

**Kent & Medway
domestic abuse
Strategy Group**

**Kent and Medway
Domestic Abuse Strategy
2016 - 2020**

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Contents:

1	Foreword	page 3
2	Introduction	page 4
3	Scope of Strategy	page 5
4	Definitions	page 6
5	Prevalence of Domestic Abuse in Kent and Medway	page 8
6	Kent and Medway Developments	page 14
7	National Developments and Legislative Changes	page 19
8	Kent and Medway's Objectives	page 22
9	Implementation and Delivery	page 25
10	Monitoring and Evaluation	page 26
11	Equalities and Diversity Issues	page 27
12	Consultation Process	page 28

This strategy sets out some challenging but realistic ambitions in continuing challenging times. I am really pleased to say that there is more focus on domestic abuse across communities, partnerships, and within the Media than ever before. There is a growing realisation of just how significant domestic abuse is upon the emotional wellbeing and development of those it affects, and the scars of which last through adulthood in ways that can never be truly understood. Domestic abuse impacts upon future generations and their ability, capacity and attitude towards relationships, parenting, self-esteem and mental health in being able to survive within their community and working environment as adults.

The attitude of services in Kent remains strongly to work together cooperatively. There is no getting away from the reality of the recent and continuing period of austerity and how that has bitten into the budgets available for services for victims, families and perpetrators of domestic abuse. Yet we see creativity and innovation with the growth of perpetrator programmes, this renewed strategy, and from 2017, a new commissioned model for domestic abuse service delivery that aspires to create efficiencies in risk identification, triage, and signposting into the right service. All of this continues to be underpinned by the army of charitable and voluntary sector workers that allow services to be sustainable and truly protect those that most need help, as well as some wholly committed individuals within the 'statutory' services whose passion and actions to protect and serve those who most need our help often go well beyond the constraints of their job description.

The Kent and Medway Domestic Abuse Strategy Group, and the strategy it delivers needs to evolve. We need to strengthen our links to safeguarding boards, to domestic abuse forums, and to MARAC partnerships, and be a facilitator between frontline services, responding to domestic abuse on a daily basis, and those that have the ability to create systems, provide support and drive training policy and practice that makes their job easier and more effective. It is my ambition to strive in this period to increase the buy-in from senior and executive level membership into the board and to ensure that we are both more accountable through governance to others as well as being able to hold others to account to ensure that delivery of services for some of the most vulnerable members of our society is as effective as it can be.

D.Supt. Andrew Pritchard
Executive Chair of the Kent and Medway Domestic Abuse Strategy Group

2 Introduction

The Kent and Medway Domestic Abuse Strategy Group (KMDASG) is a partnership to address domestic abuse issues through joint collaborative working of voluntary and statutory agencies across Kent and Medway; improving joint working between agencies, including information sharing, to enable a co-ordinated approach to addressing domestic abuse.

The KMDASG aims to reduce domestic abuse and change attitudes by increasing the knowledge and understanding of the impact of domestic abuse across communities and agencies; highlighting the fact that it is everyone's responsibility to tackle domestic abuse, whilst emphasising the effectiveness of early identification and intervention in supporting those affected by domestic abuse.

Tackling domestic abuse is a cross-cutting issue requiring varied responses across all sectors; requiring recognition and commitment to partnership working and an understanding that no single agency can effectively address domestic abuse working in isolation. This Strategy aims to assist partnerships and agencies in their delivery of integrated, evidence-based, outcomes focused responses to tackling domestic abuse, assisting people to live free from abuse.

By working together agencies will be able to maximise the utilisation of existing resources and, where possible, seek to draw upon additional resources, to improve the response to domestic abuse across Kent and Medway. The Strategy will be accompanied by a Delivery Plan, which will be refreshed annually and will provide partners with a framework for domestic abuse work.

3 Scope of Strategy

The KMDASG will continue to promote the need to provide interventions to those people assessed to be at high risk of harm due to domestic abuse; however there also needs to be a sustained focus on developing and delivering early intervention services as well as prevention initiatives. The need to focus on building a more preventative approach to tackling domestic abuse is highlighted within the Government's updated Violence Against Women and Girls Strategy, issued in 2016.

It is important that people affected by domestic abuse are offered information about the options for keeping themselves and their families safe as early as possible. Professionals in universal services need to have the knowledge and confidence to ask the right questions and offer appropriate support, referring to other universal services when appropriate to families' needs or to domestic abuse specialist services when required.

Within the resources available to support domestic abuse work it continues to be necessary to find ways to work more efficiently to enable services to meet the needs of increasing numbers of people seeking support.

Within our Strategy's scope are:

- Prevention of domestic abuse.
- Responses to female and male victims of domestic abuse.
- Responses to perpetrators of abuse.
- Responses to children and young people affected by domestic abuse.
- Female genital mutilation.
- Forced marriage.
- Violence committed in the name of 'honour'.
- Learning from domestic homicide reviews.

4 Definitions

Whilst some agencies, including central government departments, use the term 'domestic violence' others prefer to use 'domestic abuse,' both terms cover all forms of domestic violence and abuse.

For the purpose of this Strategy, the following definition of domestic abuse applies:

Home Office Definition:

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.

This can encompass, but is not limited to, the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional

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.

This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It is also important to remember that most research also suggests that domestic violence occurs in all sections of society irrespective of gender, race, culture, nationality, religion, sexuality, disability, age, class or educational level.

Honour Based Violence

The Association of Chief Police Officers (ACPO) define so-called 'Honour Based Violence' as:

Honour based violence is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community.

Forced Marriage

The ACPO definition of Forced marriage is:

Where a marriage is conducted without the valid consent of one or both parties.

Children and Young People

Section 120 of the Adoption and Children Act, 2002, which came into force in January 2005, extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others, especially in the home.

Safeguarding Adults at Risk of Harm

The Care Act, 2014, and its accompanying guidance outlines that the aims of adult safeguarding are to:

- stop abuse and neglect wherever possible;
- prevent harm and reduce the risk of abuse;
- safeguard adults in a way that supports them to make choices and have control;
- promote an approach that concentrates on improving life;
- raise public awareness so that communities challenge abuse;
- and, provide information so that people can understand different types of abuse.

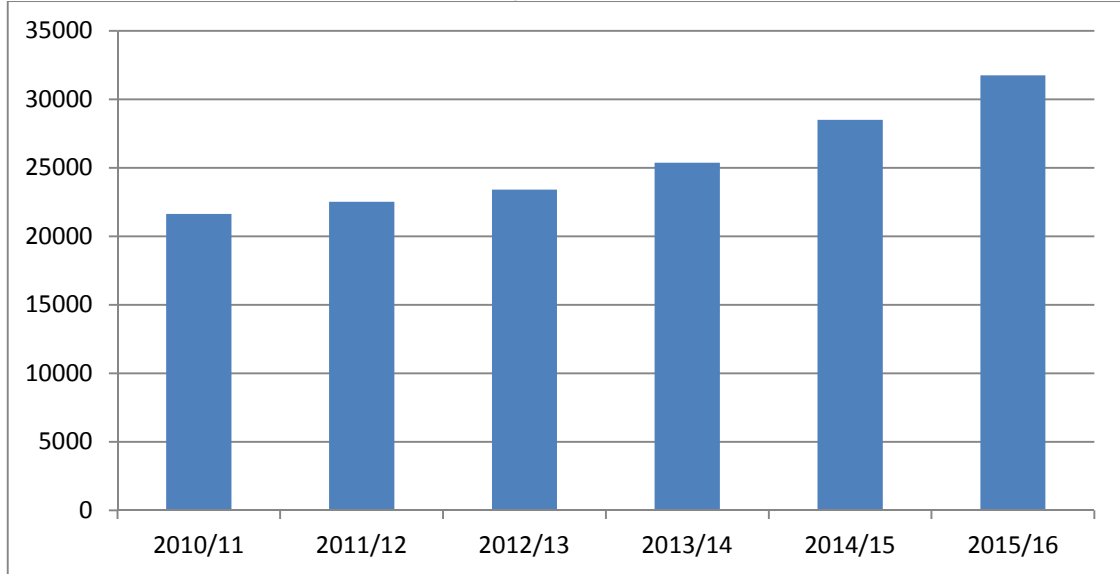
Some people who need safeguarding support are likely to do so due to experiencing domestic abuse.

5 Prevalence of Domestic Abuse in Kent and Medway

5.1 Reported Incidents of Domestic Abuse

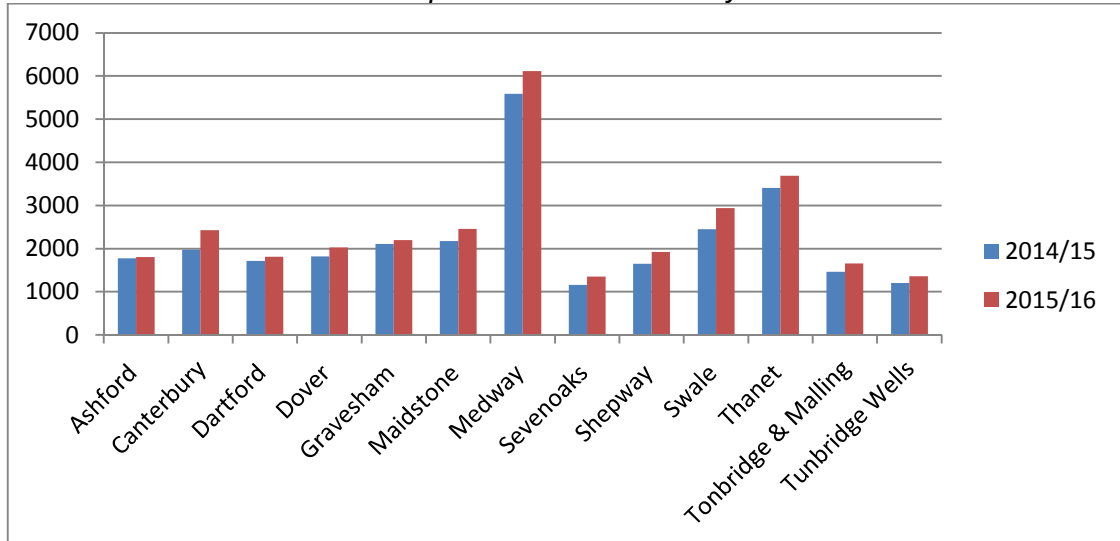
All domestic abuse incidents reported to Kent Police (crimes and non-crime secondary incidents) are recorded. 31,744 incidents were recorded by Kent Police between April 2015 to March 2016, an increase of 11.4% compared to the previous year.

Chart 1: Domestic Abuse Incidents Reported to Kent Police



In common with 2014/15, during 2015/16, Medway recorded the highest number of incidents (6117) and Sevenoaks the lowest (1355).

Chart 2: Number of Incidents Reported to Kent Police by Area



As can be seen in Charts 3 and 4, the majority of domestic abuse incidents occur between current or former intimate partners and 74% of victims are female.

Chart 3: 2015/16 Kent Police Incidents - Family members or Intimate Partners

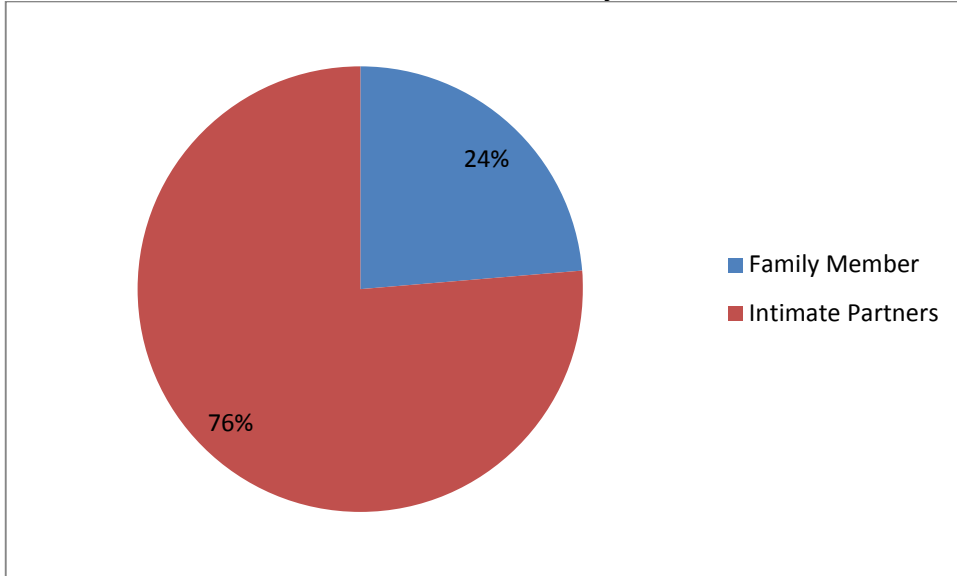


Chart 4: 2015/16 Kent Police Incidents - Gender of Victims

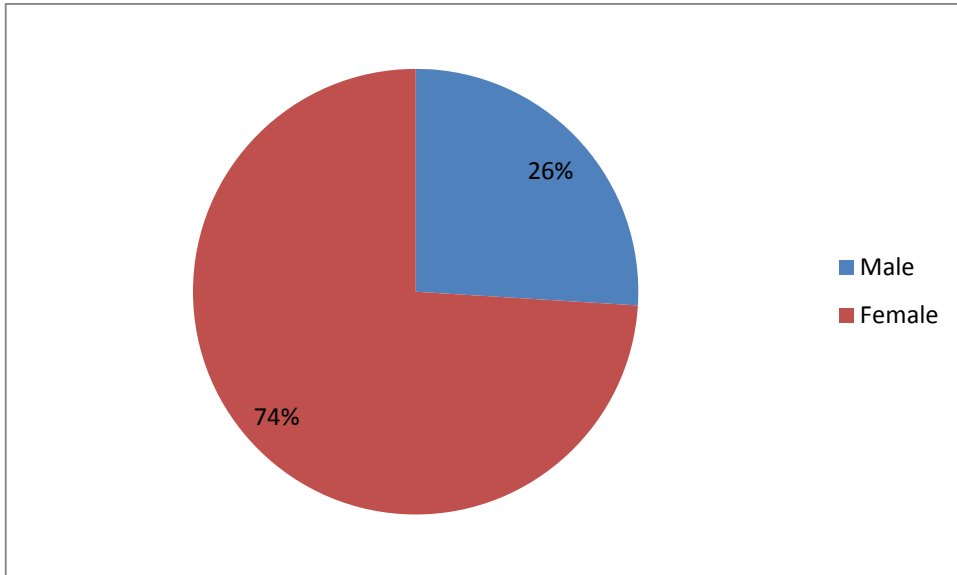


Chart 5: 2015/16 Kent Police Incidents – Ethnicity of Victims

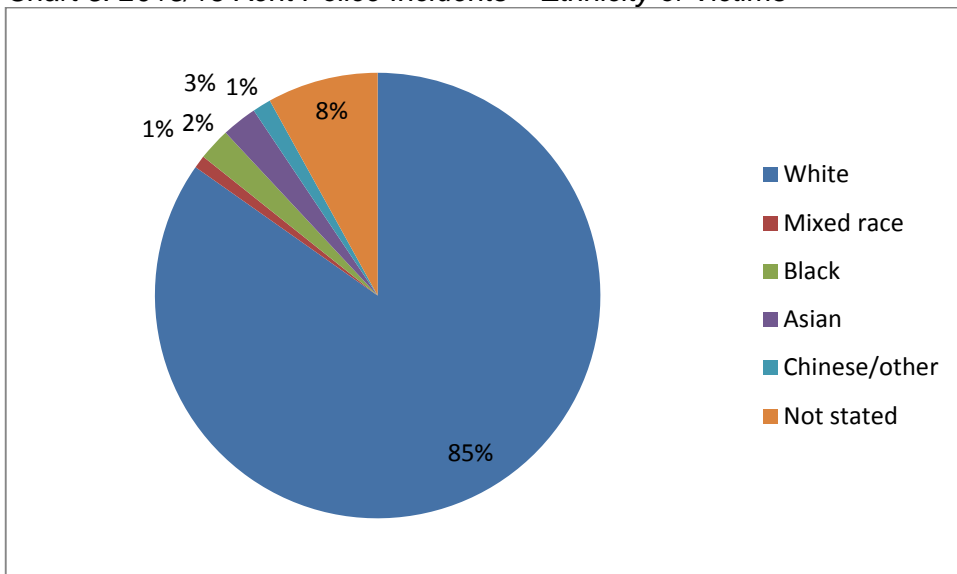
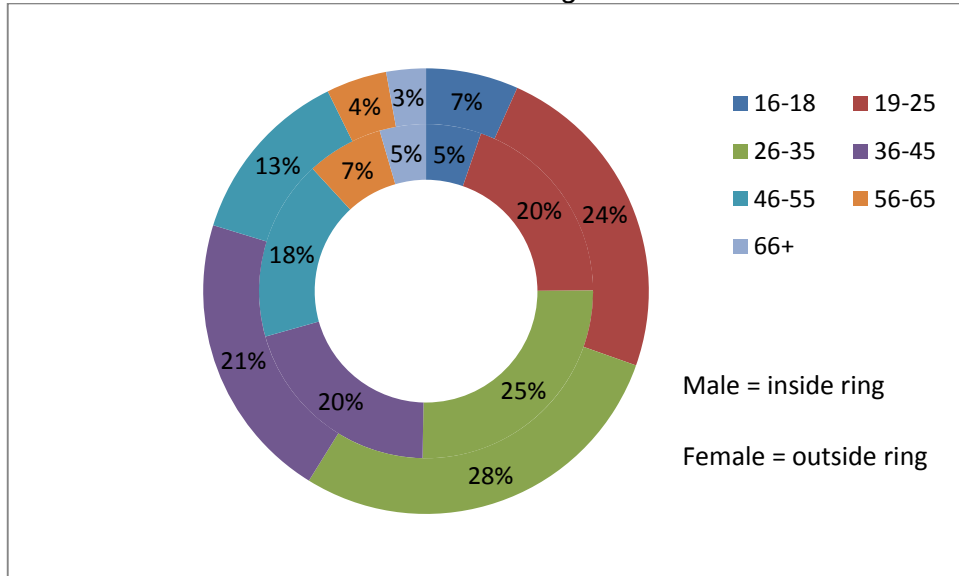
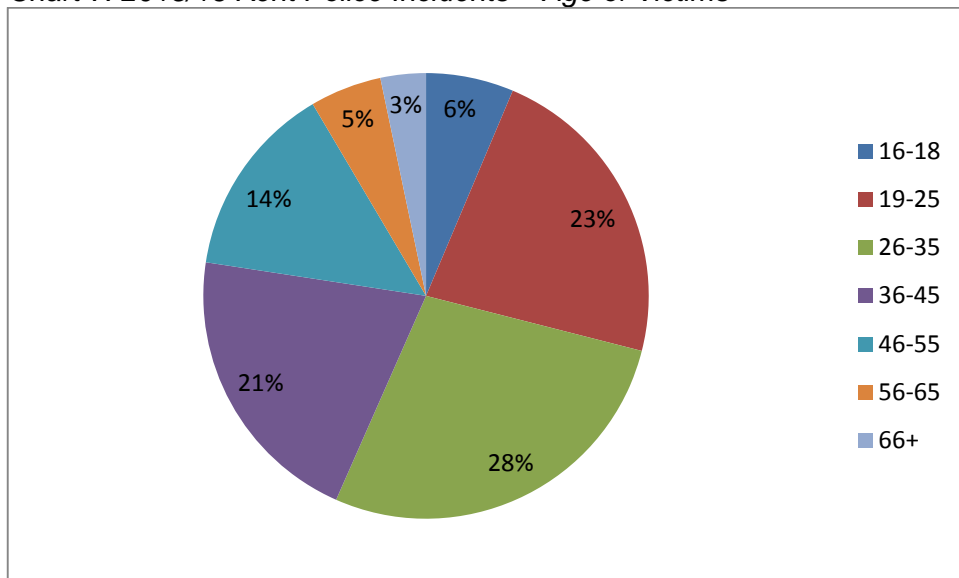


Chart 6: 2015/16 Kent Police Incidents – Age of Male and Female Victims



In total, of all victims, 28% are aged 26-35 and 51% are aged between 19-35. 6% of all victims are aged 16-18 and 8% are aged 56 and over.

Chart 7: 2015/16 Kent Police Incidents – Age of Victims



5.2 Multi Agency Risk Assessment Conference (MARAC) Data

MARACs have been running across Kent and Medway for over 7 years. At a MARAC agencies will have shared information and be asked to commit resources to those victims and families assessed at highest risk of future serious abuse/ danger.

Table 1: Kent and Medway MARACs July 2015- June 2016

(Data as of the last 12 months)														
Data - June 2016														
	Medway	Maidstone	Swale	Dartford	Gravesham	Tun Wells	Ton & Malling	Sevenoaks	Ashford	Folkestone	Dover	Canterbury	Thanet	Total
Total Number of Cases	575	141	218	128	134	110	127	107	147	97	123	131	296	2334
Number of Repeat Cases	222	20	48	42	34	29	36	30	42	23	36	36	102	700
Repeat Cases %	39%	14%	22%	33%	25%	26%	28%	28%	29%	24%	29%	27%	34%	29.99%
Number of children in households	755	200	314	138	147	120	191	135	203	145	171	187	389	3095
Number of BME Cases	65	15	17	12	39	3	6	6	14	10	7	10	39	243
Number of LGBT Cases	4	0	3	0	0	3	0	0	3	1	3	1	2	20
Number of cases with registered disability	15	13	11	0	0	1	3	3	3	3	2	0	6	60
Number of Male Victims	20	8	5	2	5	5	3	3	7	2	5	2	3	70
Victims Under 18	13	0	0	3	3	2	1	1	2	1	2	8	4	40
Perpetrators Under 18	8	0	1	0	1	2	0	0	2	1	0	1	1	17
Police	421	97	153	92	97	67	80	68	91	68	86	95	203	1618
IDVA	70	36	43	22	21	34	30	24	23	14	22	22	56	417
Social Services (Children)	10	4	6	1	1	1	1	0	2	3	2	1	5	37
PCT	9	3	2	4	9	2	1	3	14	1	7	3	11	69
Secondary Care/ Acute Trust	1	0	0	0	0	1	0	5	2	0	0	0	0	9
Education	1	0	0	3	0	0	0	0	0	1	0	1	1	7
Housing	13	0	10	3	0	2	8	2	7	2	2	1	3	53
Mental Health	2	0	1	0	0	1	3	0	0	0	1	0	3	11
Probation	2	0	1	0	0	1	1	2	0	4	2	1	2	16
Voluntary Sector	1	1	0	0	2	0	0	0	2	0	1	2	0	9
Substance Misuse	8	0	0	1	2	0	0	3	2	0	0	0	0	16
Social Services (Adult)	0	0	0	0	0	0	0	0	1	2	0	0	0	3
Multi Agency Safeguarding Hubs	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Other	38	0	2	2	3	3	4	1	4	2	1	5	12	77

In the 12 months to the end of June 2016, 2334 high risk cases were referred to MARACs; 3095 children were associated with those high risk victims. This is an increase of 6.7% in the number of MARAC referrals received in comparison with the same 12 month period to June 2015. In previous years 20-30% annual increases in MARAC referrals were not uncommon; therefore MARAC referral numbers seem to be holding steady over the past couple of years.

5.3 Domestic Abuse One Stop Shops Data

Domestic Abuse One Stop Shops offer free advice, information and support from a range of agencies under one roof to help victims of domestic abuse. Typically each one stop shop is open for 2-3 hours, once a week; no appointment is necessary, members of the public seeking assistance can just turn up to speak to the professionals in attendance.

Across Kent and Medway during 2015/16, there were 14 one stop shops in place, however the Sevenoaks One Stop Shop closed during the year due to continually low visitor numbers making the service a poor use of staff resources; therefore 13 one stop shops were still in operation by June 2016.

Number of Visitors

Between July 2015 and June 2016, 3173 people were assisted at the domestic abuse one stop shops, an increase of 31.7% compared to the previous year.

Table 2:

Location	No of visitors 2010/11	No of visitors 2011/12	No of visitors 2012/13	No of visitors 2013/14	No of visitors 2014/15	No of visitors 2015/16	% increase/decrease in visitors (compared to previous year)
Ashford	75	169	239	316	317	362	14.2
Canterbury	169	262	214	232	253	328	29.6
Dartford	60	46	52	74	116	138	19.0
Dover	102	54	83	81	86	188	118.6
Gravesend	52	31	52	64	134	135	0.7
Herne Bay ¹	n/a	n/a	43	125	147	163	10.9
Maidstone	n/a	20	65	97	156	222	42.3
Medway	128	146	147	287	508	638	25.6
Shepway	143	120	91	165	183	260	42.1
Sheerness ²	n/a	n/a	n/a	n/a	14	167	n/a
Sittingbourne	107	123	140	146	200	208	4.0
Sevenoaks ³	6	12	16	25	16	13	-18.8
Thanet	49	71	117	215	223	281	26.0
Tonbridge ⁴	n/a	n/a	n/a	8	55	70	27.3
Tun. Wells ⁵	n/a	n/a	n/a	n/a	2	n/a	n/a
Total	891	1054	1259	1835	2410	3173	31.7

Table 3:

Location	No of visitors 2015/16	Visitors per 10,000 LA population (based on KCC 2016 projection data)	Rank by LA Area (1 is highest rate; 12 is lowest rate)
Ashford	362	28.2	2
Canterbury	328	31.1 ⁶	1
Dartford	138	13.0	9
Dover	188	16.4	7
Gravesend	135	12.7	10
Herne Bay ¹	163	31.1 ⁶	1
Maidstone	222	13.4	8
Medway	638	22.9	5
Shepway	260	23.5	4
Sheerness ²	167	26.2 ⁷	3
Sittingbourne	208	26.2 ⁷	3
Sevenoaks ³	13	1.1	12
Thanet	281	20.0	6
Tonbridge ⁴	70	5.5	11
Total	3173	17.5	-

¹ Opened in November 2012.

² Converted from a drop in service in May 2015.

³ Closed in April 2016.

⁴ Opened in April 2014.

⁵ Opened in November 2014, closed in April 2015.

⁶ Canterbury and Herne Bay total visitors are combined as within the same LA area.

⁷ Sheerness and Sittingbourne total visitors are combined as within the same LA area.

As in the previous year, Medway recorded the highest number of visitors to a single one stop shop (n=638). When the two Canterbury District one stop shops are combined (Canterbury and Herne Bay) they saw the next highest visitor numbers (n=491), followed by the Swale District one stop shops when they are also combined (Sheerness and Sittingbourne) with 375 visitors and then Ashford with 362 visitors.

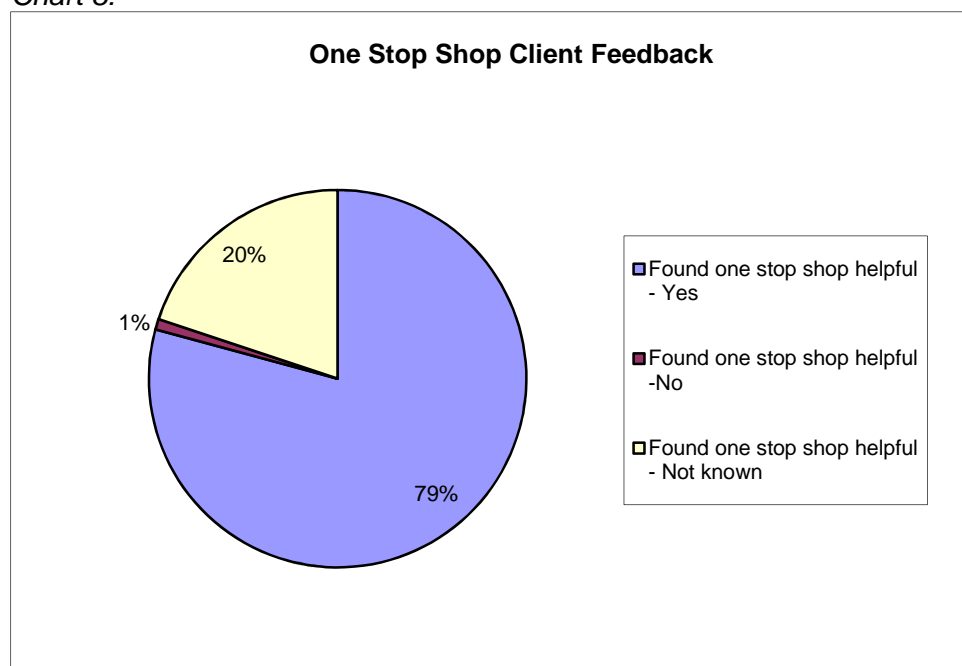
When comparing visitor numbers by local authority population data, Canterbury District has the highest proportion of visitors per 10,000 population (31.1), followed by Ashford (28.2) and then Swale (26.2).

Excluding Sevenoaks, Tonbridge and Malling had the lowest proportion of visitors per 10,000 population (5.5), followed by Gravesham (12.7) and Dartford (13.0). However it is worth noting that both the Tonbridge and Dartford one stop shops reported significantly increased visitor numbers during the year, therefore these services still seem to be growing.

Outcomes

Of the 3173 visitors who came to the one stop shops, 79% reported that they had found their visit helpful, 1% (number=29) reported their visit had not been helpful and 20% did not record a response to this question.

Chart 8:



6 Kent and Medway Developments

A wide range of activities have been undertaken by a number of Kent and Medway agencies to explore the effects of domestic abuse, consider a variety of service developments or in response to agency restructures.

Domestic Abuse Problem Profiles have been regularly produced for the KMDASG by Kent Police Analysts to assist our partners when reviewing local service delivery.

Examples of some of the activities which have been recently undertaken to inform service development are outlined below.

6.1 Kent and Medway Independent Domestic Violence Advisor (IDVA) Evaluation

In 2012, a needs analysis determined that a more strategic, jointly commissioned approach to delivering IDVA services across Kent and Medway would help to address the need for more flexibility, better value for money, improved data for monitoring and planning purposes, and more consistent standards and processes. The Kent and Medway IDVA Service was commissioned in 2013 to work with domestic abuse victims, specifically supporting the work of Multi-Agency Risk Assessment Conferences (MARACs) and the Specialist Domestic Violence Courts (SDVCs) across Kent and Medway, with the aim of reducing the harmful effects domestic abuse has on its victims. This Service has been extended into a fourth year, with the contract due to end in March 2017.

An independent impact evaluation of the Kent and Medway IDVA Service was conducted in 2015. The evaluation focused on how successfully the service keeps service users and their children safe from violence and the threat of violence. It also provides a provisional analysis of the cost effectiveness of the service. The evaluation of the service found that the service was performing exceptionally well in terms of its impact on the emotional well-being of both victims themselves and their children, in terms of building victims' confidence to access other services and in reducing their level of fear. Even though it was not possible to calculate many of the savings generated by the service owing to lack of data in the health and civil legal spheres in particular, the evaluator was still able to identify over £20 million of annual savings generated by the service, leading to a conclusion that every £1 invested into the delivery of the service generates savings of £25.

6.2 Commissioning of Integrated Domestic Abuse Services in Kent

Domestic Abuse Support Services in Kent are currently funded through a mixture of commissioned services, grant funding and charitable funds. The landscape of service provision varies across the county with different levels of support available in different areas of Kent. The three largest commissioned services are Women's Refuges, Independent Domestic Violence Advisors

(IDVAs, mentioned in section 6.1) and Floating Support. Refuges and Floating Support are commissioned by Kent County Council, and these contracts come to an end in 2017. The IDVA service is partnership funded and this contract is also due to end in 2017.

Commissioners are planning to integrate these existing services into a single service, to be delivered by service providers working together within partnership and subcontracting arrangements to improve client journeys and provide clarity on where to go for support. This will ensure consistency of support available wherever a client is living. The proposal includes the introduction of a central referral process to ensure those accessing the service can be referred appropriately at their first contact.

The consultation stage for this commissioning proposal closed in August 2016 and it is anticipated that the tender for this new integrated service will be issued during autumn 2016.

6.3 MARAC Developments

The KMDASG commissioned an independent MARAC needs assessment in 2014. The evidence base shows the cost effectiveness of the MARAC process is high as victims' safety can be improved and recidivism reduced where MARACs are well run, with effective partnership input, where information is shared and actions planned. Furthermore the process and actions organised by MARAC are viewed very positively by domestic abuse victims. Cost benefit estimates for MARACs nationally show that for every £1 spent on MARACs, nearly £3 is saved in public services. Up to 60% of domestic abuse victims discussed at MARAC report no further violence. In Kent and Medway outcomes analysis shows our MARACs outperform the national benchmark and therefore the cost benefits may be higher.

Recommendations flowing from the needs assessment included the establishment of a pooled budget, contributed to by partner organisations that have an interest in reducing the demand on services and longer term costs associated with domestic abuse. The budget should fund increased capacity and a reconfiguration of management structure to provide clear governance. The management function in the new structure will enable consistent, standardised approaches to managing referrals, repeat cases, transfers and other operational issues. The role of core MARAC members (as Single Point of Contact for their agencies) needs to be reiterated to ensure quality assurance of referrals into MARAC meetings. KMDASG members need to take a lead within their own organisations to ensure attendance at MARAC at a sufficiently senior level is prioritised. The KMDASG should ensure sectors which are currently not well represented, are contacted at a sufficiently high level by the strategic group to address the attendance issues.

MARAC co-ordination continues to be resourced by Kent Police. Local MARAC Steering Groups have been established across the county and issues that cannot be resolved there are escalated to the KMDASG for action or decision. To deal with increasing referral volumes to the Medway MARAC

this MARAC now takes place weekly, whilst all the others continue to take place monthly; referral numbers are kept under observation both locally and by the KMDASG.

6.4 Perpetrator Programmes

During 2014, the KMDASG commissioned an independent report to look into the effectiveness of domestic abuse perpetrator programmes. Perpetrator programmes can be contentious, partly due to the limited research evidence base around their effectiveness. The evidence base is however growing and becoming more robust and innovative projects in the UK are being evaluated and showing some promising outcomes. Major UK health organisations such as NICE (National Institute for Health and Care Excellence) and international health organisations such as WHO (World Health Organisation) support the commissioning of perpetrator programmes which are tailored and robustly evaluated to inform further commissioning decisions.

In Kent and Medway, perpetrator behaviour change programmes are available through the criminal justice system. However perpetrators not managed by Probation Services (domestic abuse perpetrator programmes are provided by Kent Surrey and Sussex Community Rehabilitation Company, KSS CRC) have limited access to support should they wish to change their behaviour. Kent CDAP, a third sector organisation, runs a voluntary 27 week programme and operate in 3 localities across Kent and Medway currently, but may shortly be reducing to 2 areas, due to funding availability.

There is no strategic training plan to enable frontline workers to work effectively with domestic abuse perpetrators, despite many organisations working closely with families and individuals affected.

Small pockets of prevention work with younger people are being developed locally, which will act as pilots and will be evaluated. However these exist in single districts only and no longer term commitment to funding to enable sustainability has been made at this stage.

Recommendations flowing from the report include ensuring lower and higher intensity programmes are available to non-Criminal Justice System perpetrators. The programmes should be based on needs assessment, jointly commissioned, outcomes robustly monitored and evaluated, and should ensure that safety of victims and children are paramount.

During 2016, the KMDASG and KSS CRC have established a partnership to offer a voluntary 12 week domestic abuse perpetrator programme. The programme will be managed and evaluated by KSS CRC, adding to the evidence base on the programme's effectiveness and will be facilitated by staff representing a number of KMDASG partner agencies. The first programme is due to commence during autumn 2016.

6.5 Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) is an ongoing process by which local authorities, clinical commissioning groups (CCGs) and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identify priorities for action. Both the Kent and the Medway JSNAs include chapters covering domestic abuse issues.

Priorities for Kent that were identified included:

- Examine whether it is possible to combine the provision of domestic abuse services into a single commissioned service:
 - Demand is increasing at a time where budgets are falling in many of agencies, redesigning the way services are commissioned may offer an opportunity to improve services through greater integration.
 - Service should consider what support is needed to prevent medium and standard risk victims becoming high risk.
 - Increase the number of victims who can be supported to safely stay in their own home.
- Training for frontline health care workers and other appropriate professionals should be made available and disseminated throughout Kent. This training should detail how to raise awareness and how to signpost to appropriate services.
- Services need to engage appropriately with One Stop Shops so that they are adequately staffed at all times.
- Ensure that the needs of children affected by domestic abuse perpetrated by parents as well as within their own relationships are identified and met.
- Conduct case studies within the Troubled Families programme to identify best practice when working with families who are experiencing domestic abuse.

Priorities for Medway that were identified included:

- Greater awareness of the training available to professionals from different agencies across Medway. A needs analysis and mapping should be undertaken.
- Ensure frontline staff in services are trained to recognise the indicators of domestic violence and abuse and can ask relevant questions to help people disclose their past or current experiences of such violence or abuse.
- Perpetrator programmes need to be in place in Medway.
- Develop or adapt clear protocols and methods for sharing information, both within and between agencies, about people at risk of, experiencing, or perpetrating domestic violence and abuse.

- Help people who may find domestic violence and abuse services inaccessible or difficult to use. This includes: people from black and minority ethnic groups or with disabilities, older people, transgender people and lesbian, gay or bisexual people. It also includes people with no recourse to public funds.
- Improve the level of support to victims of domestic abuse. This should include ensuring that multiple needs are also taken into account (i.e. mental health, substance misuse, parental/child disabilities).
- The need to ensure that learning from domestic homicide reviews is disseminated to front line practitioners.

6.6 Domestic Homicide Reviews

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004), which was brought into force on 13th April 2011. This means that it is a statutory requirement for the Community Safety Partnership in which 'the victim was normally resident' or where 'the victim was last known to have frequented' to undertake a DHR. Within Kent and Medway it has been agreed that the Kent Community Safety Partnership will also fulfil this role on behalf of Medway Community Safety Partnership.

The rationale for the review process is to ensure that agencies are responding appropriately to victims of domestic violence and abuse by offering and putting in place appropriate support mechanisms, procedures, resources and interventions with an aim to avoid future incidents of domestic homicide and violence.

Lessons learned from Kent and Medway DHRs are cascaded to front line professionals via programmes of DHR seminars and all completed DHRs are made available on Kent County Council and Medway Council websites.

The Kent and Medway DHR Steering Group, which is a subgroup of Kent Community Safety Partnership, monitors the implementation of recommendations associated with all local DHRs.

7 National Developments and Legislative Changes

Recent actions undertaken by the Government or other national bodies to address domestic abuse are outlined below.

7.1 National Institute for Health and Care Excellence (NICE) Guidance on Domestic Abuse

In 2014, NICE issued guidance in relation to how health services, social care and the organisations they work with can respond effectively to those who experience or perpetrate domestic violence and abuse.

The seventeen recommendations within the guidance cover the broad spectrum of domestic violence and abuse, including: participation in a local strategy multi-agency partnership to prevent domestic abuse; training for staff; integrated commissioning strategies; helping people to access services; provision of specialist domestic abuse services for adults, children and young people; perpetrator programmes.

The guidance emphasis is that working in a multi-agency partnership is the most effective way to approach the issue at both an operational and strategic level and that initial and ongoing training and organisational support is also needed.

7.2 Domestic Violence Disclosure Scheme (DVDS)

The DVDS was rolled out nationally during 2014. Under this scheme an individual can ask the police to check whether a new or existing partner has a violent past ('right to ask'). If police checks show that a person may be at risk of domestic violence from their partner, the police will consider disclosing the information. The police can proactively release information ('right to know') to protect a person from domestic violence where it is lawful, necessary and proportionate to do so. Both processes were implemented within existing legislation and common law.

7.3 Domestic Violence Protection Orders (DVPOs) and Notices (DVPNs)

Following a national roll out in 2014, these notices and orders may be used by the police following a domestic incident to provide short-term protection to the victim when an arrest has not been made but positive action is required, or where an arrest has taken place but the investigation is in progress.

The process is designed to give breathing space to victims by granting a temporary respite from their abuser and allowing referral to support services without interference as the point at which victims seek help or leave their abuser can be when they are most at risk. The DVPN/DVPO process can be pursued without the victim's active support, or even against their wishes, if this

is considered necessary to protect them from violence or threat of violence. The victim also does not have to attend court. This can help by removing responsibility from the victim for taking action against their abuser. Breach of either the notice or the order carries a power of arrest.

7.4 Care Act, 2014

In April 2015, the Care Act (2014) replaced most previous law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

The Care Act introduced a general duty on local authorities to promote an individual's 'wellbeing'. This means that they should always have a person's wellbeing in mind and when making decisions about them or planning services. This wellbeing element includes consideration of a person's domestic, family and personal relationships and it is likely that a proportion of carers and those being cared for will be victims or perpetrators of domestic abuse and will therefore require safeguarding interventions.

7.5 Serious Crime Act, 2015

Coercive or controlling domestic abuse is now a crime punishable by up to five years in prison, even if it stops short of physical violence. This abuse can include a pattern of threats, humiliation and intimidation, or behaviour such as stopping a partner socialising, controlling their social media accounts, surveillance through apps or dictating what they wear.

Controlling or coercive behaviour is defined under section 76 of the Serious Crime Act (2015) as causing someone to fear that violence will be used against them on at least two occasions, or generating serious alarm or distress that has a substantial effect on their usual day-to-day activities.

Cases can be heard in magistrates or crown courts and evidence can include emails, GPS tracking devices installed on mobile phones, bank records, witness statements from family and friends and evidence of isolation.

7.6 Ending Violence Against Women and Girls Strategy 2016-2010

The Government's approach to tackling domestic abuse, is considered within their Ending Violence Against Women and Girls Strategy which was issued in March 2016. This Strategy aims to shift the emphasis from crisis intervention to early intervention and prevention.

The Strategy states that the Government will publish a National Statement of Expectations to set out clear guidance to local partnerships on commissioning

and service provision expectations. This Strategy and its associated delivery plan will need to be reviewed when the Statement is published to ensure current arrangements across Kent and Medway meet Government expectations.

The Government Strategy considers the following priority areas:

- Preventing violence and abuse;
- Provision of services;
- Partnership Working;
- Pursing Perpetrators.

Our Kent and Medway Strategy will adopt the same priority areas as the Government Strategy.

8 Kent and Medway's Objectives

During 2016 - 2020 we will work to address the following objectives:

Preventing Violence and Abuse	Prevent domestic abuse by challenging the attitudes and behaviours which foster it and intervening at the earliest opportunity to prevent escalation to a crisis point.
Provision of Services	Provision of good quality interventions to meet the needs of a diverse range of victims and their families.
Partnership Working	Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.
Pursuing Perpetrators	Take effective sanctions against perpetrators and support sustainable behaviour change, to reduce re-offending.

Each of these objectives will be supported by a range of key outcomes that we have identified as focus areas across Kent and Medway.

The actions we plan to undertake to achieve the outcomes we have identified to address our objectives can be found within this Strategy's Delivery Plan.

8.1 Preventing Violence and Abuse

Prevent domestic abuse by challenging the attitudes and behaviours which foster it and intervening at the earliest opportunity to prevent escalation to a crisis point.

Key Outcomes:

- Attitudes and behaviours that promote or condone domestic abuse become less prevalent.
- Effective processes are in place to identify and support children and young people at risk of domestic abuse (via witnessing adults and/or own relationships) and to promote healthy relationships.
- People at risk of domestic abuse are identified and supported at the earliest opportunity.
- Domestic abuse training is delivered to all relevant practitioners, organisations and businesses.

8.2 Provision of Services

Provision of good quality interventions to meet the needs of a diverse range of victims and their families.

Key Outcomes:

- People experiencing domestic abuse access effective support which meets their needs.
- Interventions are designed/ commissioned based on evidence of what works to keep people safe.

8.3 Partnership Working

Improved links to other areas of safeguarding, improved risk mitigation, and needs led interventions for victims, children and perpetrators, supported by commissioning frameworks.

Key Outcomes:

- Resources are identified across all agencies that can contribute to tackling domestic abuse and allocated to maximise efficiencies and cost-effectiveness.
- Effective and consistent performance management through exception reporting at the KMDASG.
- Effective sharing of lessons learned through service evaluations and Domestic Homicide Reviews.

8.4 Pursuing Perpetrators

Take effective sanctions against perpetrators and support sustainable behaviour change, to reduce re-offending.

Key Outcomes:

- Relevant professionals are more confident in identifying perpetrators or those at risk of becoming perpetrators and refer them to appropriate interventions.
- Perpetrators are held to account through appropriate criminal justice processes.
- Higher numbers of perpetrators access interventions to address their behaviour and other factors contributing to it, and changed their behaviour to avoid repeat perpetration.

9 Implementation and Delivery

This Strategy is intended to be an overarching document setting out a common understanding and commitment from key stakeholder to address domestic abuse across Kent and Medway.

To accompany this Strategy a Delivery Plan will be produced detailing for each strategy objective:

- Key outcomes
- Outputs/Action necessary to achieve outcomes
- Timescales and resources
- Performance checks

It will also include names of agencies/partnerships that will be leading areas of work.

10 Monitoring and Evaluation

The Strategy and Delivery Plan will be regularly reviewed within KMDASG meetings to:

- Monitor progress against targets and objectives.
- Evaluate whether outputs are achieving the required outcomes.
- Establish the overall impact and effectiveness of the Strategy.
- Incorporate new legislation or government directives.
- Reflect local need and any other emerging priorities.

Agencies/partnerships identified as leading on targets will provide information on performance monitoring against the delivery plan.

10.1 Challenges

The KMDASG will also monitor and report on any issues that may emerge to impact upon the delivery of the Strategy during its lifespan.

Currently a number of issues have already been identified that could impact on agencies/partnerships involved in delivering the domestic abuse strategy including:

- Changing commissioning arrangements for service provision e.g. Jointly Commissioned Integrated Domestic Abuse Service due to commence during 2017.
- Continuation of year on year public sector spending cuts e.g. this may lead to agencies having less flexibility to be involved in multi-agency domestic abuse service provisions such as the one stop shops at the same time as levels of reported domestic abuse continue to rise across Kent and Medway.

The KMDASG will work towards addressing challenges that may present themselves with support from our partners.

11 Equalities and Diversity Impact

Anyone can experience domestic abuse; it can occur in all kinds of relationships regardless of age, disability, gender reassignment, marriage/ civil partnership, pregnancy/maternity, race, religion/ belief, gender or sexual orientation.

However some groups have been shown to be at increased risk of harm, for example pregnancy is a significant risk factor in domestic abuse and 'honour' based violence and forced marriage tends to occur more in some communities compared with others.

Whilst the majority of victims of domestic abuse are women, services need to be responsive to the needs of male victims and abuse in same sex relationships.

12 Consultation Processes

Representatives from a wide range of KMDASG partner agencies participated in the initial development of the Domestic Abuse Strategy and representatives from the following agencies then assisted in the initial formation of the associated Delivery Plan:

Kent County Council

Kent Criminal Justice Board

Kent Safeguarding Children Board

Medway Safeguarding Children Board

Office of the Police and Crime Commissioner

West Kent Clinical Commissioning Group

A four-week consultation then took place during September – October 2016.

Formal responses to the consultation were received from the following agencies/individuals:

Choices Domestic Abuse Service

Independent Chair – Domestic Homicide Reviews

Kent and Medway Clinical Commissioning Groups

Oasis Domestic Abuse Service

Rising Sun Domestic Violence and Abuse Service

Swale Community Safety Unit

All feedback was reviewed by KMDASG members at their October 2016 meeting to inform the finalisation of the strategy documents.