



Consultation response to

Transforming Your Care: A Review of Health and Social care in Northern Ireland

**Department of Health, Social Services and Public
Safety**

15 January 2013

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Open to anyone affected by domestic violence

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1.0 Introduction

Women's Aid is the lead voluntary organisation in Northern Ireland addressing domestic violence and providing services for women and children. We recognise domestic violence as one form of violence against women. Women's Aid seeks to challenge attitudes and beliefs that perpetuate domestic violence and, through our work, promote healthy and non-abusive relationships.

2.0 Core work of Women's Aid

The core work of Women's Aid in Northern Ireland, including Women's Aid Federation Northern Ireland and the 10 local Women's Aid groups is:

- To provide refuge accommodation to women and their children suffering mental, physical or sexual abuse within the home.
- To run the 24 Hour Domestic Violence Helpline.
- To provide a range of support services to enable women who are leaving a violent situation to rebuild their lives and the lives of their children.
- To provide a range of support services to children and young people who have experienced domestic violence.
- To run preventative education programmes in schools and other settings.
- To educate and inform the public, media, police, courts, social services and other agencies of the impact and effects of domestic violence.
- To advise and support all relevant agencies in the development of domestic violence policies, protocols and service delivery.
- To work in partnership with all relevant agencies to ensure a joined up response to domestic violence.

Throughout this consultation response, the term "Women's Aid" is used to reflect the overall Women's Aid movement in Northern Ireland, which is made up of ten local Women's Aid groups and Women's Aid Federation. The ten local Women's Aid groups are all members of Women's Aid Federation Northern Ireland. Each Women's Aid group offers a range of specialist services to women, children and young people who have experienced domestic violence.

3.0 Women's Aid statistics (2011-2012)

- 12 refuges with 300 bed spaces, playrooms and facilities.
- 831 women and 586 children sought refuge.
- 15 resource centres for women seeking information and support; group work and training.
- 3,663 women and 4,152 children accessed the Floating Support service, and a further 1,909 women accessed other Women's Aid outreach services, enabling women to access support whilst remaining in their own homes and communities.
- Move-on houses for women and children leaving refuges.
- The 24 Hour Domestic Violence Helpline, open to all women and men affected by domestic violence, managed 43,949 calls.

4.0 Additional Women's Aid statistical data

- Since 1999, Women's Aid across Northern Ireland gave refuge to 15,545 women and 14,942 children and young people.
- During the last 17 years Women's Aid Federation Northern Ireland managed 326,809 calls to the 24 Hour Domestic Violence Helpline.

5.0 Statistics: Domestic violence & violence against women

- Domestic violence is a violation of Article 5 of the UN Universal Declaration of Human Rights – that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment”.
- The joint DOJ, DHSSPS Strategy “Tackling Violence at Home” estimates that the cost of domestic violence in Northern Ireland, including the potential loss of economic output, could amount to £180 million each year.
- UNICEF research released in 2006, showing per capita incidence, indicates that there are up to 32,000 children and young people living with domestic violence in Northern Ireland.
- Where the gender of the victim was known, 75% of adult victims of domestic crimes recorded by the PSNI in 2009/10 were female.¹
- Over 30% of all domestic violence starts during pregnancy.²

¹Findings from the PSNI Crime Statistics Report 2010/11 N.B. “Adult” defined as aged 18 and over

²Women's Aid Federation Northern Ireland

6.0 Domestic violence: Crime statistics (Source: PSNI Statistics 2011/12)

- Domestic Violence is a crime. PSNI statistics for 2011/12 indicate that there were more recorded crimes with a domestic motivation (10,387) than the combined total of all the following crimes (10,327) – all recorded sexual offences (1,836), shoplifting (6,201) and theft of a motor vehicle (2,290).
- PSNI Statistics for 11/12 indicate that they responded to a domestic incident every 21 minutes of every day of the year.
- The total of 10,387 crimes with a domestic motivation in 11/12 represents an average of approximately 1 domestic crime every 51 minutes in Northern Ireland.
- The number of all recorded offences of murder in Northern Ireland in 11/12 total 16. Those classed as having a domestic motivation total 3. Therefore, 19% of all murders in Northern Ireland in 11/12 had a domestic motivation.
- There were 553 rapes (including attempted Rapes) in Northern Ireland in the period 2011/12.

(Source: PSNI Statistics 2011/12)

- Official sources (NISOSMC) estimate that up to 80% of sex crimes are not reported.

7.0 Consultation response

- Women’s Aid Federation Northern Ireland welcomes the publication of the *Transforming Your Care* review, and the opportunity to comment on it on behalf of our 10 local groups.

8.0 Principles for Change (pages 36 – 41)

- Women’s Aid is encouraged that the review document explicitly states its commitment to the principles of the NHS, and that it does not support any move away from the NHS’s core principles (at page 126). We are heartened that the main aim of this review is “driving up the quality of care for clients and patients, improving outcomes and enhancing the patient experience” (at page 11). We are also encouraged that one of the main principles of the proposed changes is to eradicate the current inequalities in the health of the population (pages 4, 19), and we support the inclusion of tackling inequalities as a preventative health measure. These aims are in keeping with the founding

principles of the NHS in theory at least: that it meets the needs of everyone, that it be free at the point of delivery, and that it be based on clinical need, not ability to pay.

- We are however aware that there is a lack of detail as to how the proposed changes will take place. We remain concerned that the proposed changes might facilitate increasing reliance on private sector, for profit companies in the delivery of health services, and that this may ultimately compromise the goal of making our health services primarily patient and need-driven. We are also concerned at the lack of clarity provided as to how the upcoming welfare reforms will impact these new arrangements.
- Women's Aid welcomes the inclusion of "Safeguarding the vulnerable" as one of the main principles for change underpinning the shape of the future model proposed for health and social care (at page 8).
- We are, however, concerned that there is no specific mention of domestic violence and abuse in the document, with the exception of a recorded question as to "how can HSC and society do more to protect the most vulnerable people e.g. victims of domestic violence, young and old?" (at Appendix 4, Consultation Monday 14th November 2012, Ballymena Showgrounds). Abuse, whether of adults or of children, is one of the major proven contributing factors to ill-health. It is well-established that domestic violence can result in negative physical and mental health problems for victims and their children.
- There is also a tangible economic cost of domestic violence to the health service. The Government's own 'Tackling Violence At Home' strategy estimated the cost of domestic violence in Northern Ireland to be £180 million per year, not including the "intangible costs" associated with the pain and suffering of victims. This was extrapolated from research in England and Wales, which calculated the cost of domestic violence there to be £23 billion. It is therefore both pragmatic and economically prudent that cross-cutting measures to prevent domestic violence, and its serious health ramifications, are built into Northern Ireland's health strategy.
- Women's Aid therefore recommends that domestic violence and abuse should be specifically included in the Preventing Ill Health section of this review, and specifically named as 'domestic and sexual violence'

9.0 Supporting the Most Vulnerable: (page 40)

- Women’ Aid supports the document’s aim of helping the most vulnerable in our society. However, there are significant gaps in this review as to how this will be achieved. We would recommend that this review include more detail on how enhanced protection of the vulnerable will be achieved, and that this protection ethos is effectively integrated into the whole report.

10.0 Population Health & Wellbeing (pages 54 – 58)

- Women’s Aid notes that the review advocates the expansion of the role of the community and voluntary sector in improving social wellbeing (see page 57). We recognise the crucial role that voluntary and community sector organisations, including ourselves, play in improving the wellbeing of Northern Ireland’s communities, and the expertise that voluntary and community organisations possess in carrying out this role. However it would be useful if the document could provide more detail on how the expansion of that role might take place, to ensure that the best interests of vulnerable individuals, and the sustainability of voluntary and community organisations, are not compromised.

11.0 Family and Child Care (pages 25– 26 and 85 - 88)

- As the document points out, “neglect and abuse in early years creates emotionally, mentally and physically damaged adults thus perpetuating problems into the next generation” (at page 26). If this review of health and social care provision is to fully embrace the principle of prevention, it should recognise the role of domestic violence in the development of physical and mental illness. Even if abuse is not directed at the child themselves, witnessing abuse within the family has been proven to result in development of trauma symptoms, including eating problems, sleep disturbance, lack of normal responsiveness to adults, mood disturbance, and other physical and psychological manifestations of extreme stress. A preventative health strategy must therefore tackle problems at their root cause, including by working to eradicate domestic violence and to protect the adults and children who find themselves in an abusive home situation.
- In particular, we believe that it is important that this document recognise that the majority of Looked After Children (LAC) will have experienced or been witness to domestic violence in their home, alongside other statistics on the number of children in foster care and on the Child Protection Register (see page 85).

- Women’s Aid also notes that the review document acknowledges the funding deficit in child and family services in Northern Ireland, which is 30% less than in other parts of the UK (at pages 26 and 85). However, the document does not go on to commit to addressing this shortfall. Women’s Aid launched our strategy for children & young people, *Our Place – Safe Space*, in May 2012 with cross-party political support. One of the main strategic themes identified in that report was capacity building and sustainability of services for children and young people. In our experience, the existing patchwork of services is currently not sustainable in Northern Ireland. Nor is sufficient funding provided to ensure the desired health and wellbeing outcomes for children and young people. Simply put, there are children and young people in need that we are not currently able to reach.
- We would submit that 30% lower funding for children and young people services, combined with and higher numbers of Looked After Children, is not a sustainable situation which will allow the aims of this review to come to fruition. A “coordinated effort to support and promote positive development of the intellectual, emotional and social skill of young children” (at page 86) simply cannot take place without the necessary funding in place. Women’s Aid urges that this review include practical, concrete commitments to increase funding to at least match the rest of the UK, and measures to ensure that these services become sustainable.
- Women’s Aid is also concerned that the review’s key early intervention strategy in improving the health outcomes for children and young people is “promoting positive, engaged parenting particularly in those families where parenting skills are limited” (at page 86). While we support the idea of facilitating parents to improve their parenting skills where this is the main identified barrier to familial cohesion and child wellbeing, it is entirely inappropriate to engage in this course of action in families where abuse is present. For those children who are abused or wilfully neglected by their parents, merely promoting positive, engaged parenting will not protect them or rectify the abusive situation that they are in, and it could in fact be detrimental to the health, wellbeing and safety of a child.

11.0 Contact details

For further information about this response please contact:

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