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Health Impact Assessment of domestic abuse services commissioned by Derbyshire County Council

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Special thanks must go to the service-users and individuals affected by domestic abuse for the time they gave to take part in the consultation, and for their willingness to share their personal experiences

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Executive Summary

Domestic abuse is a significant public health issue, impacting on the physical and mental health of victims and witnesses of abuse. Derbyshire County Council commissions a range of domestic abuse services that respond to victims, witnesses and perpetrators of abuse. Currently commissioned services are Independent Domestic Violence Advisor/high risk services, medium risk outreach services, children's domestic abuse support services, accommodation and housing related support services, a perpetrator programme and a domestic abuse helpline. These services will be re-commissioned from April 2016.

The aim of this Health Impact Assessment was to identify the health impacts of current domestic abuse services, and make recommendations as to how to maximise positive health impacts and minimise negative health impacts within the new service specification.

Methodology

A project group was established to oversee the practical implementation of the Health Impact Assessment. The Derbyshire City and County Sexual Violence and Domestic Violence Governance Board acted as the Steering Group for the Health Impact Assessment.

Information drawn from population statistics, expert knowledge and published evidence was used to identify the impacts and develop the recommendations. The opinions of service-users and stakeholders on the health impacts of domestic abuse and service use was collected as part of the consultation for the re-commissioning of services. A total of eight service-user and six professional focus groups were held, and there were 212 survey responses received (151 from members of the public, 38 from service providers and 23 from partner agencies).

All information was reviewed by an Appraisal Panel consisting of members of the Governance Board and Public Health, to identify the health impacts of domestic abuse service use.

Findings

There are no accurate data on the incidence or prevalence of domestic abuse as many cases go unreported. Best available evidence suggests that, in England, approximately 1 in 4 women and 1 in 7 men experience domestic abuse within their adult lives. Derbyshire has a higher rate of recorded incidents than England, with in excess of 13,000 recorded incidents of domestic abuse by the police in 2013/14. It is not possible to determine whether the higher rate locally is due to a true higher prevalence of abuse, or higher levels of reporting and recording by the police. A number of population groups experience higher rates of abuse; including women, young adults, and those with a disability or long term condition.

The health impacts of domestic abuse are wide-ranging. In general, the findings of the consultation concurred with the published literature on the health impacts of domestic

abuse. As well as physical injuries, victims of domestic abuse report significant impacts on their emotional health and well-being, unhealthy behaviours such as excessive alcohol intake and poor diet, significant financial pressures and an impact on employment, education and housing.

In general, there is a lack of robust, published evidence on the effectiveness of interventions for improving the health outcomes for those affected by domestic abuse. However, there are a number of approaches that have demonstrated a consistency of outcomes across a number of studies; namely advocacy services, skill-building, counselling, and therapeutic interventions. The consultation highlighted a number of positive impacts on the health of service-users through enabling individuals to adopt healthy behaviours; providing financial, education, employment and housing support; enabling access to health, social care and other specialist and support services; and improving social inclusion, emotional wellbeing and providing a sense of control for service-users. The consultation also identified a number of negative impacts on the health of service-users, including exposure to the drug and alcohol use of others; inequity in access to services across the county, including in rural communities; limited availability of accommodation for certain population groups; inconsistent access to health, social care and other specialist and support services; exacerbation of feelings of isolation; and perceived stigma at being a domestic abuse service-user.

Analysis and recommendations

The Appraisal Panel identified a number of positive and negative impacts that domestic abuse services can have on the health of those affected by domestic abuse. The impacts are a combination of the potential for services to improve the health of a victim, witness or perpetrator of abuse, and the negative impact on health reported by service users and professionals.

The main recommendation is for the commissioners of domestic abuse services within Derbyshire County Council to maintain the provision of services to victims, witnesses and perpetrators of domestic abuse, and to implement the remainder of the recommendations to ensure services have the maximum positive impact on the health of service-users. A number of other recommendations have been identified for commissioners, service providers, the Derbyshire City and County Sexual Violence and Domestic Violence Governance Board, other teams within Derbyshire County Council, and other agencies. The recommendations focus on ensuring that services are provided equitably across the county and support individuals to adopt healthier lifestyles and provide access to support and specialist services in a way that is consistent and proportionate to an individual's needs. Adoption of the recommendations will enable domestic abuse services to have the maximum positive impact on the health of service-users.

1 Introduction

Domestic abuse is a major public health issue, with an estimated one in four women and one in seven men experiencing domestic abuse during their lifetime.[i] Domestic abuse has a significant impact on a victim's health, and therefore identifying and responding to individuals who have experienced, witnessed or perpetrated abuse will contribute towards improving the health of this vulnerable population group, together with a reduction in health inequalities.

Within the UK, the cross-government definition of domestic abuse is:[ii]

> *"Any incident or pattern of incidents 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 and sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial or emotional abuse.*
>
> *Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."*

2 Aim and objectives

The aim of this Health Impact Assessment (HIA) was to undertake a rapid, prospective, participatory HIA of Derbyshire County Council's commissioning intentions for domestic abuse services.

Identified objectives for the HIA were to:

1. establish a Project group to oversee practical arrangements for completing the HIA
2. gain approval from the Derbyshire City and County Sexual Violence and Domestic Violence Governance Board to act as the Steering Group with overall responsibility for the HIA
3. prospectively assess potential positive and negative health impacts of the commissioning intentions by triangulating (a) information on the prevalence of domestic abuse, (b) the available research base and (c) capturing the perspective of all stakeholders, including service-users
4. pay particular attention to impacts that may lessen or widen inequalities in health or the determinants of health
5. make recommendations to the commissioning managers at Derbyshire County Council to inform decision making to enhance positive health impacts and mitigate negative health impacts within the commissioning intentions
6. monitor the impact of the HIA, through an assessment of the influence of the report with commissioning managers and a review of the impact of the commissioning intentions on the health of service-users

The scope of the HIA is described in Figure 1.

Figure 1: Scope of the Health Impact Assessment

In scope	Out of scope
• Population of Derbyshire County • Victims of domestic violence and abuse, including that of a sexual nature if occurring within a familial or intimate relationship • All age groups, including children who witness or experience domestic abuse • Females and males • Abuse that occurs in heterosexual and same-sex relationships • Services that respond to victims, witnesses and perpetrators of domestic abuse	• Population of Derby City • Victims of sexual violence and abuse occurring outside of a familial or intimate relationship • The effectiveness of tools, and the settings in which they are used, to identify victims of domestic abuse

2.1 Proposal for commissioning domestic abuse services

Traditionally HIAs are undertaken on a proposal, policy or project. At the time of undertaking this HIA, there was no service specification available describing the proposed services to be commissioned. The service specification will be developed after the consultation has finished. This was due to the preference of the Domestic Abuse Manager to undertake a consultation with service-users and key stakeholders that was not based on a pre-determined proposal, and the wish to undertake a prospective HIA.

Due to the absence of a proposed specification, the current domestic abuse services have been used as the basis for the HIA. Such an approach enables the HIA to have maximum influence in development of the new service specification. However, there is a risk that if the new service model has a significantly different configuration to current services, then the recommendations within this HIA may not be transferable to the new specification.

3 Health impact assessment

The European Centre for Health Policy Gothenburg Consensus defines Health Impact Assessment (HIA) as:[iii]

> *A combination of procedures, process, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population*

HIA is a systematic, practical way of assessing the potential positive and negative health gains of a proposal on health and wellbeing, and identifying methods to maximise positive health gain and minimize risks to health.[iv] Despite being a tried and trusted methodology, HIA is not an exact science, and requires participants to make value judgements on the nature of the impacts. Ideally, to have greatest influence, HIAs should be conducted during the planning phase of the proposal.

HIAs enable a public health perspective to be given to decision-making areas that may traditionally be viewed as outside the remit of public health.[v] Derbyshire County Council has agreed to pilot a programme of HIAs throughout the Authority to contribute towards improving the health of local people and to reduce health inequalities.[vi]

There are 5 main stages within the HIA process:

1. Screening – this is a quick assessment of the potential health effects of a policy or proposal, and is used to identify when a full HIA would be beneficial

2. Scoping – this stage sets out the scope for the HIA, including the depth of the assessment, the areas to be included, the types and method of data collection to be utilised, and the key stakeholders to be engaged

3. Appraisal – information is collected and appraised to identify the health impacts, determine whether they are positive or negative in nature, their scale (for example the size of population affected or severity of impact), likelihood and latency.

4. Recommendations – recommendations are developed to maximise the positive health impacts of the proposal, and to minimise the negative impacts

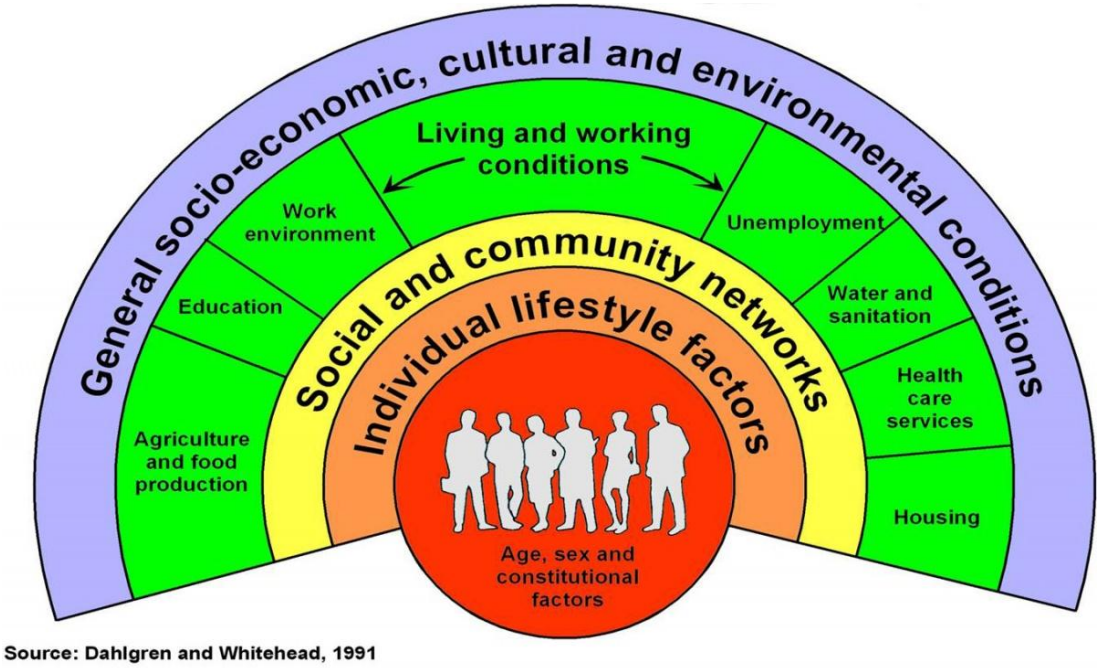
5. Implementation – action is taken to implement the recommendations, for example by amending priorities or eligibility criteria for a service

3.1 Wider determinants of health and Health Impact Assessments

HIAs pay close attention to the determinants of health. An individual's health state results from factors occurring at an individual and population level. Individual factors include a person's genetic predisposition, factors affecting physical health (such as the presence of other medical conditions), lifestyle choices and psychological (mental) health. Population

factors (often called the wider determinants of health) include broader economic, social, environmental and political factors. The wide range of factors that can impact on an individual's health are as represented in Figure 2, and HIAs facilitate consideration of the impact of the proposal under review on the wider determinants of health.

Figure 2: The determinants of health



Source: Dahlgren and Whitehead, 1991

4 Domestic Abuse Services commissioned by Derbyshire County Council

Derbyshire County Council funds approximately £1.6million of domestic abuse services each year. Services are generally provided by the voluntary sector and support females, males and children experiencing domestic abuse, either as a victim, witness or perpetrator. Prior to 1 April 2015, domestic abuse services were commissioned by the Children and Younger Adults, Health and Communities and Adult Care directorates of Derbyshire County Council. From 1 April 2015, responsibility for the commissioning of domestic abuse services became the sole responsibility of the Community Safety Team within the Health and Communities Directorate, overseen by the Head of Community Safety and managed by the Domestic Abuse Manager.[vii]

Existing contracts for services are committed to 31 March 2016. From this date, new services will be commissioned to meet the domestic abuse needs of the population of Derbyshire.

The following domestic abuse services are currently commissioned by Derbyshire County Council.

Independent Domestic Violence Advisors / high risk services

The main role of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk (scoring 14 or more on the Domestic Abuse, Stalking and Honour-based violence (DASH) risk assessment) of harm or homicide from intimate partners, ex-partners or family members to secure their safety and the safety of their children.

IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans. They are pro-active in implementing the plans, which address immediate safety, including practical steps to allow the client to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the Multi Agency Risk Assessment Conference (MARAC) as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. IDVAs support and work over the short- to medium-term to put their clients on the path to long-term safety.

In addition the team also hosts two additional IDVAs: one of which is a Specialist Domestic Violence Court (SDVC) IDVA who provides support to domestic abuse victims of any risk level when attending court and the other who is based within Chesterfield Royal to offer specialist support to health colleagues.

Medium risk outreach services

Five services work across the County to provide support to medium risk (scoring between 10 and 14 on the DASH risk assessment) victims of domestic abuse and their families. This support includes:

- emotional support
- safety planning
- the Freedom programme
- building self-confidence and independence
- assistance when applying for grants and loans
- help with budgeting and resettlement skills, such as shopping and cooking
- assistance in finding work, paid or unpaid
- assistance with accessing training or education
- referrals to other relevant agencies

The services also provide awareness raising training for professionals and organisations in their local area.

Children's domestic abuse support services

These services are available to children and young people aged between 0-18 years (or 19 years if the referral is made before the 18th birthday) to alleviate the impact of domestic abuse. The service works towards four outcomes: increase confidence and self-esteem; improve expectations of interpersonal relationships; increase ability to keep safe; and personally grow and develop. The service is offered through one to one sessions and group work. The service is time limited as it is a targeted service and offers on average 6-8 sessions. These sessions can be increased to a maximum of 12 if there is a need. The service also supports families to integrate into the community by introducing the family to services in the community who can also offer support.

Accommodation and housing related support

Accommodation services are available for victims who need to flee their home due to domestic abuse and go to a safe location. The refuges are available to those out of the area. Consideration will be made to victims locally but the main priority is the safety of those supported in accommodation. Accommodation includes emergency temporary accommodation staffed by specialist support teams 365 days per year.

Housing related support services are available to all male and female victims and support takes place within the home or in a safe place within the community. This is a housing related support service and can help and support with varying support needs which include but are not limited to securing safe/alternative accommodation, make the current home safer, look at refuge accommodation if needed, set up a new home, reduce any debt, access correct benefits, get into employment or education, access health care providers, obtain furniture and support with developing life skills as well as emotional support to cope with the domestic abuse. Support can be provided for up to 2 years in total.

Voluntary perpetrator programme

This is a county-wide voluntary perpetrator programme that assists men to stop their abusive behaviour towards their female partners. Working alongside the programme for men there is a dedicated female partner support service that will support women and families whose partners are on the programme. This support will include risk assessments and safety planning.

The programme is voluntary and does not work with men who are currently being investigated or waiting to appear before the courts for a domestic violence or serious violence offence.

The programme requires men to attend a group session of two hours, once a week for approximately six months. The group is facilitated by professionals and delivers a structured programme which addresses different forms of abusive behaviour. Groups are delivered weekly in Chesterfield, Buxton, Amber Valley and Swadlincote.

The service accepts both agency and self-referrals. The referring criteria are:

- males, aged over 18, where either the individual or his female partner live in Derbyshire
- males using violent and abusive behaviour to their female partners
- males who have some recognition of their abusive behaviour and show some willingness to change it

Derbyshire domestic abuse helpline

This is a confidential 24 hour helpline, available 7 days a week to provide guidance and support to people experiencing domestic abuse. During daytime hour's callers are able to select an option which will divert them to their local domestic abuse outreach providers. Out of hours, including weekends and bank holidays, the helpline is covered by Call Derbyshire where call handlers have been trained to provide immediate support and risk assessments.

5 Methodology

The planning and methodology for this HIA was based on the Merseyside Guidelines for Health Impact Assessment,[viii] a well-established methodology for completing HIAs.

5.1 Project group

A project group was established to oversee the practical implementation of the HIA, comprising representatives from Public Health and Community Safety. The primary focus of the project group was to plan and implement the consultation aspect of the HIA, including:

- a domestic abuse training and awareness session for Public Health locality staff involved in the HIA consultation events
- development of questions for use at the focus groups
- development of questions for inclusion in service-user and professional surveys
- development of data capture templates to be used at service-user and professional focus-groups
- co-ordination of staff input into the focus-groups
- facilitation of the appraisal panel
- a de-brief session for Public Health locality staff who facilitated the focus-groups

5.2 Steering group

The Derbyshire City and County Sexual Violence and Domestic Violence Governance Board oversees the strategic approach to domestic abuse across the county. The Governance Board agreed to act as the Steering Group for the HIA, with the following responsibilities:

- to endorse the methodology of the HIA
- to contribute to data collection, including participation within the appraisal stage
- to receive and endorse the final report
- to support the implementation of the recommendations as part of the strategic approach to domestic abuse in Derbyshire

Four representatives from the Governance Board participated in the appraisal panel.

5.3 Sources of information

In accordance with HIA good practice, information from a variety of sources was used during the HIA, including population statistics, expert knowledge and published evidence.[iv]

5.3.1 Data profiling

Information on domestic abuse data was used to develop a profile of domestic abuse within Derbyshire. This included identifying population groups at higher risk of experiencing domestic abuse.

5.3.2 Literature review

The Public Health Intelligence and Knowledge Services team at Derbyshire County Council conducted literature reviews to identify the health impacts of domestic abuse, and to identify studies that assessed the positive and negative impacts on health of interventions for victims, witnesses or perpetrators of domestic abuse.

5.3.3 Consultation

To collect expert opinion, service-user and professional focus groups were held, supplemented by online and paper surveys.

5.3.3.1 Service-users focus groups

The Domestic Abuse Manager approached a number of current providers of domestic abuse services in Derbyshire to collect the views of service-users. HIA questions for the service-user focus groups were integrated with consultation questions devised by the Domestic Abuse Manager. Locality workers and Public Health Managers from Public Health facilitated the discussions, which were also attended by the Domestic Abuse Manager and/or Community Safety Officer who could address any service specific questions. To ensure participants could speak openly, service providers were not present during the discussions. Eleven service user groups were organised across Derbyshire, of which nine of the groups went ahead. One group was cancelled due to the lack of time available for discussions and another due to low numbers of participants. Participants from the cancelled groups were provided with questionnaires to complete.

The focus groups started with a description of purpose of the discussions, and ground rules were established. The consultation questions (see appendix 1) were pre-printed and participants' responses recorded on a flip chart. The facilitators reflected responses back to the participants to ensure accuracy in representing the views of participants. If participants did not want to contribute verbally, they were given the opportunity to respond using post it notes after the session or by completing a questionnaire.

Table 1: Summary of the service user focus groups

Date	Location	Domestic Abuse service	No. of participants
26/03/2015	Buxton	Freedom programme	5
13/04/2015	Glossop	Refuge (specialist young women & girls)	6
13/04/2015	Glossop	Outreach	7
16/04/2015	Swadlincote	Next steps outreach	5
16/04/2015	Swadlincote	Refuge	4
21/04/2015	Belper	Outreach	6
23/04/2015	Heanor	Refuge	5
24/04/2015	Glossop	Refuge	Cancelled
28/04/2015	Chesterfield*	Refuge	5
28/04/2015	Chesterfield*	Refuge	
29/04/2015	Eckington	Freedom programme	Cancelled

*The focus groups at the refuges in Chesterfield were originally planned as two sessions, but these were combined on the day due to unforeseen circumstances

5.3.3.2 Professional focus groups

The Domestic Abuse Manager approached a number of professional groups with an interest in domestic abuse services in Derbyshire to collect the views of key stakeholders. HIA questions for the professional focus groups were integrated with consultation questions devised by the Domestic Abuse Manager. The Domestic Abuse Manager or Community Safety Officer facilitated the group discussions for the general consultation questions, with staff from Public Health facilitating the HIA discussion. The Domestic Abuse Manager or Community Safety Officer attended all of the focus groups to address any service specific questions. Six service user groups were organised across Derbyshire, all of which went ahead.

The consultation questions (see appendix 2) were pre-printed and participants' responses recorded. The interviewer reflected responses back to the participants to ensure accuracy.

Table 2: Summary of the professional focus groups

Date	Location	Professional Group	Participants
25/02/2015	Matlock	Domestic and Sexual Abuse Action Group (High Peak and Derbyshire Dales)	10
13/03/2015	Swadlincote	Domestic and Sexual Abuse Action Group (South Derbyshire)	8
19/03/2015	Chesterfield	Domestic and Sexual Abuse Action Group (North Derbyshire)	5
20/03/2015	South Normanton	Derbyshire County Council Adult Care Fieldwork	Over 50
24/03/2015	Lea Green	Derbyshire County Council Children and Young Adults service managers	12
23/04/2015	Ripley Town Hall	Domestic and Sexual Abuse Action Group (Amber Valley and Erewash)	7

5.3.3.3 Public survey

To give people the opportunity to give their views of the current services, an online questionnaire was posted on Derbyshire County Council's website, with a paper version also available. The questionnaire included questions relating to the health impacts of domestic abuse, and gaps in current service provision. The public consultation commenced on the 13th of March 2015 and closed on the 1st of May 2015, and 151 people responded to the survey. The majority of respondents were female, with the highest number of respondents in the 31-40 years category (table 3).

Table 3: Respondents to public survey broken down by sex and age

Age (years)	Females (%)	Males (%)	Total (%)
Under 20	6 (4.0)	0 (0)	6 (4.0)
21-30	23 (15.2)	1 (0.7)	24 (15.9)
31-40	39 (25.8)	5 (3.3)	44 (29.1)
41-50	30 (19.9)	4 (2.6)	34 (22.5)
51-60	21 (13.9)	5 (3.3)	26 (17.2)
61-70	7 (4.6)	4 (2.6)	11 (7.3)
Over 70	2 (1.3)	0 (0)	2 (1.3)
Prefer not to answer/no answer	-	-	4 (2.6)
Total	**128 (84.8)**	**19 (12.6)**	**151 (100.0)**

Figure 3 shows the awareness of domestic Abuse services in Derbyshire. Two of the 151 respondents did not provide an answer to this question. Refuge and housing related support had the highest awareness (with 62% of respondents being aware of the services (n=93)), and the voluntary perpetrator programme had the lowest level of awareness (30% of respondents (n=45)). Nineteen of the respondents (13%) were not aware of any domestic abuse services.

Figure 3: Awareness of domestic abuse services by respondents to the public survey

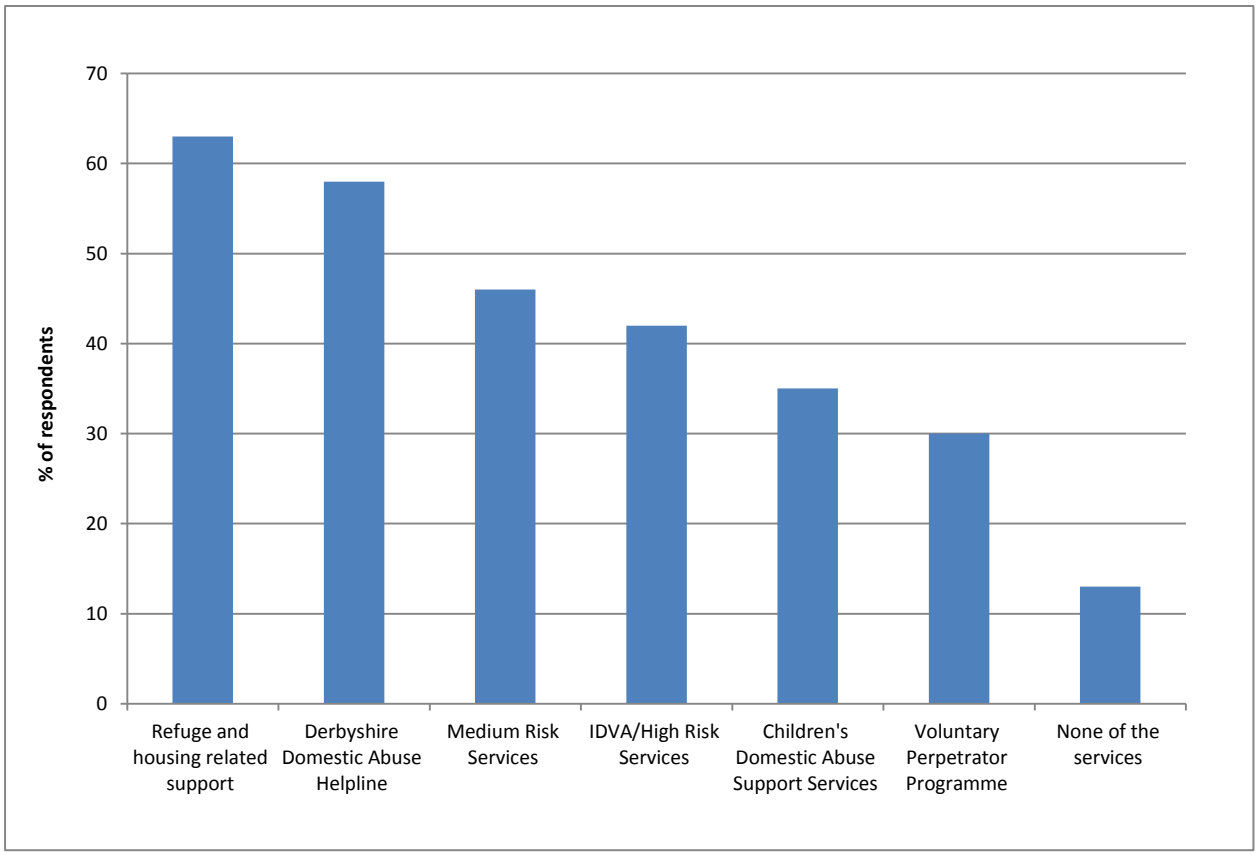
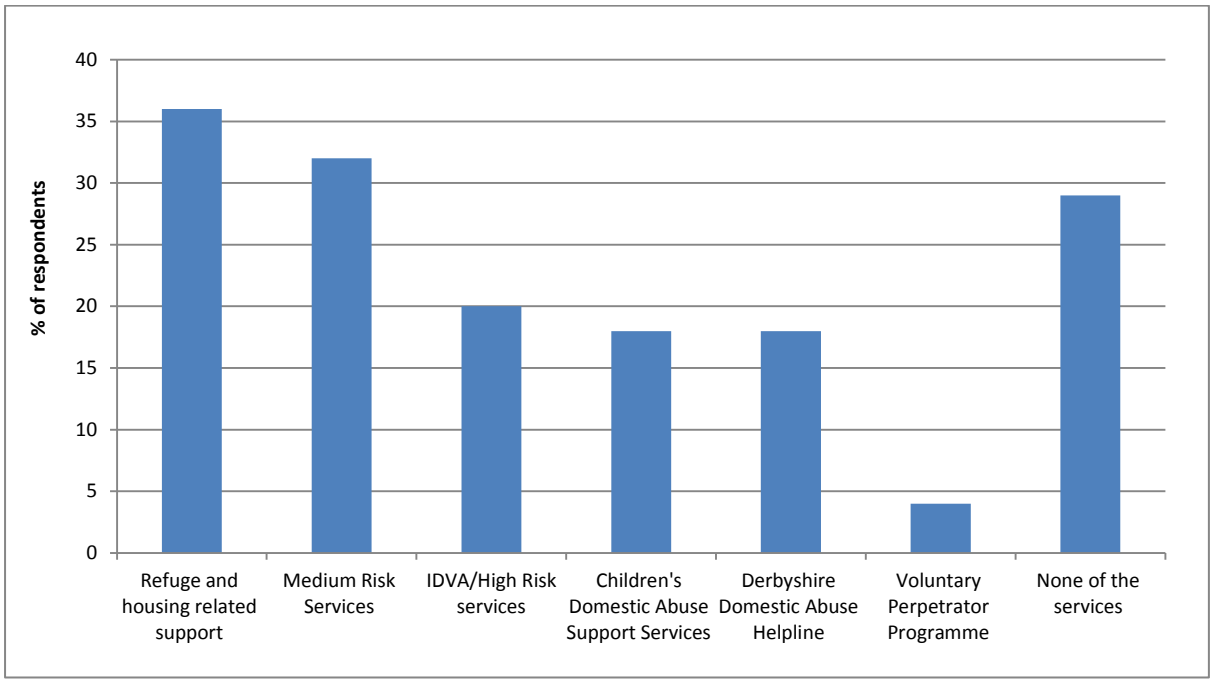


Figure 4 shows the use of domestic abuse services by respondents to the public survey. Of the 151 respondents, twenty two did not provide a response to this question. Overall, 91 respondents (71%) reported using a domestic abuse service in the last five years. Forty seven (36%) respondents had used refuge and housing related support, the most used of the domestic abuse services. Five (4%) of respondents had used the voluntary perpetrator programme, the least used of the domestic abuse services. Thirty eight (29%) of respondents hadn't used any domestic abuse services over the last 5 years.

Figure 4: Use of domestic abuse Services over the last 5 years by respondents to the public survey



5.3.3.4 Partner survey

A survey was circulated to partner organisations from the public, private and voluntary sector including Derbyshire County Council Adult Care and CAYA, the police, health including CCGs, midwifery, intermediate Care and SLT, Her Majesty's Court Service, the National Probation Service, Community Rehabilitation Company, Youth Offending Service, specialist support services, drug and alcohol services, Crown Prosecution Services, Office of the Police and Crime Commissioner, Derbyshire Fire and Rescue Service, and homelessness teams. The partner survey included a question on gaps in current service provision. The partner survey included a question on gaps in current service provision. Twenty three responses were received to partner survey.

5.3.3.5 Service Provider Survey

A survey was circulated to current providers of domestic abuse services in Derbyshire. The provider survey included a question on gaps in current service provision. Thirty eight responses were received from service providers covering the services shown in table 4. A number of respondents indicated that they worked for more than one service, hence the sum of the responses by service type exceeds thirty eight.

Table 4: Responses by Domestic Abuse service type to service provider survey

Service	Number of responses
Refuge and housing related support	32
Children's Domestic Abuse Support Services	27
Medium Risk Services	25
IDVA/High Risk Services	16
Voluntary Perpetrator Programme	16
None	1
Total	**38***

*A number of respondents indicated that they worked for more than one service, hence the sum of responses by service type exceeds 38

Copies of all the surveys used are provided in Appendix 3.

5.4 Appraisal panel

The information collated from the data profiling, literature review and consultations were analysed and summarised to inform the appraisal panel. This panel was attended by representatives from Derbyshire Police, Derbyshire CCGs, the National Probation Service and Public Health. The role of the appraisal panel was to review the health impacts of domestic abuse services, and to make recommendations for inclusion in this report.

To facilitate discussions, the Wakefield HIA template was used, a copy of which is provided in Appendix 4. The Wakefield HIA template recommends that appraisers consider the population groups affected by each impact, together with the direction and likelihood of each impact. The subject of this HIA is domestic abuse services, and therefore the population affected is those affected by domestic abuse, through being a victim, witness or perpetrator. As domestic abuse occurs throughout society, regardless of age, gender, sexuality, disability or socio-economic status, no identification of discrete population groups affected was considered necessary. In addition, as no draft service specification was available on which to base the HIA, it was agreed that an assessment of the certainty of an impact would be difficult, and not provide additional information to the commissioners. Therefore the impacts were considered for direction only.

5.5 De-brief session

To facilitate learning from the consultation, staff who facilitated the focus groups were invited to participate in a de-brief session. The aim of the session was to review the consultation process and outcomes of the HIA. Attendees had an opportunity for individual reflection, and to participate in group discussions to identify what went well and what could have gone better, future learning and development needs and sources of emotional support available, if needed.

6 Findings

This section summarises the findings of the data profiling, the literature reviews on the health impacts of domestic abuse and domestic abuse services, and the consultation.

6.1 Data profile of domestic abuse

There are no accurate data on the incidence or prevalence of domestic abuse as many cases go unreported, for a number of reasons:[ix]

- people may only associate abuse with physical abuse, ignoring emotional abuse and controlling behaviours
- people may have been groomed over time and accept abusive behaviour
- people may not want to disclose abuse due to associated stigma
- people may not feel safe to disclose ongoing abuse

There are two main sources that provide estimates of the prevalence of domestic abuse; the Crime Survey for England and Wales, and local police data on recorded domestic abuse incidents and crimes. Despite the absence of accurate prevalence information, the data can be used indicatively to highlight population groups that may be at greater risk of experiencing domestic abuse.

6.1.1 Estimated prevalence of domestic abuse

6.1.1.1 Crime Survey for England and Wales (CSEW)

The CSEW in 2013/14 of adults aged 16-59 years reported that 28.3% of women and 14.7% of men had experienced domestic abuse at any point in their adult life. This includes crimes that are unreported to the police. There were 8.5% of women and 4.5% of men who reported experiencing domestic abuse in the last year.

Extrapolation of the 2012/13 CSEW findings suggests that there were 25,050 adults aged 16-59 years in Derbyshire who experienced domestic abuse in the previous 12 months. This is an extrapolation of the national data to the population profile of Derbyshire and does not consider factors that may make the local prevalence of abuse different to the national prevalence.

6.1.1.2 Police recorded domestic abuse incidents and crimes

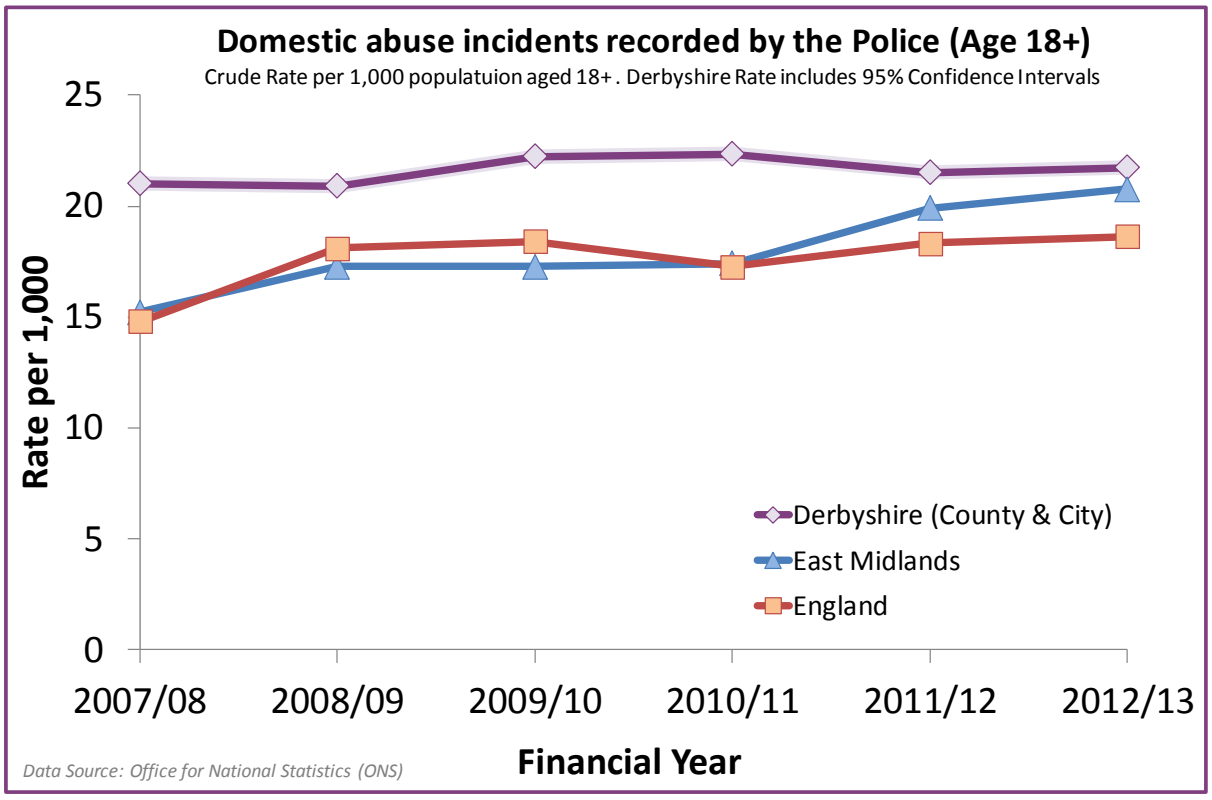
Police forces collect data on the recorded incidents of domestic abuse, and the number of domestic abuse crimes. This information provides data at a more local level, but doesn't include domestic abuse incidents that are not reported to the police.

The rate of domestic abuse incidents is an indicator within the Public Health Outcomes Framework. There were 17,631 reported incidents of domestic abuse in Derbyshire (including Derby City) in 2012/13, with a rate of 21.9 per 1,000 population aged 18 years

and over. This is higher than the England and East Midlands rates (18.8 and 20.9 per 1,000 population respectively). No comparison of significance can be made as it is not possible to determine whether higher levels of domestic abuse are due to a true higher prevalence of abuse or due to higher levels of reporting and recording by police.

Since 2007/08 the rate of domestic abuse incidents reported in Derbyshire has significantly increased, albeit only slightly from 21.0 per 1,000 to 21.9 per 1,000 in 2012/13 (figure 5). Both England and the East Midlands have experienced much more significant increases, although this may be influenced by improvements in reporting and recording practices within Police force areas

Figure 5: Trend of domestic abuse incidents recorded by the police



Comparing the CSEW data to Derbyshire Police data would suggest that approximately half of all domestic abuse incidents go unreported to the police. This figure may be even higher if the national crime survey also under-reports the true prevalence of domestic abuse.

In 2013/14, 5,042 incidents of domestic abuse were substantiated as crimes within Derbyshire, giving a rate of 4.9 per 1,000 population. Since 2009/10 the rate of domestic abuse crimes has increased in Derbyshire, whilst the rate of all crimes has decreased. The increase in domestic abuse crimes may be true increase, but may also be influenced by increased understanding of domestic abuse within Derbyshire Police, increased reporting of incidents or better recording.

In 2013/14, Chesterfield, Bolsover and Erewash had significantly higher rates of reported domestic abuse incidents, and North East Derbyshire, South Derbyshire and Derbyshire Dales had significantly lower rates compared to Derbyshire County. For domestic abuse crimes, Chesterfield and Erewash had significantly higher rates of reported domestic abuse incidents, and North East Derbyshire and Derbyshire Dales had a significantly lower rate compared to the County rate (table 5).

Table 5: Domestic abuse recorded incidents and recorded crime in Derbyshire in 2013/14, by district

	Recorded incidents		Recorded crime	
	Count	Crude rate per 1,000 popn (95% confidence interval)	Count	Crude rate per 1,000 popn (95% confidence interval)
Derbyshire County	**13,199**	**17.0 (16.7, 17.3)**	**3,172**	**4.1 (3.9, 4.2)**
Chesterfield	2,339	22.5 (21.6, 23.4)	567	5.5 (5.0, 5.9)
Bolsover	1,534	20.0 (19.0, 21.0)	342	4.5 (4.0, 5.0)
Erewash	2,251	19.9 (19.1, 20.7)	617	5.5 (5.0, 5.9)
High Peak	1,549	17.0 (16.2, 17.9)	357	3.9 (3.5, 4.3)
Amber Valley	2,032	16.5 (15.7, 17.2)	437	3.5 (3.2, 3.9)
North East Derbyshire	1,435	14.5 (13.7, 15.2)	251	2.5 (2.2, 2.9)
South Derbyshire	1,296	13.4 (12.6, 14.1)	386	4.0 (3.6, 4.4)
Derbyshire Dales	763	10.7 (10.0, 11.5)	215	3.0 (2.6, 3.4)
Derby City	**6,867**	**27.3 (26.7, 28.0)**	**1,870**	**7.4 (7.1, 7.8)**

Key: Red – rate significantly higher than Derbyshire County; Amber – similar rate to Derbyshire County; Green – rate significantly lower than Derbyshire County
Source: Derbyshire County Council

For both reported domestic abuse incidents and crimes, data is available across Derbyshire by Safer Neighbourhood Area. There is significant variation between areas, and in general the rates are highest in urban areas, and lowest in rural areas. However, the data is recorded by place of incident, as opposed to residence of the victim, and this may skew the data towards urban centres.

6.1.2 Associated risk factors for domestic abuse

There are a number of population groups with higher rates of domestic abuse as detailed in the following sections.

6.1.2.1 Gender

Both men and women may perpetrate or experience domestic abuse, however, it is more commonly afflicted on women by men. The CSEW highlighted that the lifetime and annual

rate of domestic abuse is approximately twice as high in women compared to men (28.3% and 8.5% respectively for women and 14.7% and 4.5% respectively for men). The majority of transgender people (80%) report experiencing domestic abuse.[x]

Within Derbyshire, the rate of reported domestic abuse crimes is higher against women than men (7.1 and 2.0 per 1,000 population respectively).

Pregnancy appears to offer protection from domestic abuse for some women, but for others it increases the risk. There is also a strong correlation between postnatal depression and domestic abuse.[x]

6.1.2.2 Sexuality

One in four lesbian and bisexual women report having experienced domestic abuse, a rate similar to women in general. Two-thirds report the perpetrator to be female, and one-third male.[xi] Almost half (49%) of gay and bisexual men report having experienced domestic abuse, a rate significantly higher than the general male population rate.[xii]

6.1.2.3 Age

Among both men and women, the prevalence of reported domestic abuse varied by age. Amongst working-age adults (16-64 year olds), rates are highest amongst younger adults, and decrease with age (table 6).

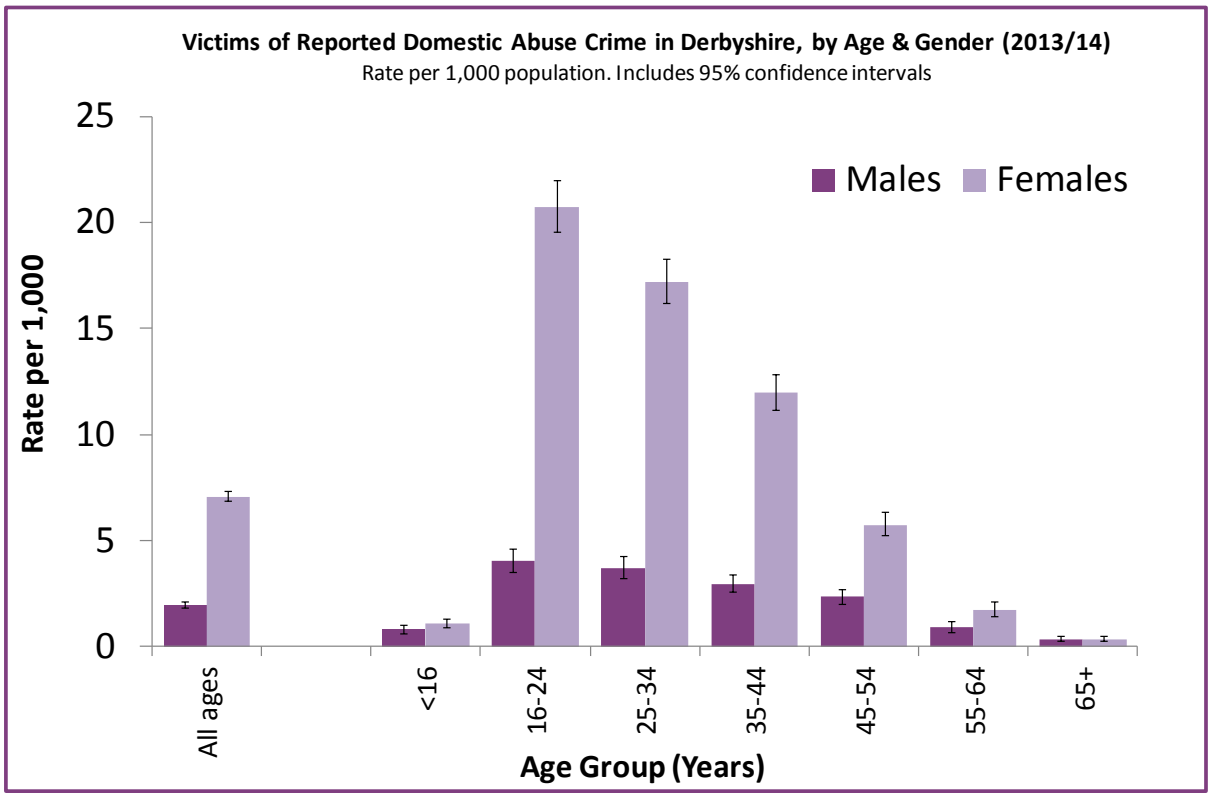
Table 6: Prevalence of domestic abuse in the last year, by age

	% of age group reporting domestic abuse						Total
	16-19 yrs	**20-24 yrs**	**25-34 yrs**	**35-44 yrs**	**45-54 yrs**	**55-64 yrs**	
Women	13.1	10.1	9.2	7.9	7.1	5.9	8.5
Men	7.5	6.5	4.5	4.5	3.5	2.4	4.5

Source: CSEW 2013/14

This pattern is replicated in Derbyshire, with the highest rate of reported domestic abuse crime being amongst women and men aged 16-24 years (figure 6).

Figure 6: Victims of reported domestic abuse crime in Derbyshire 2013/14, by age and gender



Source: Derbyshire Police

The CSEW does not include adults over 64 years, and a recent national survey reported a prevalence of domestic abuse in the previous year amongst adults aged over 65 years of 4%.[xiii]

Partner violence is prevalent in young people's relationships, with girls experiencing higher levels of abuse than boys. 72% of girls and 51% of boys reported experiencing emotional violence, 31% of girls and 16% of boys reported sexual violence and 25% of girls and 18% of boys experienced physical violence. Young people in same sex relationships were at greater risk than those in heterosexual relationships.[x]

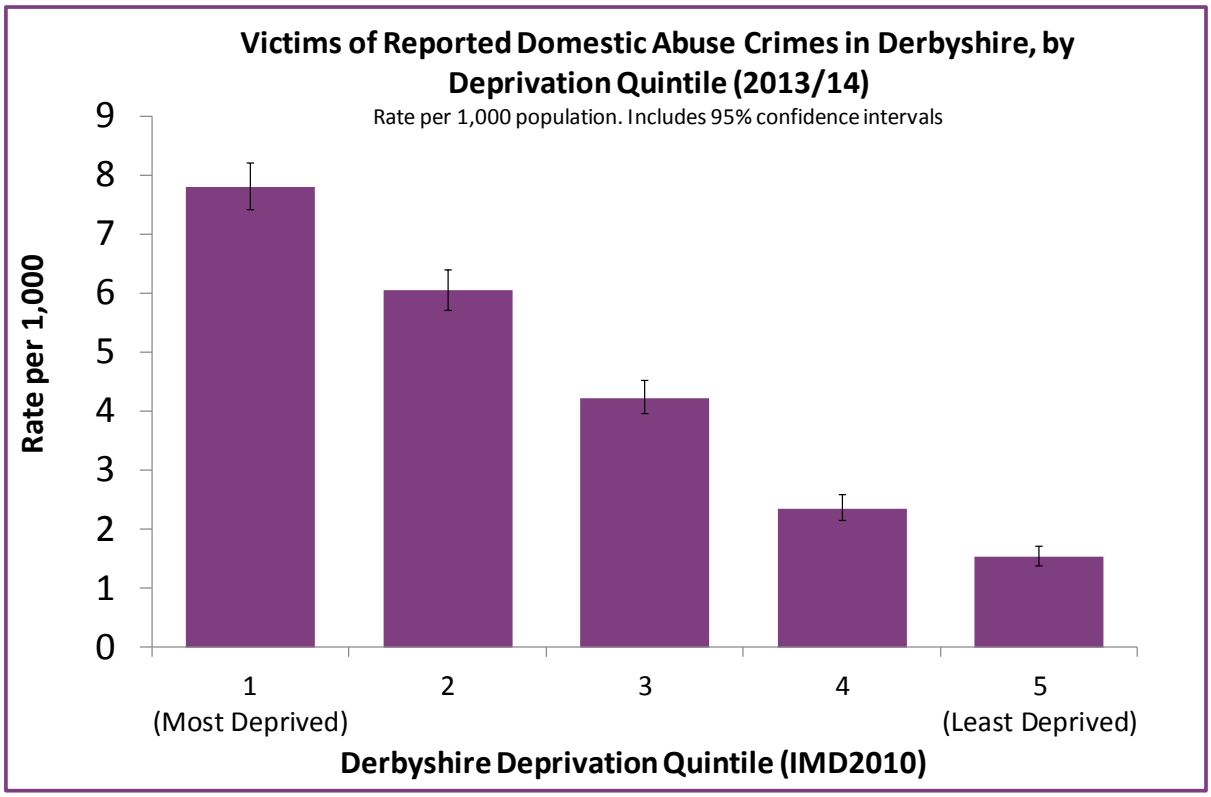
6.1.2.4 Socio-economic deprivation

The CSEW reported that women living in the most socio-economically deprived areas were more likely to be victims of domestic abuse (9.9%) compared to women in the least deprived areas (6.1%). This difference was not as apparent amongst men, with 5.4% of men in the most socio-economically deprived areas reporting being a victim of domestic abuse in the previous year, compared to 4.2% in the least deprived areas.

There is also a strong relationship between reported domestic abuse crimes in Derbyshire by deprivation (figure 7). The rate in the most deprived quintile was approximately five

times higher than the least deprived quintile (7.8 and 1.5 crimes per 1,000 population respectively).

Figure 7: Victims of reported domestic abuse crimes in Derbyshire, by socio-economic deprivation



Source: Derbyshire Police

6.1.2.5 Presence of a disability or long term illness

The CSEW reported that women and men with a long-term illness or disability were more likely to be victims of domestic abuse in the last year (15.7% and 8.4% respectively) compared to those without (7.1% and 4.0%).

6.1.2.6 Ethnicity

The CSEW reported variation in prevalence of domestic abuse by ethnicity. However, it should be noted that use of broad ethnic categories may mask higher rates within more specific ethnic groups. Differences between ethnic groups may also be due to cultural differences in the recognition of domestic abuse. In women the highest reported prevalence was amongst individuals from Mixed and Chinese/Other ethnic groups, and in men the highest reported prevalence was amongst individuals from Mixed ethnic groups. (table 7).

Table 7: Prevalence of domestic abuse in the last year, by ethnic group

	% of ethnic group reporting domestic abuse				
	White	**Mixed**	**Asian/Asian British**	**Black/Black British**	**Chinese and Other**
Women	8.7	10.4	6.7	4.4	10.5
Men	4.6	7.8	3.4	4.6	2.5

Source: CSEW 2013/14

6.1.2.7 Area type

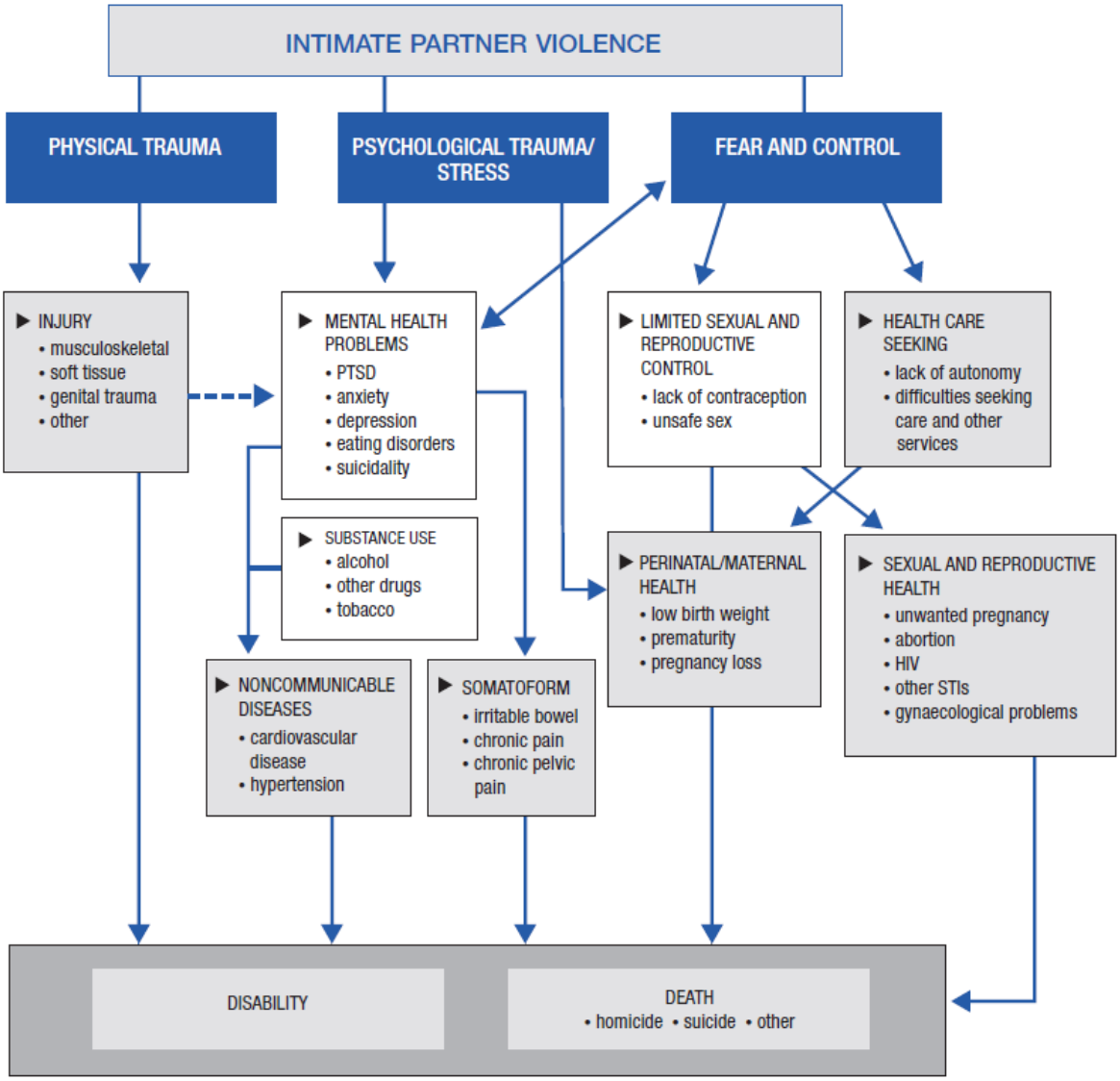
The CSEW reported that similar rates of domestic abuse were experienced in urban and rural locations (8.7% of women in rural locations and 8.4% of women in urban locations; 4.3% of men in rural locations and 4.6% of men in urban locations).

6.2 Literature review

6.2.1 Health impacts of domestic abuse

As recognised in the UK cross-government definition, domestic abuse can take many different forms, and these often occur in combination. All can have significant immediate and long-term impact on the health of the victims.[i] The WHO model of the health effects of intimate domestic violence highlights the wide-ranging impacts of abuse (see figure 8).

Figure 8: WHO model of pathways and health effects on intimate partner violence



There are multiple pathways through which intimate partner violence can lead to adverse health outcomes. This figure highlights three key mechanisms and pathways that can explain many of these outcomes. Mental health problems and substance use might result directly from any of the three mechanisms, which might, in turn, increase health risks. However, mental health problems and substance use are not necessarily a precondition for subsequent health effects, and will not always lie in the pathway to adverse health.

The WHO model highlights a number of different hypothesised pathways through which adverse health outcomes result from abuse, including the direct effects of violence, effects mediated through a stress response and other behavioural and risk factors associated with domestic abuse and poor health. However, it must be recognised that the majority of evidence on the health impact of domestic abuse is from cross-sectional studies, from which is not possible to determine causality or temporality in an association. It is therefore not always possible to determine whether the adverse health effect or behaviour is a contributing cause or consequence of abuse. For example, the relationship between hazardous drinking and abuse is known to be bi-directional, with an association between drinking as a result of abuse experienced, but also drinking behaviour being a contributing factor to abuse, if, for example a partner does not believe that the victim should consume alcohol.

The health impacts of domestic abuse have been widely researched and reported. The following section summarises the findings of key systematic reviews to provide a brief synopsis of the health impacts of abuse.

6.2.1.1 Lifestyle factors

Poor lifestyles can cause a range of physical and mental health problems, including obesity, cancers and heart conditions.

Victims of sexual abuse have an increased risk of sexually transmitted infections, either from the direct effects of forced sexual intercourse, or from the general effects of prolonged exposure to stress leaving the victim with increased susceptibility to infections.[xiv] Long term sexual abuse may result in an increased risk of urogenital infections and chronic pelvic pain.[i] Worldwide rates of induced abortion are approximately twice as high amongst women who have experienced abuse, resulting from a higher rate of unintended pregnancies as a result of sexual violence, coercion, and control of contraception use.[xiv]

Abuse has also been linked with low birth weight and preterm birth, linked to chronic stress experienced by women in abusive relationships. Low birth weight and preterm birth can have long standing effects on the health of the child.[xiv]

Smoking rates are higher amongst individuals who have experienced abuse, being more than twice as high in individuals who experience extensive physical violence compared to individuals with no experience of abuse.[xv]

Rates of hazardous drinking are higher amongst individuals who have experienced abuse.[xv]

Rates of illicit drug use in the last year were twice as high amongst individuals who have experienced abuse, compared to those who have not experienced abuse.[xv]

6.2.1.2 Social and economic factors

The conditions in which people live affect their health. It is well-recognised that individuals who experience poverty, low income, unemployment, and poor housing have poorer health than those living in better socio-economic conditions.

The definition of domestic abuse includes financial abuse, aimed at limiting and controlling the victim's actions and freedom of choice. Such abuse can result in:[xvi]

- interfering with the victim's employment, education or training
- controlling access to all household finances
- refusing to contribute to shared household expenses
- insisting that the victim takes out loans and credit in their sole name
- direct theft
- forcing into dishonest, illegal actions

Loss of accessible income and/or property may result in a victim having fewer resources to take care of their health, such as an inability to reside in good quality housing and not being able to maintain good nutrition.[i]

6.2.1.3 Environment

The environment in which people live has a big impact on health and well-being. Health can be protected by reducing exposure to pollution and environmental hazards. Well-being can be promoted by providing populations with high quality built and natural environments where people can live, work and play.

There was no evidence identified that reported the impact of domestic abuse on the environment.

6.2.1.4 Access to services

Location of services impacts how accessible they are to communities. Lack of access is a barrier to people improving their health and well-being. Access to services includes: communications, health / social care services, healthy / fresh food, transport, voluntary services, leisure and childcare.

There was no evidence identified that reported the impact of domestic abuse on access to services.

6.2.1.5 Mental wellbeing

How people think and feel is affected by perceptions, physical health, socio-economic determinants and local environment. Poor well-being affects physical and social well-being and improving mental well-being reduces the risk of mental illness, such as depression and anxiety.

There may be a bi-directional relationship between poor mental health and abuse. Exposure to violence and controlling behaviour can lead to fear, stress and trauma, which can result in depression and suicidal behaviour. There are also a number of studies that indicate that women with severe mental health problems are more likely to suffer abuse.[xiv]

The psychological effects of abuse may not be presented as apparently as physical signs of abuse. Abused women report higher rates of depression, anxiety, sleep difficulties, eating problems, emotional distress and suicide attempts. Repeated and continual abuse may lead to numbing and habituation such that no new psychological effects are observed after incidents of abuse. Both abused women and men are more likely to self-harm compared to individuals who have not experienced abuse.[i]

Rates of depression and anxiety were between two and nearly five times higher amongst individuals experiencing abuse, compared to individuals that had not experienced abuse. There is also an association between abuse and other mental health conditions, such as psychosis, post-traumatic stress disorder and eating disorders. Rates of mental health conditions were highest in individuals who experience extensive physical and sexual abuse.[xv] There is a strong association between abuse and suicidal behaviour and self-harm. Rates of attempted suicide are five to fifteen times higher in individuals who have experienced abuse, compared to those who have not experienced abuse. In addition, more than half of individuals who have experienced abuse report self-harm, compared to 10% of those with no experience of abuse.[xv]

Compared to the rates of mental health conditions, reported rates of using community mental health services such as counselling or talking therapy were lower than expected. However rates of in-patient admissions to mental health services were significantly higher.[xv]

Children and young people who live in households where abuse occurs are at high risk of witnessing it, or becoming victims of abuse themselves. This can lead to immediate behavioural problems and emotional trauma, social development problems, poor educational attainment and mental health difficulties and unhealthy lifestyle behaviours in adult life.

6.2.1.6 Other impacts

Death is the most severe consequence of domestic abuse, either through homicide or suicide. In North America, an estimated 40-60% of murders of women are committed by intimate partners.[xvii] In a worldwide study, an estimated 41% of murders of women in Europe were committed by partners, and worldwide, 6% of murdered men are killed by their partner. [xiv]

Being in a household where domestic abuse is presence is classified as an Adverse Childhood Experience (ACE). There is a growing body of evidence that children experiencing

one or more ACE have a reduced quality of life and increased mortality and morbidity in adult life.[xviii]

Approximately a quarter of victims abused by their partner reported experiencing a physical injury as a result of the abuse, with injuries including bruising, black eyes, scratching, internal injuries, broken bones or teeth. Injuries are received as a result of being punched, kicked, attacked with an object/weapon, or choked. Victims of physical abuse were more likely to report frequent headaches, chronic pain, difficulty sleeping, poor physical health and poor mental health compared to those that did not experience violence. Women experiencing partner violence were more likely to report having asthma, irritable bowel syndrome and diabetes.[i]

Individuals who have experienced abuse self-report poorer levels of general health and higher rates of unhappiness compared to those that have not experienced abuse. In addition, half of all individuals reporting extensive physical and sexual abuse reported a disability, compared to 17% of those that had not experienced abuse.[xv]

6.2.2 Health impacts of domestic abuse services

In line with the domestic abuse services currently commissioned by Derbyshire County Council, the review was limited to those interventions that provided a response to victims of domestic abuse, and perpetrators. The effectiveness of tools to identify victims of domestic abuse, and general prevention programmes, such as media campaigns, were therefore outside scope of review.

Two major evidence reviews were identified, and a detailed literature search was undertaken to identify additional, substantial research not included within these reviews. One of the evidence reviews included an economic analysis.

In general, there is a lack of strong evidence on the effectiveness of interventions for improving the health outcomes for victims of domestic abuse. Published studies vary widely, in terms of number and characteristics of participants recruited, settings, the interventions provided and the outcomes assessed, and very few interventions have been rigorously evaluated. However, there are a number that have demonstrated a consistency of outcomes across a number of studies.

6.2.2.1 NICE review of Interventions to identify, prevent, reduce and respond to domestic violence

A comprehensive evidence review was undertaken to inform the NICE Public Health Guidance on domestic violence and abuse.[x] The review assessed the effectiveness of interventions to identify, prevent, reduce and respond to domestic violence.[xix]

For victims of domestic violence, there is moderate evidence for effectiveness for interventions that provide advocacy, skills development, counselling and therapeutic approaches:

- Advocacy services are those that inform, guide and help victims of domestic abuse to access a range of support and services, and ensure their rights and entitlements are achieved. Such services have been shown to improve access to community resources, reduce rates of intimate partner violence, improve safety, decrease depression, reduce stressors and improve children's wellbeing. All studies reported improvements suggesting that advocacy services delivered in a variety of contexts may be a promising approach for responding to domestic abuse.
- Skill building services provide teaching, training, experiential or group learning opportunities that enhance skills such as coping, safety planning and conflict resolution, decision-making, danger-assessment and economic education. Such services have shown to have a positive effect on victims' coping skills, wellbeing, decision-making abilities, safety and reduction of abusive behaviour
- Counselling services, based on brief education, cognitive behavioural therapy and motivational interviewing have been shown to reduce depression and increase empowerment of victims of domestic abuse.
- Therapeutic interventions are more intense than counselling, and may be effective for improving post-traumatic stress disorder symptoms, depression, parenting-related outcomes and may reduce risk of re-abuse.

For perpetrators of domestic abuse, there is moderate evidence that individual interventions, short-term and long-term approaches such as case management, solution-focussed therapy, educational interventions, motivational interviewing, CBT, group therapy may reduce aggressiveness, improve attitudinal, psychological and interpersonal outcomes. There was inconsistent evidence as to whether such interventions reduced violent behaviours and recidivism. The majority of published literature relates to male perpetrators, although the review did include a small number of studies that included female perpetrators. The studies vary in the intervention delivered and duration of support, and as to whether attendance was court-mandated or voluntary.

For children exposed to domestic violence, the NICE evidence review reported varying levels of evidence for different approaches:

- The strongest evidence is for therapeutic interventions that target both mother and child, which are effective in improving child behaviour, mother-child attachment and stress and trauma-related symptoms in both mothers and children.
- There is moderate evidence that
    - single component psycho-educational interventions (that address skills such as stress and conflict management, coping skills, relationship skills etc) are

effective at improving young people' coping skills, behaviour, emotional regulation, conflict resolution skills and knowledge about violence.
    - multi-component interventions with an advocacy focus are effective at reducing trauma symptoms and stress in children and families, and in reducing aggression in children
    - multi-component interventions that combine therapy and advocacy increase knowledge and awareness about violence and safety planning, improved self-esteem and self-competence and improved interpersonal relationships
- The was weak or inconsistent evidence that single component therapeutic interventions aimed at children (such as play or writing therapy) were effective at improving outcomes

The economic analysis identified two studies that assessed the cost-effectiveness of interventions that prevent and reduce domestic abuse.[xx] Both studies related to the economic value of increasing referrals to domestic abuse services, through identification of victims. The authors therefore undertook their own economic analysis of the Independent Domestic Violence Advisors service (IDVA) and provision of cognitive trauma therapy to victims of domestic abuse. The authors reported that both interventions saved resources and improved quality of life, concluding that the costs of domestic abuse (combining the emotional costs of the victim with costs to the criminal justice system, health and social care services and employment costs) are so significant that even marginally effective interventions that facilitate a reduction in domestic abuse prove to be cost-effective.

6.2.2.2 Review commissioned by Welsh Government

An independent review commissioned by the Welsh Government provided an update to the NICE review, and reported similar findings.[xxi]

The authors reported that a wide range of services are currently being provided to prevent and respond to domestic abuse. However there is a lack of strong evidence with regards the effectiveness of any single approach.

The strongest evidence was for advocacy services for women who have experienced domestic abuse. There was moderate to strong evidence for targeted prevention work with at-risk groups, showing improvements in knowledge and attitudes about violence among service recipients, and also for skill-building interventions that show effectiveness in promoting safety behaviours, improved decision-making abilities and reducing re-victimisation.

There is good evidence for use of cognitive behavioural therapy interventions to treat adult victims with trauma symptoms, anxiety and depression.

There was also moderate evidence of the effectiveness of community programmes for male perpetrators of domestic abuse, with effectiveness increased if these include strategies for keeping participants engaged and motivated. Improvements demonstrated include attitudinal change and management of emotions, with inconsistent evidence for reductions in violent behaviour or re-offending.

The authors also reported that there is strong evidence for the provision of violence prevention programmes delivered in schools.

6.2.2.3 Additional literature

An additional literature review was undertaken to identify interventions effective at improving the health and wellbeing of victims of domestic abuse. Due to the large amount of published evidence, the review was limited to systematic reviews and randomised controlled trials of interventions that respond to domestic abuse, published since the NICE and Welsh Government reviews.

Wilson et al (2014) reviewed the evidence for effects on domestic abuse of alcohol interventions.[xxii] The authors concluded that the evidence for individual-based treatment interventions reducing domestic abuse is limited. Studies of combined alcohol and perpetrator interventions found short-term significant effects on both behaviours but these effects were not sustained over time.

Jonker et al (2014) identified ten studies reviewing the effectiveness of interventions delivered during or after stays in domestic abuse shelters.[xxiii] Different interventions were reviewed, including social support, therapeutic interventions, skills-building and advocacy packages. The authors concluded that interventions are effective at improving mental health and social outcomes, and in reducing abuse of residents, but acknowledged the diversity of the studies included in the review, thus limiting the conclusions that could be drawn.

6.3 Results of consultation

The service-user and professional focus groups collected participants' views on the health impacts of domestic abuse, and the health impacts of current domestic abuse services in Derbyshire. The online public survey, which was also available in paper form, included a question on the health impacts of domestic abuse. The public, partner and provider surveys asked respondents to identify gaps in current service provision. These were reviewed and all comments that were identified as having an impact on health were recorded.

6.3.1 Health impact of domestic abuse

6.3.1.1 Lifestyle factors

Diet and nutrition

More than half of the service user focus groups reported that domestic abuse had a negative impact on diet and nutrition. The majority highlighted not eating as a consequence (leading to weight loss), with the remainder specifying dietary restrictions because of affordability of food and control by the perpetrator on the victim of domestic abuse.

Approximately one third of respondents to the public survey reported that domestic abuse had a negative impact on diet and nutrition. The majority highlighted general dietary neglect as a consequence (that could be either weight loss or obesity caused by poor diet), with the remainder specifying that this would be weight loss, potentially resulting in eating disorders.

Physical activity

None of the service user focus groups reported that domestic abuse impacted on physical activity.

A single respondent to the public survey reported that a lack of motivation to undertake physical activity was an impact of domestic abuse.

Smoking

Half of the service user focus groups reported that domestic abuse had a negative impact on smoking, with all reporting an increase in smoking as a result of domestic abuse.

Two respondents to the public survey highlighted an increase in smoking was an impact of domestic abuse.

Substance misuse

Three of the eight service user focus groups reported increased alcohol consumption or abuse as a result of domestic abuse. Similarly, two out of eight of the groups reported drug use as an impact of abuse, relating to either illegal drug use or an overdose.

Twelve respondents to the public survey reported increased alcohol consumption as a result of domestic abuse. Similarly, there were seven respondents who reported illegal drug use as a result of domestic abuse. A small number of respondents also highlighted general addictions as an impact of domestic abuse, including addictions to prescription medications.

Sexual health

None of the service user focus groups reported that domestic abuse impacted on sexual health, however this may have been due to the focus-group facilitators reporting feeling uncomfortable in discussing sexual health with service users.

Four respondents to the public survey highlighted that domestic abuse could affect sexual behaviour, including sexual abuse and rape, female genital mutilation, unwanted pregnancies, acquiring sexually transmitted infections and loss of libido. An indirect consequence of abuse on sexual health was one respondent highlighted turning to prostitution due to financial pressures as an impact that could be caused by domestic abuse.

Other impacts on lifestyle

Three respondents to the public survey reported poor personal hygiene as an impact of domestic abuse.

6.3.1.2 Social and economic factors

Poverty/income

Three of the eight service user focus groups reported financial issues as a negative impact of domestic abuse. Service users cited fleeing with no money, poor finances and a lack of access to sufficient funding as having negative impacts of domestic abuse.

Eighteen respondents to the public survey reported financial issues as an impact of domestic abuse, with a subsequent effect on a victim's health. The most common issues were a general lack of access to sufficient financial resources and no economic independence leading to an inability to adequately support themselves and their children.

Employment and volunteering

Two service user focus groups reported employment related issues as an impact of domestic abuse. One reported the loss of employment; the other reported the loss of the business.

Four respondents to the public survey reported employment-related issues as an impact of domestic abuse. One reported that domestic abuse can impact on a victim's current job, and three reported that abuse can lead to a lack of employment opportunities due to the controlling behaviour of the perpetrator.

Education and training

None of the service user focus groups reported that domestic abuse impacted on education or training.

Two respondents to the public survey highlighted education and training related issues as an impact of domestic abuse. One reported a lack of access to education and training opportunities for victims, and one reported that victim's children may not want to attend school, therefore impacting on the education they receive.

Housing

Two service user focus groups reported that domestic abuse impacted on housing. The two issues highlighted were loss of home and having to apply for social housing.

Nine respondents to the public survey reported access to housing as an impact of domestic abuse. Specific comments included the need to move (made by two respondents), possible homelessness as a result of abuse (two respondents) and support needed to a new tenancy or to maintain an existing tenancy (one respondent).

Family cohesion

Six of the service user focus groups reported that domestic abuse negatively impacted on family cohesion. Four of the groups highlighted isolation due to loss of family and friends, three of the focus groups highlighted the negative effect that domestic violence had on their children including isolation, low self-confidence and general comments about the overall negative effects on children and two of the focus groups highlighted behaviour issues with children.

Fourteen respondents to the public survey highlighted issues with family cohesion as an impact of domestic abuse. Specific comments included fears about long-standing difficulties about trust and intimacy in relationships (five respondents), the safety of children (three respondents), an ability to parent well as a result of abuse (two respondents), families being split up or children being taken into care (two respondents) and difficulties in maintaining positive relationships with children (one respondent).

Crime and community safety

One of the service user focus groups reported the negative impact that domestic abuse had on issues relating to feeling unsafe in the community.

As well as the obvious impact that domestic abuse is a crime, a single respondent to the public survey also commented that a victim may turn to theft to support themselves and their family if they do not have access to financial resources during their abuse.

6.3.1.3 Environment

There were no issues highlighted during the focus groups or on the questionnaires that reported the impact of domestic abuse on the environment.

6.3.1.4 Access to services

Five of the eight service user focus groups reported the negative impact that Domestic Abuse had on access to services. Four of the groups cited a general lack of knowledge or awareness of Domestic Abuse services, two groups cited a lack of understanding about service availability in different areas, one group cited issues with the Derbyshire domestic abuse helpline, one group cited that publicity images all depicted physical violence , one group cited disjointed services in the past and one group cited inability of health professionals to "diagnose" Domestic Abuse. Four respondents to the public survey highlighted that domestic abuse can have an impact on access to health services, with three respondents highlighting an increase in health service use of an increase in medication, and one reporting that abuse can result in a victim withdrawing from health and social care services.

One respondent to the public survey highlighted that abuse may result in a victim not being able to have sufficient financial resources to be able to afford a car, thus impacting on access to transport.

6.3.1.5 Mental wellbeing

All of the service user focus groups reported that domestic abuse had a negative impact on mental wellbeing. Three of the service user focus groups specifically reported a general decline in mental health as a negative impact of domestic abuse.

Sense of control

Three of the service user focus groups reported that domestic abuse led to issues with sleeping, including not sleeping and a lack of sleep.

Twenty one respondents to the public survey reported that domestic abuse leads to a victim feeling fearful and unsafe. Eleven reported that domestic abuse can manifest in poor sleep patterns, and eight reported that victims feel powerlessness and unable to make any decisions about their life.

Other ways that domestic abuse can impact on a victims sense of control reported within the public survey were self-blaming for the situation (eight respondents) a feeling of insecurity, a feeling of being trapped, shame, a loss of independence (all reported by four respondents), self-denial or non-recognition that an individual is being abused (three respondents), a lack of assertiveness, a feeling that other people won't believe that they are being abused, the victim being open to other people abusing them (two respondents), an

inability to relax and paranoia (one respondent). The long term impact was highlighted by one respondent who reported that victims never psychologically recover from the abuse, rather they learn to cope with life.

Social inclusion

Five of the service user focus groups reported the negative impact that domestic violence had on social inclusion and isolation. Two of the groups reported loss of friends, one of the groups reported reverting to the house and general feelings of isolation and one of the groups reported feeling forced out of their community.

Withdrawal and loneliness were identified as impacts of domestic abuse by thirty two respondents to the public survey. A further six respondents also highlighted isolation from existing support mechanisms from friends and family as an impact of abuse. One respondent highlighted that abuse could lead to a reduced ability to make a societal contribution. One respondent highlighted that victims withdraw from the things that they enjoy doing.

Emotional wellbeing

Three of the service user focus groups reported the negative impact of domestic violence on emotional wellbeing. Two of the focus groups reported the negative effect of domestic abuse on loss in confidence, one of the groups reported anxiety, stress and depression

The effect on a victim's and their family's emotional wellbeing was the most common impact of domestic abuse highlighted by respondents to the public survey. Fifty nine respondents reported that domestic abuse can reduce an individual's self-esteem, and forty five highlighted the loss in confidence experienced by victims. Depression and stress or anxiety were also commonly highlighted by respondents, by forty eight and thirty four respectively. Eleven respondents reported that domestic abuse results in suicidal thoughts, and five in self-harm. Fifteen respondents reported victims to have a reduced mood, and eight that domestic abuse leads to complete mental exhaustion and a resulting lack of energy. Other emotion wellbeing aspects reported to be affected by domestic abuse included an increase in aggression, agoraphobia, a heightened emotional response, a lack of interested in life, poor memory and low morale. The psychological impact on children who witness domestic abuse was reported by eleven respondents to the public survey, resulting in schooling, behavioural and developmental problems. Four respondents reported that witnessing domestic abuse normalises abusive behaviour and increases the likelihood of becoming involved in unhealthy relationships.

6.3.1.6 Other impacts

Seventeen respondents to the public survey highlighted that victims of domestic abuse will experience acute physical injuries as a result of the abuse, with a further nine reporting that

abuse can cause or aggravate physical health conditions or disabilities. One respondent reported that domestic abuse may lead to an increased risk of opportunistic infections due to a compromised immune system.

6.3.2 Health impacts of domestic abuse services

6.3.2.1 Lifestyle factors

The main positive impact of domestic abuse services on lifestyle factors was the potential for eating healthier. This was identified in three service user focus groups and one stakeholder focus group. The following issues are those identified by service-users and stakeholders where domestic abuse services have a positive impact on lifestyle:

Issues identified with a positive impact on health	**No. of focus groups that identified the issue**
Service-user focus groups	
General improvement in health and wellbeing	2
Eating healthier	3
Weight loss	1
Stopped using drugs	1
Reduction in alcohol consumption	2
Reduced smoking	2
Management of long term condition through diet and nutrition changes	1
Stakeholder focus groups	
Eating healthier	1
Reduced smoking	1

The main negative impact of domestic abuse services was exposure to the drug and alcohol use of other service users. This was identified in three service user focus groups and one stakeholder focus group. The following issues are those identified by service-users and stakeholders where domestic abuse services have a negative impact on lifestyle:

Issues identified with a negative impact on health	No. of focus groups that identified the issue
Service-user focus groups	
Drug and alcohol use by other service users	3
Diet and nutrition (food stolen)	1
Stakeholder focus groups	
Drug and alcohol use by other service users	1

The main gaps in current service provision related to a lack of access to services to support healthier lifestyles.

Gaps identified in current service provision with an impact on lifestyle factors:

Lack of access to substance misuse treatment services

Lack of access to keep fit and nutrition courses

6.3.2.2 Social and economic factors

Improved family cohesion was the main positive impact of domestic abuse services with regards social and economic factors. Service users described improved relationships with children and families, improved emotional wellbeing of children and re-uniting the family as positive impacts of domestic abuse services. The following issues are those identified by service-users and stakeholders where domestic abuse services have a positive impact on social and economic factors:

Issues identified with a positive impact on health	No. of focus groups that identified the issue
Service-user focus groups	
Improved family cohesion	5
Improved relationship with children	2
Support with children (including childcare)	3 (in 1 group this was raised by 2 participants)
Improved emotional well-being of children	3
Family re-united	1
Improved relationship with family	2 (in 1 group this was raised by 2 participants)

Community safety	4
Improved awareness of safety	1
Feeling safe in the service	2 (in 1 group this was raised by 2 participants)
Safety adaptations in the home	2
Employment / Volunteering	2
Started volunteering	1
Started in employment	1
Maintained employment	1
Education / Training	2
Started training course	2
Poverty / Income	4
Financial advice & support	3
Qualify for legal aid	1
Housing	3
Support with housing	3
Stakeholder focus groups	
Employment / Volunteering	2
Access to volunteering opportunities	1
Access to employment opportunities	1
Education / Training	1
Access to education and training opportunities	1
Crime / Community Safety	1
Keep people safe	1
Poverty / income	1
Financial independence	1

Financial issues, specifically relating to a lack of economic independence were the main negative impact of domestic abuse services with regards social and economic factors. This was identified in four of the eight focus groups and two of the stakeholder focus groups. The following issues are those identified by service-users and stakeholders where domestic abuse services have a negative impact on social and economic factors:

Issues identified with a negative impact on health	No. of focus groups that identified the issue
Service-user focus groups	
Financial issues	4
No economic independence	4 (in 2 groups this was raised by 2 participants)
Access to welfare right due to criminal injuries compensation being related to physical injuries	1
Housing	2
Possible homelessness	1
Lack of support and advice in selling home (owned with perpetrator)	1
Employment / volunteering	1
Lack of understanding (employers)	1
Family cohesion	2
Children didn't like accommodation	1
Services don't provide support for wider family to understand the issue	1
Stakeholder focus groups	
Poverty/ income	3
Lack of financial independence restricting access to services (rurality)	2
Costs to service user (costs not specified)	1
Family Cohesion	3
Accommodation does not always allow children (specific example relates to an out of area B&B)	2
Isolation from families	1 (this was raised by 2 participants)
Disruption for children moving schools	1
Housing	1
Shortage – no option for private rent	1
Employment / volunteering	1
Loss of job	1 (this was raised by 2 participants)

The main gaps in current service provision with an impact on socio-economic determinants of health were a need for additional development of service-users' financial skills, costs of accessing services and additional specialist housing support staff.

Gaps identified in current service provision with an impact on social and economic impacts on health

Lack of access to financial planning and awareness courses

There are cost implications of travel to services which may make attendance restrictive for both victims and perpetrators

More provision of resettlement workers to support women who don't want to go into a refuge, but still want to escape abuse

6.3.2.3 Environment

The main positive environmental impact of domestic abuse services related to the type of accommodation provided with individual flats and places for interaction including communal gardens and shared kitchens having positive impacts on health. The following issues are those identified by service-users and stakeholders where domestic abuse services have a positive impact on the environment:

Issues identified with a positive impact on health	**No. of focus groups that identified the issue**
Service-user focus groups	
Built environment / land use	1
Places for interaction (communal gardens, shared kitchen)	1
Individual accommodation (including en-suite)	1 (this was raised by 3 participants)
Stakeholder focus groups	
None reported	

The main negative environmental impact of domestic abuse services related to places for interaction having the potential to cause disturbances, a lack of green spaces, drug/alcohol use by service users in the same accommodation as children, unsuitable premises and problems with disability access to some buildings. The following issues are those identified by service-users and stakeholders where domestic abuse services have a negative impact on the environment:

Issues identified with a negative impact on health	No. of focus groups that identified the issue
Service-user focus groups	
Built environment / land use	3
Places for interaction can cause disturbances (kitchen)	1
Limited access to green spaces and play areas	1
Stakeholder focus groups	
Problems with access to buildings for people with a physical disability	1 (this was raised by 2 participants)
Unsuitable premises	1

There were no gaps in current service provision identified that related to environmental impacts on health.

6.3.2.4 Access to services

Access to health and social services and support with childcare were the main positive impact of domestic abuse services. Service users described access to the 24hr / 7 day telephone helpline, and referral and support of Mental Health, CAMHS, wellbeing workers and healthy lifestyle services as the main positive impacts of domestic abuse services. The following issues are those identified by service-users and stakeholders where domestic abuse services have a positive impact on access to services:

Issues identified with a positive impact on health	No. of focus groups that identified the issue
Service-user focus groups	
<u>Health / Social Care services</u>	6
Access to 24hr / 7 day support (telephone helpline)	3 (in 2 groups this was raised by 2 participants)
Referral to health services (Mental Health, CAMHS, Wellbeing worker, healthy lifestyle services)	3 (in 1 group this was raised by 2 participants)
On site health services (Health visitor)	1
MARAC - involves all agencies that offer support	1
<u>Childcare</u>	6
Support with childcare (including crèche facilities, children's workers)	6 (in 2 groups this was raised by 2 participants)
<u>Other services</u>	5
Buddying to services	4 (in 2 groups this was raised by 2 participants)
Signposting to services (schools, nurseries, anger management for children, solicitors)	4 (in 2 groups this was raised by 2 participants)
Pets fostering	1
Liaison, communication and support with services (form filling, letter writing)	2 (in 1 group this was raised by 2 participants)
Police (named officer "personal" approach)	1
Stakeholder focus groups	
<u>Health / Social Care services</u>	3
Accessibility of General Practitioners	1 (this was raised by 2 participants)
Accessibility of drug and alcohol services	1
Provision of perpetrator programme	1
Provision of IDVAs	1 (this was raised by 2 participants)
<u>Other services</u>	2
Signposting to services (financial awareness, CAB, benefit advice, grants)	2 (in 1 group this was raised by 2 participants)

Domestic abuse services, specifically relating the lack of awareness of the 24hr / 7 day telephone support helpline, having initially to complete too many forms / paperwork and a lack of support were the main negative impact of domestic abuse services cited by services users. Stakeholders identified the inaccessibility of health and social care services, in particular issues with the integration of drug and alcohol services and gaps in children's services including long term support, family work, waiting lists, separation from children as the main negative impact of domestic abuse services. The following issues are those identified by service-users and stakeholders where domestic abuse services have a negative impact on access to services:

Issues identified with a negative impact on health	**No. of focus groups that identified the issue**
Service-user focus groups	
Health and social care services	7
DA services	
Unaware that there is a 24hr / 7 day support (telephone helpline)	1 (this was raised by 2 participants)
Initially too many forms / paperwork	1 (this was raised by 4 participants)
No night staff	1
Lack of support	1 (this was raised by 3 participants)
Family unable to stay overnight	1
Not a lot to do	1
Housing (long waiting list if no children)	1
Social services (children taking into emergency foster care)	1
CAMHS (refused cases)	1
Lack of support (A & E)	1
More health professionals visiting	1
Other services	2
Some service have a time limit on provision, which may not be sufficient for all service-users	2
Stakeholder focus groups	
Health / Social Care services	5
Inaccessibility of court / health IDVA	3

Accessibility of freedom programme / lack of facilitators / cost of training	2
Accessibility and integration drug and alcohol services	3 (in 3 groups this was raised by 2 participants)
Accessibility of housing support	1
Accessibility of mental health services	2
Gaps in children's services (long term support, family work, waiting lists, separation from children)	3 (in 1 group this was raised by 2 participants, and raised by 3 in another group)
Lack of provision of services / accommodation for men	2
Lack of provision of services / accommodation for boys	1
Lack of access to translation services	3
Duplication of information (service users have to repeat their story)	1 (this was raised by 2 participants)
No robust access to emergency accommodation out of hours	2 (in both groups this was raised by 3 participants)
Inconsistent service integration / information sharing (health, police, DA services)	2
Inaccessibility of health services (if placed away from home)	1
Not assessing the whole family	2
<u>Voluntary services</u>	1
Inconsistent access to LGBT support services	1
<u>Transport</u>	4
Poor accessibility to services in rural areas	4 (in 2 groups this was raised by 2 participants)
<u>Communications</u>	3
Lack of consistent message on services, for example availability, access	1
Service materials focus on women as victims, with limited recognition that men can also be victims	3 (in 1 group this was raised by 2 participants)
Negative stigma of services	1
<u>Other</u>	4
Inconsistent accessibility of local police support	1

Closure / reduction in services (children's services)	3 (in 1 group this was raised by 2 participants)
Leaving pets	1
Inconsistent co-ordination of services -Clarity on roles and responsibilities of services (what is safeguarding / DA, role of police, housing, pathways) – linked to partnership working?	2 (in 1 group this was raised by 2 participants)

The main gaps in current service provision relating to lack of access to services related to current availability of accommodation not meeting the needs of certain population groups that may experience domestic abuse, a lack of access to services in rural areas, an increased need for services to support individuals experiencing domestic abuse from certain population groups, and limited access and long waiting times for some services

Gaps identified in current service provision with an impact on access to services

Insufficient provision of safe accommodation for victims

Provision of accommodation that does not meet needs of population groups, including people with a disability, older women, families (especially large families or those including older sons), individuals from ethnic minority communities, and individuals with drug and alcohol issues

Lack of access to services in rural areas

Lack of childcare facilities with some community-based services

No services for female perpetrators

Lack of appropriate services for lesbian, gay, bisexual and transgender individuals

More support required for children who perpetrate abuse

Lack of services for male victims

Limited access and long waiting times to access some services

Lack of support through the court system

Inconsistent support for BME, LGBT, male victims (outreach), young people, migrant, learning difficulties, young carers, hearing impairment, sensory impairment , teenagers, looked after children

School education

Training Awareness / early education / prevention

Inconsistent partnership working (health & housing, CAB, Job Centre+, probation, welfare rights, children's centres, health visitors, DA services)

Perpetrator programme

Access to benefits / crisis funding

6.3.2.5 Mental wellbeing

Social inclusion / cohesion and emotional wellbeing were the main positive health impacts of domestic abuse services. Service users described peer / social support and interaction as the main positive health benefit of social inclusion and cohesion. Improved confidence was the main positive health benefit of domestic abuse service relating to emotional wellbeing but service users cited improved motivation, improved anxiety, improved depression, reduced stress / more relaxed, improved self-esteem and a sense of hopefulness as other positive health benefits of domestic abuse services. The following issues are those identified by service-users and stakeholders where domestic abuse services have a positive impact on mental wellbeing:

Issues identified with a positive impact on health	No. of focus groups that identified the issue
Service-user focus groups	
Social inclusion / cohesion	4
Motivation to be involved in community life	1
Peer / social support and interaction	4 (in 1 group this was raised by 4 participants, and raised by 5 in another)
Emotional well-being	6
Improved confidence	5 (in 1 group this was raised by 3 participants, and raised by 2 in 2 other groups)
Improved motivation	1
Improved anxiety	2 (in 1 group this was raised by 2 participants)
Improved depression	2
Reduced stress / more relaxed	2
Improved self esteem	2
Hopefulness	2 (in 1 group this was raised by 2 participants)
Sense of control	2
More independent	1
Greater control of situation	1 (this was raised by 2 participants)
Stakeholder focus groups	
Emotional well-being	1
Improved confidence	1
Improved well-being	1
Sense of control	2
Increased control of situation	2
Social inclusion / cohesion	1
Peer / social support and interaction	1 (this was raised by 2 participants)

The main negative impact of domestic abuse services cited by service users was isolation from friends and family support networks. Stakeholders identified emotional wellbeing including increased risk of depression, loss of confidence and the negative impact that services can have on self-esteem and the loss of control because of the restrictions on movements of service users. The following issues are those identified by service-users and stakeholders where domestic abuse services have a negative impact on mental wellbeing:

Issues identified with a negative impact on health	**No. of focus groups that identified the issue**
Service-user focus groups	
Emotional well-being	1
Ongoing depression not fully addressed by services	1
Social inclusion / cohesion	2
Isolated from friends and family support networks	2
Racially abused by other residents	1
Stakeholder focus groups	
Emotional well-being	2
Increased risk of depression	1
Loss of confidence	1
Self-esteem (services highlight negatives)	1
Sense of control	1
Loss of autonomy, service restricts movements of service-users	1

The main gaps in current service provision with an impact on mental health and wellbeing were a lack of access to specialist mental health services, the need for increasing confidence and self-esteem to be delivered as a part of all domestic abuse services, isolation caused by the location of accommodation, and the passing of individuals between services.

Gaps identified in current service provision with an impact on mental health and wellbeing

Lack of access to mental health treatment services

Provision of confidence-building and self-esteem courses delivered as part of domestic abuse services

Services should consider family dynamics in relation to communication and an understanding of the implications of abuse within the family environment

Insufficient service provision for children affected by domestic abuse

There is currently much overlap between services, with passing of clients back and forwards between services

The limited availability of accommodation means individuals may need to move away from the locality they previously lived, isolating individuals from their social networks

7 Analysis

The appraisal panel reviewed the evidence contributed by the data profiling, the literature review and the HIA consultations, and integrated this with their specialist knowledge to form a balanced view on the positive and negative impacts on health of domestic abuse services commissioned by Derbyshire County Council.

The following are the identified positive and negative impacts that domestic abuse services can have on the health of those affected by domestic abuse. The impacts are a combination of the potential for services to improve the health of a victim, witness or perpetrator of abuse, and the negative impact on health reported by current service users and professionals.

LIFESTYLE FACTORS	
Description of impact	**Direction of impact**
Dietary and nutritional improvements including healthier eating and access to healthy food	Positive
Cessation or reduction in alcohol consumption	Positive
Reduction in smoking	Positive
Opportunities for better management of long term conditions through adopting healthier lifestyle	Positive
Exposure to excessive alcohol and illegal drug use	Negative
Children in refuge accommodation may be exposed to unhealthy behaviours of other residents	Negative

SOCIAL & ECONOMIC FACTORS	
Description of impact	**Direction of impact**
Improved family cohesion including improved relationships with children and families	Positive
Improved mental well-being of children including emotional wellbeing and self confidence	Positive
Improvement of personal safety including feeling safe, awareness of safety and home adaptations	Positive
Maintaining current employment, finding new work or undertaking volunteering opportunities	Positive
Access to education and training opportunities	Positive

Access to financial advice and support including benefits advice and legal aid	Positive
Support to become financially independent	Positive
Access to housing support for re-settlement	Positive
Disruption of children caused by moving schools	Negative
Re-settlement from the home to temporary accommodation	Negative
Long waiting times to access housing support and access to suitable accommodation	Negative
Restricted access to benefit payments as a result of change of circumstances	Negative
Provision of temporary accommodation in less-desirable localities	Negative
Cost implications of transport to services following re-location may restrict access	Negative
Family separation if accommodation not able to house family unit, in particular teenage sons	Negative

ENVIRONMENTAL FACTORS	
Description of impact	**Direct of impact**
Places for interaction (for example shared kitchens, communal gardens) in refuge accommodation impacts positively on engagement, social support and interaction	Positive
Places for interaction can expose non users to illegal drug and excessive alcohol use	Negative

ACCESS TO SERVICES	
Description of impact	**Direction of impact**
Signposting and support including access to health and social care services including the Derbyshire Domestic Abuse helpline, IDVAs, Mental Health services, GP, drug and alcohol services, Wellbeing worker, healthy lifestyle services and on site health service including health visitors	Positive
Signposting and support including access to schools, nurseries, solicitors, Citizens Advice Bureau and financial awareness and grants services	Positive
Support for childcare including crèche facilities and children's workers	Positive
Support available from "experts by experience" to support victims of domestic abuse recovery from their experiences	Positive
Accessibility to services within rural areas	Negative
Discrimination of some population groups due to lack of suitable	Negative

accommodation, such as those with disabilities	
Currently much passing of service-users between services, with individuals having to retell their story, and duplication of paperwork between services	Negative
The use of PO BOX addresses can be a barrier for accessing services, with service-users also reporting that the use of PO Boxes exacerbates stigmatisation	Negative
Accommodation may be isolated from other services required by individual and family	Negative
Service inaccessibility for victims of domestic abuse, including waiting times and long term support for court / health IDVA, freedom programme, drug and alcohol services, housing support, mental health services, children's services, translation services and out of hours	Negative
Lack of service provision/ accommodation for men who have experienced domestic abuse	Negative
Marketing and promotional materials focus on women as victims, with limited recognition that men can also be victims.	Negative
Lack of signposting , support and awareness of health and social care services including the Derbyshire Domestic Abuse helpline, Accident and Emergency, Mental Health, CAMHS and Social Services	Negative
Lack of awareness of service provision, for example that the Domestic Abuse helpline provides 24 hour 7 day a week service	Negative
Inequity in the provision of domestic abuse services across Derbyshire	Negative

MENTAL HEALTH AND WELLBEING	
Description of impact	**Direction of impact**
Improved sense of belonging, interaction, engagement in community life because of peer / social support and interaction with other service users and DA staff	Positive
Improved emotional well-being including confidence, motivation, self-esteem and hopefulness, reduced anxiety, depression and stress	Positive
Improved sense of control over the situation / decisions that affect their life and independence	Positive
Loss of autonomy of service users due to restrictions of movement imposed by provider	Negative
Isolation from support networks including friends and family as a result relocating to Domestic Abuse services	Negative
Deterioration of mental health due to conflict with other residents in	Negative

accommodation	
Deterioration of emotional well-being including depression and confidence due to emotional well-being issues not being addresses by services or negative reinforcement of issues	Negative

8 Recommendations

The appraisal panel prioritised identifying recommendations that would maximise the positive health impacts and minimise the negative health impacts of domestic abuse services commissioned by Derbyshire County Council. The recommendations are based on the continued commissioning of the current types of domestic abuse services (that is, high risk/IDVA services, medium risk services, accommodation and housing related support, children's domestic abuse support services, perpetrator programme and domestic abuse helpline). Significant change in this configuration of service delivery may render some of the recommendations not applicable to the new service specification.

The majority of recommendations are targeted towards the commissioners of domestic abuse services at Derbyshire County Council, and service providers. However, a number of wider ranging recommendations were identified for other organisations, with the hope that these are addressed as the strategic approach to domestic abuse continues to develop across Derbyshire.

Recommendations for commissioners of Domestic Abuse services

1 **The overarching recommendation for the commissioners of domestic abuse services within Derbyshire County Council is to maintain the provision of services to victims, witnesses and perpetrators of domestic abuse, and to support implementation of the remainder of the recommendations to ensure services have the maximum positive impact on the health of those affected by domestic abuse**

2 Commissioners to explore ways to ensure equity in provision of domestic abuse services across Derbyshire, such as the provision of the Health IDVA service

3 Commissioners to strengthen the "experts by experience" volunteer role to support domestic abuse staff in enabling service users to recover from their experiences, and develop systematic training programme to develop the skills of volunteers.

4 Commissioners to ensure that there is equitable access to financial inclusion and skills training, employment opportunities, education and training opportunities, and housing options across all services

5 Commissioners to ensure consistent provision of information and access to support and services to improve health across all providers and regardless of risk score

6 Commissioners to ensure that the draft service specification(s) for provision of domestic abuse services is subject to a "Rural Proofing" process to identify any rural inequalities within service provision.

7 Commissioners to develop minimum standards for service provision. Such provision for refuge accommodation to include crèche facilities, kitchen facilities, staff training , child support for refuges that cater for children, and compliance with the equality act

8 Commissioners to commission provision of domestic abuse knowledge and awareness sessions in schools and education settings

Recommendations for service providers

9 Service providers to offer victims of domestic abuse a client-led, basic, holistic health check that includes an assessment of current diet / nutrition, physical activity, smoking, alcohol, illegal drugs, sexual health and mental well-being. When appropriate, the health check will also consider the health needs of children. Following the assessment a personal health plan will be developed with the service user to monitor progress and changes in behaviour. Due to the nature of domestic abuse, harm reduction approaches may be required.

10 Service providers to offer perpetrators of domestic abuse a client led (basic) holistic health check that includes an assessment of current diet / nutrition, physical activity, smoking, alcohol, illegal drugs, sexual health and mental well-being

11 Service providers to develop links with Derbyshire Community Health Services' (DCHS) "Wellbeing Workers" for support in completing the health checks and for ongoing support with healthy behaviour change.

12 Service providers to offer victims of domestic abuse a client-led assessment of socio-economic factors that influence health including such poverty / income, employment, education / training, housing, family cohesion, and safety. Where needs are identified, providers will facilitate access to prompt specialist advice (e.g. from welfare advisory or housing support services) or access to emergency support (for example emergency food parcels or discretionary funding).

13 Service providers to ensure staff have an advocacy role to support service users to access information, advice and support in a timely manner, for example the Passport Office, Housing teams and Department for Work and Pensions

14 Service providers to develop a "introduction pack" for service users that includes a directory of local health improvement services and activities, financial support, education and training

15 Service providers to work alongside locality teams within Public Health at Derbyshire County Council to explore ways to work collaboratively to improve the health of service-users

16 Service providers to provide prompt support to enable victims of domestic abuse to stay in their own home where the perpetrator has been taken into custody, through the use of Domestic Violence Protection Orders. Support to be offered on commencement of the Order, and continue as the Order ceases to reduce the risk of re-abuse. Victims.

17 Service providers to be encouraged to apply for a Derbyshire Dignity Award

18 Service providers to require service-users to comply with expected standards of behaviour within refuge accommodation. This will include policies relating to smoking, alcohol use, use of illegal substances, access to pornography and respect for property of other residents, and will give consideration to the presence of children and young people within some accommodation.

19 Service providers to work with relevant housing teams to reduce the waiting times for victims of domestic abuse to be re-housed, to reduce the risk of victims returning to abusive relationships

20 Service providers and housing teams to ensure that priority is given to keeping a family together by providing appropriate accommodation for families, specifically addressing accommodation issues relating to teenage boys

21 Service providers to ensure emergency accommodation meets the needs of all population groups and does not discriminate against certain groups, for example individuals with disabilities

22 PO Boxes are a recognised safety measure to protect victims of service users. However, service providers to explore ways to allow individuals to register with services without using a PO Box address.

23 Service providers to consult with service-users to ensure accommodation is primarily recognised as a victim's temporary home, rather than a refuge or place of work for staff

24 Service providers to ensure that victims of domestic abuse have access to a range of specialist support that is proportionate to their level of need regardless of the accommodation type that the individual is placed within

25 Service providers to ensure that marketing and communication messages and material recognise that both men and women, in both heterosexual and same-sex relationships can be victims of domestic abuse

26 Service providers to support victims of domestic abuse in refuges and other emergency accommodation to access community food provision, such as through the Fair Share scheme

Recommendations for Derbyshire City and County Sexual Violence and Domestic Violence Governance Board:

27 The effectiveness of tools to identify victims of domestic abuse was outside of the scope of this HIA. However, the Governance Board should ensure that the learning from the IRIS (Identification and Referral to Improve Safety) pilot project, currently underway with GP practices in Heanor, is shared with CCGs, GP practices and commissioners in Public Health responsible for commissioning health visitor services, for consideration of the teams and settings where screening tools for domestic

abuse can be used.

28 The Governance Board to raise awareness of domestic abuse to Derbyshire employers to support victims of domestic abuse to stay in work, through a greater understanding of the needs of individuals who have experienced abuse, and increased awareness of recognising the signs and patterns of potential abuse

29 Partner organisations and the Governance Board should endorse the use of Domestic Violence Police Orders to enable victims of domestic abuse to stay within their own homes.

30 The Governance Board should review pathways into specialist treatment services such as mental health services, Child and Adolescent Mental Health Services and drug and alcohol services, for those affected by domestic abuse.

31 The Governance Board to explore how information can be shared between organisations without contravening the conditions of data protection and information governance legislation.

Recommendations for other teams within Derbyshire County Council

32 Commissioners of Health Visitor and School Nursing services within Public Health to ensure services are prioritised to victims of domestic abuse, and that the quality of the services provided by these teams is equitable across all domestic abuse service providers.

15 Locality teams within Public Health to work alongside service providers to explore ways to work collaboratively to improve the health of service-users [NB this recommendation also appears in service provider section]

33 Educational social workers to offer prompt access to their services to service-users with children who are at risk of educational disruption

34 The Welfare Rights service to train staff and volunteers in domestic abuse services to support service users to access emergency and medium-term financial support.

35 Derbyshire County Council to support service-users and their children to maintain access to work and school, through access to the concessionary fares and community transport schemes

Recommendations for other agencies

36 Housing providers to ensure accommodation for domestic abuse victims is provided in locations where victims feel safe and secure, and are able to access a range of health, social care and other services

37 Commissioners of Midwifery services to ensure services are provided to victims of

domestic abuse within refuge or other emergency accommodation.

38 Service users to be prioritised in having access to Credit Union services

39 Where possible, emergency food parcels provided to service users should support a healthy, balanced, nutritious diet.

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Appendix 1: Service user focus group information and questions

Health Impact Assessment of commissioning intentions for Domestic Abuse services

Service user focus group

My name is…….. I will be facilitating the focus group today.

My name is ……I will be taking notes today.

Lisa and Alison introductions and explain they are supporting the focus group.

Thank you for agreeing to take part today. The focus group will last for up to 2 hrs. We will break for 10 minutes after about an hour.

The purpose of the focus group is to gather your views on current Domestic Abuse services, to understand how these services affect your health and wellbeing, and to find out what could be done in the future to improve the services. Your views will help Derbyshire County Council to understand what can be done to improve Domestic Abuse services in the future.

To begin with, we would like to spend 5-10 mins developing ground rules with you to make sure everyone is comfortable with the discussions.

Examples of ground rules – but try to encourage the group to come up with their rules first

The information that you share with us will be anonymous.

Please give everyone in the group a chance to contribute to the discussions and please respect other people's views.

Please do not repeat personal conversations outside of the focus group.

If any of the questions make you feel uncomfortable, uneasy or you would prefer not to answer, this is fine and we will respect your decision. You can either state you do not want to answer the question, remain silent until the next question or step out of the room. Alternatively you can write your response on a post it note and stick it to the flip chart during or after the session. If you need some support and need to speak to someone, staff from the service is available or you can discuss with Lisa or Alison.

We would like you to feel confident about sharing both good and not so good aspects of the service. We can assure you that the responses you give will not be fed back to the service and will not affect the service you receive in the future.

Any feedback about services outside of Derbyshire will be feedback anonymously to the relevant organisations.

We would like you to consider health and wellbeing in a broad sense. Just before we start the questions, it may be helpful to explain what are known as the 'Wider Determinants of Health' - hand out an A4 sheet to each group member.

State that: Many different factors can determine a person's health and well-being. This means that people living in the same community or people of the same age can have very different chances of good health and wellbeing. Briefly and simply explain the diagram.

Questions

The HIA questions are integrated with the consultation questions. The HIA questions are Q5, 6 and 7. These are shown below, together with prompts, if needed.

Recording of the discussions:

• Please record the discussions on flip charts during the session.
• The information for the HIA questions will then need to be transferred to the data capture template for service-user groups
• We have developed a data capture form for the focus group to use, and this includes the HIA questions. Please complete the data capture forms and return the forms to Richard and Iain (Richard.Keeton@derbyshire.gov.uk and Iain.Little@derbyshire.gov.uk)

Recording of the questions

• 1 x flip chart sheet per question. The questions will be pre-typed prior to the session, please print these off and display.
• Hand out post it notes to participants
• Encourage the group to discuss the question or to discuss in small groups
• Participants can either shout out responses or write them on the post it notes
• For question 5, 6, and 7, please record positive and negative health impacts
• Encourage the groups to discuss the responses

Consultation questions (NB HIA questions in bold)

Q1: Did you know that support was available?
If yes, how did they find out the support was available?

Q2: Did you find it easy to access support?

Q3: How have you found the support you received?

Q4: Has having the support made a difference?
NB: consider wider family as well

Q5: How does domestic abuse affect the health and wellbeing of you and your family?
Get the group to consider health and wellbeing in the broadest possible sense, for example

- Lifestyle issues such as diet, nutrition, physical activity, smoking, alcohol, illegal drugs

and sexual behaviour.

- Social and economic factors such as poverty/income, employment, education, housing, family cohesion and crime and community safety.
- Mental wellbeing factors such as an individual's sense of control of their life, social inclusion, emotional wellbeing, motivation.

Q6: The domestic abuse services you have used may have improved you and your family's health and wellbeing, and also may have made it worse. First of all, how have services improved your health and wellbeing?

And then have the services made your health and wellbeing worse in any way?

Q7: Of the domestic abuse services you have used, what parts of the service have been most important in improving you and your family's health and wellbeing?

Q8 For people in refuge only – did you find the accommodation suitable? Does it meet your individual needs?

Q9 Did your children receive support (where applicable)? If yes has the support made a difference?

Q10: What are the most important elements of a support service? What makes the biggest different to you?

<u>Prompts for outreach services</u>
Single point of contact
Information in different languages
Interpreters
Crèche facilities
Transport
Support for family/ children

<u>Prompts for refuge</u>
Communal area
Cooking facilities
Prayer room
Would service users rather have communal buildings rather than dispersed properties?

Q11: Is there any type of support that you would have found helpful that isn't available?

Q12 : Any other comments/feedback

You have now completed all the questions

We would like to take the opportunity to thank you again for your time and providing valuable feedback

Can I again request that the conversations held within the focus group should not be discussed outside of the group, so as to respect the views of the individuals taking part?

If you would like a copy of the summary report once finished, please leave your contact details, for example e-mail or postal address

NOTE TO FACILITATOR & NOTE TAKER

Don’t forget to transfer the information from the flip charts and post it notes to the HIA template and send through to Richard and Iain

Appendix 2: Professional focus group information and questions

Health Impact Assessment of commissioning intentions for Domestic Abuse services

Professional stakeholder group (eg Domestic and Sexual Abuse Action Groups)

My name is . . . . . I will be facilitating the parts of the discussion that focus on health today.

As part of the consultation, we would like your views on whether current Domestic Abuse services commissioned by Derbyshire County Council meet the health and wellbeing needs of service-users, and, thinking about the re-commissioning of these services, what could be done to maximise the positive impacts on health and well-being, and minimise the negative impacts. This process is called a Health Impact Assessment.

The information collected today will be included in a report alongside other information to influence the re-commissioning of Domestic Abuse services. Analysis of the information, and developing the recommendations will be done independently of the service commissioners.

We would like you to consider health and wellbeing in a broad sense. Just before we start the questions, it may be helpful to explain what are known as the '**Wider Determinants of Health'** - hand out an A4 sheet to each group member.

- State that: *Many different factors can determine a person's health and well-being. This means that people living in the same community or people of the same age can have very different chances of good health and wellbeing.* Briefly and simply explain the diagram using the diagram.

Questions

The HIA questions are integrated with the consultation questions. Lisa will circulate copies of the questions and introduce the consultation questions. Please introduce the HIA questions (Q1a, 2a and 3a). These are shown below, together with prompts, if needed.

Lisa may also ask for feedback after each question on the most important issues identified. Again please lead the feedback on the HIA questions if required.

Recording of the discussions:

- Lisa has developed a data capture form for the focus group to use, and this includes the HIA questions. Lisa will scan and email these to you.
- Please transfer the comments electronically into the HIA template.
- Please highlight the points raised as part of the feedback sessions mentioned above.
- Please email the completed HIA template to Richard and Iain

Consultation questions (NB HIA questions in bold)

Q1: Do you feel that these services meet the needs of people experiencing domestic abuse in Derbyshire?

Q1a: How do the current Domestic Abuse services impact on the health and wellbeing needs of service-users? Consider both positive and negative impacts.
Lifestyle issues include diet, nutrition, physical activity, smoking, alcohol, illegal drugs and sexual behaviour.
Social and economic factors include poverty/income, employment, education, housing, family cohesion and crime and community safety.
Mental wellbeing factors include an individual's sense of control of their life, social inclusion, emotional wellbeing, motivation.

Q2: Are there any gaps in existing services?

Q2a: How can domestic abuse services be commissioned in the future to improve the health and wellbeing of service-users?
This question is included to get participants to think about what could be done in future to maximise the positive impacts on health and minimise the negative impacts.

Q3: Do you feel that the existing services are accessible to people experiencing domestic abuse in Derbyshire? If not why not?

Q3a: With regards access to services, how do the current Domestic Abuse services impact on the health and wellbeing needs of service-users?

Q4: Any other comments/feedback

Appendix 3: Public, Service Provider and Partner Agencies surveys

DERBYSHIRE
County Council
Improving life for local people

Derbyshire Domestic Abuse Services Re-commissioning 2015

Derbyshire Domestic Abuse Services Public Survey

Introduction

Derbyshire County Council is re-commissioning the domestic abuse services available throughout the County, due to commence in April 2016. The purpose of the consultation is to give people the opportunity to give their views on the existing support services and to highlight any potential gaps in provision.

Domestic Abuse is defined as:
"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

The services we currently deliver are available to female and male victims of domestic abuse throughout Derbyshire and include Independent Domestic Violence Advisors (IDVA)/High Risk Services, Medium Risk Services, Children's Domestic abuse Support Services, Accommodation and Support Services, Voluntary Perpetrator Programme and the Derbyshire Domestic Abuse Helpline.

For more details about the services please read the document 'Domestic Abuse Services funded by Derbyshire County Council' available on www.derbyshire.gov.uk/daservices

INSTRUCTIONS

Each survey form is scanned electronically so it is important to complete your form in the following way:-

Write clearly using BLOCK CAPITALS like this J O E B L O G G S

Use black or blue pen not pencil. Use a cross and please keep the mark in the box

like this ☒ ☑

Ensure your comments are written inside the boxes provided, text outside the boxes will not be picked up when the forms are scanned,

like this not like this

If you make a mistake, just cross it out and mark the right box like this ☒

If the question or page is not applicable, please leave it BLANK unless a 'non-applicable' option is provided

like this not like these N/A

This questionnaire may be available in other formats.
If you require a different format, have any queries or comments on this survey form then contact:

Derbyshire County Council
FREEPOST DY76
County Hall
Matlock
Derbyshire DE4 9BR

Telephone: 01629 533190

email:haveyoursay@derbyshire.gov.uk

We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

Q1 **Which of the following domestic abuse services available in Derbyshire are you aware of?** *(Please select **all** that you are aware of)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- Derbyshire Domestic Abuse Helpline ☐
- None of the above ☐ Go to Q4

If you are aware of any services not listed in Q1 above, please write them in the box below:

Q2 **Which of the domestic abuse services have you used in the last five years?** *(Please select **all** you have used)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- Derbyshire Domestic Abuse Helpline ☐
- None of the above ☐ Go to Q4

Q3 **How satisfied or dissatisfied were you with the domestic abuse services you used?** *(Please select **one** option on **each** row)*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
IDVA/High Risk Services	☐	☐	☐	☐	☐
Medium Risk Services	☐	☐	☐	☐	☐
Refuge and Housing Related Support	☐	☐	☐	☐	☐
Children's Domestic Abuse Support Services	☐	☐	☐	☐	☐
Voluntary Perpetrator Programme	☐	☐	☐	☐	☐
Derbyshire Domestic Abuse Helpline	☐	☐	☐	☐	☐
Other service please identify below	☐	☐	☐	☐	☐

Q4 **If you have not used domestic abuse services in the last five years please tell us why**

I didn't need to use any of the services ☐

I needed the services but didn't know about them ☐

Any other reason please state below:

Q5 **We want to make sure that the help we give to people who have been affected by domestic abuse makes them feel better and healthier. In what ways do you think domestic abuse could affect someone's health and general wellbeing?**

Q6 **If you think there are any gaps in the domestic abuse services provided, please tell us what they are.**

Q7 **If you have anything else to add please use the space below to tell us.**

About you

The following questions are about you and will help us understand the views of different demographic groups and of people living in different areas of Derbyshire. It will also help us understand who is able to access the services and try to improve this.

Q8 **What is your home postcode?**

Q9 **What was your age at your last birthday?**

Q10 **At birth were you described as?**

Male ☐ Intersex ☐
Female ☐ Prefer not to say ☐

Q11 **Which of the following describes how you think of yourself?**

Male ☐ In any other way ☐
Female ☐

Q12 **What is your sexual orientation?** *(Please select **one** box only)*

Heterosexual ☐
Lesbian or gay woman ☐
Gay Man ☐
Bisexual ☐
Other, please state below ☐
Prefer not to say ☐

If other, please state

Q13 **A disabled person is someone who has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day-to-day activities. Do you consider yourself disabled?**

Yes ☐ Go to Q14 No ☐ Go to Q15

Q14 **If you do consider yourself disabled, what type of disability do you have?** *(Please select **all** that apply)*

Disability affecting mobility ☐ Mental ill-health ☐
Disability affecting hearing ☐ A learning disability ☐
Disability affecting vision ☐ Other please state below: ☐

Q15 **Please describe yourself:** *(Please select **one** box only)*

White

English/Welsh/Scottish/Northern Irish/British ☐
Irish ☐
Gypsy or Irish Traveller ☐
Any other White background ☐
If other White background, please specify:

Mixed / multiple ethnic group

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other Mixed/multiple ethnic background ☐
If other Mixed background, please specify:

Asian or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Chinese ☐
Any other Asian background ☐
If other Asian background, please specify:

Black / African / Caribbean / Black British

Caribbean ☐
African ☐
Any other Black/African/Caribbean background ☐
If other black background, please specify:

Other ethnic group

Arab ☐
Any other ethnic background ☐
If other ethnic background, please specify:

Q20 **What is your religion?**

- Buddhist ☐
- Christian (all denominations) ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- No Religion ☐
- Prefer not to say ☐
- Other - please state ☐

Q21 **If you would like to be involved with any further consultation on this subject, please give your name, email or telephone contact details.**

If you are affected by domestic abuse, or you would like to speak to somebody because of issues raised by this survey, please contact Derbyshire Domestic Abuse Helpline 08000 198 668, or visit www.saferderbyshire.gov.uk/what_we_do/abuse_sexual_violence/default.asp

Thank you for taking part in this survey

Derbyshire Domestic Abuse Services
Re-commissioning 2015

Derbyshire Domestic Abuse Services Service Provider Survey

Introduction

Derbyshire County Council is re-commissioning the domestic abuse services available throughout the County, due to commence in April 2016. The purpose of the consultation is to give people the opportunity to give their views on the existing support services and to highlight any potential gaps in provision.

Domestic Abuse is defined as:
"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

The services we currently deliver are available to female and male victims of domestic abuse throughout Derbyshire and include Independent Domestic Violence Advisors (IDVA)/High Risk Services, Medium Risk Services, Refuge and Housing related support services, Children's Domestic abuse Support Services, Voluntary Perpetrator Programme and the Derbyshire Domestic Abuse Helpline.

For more details about the services please read the document 'Domestic Abuse Services funded by Derbyshire County Council' available on www.derbyshire.gov.uk/daservices

INSTRUCTIONS

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Write clearly using BLOCK CAPITALS like this J O E B L O G G S

Use black or blue pen not pencil. Use a cross and please keep the mark in the box

like this ☒ ☑

Ensure your comments are written inside the boxes provided, text outside the boxes will not be picked up when the forms are scanned,

like this not like this

If you make a mistake, just cross it out and mark the right box like this ☒

If the question or page is not applicable, please leave it BLANK unless a 'non-applicable' option is provided

like this not like these N/A

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If you require a different format, have any queries or comments on this survey form then contact:

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FREEPOST DY76
County Hall
Matlock
Derbyshire DE4 9BR

Telephone: 01629 533190

email:haveyoursay@derbyshire.gov.uk

We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

Q1 **Please identify which domestic abuse services your organisation currently delivers in Derbyshire?** *(Please select **all** that you deliver)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- None of the above ☐

If you deliver more than one service, please indicate which service you are referring to throughout.

Q2 **Do you feel the services currently address the needs of**

	Yes	No
Victims	☐	☐
Families	☐	☐
Perpetrators	☐	☐

Q3 **If services do not address the needs of victims, families or perpetrators, please tell us why, identifying the service(s) and client group(s)**

Q4 **Do you feel the current geographical split of services works well?**

Yes ..... ☐ No..... ☐

Q5 **If the geographical split of services does not work well, not how do you feel this could be improved?**

Q6 **Do you feel the current split of services works well (i.e. separate providers for each service)?**

Yes ..... ☐ No..... ☐

Q7 **If the current split of services does not work well how do you feel this could be improved?**

The Think Family agenda is about providing services that meet the needs of the whole family, rather than supporting one person individually.

Q8 **Do you feel the services currently support the 'Think Family' approach?**

Yes ..... ☐ No..... ☐

Q9 **If you feel services do <u>not</u> address the 'Think Family' approach, how do you feel this could be improved?**

Q10 **Do you feel the services are equitable across the County (i.e. avoiding a postcode lottery)?**

Yes ..... ☐ No..... ☐

Q11 **If services are <u>not</u> equitable across the County, how do you feel this could be improved?**

Q12 **Do you feel your services are currently accessible to everyone who needs them?**

Yes ..... ☐ No..... ☐

Q13 **If your services are <u>not</u> accessible what are the reasons for this and what improvements could be made?**

Q14 **Do you feel there is any duplication of services?**

Yes ..... ☐ No..... ☐

Q15 **If there is duplication of services how can this be improved?**

If you are affected by domestic abuse, or you would like to speak to somebody because of issues raised by this survey, please contact Derbyshire Domestic Abuse Helpline 08000 198 668, or visit www.saferderbyshire.gov.uk/what_we_do/abuse_sexual_violence/default.asp

Thank you for taking part in this survey

Derbyshire Domestic Abuse Services Re-commissioning 2015

Derbyshire Domestic Abuse Services Partner Agencies Survey

Introduction

Derbyshire County Council is re-commissioning the domestic abuse services available throughout the County, due to commence in April 2016. The purpose of the consultation is to give people the opportunity to give their views on the existing support services and to highlight any potential gaps in provision.

Domestic Abuse is defined as:
"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality."

The services we currently deliver are available to female and male victims of domestic abuse throughout Derbyshire and include Independent Domestic Violence Advisors (IDVA)/High Risk Services, Medium Risk Services, Refuge and Housing related support Services, Children's Domestic abuse Support Services, Voluntary Perpetrator Programme and the Derbyshire Domestic Abuse Helpline.

For more details about the services please read the document 'Domestic Abuse Services funded by Derbyshire County Council' available on www.derbyshire.gov.uk/daservices

INSTRUCTIONS

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Write clearly using BLOCK CAPITALS like this J O E B L O G G S

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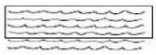
like this ☒ ☑

Ensure your comments are written inside the boxes provided, text outside the boxes will not be picked up when the forms are scanned,

like this  not like this 

If you make a mistake, just cross it out and mark the right box like this ☒

If the question or page is not applicable, please leave it BLANK unless a 'non-applicable' option is provided

like this ☐ not like these — N/A ✓

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If you require a different format, have any queries or comments on this survey form then contact:

Derbyshire County Council
FREEPOST DY76
County Hall
Matlock
Derbyshire DE4 9BR

Telephone: 01629 533190

email:haveyoursay@derbyshire.gov.uk

We will treat all information that you give in the strictest confidence. Your identity will never be revealed.

Q1 **Which service do you represent?**

Q2 **Which Districts do you cover?**

Q3 **Which of the following domestic abuse services available in Derbyshire are you aware of?** *(Please select **all** that you are aware of)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- Derbyshire Domestic Abuse Helpline ☐
- None of the above ☐

Q4 **If you are aware of any services not listed in Q3 above, please write them in the box below:**

Q5 **Have you ever referred someone to the domestic abuse services?** *(Please select **all** you have referred into)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- Derbyshire Domestic Abuse Helpline ☐
- None of the above ☐

Q6 **How satisfied or dissatisfied were you with the response when you referred in?** *(Please select **one** option on **each** row)*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Never referred
IDVA/High Risk Services	☐	☐	☐	☐	☐	☐
Medium Risk Services	☐	☐	☐	☐	☐	☐
Refuge and Housing Related Support	☐	☐	☐	☐	☐	☐
Children's Domestic Abuse Support Services	☐	☐	☐	☐	☐	☐
Voluntary Perpetrator Programme	☐	☐	☐	☐	☐	☐
Derbyshire Domestic Abuse Helpline	☐	☐	☐	☐	☐	☐
Other service (please identify below)	☐	☐	☐	☐	☐	☐

Q7 **If you were dissatisfied with the response of any of the services please tell us why:**

Q8 **Would you refer someone to these services again?** *(Please select **all** you would refer into again)*

- IDVA/High Risk Services ☐
- Medium Risk Services ☐
- Refuge and housing related support ☐
- Children's Domestic Abuse Support Services ☐
- Voluntary Perpetrator Programme ☐
- Derbyshire Domestic Abuse Helpline ☐
- Other Service (please identify below) ☐

Q9 **If you would not refer someone into any of the services again please tell us why, identifying the services.**

Q10 **Do you feel the services currently address the needs of:**

	Yes	No
Victims	☐	☐
Families	☐	☐
Perpetrators	☐	☐

Q11 **If services do <u>not</u> address the needs of victims, families or perpetrators, please tell us why, identifying the service(s) and client group(s)**

The Think Family agenda is about providing services that meet the needs of the whole family, rather than
supporting one person individually.

Q12 **Do you feel the services currently address the 'Think Family' approach?**

Yes ..... ☐ No..... ☐

Q13 **If you feel services do <u>not</u> address the 'Think Family' approach, how do you feel this could be improved?**

Q14 **Do you feel the services are equitable across the County (i.e. avoiding a postcode lottery)?**

Yes ..... ☐ No..... ☐

Q15 **If services are <u>not</u> equitable across the County, how do you feel this could be improved?**

Some of the current services are delivered County wide i.e. Independent Domestic Violence Advisors (IDVA) whilst others are district specific.

Q16 **Do you feel the current geographical split of services works well?**

Yes ..... ☐ No..... ☐

Q17 **If the geographical split of services does <u>not</u> work well, not how do you feel this could be improved?**

Q18 **Do you feel the current split of services works well (i.e. separate providers for each service)?**

Yes ..... ☐ No..... ☐

Q19 **If the current split of services does <u>not</u> work well how do you feel this could be improved?**

Q20 **Do you feel these services support your organisation's objectives in addressing domestic abuse?**

	Yes	No
IDVA	☐	☐
Outreach	☐	☐
Children	☐	☐
Refuge	☐	☐
Perpetrator	☐	☐

Q21 **If you think there are any gaps in the domestic abuse services provided, please tell us what they are.**

Q22 **If you have anything else to add please use the space below to tell us.**

Q23 **If you would like to be involved with any further consultation on this subject, please give your name, email or telephone contact details.**

If you are affected by domestic abuse, or you would like to speak to somebody because of issues raised by this survey, please contact Derbyshire Domestic Abuse Helpline 08000 198 668, or visit www.saferderbyshire.gov.uk/what_we_do/abuse_sexual_violence/default.asp

Thank you for taking part in this survey

Appendix 4: Wakefield Impact Assessment – HIA tool

Prepared by Helen Laird on behalf of the Joint Public Health Unit
Date: 02/09/2009
jphu@wakefield.gov.uk

Wakefield Impact Assessment – HIA Tool

Date completed:
Title of the proposal, policy, project or programme:
Description of the proposal, policy, project or programme (including primary and secondary aims):
Geographical area:

Author of HIA:		
Name	**Organisation & job role**	**Contact details**
1. 2.		

Other stakeholders involved:		
Name	**Organisation & job role**	**Contact details**
1. 2. 3. 4.		

Prepared by Helen Laird on behalf of the Joint Public Health Unit
Date: 02/09/2009
jphu@wakefield.gov.uk

Brief guidance on completing the HIA (see full guidance for further details)

Contact a facilitator so that they can log your HIA. They can also help if you are unsure of how to use the tool or would like someone to facilitate its use:

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Where the term proposal is used it also refers to policies, strategies, programmes and projects.

Step 1: Populations Affected

When completing each category area think about which sections of the population will be affected. Use these codes on the HIA tool to highlight the populations affected.

Code	Population
ASY	Asylum seekers / refugees
RACE	Race – nationality / language / colour / ethnic origin
CH	Children / young people
DIS	Disability – physical or mental
FAM	Families
GEN	Gender – male / female / transgender
GEO	Geographic groups – rural/urban/neighbouring areas
HOM	Homeless
LD	Learning disability
SO	Sexual Orientation – lesbian / gay / straight / bi-sexual
LTC	People with long-term conditions
OLD	Older people – 50+ years of age
SEG	Socio-economic groups – low income / deprivation / low reading age
REL	Religion or belief
Others	

Step 2: Impact

Consider the impact on each of the health categories. Assess the impact separately for the different populations affected if the impact varies for populations you have identified. Remember our aim is to reduce health inequalities wherever possible.

+	-	x
Proposal will have a positive impact on this health category	Proposal will have a negative impact on this health category	Proposal will have no impact on this health category

Step 3: Certainty

Think about how certain you are about your assessment for each category.

?	!
Assumed impact. You have a gut feeling but may need to do some research.	Known impact. You know that your assessment is correct and is based on evidence

Step 4: Description of Impact

Note how the proposal will impact on that category of health. E.g. in an HIA of the smoke-free policy you could write that smoking and passive smoking would reduce, which would improve health.

Step 5: Recommendation / Action

Write recommendations in this section for how positive impacts could be maximised and negative impacts minimised and a named person who will be responsible for taking the action forward. This may include further research that is needed to improve the certainty of your assessment.

Lifestyle

Poor lifestyle can cause a range of physical and mental health problems including obesity, cancers and heart conditions. Different population groups have different lifestyle experiences and needs. Does your proposal promote healthy lifestyles for different population groups? Does it help or hinder people to make healthy lifestyle choices?

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action (include person responsible for action)
		+	-	x	?	!		
Diet / nutrition Will the proposal affect eating behaviour/accommodate different needs? Will it affect nutrition of people with greatest needs?								
Physical activity Will the proposal affect activity levels of people with greatest need? Are there any barriers that will prevent access to activity?								
Smoking Will the proposal affect smoking levels (e.g. in areas where smoking levels are high)?								
Alcohol Will the proposal affect alcohol consumption / create a barrier for different population groups?								
Illegal drugs Will the proposal affect drug misuse in areas/groups with high use)?								
Sexual behaviour Will the proposal affect sexual behaviour and sexual health of different population groups?								
Health promotion activities Will the proposal affect access to health promoting activities for different population groups (e.g. campaigns, events and advice)?								

Social and economic factors

The conditions in which people live affect their health. It is recognised that those who experience poverty, low income, unemployment, and poor housing have poorer health than those living in better socio-economic conditions.

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action
		+	-	x	?	!		
Poverty / income Will the proposal have an impact on income? Will it reduce the gap between high and low earners?								
Employment / volunteering Will the proposal affect employment or volunteering opportunities for different population groups? Could the proposal create barriers for workers?								
Education / training Will the proposal impact access or create barriers to education and training opportunities or basic numeracy and literacy skills?								
Housing Will the proposal affect opportunities or create barriers to live in good quality and affordable housing?								
Family cohesion Will the proposal affect family contact? Will it promote family activities? Will the proposal create any barriers for different groups?								
Crime/Community Safety Will the proposal affect crime rates, fear of crime and increase awareness of community safety?								

Environment

The environment in which people live has a big impact on health and well-being. Health can be protected by reducing exposure to pollution and environmental hazards. Well-being can be promoted by providing populations with high quality built and natural environments where people can live, work and play.

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action
		+	-	x	?	!		
Built environment / land use Will the proposal affect: An areas appearance? Green space? Places for interaction? Community relationships? Create barriers for different population groups?								
Transport Will the proposal affect: Walking/cycling? Relationships within or between communities (e.g. changes in traffic flow)?								
Air, water and land quality Will the proposal affect air quality (e.g. vehicle, industrial or domestic emissions), drinking water quality, or land quality (e.g. contamination)?								
Waste & Recycling Will the proposal affect waste (e.g. disposal) and recycling?								
Energy Efficiency Will the proposal identify efficient sources of energy? Increase awareness of energy efficiency?								
Noise Will the proposal cause disruptive/annoying noises?								
Agriculture & food production Will the proposal affect production of healthy, affordable and culturally acceptable food?								

Access to services

Location of services impacts how accessible they are to communities. Lack of access is a barrier to people improving their health and well-being.

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action
		+	-	x	?	!		
Communications Will information be produced in different formats/in appropriate settings for different groups?								
Health / Social Care services Will the proposal affect access for different groups/greatest need? Will demand for existing services increase?								
Healthy / Fresh Food Will the proposal affect access to unhealthy food (take-away)/stores selling healthy, fresh, culturally appropriate produce?								
Transport Will the proposal affect access to forms of transport (e.g. public /sustainable transport? Will demand increase/is existing provision adequate for different groups?								
Voluntary services Will the proposal affect access to appropriate voluntary services for different population groups/support the voluntary sector generally?								
Leisure Does it affect access to leisure/ recreation for different groups?								
Childcare Will the proposal affect access to appropriate/affordable childcare? (e.g. special/cultural needs)?								

Mental well-being

How people think and feel is affected by perceptions, physical health, socio-economic determinants and local environment. Poor well-being affects physical and social well-being and improving mental well-being reduces the risk of mental illness (e.g. depression, anxiety, schizophrenia).

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action
		+	-	x	?	!		
Sense of control Will the proposal increase peoples' sense of control over decisions that affect their life/health and take into account different groups need)?								
Social inclusion / cohesion Will the proposal affect sense of belonging, engagement in community life, social support or interaction for different groups?								
Emotional well-being Will the proposal affect self esteem, confidence, hopefulness, optimism, life satisfaction for different groups?								
Motivation Will the proposal affect peoples' motivation (e.g. to adopt healthy lifestyles, seek employment, be involved with community life)?								

Sustainability

A proposal that considers sustainability aims for a better quality of life for people now and for future generations, rather than merely producing short-term improvements. Does your proposal consider how it will stand the test of time and the long-term consequences on health inequalities?

Category areas	Populations affected	Impact			Certainty		Description of Impact	Recommendation / Action
		+	-	x	?	!		
Sustainable future Will the proposal ensure sustainable impacts on health inequalities/ benefits of short-term proposals continue or develop after the initial phase/intervention?								