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### Coventry Health and Well-being Board

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**Time and Date**

2.00 pm on Monday, 5th February, 2018

**Place**

Committee Room 3 - Council House

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**Public Business**

1. **Welcome and Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes of Previous Meeting** (Pages 3 - 8)
  - (a) To agree the minutes of the meeting held on 27th November, 2017
  - (b) Matters Arising

**Development Items**

4. **Chair's Update**

The Chair, Councillor Caan will report at the meeting
5. **Better Health, Better Care and Better Value Programme Update** (Pages 9 - 12)

Report of Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW)
6. **Health and Wellbeing Strategy Update - Progress Update on Coventry's Marmot City Strategy 2016-2019** (Pages 13 - 24)

Report of Ben Diamond, West Midlands Fire Service and Co-Chair of the Marmot Steering Group

**Governance Items**

7. **Coventry Domestic Abuse Strategy 2018 - 2021** (Pages 25 - 92)

Report of Liz Gaulton, Acting Director of Public Health and Craig Hickin, Head of Environmental Services

8. **Coventry Pharmaceutical Needs Assessment (PNA) Update** (Pages 93 - 96)  
Report of Jane Fowles, Consultant in Public Health Medicine and Co-Chair of the Pharmaceutical Needs Assessment Steering Group
9. **Update from Coventry Health and Wellbeing Board Development Sessions** (Pages 97 - 100)  
Report of Liz Gaulton, Acting Director of Public Health
10. **Care Quality Commission Local System Review** (Pages 101 - 102)  
Report of Pete Fahy, Director of Adult Services
11. **Any other items of public business**  
Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

#### **Private Business**

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Friday, 26 January 2018

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073 Email: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), A Canale-Parola (Deputy Chair), G Daly, B Diamond, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, J Mason, C Meyer, M O'Hara, G Quinton, M Reeves, Cllr E Ruane, A Stokes and Cllr K Taylor

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

**Liz Knight**

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**Coventry City Council**  
**Minutes of the Meeting of Coventry Health and Well-being Board held at**  
**2.15 pm on Monday, 27 November 2017**

Present:

Board Members:

- Councillor Caan (Chair)
- Councillor Duggins
- Councillor Taylor
- Stephen Banbury, Voluntary Action Coventry
- Dr Adrian Canale-Parola, Coventry and Rugby CCG (Deputy Chair)
- Professor Guy Daly, Coventry University
- Ben Diamond, West Midlands Fire Service
- Liz Gaulton, Acting Director of Public Health
- Andrea Green, Coventry and Rugby CCG
- Andy Hardy, Chief Executive, University Hospital Coventry & Warwickshire
- Ruth Light, Coventry Healthwatch
- John Mason, Coventry Healthwatch
- Professor Caroline Meyer, Warwick University
- Richard North, West Midlands Police
- Gail Quinton, Deputy Chief Executive (People), Coventry City Council
- Martin Reeves, Chief Executive, Coventry City Council
- Justine Richards, Coventry and Warwickshire Partnership Trust

Other Representatives:

- Matt Gilkes, Coventry and Rugby CCG
- Brenda Howard, Coventry and Warwickshire STP
- Kristi Larsen, Coventry and Warwickshire STP

Employees (by Directorate):

People                                    I Bowering, J Lynch, R Nawaz, C Ryder

Place                                        L Knight

Apologies:

- Councillor F Abbott and E Ruane
- Simon Gilby (represented by Justine Richards)
- Sharon Goosen (represented by Richard North)

## **Public Business**

### **25.     Declarations of Interest**

There were no declarations of interest.

## 26. **Minutes of Previous Meeting**

The minutes of the meeting held on 16<sup>th</sup> October 2017 were signed as a true record. There were no matters arising.

## 27. **Chair's Update**

The Chair, Councillor Caan, provided the Board with a progress update on a number of matters, since the last meeting.

The Board were advised that the Combined Authority physical activity strategy, West Midlands on the Move, was launched on 16<sup>th</sup> November. The strategy was aimed at boosting the wellbeing of people in the West Midlands region and had been developed by a working group with officers from the 7 local authorities, 3 county sports partnership and Public Health England. The next steps would be for each local authority to think about its offer to help deliver the strategy.

The Board was jointly leading work on the Domestic Violence and Abuse strategy alongside the Police and Crime Board colleagues. The Strategy would focus on domestic violence and abuse, including honour-based violence and forced marriage. The Board were advised that consultation was currently underway on the key priorities of the strategy and that the final Strategy would be submitted to the Board for sign off.

The Chair reported that he had met with the Chairs of the Safeguarding Boards and the Police and Crime Board and discussed the Modern Slavery Policy. The Policy had been developed by the West Midlands PVVP (Prevention of Violence Against Vulnerable People) and the 7 metropolitan authorities were being asked to sign up to the Policy. The draft Policy would be submitted to the Board for consideration in the new year.

The Board were advised that a Joint Coventry and Warwickshire Health and Wellbeing Development session had been arranged for 13<sup>th</sup> December at Northgate House in Warwickshire.

## 28. **Children and Adolescent Mental Health Service (CAMHS) Transformation Plan - Year 2 Refresh**

The Board considered a report seeking endorsement of the refreshed Child and Adolescent Mental Health Services (CAMHS) Transformation Plan.

'Future in Mind' was published in March 2015 by the Department of Health and NHS England and set out a series of proposals to improve outcomes for children and young people with mental health problems, emphasising the need for joined up provision and commissioning.

NHS England agreed that access to the new funds for children and young people's mental health announced in the Autumn Statement 2014 and Spring Budget 2015, would follow the development of local Transformation Plans to describe how the national ambition could be translated and delivered locally over a period of 5 years.

Coventry and Warwickshire developed a joint plan that was submitted in October 2015, and subsequently assured by NHS England, which secured the release of £878k funding annually for Coventry and Rugby, recurrent for 5 years.

The Board were advised that the Plans had now been in place for two years and each local area was required to refresh their Plan to demonstrate to NHS England the progress being made, that funding was being spent as intended and to provide evidence on how services were being transformed. The refreshed Coventry and Warwickshire Plan was submitted to NHS England on 3<sup>rd</sup> November for assurance and it was noted that the assurance rating from NHS England was still outstanding. On receipt of the assurance rating, the Plan would be published.

The report set out the seven key strategic priority themes for the Coventry and Warwickshire CAMHS Transformation Plan, along with the challenges the Plan had to address. It also provided an update on progress against each priority during year two of the plan.

For year three, the focus of the Plan for Coventry included:

- Publication of the plan online, once it had been assured by NHS England.
- Accelerating the progress towards achieving a core and stable workforce to deliver core CAMHS and transformation priorities.
- Achieving and maintaining consistent access and waiting times standards for follow up appointments.
- Implementation of the revised Autism Spectrum Disorder pathway and delivery of additional assessments
- Developing a crisis care response and pathways for young people who may require specialist treatment beds as a priority, with the aim of supporting more young people in the community, preventing admission and supporting timely discharge.

The Board sought clarification on the reasons why throughput was measured rather than the outcomes for children and young people with mental health problems, particularly in relation to the impact the service was having on the child's life. The Board were assured that outcomes data was an area that CAMHS were looking to take forward within the Plan and had been highlighted as an area to monitor.

**RESOLVED that:**

- 1. The review of the CAMHS Transformation Plan for year two be noted and the plans for year three be endorsed.**
- 2. It be noted that a refreshed CAMHS Transformation Plan for year three will be brought back to the Health and Wellbeing Board in October 2018.**

## 29. Care Quality Commission Local System Review

The Board considered a report which provided an update on progress in preparing for the Care Quality Commission (CQC) Local System Review, including the expectations of the Health and Wellbeing Board and key timings.

The Department of Health had requested that the CQC undertake a programme of targeted reviews in local authority areas. These reviews were to be exercised under the Secretary of State's Section 48 powers. Coventry was selected as one of the first 12 areas to be reviewed, based on performance against 6 measures.

The review would be wide ranging and take a 'whole system approach'. Each review undertaken by the CQC would focus on how people moved between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.

The review would seek to answer the question "How well do people move through the health and social care system, with a particular focus on the interface between the two, and what improvements could be made?" The review findings would highlight what was working well and where there were opportunities for improving how the system worked for people using services. Findings would be reported to the Board, with the expectation that a joint action plan be agreed to progress any recommendations made.

The report set out the methodology for the review and indicated that a number of reviews had already taken place and intelligence gleaned through networks about the precise nature and focus of the review process had been helpful. A meeting had taken place on 8<sup>th</sup> November 2017 between senior officers and the CQC officer leading the review, where further clarification was provided about the process and key dates and these were set out in Appendix 1. However, it was acknowledged that these dates may be subject to change. In addition, the report identified the work that had been completed or was underway in preparation for the review.

The Board noted that the following dates, extracted from the timetable in Appendix 1, involved the Board directly:

19 <sup>th</sup> December 2017	Briefing by CQC to system leaders, including the Chair of the Board.
12 <sup>th</sup> January 2018	Deadline for System Overview Information Request submission which required sign off by Chair of the Board.
22 <sup>nd</sup> January 2018	System Leader's presentation to the CQC.
24 <sup>th</sup> or 25 <sup>th</sup> January 2018	CQC to interview the Chair of the Board.
26 <sup>th</sup> January 2018	Initial Feedback from CQC

14<sup>th</sup> March 2018

Health and Wellbeing Board Summit, to include the CQC findings and recommendations and system's response.

**RESOLVED that:-**

- 1. The Board note the forthcoming CQC Local System Review and its methodology.**
  - 2. The Chair of the Health and Wellbeing Board takes overall responsibility for approving submission of the System Overview Information Request response, in consultation with the Cabinet Member for Adult Services and the Director of Adult Services.**
  - 3. The Health and Wellbeing Board members make themselves available, as far as is possible, for attendance at the sessions outlined in the timetable of events along with any requirements for interview as specified by the CQC.**
- 30. Any other items of public business**

(Meeting closed at 2.45 pm)

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 5<sup>th</sup> February 2018**

**From: Andy Hardy, Chief Executive UHCW**

**Title: Better Health, Better Care, Better Value Programme Update**

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### **1 Purpose**

**1.1** The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on the Better Health, Better Care, Better Value programme and workstreams, highlighting any key points as necessary.

### **2 Recommendations**

The board is asked to note this report and its contents.

### **3 Information/Background**

#### **3.1 Programme Management**

The Programme Management Office is now in place. This will strengthen the governance processes and provide assurance of delivery to the Better Health, Better Care, Better Value Board and NHS England.

Following the recent Health and Wellbeing summit, *Bringing our Concordat to Life*, we will use the Upscaling Prevention pilot as a catalyst for place-based care, putting prevention and self-help at the heart of all change programmes.

We are reframing the Better Health, Better Care, Better Value workstreams to reflect the priorities of one strategic, place-based plan to be developed across Coventry and Warwickshire by the Health and Wellbeing Alliance.

There are nine workstreams. Six of these are transformational, including upscaling prevention, planned care, and mental health and emotional wellbeing.

The remaining three are enabling workstreams: estates, digital health and workforce.

An update on each of the workstreams follows below.

## 3.2 Transformational Workstreams

### Upscaling Prevention

This workstream, previously called 'Proactive and preventative care', has been renamed to put prevention and self-help at the centre of all programmes of work, with a focus on place-based outcomes of care.

The year 2021 will be a Year of Wellbeing for Coventry and Warwickshire, to run alongside the UK City of Culture.

The workstream will focus on two core elements:

#### Local Government Association (LGA) Upscaling Prevention

This element will also lead delivery of workplace health and an organisational prevention 'offer'.

#### Community capacity

This will focus on developing community capacity and 'hub' work within the Coventry and Warwickshire Sustainability and Transformation Partnership (STP) footprint and the wider health and wellbeing system.

The programme has also won a bid for 20 days' support from the LGA.

### Planned Care

The aim is to deliver better patient care and reduce demand in planned care through four main initiatives:

- Pathway redesign
- Reduction of lower value procedures
- Consolidation of elective specialties
- Education, policies, procedures and recruitment.

Additionally, the programme has four musculoskeletal (MSK) workstreams in place:

- Group follow up for post-surgery hip patients
- Virtual fracture clinics
- Early discharge (successful pilot in South Warwickshire NHS FT)
- MSK pathway.

All three acute Trusts in Coventry and Warwickshire will have implemented virtual MSK fracture clinics by the end of March 2018.

### Urgent and Emergency Care

To address winter pressures, work is being carried out to:

- Ensure that there is enough capacity across health and social care to meet the pressures of winter
- Ensure that the health system delivers care at the most appropriate level for the needs of patients, supports more people within the community, and is prepared for dealing with common, expected winter illnesses and severe weather events
- Develop an operational resilience network that enacts action plans at peak times through a robust escalation reporting and management process.

The following measures have been implemented to help manage winter pressures:

- Additional bed capacity is in use at all sites as part of winter escalation plans
- South Warwickshire NHS Foundation Trust's newly refurbished ambulatory care unit opened in December next to the Emergency Department
- George Eliot Hospital NHS Trust has implemented a community hub to reduce delayed transfers of care
- All the partner organisations in the STP are working together on a communications and engagement campaign to help alleviate winter pressures. This includes raising public awareness of the importance of choosing the right health service, helping to increase flu vaccinations and advising people on how to stay well during the cold weather
- With £8,000 from NHS England, the Better Health, Better Care, Better Value programme team has placed advertisements on Free Radio urging people to get the flu vaccination, and on Facebook, specifically targeting the Coventry and Warwickshire footprint, to promote extra GP appointments.

### **Maternity and Paediatrics**

The Local Maternity System (LMS) is now in place across the system and meets regularly. The Maternity Transformation Plan is being refreshed for submission to the Better Health, Better Care, Better Value Board in February, before submission to the regional Maternity Transformation Board later in the month. It will be submitted in draft to the Regional Board.

The Saving Babies' Lives care bundle has been initiated at all three maternity units.

The West Midlands Neonatal Service Review has been completed and the data is being validated.

### **Mental Health and Emotional Wellbeing**

Five workstreams have been established and work is continuing to finalise delivery plans and milestones.

The expansion of Improving Access to Psychological Therapies (IAPT) has started to be implemented.

NHS England is providing £54,000 as part of the Mental Health Five Year Forward View Enabling Funding for physical checks for people with severe mental illness on the GP register.

The Out of Area Placements (OAP) trajectory was submitted to NHS England in December 2017 and a detailed delivery plan will be developed.

The Mental Health Workforce Plan for Health was also submitted to Health Education England in December, with a detailed workforce plan to follow.

### **Productivity and Efficiency**

Work is ongoing to identify and explore opportunities where collaboration and/or consolidation of back office functions and clinical support functions could deliver better productivity and efficiencies across the system.

The Senior Responsible Officer is currently working with finance directors across the NHS Trusts within the Better Health, Better Care, Better Value programme to identify opportunities for consolidation and integration.

### 3.3 Enabling workstreams

#### Estates

A process has been agreed between the organisations to ensure all estates acquisitions/disposals are discussed at the Estates Strategy Group forum, and a stocktake of estates across the footprint is being undertaken.

Estates and Technology Transformation Fund (ETTF) projects have been prioritised and established, with further funding being routed into primary care business case development.

A draft set of principles for an estates collaboration model and single delivery framework is in place.

#### Digital Health

In November, it was announced the STP would receive a share of £3.5 billion funding to provide an integrated information system between primary care and trusts linked to the Out of Hospital programme.

University Hospitals Coventry and Warwickshire NHS Trust has gone out to tender for the procurement of an Electronic Patient Record.

#### Workforce

The workforce workstream has submitted a draft strategy, as required, to NHS England.

The key priorities for this are:

- Recruitment and retention
- Development and embedding of new roles, and roles working differently
- Skills development for existing workforce
- Development of career pathways.

To support the delivery of these priorities, four key enablers have been identified:

- Education
- Leadership and Organisational Development
- Engagement and communication
- Workforce planning.

This is a key workstream within the STP, as a number of the workstreams face significant workforce challenges.

#### Report Author(s):

**Name and Job Title:** Brenda Howard, Programme Director

**On behalf of:** Better Health, Better Care, Better Value Board

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Enquiries should be directed to the above person.

#### Appendices

None



Coventry City Council

**Report**

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**To:** Coventry Health and Wellbeing Board

**Date:** 5<sup>th</sup> February 2018

**From:** Ben Diamond, West Midlands Fire Service (Co-Chair Marmot Steering Group)

**Subject:** Progress update on Coventry's Marmot City Strategy 2016-2019

## **1. Purpose**

The purpose of this paper is to present a progress update to Coventry Health and Wellbeing Board on the movement made against the first priority of the Coventry Health and Wellbeing Strategy (Working together as a Marmot City to reduce health and wellbeing inequalities).

## **2. Recommendations**

Coventry Health and Wellbeing Board is recommended to:

- i) Endorse progress made to date against the Marmot Action Plan and contribute comments and suggestions to reduce inequalities in Coventry
- ii) Agree to receive further progress updates from the Marmot Steering Group every six months

## **3. Background and context**

In 2013 Coventry committed to delivering rapid change in health inequalities and was one of seven cities in the UK invited to participate in the UK Marmot Network and become a Marmot City. From 2013 to 2015, partners across the city worked together as part of the Marmot Programme to reduce health inequalities. There were improvements across health and across society, including a reduction in the gap in male life expectancy (11.2 years to 9.4 years), improvements in educational attainment, employment, life satisfaction and reductions in crime in priority locations.

In 2016, Professor Sir Michael Marmot and his team at University College London and Public Health England committed to working with Coventry for a further three years to enable Coventry to build on progress made in tackling health inequalities. Partners are continuing to work together on a number of projects initiated as part of the first two years of Coventry's Marmot City programme. In addition, for the next three years, the Marmot City priorities are

tackling inequalities disproportionately affecting young people and ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth' which will bring jobs, housing and other benefits to the city.

The recent LGA peer review of Health and Care in Coventry reinforced that the 'Marmot' brand remains strong in Coventry and is well known and understood by partners. Interest in Coventry's work as a Marmot City continues to receive attention nationally.

In October 2016, the Action Plan was presented to the Coventry Health and Wellbeing Board for their endorsement of the progress made to date. It was agreed that further progress updates from the Marmot Steering Group would be made every six months.

#### **4. Options Consider and Recommended Proposals**

The last update was presented to the Health and Wellbeing Board in July 2017, at which time the annual indicator data for 2016/17 was included and demonstrated that, for all the outcome indicators, positive progress was being achieved. This update covers the progress made against the programme indicators for the first two quarters of 2017/18. The Marmot Steering Group meets once per quarter to receive updates from partners, discuss progress and identify areas for development and partnership working.

There remains strong commitment to the Marmot programme from the City Council and its partners on the Steering Groups (People and Place directorates in Coventry City Council, West Midlands Police, West Midlands Fire Service, Coventry and Rugby Clinical Commissioning Group, Voluntary Action Coventry, the Coventry and Warwickshire Chamber of Commerce, Coventry and Warwickshire LEP and the Department for Work and Pensions).

The Marmot City Action Plan sets out the ways in which partners and other stakeholders will work to achieve the key priorities of tackling inequalities disproportionately affecting young people, and driving good growth in Coventry. Progress can be seen against the programme indicators in the first six months of 2017/18 through a range of projects, including:

- 148 young people with disabilities or health problems accessing Ambition Coventry work coaches (annual target 170)
- 485 16-24 year olds not in education, employment or training who are supported by the Ambition Coventry programme (annual target 777)
- 127 new clients accessing CRASAC's counselling service and helpline, aged 25 and under (annual target 183)
- 590 people supported into employment by the Coventry Job Shop (annual target 1200)
- Coventry and Warwickshire Chamber of Commerce working with local businesses to address issues around domestic violence and its impact on the workplace
- A successful pilot project run by DWP to co-locate a job coach in a GP surgery

The next steps for the Marmot Group will be to:

- Review apprenticeships across the city and work with partners such as the Employment Team, Education and the Chamber to explore

potential ways of working to increase the number of people accessing apprenticeships.

- Review the membership of the Marmot Steering Group to ensure that it is fit for purpose and that relevant representatives are included.
- Review and refresh the Marmot Action Plan to reflect the completion of certain actions and the emerging projects which will play a part in meeting the Marmot priorities, such as Coventry as the City of Culture 2021.
- Work with Public Health England and University College London to carry out a wide ranging evaluation of the impact of the Marmot work and how it has influenced work to address health inequalities across the city.

**Report Author(s):**

**Name and Job Title:** Hannah Watts, Programme Officer – Inequalities

**Directorate:** People

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Enquiries should be directed to the above person.

**Appendices**

Appendix 1: Action Plan

## Young People

Inequalities in educational attainment, high numbers of 16-18 year olds not in education, employment and training and poor mental health in young people can lead to increases in health inequalities and poorer health and social outcomes for the people of Coventry. In addition, high rates of teenage pregnancy can lead to poorer outcomes for both teen parents and their children, creating a cyclical affect which promotes further inequalities.

Tackling these issues involves building resilience in young people, so that they are able to cope with the pressures they face and develop the skills that will help them to flourish. The key areas of focus for the next three years are to build resilience, aspiration and mental health in young people and improve levels of education, employment and training so that young people are supported to live happy, healthy lives, whatever their background.

Action Plan: Tackling inequalities disproportionately affecting young people			
Aim	Actions	Lead	Progress / barriers
1. Develop an integrated model for school age children which builds on the <i>Acting Early</i> model for 0-5 year olds	<ul style="list-style-type: none"> <li>Evaluate the effectiveness of the <i>Acting Early</i> model</li> <li>Work with schools and other partners to implement 'perfect week' cycles to continuously improve team performance and integration</li> <li>Integrate <i>Acting Early</i> with the family hub model</li> </ul>	Public Health in partnership with Education, Coventry City Council	<p><b>1 April to 30 September 2017</b></p> <p>The Acting Early evaluation has now been completed and distributed. Currently undertaking a refresh of Acting Early. Acting Early for school aged children action learning sets have been combined with child case meetings and will be driven by schools.</p> <p>Refresh activities completed (where possible) - focusing on maintaining core activities during the family hub implementation and ensuring acting early is at the core of family hub working processes.</p>
2. Support young people who are not in education, employment or training through a range of ways, including the <i>Ambition Coventry</i> programme	<ul style="list-style-type: none"> <li>Ambition coaches will support young people through their journey into sustained employment or learning</li> <li>Employer led programmes will strengthen young people's employability skills</li> <li>Personal development and support programmes will be delivered, such as the 'Boot Camp' delivered by Valley House</li> <li>Valley House and Positive Youth Foundation will use activities such as sports and peer-to-peer</li> </ul>	Economy and Jobs Team, Coventry City Council, in partnership with other partners	<p><b>1 April 2017 to 30 September 2017</b></p> <p>The Ambition Coventry programme has over-achieved on its targets for 2016/17 and is continuing to progress well.</p> <p>Delivery is effective and reaching large numbers of young people. There are challenges around DWP's changing evidence requirements.</p>



	networking to conduct outreach to those who are disengaged		
3. Support young people who are at risk of becoming NEET through extending the <i>Ambition Coventry</i> programme	<ul style="list-style-type: none"> <li>• Submit a bid to the ESIF Growth programme to extend provision of <i>Ambition Coventry</i> to young people who are at risk of leaving education, employment or training</li> <li>• If successful, implement extended provision and support</li> </ul>	Economy and Jobs Team, Coventry City Council, in partnership with other partners	<p><b>1 April 2017 to 30 September 2017</b></p> <p>The Routes to Ambition programme, aimed at 15-24 year olds who are at risk of becoming NEET, has commenced delivery &amp; a report of initial performance should soon be available</p>
4. Change attitudes and behaviour and prevent sexual violence through introducing a prevention programme in schools	<ul style="list-style-type: none"> <li>• Raise awareness and provide definitions of sexual violence, CSE and other grooming</li> <li>• Address attitudes to women, educate about consent, identify appropriate behaviour and keep safe online</li> <li>• Evaluate the sexual violence prevention programme and extend the remit to include intimate partner violence</li> </ul>	Public Health, Coventry City Council, in partnership with CRASAC and Barnados	<p><b>1 April 2017 to 30 September 2017</b></p> <p>Evaluation of the sexual violence prevention programme has been completed and has demonstrated that the programme achieved it's goals and has increased knowledge and awareness of sexual violence among young people.</p> <p>Crasac are delivering a year-long programme to address intimate partner violence. This programme is aimed at young people aged 13 to 21. The project aims to increase young people's awareness and understanding of the dynamics of abusive relationships and in particular control, coercion and sexual violence. Workshops have been designed, handouts and resources created, and delivery has taken place in schools. Delivery of workshops to over 18's will commence in quarter 3.</p>
5. Improve mental health in young people and build resilience and self-esteem at an earlier stage	<ul style="list-style-type: none"> <li>• Extend the scope of the Early Intervention Service beyond secondary schools to support primary school children and tackle issues at an earlier age</li> <li>• Improve and extend primary mental health services for young people</li> <li>• Implement a tool to measure wellbeing in schools</li> </ul>	Public Health and Education, Coventry City Council in partnership with Compass and Coventry and Rugby CCG	<p><b>1 April 2017 to 30 September 2017</b></p> <p>Compass have re-visited the pathway with Horizon (CSE team) to review how the EIS service can better engage their young people as early as possible.</p> <p>Compass have also met with Broadgate House to discuss how best to support young carers. Dates to deliver group work have been agreed for January 2018.</p>

**Programme Indicators: Tackling inequalities disproportionately affecting young people**

Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Target 17/18	Target 18/19	Actual Q2 17/18	Year to date 17/18
<p>PI1: Number of young people supported by Ambition Coventry into employment, education or training</p> <p>The Ambition Coventry programme supports young people who are not in education, employment or training to access Ambition coaches who will work with them to support them into education, employment or training.</p>	<p>Coventry City Council</p> <p>Place Directorate</p> <p>Kim Mawby</p>	0	558	452	214  Ambition Coventry target: 898 young people over three years	91	151
<p>PI2: Number of young people with disabilities or health problems accessing Ambition coaches</p> <p>This indicator focuses on young people who are not in education, employment or training and have learning disabilities and / or special educational needs and who are supported by the Ambition Coventry programme</p>	<p>Coventry City Council</p> <p>Place Directorate</p> <p>Kim Mawby</p>	0	257	170	68 Ambition Coventry target: 254 young people over three years	40	148
<p>PI3: Number of 16-24 year olds not in education, employment or training who are supported by the Ambition Coventry programme</p> <p>This indicator focuses on all young people aged 16-24 who are not in education, employment or training and receive support from the Ambition Coventry programme.</p>	<p>Coventry City Council</p> <p>Place Directorate</p> <p>Kim Mawby</p>	0	806	777	331	254	485
<p>PI4: Percentage of young people reporting increased awareness of risks, support services, CSE and online safety</p> <p>Self-reported results of surveys undertaken by CRASAC of school children following interventions to increase awareness, knowledge and confidence</p>	Crasac	No reporting undertaken at present – programme commenced in 2016/17	93% increased awareness	N/A (one year project only)	N/A (one year project only)	n/a	n/a

**Programme Indicators: Tackling inequalities disproportionately affecting young people**

Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Target 17/18	Target 18/19	Actual Q2 17/18	Year to date 17/18
<p>PI5: Implementation of system or tool to measure mental wellbeing in schools</p> <p>Further indicator to follow around mental wellbeing once tool is implemented</p>	<p>Coventry City Council</p> <p>Public Health</p> <p>Sue Frossell</p>	<p>Indicators to be agreed once system is in place</p>	<p>System in development</p>	<p><b>Target to be agreed once system is in place</b></p>	<p>Target to be agreed once system is in place</p>	<p>System in development</p>	
<p>PI6: Percentage of all children who are accessing Compass' Early Intervention Service who are aged 11 and under</p> <p>Compass Aspire (Early Intervention Service) is a service for young people who are affected by substance misuse, poor sexual health, teenage pregnancy and / or poor and abusive relationships</p>	<p>Compass</p>	<p>8%</p>	<p>23%</p>	<p><b>17%</b></p>	<p>20%</p>	<p>21%</p>	<p><b>20%</b></p>
<p>PI7: Number of new clients accessing CRASAC's counselling service and helpline, aged 25 and under</p> <p>CRASAC provide information, advice and support for anyone affected by sexual violence</p>	<p>Crasac</p>	<p>183</p>	<p>443</p>	<p><b>183</b></p>	<p>183</p>	<p>50</p>	<p><b>127</b></p>
<p>PI8: Reporting of sexual violence in young people</p> <p>Reporting of sexual violence in young people (aged 24 and under) to West Midlands Police</p>	<p>West Midlands Police</p>	<p>77 incidents (Q1 2016)</p>	<p>363</p>	<p><b>308</b></p>	<p>308</p>	<p>126</p>	<p><b>220</b></p>

## Good Growth

Inequalities in employment, pay below the living wage, the decline in intermediate occupations and the rise of lower paid jobs are likely to lead to increases in health and social outcomes for the people of Coventry. There are economic as well as social benefits to addressing these issues. Investing in the workforce through paying employees a competitive wage, recruiting locally, providing attractive benefits, career progression, a good working environment and looking after the health of employees will increase recruitment and retention and improve productivity for businesses in Coventry.

Tackling these issues requires a broadening of the Marmot agenda to the private sector and businesses. Working with organisations such as the Local Enterprise Partnership, the Chamber of Commerce and businesses across the city is essential in order to nurture 'good growth' in Coventry. The key areas of focus for the next three years are to help vulnerable people into work, to improve the quality of jobs, and to create health promoting workplaces, so that growth in Coventry benefits everyone and contributes to a reduction, rather than an increase, in inequalities.

<b>Action Plan: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city</b>			
<b>Aim</b>	<b>Actions</b>	<b>Lead</b>	<b>Progress</b>
6. Work with primary care professionals to encourage and support people to enter employment	<ul style="list-style-type: none"> <li>Educate primary care professionals on the importance of employment for health and how they can support people to stay in employment</li> <li>Trial placements of employment support services in GP surgeries to help people access support</li> <li>Encourage GPs to signpost to the employment support services which are available</li> </ul>	Department for Work and Pensions	<b>1 April 2017 to 30 September 2017</b> Initial pilot project worked well, still awaiting evidence of impact on quality of sick notes. Other GP surgeries have expressed interest in having a similar service, but this will be dependent upon DWP resources.
7. Review and develop employment support services to provide effective, targeted support to get people into good jobs that are right for them	<ul style="list-style-type: none"> <li>Review employment support allowance claimants using the Job Shop and other support available and implement improvements based on the findings</li> <li>Improve and promote awareness of available in-work benefits</li> <li>Develop the Job Shop offer for people at the initial point of claiming ESA, taking a holistic view of needs and support</li> </ul>	Economy and Jobs Team, Coventry City Council, in partnership with Department for Work and Pensions and Public Health	<b>1 April 2017 to 30 September 2017</b> Review completed and ESA support on-going at Coventry Job Shop.

<p>8. Act as organisational exemplars of good employment practices to drive up standards across the city and demonstrate economic benefits</p>	<ul style="list-style-type: none"> <li>• Devise and disseminate a 'social value' toolkit that enables other employers in Coventry to adopt the Council's approach to social value</li> <li>• Act as champions for the workplace wellbeing charter</li> <li>• Offer work experience placements to vulnerable people</li> <li>• Update the Council's Equality and Consultation Analysis process to ensure Marmot implications are considered when decisions are made</li> <li>• Embed a 'health in all policies' approach at West Midlands Fire Service</li> </ul>	<p>All organisations, led by Resources Directorate, Coventry City Council and West Midlands Fire Service</p>	<p><b>1 April 2017 to 30 September 2017</b> Support and training provided with CCC to officers responsible for completing ECAs in regards to the health inequalities question.</p> <p>A 'health in all policies' approach has now been implemented by West Midlands Fire Service.</p> <p>CCC spoke at the Coventry University Health of Your Workplace Seminar and have organised another similar joint event as part of the Business Festival week in November.</p>
<p>9. Provide employers with information, skills and support to provide and promote good quality jobs in Coventry</p>	<ul style="list-style-type: none"> <li>• Create more supportive and productive work environments</li> <li>• Understand the benefits (including economic) of recruiting locally</li> <li>• Provide good quality jobs</li> <li>• Increase opportunities for people with disabilities and maximise take-up of Access to Work fund</li> <li>• Work with employers to increase the number of apprenticeship opportunities</li> </ul>	<p>Coventry and Warwickshire Chamber of Commerce</p>	<p><b>1 April 2017 to 30 September 2017</b> Two projects currently ongoing. One is with the WMCA who are looking at ways to work with the Chamber and the business community, and the other area is the affect domestic violence has on victims and their ability to perform in the workplace</p>
<p>10. Continue to develop the reach and effectiveness of the workplace wellbeing charter</p>	<ul style="list-style-type: none"> <li>• Roll out the charter to all organisations who express an interest</li> <li>• Adapt the evidence requirements of the charter to meet the needs of small businesses</li> <li>• Evaluate the impact of the charter</li> </ul>	<p>Economy and Jobs Team, Coventry City Council</p>	<p><b>1 April 2017 to 30 September 2017</b> At the annual Charter Awards in May, 18 awards were given, a mixture of working towards, reaccreditations and new awards. From these organisations alone, promoting health and wellbeing in the workplace could potentially have impacted on over 26,000 employees.</p> <p>41 organisations have engaged with the Charter service this quarter. Workshops covering health eating and mental health have been delivered to employers.</p>

**Programme Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city**

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Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Target 17/18	Target 18/19	Actual Q2 17/18	Year to date 17/18
PI9: Percentage of relevant Coventry City Council decisions which consider Marmot implications  Number of completed ECAs for major Council policy and commissioning decisions which consider Marmot implications	Coventry City Council  Public Health Hannah Watts	0%	100%	<b>80%</b>	100%	100%	<b>100%</b>
PI10: Percentage of people recorded as unfit for work claiming ESA (and comparison with regional / national rate)  Fit notes are known as a 'statement of fitness for work'	DWP  Iona Old	6.8% (15,010)	6.5%	<b>6.3%</b>	6.2% (Better than or equal to national average)	6.2%	<b>6.4%</b>
PI11: Percentage of residents claiming Job Seekers Allowance	DWP  Iona Old	1.9%	1.7%	<b>1.7%</b>	1.6%	1.3%	<b>1.3%</b>
PI12: Number of people supported into employment by the Coventry Job Shop  Support provided through the Job Shop to enable people into employment	Coventry City Council  Place Directorate Kim Mawby	1,844	1,641	<b>1,200</b>	1,200	177	<b>590</b>
PI13: Number of workplaces signed up to workplace wellbeing charter  The award of a Workplace Wellbeing Charter is clear recognition of the positive way in which organisations run their businesses and support their work forces	Coventry City Council  Place Directorate Sharon Lindop	25	13	<b>25</b>	25	6	<b>9</b>

**Programme Indicators: Ensuring that all Coventry people, including vulnerable residents, can benefit from 'good growth', which will bring jobs, housing and other benefits to the city**

Indicator & Definition	Organisation / Directorate Contact	Baseline data (15/16)	Actual 16/17	Target 17/18	Target 18/19	Actual Q2 17/18	Year to date 17/18
PI14: Number of interactions and engagements with businesses to improve employment practices  Coventry and Warwickshire Chamber of Commerce are engaging businesses to improve working practices, workplace wellbeing, recruitment and retention	Chamber of Commerce  Martyne Manning	0	2,220	<b>1,000</b>	1,000	1,600	<b>4,558</b>

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 5<sup>th</sup> February 2018**

**From: Liz Gaulton, Acting Director of Public Health, Craig Hickin, Head of Environmental Services**

**Title: Coventry Domestic Abuse Strategy 2018 - 2021**

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### **1 Purpose**

The purpose of this paper is to provide an overview of the draft domestic abuse strategy; and to request approval and sign-off from the Health and Wellbeing Board.

### **2 Recommendations**

The Health and Wellbeing Board are recommended to:

- Endorse the Coventry Domestic Abuse Strategy 2018-2021.
- Provide further comment or suggestions for the priorities of the strategy.
- Share the strategy within their organisations.

### **3 Information/Background**

Domestic abuse has been identified as a priority for Coventry. Between April 2016 and July 2017 2763 domestic abuse crimes were reported in Coventry to West Midlands Police; a further 4287 non-crime incidents were reported over the same period. Data from the West Midlands Police Strategic Intelligence Development Team show that there were 55 honour based violence and forced marriage offences in Coventry in 2014 which represents 9% of all such offences across the West Midlands. In 2010 the West Midlands was ranked as the 2<sup>nd</sup> worst area behind London for honour based violence with 378 incidents reported to the police.

The annual cost of domestic abuse in Coventry is estimated to be £34.8 million. This includes physical and mental health costs of £10.4m; social services costs of £1.7m; combined criminal justice and civil legal costs of £9.9m; housing and refuge costs of £1.2m; and £11.6m through lost economic output. Human and emotional costs are estimated at £60m.

The Coventry Domestic Abuse Strategy 2018-2021 has been drafted by a multiagency working group. It is anticipated that the strategy and a wider needs analysis will inform recommissioning of the domestic abuse services. An action plan will support the implementation of the strategy.

## **4 Coventry Domestic Abuse Strategy**

### **4.1 Scope**

The strategy covers domestic abuse, including honour based violence and forced marriage which are both defined as forms of domestic violence and abuse under the cross-governmental definition. This is a departure from the original intention to include modern slavery and child sexual exploitation as agreed within the working group.

The strategy acknowledges that while anyone can experience domestic abuse, there are certain characteristics that can increase a person's risk, its effects, and/or create barriers to accessing help and support. The following groups are identified as falling within these categories:

- Children
- Older people
- Adults with care and support needs, including disabled people
- Men
- Lesbian, gay, bisexual and transgender
- Black, Asian, minority ethnic and refugees
- People with mental illness and/or substance misuse problems

The strategy will be accompanied by an appendix, with further data; and an action plan. The strategy will run from 2018 to 2021.

### **4.2 Consultation**

The strategy has been informed by engagement with a wide number of stakeholders including service users, young people, adults with care and support needs, domestic abuse service providers, other voluntary and community sector providers, West Midlands Police, community safety, health and social care, Coventry and Rugby Clinical Commissioning Group and education.

A co-design event was held with professional stakeholders to discuss the priorities of the strategy, identify any gaps and suggest how the strategy could address them. Some of the key issues raised include:

- Coercive control should be a central part of the strategy.
- A tiered core competency framework should be developed to ensure that frontline staff can identify and respond appropriately to domestic abuse.
- Information sharing between agencies requires clear protocols.
- Acknowledgement of young people as both perpetrators and victims of domestic abuse in the strategy.
- Whether a domestic abuse strategy, and not a violence against women and girls strategy, is the right approach.
- Acknowledgement of sexual violence as an aspect of domestic abuse in the strategy.
- What does and doesn't work well with the current single point of access service model and whether it meets the needs of men.
- Consideration of the support available to individuals pursuing civil litigation which is currently means tested.
- That a full needs assessment should have been carried out before work on the strategy was started.

Service users and statutory and voluntary sector stakeholders were invited to complete surveys to identify the priorities that were most important to them.

Targeted engagement took place with young people aged 15-18, through the Positive Youth Foundation by convening a focus group; and adults with care and support needs were surveyed through Grapevine. This focused on exploring what individuals in these groups understood about domestic abuse and their attitudes towards seeking help. Guidance from the Alzheimer's Society was also sought in relation to domestic abuse and dementia and they highlighted the complex problems that can arise for those responsible for their care with regards to domestic abuse.

The strategy has also been discussed at the Local Safeguarding Children Board business management group, the Coventry Safeguarding Adults Board business executive meeting, the Chairs of Strategic Boards and the Coventry Community Safety Partnership Board.

### 4.3 Strategy Priorities

The following priorities have been proposed to be taken forward through the domestic abuse strategy. These have been developed using local data; national policy, strategy and guidance; and consultation with partners.

The priority areas of the strategy have been developed using the government's Contest model:

- Prepare
- Prevent
- Protect
- Pursue

**Prepare** – the development of a strong governance and service commissioning structure to provide high quality, equitable services that are shaped around the needs of victims and ensure that their voices are heard and responded to.

### Outcomes

- Statutory organisations and specialist services will provide safe and effective support that is responsive to the needs of victims and allows their story to be heard. Services will work closely in partnership to ensure that victims do not have to tell their story more than once. Services will be underpinned by robust, visible governance structures to ensure clear management, accountability and responsibility, including during periods of change and uncertainty.
- Improved data collection by local and regional services in contact with victims and perpetrators to ensure that service provision is shaped by the needs of victims and is able to identify and respond to emerging trends. This should include identifying vulnerable and underrepresented groups to help address barriers to service access.
- Services will support victims at all levels of risk. This should include those with complex needs to ensure that factors that may impact on the victim's vulnerability to and effect of domestic abuse are addressed.

### How we will achieve the outcomes

- Through robust commissioning, governance and provider accountability we will ensure the development of domestic abuse services adherent to the West Midlands Domestic Violence and Abuse Standards. The commissioning process will be informed by

engagement with victims so that services reflect their needs. Commissioners and service providers will work together to develop tools to facilitate accurate data collection.

- We will explore options for carrying out a service evaluation to inform future service development.
- We will explore the development of referral pathways between service providers and key services, where they do not already exist, to support victims and perpetrators to access additional services.
- As part of our commissioning strategy we will consider cross-boundary commissioning of specialist services where local need may not justify a local service.

**Prevent** – a long term approach to improve awareness, understanding and early identification of abuse at all levels of society. Victims will be empowered to report and staff will be given the skills and confidence to support them. Interventions tailored to victims at all levels of risk with a range of needs will help to break the intergenerational cycle of abuse and minimise repeat victimisation.

### **Outcomes**

- Frontline staff will consider the needs of the whole family when addressing domestic abuse; and families will be supported by early intervention initiatives in Coventry such as the Early Intervention Service, the Family Nurse Partnership and Family Hubs, which can help to break the intergenerational cycle of abuse.
- Frontline staff will be able to identify possible signs of victimisation, including evidence of controlling and coercive behaviour and seemingly isolated incidents as part of a pattern of abuse; and intervene early enough through signposting, referral and/or information-giving as appropriate to prevent repeat victimisation.
- Frontline staff will be able to identify suspected perpetrators and know where to seek further information and advice to ensure that they receive appropriate support to change their behaviour and improve outcomes for victims.
- Improved public understanding (including among vulnerable groups) of domestic abuse (including coercive and controlling behaviour, honour-based violence and forced marriage), who it affects, and the needs of vulnerable groups to enable individuals to recognise when they or others may be a victim.
- Children and young people will have improved understanding of domestic abuse, including honour-based violence and forced marriage, recognising that they have no place in healthy intimate or family relationships.
- Victims will have the confidence to report abuse early and seek help to prevent further incidents.
- Parents will be able to recognise the signs that their child may be a victim or perpetrator of domestic abuse and know where to seek help to ensure that they receive the necessary support to prevent further abuse and/or achieve behaviour change.
- Attitudes towards honour-based violence and forced marriage are changed to increase understanding that they have no cultural or religious justification, and encourage victims and potential victims to seek help.

### **How we will achieve the outcomes**

- We will develop a tiered core competency framework outlining the minimum knowledge and skills requirements for staff in contact with adults and children affected by domestic abuse, to support a holistic, needs-led approach that enables their complex needs to be

addressed; and ensure the dissemination of information to local services about domestic abuse services in Coventry.

- Coventry's Early Intervention Service will review school lesson plans, and ensure relationship education is included where necessary. We will engage with voluntary and community sector organisations that work with children and young people, schools, colleges and universities, to increase knowledge and understanding of domestic abuse including honour-based violence and forced marriage among children and young people; and explore the possibility of peer-led education delivered by individuals with lived experience of these crimes.
- Coventry's Early Intervention Service will deliver education to parents and carers to support them to identify unhealthy relationships between young people. We will explore other methods of improving parental education on domestic abuse including honour-based violence and forced marriage to support them to recognise where their own children may be affected.
- We will explore methods of engagement with faith and cultural leaders to challenge the beliefs that give rise to forced marriage and honour-based violence; and with voluntary, community and faith organisations that support vulnerable groups who face barriers to accessing services.
- We will support the Coventry and Warwickshire Chamber of Commerce's initiative to improve employer awareness of and support for victims of domestic abuse.
- We will develop a communications strategy to improve awareness and understanding of, and encourage conversations around domestic abuse including honour-based violence and forced marriage among all groups in society. The strategy will challenge misconceptions, increase understanding of abusive behaviour, including coercive and controlling behaviour, and highlight the needs of vulnerable groups.

**Protect** – there will be effective information sharing and referral pathways between key agencies, breaking down organisational and cultural barriers to ensure victims of abuse are identified and protected. The safety of victims, and that of their children (where relevant), will be paramount. Victims will be supported to access safe and appropriate accommodation; and safeguarding procedures will be robustly implemented to ensure that children and vulnerable adults are protected, and that the voice of the child is always heard.

### **Outcomes**

- Individuals within key agencies will be able to identify the circumstances in which it is appropriate to share data; and know who to seek advice from when in doubt to ensure that victim's needs are not overlooked.
- Victims of domestic abuse will have 24 hour support to access emergency accommodation appropriate for their needs and circumstances, including for those not resident in Coventry. Provision of emergency accommodation for the identified vulnerable groups will be driven by need, based on local data.
- Victims ready to transition from refuges to settled accommodation will be treated as high priority for social housing; and those who wish to remain in their own homes will be supported to do so.
- Increased public awareness and knowledge, including among young people and adults with care and support needs, about the national and local domestic abuse services available and how to contact them.
- Professionals supporting victims will ensure the implementation of the appropriate safeguarding procedures for adults and children; and ensure the child's story is heard.

## How we will achieve the outcomes

- We will develop a data sharing protocol and tool (or appropriately adapt existing ones) within and between relevant agencies to support decision-making on how and when data should be shared. Commissioned domestic abuse services will be required to have a named information governance lead who can advise on information-sharing.
- Domestic abuse services, housing and other key agencies will work in partnership to ensure that victims of domestic abuse have access to appropriate housing. We will explore options to assess the demand for emergency accommodation so that service provision is informed by need.
- We will ensure that domestic abuse services support the prevention and relief of homelessness and align with the Housing Options services put in place to meet the requirements of the Homelessness Reduction Act, including advice and support for people who are homeless or threatened with homelessness, alongside effective referral pathways.
- A communications strategy will be developed to improve public awareness, including among young people, of local and national domestic abuse services and knowledge of how to seek help. This will include the identification of appropriate communication channels and settings (e.g. youth centres, workplaces, cultural centres) to ensure that vulnerable groups are reached.
- Locally commissioned domestic abuse services will be required to maintain an up-to-date website and publicity material with contact details of local and national services which will be accessible to those who do not speak English as a first language or who may require easy-read materials.
- We will explore the provision of peer-led support for young people who experience or witness domestic abuse including honour based violence or forced marriage.
- Development of clear safeguarding policies for adults and children by agencies supporting victims and perpetrators of domestic abuse; and a named contact within agencies to advise and support staff to ensure appropriate implementation.
- Close partnership working between key agencies to ensure that children's needs are addressed in all cases.

**Pursue** - an approach centred on achieving justice and positive outcomes for victims, including reductions in offending. There will be better understanding of perpetrator risk to support the use of court and out of court disposals so that they are held accountable for their actions and appropriately supported to understand and change their offending behaviour.

## Outcomes

- Perpetrators will receive appropriate support to understand and change their behaviour, and address the complex needs that may contribute to their actions, with the aim of achieving positive outcomes for the victim including reductions in offending behaviour
- Professionals in contact with perpetrators will have an understanding of and be able to recognise coercive and controlling behaviour.
- Perpetrators will be managed robustly but sensitively to achieve justice for victims and ensure that they feel supported and able to continue reporting incidents.

## How we will achieve the outcomes

- We will work to better understand the needs of perpetrators and the pathways in place to support them; and consider actions alongside criminal justice (e.g. removals to prevent breach of the peace, domestic violence protection notices and orders, and civil orders) to manage them where this is appropriate.

- We will develop effective referral pathways and information sharing agreements to support them, working effectively with the police and probation service to understand how the wider partnership can support criminal justice activity.
- We will explore options for the evaluation of the effectiveness of services that are in contact with perpetrators, victims and families to determine the outcomes of services and inform commissioning.

#### 4.4 Governance of the strategy

Membership of the domestic abuse working group comprises the following agencies:

- West Midlands Police
- Community safety
- Public health and Insight
- Commissioning (adults and children)
- Coventry and Rugby Clinical Commissioning Group (safeguarding)
- Children's social care
- Regulatory services

The group is jointly chaired by Liz Gaulton, Acting Director of Public Health, and Craig Hickin, Head of Environmental Services.

Following completion of the strategy it is recommended that the working group becomes a steering group to support the recommissioning of domestic abuse services in 2018; and implement the strategy's action plan. Implementation of the action plan will be supported by further consultation and engagement with key stakeholders including identified vulnerable groups, service users, the Domestic Violence Operations Group, the Coventry Safeguarding Adults Board, the Local Safeguarding Children Board and this board. It is anticipated that the strategy and action plan will also be considered by Council Scrutiny.

## 5 Next steps

The final draft strategy will be taken to the following Boards for approval and sign off:

- Coventry Community Safety Partnership Board – 25/1/18
- Health and Wellbeing Board – 5/2/18
- Local Safeguarding Children Board – 22/3/18
- Coventry Safeguarding Adults Board – 23/3/18
- Implementation Group – 13/3/18
- Children's Improvement Board – 11/4/18

The strategy is expected to be launched in April following sign off at the Children's Improvement Board.

#### **Report Author(s):**

**Name and Job Title:** Natalie Daley, Public Health Registrar

**Directorate:** People

**Telephone and E-mail Contact:** [Natalie.daley@coventry.gov.uk](mailto:Natalie.daley@coventry.gov.uk)

Enquiries should be directed to the above person.

#### **Appendices**

Appendix 1 – Coventry Domestic Abuse Strategy 2018-2021

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# Coventry Domestic Violence and Abuse Strategy 2017-2018

## [Executive summary](#)

Domestic abuse has been identified as a priority for Coventry, and is a key issue for Public Health, West Midlands Police, Community Safety and Safeguarding. Data from 2015/2016 showed a significantly higher rate of domestic abuse in Coventry compared with the rest of England, although similar to the West Midlands region. The annual cost of domestic abuse in Coventry is thought to be £34.8 million; human and emotional costs are estimated at an additional £60 million.

The Coventry Domestic Abuse Strategy 2018-2021 addresses domestic abuse, including honour-based violence and forced marriage, and highlights a number of groups that can increase a person's risk, its effects, and/or create barriers to accessing help and support. The following groups are identified as falling within these categories:

- Children
- Older people
- Adults with care and support needs, including disabled people
- Men
- Lesbian, gay, bisexual and transgender
- Black, Asian, minority ethnic and refugees
- People with mental illness and/or substance misuse problems

The priorities of the strategy have been informed by engagement with a wide range of stakeholders including service users, young people, adults with care and support needs, domestic abuse service providers, other voluntary and community sector providers, West Midlands Police, community safety, health and social care, Coventry and Rugby Clinical Commissioning Group and education. They are based on the four Ps of the government's Contest counter terrorism strategy, the framework of which supports a systematic approach to tackling issues requiring a multi-agency approach such as domestic abuse. The four Ps are Prepare, Prevent, Protect and Pursue:

## Prepare

The development of a strong governance and service commissioning structure to provide high quality, equitable services that are shaped around the needs of victims and ensure that their voices are heard and responded to.

## Prevent

A long term approach to improve awareness, understanding and early identification of abuse at all levels of society. Victims will be empowered to report and staff will be given the skills and confidence to support them. Interventions tailored to victims at all levels of risk with a range of needs will help to break the intergenerational cycle of abuse and minimise repeat victimisation.

## Protect

There will be effective information sharing and referral pathways between key agencies, breaking down organisational and cultural barriers to ensure victims of abuse are identified and protected. The safety of victims, and that of their children (where relevant), will be paramount. Victims will be supported to access safe and appropriate accommodation; and safeguarding procedures will be robustly implemented to ensure that children and vulnerable adults are protected, and that the voice of the child is always heard.

## Pursue

An approach centred on achieving justice and positive outcomes for victims, including reductions in offending. There will be better understanding of perpetrator risk to support the use of court and out of court disposals so that they are held accountable for their actions and appropriately supported to understand and change their offending behaviour.

The Coventry Domestic Abuse Strategy 2018-2021 will be supported by an action plan, implemented and monitored by a multiagency group to ensure that our vision of protecting and empowering victims, and reducing incidents of domestic abuse is achieved.

If you are reading this document online there are a number of hyperlinks.

## Contents:

1. Foreword
2. Definition of domestic abuse
3. Scope
4. Strategic and political context
5. National picture
6. Regional and local picture
7. Coventry domestic abuse services
8. Consultation & Engagement
9. Governance
10. Strategic Priorities
11. Delivery
12. Appendices

## Foreword

Domestic abuse happens every day, it not only affects the victim, but also the wider family and community; however, it still remains very much, a “hidden crime.” We know that there can be stigma attached to reporting and that certain groups of people within our community face additional barriers to accessing services which could help and support them. In Coventry we spend approximately £34.8 million per year across the city on services that support victims as well as dealing with those who inflict the abuse.

Coventry’s vision is to reduce the harm caused by domestic abuse. We want to help and support victims but we also want to change the behaviour of those who inflict the abuse, to break the cycle and reduce the likelihood of further incidents, either within an existing relationship or with a new partner. We are not just talking about violence, abuse can take many forms and there has been a lot of background research looking at the national, regional and local data, consultation with affected groups and service providers which has driven the thinking behind the formation of the strategic priorities.

No one agency, working in isolation, can address this issue and we believe that by working together across the broad spectrum of public and third sector services we can achieve a more joined up approach and ultimately better outcomes for those who need help.

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## Definition of domestic abuse

Domestic abuse is a manifestation of one person (or persons) exerting power and control over another<sup>1</sup> that can affect people of any age, gender, sexual orientation and ethnicity. Domestic abuse is most commonly thought of as occurring between intimate adult partners, however it can feature in relationships between people as young as 13 or over 60; be perpetrated by children against their parents; and involve the wider family<sup>2</sup>. While the majority of victims are young women, the estimated number of male victims has increased since 2015<sup>3</sup>; and men are less likely than women to report it<sup>4</sup>.

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<sup>1</sup> Domestic abuse in England and Wales: year ending March 2016 (2016) Office for National Statistics  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016>

<sup>2</sup> Domestic violence and abuse: multi-agency working (2014). National Institute for Health and Care Excellence.

<sup>3</sup> Domestic abuse in England and Wales: year ending March 2017 (2017). Office for National Statistics  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017#main-points>

<sup>4</sup> Focus on violent crime and sexual offences data (2016) Office for National Statistics  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/bulletintablesfocusonviolentcrimeandsexualoffencesyearendingmarch2015>

Domestic abuse can encompass, but is not limited to<sup>5</sup>:

- psychological
- physical
- sexual
- financial
- emotional

This strategy uses the term domestic abuse rather than domestic violence or domestic violence and abuse to emphasise that this behaviour is not limited to physical violence.

### Coercive or controlling behaviour

In 2015 parliament introduced an offence of coercive or controlling behaviour. Examples of such behaviour may include isolating someone from their relatives and friends, repeatedly putting them down or taking control of their daily life (e.g. what they can wear and who they are allowed to see)<sup>5</sup>. It does not have to have a physical element.

It can be perpetrated by anyone aged 10 or over, unless the victim is a child aged under 16 and the perpetrator is 16 or over. It may be poorly understood by authorities and not be recognised by the victim<sup>6</sup>.

### Forced marriage and honour-based violence

Domestic abuse encompasses honour-based violence and forced marriage. Forced marriage is “a marriage conducted without the consent of one or both parties and where duress is a factor”; and 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”<sup>7</sup>.

### Scope

In developing this strategy Coventry has taken a non-gender biased approach to ensure that it is inclusive to men and women. This does not mean that we do not recognise the gender inequality embedded in society that leads to women comprising the majority of victims. However the needs of men and women differ as both victims and perpetrators of domestic abuse, and we believe that this approach will enable us to address these differences.

This strategy will focus on domestic abuse, including honour-based violence and forced marriage. Although the overlap with other so-called ‘hidden crimes’ such as child sexual exploitation and modern slavery is recognised, these are being addressed separately in Coventry and do not form part of this strategy.

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<sup>5</sup> Domestic violence and abuse (2016) Home Office <https://www.gov.uk/guidance/domestic-violence-and-abuse>

<sup>6</sup> Coercion and control: fighting against abuse hidden in relationships (2017) <https://www.theguardian.com/society/2017/may/20/coercion-and-control-fighting-against-the-abuse-hidden-in-relationships>

<sup>7</sup> The Crown Prosecution Service. Honour based violence and forced marriage (2017) <https://www.cps.gov.uk/legal-guidance/honour-based-violence-and-forced-marriage>

Sexual violence is recognised as an important component of domestic abuse. Coventry City Council has commissioned a sexual violence prevention programme for children and young people, and an intimate partner dating violence prevention programme for young people to address the issue of sexual violence; therefore it will not be discussed separately in this strategy.

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## Strategic and political context

### National

A number of national sources have been drawn upon to inform this strategy.

The Government's Violence against Women and Girls Strategy ([VAWG](#)) 2016-2020 has committed to achieving ongoing reductions in the prevalence of domestic abuse by breaking the intergenerational cycle of abuse; giving greater attention to the risk of becoming a perpetrator; challenging attitudes and beliefs about abuse; and improving awareness among children and young people about healthy relationships<sup>8</sup>. Relationship education is to be made compulsory in primary schools, and sex and relationship education will be compulsory in secondary schools<sup>9</sup>.

The National Institute for Health and Care Excellence (NICE) has developed [guidance](#) on multi-agency working to highlight the need for co-ordinated partnership working at operational and strategic levels, along with training and organisational support<sup>10</sup>.

The strategy is also informed by the second joint targeted area inspection programme, "The multi-agency response to children living with domestic abuse", which recognises the long-term harmful consequences on children and young people who are victims or witnesses of domestic abuse<sup>11</sup>.

### Local and regional

This strategy does not sit in isolation. There are a number of local and regional strategies and guidance that have informed the strategy and will impact on how we work with our partners to deliver its priorities.

Coventry's Parenting Strategy 2018-2023 recognises the 'toxic trio' of domestic violence, mental illness and substance misuse as significant issues for some parents in Coventry, which impact on their children.

Coventry's [Drug and Alcohol Strategy](#) 2017-2020 will tackle substance misuse in the city, supporting this strategy's vision to reduce and prevent domestic abuse<sup>12</sup>.

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<sup>8</sup> Ending violence against women and girls strategy 2016-2020 (2016) HM Government  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/522166/VAWG\\_Strategy\\_FINAL\\_PUBLICATION\\_MASTER\\_vRB.PDF](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF)

<sup>9</sup> Schools to teach 21<sup>st</sup> century relationships and sex education (2017) Department for Education  
<https://www.gov.uk/government/news/schools-to-teach-21st-century-relationships-and-sex-education>

<sup>10</sup> Domestic violence and abuse: multi-agency working (2014) National Institute for Health and Care Excellence  
<https://www.nice.org.uk/guidance/ph50>

<sup>11</sup> The multi-agency response to children living with domestic abuse (2017)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645642/JTAI\\_domestic\\_abuse\\_18\\_Sept\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645642/JTAI_domestic_abuse_18_Sept_2017.pdf)

<sup>12</sup> Coventry Drug and Alcohol Strategy 2017-2020  
<http://moderngov.coventry.gov.uk/documents/s34900/Coventry%20Drug%20and%20Alcohol%20Strategy%202017-2020%20-%20Appendix%202.pdf>



Work is taking place locally to develop links between the Domestic Abuse Strategy and the subsequent housing and homelessness strategy, acknowledging that domestic abuse is a significant cause of homelessness.

Coventry's Health and Wellbeing Strategy has a focus on reducing violence, sexual abuse and the risk of individuals developing multiple complex needs<sup>13</sup>; and the Joint Strategic Needs Assessment highlights the issue of domestic abuse in Coventry<sup>14</sup>.

The West Midlands Domestic and Abuse Violence Standards provide a framework for statutory and specialist domestic abuse services to improve and commission services, and develop professional practice<sup>15</sup>.

Regionally, West Midlands Police and the [Police and Crime Commissioner](#) have made the identification and prevention of domestic abuse a strategic priority.

## [National picture](#)

Domestic abuse is known to be under-reported therefore the following figures represent only part of the picture.

### [Prevalence of domestic abuse](#)

According to the Crime Survey for England and Wales (year ending March 2017) an estimated 1.9 million adults aged 16-59 years had experienced domestic abuse (defined as non-sexual partner abuse, non-sexual family abuse, sexual assault or stalking) in the previous year (1.2 million women and 713,000 men)<sup>3</sup>.

For both men and women, the most common type of domestic abuse was partner abuse, specifically non-physical abuse, threats, force, sexual assault or stalking<sup>3</sup>.

The 16-19 year age group made up the highest proportion of victims of domestic abuse for men and women (combined data from 2014 to 2017)<sup>3</sup>.

### [Domestic abuse-related crime](#)

Police in England and Wales recorded 1.1 million domestic abuse-related incidents and crimes in the year ending March 2017. 43% were recorded as domestic abuse-related crimes, 57% remained as incidents. Domestic abuse-related crimes recorded by the police accounted for 32% of violent crimes<sup>3</sup>.

There were 46 arrests for every 100 domestic abuse-related crimes recorded by 39 police forces in the year ending June 2017. A decision to charge was made for 72% of domestic

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<sup>13</sup> Coventry health and wellbeing strategy 2016-2020  
[file:///C:/Users/Cvnat445/Downloads/Coventry\\_Health\\_and\\_Wellbeing\\_Strategy\\_2016\\_19\\_NEW%20\(4\).pdf](file:///C:/Users/Cvnat445/Downloads/Coventry_Health_and_Wellbeing_Strategy_2016_19_NEW%20(4).pdf)

<sup>14</sup> Coventry joint strategic needs assessment 2016  
[file:///C:/Users/Cvnat445/Downloads/JSNA\\_2016\\_All\\_Sections\\_V3%20\(2\).pdf](file:///C:/Users/Cvnat445/Downloads/JSNA_2016_All_Sections_V3%20(2).pdf)

<sup>15</sup> West Midlands domestic violence and abuse standards (2015) <http://violencepreventionalliance.org/wp-content/uploads/2015/09/WM-DV-standards.pdf>

abuse-related cases referred to the Crown Prosecution Service by the police; and of those that proceeded to court, 76% resulted in convictions.

## Domestic homicides

Between April 2013 and March 2016 454 domestic homicides were recorded by the police in England and Wales; 70% of the victims were female<sup>3</sup>. More than three-quarters of female victims were killed by a male partner or ex-partner. Of the male victims, two-thirds were killed by another male.

## Coercive and controlling behaviour

4246 offences of coercive control were recorded in the year ending March 2017 across the 38 police forces for which these data were available<sup>3</sup>.

## Repeat victimisation

Repeat victimisation in domestic violence is poorly captured in the Crime Survey for England and Wales as many people either do not respond to the question or reply that they do not know. Data from the year ending 2015 survey show that 15% of people experienced two episodes of victimisation and 16% experienced at least three episodes<sup>16</sup>. Women are more likely to experience repeat victimisation than men<sup>17</sup>.

## The cost of domestic abuse

The cost of domestic abuse to public services in England and Wales is an estimated £3.856 billion per year<sup>18</sup>. Local government's annual contribution to this figure is about £479 million.

## Honour-based violence and forced marriage

Although honour-based violence and forced marriage are considered under the definition of domestic abuse, they are distinct from other forms of abuse in that they are driven by a desire to maintain perceived cultural norms and traditions, and that failure to do so would

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<sup>16</sup> Intimate personal violence and partner abuse (2016) Office for National Statistics  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#partner-abuse-repeat-victimisation>

<sup>17</sup> Homicides, firearm offences and intimate violence 2008/09: supplementary volume 2 to crime in England and Wales 2008/09 (2010) Office for National Statistics and Home Office  
<http://webarchive.nationalarchives.gov.uk/20100408175211/http://www.homeoffice.gov.uk/rds/pdfs10/hosb0110snr.pdf>

<sup>18</sup> The cost of domestic abuse: the financial cost to Local Government (n.d.) Local Government Association and Safer Portsmouth Partnership  
<http://lga.moderngov.co.uk/documents/s10965/LGA%20Costs%20of%20Domestic%20Abuse%20ANON.pdf>

‘dishonour’ the family<sup>19</sup>. That being said, it is important to remember that honour-based violence and forced marriage are not exclusive to any religion, culture or society<sup>19</sup>.

### Prevalence of forced marriage

The Forced Marriage Unit in the UK provided support or advice to approximately 1400 cases in relation to a possible forced marriage (i.e. those who were at risk of a forced marriage, currently in the process of being forced into marriage, or who were already in a forced marriage) in 2016<sup>20</sup>.

The majority of cases involved female victims (80%); the remaining 20% were male. More than one-third (35%) of victims were 18-25 years old; slightly over one-quarter were aged under-18. In 2% of cases the victim identified as lesbian, gay, bisexual or transgender which may be an underestimate as these data are not collected routinely. In 10% of cases the victim had a learning disability<sup>20</sup>.

### Prevalence of honour-based violence

In 2010 at least 2800 cases of honour-based violence (including beatings, acid attacks, mutilation and murder) were reported to the police in the UK<sup>21</sup>. Between 2010 and 2014 29 honour-based murders or attempted murders in the UK were reported in the media. These figures are likely to be underestimated as incidents of this nature are known to be underreported and may not consistently be categorised as honour-based violence by the police or other public bodies<sup>19</sup>. The majority of victims are female.

### Regional and local picture

In 2016 Coventry was estimated to have a population of 352,900<sup>22</sup>. The average age was 33 and is decreasing, which has implications for the burden of domestic abuse in the city.

### Prevalence of domestic abuse

Data from 2015/2016 showed a significantly higher rate of domestic abuse in Coventry compared with the rest of England, although similar to the West Midlands region<sup>23</sup>. For this reason domestic abuse has been identified as a priority by the Coventry Community Safety Partnership Board.

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<sup>19</sup> The depths of dishonour (2015) Criminal Justice Inspectorates

<https://www.justiceinspectorates.gov.uk/hmicfrs/wp-content/uploads/the-depths-of-dishonour.pdf>

<sup>20</sup> Forced Marriage Unit Statistics (2016)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/597869/Forced\\_Marriage\\_Unit\\_statistics-2016.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/597869/Forced_Marriage_Unit_statistics-2016.pdf)

<sup>21</sup> Nearly 3000 cases of honour based violence every year in the UK <http://ikwro.org.uk/2011/12/nearly-3000-cases-of-honour-violence-every-year-in-the-uk/>

<sup>22</sup> Coventry’s Population Estimate 2016 (2017) Insight, Coventry City Council

[file:///C:/Users/Cvnat445/Downloads/Coventry\\_s\\_Population\\_Estimate\\_2016\\_v2.pdf](file:///C:/Users/Cvnat445/Downloads/Coventry_s_Population_Estimate_2016_v2.pdf)

<sup>23</sup> Domestic abuse – public health profiles <https://fingertips.phe.org.uk/search/domestic%20abuse>

\* Non-crime incidents are those where there is no evidence of a criminal offence being committed but that may be a precursor to criminal behaviour (e.g. coercive control), and recording of the incident would be desirable for future follow-up.

Data from West Midlands Police show that there were 2763 domestic abuse crimes and 4287 non-crime\* domestic abuse incidents between April 2016 and July 2017 in Coventry. Women were victims of domestic abuse crimes five times more often than men: 2189 crimes had female victims compared with 419 with a male victim. The average age of victims was 26 years old.

#### Prevalence of honour-based violence and forced marriage

Data from the West Midlands Police Strategic Intelligence Development Team show that there were 55 honour-based violence and forced marriage offences in Coventry in 2014 which represents 9% of all such offences across the West Midlands<sup>24</sup>. In 2010 the West Midlands was ranked as the 2<sup>nd</sup> worst area behind London for honour based violence with 378 incidents reported to the police<sup>21</sup>.

85% of victims in the West Midlands are described as being of 'Asian origin' but due to poor data collection it is unclear exactly how this was defined<sup>24,25</sup>.

Almost one-third of the incidents recorded by police in Coventry took place in the wards of St Michael's and Foleshill, both of which are areas of high deprivation<sup>26</sup>. According to the 2011 Census Foleshill has the highest Asian/Asian British population in the city and St Michael's has a higher proportion of student residents compared with the rest of the city.

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<sup>24</sup> West Midlands Police Strategic Intelligence Development Team (2015). Honour based violence and forced marriage problem profile

<sup>25</sup> Corporate Research. St Michael's Ward Profile. 2011 Census.

<sup>26</sup> Corporate Research. Foleshill Ward Profile. 2011 Census.

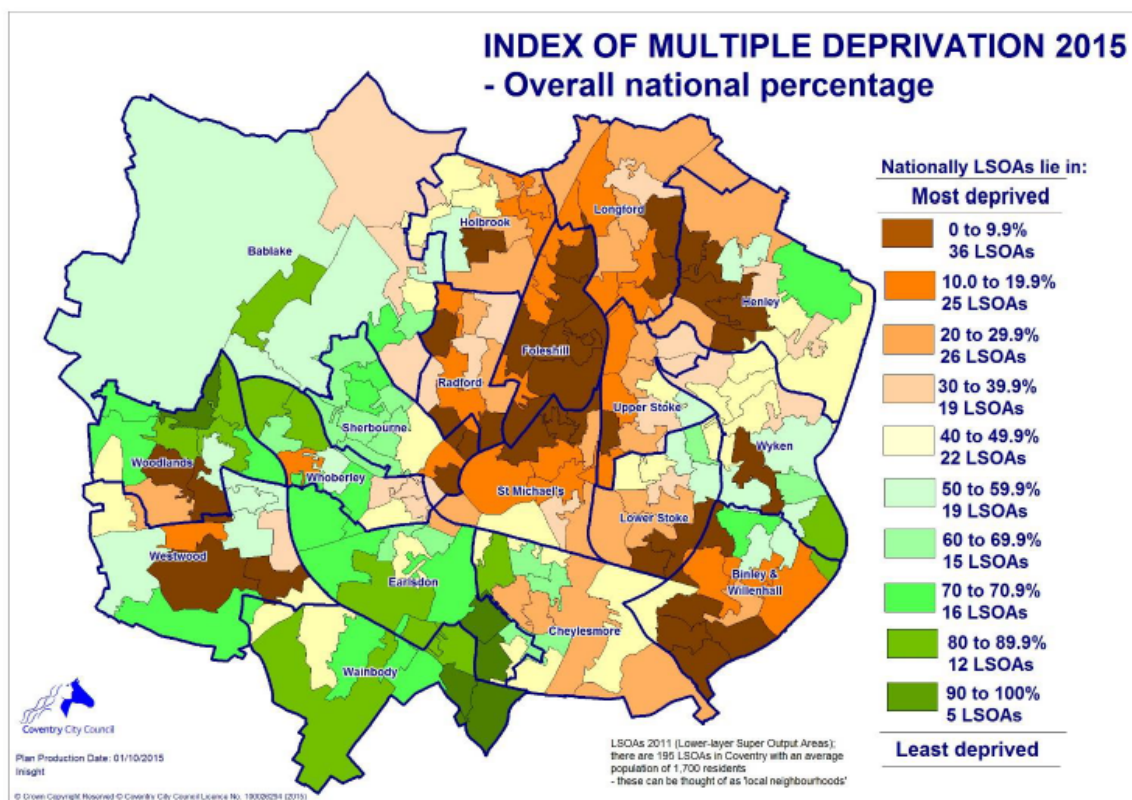


Figure 1. Index of Multiple Deprivation map of Coventry<sup>27</sup>

### Financial impact of domestic abuse

The annual cost of domestic abuse in Coventry is estimated to be £34.8 million. This includes physical and mental health costs of £10.4m; social services costs of £1.7m; combined criminal justice and civil legal costs of £9.9m; housing and refuge costs of £1.2m; and £11.6m through lost economic output. Human and emotional costs are estimated at £60 million<sup>28</sup>. These estimates have been made using the 2009 British Crime Survey for a population of 16-59 year olds, therefore the actual costs may be higher.

### Vulnerable groups

Anyone can be affected by domestic abuse, however certain groups may be more likely to experience it, have increased vulnerability to its impact, and/or face additional challenges accessing services. The diagram sets out the vulnerable groups and the issues they may face.

<sup>27</sup> English indices of deprivation reports (n.d.) Coventry City Council  
[http://www.coventry.gov.uk/downloads/file/17734/english\\_indices\\_of\\_deprivation\\_2015\\_-\\_coventry\\_infographic](http://www.coventry.gov.uk/downloads/file/17734/english_indices_of_deprivation_2015_-_coventry_infographic)

<sup>28</sup> The cost of domestic violence: update 2009. Costs have been pro-rated for Coventry.

<b>Lesbian, gay, bisexual and transgender</b>	Potential barriers to access include <sup>29</sup> : <ul style="list-style-type: none"> <li>• Fear of homophobia</li> <li>• Not identifying with the experience of domestic abuse</li> <li>• Believing that services are designed around heterosexual relationship models, and therefore don't cater to them</li> <li>• Concerns about being 'outed'</li> </ul>
<b>Mental health and/or substance abuse problems</b>	Domestic abuse is associated with an increased risk of mental health problems, including depression and anxiety; a greater use of mental health services; and are more likely to self-harm or die by suicide <sup>15</sup> .  Substance abuse (misuse of alcohol and/or drugs) often co-exists with mental health problems and is independently associated with domestic abuse <sup>30</sup> .
<b>Older people</b>	Older people may be more at risk of neglect and financial abuse compared with psychological, physical and sexual abuse <sup>31</sup> .  They may face the following barriers to accessing services <sup>32,33</sup> : <ul style="list-style-type: none"> <li>• dependence on others</li> <li>• failure to recognise the situation as abusive</li> <li>• a lack of awareness of services</li> <li>• previous lack of support from friends, family or services.</li> </ul>

<sup>29</sup> Practice briefing for Idvas - engaging and working with lesbian, gay, bisexual and transgender (LGBT) clients (2015). Safe Lives

<http://www.safelives.org.uk/sites/default/files/resources/LGBT%20practice%20briefing%20for%20Idvas%20FINAL.pdf>

<sup>30</sup> Complicated matters: a toolkit addressing domestic and sexual violence, substance misuse and mental health. AVA toolkit (n.d.) AVA <https://avaproject.org.uk/wp-content/uploads/2016/03/Complicated-Matters-A-toolkit-addressing-domestic-and-sexual-violence-substance-use-and-mental-ill-health.pdf>

<sup>31</sup> UK Study of Abuse and Neglect of Older People. Prevalence Survey Report (2007) O'Keefe et al. National Centre for Social Research and King's College London. <http://www.natcen.ac.uk/media/308684/p2512-uk-elder-abuse-final-for-circulation.pdf>

<sup>32</sup> Spotlights Report #Hidden Victims. Safe Later Lives: Older people and domestic abuse. Safe Lives. 2016 <http://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>

<sup>33</sup> It's our right to be safe at any age. How can we make it easier for older victims to get help (blog) (2016) Mahmud [http://www.safelives.org.uk/practice\\_blog/its-our-right-be-safe-any-age-how-can-we-make-it-easier-older-victims-get-help](http://www.safelives.org.uk/practice_blog/its-our-right-be-safe-any-age-how-can-we-make-it-easier-older-victims-get-help)

<p><b>Children</b></p>	<p>Witnessing domestic abuse can have a significant detrimental effect on children and young people’s health, wellbeing, behaviour and education<sup>34</sup>.</p> <p>It increases the likelihood of becoming a perpetrator or being subjected to domestic abuse<sup>34</sup>.</p> <p>Barriers to reporting abuse include<sup>35</sup>:</p> <ul style="list-style-type: none"> <li>• protectiveness of the non-abusing parent</li> <li>• loyalty to the perpetrator</li> <li>• fear of being taken into care</li> <li>• fear of the consequences</li> </ul>
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<sup>34</sup> Royal College of Psychiatrists (2017) Domestic violence and abuse – its effects on children: the impact on children and adolescents: information for parents, carers and anyone who works with young people.  
<http://www.rcpsych.ac.uk/healthadvice/parentsandyounginfo/parentscarers/domesticviolence.aspx>

<sup>35</sup> Safeguarding children abused through domestic violence - practice guidance (barriers to disclosure, enabling disclosure) (n.d.) Newcastle Safeguarding Children Board and Safe Newcastle  
<https://www.nscb.org.uk/sites/default/files/Safeguarding%20Children%20DV%20Guidance%20disclosure.pdf>

<p><b>Adults with care and support needs including disabled people</b></p>	<p>Disabled people, including those with an intellectual impairment, are more likely to experience domestic abuse than non-disabled people<sup>36,37</sup>.</p> <p>Potential barriers to accessing services include<sup>38</sup>:</p> <ul style="list-style-type: none"> <li>• Inability to leave without assistance</li> <li>• Feelings of shame and that the abuse was their fault</li> <li>• Preferring to stay with an abusive partner than enter the care system</li> <li>• Feeling that they should be grateful for the care they receive from their abuser.</li> <li>• Lack of accessible information about support services</li> <li>• Lack of suitable services (one specialist refuge)</li> </ul> <p>Individuals suffering from dementia may become violent towards their partner. Equally, they are more vulnerable to certain types of abuse, such as <a href="#">financial abuse</a>, by their carer<sup>39</sup>.</p>
<p><b>Black, Asian, Minority Ethnic and Refugee</b></p>	<p>Women from black, Asian, minority ethnic and refugee backgrounds are at an increased risk of specific forms of domestic abuse such as honour-based violence and forced marriage<sup>40</sup>.</p> <p>Women from ethnic and religious minorities are more likely to under-report domestic violence and abuse; and migrants and asylum seekers are less likely to be aware of available support services<sup>41</sup>.</p>

<sup>36</sup> Intimate personal violence and abuse (2016) Office for National Statistics  
<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse>

<sup>37</sup> Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies [abstract only] (2012) Hughes et al Volume 379, no. 9826, p1621-1629

<sup>38</sup> Making the links – Disabled women and domestic violence (2007) Hague et al. <http://www.equation.org.uk/wp-content/uploads/2016/02/EQ-LIB-127.pdf>

<sup>39</sup> Short changed: protecting people with dementia from financial abuse (2011) Alzheimer’s Society  
[https://www.alzheimers.org.uk/download/downloads/id/1296/short\\_changed\\_-\\_protecting\\_people\\_with\\_dementia\\_from\\_financial\\_abuse.pdf](https://www.alzheimers.org.uk/download/downloads/id/1296/short_changed_-_protecting_people_with_dementia_from_financial_abuse.pdf)

<sup>40</sup> Supporting BAME victims – what the data shows (blog) (2015) Penny. Safe Lives Ending Domestic Abuse.  
[http://safelives.org.uk/practice\\_blog/supporting-bme-victims-%E2%80%93-what-data-shows](http://safelives.org.uk/practice_blog/supporting-bme-victims-%E2%80%93-what-data-shows)

<sup>41</sup> How fair is Britain? The First Triennial Review Executive Summary. 2010. Equality and Human Rights Commission  
[file:///C:/Users/Cvnat445/Downloads/tr\\_execsumm.pdf](file:///C:/Users/Cvnat445/Downloads/tr_execsumm.pdf)



	<p>They face potential barriers to reporting that are associated with their cultural background and immigration status including<sup>42</sup>:</p> <ul style="list-style-type: none"> <li>• Protecting family honour</li> <li>• Normalising and accepting the abuse</li> <li>• A language barrier</li> <li>• Dependency on the abuser(s) to remain in the UK</li> <li>• A lack of recourse to public funds.</li> </ul>
<p><b>Men</b></p>	<p>Men are less likely than women to report experience of domestic abuse for a number of reasons which include<sup>4344</sup>:</p> <ul style="list-style-type: none"> <li>• Not identifying with society's portrayal of domestic abuse</li> <li>• Fear of being separated from their children and concern for their welfare</li> <li>• Love of their partner and commitment to the relationship</li> <li>• Lack of confidence</li> </ul>

<sup>42</sup> Black, minority ethnic and refugee women, domestic violence and access to housing (2008). Gill and Banga. Race Equality Foundation <http://www.better-housing.org.uk/briefings/black-minority-ethnic-and-refugee-women-domestic-violence-and-access-housing>

<sup>43</sup> Men's experience of domestic abuse in Scotland (2013) Dempsey <http://www.abusedmeninscotland.org/Final%20What%20We%20Know%20LitRev%20June%202013.pdf>

<sup>44</sup> Men's experiences of female-perpetrated intimate partner violence: a qualitative exploration (2016) Hogan. DCounsPsych, University of the West of England. Available from: <http://eprints.uwe.ac.uk/28618>

## Coventry domestic abuse services

### Service provision

Since 2014 domestic abuse services have been commissioned in Coventry to provide:

- A helpline
- A single point of access
- Community-based victim casework
- Victim aftercare support
- Security installations
- Supported accommodation;
- A domestic abuse perpetrator service
- Services for children and young people affected by domestic abuse.

The services include specialist provision for black, Asian, minority ethnic and refugee individuals; victims of honour-based violence and forced marriage; children; disabled people; and men. In addition to the commissioned provision a range of other organisations support victims and perpetrators of domestic abuse.

### Service use data

The table below shows the domestic abuse services data from 2016/2017.

Accommodation service	<p><b>131 service users started support</b></p> <ul style="list-style-type: none"> <li>• 98% were female</li> <li>• 43% were aged 18-24 years</li> <li>• 98% were heterosexual</li> <li>• 67% were White British (based on data available)</li> <li>• 47 service users were from outside Coventry City Council</li> <li>• Emotional (130), mental (129) and verbal (127) abuse were the top three types of abuse reported.</li> </ul>
Perpetrator service	<p><b>271 people were referred for support</b></p> <ul style="list-style-type: none"> <li>• 69% of referrals came from social care</li> <li>• 93% were male</li> </ul> <p><b>195 service users received support</b></p> <ul style="list-style-type: none"> <li>• 46% were aged 25-34 years</li> <li>• 98% were heterosexual</li> <li>• 58% were White British (based on data available)</li> <li>• 12% were disabled</li> <li>• Verbal (197), physical (158) and emotional/psychological (91) abuse were the top three types of abuse reported.</li> </ul>
Community-based support	<p><b>472 people were accepted for support</b></p> <ul style="list-style-type: none"> <li>• 97% were female (based on data available)</li> <li>• 16% were disabled</li> <li>• 99% were heterosexual</li> <li>• 65% were White British</li> </ul>

	<ul style="list-style-type: none"> <li>The top three most common sources of referral were self (93), other (81) and police (64).</li> </ul>
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Service user data was not available for the full year of 2016/2017 for children; 2015/2016 data were used instead.

Children's service	<p><b>133 children were supported</b></p> <ul style="list-style-type: none"> <li>56% of children were male</li> <li>57% were White British</li> <li>62% were aged 5-11 years</li> </ul>
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Significant provision of domestic abuse services in Coventry comes from a non-commissioned service that provides support to women and children. In 2016/2017 1548 women and 3405 children were supported.

Refuge services	<p><b>New referrals accepted into refuge services:</b></p> <ul style="list-style-type: none"> <li>75 women</li> <li>35 children</li> </ul> <p><b>Existing service users:</b></p> <ul style="list-style-type: none"> <li>17 women</li> <li>18 children</li> </ul> <p><b>Ethnicity:</b></p> <ul style="list-style-type: none"> <li>60% were White British</li> </ul>
Outreach, advice and advocacy service	<p><b>1276 new women were supported:</b></p> <ul style="list-style-type: none"> <li>655 accessed the service for case work and emotional support</li> <li>621 women called the helpline for telephone support</li> <li>215 women attended activity based groups across the city</li> <li>115 women accessed the counselling service</li> </ul>
Independent domestic violence advisor service	<p><b>167 high risk victims:</b></p> <ul style="list-style-type: none"> <li>70% had multiple and complex needs</li> </ul>

Forced marriage and honour-based abuse service

**25 women supported around forced marriage:**

- 76% were black, Asian, minority ethnic and refugee
- Most were aged 22-30 years

**147 women supported around honour-based violence:**

- 79% black, Asian, minority ethnic and refugee
- Most were aged 31-40 years

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## Consultation & Engagement

In the preparation of this strategy, Coventry City Council in collaboration with partners, conducted consultation as well as a needs analysis so that the strategy could be structured around the affected population and place emphasis on the right areas. Coventry wants to take a multi-agency approach to tackling this issue and use a common language and definitions across all stakeholders.

Professionals from a wide range of disciplines (including community safety, domestic abuse service providers, other voluntary and community sector organisations, West Midlands Police, general practice, Coventry and Warwickshire Partnership NHS Trust, and Coventry and Rugby Clinical Commissioning Group) came together to discuss the proposed priority areas, identified potential gaps and how these could be addressed in the strategy. Their thoughts and ideas have been incorporated into the strategy.

Service users, members of the public, and statutory and voluntary stakeholders were also invited to complete surveys to identify the priorities that were most important to them.

Targeted engagement took place with young people aged 15-18, through the Positive Youth Foundation by convening a focus group; and adults with care and support needs were surveyed through Grapevine. The engagement process focused on exploring what individuals in these groups understood about domestic abuse and their attitudes towards seeking help. Guidance from the Alzheimer's Society was also sought in relation to domestic abuse and dementia and they highlighted the complex problems that can arise for those responsible for their care with regards to domestic abuse.

## Governance

The strategy has been developed by the Domestic Abuse Working Group which reports to the Coventry Community Safety Partnership Board. The working group comprises membership from West Midlands Police, community safety, public health and insight, commissioning (adults and children), Coventry and Rugby clinical commissioning group (safeguarding), children's social care and regulatory services.

The Coventry Community Safety Partnership Board hold overall responsibility for the strategy. The Working Group has links to the Operational Group which comprises local providers, the Coventry Health and Wellbeing Board, Coventry Safeguarding Adults Board and the Local Safeguarding Children's Board.

Implementation of the strategy is supported by an action plan, the development of which will be informed by the named groups and further stakeholder consultation.

The Domestic Abuse Working Group will transition into a Steering Group, and will monitor the implementation of the action plan and lead commissioning of future domestic abuse services in Coventry.

## Strategic priorities

The priority areas for the strategy have been derived from data, consultation with stakeholders, including service users, and national and regional policies, strategies and guidance.

The strategy model is based on the four Ps Contest model: Prepare, Prevent, Protect and Pursue. Contest is the government's counter-terrorism strategy. It is a well-established systematic approach to capturing key areas of concern for issues that require a multi-agency response and can therefore be appropriately applied to domestic abuse. Using this approach ensures that whilst there are four distinct strands which each have their own goals, each strand interlinks and supports working towards a common goal.

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## Prepare

### Why this is important

#### *Governance and effective partnership working*

Domestic abuse is a priority for the West Midlands Police, Public Health, Safeguarding and Community Safety. Close working between these agencies and other key partners is necessary for a cohesive and effective response to this issue.

#### *Provide high quality and equitable services*

Coventry City Council has committed to the West Midlands Domestic Violence and Abuse Standards which support the delivery of safe, effective and evidence-based care and support; and outline the expected minimum standards of care <sup>15</sup>.

Service planning and commissioning must be supported by robust data collection to ensure that the needs of the local community are met. This should include the identification of victims from under-represented and vulnerable groups. In 2017 a service audit identified a gap in funding for language support and interpreters in accommodation services, as well as a need for an increase in black, Asian, minority ethnic and refugee specific accommodation in Coventry.

#### *Effective utilisation of resources*

Needs-led commissioning will help to avoid duplicating services and wasting money.

### Outcomes

Statutory organisations and specialist services will provide safe and effective support that is responsive to the needs of victims and allows their story to be heard. Services will work closely in partnership to ensure that victims do not have to tell their story more than once. Services will be underpinned by robust, visible governance structures to ensure clear management, accountability and responsibility, including during periods of change and uncertainty.

Improved data collection by local and regional services in contact with victims and perpetrators to ensure that service provision is shaped by the needs of victims and is able to identify and respond to emerging trends. This should include identifying vulnerable and underrepresented groups to help address barriers to service access.

Services will support victims at all levels of risk. This should include those with complex needs to ensure that factors that may impact on the victim's vulnerability to and effect of domestic abuse are addressed.

### How we will achieve the outcomes

Through robust commissioning, governance and provider accountability we will ensure the development of domestic abuse services adherent to the West Midlands Domestic Violence

and Abuse Standards. The commissioning process will be informed by engagement with victims so that services reflect their needs. Commissioners and service providers will work together to develop tools to facilitate accurate data collection.

We will explore options for carrying out a service evaluation to inform future service development.

We will explore the development of referral pathways between service providers and key services, where they do not already exist, to support victims and perpetrators to access additional services.

As part of our commissioning strategy we will consider cross-boundary commissioning of specialist services where local need may not justify a local service.

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## Prevent

### Why this is important

#### *Break the cycle*

Witnessing domestic abuse can have devastating long-term effects on children and young people, and increases the risk of creating an intergenerational cycle of abuse<sup>34</sup>.

Families affected by domestic abuse may have other complex needs<sup>2</sup> including parental mental health problems, substance misuse, housing or debt problems, offending or anti-social behaviour, poor or inconsistent parenting<sup>45</sup>. Addressing these may help to break the intergenerational cycle of abuse<sup>8</sup>.

Almost one-third of victims suffer repeat victimisation<sup>46</sup>. This is likely to be an under-estimation.

Honour-based violence and forced marriage are driven by the belief that certain behaviours are 'dishonourable' as they are in opposition with perceived religious or cultural traditions<sup>19</sup>.

#### *Early identification and intervention*

Coercive and controlling behaviour are central to domestic abuse but are poorly understood and may be hard to identify, including by the victim and the perpetrator<sup>6</sup>.

Victims of domestic abuse may not present to specialist services. Their first point of contact may be the police or a health care professional, among others; and it may take several contacts before disclosure. Surveys of adults with care and support needs indicated that they would seek help from the police, friends, a carer or relatives before they would go to a specialist service.

Domestic abuse is underreported therefore prevention requires focus on identifying perpetrators, as well as victims, and supporting them to change their behaviour.

Early identification supports the development of long-term interventions to prevent domestic abuse including honour-based violence and forced marriage, and a shift away from a crisis management approach.

Coventry's Early Intervention Service supports the early identification of young people's unhealthy relationships which are often typified by coercive and violent behaviour. 47% of 178 service users in 2016/2017 were identified as being engaged in unhealthy relationship behaviours.

Certain vulnerable groups face barriers to accessing support. A lack of information about available services and understanding of domestic abuse may contribute to this. A focus

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<sup>45</sup> Commissioning for Families with Complex Needs (n.d.). Children's Improvement Board.

<sup>46</sup> Intimate personal violence and partner abuse

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2015/chapter4intimatepersonalviolenceandpartnerabuse#partner-abuse-repeat-victimisation>

group with young people indicated a lack of awareness of services; and surveys with adults with care and support needs found a need for more information about domestic abuse.

### *Raise awareness*

Domestic abuse, including honour-based violence and forced marriage, is everybody's business. Successful prevention requires awareness and understanding of domestic abuse at all levels of society.

## **Outcomes**

Frontline staff will consider the needs of the whole family when addressing domestic abuse; and families will be supported by early intervention initiatives in Coventry such as the Early Intervention Service, the Family Nurse Partnership and Family Hubs, which can help to break the intergenerational cycle of abuse.

Frontline staff will be able to identify possible signs of victimisation, including evidence of controlling and coercive behaviour and seemingly isolated incidents as part of a pattern of abuse; and intervene early enough through signposting, referral and/or information-giving as appropriate to prevent repeat victimisation.

Frontline staff will be able to identify suspected perpetrators and know where to seek further information and advice to ensure that they receive appropriate support to change their behaviour and improve outcomes for victims.

Improved public understanding (including among vulnerable groups) of domestic abuse (including coercive and controlling behaviour, honour-based violence and forced marriage), who it affects, and the needs of vulnerable groups to enable individuals to recognise when they or others may be a victim.

Children and young people will have improved understanding of domestic abuse, including honour-based violence and forced marriage, recognising that they have no place in healthy intimate or family relationships.

Victims will have the confidence to report abuse early and seek help to prevent further incidents.

Parents will be able to recognise the signs that their child may be a victim or perpetrator of domestic abuse and know where to seek help to ensure that they receive the necessary support to prevent further abuse and/or achieve behaviour change.

Attitudes towards honour-based violence and forced marriage are changed to increase understanding that they have no cultural or religious justification, and encourage victims and potential victims to seek help.

## **How we will achieve the outcomes**

We will develop a tiered core competency framework outlining the minimum knowledge and skills requirements for staff in contact with adults and children affected by domestic abuse, to support a holistic, needs-led approach that enables their complex needs to be

addressed; and ensure the dissemination of information to local services about domestic abuse services in Coventry.

Coventry's Early Intervention Service will review school lesson plans, and ensure relationship education is included where necessary. We will engage with voluntary and community sector organisations that work with children and young people, schools, colleges and universities, to increase knowledge and understanding of domestic abuse including honour-based violence and forced marriage among children and young people; and explore the possibility of peer-led education delivered by individuals with lived experience of these crimes.

Coventry's Early Intervention Service will deliver education to parents and carers to support them to identify unhealthy relationships between young people. We will explore other methods of improving parental education on domestic abuse including honour-based violence and forced marriage to support them to recognise where their own children may be affected.

We will explore methods of engagement with faith and cultural leaders to challenge the beliefs that give rise to forced marriage and honour-based violence; and with voluntary, community and faith organisations that support vulnerable groups who face barriers to accessing services.

We will support the Coventry and Warwickshire Chamber of Commerce's initiative to improve employer awareness of and support for victims of domestic abuse.

We will develop a communications strategy to improve awareness and understanding of, and encourage conversations around domestic abuse including honour-based violence and forced marriage among all groups in society. The strategy will challenge misconceptions, increase understanding of abusive behaviour, including coercive and controlling behaviour, and highlight the needs of vulnerable groups.

## Protect

### Why it is important

#### *Information-sharing*

Appropriate information-sharing between agencies is required to ensure that victims receive the most appropriate intervention, and to protect them (and their children where relevant) from ongoing harm. However, it presents ethical and legislative challenges, resulting in a lack of clarity about how information should be shared<sup>47</sup>.

The process should be as simple and clear as possible, ensuring that the victim's safety (and that of anyone else potentially at risk) forms the basis of any decisions.

#### *Access to appropriate and safe accommodation*

Domestic abuse is a common cause of homelessness. In 2016/2017 in Coventry violent breakdown of a relationship was one of the top three reasons for homelessness, accounting for 11% of cases.

In England the majority of referrals to refuge accommodation are from local authorities different to the one in which the service is based<sup>48</sup>.

Transitioning from a refuge to long-term accommodation may create difficulties due to eligibility for and prioritisation of social housing (e.g. for out of area residents)<sup>49</sup>. It must also be considered that some victims prefer to remain in their homes, and should be supported to do so safely if they choose to.

Accommodation needs vary between victims, and may be driven by factors including gender, culture, religion and sexual orientation.

#### *Ensure that people know where to seek help*

A lack of awareness of services may act as a barrier to seeking help for domestic abuse. A focus group with young people found that they were not aware of the services available and were reluctant to seek help from professionals, preferring to speak to those with experience of domestic abuse.

#### *Safeguarding*

The 2017 joint targeted area inspection for domestic abuse (carried out in six areas across the country) found that agencies did not always adequately address the needs of children and young people affected by domestic abuse; particularly services supporting their parents<sup>11</sup>.

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<sup>47</sup> Striking the balance: Practical Guidance on the application of Caldicott Guardian Principles to Domestic Violence and MARACs (Multi Agency Risk Assessment Conferences) (2011) Department of Health [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215064/dh\\_133594.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215064/dh_133594.pdf)

<sup>48</sup> Supplementary guidance on domestic abuse and homelessness (Dept for Communities and Local Government (2014) Department for Communities and Local Government

<sup>49</sup> Improving access to social housing for victims of domestic abuse – consultation (2017) Department for Communities and Local Government

For a significant proportion of adults who require safeguarding this is as a result of domestic abuse<sup>50</sup>.

Exposure of children to domestic abuse is a safeguarding issue and professionals are duty-bound to refer to children's services. Failure to appropriately acknowledge the experience of children risks long-term negative impacts on their health and wellbeing<sup>11</sup>.

Silo working of key agencies means that adult's and children's safeguarding needs are not always recognised in relation to domestic abuse<sup>11</sup>.

## **Outcomes**

Individuals within key agencies will be able to identify the circumstances in which it is appropriate to share data; and know who to seek advice from when in doubt to ensure that victim's needs are not overlooked.

Victims of domestic abuse will have 24 hour support to access emergency accommodation appropriate for their needs and circumstances, including for those not resident in Coventry. Provision of emergency accommodation for the identified vulnerable groups will be driven by need, based on local data.

Victims ready to transition from refuges to settled accommodation will be treated as high priority for social housing; and those who wish to remain in their own homes will be supported to do so.

Increased public awareness and knowledge, including among young people and adults with care and support needs, about the national and local domestic abuse services available and how to contact them.

Professionals supporting victims will ensure the implementation of the appropriate safeguarding procedures for adults and children; and ensure the child's story is heard.

## **How we will achieve the outcomes**

We will develop a data sharing protocol and tool (or appropriately adapt existing ones) within and between relevant agencies to support decision-making on how and when data should be shared. Commissioned domestic abuse services will be required to have a named information governance lead who can advise on information-sharing.

Domestic abuse services, housing and other key agencies will work in partnership to ensure that victims of domestic abuse have access to appropriate housing. We will explore options to assess the demand for emergency accommodation so that service provision is informed by need.

We will ensure that domestic abuse services support the prevention and relief of homelessness and align with the Housing Options services put in place to meet the

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<sup>50</sup> Adult safeguarding and domestic abuse (2015) Local Government Association and Directors of Adults Social Services <https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

requirements of the Homelessness Reduction Act, including advice and support for people who are homeless or threatened with homelessness, alongside effective referral pathways.

A communications strategy will be developed to improve public awareness, including among young people, of local and national domestic abuse services and knowledge of how to seek help. This will include the identification of appropriate communication channels and settings (e.g. youth centres, workplaces, cultural centres) to ensure that vulnerable groups are reached.

Locally commissioned domestic abuse services will be required to maintain an up-to-date website and publicity material with contact details of local and national services which will be accessible to those who do not speak English as a first language or who may require easy-read materials.

We will explore the provision of peer-led support for young people who experience or witness domestic abuse including honour-based violence or forced marriage.

Development of clear safeguarding policies for adults and children by agencies supporting victims and perpetrators of domestic abuse; and a named contact within agencies to advise and support staff to ensure appropriate implementation.

Close partnership working between key agencies to ensure that children's needs are addressed in all cases.

## Pursue

### Why it is important

#### *Ensure that perpetrators are held accountable and are supported to change their behaviour*

In managing incidents of domestic abuse it is important for professionals to address the behaviour of the perpetrator, as well as the needs of the victim. Failure to do so risks overlooking the underlying causes of the abusive behaviour, and implementing short-term interventions in the absence of long-term strategies to prevent ongoing abuse<sup>11</sup>.

#### *Manage risk and ensure that victims are supported early to reduce risk*

Victims should be supported at the earliest appropriate opportunity to reduce risk of ongoing abuse. This should focus on court and out of court opportunities to address offending behaviour and achieve long-term behaviour change.

### Outcomes

Perpetrators will receive appropriate support to understand and change their behaviour, and address the complex needs that may contribute to their actions, with the aim of achieving positive outcomes for the victim including reductions in offending behaviour

Professionals in contact with perpetrators will have an understanding of and be able to recognise coercive and controlling behaviour.

Perpetrators will be managed robustly but sensitively to achieve justice for victims and ensure that they feel supported and able to continue reporting incidents.

### How we will achieve the outcomes

We will work to better understand the needs of perpetrators and the pathways in place to support them; and consider actions alongside criminal justice (e.g. removals to prevent breach of the peace, domestic violence protection notices and orders, and civil orders) to manage them where this is appropriate.

We will develop effective referral pathways and information sharing agreements to support them, working effectively with the police and probation service to understand how the wider partnership can support criminal justice activity.

We will explore options for the evaluation of the effectiveness of services that are in contact with perpetrators, victims and families to determine the outcomes of services and inform commissioning.

## Delivery

This strategy is supported by an action plan that will be implemented and monitored by the Domestic Abuse Steering Group to ensure that the strategy achieves its aims of protecting and empowering victims, and reducing domestic abuse in Coventry.

## Prepare

- Ensure there is strong governance and accountability in place for the operation of the strategy and delivery of the action plan.
- Ensure there are robust procurement, commissioning and monitoring procedures in place for all City Council commissioned services connected with domestic abuse.
- Achieve consistent data collection & recording.
- Explore the evaluation of existing services.

## Prevent

- Development of a clear competency framework which defines the knowledge and skills required for staff engaged in service delivery.
- Make information more accessible to professionals and the public.
- Ensure that safeguarding is a key part of the tendering process
- Take a holistic approach to abuse tackling root causes and how it affects the wider family and community
- Embed IRIS (Identification and Referral to Improve Safety) in GP practices.
- Engage with the business community to understand and address the impact of abuse on their workforce.
- Engage with faith leaders regarding forced marriage and honour based violence.
- Work with corporate communications to develop a plan around launching the strategy and getting consistent messages out.

## Protect

- Review data sharing in light of the implementation of the General Data Protection Regulation in 2018.
- Ensure the provision of and access to safe accommodation which is needs-led.
- Emphasis on staff training and awareness of safeguarding issues in the context of domestic abuse in all city council commissioned services
- Strong and effective leadership processes around the Multi Agency Safeguarding Hub and Multi Agency Risk Assessment Conference
- Use of Independent Domestic Violence Advisors to support victims of abuse.

## Pursue

- A clear understanding of the dynamic nature of risk and need to share critical information in a timely manner.
- Perpetrator programmes to help break the cycle of abuse and reduce re-offending.
- Holding abusers to account whether through the criminal justice system or community-based programmes.



- Exploration of evaluating interventions to determine whether they have been successful, taking the learning forward to inform future service commissioning.

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## Acknowledgments

Many thanks to all the members of the Domestic Abuse Working Group for their hard work in developing this strategy; and to the service users, members of the public, domestic abuse service providers, wider stakeholders and council colleagues who provided their knowledge and expertise to help inform its priorities. Thank you also to Voluntary Action Coventry, Positive Youth Foundation, Grapevine and the Alzheimer's Society for their support in carrying out the engagement work for this strategy.

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## Appendices

### Draft high level action plan

#### **Prepare:**

- Oversight and accountability for delivery of the action plan by the Police & Crime Board.
- Assessment of robust and visible governance structures during the tender process when commissioning services.
- Procurement and monitoring processes to ensure compliance with the West Midlands Domestic Violence and Abuse Standards for all commissioned services.
- Develop an effective information sharing agreements and have clearly defined referral pathways for service providers.
- Develop a core competency framework that defines knowledge and skills requirements of staff engaged in service delivery. Exploration of suitable training options.
- Commissioners and providers work together to achieve consistent data collection by agreeing common data and reporting standards.
- Ensuring equitable service provision by ensuring the needs of vulnerable groups are accounted for in the service specification. Developing needs led services.
- Explore the evaluation of existing services to inform future commissioning decisions.
- Engage with colleagues regionally and explore cross boundary commissioning.

#### **Prevent:**

- Develop a core competency framework that defines knowledge and skills requirements of staff who may encounter adults and children at risk.
- Explore the possibility of developing online information (e.g. an App) easily accessible to professionals to raise awareness of the services available. Part of the commissioning process for services should include an obligation to make stakeholders aware of their offering.  
Early identification & intervention of those at risk or who are experiencing abuse for example using IRIS in GP practices.
- Breaking the cycle of abuse within families by specifying that commissioned services take a “holistic approach.”
- Explore method of engagement with faith leaders around honour based violence. Support the Chamber of Commerce with their workplace initiative around domestic abuse.
- Work with colleagues in Corporate Communications to develop a launch of the strategy and associated promotion on social media (and other channels) to raise awareness particularly for those in identified vulnerable groups.

## **Protect:**

- Review current information-sharing across agencies in light of the new General Data Protection Requirement. Commissioning process should include the need to identify a named information governance lead within a service.
- Provide access to safe accommodation by strengthening links between providers of refuge accommodation, frontline staff responding to reports of domestic abuse as well as the provision of emergency housing within the City Council. Accommodation provision should be needs led.
- Service commissioning process to include a requirement for services to publicise their availability, particularly amongst those vulnerable groups who may find it more difficult to access advice.
- Commissioning process to include a check that services have safeguarding procedures in place and that staff are trained to recognise safeguarding issues. Contract monitoring of commissioned services should include staff training records as well as effective operation of the safeguarding policies.
- Strong and effective leadership regarding the operation of the Multi Agency Safeguarding Hub (MASH) and Multi Agency Risk Assessment Conference (MARAC) processes to ensure safeguarding is effective throughout the city.
- Services commissioned to include the provision of Independent Domestic Violence Advisors (IDVA's) to victims of abuse.

## **Pursue:**

- Enabling police to investigate (by clear referral pathways and information sharing) and gather evidence so that perpetrators are held accountable by using criminal justice routes where appropriate.
- Accessing the needs of the whole family when assessing risk and making sure that agencies are working together to manage risks and put the right support around the family.
- Supporting perpetrators to change their behaviour by the use of perpetrator programmes. Exploring options for the evaluation of these programmes and whether those that need programmes have access to it. Accessing whether current programmes are fit for purpose.

## Introduction

### Purpose

This domestic abuse (DA) needs analysis is intended to provide an evidence base to inform the development of a domestic abuse strategy for Coventry.

### Scope

The DA needs analysis covers:

- **service scoping (supply)** –
  - what services do we currently commission?
  - what are they meant to provide (service specifications)?
- **usage (met demand)** –
  - who accesses Domestic abuse services?
    - ...for those experiencing/who experienced DA [‘victims’]; and
    - ...for those who access perpetrator services
    - ...by protected characteristics under the Equality Act (e.g. by age, by gender, by ethnicity, by disability, by sexual orientation)
- **crime and non-crime data (unmet demand)** –
  - what are the city’s overall trends in DA?
  - ...by protected characteristics under the Equality Act (e.g. by age, by gender, by ethnicity, by disability, by sexual orientation)
  - how many are repeat incidents?
  - how many involve children?

## Service scoping

### What services do we currently commission?

Coventry’s current DA services commenced on 29<sup>th</sup> September 2014. It replaced former contracts; and demonstrated the Council’s commitment to stop DA as set out in the Council Plan. The current contract is for a period of four years and includes a single point of access service which aims to provide a ‘one-stop’ contact point for victims of domestic violence.

The contract consists of elements, each providing a specific service:

- helpline/single point of access and victim community-based support;
- victim supported accommodation;
- children and young people’s service; and
- perpetrator service.

## **What are the services commissioned to provide?**

The intention is that the services deliver an integrated multi-agency model, together, the Coventry Domestic Violence and Abuse Support Services (CDVASS):

### **1. Helpline, interactive website and victim community based services:**

A single Coventry helpline to provide support and information for victims, perpetrators, children and young people and professionals, providing a single point of access to all victim services and can explain and support access to children's and perpetrator services; support to victims living in the community including emotional support, support at court, support with property security and signposting to other specialist services; a support service to victims from Black, Asian, Minority Ethnic and Refugee communities; and a peer support service for victims including support groups, workshops and opportunities to meet other people in similar situations.

### **2. Supported accommodation for victims and children:**

Accommodation includes a mix of furnished self-contained and shared individual and family accommodation; women-only accommodation with separate units for male victims; accommodation adapted for physical and sensory impairments and for carers; provision for pets in self-contained units.

Support includes: comprehensive individual risk and need assessments; comprehensive safety and practical and emotional support planning; individual one to one case work and group support sessions; multilingual staff and culturally specific support including forced marriage, 'honour'-based violence and female genital mutilation; signposting to other relevant specialist services; and 24/7 emergency referrals.

### **3. Children and young people service:**

Support for children and young people in Coventry up to the age of 18 who are affected by domestic violence and abuse in the home include: support to children who are most at risk of harm; one to one and group support; support to enable children and young people to talk about their experiences, increase their confidence and improve their safety; support and advocacy for children and young people who are involved with the legal system.

Note: children experiencing domestic violence or abuse at home, parents and carers and professionals should speak to the child's social worker or CAF (Common Assessment Framework) key worker to make a referral. Alternatively the CDVASS Helpline can advise on how to access the service.

### **4. Perpetrator service:**

Delivery of the Brighter Futures Perpetrator Programme – a ten-week long programme that can be delivered on either an individual or group basis to male and female perpetrators aged 16 years and over.

The programme works by increasing self-efficiency; self-esteem; providing an insight into problem behaviours and their impact on others; emotion regulation skills; problem solving skills; and taking personal responsibility for problematic relationship behaviours.

Referrals can be made via the single point of access helpline; or alternatively, police, probation and social care will have direct referral routes.

## Crime and non-crime data

### Domestic abuse in Coventry

There were **5,771 incidents of domestic violence and abuse** recorded in 2016/17. This is a **reduction of 201 incidents (-3.4%)** from 2015/16.

Data on domestic abuse trends by protected characteristics such as age, gender and ethnicity of perpetrators / victims have not currently been accessed / not available.

### Domestic abuse involving children

In 2016/17, **53%** of domestic violence and abuse cases involved children. That is an **increase of 15.8%** from 2015/16. Exposure to adverse childhood experiences like domestic violence impacts on future violence victimisation or perpetration, and lifelong health and opportunities.

### Preventing domestic abuse

Domestic abuse is everybody's business – it is important to recognise that domestic abuse has an impact on the lives of the victims, the offenders, the children, and the community, and that often suffering is hidden from view.

This year saw a significant decrease in the number of repeat incidents of domestic violence – 291 in 2016/17 compared to 565 in 2015/16. 6.7% are repeat victims; with the repeat incident rate falling from 9.5% in 2015/16 to 6.7% in 2016/17.

While overall domestic abuse figures remained stable (falling by 3.4%) the decrease in the repeat incidents is thought to be a positive impact from improvements in the support provided by police and partner agencies; and management of repeat offenders – reducing repeat victimisation.

### Addressing sexual violence

The Council have commissioned a sexual violence prevention programme. This is intended to raise awareness and educate young people about sexual violence, appropriate behaviour and consent. It is being delivered to children, young people, teachers and parents in schools and youth groups. Further work is underway to develop an intimate partner violence prevention programme alongside this.

## Service usage

### Helpline/single point of access and victim community-based support

In April 2015 to September 2016, the service dealt with 4,338 calls (including referrals from professionals, advice, helpline, etc.) – giving an average of 2,892 calls per year.

In April 2015 to December 2016 (seven quarters), the service accepted 872 referrals – giving an average of 498 per year. The vast majority (96.7%) of referrals are female.

## **Victim supported accommodation**

The service provided support to 221 people over the seven quarters from April 2015 to December 2016, that is, an average of 126 per year. The vast majority of people (98.2%) are female. The most common age range of people supported is 18-34; making up 70.1% of those supported. Location data is available on 57% of people supported – with most referrals from the wards of Foleshill, Henley, Radford and Lower Stoke. However, we do not have location data for 43% of referrals.

## **Children and young people's service**

Received an average of 111 new referrals every year, and support, on average, 273 children / young people. The majority were supported on a short-term basis of around 0-3 months or 3-6 months; and only a small proportion (9%) of service users were supported over six months. Of the 163 cases that closed, the majority (58%) is because work with the child / young person has been completed within the quarter for which there was data.

## **Perpetrator service**

On average, 238 perpetrators began support each year – and an average of 182 perpetrators are on a programme every year, and 72 complete the programme. The vast majority (93.6%) of perpetrators accessing the service are males – mostly aged 25-34 (44%); or 35-44 (29%). The majority commit either verbal (31%) or physical abuse (29%) – note that some may commit more than one form of abuse. Of the 262 perpetrators accessing the service between April 2015 and September 2016, the most common postcode was CV6 (32%) followed by CV2 (21%) and CV3 (18%).

### **Si Chun Lam**

Interim Insight Manager (Intelligence)

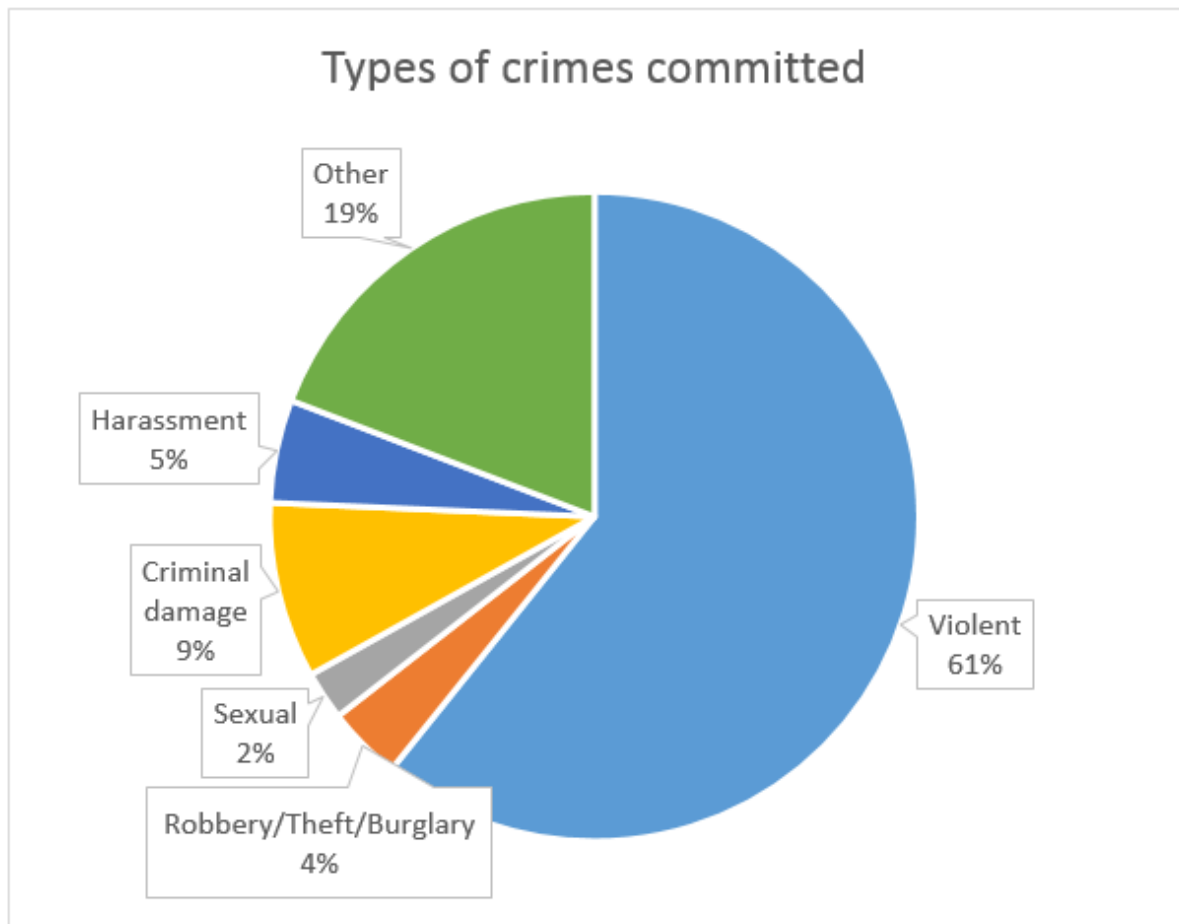
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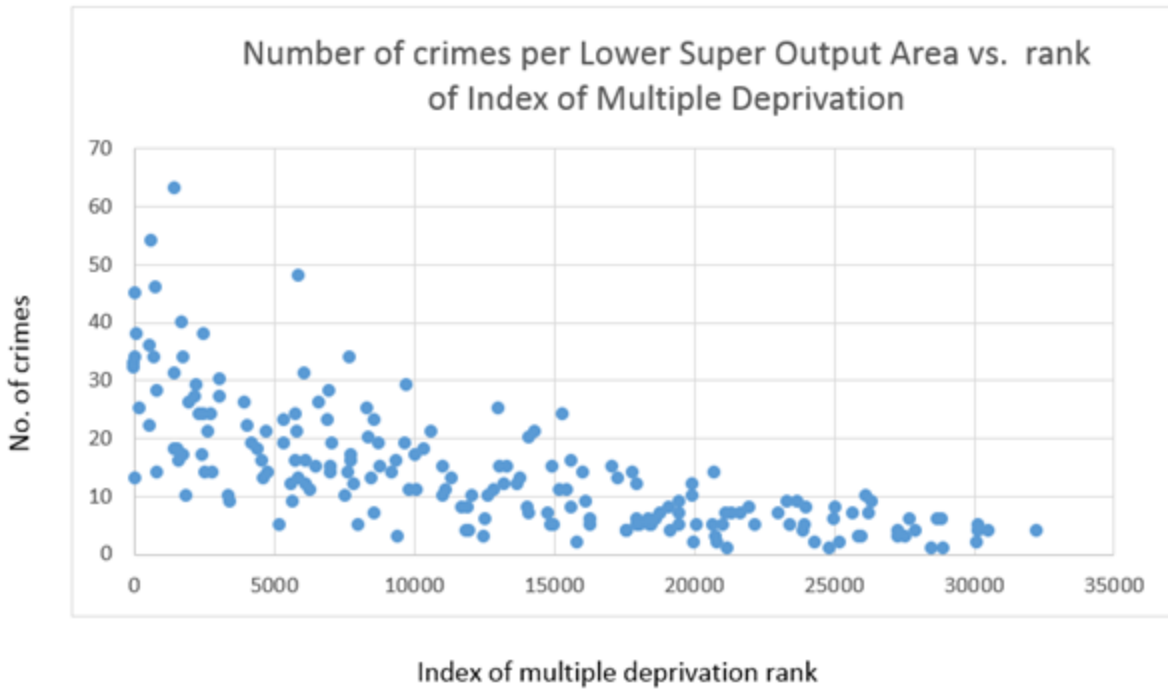


## West Midlands Police data analysis

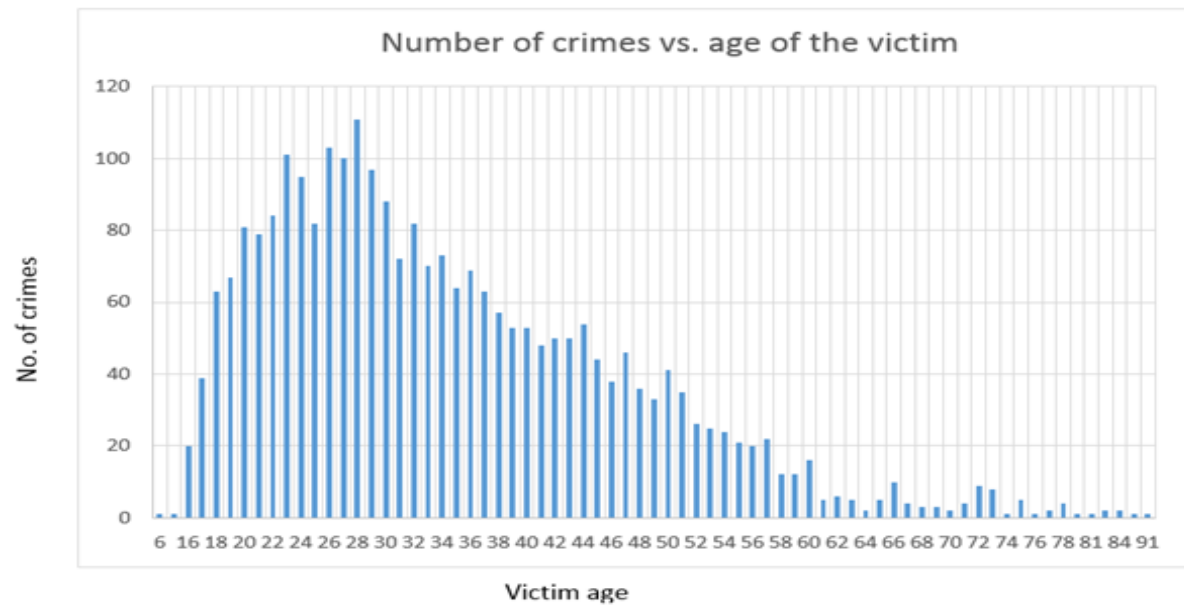
Data from West Midlands Police between April 2016 and July 2017 show that the most common types of domestic abuse crimes that took place in Coventry during that period were violent.



Higher numbers of domestic abuse crimes occurred in areas with higher levels of deprivation.



Domestic abuse crimes more commonly involved individuals of younger ages; the median age of a victim was 26 years old.



## Governance and reporting structure



The Domestic Abuse strategy is owned and managed by with the Coventry Community Safety Partnership Board.

The working group that has led the development of the Domestic Abuse Strategy has now become the Coventry Domestic Abuse Steering Group. The steering group reports to the Coventry Community Safety Partnership Board on progress against the strategy. The board is jointly chaired by Community Safety (Craig Hickin) and Public Health (Liz Gaulton).

The membership of the steering group includes representatives from:

- Public Health
- Insight
- Community Safety
- West Midlands Police
- Coventry and Rugby Clinical Commissioning Group
- Social Care
- Regulatory Services
- Commissioning

The steering group will be responsible for the development, implementation and monitoring of an action plan to achieve the aims of the strategy, and lead the commissioning of future domestic abuse services. Progress will be shared with the Safeguarding Boards and the Health and Wellbeing Board.

## Consultation and engagement

### Co-design event

A co-design event, led by Voluntary Action Coventry, was held on 14/11/17 with a wide range of statutory and voluntary partners (including community safety, domestic violence and abuse providers, other voluntary and community sector providers, West Midlands Police, general practice, Coventry and Warwickshire Partnership NHS Trust, and Coventry and Rugby Clinical Commissioning Group) who discussed the four priority areas and provided details on where they felt there were gaps and how the strategy should address them. Some of the key issues raised include:

- Coercive control should be a central part of the strategy.
- A tiered core competency framework should be developed to ensure that frontline staff can identify and respond appropriately to domestic violence and abuse.
- Information sharing between agencies requires clear protocols.
- Acknowledgement of young people as both perpetrators and victims of domestic violence and abuse in the strategy.
- Whether a domestic violence and abuse strategy, and not a violence against women and girls strategy is the right approach.
- Acknowledgement of sexual violence as an aspect of domestic violence and abuse in the strategy.
- What does and doesn't work well with the current single point of access service model and whether it meets the needs of men.
- Consideration of the support available to individuals pursuing civil litigation which is currently means tested.
- That a full needs assessment should have been carried out before work on the strategy was started.

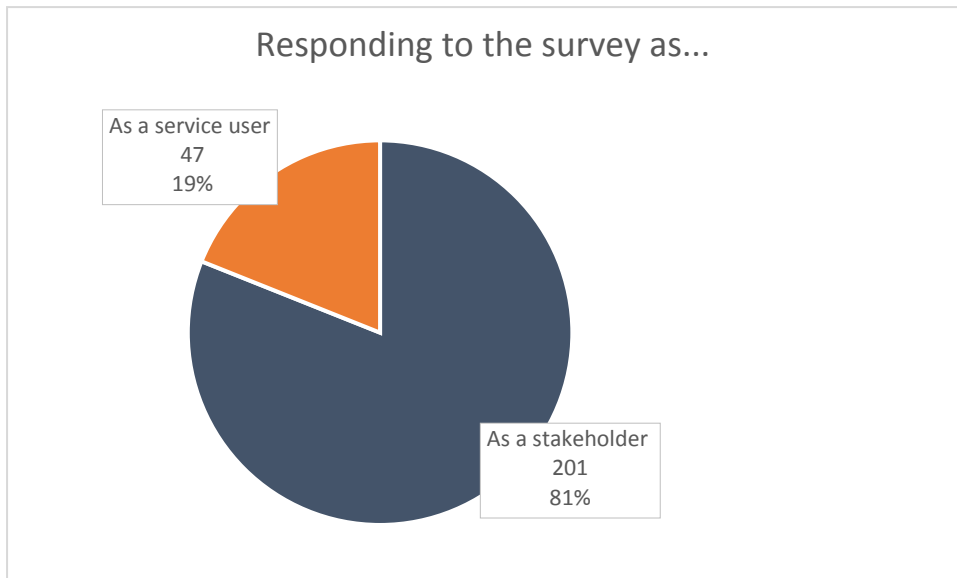
### General Survey

## Domestic abuse stakeholder survey

Domestic violence and abuse can be described as behaviour that involves one person having control over another. This behaviour may happen once or several times over months or even years. It happens between partners (i.e. boyfriends, girlfriends, husbands and wives) or family members who are aged 16 or older. People of any gender or sexuality can be affected. The abuse may be:

- Psychological (mental)
- Physical
- Sexual
- Financial
- Emotional
- Honour based violence
- Forced marriage

A total of 248 people responded to the survey, of which 47 are service users and 201 Stakeholder (service providers, commissioner, councillor etc.) Further details on who responded are below .



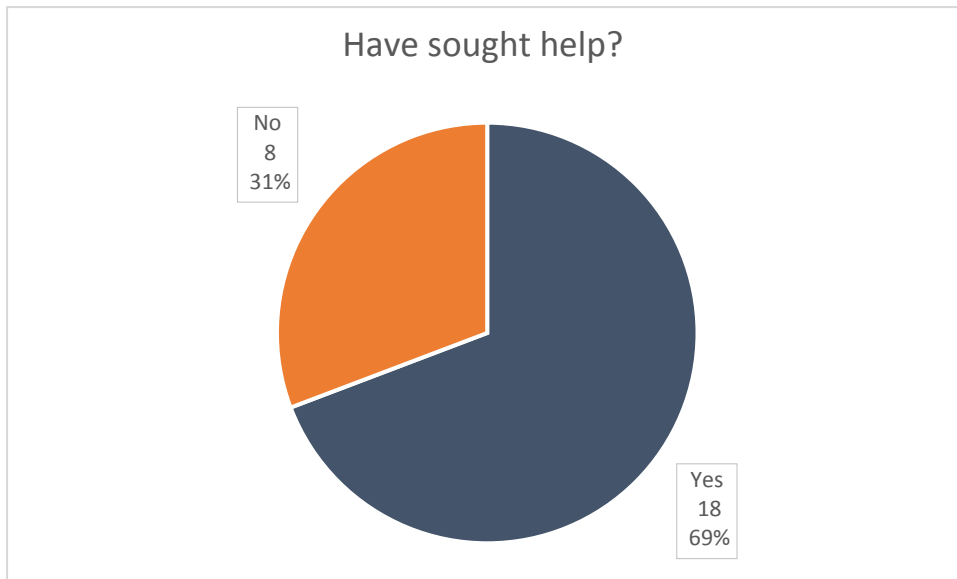
### Service users

Of the 47 service users who responded to this survey, 27 reported that they experienced domestic violence and abuse. None of them committed domestic violence and abuse.

I have...	
Experienced domestic violence and abuse	27
Committed domestic violence and abuse	0
Skipped question	20

Of the 27 respondents who have experienced domestic violence and abuse 18 have sought help and 8 have not sought help.

Have you sought help?	
Yes	18
No	8
Skipped question	1



### Sought help

Of the 18 who sought help and support, 16 stated where they have sought help:

Help sought	Responses
Support from West Midlands Police	7
Support from a Coventry domestic violence and abuse service	6
Support from your GP/practice nurse	6
Other (for example a friend, relative, carer)	5
Support from a domestic violence and abuse service outside Coventry.	3
Support from another health or social care provider (e.g. a sexual health clinic)	5
Support from school/college/university in Coventry	0

The three most common sources of help were West Midlands Police, a Coventry Domestic Violence and Abuse Service, and the GP/practice nurse.

5 respondents highlighted that they also sought help from and family and friends and from Women's Aid outside Coventry.

Other support points	Count
Friends and Family	4
Women's Aid (outside Coventry)	1

Coventry Haven was highlighted as a service that users frequently sought help from; Sahil project has been highlighted in the other services section.

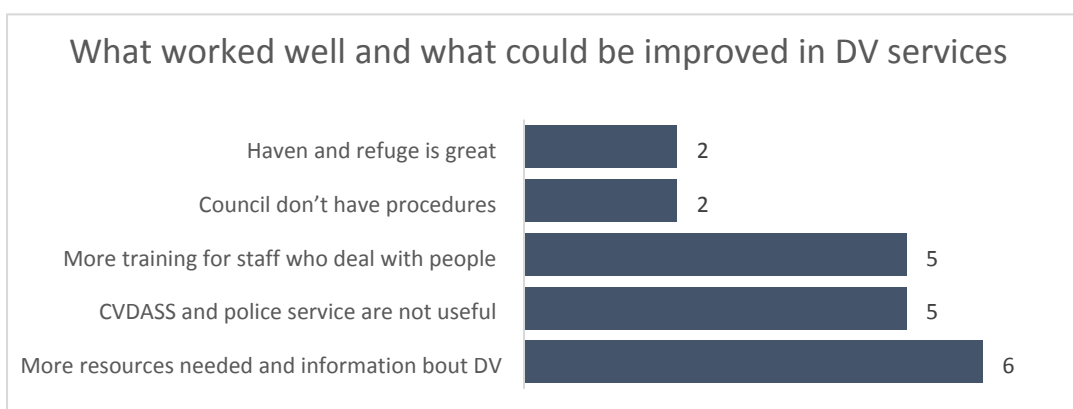
Answer Choices	Responses
<b>Coventry Haven</b> (support and accommodation for women and children)	6
<b>Refuge</b> (telephone helpline and website providing information and support)	3
<b>Safe and Supported Partnership</b> (accommodation, information and support)	2
Other (please name them) <b>Sahil project</b>	1

### Have not sought help

For those who have not sought help (8 respondents out of 27 service users), the table below shows that the most prominent reason for not reporting or seeking help is the lack of awareness of domestic abuse and what it means. It is also worth highlighting that people are not afraid to seek help and are willing to seek help if they are aware of the issue and the help available to them.

Reasons for not seeking help	Count
Did not realise it was domestic abuse at the time	4
Embarrassment	2
I did not know where to seek help	1
Different times and level of awareness	1
I was too afraid to seek help	0
I did not want to seek help	0

From those who sought help and accessed the domestic abuse services they said that there is little or no information available to inform people about the services. Service users felt that the police and commissioned services could improve engagement with victims and would benefit from more knowledge. On the other hand those who made contact with Haven said that the service was very good. Refuge, which is part of the commissioned domestic abuse services, was also commented on positively.



23 respondents identified their service priorities for the strategy. The table below shows that raising awareness about where and how to receive support was the most important priority area, but the rest of the priorities followed closely behind and as such there is no clear trend that can be identified.

Priority	count
It is important that people who experience domestic violence and abuse know where to find help.	21
It is important that services offer appropriate support to people at all levels of risk (low, medium and high).	20
It is important that services work in partnership to make sure that people who experience domestic violence and abuse don't have to tell their story more than once.	19
It is important that the short-term and long-term housing needs of people who experience domestic violence and abuse are addressed.	19
It is important to increase awareness of domestic violence and abuse among children and young people.	18
It is important that people with additional needs (e.g. a mental health condition, drug and alcohol problems) who experience domestic violence and abuse are offered appropriate support.	17
It is important that people who may find it hard to access services (e.g. disabled people; people who don't speak English; people who are lesbian, gay, bisexual and transgender) are appropriately supported to do so.	17
It is important that people who carry out domestic violence and abuse are held responsible for their actions.	17
It is important that services work in partnership to make sure that people who experience or carry out domestic violence and abuse are referred or signposted appropriately.	16
It is important that staff working with the public (e.g. GPs, teachers) can spot the signs of domestic violence and abuse (including honour-based violence and forced marriage).	16
It is important that relevant services share data to protect people experiencing domestic violence and abuse (and their children where relevant).	16
It is important that children and young people who live in homes with domestic violence and abuse are protected from harm.	16
It is important that services consider the needs of the whole family to try to break the cycle of abuse that can continue between generations.	15
It is important that cultural attitudes and religious beliefs that give rise to honour-based violence and forced marriage are challenged.	15
It is important to increase awareness of domestic violence and abuse among staff in local services, community and faith groups, and members of the public.	15
It is important that services supporting people who experience and carry out domestic violence and abuse collect data (e.g. age, gender, ethnicity) to make sure that services meet the needs of the local population.	15
It is important that people who carry out domestic violence and abuse are supported to help change their behaviour.	15

People were invited to provide additional comments about what the strategy should consider. These included the importance of responding appropriately to complaints; recognising repeat offenders; understanding the underlying reasons behind domestic abuse; ensuring that children feel they will



be believed; making an appropriate assessment of risk; providing support based on need and not finances (i.e. one service user felt that decisions around their support were influenced by finances).

### Equalities

#### What is your age?

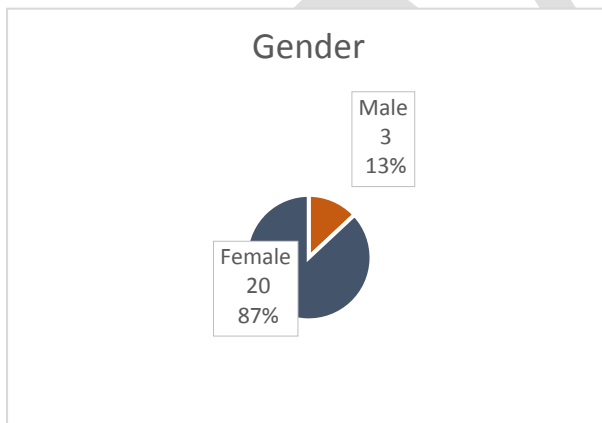
23 responded out of a possible 47 service users responded.

Age groups	Count
16-24	0
25-34	4
35-44	3
45-54	8
55-64	5
65+	3

#### Gender

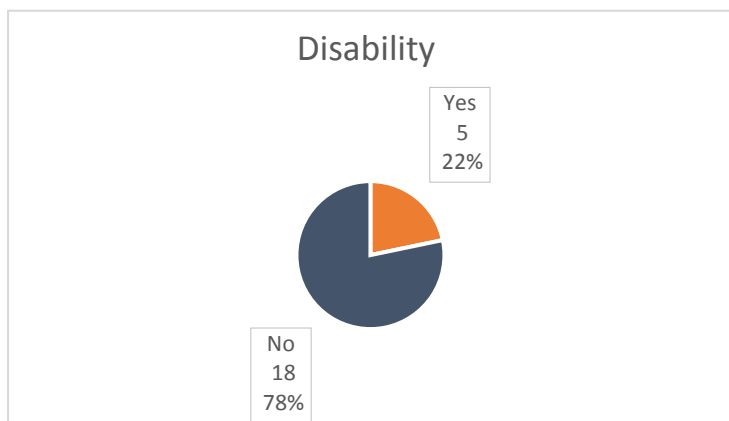
23 responded out of a possible 47 service users responded.

The majority of service users that responded were women. Further information from male service users is required to understand more about their needs and priorities.



## Disability

23 out of a possible 47 service users responded. 5 consider themselves disabled and 18 have no disability.



## Sexuality

23 out of a possible 47 service users responded. 19 are heterosexual, and 4 either selected other or preferred not to say.

Sexuality	Count
Heterosexual/straight	19
Prefer not to say	3
Other	1
Gay man	0
Gay woman/lesbian	0
Bisexual	0

## Ethnic background

22 people out of possible 47 services users responded. The majority (18) are White British.

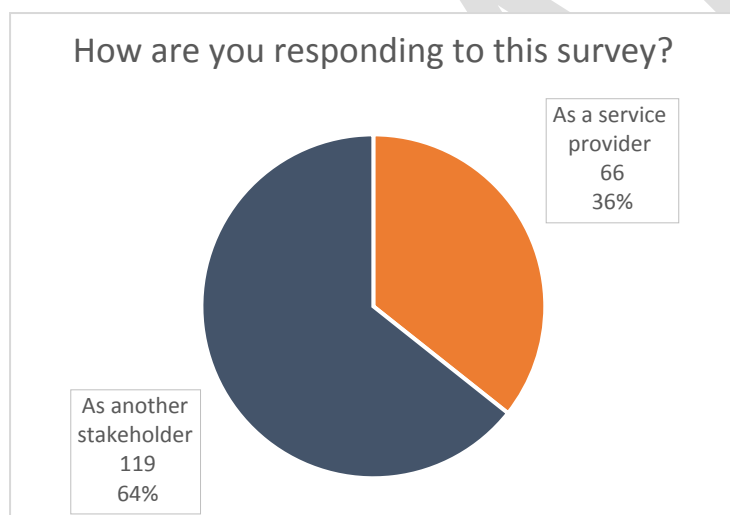
Ethnic groups	Count
White English/Welsh/Scottish/Northern Irish/British	18
Asian/Asian British: Indian	1
Asian/Asian British: Other	1
Black/Black British: African	1
Any other ethnic group	1
White Irish	0
White Gypsy or Irish Traveller	0
Mixed White and Black Caribbean	0

Mixed White and Black African	0
Mixed White and Asian	0
Other Mixed	0
Asian/Asian British: Pakistani	0
Asian/Asian British: Bangladeshi	0
Asian/Asian British: Chinese	0
Black/Black British: Caribbean	0
Black/Black British: Other	0
Other ethnic group: Arab	0

### Stakeholders

Definition: a stakeholder is anyone other than a service user provider who has an interest or influence on the domestic abuse services provided in the city, such as a commissioner, councillor, healthcare worker, social worker, police etc.

Out of a total of 248 people who responded to the survey, **201** are stakeholders. Out of those 201, 66 are service providers and 119 are other stakeholders.



### Service Providers

49 out of a possible 66 service providers specified their organisation.

Organisations	Count
Whitefriars	1
Coventry City Council/ Social Care	4
Route 21	1
Criminal Justice Liaison & Diversion Team NHS	1
Safeguarding	1

Coventry Rape and Sexual Abuse Centre (CRASAC)	1
NHS child and family services	1
NSPCC	2
Early Help and Protection	1
Unite the union	1
President Kennedy School	1
Cafcass	1
West Midlands Police	1
Coventry CRC	1
CDVASS	1
uhcw	1
Probation	1

45 out of possible 66 stakeholders specified the services they provide.

Services Provided	Count
General advice and information for victims of domestic violence and abuse	41
Case management	34
Advice and information on benefits	25
Advice and information on homelessness and housing	24
Support for court proceedings	24
Accommodation	23
Aftercare support	22
Counselling	19
Advice and information on legal issues, including immigration	17
Debt advice	17
Peer support	14
Home security installations	7
Support for perpetrators	7

#### Other Stakeholders

Stakeholder	Count
Specified ( see table below)	71
Other (see table below)	40
Social worker	22
Other health care worker	17
Teacher	15
Commissioner	5

Police	4
Councillor	3
GP	0
Practice nurse	0

Specify	Categories
Independent Reviewing Officer	
Adult Commissioning	
Housing association	
Coventry safeguarding Adults Board	
Physiotherapist	
Personal Advisor	
Operational Lead	
MENTAL HEALTH NURSE	
Staff nurse	
Mental health support worker	
IRO	
Student social worker	
Health visitor	
CP chair	
Headteacher	
Manager	
Charity supporting women at risk of sexual exploitation in Coventry	
Safeguarding officer	
Physiotherapist	
Specialist lead nurse LD/CAMHS	
Physiotherapist	
Support worker	
Work within safeguarding	
Health	
Public health Officer	
Charity that, amongst other things, supports migrant/refugee victims of DV	
CWPT	
Charity	
NSPCC	
Charity Worker (Coventry Refugee and Migrant Centre)	
Partner voluntary sector agency	
Pastoral Team	
Worker at Refugee Centre	
Welfare Rights adviser	
Voluntary sector team manager	
Principal	
Mental health and community provider	

Grants provider	
Family Support based in a school	
School pastoral and family support manager	
Safeguarding Children and Adult Boards	
Counsellor	
Administrator in a school	
Safeguarding Lead at school	
School	
Designated Safeguarding Officer	
Head teacher	
Employment worker	
Occupational Therapist	
Early help manager	
Community worker	
Alternative education	
Safeguarding Nurse	
Justice of the Peace	
Named nurse safeguarding children	
Trustee community organisation	
School Governor	
Family court advisor Childrens guardian	
Childrens guardian family court advisor	
Caseworker	
Family Court Advosor, CAFCASS	
Healthwatch volunteer	
Foster Carer providing care to children who have witnesses DV	
Safeguarding Nurse	
EHPCo	
Cafcass	
Adult Commissioning	
Guardian/Family Court Advisor	
Safeguarding Nurse	
Lecturer at university	
Manager of 2 different staff members that confided they were victims of domestic abuse	

### Priorities

108 out of a possible 201 stakeholders ranked their top 10 priorities. There were 20 priorities listed and stakeholder had been asked to list their top 10 priorities in order of importance.

A weighting methodology was applied to the analysis of this question. There were 20 priorities and each was ranked from 1 to 20. A scoring was applied to each rank. For example 20 points were applied to each first rank vote and 19 points to each 2<sup>nd</sup> rank vote, 18 points to each 3<sup>rd</sup> rank vote, etc. Then the total points were summed and divided by 20 (the number of priorities) to get an average score. The result is presented in the table below.

Rank	Priorities	Avr. Score
1	Children and young people who live in homes with domestic violence and abuse are protected from harm.	73
2	Staff working with the public (e.g. GPs, teachers) can spot the signs of domestic violence and abuse (including honour-based violence and forced marriage).	64
3	Services consider the needs of the whole family to try to break the cycle of abuse that can continue between generations.	61
4	Services work in partnership to make sure that people who experience or carry out domestic violence and abuse are referred or signposted appropriately.	53
5	To increase awareness of domestic violence and abuse among children and young people.	53
6	People who experience domestic violence and abuse know where to find help.	52
7	People with additional needs (e.g. a mental health condition, drug and alcohol problems) who experience domestic violence and abuse are offered appropriate support.	52
8	Cultural attitudes and religious beliefs that give rise to honour-based violence and forced marriage are challenged.	49
9	Services work in partnership to make sure that people who experience domestic violence and abuse don't have to tell their story more than once.	45
10	People who carry out domestic violence and abuse are supported to help change their behaviour.	42

The table shows that the top three priorities from a stakeholder point of view are that children and young people who live in homes with domestic abuse are protected from harm; that staff working with the public can spot the signs of domestic abuse; and that services consider the needs of the whole family to try to break the cycle of abuse that can continue between generations.

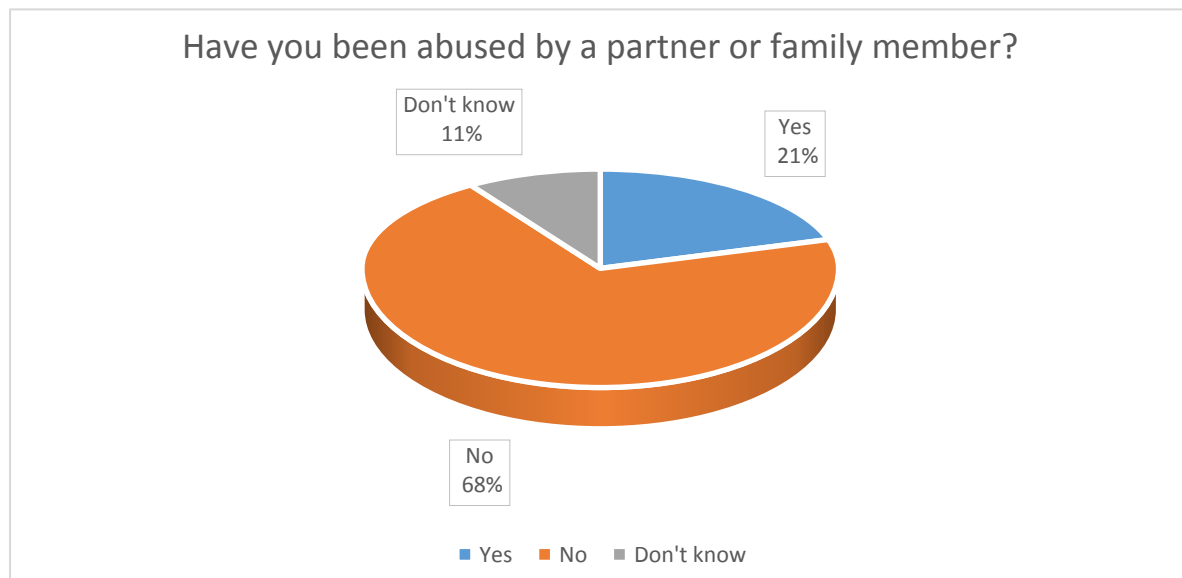
## Survey Results from Grapevine

### Who are Grapevine?

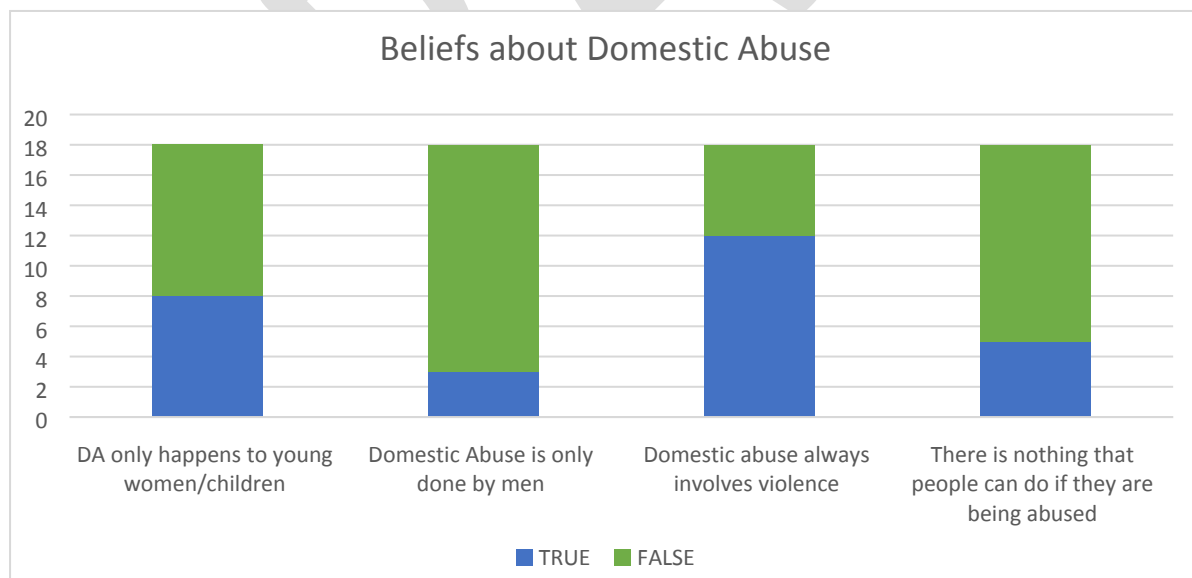
Grapevine operate throughout Coventry and Warwickshire and help people experiencing isolation, poverty and disadvantage to build better lives. They offer practical person-centred guidance, advocacy and support.

## Consultation

Grapevine surveyed 18 adults with care and support needs to explore their understanding of domestic abuse and their attitudes towards seeking help. The results were as follows:

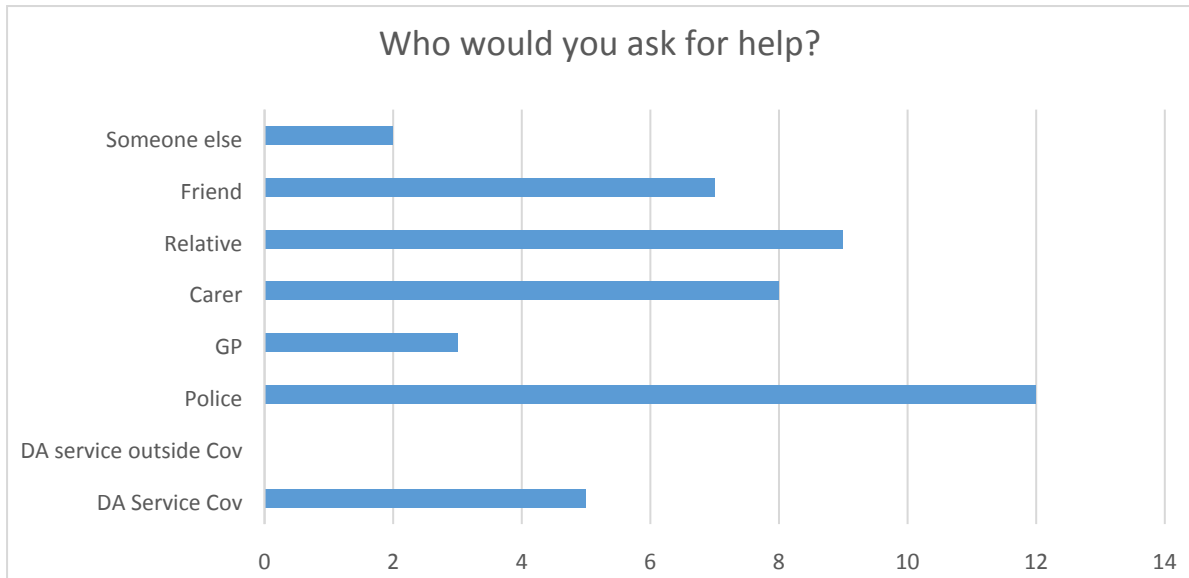


It is interesting to note that 11% of respondents didn't know if they had been abused. This helps demonstrate some of the complexities of providing services to more vulnerable groups and identifying early warning signs.

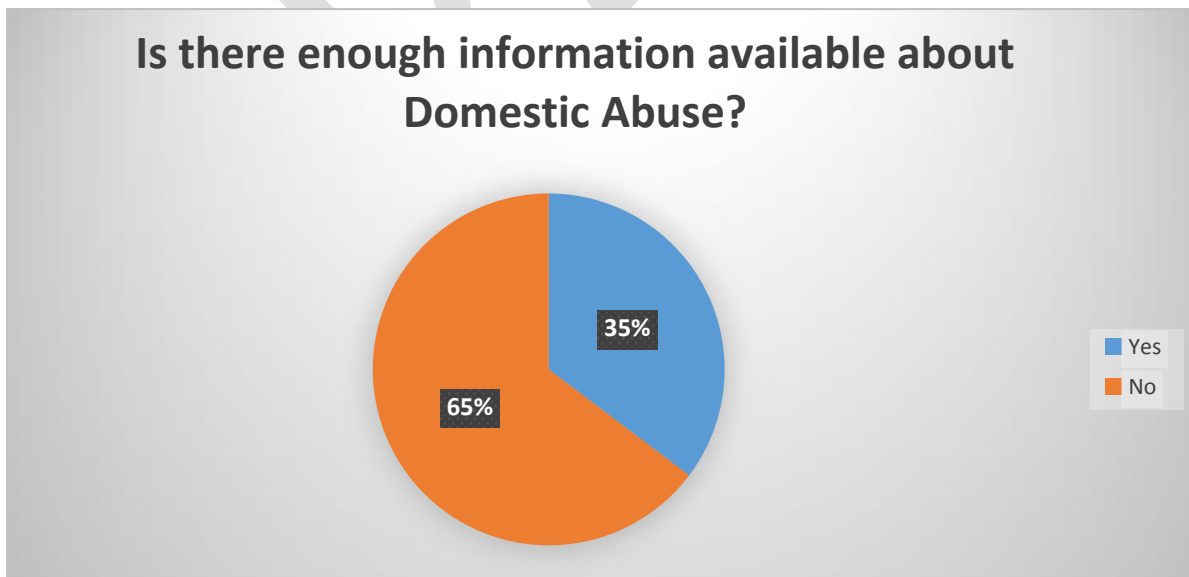




The survey also explored some of the beliefs held by respondents. They were presented with a series of questions to which they were asked to respond true or false. The results indicate a strong belief that domestic abuse always involves violence. 50% of respondents thought that domestic abuse only happens to young women and/or children.



When asked where help could be sought from if you were experiencing domestic abuse the majority of respondents identified the police. Relatives, friends or a carer were other frequent responses.



When asked if they felt if there was enough information about domestic abuse almost two-thirds of those surveyed said no. This would seem to suggest that there is more work to do in promoting information to those with care and support needs. Research has suggested that as a group they are more vulnerable to abuse or all types.

## **Focus group with children and young people**

Positive Youth Foundation, a non-profit organisation that supports children and young people, was approached to hold a focus group on domestic abuse. The group was facilitated through the regular Positive Young Thinkers group that the organisation runs to discuss different issues and took place on 6/12/17. The group comprised 5 females and 5 males, aged between 15 and 18. Two were black British African, one was Black British/Irish African and the remainder were British Asian. All attended school or sixth form in the postcode area of CV1; one person attended college in CV2. They were initially split into three groups (Group 1 – two females, one male; group 2 – two females, one male; and group 3 – one male, two females) to discuss the following:

- What domestic abuse is, who the victims of domestic abuse are and who carries it out.
- Where they have received information on domestic abuse from.

As a whole group they were asked about:

- Whether they feel they have received enough information on domestic abuse.
- Where they think their information on domestic abuse should come from and what other information they would like to receive.
- Whether they would seek help if they experienced domestic abuse or witnessed it in the family; and who they would seek help from.
- What would stop them from seeking help and what kind of help they would like to receive?

The key themes from the discussions are summarised below.

## **What things come to mind when you hear the term domestic abuse?**

Participants recognised that domestic abuse can happen outside of the context of a partner relationship, and that children and young people can be affected. They understood that as well as physical abuse it could include verbal, sexual and mental abuse and forced marriage. The intergenerational nature of domestic abuse was also recognised.

They acknowledged that both men and women can be victims. Although it was recognised as being more common in women, participants felt that men were not taken seriously as victims and were not talked about as much.

The young people referred to culture, ethnicity, stress, anger, mental illness and alcohol as triggers for domestic abuse. Some felt that individuals from certain ethnic backgrounds or who held quite 'orthodox' views considered it acceptable to hit their children and therefore would not consider this behaviour abusive. Where domestic abuse was triggered by stress or alcohol, it was felt that this was accidental.

Domestic abuse was talked about as something that is not widely discussed, and that no-one every truly knows what happens in the home. It was raised by one person that victims of abuse may feel that they have done something wrong, and because they love their abuser they allow the abuse to take place.

## **Where do you get your information from about domestic abuse?**

Participants got the majority of their information from TV (BBC iPlayer, Hollyoaks, the news, Jeremy Kyle) and social media (Instagram, Facebook, YouTube). Some expressed the view that the media

manipulated how domestic abuse was presented and did not always show the whole story. They felt that it was biased towards women as no-one wanted to hear about female on male abuse.

One girl reported that her class had been shown 'Murdered by my Father', and cited it as a good resource for learning about domestic abuse. One girl also reported that her class was taught about domestic abuse, but that the class was only for girls; the boys were taught about terrorism instead.

Some of the young people said that they had learned about domestic abuse from witnessing incidents in their local area, and noted that people generally did not want to intervene.

### **Do you feel that you have received enough information? What other information would you like to receive?**

The young people felt that there was not enough information about domestic abuse, honour-based forced marriage. None of them knew that there were services available to support victims.

### **Where do you think information about domestic abuse should come from?**

It was generally felt that school was not the right place to be educated about domestic abuse. Reasons for this included: fear of developing a reputation and being bullied for being a 'weak person', the formality of the setting, and feeling uncomfortable talking to teachers.

There was a consensus that information should be delivered by young people (under 30) with lived experience, as they felt that they had more knowledge and credibility than professionals. It was also suggested that education should be delivered on an ongoing basis, and in the community (e.g. youth centres).

They felt that if information was to be delivered in school or by professionals it should be informal.

### **What are the barriers to asking for help (as a victim or witness of domestic abuse)?**

The barriers that the young people reported to seeking help were not knowing where to go ask for help, and a fear of getting involved because of the potential repercussions.

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**To:** Coventry Health and Wellbeing Board

**Date:** 5<sup>th</sup> February 2018

**From:** Jane Fowles, Consultant in Public Health Medicine (Co-Chair of the Pharmaceutical Needs Assessment Steering Group)

**Title:** Coventry Pharmaceutical Needs Assessment (PNA) update

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### 1 Purpose

- 1.1 The purpose of this paper is to present a progress update on the draft Pharmaceutical Needs Assessment for Coventry. The paper describes key findings from the draft Coventry PNA and statutory consultation. The PNA was undertaken by NHS Midlands & Lancashire Commissioning Support Unit (MLCSU), who were jointly commissioned by Coventry and Warwickshire Councils, and overseen by a Steering Group of partners.

### 2 Recommendations

Coventry Health and Wellbeing Board is recommended to:

- i. Note the headline findings of the draft PNA
- ii. Note that the draft PNA is under consultation and will be finalised following collation of feedback and discussion by the PNA Steering Group
- iii. Agree for the Chair of the Health and Wellbeing Board and Acting Director of Public Health to sign off the final PNA prior to publication by April 2018
- iv. Support the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:
  - a. supporting delivery of recommendations within the PNA
  - b. and holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA

### 3 Information/Background

- 3.1 Local Health and Wellbeing Boards have statutory responsibility for the publication of Pharmaceutical Needs Assessments (PNAs) every three years. The next Coventry PNA is due for publication by April 2018. There is a requirement for local HWBs to consider whether local need and provision has changed such that supplementary statements or revised PNAs should be issued prior to the next formal PNA revision.
- 3.2 The Coventry PNA considers current and future provision of services from community pharmacy in relation to local health needs. The PNA aims to assess if there are enough pharmacies throughout the city, located in areas of need and offering a range of suitable

services, tailored to local need and wider service provision. The PNA is used by NHS England when deciding if new pharmacies or dispensing GPs are needed. The PNA also supports local commissioners and partners around the planning of future pharmacy services.

- 3.3 The draft PNA was informed by a range of activities, including; a survey of local pharmacies, a recent Healthwatch report on public views around pharmacy services, a bespoke public consultation survey, and local commissioning intelligence. The PNA was overseen by a formal steering group (jointly with Warwickshire) including; the local Healthwatches, Local Pharmaceutical Councils (LPCs), local CCGs and the Local Medical Councils (LMCs). National and local strategies and plans linked to community pharmacy have informed the document.
- 3.4 There is a statutory requirement for a formal 60 day consultation with key stakeholders on any draft PNA document. The consultation is currently underway and is due to end on the 5th February 2018. Responses from this consultation will be considered by the Steering Group and inform the conclusions and recommendations of the final PNA document, to be published by 1 April 2018. The draft PNA can be accessed using the link below:  
<http://democraticservices.coventry.gov.uk/mgConsultationDisplay.aspx?ID=170>

#### **4 Key Findings from the Coventry PNA**

- 4.1 Key findings from the draft PNA are outlined below.

##### **4.2 Access to pharmacy services**

Overall access is considered adequate. Opening hours indicate good access during usual working hours and sufficient access on evenings and weekends. Pharmacy providers are well distributed by location, population density and areas of deprivation. Responses to the public survey indicate that 80% were in agreement with the statement “I am always able to access the pharmacy services I require, when I need them.”

However, public survey feedback also highlighted the difficulty people find in obtaining information around opening hours and services offered from pharmacies. Pharmacies can do more to advertise their services and opening hours to the public by keeping up to date their NHS choices profile (an online platform available to the public - advertising services and opening times), advertising in local GP Practices and taking part in local and national awareness campaigns

##### **4.3 Essential services**

All pharmacies provide a range of essential services (commissioned by NHSE) including: dispensing of prescriptions, repeat dispensing, disposal of unwanted medicines, promotion of healthy lifestyles, signposting and support for self-care. Community pharmacy supports a range of improvements in health and wellbeing, reducing medicines related risks, promoting best use of medicines and acting as a first point of contact and advice for common and minor ailments in our communities.

##### **4.4 Advanced services**

Advanced services are commissioned by NHSE from some community pharmacies and include:

- Medicines Use Reviews (MUR) where patients can discuss their current medication – available in most pharmacies
- New Medicine Service (NMS) where patients can receive help and advice on any new medicines started – available in most pharmacies

- Seasonal Influenza (Flu) Vaccination where patients can receive flu vaccinations from their local pharmacy – available across the majority of pharmacies (and other healthcare providers)
- Pilot NHS Urgent Medicines Supply Advanced Service (NUMSAS) where patients can obtain urgent medicines from a community pharmacy without the need for a GP apt – relatively new service
- Appliance Use Reviews (AUR) and Stoma Application Customisation (SAC) services are also available from a limited range of contractors

Although widely available in pharmacies across Coventry these services could be more effectively embedded into key care pathways to support better outcomes for patients.

#### 4.5 **Locally commissioned services**

Wider community pharmacy services may be locally commissioned by Local Authorities, CCGs, or acute trusts and are referred to as locally commissioned services. Across Coventry there are a range of local services provided in community pharmacies, such as sexual health services, substance misuse, phlebotomy and smoking cessation. These services have been commissioned based on local need and are usually complemented by similar services offered in other settings. These locally commissioned services are well located across areas of deprivation in the city. Overall service provision is considered adequate to good.

#### 4.6 **Healthy Living Pharmacies**

The Healthy Living Pharmacy (HLP) framework is a tiered framework aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities. The HLP framework covers three levels of increasing complexity, expertise and service standards:

- Level 1 Promotion
- Level 2 Prevention
- Level 3 Protection.

A range of activity has been undertaken over the past year to promote the HLP framework. There are currently 70 community pharmacies accredited as HLP Level 1 in Coventry.

HLPs raise awareness of local health issues and are required to demonstrate they are promoting healthy lifestyles by tackling the health problems their populations face. Evidence demonstrates that HLP accredited pharmacies show better uptake and delivery of wider commissioned services compared to non-HLPs.

Evaluations of Healthy Living Pharmacies (HLP) have demonstrated an increase in successful smoking quits, extensive delivery of alcohol brief interventions and advice, emergency contraception, targeted seasonal flu vaccinations, common ailments, NHS Health Checks, healthy diet, physical activity, healthy weight and pharmaceutical care services. The HLP framework is a significant platform through which pharmacy's role in delivering health and wellbeing services can be maximised.

#### 4.7 **Summary**

- There is currently adequate pharmaceutical service provision (locations, opening hours and wider access) across Coventry and no need for additional providers was identified in the PNA.
- Awareness of pharmacy opening hours and services offered could be improved.

- Public survey results show that there is high satisfaction with pharmacy access and an appetite for more services to be provided from community pharmacy.
- Advanced services offered from community pharmacy could be more actively embedded into local pathways to support better outcomes for patients and best use of commissioned services
- The HLP framework offers a platform for Coventry to more effectively embed community pharmacy into local pathways and enhance the role of community pharmacies to support prevention and better outcomes for patients
- Statutory consultation on the draft PNA is underway and will be considered by the PNA Steering Group prior to publication of the final PNA by 1 April 2018

## 5 Options Considered and Recommended Proposal

5.1 Coventry Health and Wellbeing Board is recommended to:

- i. Note the headline findings of the draft PNA
- ii. Note that the draft PNA is under consultation and will be finalised following collation of feedback and discussion by the PNA Steering Group
- iii. Agree for the Chair of the Health and Wellbeing Board and Acting Director of Public Health to sign off the final PNA prior to publication in April 2018
- iv. Support the recommendation that the PNA Steering Group becomes a Community Pharmacy Steering Group:
  - a. supporting delivery of recommendations within the PNA
  - b. and holding delegated responsibility for determining the need for supplementary statements and revisions to the PNA

**Report Author(s):** Produced by Midlands and Lancashire Commissioning Support Unit on behalf of Coventry City Council Public Health

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### Appendices

**Coventry PNA** - <http://democraticservices.coventry.gov.uk/mgConsultationDisplay.aspx?ID=170>



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**To: Coventry Health and Wellbeing Board**

**Date: 5<sup>th</sup> February 2017**

**From: Liz Gaulton, Acting Director of Public health**

**Title: Update from Coventry Health & Well-being Board Development Sessions**

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### **1 Purpose**

1.1 To note the outputs of the HWB Board's Autumn workshops and the associated next steps.

### **2 Recommendations**

2.1 The Board is asked to:

2.1.1 note the key messages from the autumn development sessions and agree the next steps

2.1.2 Agree the proposed changes to the board meeting frequency

2.1.3 Endorse the proposal to have four joint development session with Warwickshire over the next year.

### **3 Information/Background**

3.1 The HWB Board held a series of workshops over the past few months. In November the Board considered both system and place-based working, focusing on what worked well with the Board and identifying areas for improvement.

3.2 In December the Board met with Warwickshire HWBB to review the Alliance Concordat. The session looked at the common themes across HWB, Accountable Care Partnership, BHBCBV programme, Place-based JSNA and the Upscaling Prevention pilot.

3.3 All partners committed to continuing to work together and strengthen the relationships. LGA feedback following the workshop has been very positive about the level of commitment to partnership working.

3.4 This report draws together the outputs and next steps coming out of these sessions.

### **4 Key Messages**

4.1 Key outputs from the Coventry HWB Board development session are set out below:

- **Review board meeting frequency** - *it was suggested that the Board hold a number of informal meetings regularly throughout the year to help create a space for informal discussions.*

*The Board currently formally meets 6 times a year and it is proposed that this is reduced to formally meeting 4 times a year, with two additional informal meetings of the Board held per financial year.*

- **Engage residents and the public in what we do** – *ensure that the local systems are designed around individuals and the outcomes important to them*
- **Develop a set of outcomes and headline targets/dashboard-** *develop a performance framework which will help the Board to understand progress against key areas of work from the HWB Strategy.*

4.2 Key outputs from the Joint Coventry & Warwickshire HWB Board development session are set out below:

- **Refresh the Alliance Concordat for 2018 onwards** – *Use the output from discussion on 13<sup>th</sup> December to ensure the Concordat remains relevant*
- **2019 – The Year of wellbeing** - *Use the LGA Upscaling prevention pilot to develop a common narrative and commitment to prevention to galvanise effort and commitment to the wellbeing agenda.*
- **Develop a Place plan** - *Build the one strategic plan appropriately place based that is then delivered coherently by the various means (STP, BCF etc) we have at our disposal and involving all partners.*
- **Invest in Leadership** – *The session and discussions held in December with Warwickshire HWB Board were considered very positive. The two Boards have committed to maintaining momentum by capitalising on the commitment made on 13<sup>th</sup> December to come together as leaders (Coventry HWBB and Warwickshire HWB) every 3-4 months to keep the strategic direction as expressed in the Concordat clear across partners.*

*It is anticipated that the first forum will be co-hosted in Spring 2018. Subsequent dates will be based upon the current model of alternate formal and informal HWBB meetings and use agreed dates where possible.*

## 5 Next Steps

- 5.1 The actions falling out of the Coventry only development session will be developed and taken forward by the Council's Public Health & Insight team and be reported to a future meeting of the Board.

- 5.2 It was agreed that a nominated group, covering representation from Coventry and Warwickshire HWBB Members, will take forward the work from the joint development session and report back through the two HWB Boards.
- 5.3 A revised calendar of Coventry HWB meetings will be schedule with four meetings per year.
- 5.4 The next Joint HWB development session is schedule for 7<sup>th</sup> March 2018.

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**Appendices**

None

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Coventry City Council

## Report

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**To: Coventry Health and Wellbeing Board**

**Date: 5 February 2018**

**From: Pete Fahy – Director of Adult Services**

**Title: Care Quality Commission Local System Review**

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### **1 Purpose**

This briefing note provides an update to HWBB on the current status and next steps in respect of the CQC system review of health and social care.

### **2 Recommendations**

The following recommendations are made to Coventry Health and Well-Being Board:

- a. That HWBB members note the current state of progress regarding the CQC system review and remaining process stages to complete the review
- b. That HWBB confirm how they require the outcome of the review to be taken forward, in order to ensure system ownership and leadership in addressing the recommendations made in the final report, and preparation for the HWBB summit of 14 March 2018

### **3 Background**

The previous briefings on 4 September and 27 November 2017 advised the Board of the Department of Health (DH) request for the CQC to undertake a programme of targeted reviews of twelve local authority areas of which Coventry was one.

Each review undertaken by CQC will take a whole system approach and focus on how people move between health and social care, with a focus on people over 65 years of age. The local authority was required to co-ordinate the review and the Director of Adult Services has taken lead responsibility for this on behalf of the HWBB working with the Accident and Emergency local delivery group.

The CQC require that the HWBB is where the review, its outcomes and resulting action plan, is owned.

### **5. Review progress**

The review comprises a number of stages – the Coventry position against each of these key stages is shown below:

	<b>Stage</b>	<b>Key date</b>	<b>Status</b>
1	Pre-review visit by CQC	19 and 20 December 2017	Complete
2	Completion of 'key contacts' return	12 January 2018	Complete
3	Completion of relational audit	12 January 2018	Complete
4	Completion of System Information Overview Return (SOIR)	12 January 2018	Complete
5	Main on site week	22 – 26 January 2018	Complete
6	Issue of draft report for fact checking	26 February 2018 to 2 March 2018	To be completed
7	Health and Well-Being board summit	14 March 2018	To be completed
8	Issuing of final report	Week commencing 17 March 2018 (date to be confirmed)	To be completed

## **6. Preparing for the next steps**

As the review moves towards completion the Health and Well-Being Board is required to assure itself that there are appropriate arrangements in place to prepare for the summit on 14 March 2018 and progress required action arising from recommendations that will be made in the final report.

As the local authority has been leading the review this leadership arrangement could continue through the Director of Adult Services with the HWBB identifying a board sponsor and lead contributors from the organisations involved.

## **7. Options and Recommendations**

System participation in the review process is not optional and all partners have exhibited their commitment to the review through their involvement to date.

Recommendations to HWBB are made in section 2 above.

### **Report Author(s):**

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