

<b>REPORT TO:</b>	<b>HEALTH AND WELLBEING BOARD (CROYDON)</b> <b>26 March 2014</b>
<b>AGENDA ITEM:</b>	<b>10</b>
<b>SUBJECT:</b>	<b>Domestic Violence Joint Strategic Needs Assessment 2013/14</b>
<b>BOARD SPONSORS:</b>	<b>Mike Robinson, Director of Public Health</b> <b>Hannah Miller, Director of Adult Services, Health and Housing</b> <b>Paul Greenhalgh, Director of Children, Families and Learning</b> <b>Paula Swann, Chief Officer, Clinical Commissioning Group</b>
<b>CORPORATE PRIORITY/POLICY CONTEXT:</b> Producing a local Joint Strategic Needs Assessment (JSNA) has been a statutory requirement since 2008. The Health and Social Care Act 2012 has reinforced the importance of the JSNA in informing local commissioning decisions and given responsibility for the JSNA to health and wellbeing board members. Local authorities and Clinical Commissioning Groups are required to collaborate to produce a Joint Strategic Needs Assessment (JSNA).	
<b>FINANCIAL IMPACT:</b> There is no financial impact arising directly from this report.	

## **1. RECOMMENDATIONS**

This report recommends that the health and wellbeing board:

1. Consider the domestic violence JSNA chapter, approve the document in principle and delegate final approval of any further amendments to the responsible directors
2. Note the conclusions from the report

## **2. EXECUTIVE SUMMARY**

- 2.1 The domestic violence Joint Strategic Needs Assessment is one of 4 needs assessments forming part of Croydon's JSNA in 2013/14.
- 2.2 The aim of the domestic violence JSNA chapter is to provide an overview of the local prevalence, patterns and trends around domestic abuse and sexual violence, and to enable the benchmarking of Croydon's efforts to reduce DV. The chapter includes an assessment of the current evidence of best practice and a mapping of local services.

- 2.3 **The DV JSNA chapter was started at a time when a Croydon Domestic Violence Strategy was already in place and a newly formed Domestic Abuse and Sexual Violence Group (DASV) had taken the lead in developing and implementing a local action plan. Throughout the development of the JSNA, emerging data and evidence for effective interventions have been taken into account to inform the action plan.**
- 2.4 Key issues that will be of particular interest to the Health and Wellbeing board are:
- 2.5 Croydon has a Borough wide strategic approach to tackling domestic violence. Information on the current prevalence, patterns and trends of DV will enable improved targeting of interventions and resources as well as the evaluation of the results of interventions. An overview of best available evidence of effectiveness of interventions will support strategic planning. The results of an extensive local service mapping will support the commissioning of services.
- 2.6 The DV JSNA chapter uses the 2013 Home Office definition of DV as any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical sexual, financial and emotional abuse. The new definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage.
- 2.7 Using British Crime Survey data, it is possible to estimate the expected prevalence of domestic violence and abuse in Croydon. It is likely that around 13,700 women and 8,800 men experienced at least one incident of domestic abuse during 2011/12. It is likely that during the same period around 12,160 women experienced four or more incidents of domestic abuse (with a mean average of 20 incidents) and just fewer than 1,000 men experienced four or more incidents (with a mean average of 7 incidents).
- 2.8 In contrast to the expected prevalence, there were just fewer than 6,000 allegations of domestic abuse in Croydon in 2011/12, with around 1,800 of these being allegations of violence of a serious nature, including grievous and actual bodily harm, rape and harassment. However, there is almost certainly a large underreporting as to the actual extent of domestic violence and abuse in the borough.
- 2.9 There has been a 8.6% increase in domestic violence allegations in Croydon, and a 4% increase in offences in the period from September 2012 to August 2013. Croydon has the largest number of offences by volume, but it ranks 19<sup>th</sup> out of 32 London boroughs in terms of rates of domestic violence offences per 1000 population. Croydon's domestic violence rate per 1,000 population at 7.0 is higher than the average for similar Crime and Disorder Reduction Partnership (CDRP) boroughs (5.7) and for London as a whole (6.4). However the increase in offences at 4% is less than the CDRP borough average (5.8%) and London's percentage increase of 6.4%.
- 2.10 Over the longer term, domestic violence offences in Croydon have remained roughly constant or even shown a slight decrease.

- 2.11 Data on 'honour' based violence; FGM and forced marriage are not currently systematically collected in Croydon, although these may be common within a number of local communities.
- 2.12 The majority of recorded victims of DV in Croydon are women aged 21-30 (586 allegations) followed by women aged 31-40 (426 allegations).
- 2.12.1 There is a small number of recorded allegations of what could be considered elder abuse.
  - 2.12.2 There are very poor data on domestic violence and abuse within LGBT communities.
  - 2.12.3 An association between ethnicity and domestic violence allegations in Croydon cannot be demonstrated.
- 2.13 In February 2014, NICE issued Public Health guidance on Domestic violence, outlining evidence for cost-effective interventions for the prevention and response to DV.
- 2.14 The draft recommendations from reviews of two local domestic homicides have been included into chapter conclusions and into the local DV action plan.
- 2.15 Conclusions from the JSNA chapter have been fed into the development of the local action plan on DV:
1. Domestic Abuse and Sexual Violence Group (DASV) to have a named lead from every local partner agency.
  2. DASV to lead on the evaluation of the impact of local interventions.
  3. Safer Croydon Partnership and Domestic Abuse and Sexual Violence Group to continue to oversee implementation of Croydon's Domestic Homicide Review recommendations.
  4. Safer Croydon Partnership and Domestic Abuse and Sexual Violence Group to assess and take account of NICE domestic violence and abuse guidance and continue to update DV strategy in the light of best available evidence.
  5. Croydon Clinical Commissioning Group to set up a Health Services Working Group reporting to Domestic Abuse and Sexual Violence Group with membership including Croydon CCG, Public Health Croydon, Croydon Healthcare Services (including urgent and emergency care services and Midwifery Departments), Croydon DAAT and SLaM, to ensure coordinated health service response to domestic violence and abuse.
  6. Safer Croydon Partnership to decide strategic approach and governance arrangements relating to Female Genital Mutilation, Forced Marriage and 'honour' based violence. This should include data collection.

7. Domestic Abuse and Sexual Violence Group to continue, as part of the DV action plan, to develop and implement measures to prevent domestic violence and abuse including early intervention targeting children, young people and families.
8. Training and communications to highlight that vast majority of domestic violence and abuse involves coercive and controlling relationships rather than criminal acts of physical violence.
9. Training and communications to cover use of technology and social media in perpetrating domestic violence and abuse.
10. Work with local partners to further assess needs in relation to elder abuse building on the work of the LBC safeguarding team.
11. Work with partners to further assess needs of Croydon's LGBT communities in relation to domestic violence and abuse.
12. Systematic engagement with the wide range of non-specialist voluntary and community sector organisations working with groups at risk of experiencing domestic violence and abuse.
13. Public Health Croydon to carry out regular reviews of the evidence around effective interventions.

### **3. DETAIL**

- 3.1 The overall aim of the domestic violence JSNA chapter is to improve outcomes for the people of Croydon through influencing commissioning by analysing information of current and future need.
- 3.2 The chapter identifies the prevalence, patterns and trends in domestic violence. A local service mapping identifies a wealth of local partners. Key findings, data and conclusions have been fed into the development of a local action plan and the review of the local Domestic Violence Strategy.
- 3.3 The chapter will be made available online on the Croydon Observatory website.

### **4. CONSULTATION**

- 4.1 The findings from interviews with victims of DV, data from local services and engagement with partner organisations have been included into the chapter.
- 4.2 The chapter was shared widely during the JSNA process. Input and direction have been obtained from a wide range of stakeholders across Croydon. The

DASV group acted as a reference group and guided the development of the chapter.

Presentations of drafts of the chapter were given to:

- JSNA Steering group
- CCG SMT
- CCG Governing Body
- Council CLT

## **5. SERVICE INTEGRATION**

- 5.1 Several of the JSNA conclusions address the continued integration of partners in the local strategic process. Partnership working and engagement of all relevant stakeholders are key to a successful approach to address DV.

## **6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS**

- 6.1 According to cost estimates, Croydon incurs £37.4 million in tangible costs, and a further £64.5 million in human and emotional costs related to DV. However, it is likely that this is a significant underestimate of the economic impact of domestic violence.
- 6.2 As stated in the JSNA chapter there are evidence based cost effective interventions for both the prevention and the response to DV. Therefore, investment in prevention and response to DV can save money and improve the health and well-being of the population.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Producing a local JSNA is a statutory requirement.

## **8. HUMAN RESOURCES IMPACT**

- 8.1 There are no staffing issues arising directly from this report. One of the conclusions addresses the need for training of front line staff. This is taken forward in the local DV action plan.

## **9. EQUALITIES IMPACT**

- 9.1 The domestic violence JSNA chapter has considered equality and diversity implications, by examining the impact of DV on vulnerable groups in Croydon's population. The chapter also considers needs for those people with protected characteristics. However, there are insufficient data to estimate the impact on LGTB groups and one of the conclusions is that there is a need to explore the needs of this community further.

## **10. ENVIRONMENTAL IMPACT**

10.1 There is no specific environmental impact arising from this report.

## **11. CRIME AND DISORDER REDUCTION IMPACT**

11.1 The DV JSNA reports on the current prevalence, patterns and trends of DV related crime, both as allegations of crime as well as offences. The conclusions of the JSNA will support strategic approaches to reduce crime in Croydon.

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### **BACKGROUND DOCUMENTS**

Domestic violence JSNA Chapter 2013/14