 responses), only 6% of scores 'disagreed' with some statements. There were three statements where three or more respondents disagreed:

- The staff I worked with are approachable
- The service has been flexible to meet my needs
- The service has considered my support needs

Sexual Violence (undertaken September 2014)

There were significantly fewer responses from stakeholders, staff and services users than for the domestic violence 360 degree review. Staff, volunteer, service user and stakeholder responses were positive across both providers. Each survey contained statements that reflected the aims of the original specifications. A positive response thereby indicates that the objective for that service is being met. Across both providers and all statements:

- 80% of stakeholder scores were positive
- 90% of service user scores were positive
- 91% of staff responded positively about the service employing them
- 97% of volunteers responded positively about the services
- 87.5% of service users responded that they felt more positive about their future as a result of the support received
- 96% of service users agreed with the statement that 'my first contact with the service was a positive experience (with one unanswered response)

Within the stakeholder surveys (only 7 responses), 20% of scores 'disagreed' with some statements, and this is a relatively small number. The statements where stakeholders disagreed were:

- It was easy to refer clients to the service (1 response)
- It was clear what I could expect from the service (3 responses)
- The services share information appropriately (3 responses)

Within the service user survey (24 responses) there were two statements to which a "disagreed" response was logged:

- 3 service users disagreed with the statement 'It was easy to find out about the service'
- 1 service user disagreed with the statement 'I feel more positive about my future as a result of the support I have received'. This service user did note that they had only had six counselling sessions to date.

"The service has calmed me down a lot with my anxiety around court. Helped me deal with my self harming. Happy that I can contact someone if my support worker is not available. I have regular contact and it's made me believe in myself more".

"It has changed my life in such a positive way and has allowed to cope with what happened and continue moving forward. I could never put into words the immeasurable difference this service has made."

"I now feel safe and happy. I am able to bring my daughter up in a safe home"

Summary of key impacts and outcomes of city council commissioned services from contract start to September 2014:

Service	Indicator	Figures
DV Family Service	Training and awareness sessions held	238
	Crèche hours provided	696
	Parents feel more positive about their parenting capacity	88%
	Children and young people feel safe at home (where they did not at start of intervention)	83%
DV Safe Home Service	Own homes secured	376
	Perpetrators found alternative accommodation	3
	Victim feels safer at home	88%
	Victim satisfied with support offered	89%
DV Support Service	Telephone support hours delivered	25,734
	Training & awareness sessions delivered	94
	Victim feels safer	88%
	Victims experiences improved health and well-being	91%
DV Perpetrator Service	Assessments completed	471
	Training sessions delivered	17
	Reduction in domestic violence	82%
	Perpetrators motivated to change	92%
SV Helpline, Outreach and ISVA	Feels safer following intervention	28 of 32 (88%)
	Victims engage in support	178 (90%)
	Service user experiences improved health & well being	26 of 32 (81%)
SV Therapeutic Services	Feels safer following intervention	167 (83%)
	Victims engage in support	600 (100%)
	Service user experiences improved health & well-being	168 (84%)
SV training & awareness	To increase understanding of what sexual abuse is amongst frontline staff	38 (100%)
	Improved attitude and understanding of sexual abuse amongst frontline staff	76 (95%)

Needs, Risks and Vulnerabilities

Adult Victim

Independent Violence Advisor (high risk) Domestic Violence Clients 2013-14:

- 16% repeat referral
- 97% women and 3% men
- 42% BME
- 179 (67%) had children
- 23 (9%) were pregnant
- Total number of children 360
- Average length of relationship 2.5 years

Relationship to perpetrator 2013-14

Relationship	Service	% of all relationship status
Intimate Partner	Helpline	35%
	IDVA	15%
	Outreach	30%
	Police	?
Ex-Intimate Partner	Helpline	50%
	IDVA	76%
	Outreach	55%
	Police	?
Family Member Minor	Helpline	1%
	IDVA	1%
	Outreach	2%
	Police	?
Family member adult	Helpline	12%
	IDVA	7%
	Outreach	11%
	Police	?

There seems to be a fairly stable split of more than 75% intimate partner related domestic violence and maximum 14% family related domestic violence in Leicester

Type of abuse being experienced 2013-14 (IDVA clients)

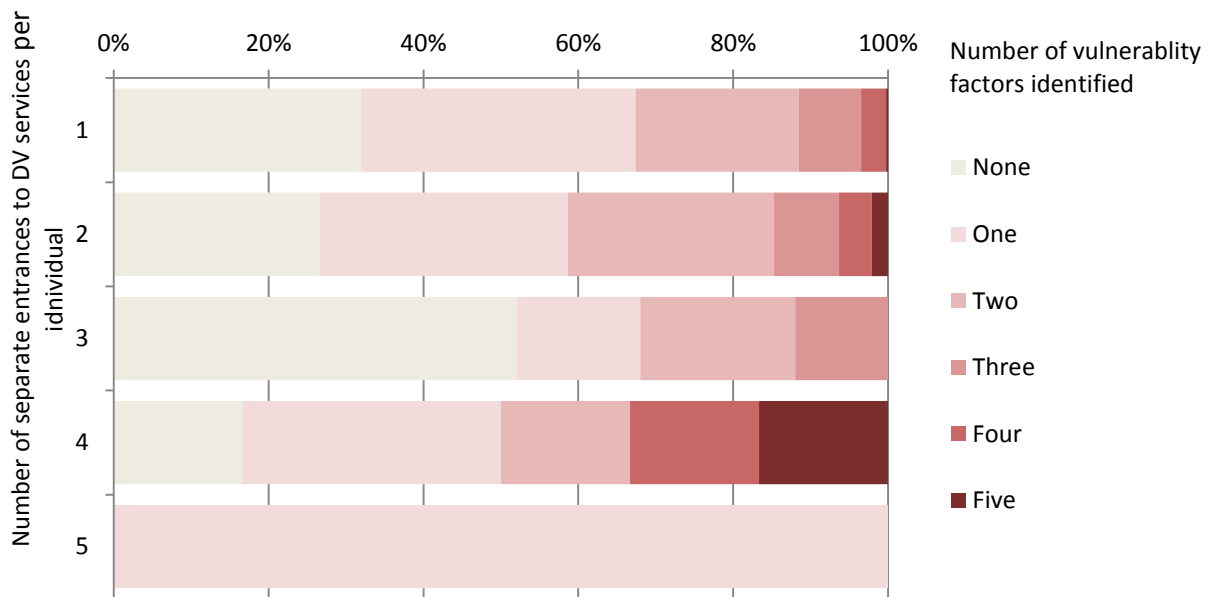
Abuse Type	Number	%
Physical	191	72%
Sexual	73	27%
Harassment/stalking	205	77%
Jealous and controlling	235	88%

Jealous and controlling, and harassment and stalking behaviours are the most commonly disclosed types of abuse being experienced

Victim-Survivor Needs 2013-14 CAADA Data	No.	%
had children	552	67%
average length of abuse	3.5yrs	
noted self-harm	106	13%
noted suicidal thoughts and/or previous attempts	198	24%
experiencing abuse from multiple perpetrators	120	15%
in receipt of community care payments	14	2%
reported problems related to alcohol use	31	4%
reported problems related to drugs use	48	6%
involvement with children and young people's services	110	20%
noted mental health problems	262	32%

Number of vulnerability factors identified at first entrance

Breakdown given by number of entrances per individual

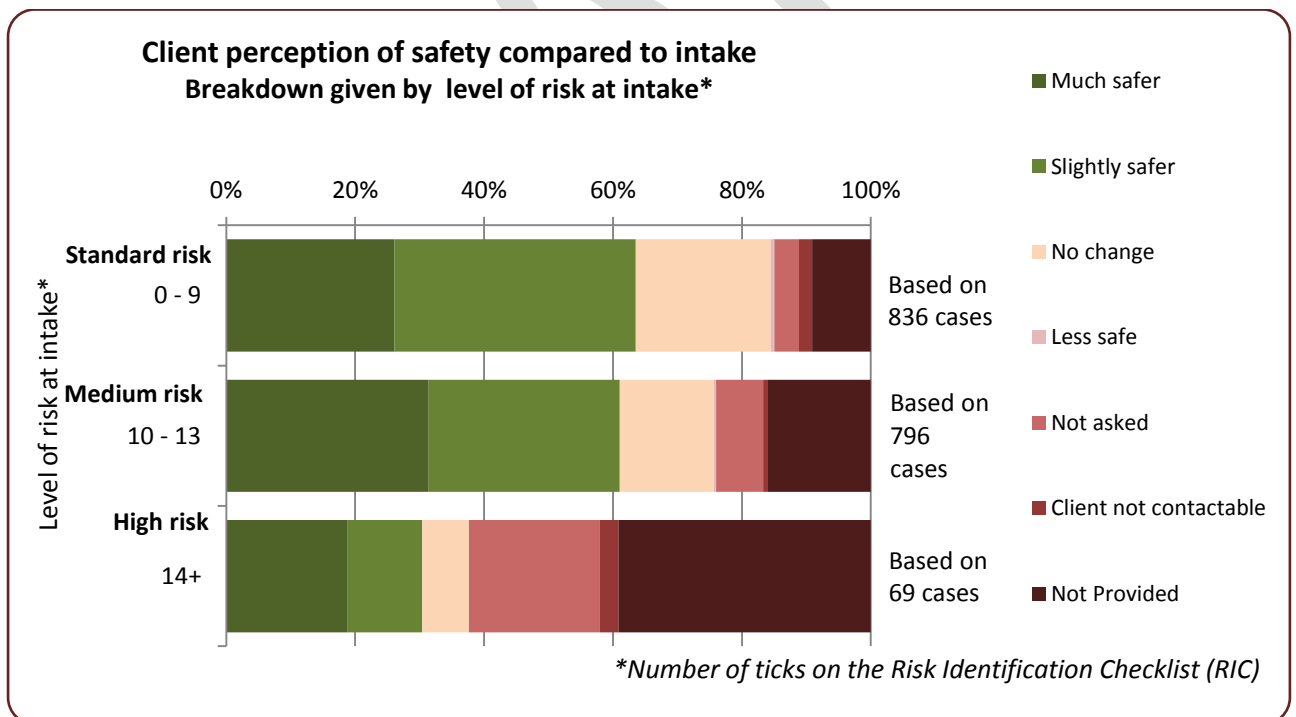
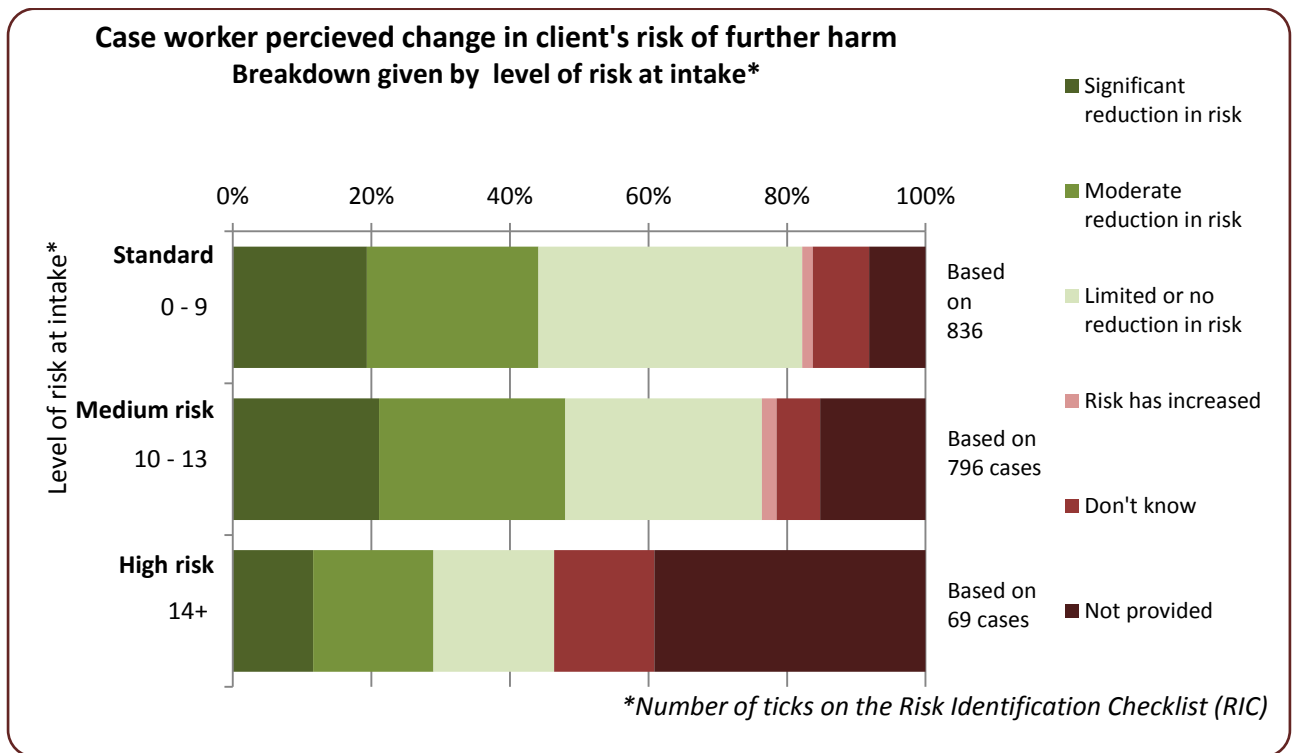


This data could indicate that the more vulnerabilities that are identified/ that a person has, the more likely they are to make a number of separate entrances to support services

Some further analysis of our data that CAADA undertook around mental health showed:

- 1 in 3 domestic violence service users have mental health issues (including depression; anxiety; post natal depression; bipolar disorder; obsessive compulsive disorder or post-traumatic stress disorder)
- 55% of those with mental health issues were White British (55%)
- There were fewer clients with children living in the household (63%) and fewer pregnant clients (2%)
- Slightly older age demographic for those with mental health issues
- Those with mental health issues more likely to report complex needs and vulnerabilities around finances; drugs; alcohol; self-harm and suicide
- There was a longer average length of abuse (4 years)
- Sexual abuse and harassment and stalking were more prevalent
- More likely to visit the GP (81% compared to 59%)
- Health & well-being support positively affected safety outcomes

Risk identification and safety outcomes from CAADA intake data (2012-14)



This data could indicate that interventions are more successful with those scoring medium risk on the CAADA DASH RIC, but professional judgement notes are unknown.

Domestic Violence Homicides

- Karen Brookes (2009)
- June Wiggins (2009)

Would like to name all those who have died as a result of a domestic violence incident 2009-2014 – whether they dies at home/workplace/other – need Police assistance to do this

There have been two DHRs undertaken since they became a statutory requirement (2012). One perpetrator was the victim's husband and the other was her son.

16 interviews were scheduled with people who had been affected by sexual or domestic violence as part of the campaign development. These transcripts were rich in information about both the impact of the abuse and impact of getting support. Further learning will go through to partner agencies for use in training.

Impact of abuse:

- All I wanted to do was wash, I went into the shower and got this wire brush and was rubbing around because I felt so dirty
- You think to yourself, a big guy like me, I let my guard down and this is what happens
- I felt so ashamed of myself
- I don't want to press any charges now because I can't get it out of my head
- I was petrified what to say to them. I still felt dirty, I still blamed myself
- I was taking tablets and everything just to try and block it but it wasn't blocking it, it was getting worse and worse
- I mean at first it was lovely, you know, I love you, I miss you, the sex
- There'd been sort of where he'd tried to sort of kick me down the stairs, tried to strangle me, because I'd said..
- It came to the point where I got lost
- I thought he was sorry
- I was frightened to ask, because I didn't know who to ask
- Didn't speak to you all night and then you go to bed and they're just fucking you and you're crying and it's like 'will you stop?' and they're hurting you even more, pulling your hair, holding your arms and just for hours
- It just got more and more
- I didn't understand what had gone wrong, cause I hadn't done anything
- He makes me feel that I don't deserve anything better
- I used to have appointments with my doctor for all sorts of stress, sleeping tablets
- And I had three young children, so this part of you that kind of wants to... I don't know... maintain that
- You know you try to find for a long time to make things right

- I became very very isolated from my own family
- Just completely destroyed my self confidence
- Nobody understood me like him
- He didn't want me out of his sight
- I just had to let him (being forced to have sex in front of the children) so that he wouldn't spoil the day for our kids
- Started to think it's not about me anymore, it's about my kids
- I didn't want it for my kids
- And although he was obviously physically abusive, it was the emotional abuse and that's.. the it's sounds awful to say, but the sexual abuse
- Originally I wanted to appear to be coping
- They never allowed me to sit
- I wasn't allowed to go out

Needs:

- I was scared in case they were going to blame me
- I was like 'please don't do anything because he'll kill me'
- I wanted someone I could talk to in private
- I'm just hoping they'll do something and make it more known about them places, to see it in the paper... for adults not just children
- If I go back he will kill me, he will seriously hurt me and I can't do that to my daughter
- So I was worried that they would think I was a bad mum, because I allowed this man in my home
- So for a lot of women within the city, they're in a foreign country, not knowing who to trust.. who do you trust in your local community?
- I never saw it as domestic violence
- Because I am foreign so I didn't know how I'm going to survive

Outcome of intervention:

- Gone back to what I used to do, because I used to be an art painter and I gave it all up
- There's people out there who's all gone through the same problem and perhaps you can help each other
- But now it's made me feel more at ease and I don't feel dirty anymore, and I don't blame myself which I was doing
- I would have still been walking around like a zombie
- So I knew I'm not on my own
- And I feel brilliant

- After I'd talked I felt like the pressure in my head had gone
- I was so pleased to actually to talk to somebody
- The good thing was the police saw him do it so it was immediately taken out of my hands
- I just don't want him to win, you know
- We supported each other
- We could relate to things on sort of how it works, what were the signs
- I was just so scared you know because at the time I was still in denial
- Even though my body was giving me the evidence from the traumas.... But my head wouldn't accept it
- There was somebody on the end of the phone who listened and who actually just listened to my side, took what I was saying seriously and helped me to kind of see that there was a way out of it
- They've been really nice and thanked me for coming forward
- She was the first person who ever understood
- She was the first person to say 'well actually it's all about control, this is why he is doing it'
- It's nicer to speak to them than to your family and friends because they have a better understanding of what DV is about
- When I reported it to the police, they came and encouraged me a lot, they talked to me and comforted me
- That's a lovely feeling, looking back I'm glad I moved out I'm just disappointed that I left it for so long but you try and try

Messages to give to others:

- Until you believe in yourself
- It isn't normal and it's not acceptable
- There is help out there, it is strictly private and confidential
- And you need to not be frightened because the fear of actually staying is greater than the fear of leaving
- They'll never tell you to leave. They will give you strategies
- You don't feel any prejudice or anybody judging you
- Go directly, go to the police officer to arrange an interview with the specialist department
- It just gets to that point
- The people around me give me support and my life is better than the one I had before
- They are not alone in this country
- Lots of people waiting to support

- If you are in pain just say. There are people around you to help
- When they see us, they get encouragement from us; 'if they can do it we can do it'
- We have got the right to live happily as well
- If you mother in law is not good, your father in law is not good, your sister or brother is doing something wrong, don't keep your mouth shut
- Give them a phone number to call and ask for help
- They treat you with dignity and respect
- You're not the only professional person who needs to come out of an abusive relationship

There is significantly less data on needs, risk and vulnerabilities on sexual violence that uses nationally recognised measures such as CORE (used by some providers but not as part of current contract management – not lead provider)

Children

1528 children associated to MARAC cases since 2010 (will include average 20% adult victim repeat referral)

IDVA clients 2013-14 had 360 children, of the following ages

Age	Number of children	% of all children
Less than 2	78	22%
3-4	69	19%
5-7	88	24%
8-11	58	16%
12-17	67	19%

Involvement of children and young people's service with these children connected to high risk adult victims was recorded as follows by the IDVA service (based on victim disclosure):

Involvement	Numbers of IDVA clients with children	% of all cases of IDVA clients with children
No involvement	116	65%
S31 involvement	1	1%
S47 involvement	34	19%
CAF involvement	0	0%

A significant number of children are associated with victims at high risk of homicide or serious injury and do not appear to be in contact with any local authority children and young people provision/systems.

The Youth Offending Service within Leicester City Council compared ASSET data for the audit. ASSET includes a specific question on whether the young offender has witnessed violence in a family context. In 2006 this figure was 45 of 188 assessments (24%). In 2014 this figure was 77 of 220 (35%).

There appears to be a significant proportion of young offenders who have witnessed violence in a family context.

The City Council Education Welfare Service ran a report from their ONE database in September 2014. This indicated that for the 2013/14 academic year there were twelve children with attendance issues noted due to domestic violence: nine children with attendance issues where they are the boyfriend/girlfriend of the perpetrator; two children

with attendance issues where they are the son/daughter of the perpetrator; and one child with attendance issues where they are the sibling of the perpetrator. There were 28 children where a MARAC entry had been made. These figures are noted as being very low and this could be related to software changes. This is being explored and a note has gone out to staff to check entries.

The Think Family Strategy Manager (Leicester Troubled Families work stream) undertook some analysis of their system data for the audit. Of a sample of 250 cases, 68 had noted adult or child domestic violence (27%).

Identified in these families were an average 11 needs. The total sample presented an average five needs per family. The needs that were particularly more notable in the families where domestic violence had been noted were:

- Parenting ability
- Mental health concern – adult
- Mental health concern – child
- Housing need
- Young carers
- Needs linked to drugs and alcohol – child

The average length of intervention for the Think Family cases is 10 months. For the cases where domestic violence was identified, the length of intervention was over 11 months for 44% of those cases. There was also a higher proportion of families with four or more children in the 'domestic violence' cohort.

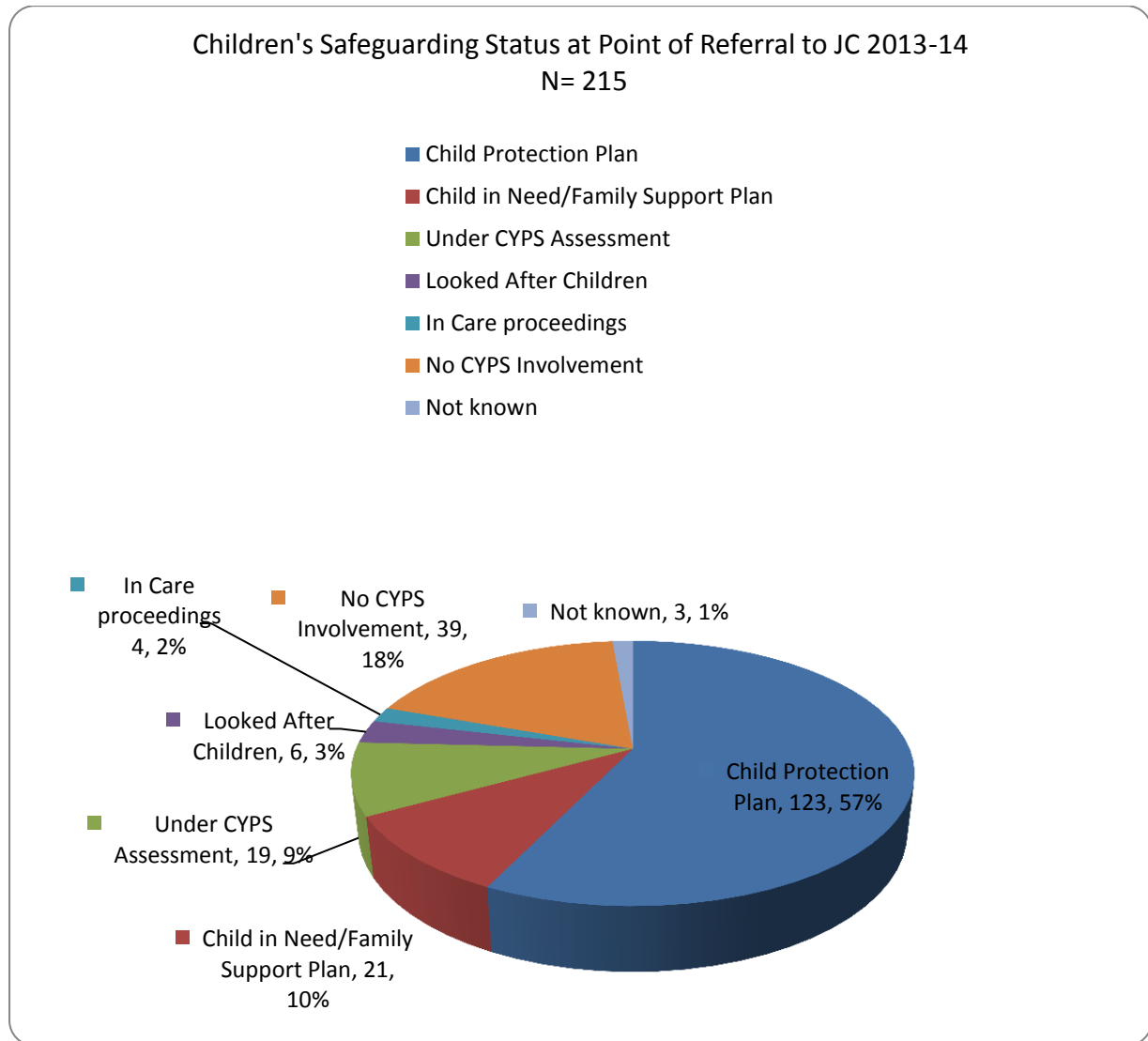
18% of the Think Family cases known to be affected by domestic violence had been to MARAC.

There is an indication of a distinct role for local authority Early Help services within the families affected by domestic violence as they can present a complex and significant number of needs compared to general 'Think Family' population.

From the CAADA data, it is evident that the most common reason for ongoing contact with the perpetrator is child contact.

Outcomes for Partners and Children involved with the Perpetrator Service: Of those partners where the perpetrator had completed the programme, 89% reported that there had been a reduction in physical violence (11%- 1 partner could not be contacted).

78% of partners also reported an increase in their children's safety.



Perpetrator

What would you like us to consider in the future when commissioning services? (Perpetrator Group March 2014):

- Time with my partner present
- Thought and feelings management in schools
- Something bringing it all together; the whole family
- Protect and expand the parenting element
- Home visits
- Possible option to keep links open with a phased exit
- Some role for those who have completed – like mentoring
- Make the course easier to find out about
- Promote the service more – big screens
- Lots out there for victims not so much for perpetrators
- Include social services in the programmes; they need to come along and see
- Improve communication with social services
- It needs to be easier to access and self- refer

Partners have told the Perpetrator Service workers that there has been a 78% reduction in physical incidents of violence overall and for partners where the perpetrator has completed the programme, there has been a reduction of 89%.

The current completion rate for the full programme is 25% of all perpetrators starting interventions with a further 26% completing 12 sessions or above. The current providers are implementing a Completion Rate Improvement Plan in 2014-2015 to ensure that these rates increase.

The perpetrator service reports that 57% of clients referred to the service were either ineligible or unsuitable for the service due to lack of motivation to change their abusive behaviour or lack of acknowledgement of their violence and abuse. The majority of these referrals came from children and young people services within the city council.

The current provider accepts referrals for clients with complex issues and needs such as drug and alcohol misuse and mental health issues, where these issues do not act as a barrier to them being able to regularly attend a group or individual programme or assessment. Where there is an indication on the referral form that there is one or multiple complex issues, staff will liaise closely with the social worker to ascertain the extent of their issues and whether they are being supported by any other specialist agencies. Clients are also questioned about their substance misuse/mental health issues during assessment sessions and if this has any influence on their violent and abusive behaviour and the risk they pose to their partners and children. In 2013-14 66 clients (62%) referred to the service presented

with a mental health issue, drug and alcohol misuse or a combination of all three. In 2012-2013 the figure was 61%.

Third Parties

This is an area which was a specific focus of the new commissions of sexual and domestic violence specialist provision by the city council in 2012 and 2013 following service user and practitioner feedback. It continues to be reported as a very valuable part of service provision but there is not much further detail available in relation to this group at present. Some soon to be published data on domestic violence homicide reviews shows the key role friends, colleagues and family members have in identifying and responding to domestic violence (often being the only ones who knew about the domestic violence) and we have a clear support role in terms of the impact of this as well.

Local Practitioners

The audit in 2014 highlighted a number of issues, including the following:

The **definition** of domestic violence and sexual violence are not consistent across the partnership (and in some instances no definitions have been agreed)

There is not routine **data collation** or analysis regarding sexual or domestic violence for many agencies and services. Where there was data, there was sometimes concern about the reliability of that data. Very few areas could offer local data in comparison to regional or national data from their area specific to sexual or domestic violence. Sexual violence data collection is particularly poor across the non-specialist sector at present

The amount of service change and reorganisations within departments is significant and ongoing. There is concern about budget reductions and the time needed/ complexity of domestic violence cases including information gathering and case management. Flexible services work but create resource challenges

A significant amount of national funding is being secured locally for related projects by the voluntary sector. Significant resource commitments are made in this area from several agencies, including the CPS and the Police

There is mixed opinion of need to protect and open up 'specialisms' – agreement on need for everyone to consider the issues of sexual and domestic violence and to improve response and work in a co-ordinated manner – integration across commissioned and non-

commissioned. There are also queries around the place of prostitution and trafficking which may or may not be considered within the definitions of sexual and domestic violence used.

There is a challenge of how to make safe those with no recourse to public funds, the increasing number of young people using violence in their relationships and an increase in cases involving child to parent violence. Victims using violence also may present a challenge to services and they could potentially fall through the service 'net'.

There is an ongoing need for further workforce development in these areas.

National expansion of the Troubled Families Programme to include families affected by domestic violence

There have been approximately 20 Freedom of Information Act requests to the city council relating to sexual or domestic violence in the last two years. The Police report having received 'hundreds' relating to sexual violence and several more related to domestic violence. These FOIRs take a significant amount of staff time to respond to.

In the Partner Survey of September 2014, the preference for naming the agenda differed amongst respondents. The favoured option (10 people in total responded) was to name the agenda 'domestic and sexual violence and abuse'. When this was discussed at the initial findings review meeting in November, those present (21?) were concerned that this would be a cumbersome title for the strategy and agreed on 'sexual and domestic violence'; acknowledging that the definition of violence includes non-physical abuse such as controlling and coercive behaviour.

In the survey 11 of 12 respondents supported victim-survivor services to be delivered across Leicester, Leicestershire & Rutland. 7 supported LLR service for perpetrators (of the 12 respondents); 9 support LLR service for Families (of the 12 respondents).

The survey also asked about combining sexual and domestic violence services. This was seen to be more of an advantage for:

- Court support
- Safe Home Support
- Helpline provision
- Crisis support

And less so for:

- Therapeutic support
- Engagement/outreach work
- Children, young people and family support

Partners were also asked to comment on the existing service distinctions. Responses to this question were more varied outside of a consensus to keep perpetrator services, and therapeutic services distinct.

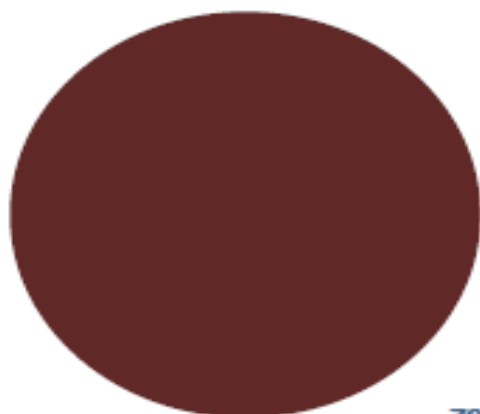
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Understand the Pathways

As part of the review we undertook some more analysis into the CAADA intake forms for helpline, outreach and IDVA workers completed from 2012-2014

777

clients entered the system with the helpline service



3.9 % went on to use the helpline as a second service



6.7 % went on to use IDVA as a second service



10.2 % went on to use outreach / support worker / floating support as a second service



79.3 % did not appear to use a second service

219

clients entered the system with the IDVA service



6.4 % went on to use the helpline as a second service



11.9 % went on to use IDVA as a second service



3.7 % went on to use outreach / support worker / floating support as a second service



78.1 % did not appear to use a second service

395

clients entered the system with the outreach / support worker / floating support service



13.9 % went on to use the helpline as a second service



1.0 % went on to use IDVA as a second service



0.5 % went on to use outreach / support worker / floating support as a second service



84.6 % did not appear to use a second service

Not all support clients are entering through the helpline currently. From this data it appears that many service users stay with the service they initially present to.

Referrals Into DV Specialist Services 2013-2014 (8 quarters of data)

Referral From →	DV Helpline	FreeVA	Health	Council	Police	LWA	Total Referrals Where Source was recorded
Referral To ↓							
Family Service	106	0	0	0	0	N/A	280
Perpetrator Service	5	0	4	1	2	0	179
Victim-Survivor Service	N/A	18	81	92	256	8	1583
Safe Home Service	N/A	4	9	22	28	1	278
TOTALS	111	22	94	115	286	9	637

This data seems to show lower than expected referrals between the specialist services. It does show good referral to the main entry point (the helpline) from the city council, police and health.

The mapping data (for 2013-14 service returns) for each of the specialist services appears quite different contact patterns for each agency from across the City. The Safe Home Service clients (409) come predominantly from the East of the city. The Family Service (130) has higher referrals in from the East of the city. For the main victim-survivor service (1008) there is a more even spread across the city map, but fewer service users from the South. For the perpetrator service (108), the clients are predominantly showing from the south, with the lowest number from the centre and the east. For the sexual violence service (helpline, outreach and ISVA 106) the numbers are higher in the North and South. For the therapeutic service (255) there appears to be a more consistent spread. This data has only been mapped once to date and discussions on how to best reproduce this on a regular basis are ongoing.

Of the 27 partners who received regular support from the Perpetrator Service in 2013-14, 70% had never accessed a domestic violence service prior to the Jenkins Centre. Within this year 296 support sessions with partners were conducted, an average of approx. 10 sessions per partner.

Equality

Equality & Diversity		2013/14		
		No	From	%
Service users BME	DV Family Service	59	153	39%
	DV Safe Home Service	508	857	59%
	DV Victim – Survivor Service	999	2129	47%
	DV Perpetrator Service	33	108	31%
	SV Helpline, Outreach, ISVA	33	88	44%
	SV Therapeutic Service	50	206	24%
	SV Training & Awareness	Not provided		
% identified as LGBT	DV Family Service	1	153	1%
	DV Safe Home Service	7	857	1%
	DV Victim & Survivor Service	30	2129	1%
	DV Perpetrator Service	0	108	0%
	SV Helpline, Outreach & ISVA	2	88	2%
	SV Therapeutic Service	0	206	0%
	SV Training & Awareness	Not provided		
% aged 16-18	DV Family Service	10	153	7%
	DV Safe Home Service	29	857	34%
	DV Victim-Survivor Service	127	2129	6%
	DV Perpetrator Service	0	108	0%
	SV Helpline, Outreach & ISVA	8	88	9%
	SV Therapeutic Service	11	206	5%
	SV Training & Awareness	Not provided		
Pregnancy & Maternity (pregnant or who had a baby in previous 12 months)	DV Family Service	0	153	0%
	DV Safe Home Service	123	857	14%
	DV Victim – Survivor Service	327	2129	15%
	DV Perpetrator Service	0	108	0%
	SV Helpline, Outreach, ISVA	2	88	2%
	SV Therapeutic Service	0	206	0%
	SV Training & Awareness	Not provided		
Honour Based Violence	DV Victim-Survivor Service	36	815	9%
Identified as at risk of forced marriage	DV Victim-Survivor Service	19	815	3%
No Recourse to public funds	DV Victim-Survivor Service	71	815	7%
Noted a disability	DV Family Service	8	153	5%
	DV Safe Home Service	150	857	18%
	DV Victim-Survivor Service	323	2129	15%
	DV Perpetrator Service	34	108	31%
	SV Helpline, Outreach and ISVA	25	88	28%
	SV Therapeutic Service	136	206	66%

	SV Training & Awareness	Not provided		
Male service users	DV Family Service	89	153	58%
	DV Safe Home Service	23	857	3%
	DV Victim-Survivor Service	66	2129	3%
	DV Perpetrator Service	100	108	93%
	SV Helpline, Outreach and ISVA	1	88	1%
	SV Therapeutic Service	25	206	12%
	SV Training & Awareness	Not provided		

Within the victim-survivor service, there are different ethnicity profiles. The largest number of BME clients is consistently reported for the outreach service rather than the helpline and IDVA provision.

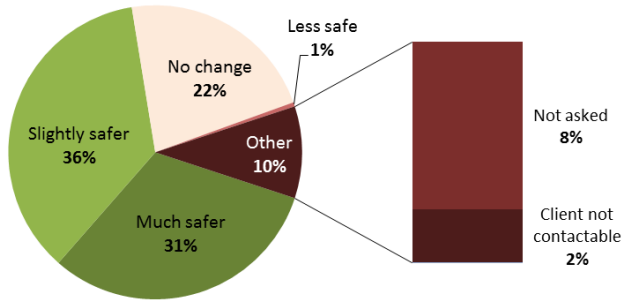
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Client perceptions of outcome by ethnicity (Data from SAFE project)

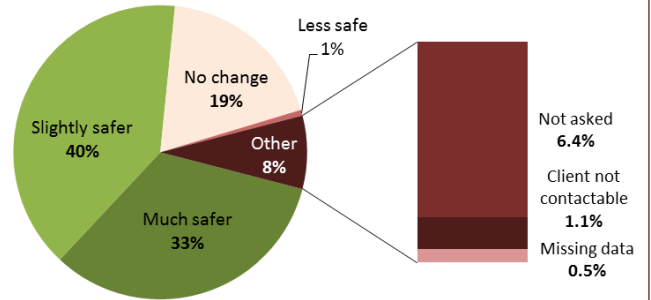
All closed cases: White British

All closed cases: All other ethnic groups

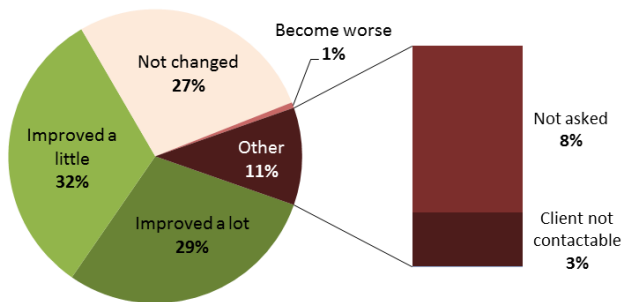
Client perception of safety compared to intake



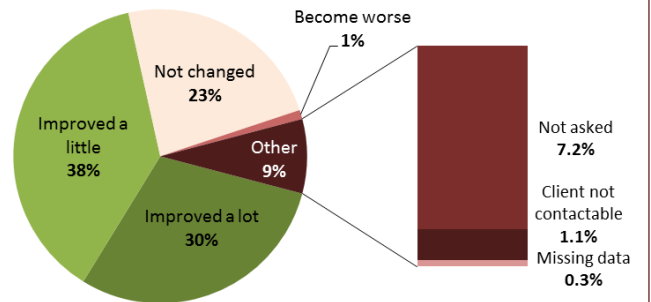
Client perception of safety compared to intake



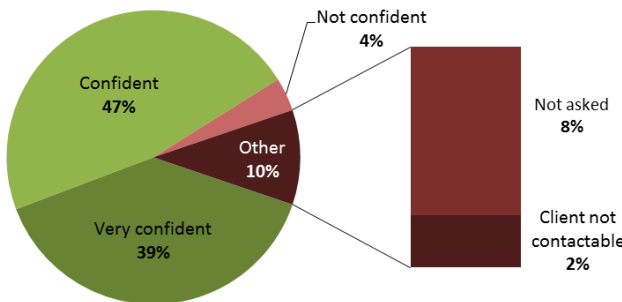
Client perception of quality of life compared to intake



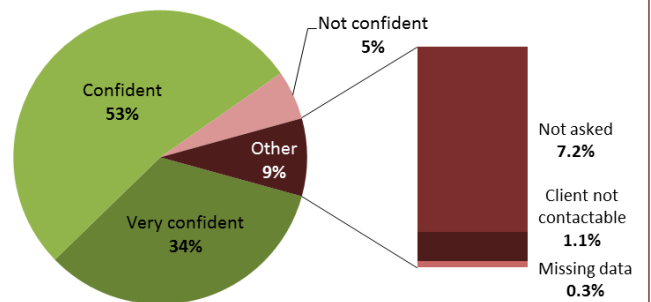
Client perception of quality of life compared to intake



Client confidence in knowing how to access help and support



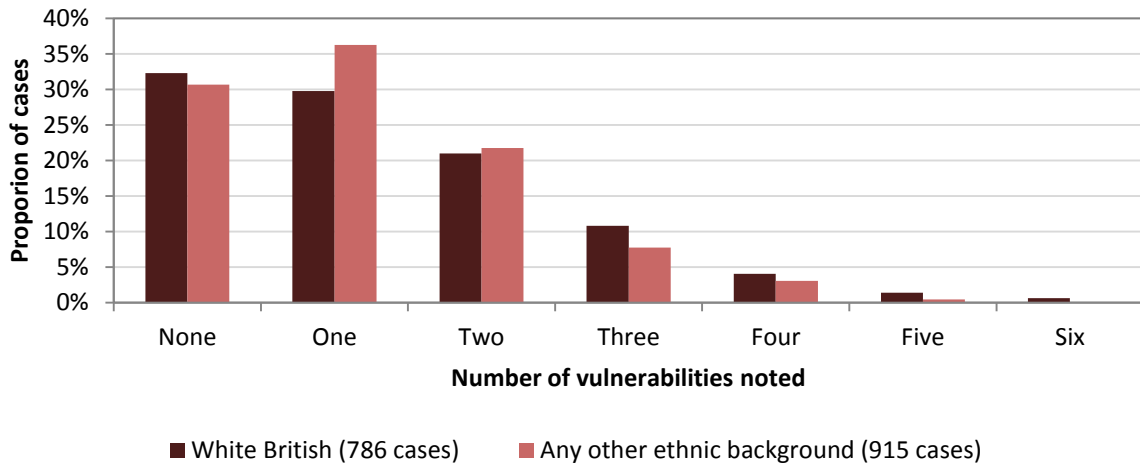
Client confidence in knowing how to access help and support



The likelihood of reporting positive outcomes does not appear to be negatively affected by being 'non-white'

Number of vulnerabilities noted per case

All cases included. Breakdown given by ethnicity



The number of vulnerabilities identified at intake does not appear from this data to be affected by whether White or from another ethnic background.

Police satisfaction by known personal characteristics:

Personal characteristic	Category	Number surveyed	Overall Satisfaction
Sex	Male	18	78%
	Female	66	94%
Sexual Orientation	Bisexual	1	100%
	Lesbian/Gay	0	
	Heterosexual	79	91%
	Do not wish to say	4	75%
Disability	Yes	14	100%
	No	70	89%
Ethnicity	BME	16	88%
	White	63	91%
	Do not wish to say	3	100%
Age	16-24	19	95%
	25-34	24	83%
	35-44	22	91%
	45-54	14	93%
	55-64	4	100%
	65-74	1	100%
	75 or above	0	
	Do not wish to say	4	100%

Slightly lower satisfaction for male victims, those identifying as BME, and those in the 25-34 age range, but small numbers overall

Police data on domestic violence and sexual violence victims is not currently reported across the census categories and so comparison across this total 'population' can not be undertaken

City Council Housing Management Data 2013-14

Personal characteristic	Category	Number	% of all DV cases where ethnicity recorded
Sex	Male	2	6%
	Female	33	94%
Ethnicity	Asian/Asian British	4	11%
	Black/Black/British African	1	3%
	Black/Black British Caribbean	1	3%
	White British	17	49%
	Other	5	14%
	White of Irish origin		
	No Data Available	7	20%
Age	16-24	6	17%
	25-34	13	37%
	35-44	8	23%
	45-54	5	14%
	55-64	2	6%
	65-74	1	3%

No additional equality data is currently shared by other local providers on a routine basis nor has been provided for the audit/ in last ten months of review.

National and Local Context

Key Documents

- HM Government Violence Against Women and Girls Strategy 2009?
- Annual VAWG action plans
- NICE Guidance 2014
- Early Intervention Foundation Report 2014
- NSPCC Research 2009
- DoH SARC framework and guidance
- DHRs Statutory Guidance
- Forced Marriage Statutory Guidance
- CAADA Documents
- LGA Report 2014
- HMIC Report

Local and National Changes

- Spending Review
- Introduction of Police & Crime Commissioners
- Government Definition of Domestic Violence and Abuse
- CPS Guidance on Prosecution – Controlling behaviour
- Project Mirabal
- Introduction of specialist family and perpetrator services
- Introduction of specialist therapeutic services

Horizon

- Further budget reductions
- Further organisational change
- National Election

Assessment of Progress

Previously identified area for Improvement	2014 Assessment of progress (RAG)	Evidence
1. Prevention & education in every primary and secondary school		
2. Reporting and accountability for LDVFP		
3. Links with the parenting agenda		
4. Engagement with A&E; midwifery; mental health		
5. Sustaining funding for victim services		
6. Multi-agency training		
7. Sharing lessons learnt on challenging/serious cases		
8. Perpetrator interventions		
9. IOM links		
10. Identification and flagging of cases		
11. Learning from data		
12. MARAC capacity		
13. SV Recording of consistent and reliable collection of data		
14. SV Review the resourcing of the SARC		
15. SV Develop services for Black and Minority Ethnic (BME) victim survivors		
16. SV Children, 15- 18 who 'fall between the gaps' and a lack of services to address the sexual exploitation of children		
17. SV Lack of (free) training in the sexual violence services area		
18. SV Continuity of services and ability to address multiple issues		
19. SV The relationship between voluntary and statutory sector services		

Local Priorities for 2015-2020

- Expand response to perpetrators
- Work with young people aged 13-18
- Increase specific interventions for parents affected by DV or SV (evidence based programmes?)
- Consult on format of LLR provision
- Establish a LLR Support Pathway for DSVS
- Embed domestic violence within the TF Programme
- Integrate new DSVS services with Victim First
- Increase understanding around risk identification and safety outcomes
- Respond to findings of project 360
- Increase co-location within health settings
- Amend the delivery structure
- Improve data systems/ management
- Increase workforce confidence
- Establish a new SARC
- Sign up to Strategy – common definitions/ risk assessment/partner agreement/annual review
- Continue to campaign to raise awareness of local services available
- Establish a local practitioners network
- Run the 'quality mark' scheme, introducing common standards and assessment??
- Introduce standing feedback survey

Strategic Principle	Strategic Objective	Partner Objective/Agreement
Prevention		<p data-bbox="1106 432 2047 608">Culture Change To take an active role in campaigning on sexual violence and domestic violence and working to achieve culture change. To develop and deliver on initiatives that show that commitment to increasing reporting and reducing the attitudes that underpin sexual violence and domestic violence</p> <p data-bbox="1106 644 2047 679">Friends/family members/CYP</p> <p data-bbox="1106 719 2047 895">Workforce and Community Training To ensure that relevant staff have appropriate training regarding domestic violence and sexual violence to enable them to feel competent in the job they need to perform. To be able to report on the numbers and levels of staff receiving training and delivering training and briefing sessions in this area</p>
Support		<p data-bbox="1106 938 2047 1074">Identification To have a system of identifying domestic violence and sexual violence where they are issues for our client group and to report on this data at least annually, acknowledging the ideal of monthly reporting</p> <p data-bbox="1106 1118 2047 1286">Referral To be aware of the local partners, including specialist service providers, and to make referrals where appropriate for those affected by domestic violence or sexual violence. To ensure there is clear information on these services available to our staff</p>

Protection		<p>Employee Policy To have an appropriate policy in place for employees affected by domestic violence or sexual violence, as victims, carers or perpetrators</p> <p>Risk assessment To keep abreast of emergent good practice and adopt the CAADA DASH (2009), to form a common language of risk of homicide or serious injury for adult victims of domestic violence across Leicester</p> <p>Perpetrators ???</p>
Equality		<p>Equality To monitor the protected characteristics of staff, volunteers and services users to inform equality assessments and action plans and in other ways be in a position to evidence our commitment to having equality at the root of all our work</p>
Evidence Based Working		<p>Evidence Base To take an active role in building the evidence base for domestic violence and sexual violence work locally; on need; pathways; impact and in identifying where questions remain unanswered.</p> <p>Quality Assurance To have robust systems in place to quality assure my organisations work on domestic violence and sexual violence (and those I may commission) and to share learning and performance in this area with partners</p> <p>Service User Involvement To have mechanisms in place that evidence our commitment to listening to the experience of service users affected by these issues and to report on</p>

		emerging issues and ongoing themes
Co-ordinated Partnership Working		

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Potential Delivery & Strategic Working Structure for DSV 2015+ LLR DRAFT THREE

LLR
DSV

