



A written submission in response to:

Who Cares?

The Future of Adult Care and Support in Northern Ireland

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Open to all women and men affected by domestic violence

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1. Introduction to Women's Aid in Northern Ireland

Every day across Northern Ireland, another five women and children come to stay in refuge because they are not safe in their own homes. Last year 43,949 calls were managed by the 24 Hour Domestic Violence Helpline. Additionally, 3,663 women and 4,152 children accessed the Floating Support service, enabling women to access support whilst remaining in their own homes and communities. These figures are increasing on a yearly basis.

Women's Aid is the lead voluntary organisation challenging and addressing domestic and sexual violence and abuse in Northern Ireland. Women's Aid Federation Northern Ireland manages the 24 Hour Domestic Violence Helpline which is open to all women and men experiencing domestic violence. Women's Aid groups throughout Northern Ireland provide refuge and a range of emotional and practical support services, including outreach and aftercare to women and children suffering from domestic violence. Women's Aid also provides a range of tailored, age appropriate support for children and young people, this work is further documented in the Women's Aid strategy for children and young people "Our Place-Safe Space" and the directory of services for children and young people.

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

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

Women's Aid has a network of refuges, providing over 300 bed spaces for women and children experiencing domestic and sexual violence and abuse. Refuges are equipped with playrooms and communal facilities. Refuges provide respite, safety and support. While accommodated in refuge, women and children can be supported to come to terms with their situation and are encouraged to make positive plans for the future. Women's Aid also has 15 resource centres across Northern Ireland for women seeking information and

support, group work and training. Women's Aid provides an individually tailored and responsive service, which is based upon a woman's needs and those of her children.

1.1 Women's Aid statistics (2011 - 2012)

- 831 women and 586 children sought refuge.
- 3,663 women and 4,152 children accessed the Floating Support service enabling women to access support whilst remaining in their own homes and communities.
- In 2011/12 the 24 Hour Domestic Violence Helpline, open to all women and men affected by domestic violence, managed 43,949 calls.
- This represented an increase of 14.5% on 2010/11.

Additional Women's Aid statistics and statistics relating to domestic violence and violence against women are provided as an appendix (appendix 1)

2. Response - Overview

- Women's Aid welcomes the publication of Who Cares? The Future of Adult Care and Support in Northern Ireland produced by the Department of Health, Social Services and Public Safety. We welcome the opportunity to comment upon the document on behalf of our local groups as part of the public consultation process.
- The document clearly acknowledges the challenges presented for adult care and support services both now and in the future. These challenges are further exacerbated by the changes in demographics and health that are presented throughout the document. We agree that such changes have, and will, ultimately lead to a greater demand for adult care and support services. Subsequently, we welcome and commend the proactive approach of looking at these challenges and changing trends now, to enable Government to plan effectively and strategically for adults who are in need of care and support services both now and in the future.
- We have some concerns, given this is a public consultation, that some of the questions posed are difficult to comprehend and consequently provide an informed response to, unless the respondent has specific knowledge of, clear information relating to, or experience of working within, the adult care and support services environment e.g. Question 4 - *Do you agree that care and support should focus more on earlier intervention and prevention of loss of independence? Should savings made in hospitals be reinvested in preventative care and support services?* It is extremely difficult for anyone to answer this question without additional contextual information on what savings are being made and how?

- Women's Aid welcomes and generally endorses the founding principles presented on page 19 of the discussion document and believes they should underpin the future system and form the basis of what we all have a right to expect from adult care and support services.
- Women's Aid would particularly like to highlight the importance of safeguarding which is presented as one of these core principles. We strongly welcome the inclusion of safeguarding as a core principle and in the draft vision. However, we note with serious concern, the lack of references to this core principle throughout the remainder of the discussion document. We strongly believe that safeguarding needs to be considered as an overarching priority in the development of adult care and support services and therefore see this as a serious omission. We believe there needs to be a shared understanding and shared language relating to safeguarding which needs to be inherent across all agencies involved in the planning and delivery of adult support services.
- We welcome the explanation attached to safeguarding provided on page 19 and agree that everyone has the right to live a life free from harm arising from abuse, exploitation or neglect. However, we would like to see a stronger recognition of the need for adult safeguarding **from all forms of harm and specifically, in relation to domestic and sexual violence**. We would like to see domestic and sexual violence explicitly referenced in both the vision and founding principles and this is explored further in our detailed response to the questions provided.
- We believe the future development of adult care and support services needs to be aligned with other developments that are underway within structures such as NIASP (Northern Ireland Adult Safeguarding Partnership) to ensure a joined up approach to planning and delivery of services. It also needs to be aligned with key government policies including:
 - *Tackling Violence at Home-A Strategy for Addressing Domestic Violence and Abuse in Northern Ireland, 2005.*
 - *Tackling Sexual Violence and Abuse-A Regional Strategy 2008-2013, Department of Health, Social Services and Public Safety 2008.*
 - *Supporting People, Changing Lives-Supporting People Strategy 2005-2010, Northern Ireland Housing Executive 2005 (currently under review).*
 - *Building Safer, Shared and Confident Communities, Community Safety Strategy, Department of Justice (July 2012)*
 - *The Northern Ireland Adult Safeguarding Strategy and policy (still in development)*

3. Detailed response by question

Women's Aid would like to present responses to the questions posed in the consultation document.

Question 1

Were you previously aware what care and support services are available to you and where to go or who to ask to gain access to these services?

- While we, as an organisation, are aware of the broad range of care and support services available to adults who require them, Women's Aid believes there is not enough public awareness, of the care and support services that are available. There is certainly scope for improving this through engaging with existing community networks, including, age sector groups, disability groups and other organisations involved in the care and support of vulnerable adults. We would also like to take this opportunity to highlight that any adult can be vulnerable at any stage in their life and as such, vulnerability is not always related to issues such as age or disability but can be due to circumstances that adults find themselves in for example, those who experience domestic and sexual abuse. Additionally vulnerability is not always a permanent state but can be transient, depending upon support and interventions available. Whatever the circumstances, vulnerability can leave an adult at risk of harm or in need of protection and the development of adult care and support services needs to address both these areas.
- There is a definite need for a wide reaching communications strategy to ensure awareness of services available and clear information on how to engage with them. This would also help to promote the principles of self-responsibility and prevention referred to in the discussion paper. Such methods need to be designed, based upon the needs and abilities of, and targeted directly at, the wide range of individuals who may need adult care and support.
- Even when there is awareness of services available, gaining access to services can be complex and difficult. There are often lengthy waiting lists, bureaucratic barriers or complex referral systems that can be difficult to understand and navigate for service users, particularly for older people who may have problems such as hearing loss, physical impairment and dementia and those who may be vulnerable due to their particular circumstances. Access can be further complicated due to differences in referral and access systems across Trust areas. We also note with concern, the trend of outsourcing services to the private sector and the lengthy delays and costs associated with this.
- There is often a lack of knowledge among carers in relation to services available to them, to help them increase their coping. While we understand and appreciate that there are services for carers such as information, advice, counselling, training, respite, provision of equipment etc. again, these are often not effectively

communicated to the public at large and access once again can be problematic, due to available resources and waiting lists. While we welcome the fact that 35,740 people are receiving carer's allowance, we would suggest that there are many unofficial carers who are not in receipt of this allowance and some who are even not aware of this entitlement.

Question 2

Do you agree with our vision for care and support

- Women's Aid generally endorses the vision presented on page 20 of the discussion document. We would however, like to present our views in relation to each element of this vision:

Vision 1st point

Every person should be treated with dignity and respect, and should, as far as possible, be supported to lead the life they freely choose, safeguarded against harm from abuse, exploitation or neglect.

- Women's Aid welcomes the specific reference to safeguarding from harm in this vision but suggest it be reworded as follows:

Safeguarded against harm from domestic and sexual violence and abuse, other forms of abuse, exploitation or neglect.

- Domestic and sexual violence are serious issues impacting upon our society and this is reflected in the statistics provided as an appendix (appendix 1). Domestic and sexual violence and abuse can be experienced by any individual at any time in their lives.
- Research shows that domestic violence in the second half of life is a common experience for approximately 15% of women aged over 55 years¹. Social expectations and a lack of specialist services for older victims can however mean that older women are less likely to seek help with violence and abuse. Research conducted by Queen's University in 2010² into the experiences of older women and domestic violence showed that:
 - Older women lose significant aspects of their 'wellbeing' over the lifetime of abuse.
 - Psychological abuse has the strongest impact on their physical and mental health such as long-term depression and anxiety, and the likelihood of becoming a heavy drinker and experiencing alcohol dependence.

¹ Lazenbatt, A, Devaney, J and Gildea, A (January 2010) - *Older Women's Experience of Lifelong Domestic Violence In Northern Ireland* Queen's University : Belfast

² Ibid

- Isolation, loneliness, fear and loss of relationships such as those with children, family and friends has serious detrimental effects over the lifespan.
 - Older women are more likely to resort to misusing alcohol and prescription drugs in order to cope, with significant consequences for their mental and physical health.
 - Depression through the life-course may play some role in increasing the chance of becoming a victim of interpersonal violence, and may even make it even harder for them to leave an abusive relationship.
 - Older women have limited positive coping abilities as they are not receiving adequate support from the protective services, or their GPs and the Criminal Justice System.
- The research highlighted the importance of development of services, support groups, and community outreach specifically suited to the needs and desires of older women who experience domestic abuse.
 - Additionally, research³ suggests that disabled women may experience more abuse than non-disabled women, and their impairments may be used by their abusers in order to increase both the abuser's power and control, and the woman's vulnerability and isolation.
 - A national research report⁴ commissioned by Women's Aid Federation England suggests that disabled women experience a greater need for services, accompanied by far less provision, and therefore lose out on both counts.
 - Given the prevalence and impact of domestic and sexual violence and its implications for safeguarding, we strongly recommend its inclusion in the overall vision.

Vision, 2nd point

For all of us, care and support should recognise, foster and promote the preventative role we can play as individuals in maintaining our own well-being and that of those around us.

- Women's Aid agrees that we can all play a preventative role in maintaining our own well-being and that of those around us. However this needs to be encouraged and nurtured through a range of preventative approaches. Well-being is a holistic term which includes all aspects of life, including, physical health, emotional health, diet, exercise and key to all of this is the development of healthy relationships.
- Women's Aid believes that for prevention to be truly effective, there needs to be a strategic approach to public awareness of all health related issues to enable everyone to play a role in maintaining their own well-being and that of those around

³ Hague, G, Thiara, R, Magowan, P and Mullender, A (2008) *Making the links: Disabled women and domestic violence*, Executive summary from Women's Aid Federation England

⁴ Ibid

them. Such public awareness needs to encompass all issues of well-being, including healthy eating and exercise and also awareness of domestic and sexual violence and services available. Such awareness needs to begin in schools and education settings through encouraging young people to explore differences between healthy and abusive relationships. Such preventative work, in both primary and post primary schools has been addressed strategically by Women's Aid in partnership with the Department of Education through the roll out of their innovative education packages, Helping Hands and Heading for Healthy Relationships (H4HR) .

- It is also important to note, where individuals are vulnerable, due to their own specific circumstances, it can be difficult for them to maintain their own well-being and even more so in relation to the well-being of others.
- Where there is domestic and sexual violence, individuals will require additional tailored support to enable them to take positive steps to improve their situation. Domestic and sexual violence can impact upon all areas of an individual's life and can be extremely damaging to both physical and mental well-being with individuals struggling to cope and often resorting to unhealthy coping mechanisms. An article by Hegarty (2011)⁵ in *The British Journal of Psychiatry* identifies domestic violence as, "a hidden epidemic associated with mental illness." (Pg.168). Hegarty cites her own research (2006) and that carried out by Campbell, Laughton and Woods, (2006) which indicates that, "Domestic violence is a common hidden problem for women attending clinical practice and is a major cause of mental ill health globally." (Pg.169) Additionally 68% of callers to the Northern Ireland 24-Hour Domestic Violence Helpline in 2011/12 reported mental health issues, 17% reported addiction problems, 10% reported mobility problems, including difficulty walking and the necessity to use a wheelchair and 13% reported other health impairments.
- For those who are experiencing domestic or sexual violence and abuse, additional support mechanisms need to be put in place at all stages of provision, to enable victims and survivors of abuse to access appropriate support services. There is a definite need for more services, targeted at early intervention, to identify and assess risk of domestic and sexual violence. This can help to put in place support mechanisms to increase coping and promote safety. Such approaches can protect the well-being of individuals at an earlier stage, in many cases preventing serious injury and even saving lives.
- Safeguarding from harm is ultimately the responsibility of all agencies involved in the development and delivery of adult care and support services and needs to be addressed as a key priority in the development and delivery of services. Staff training is crucial and this is explored further in our response to the third point contained in this vision which is presented below.

⁵ Hegarty, K, (2011) "*Domestic Violence: the hidden epidemic associated with mental illness*" *The British Journal of Psychiatry* 2011 198: 169-170

Vision, 3rd point

For people with a care need, care and support should be personalised to individual need, providing the right support at the right time, in the right place, with a focus on early intervention to protect and restore independence wherever possible.

- Women's Aid agrees that all individuals are different and have different needs and therefore do require a personalised approach to care and support. Timely intervention in any care and support service is crucial to aid recovery and promote independence. This not only benefits the individual in question by getting them the support they need at the right time but also benefits Government in terms of savings to the public purse through earlier and more effective intervention.
- Women's Aid believes, for early intervention to work, there needs to be a proactive approach to staff training among all those involved in the provision of adult care and support services. Such training can enable staff to identify need at the earliest stage and to understand how to meet such need in the most effective and appropriate way. We believe learning needs to be shared across all agencies involved in the provision of adult care and support services and this can promote best practice and quality standards. We also believe there is much learning to be gained from Serious Case Reviews and the recommendations that are presented within them.
- In relation to safeguarding, there is a definite need for more services, targeted at early intervention, to identify safeguarding issues and to assess risk of domestic and sexual violence. Such approaches protect the well-being of individuals at an earlier stage, in many cases preventing serious injury and even saving lives. We believe that all Health and Social Care Staff should be aware of the signs and symptoms of abuse. This will enable the provision of appropriate help and support at the earliest stage. We strongly recommend that such training should specifically address both domestic and sexual violence. To this end, we would further recommend that training should be delivered in partnership with organisations such as our own, which can offer in-depth knowledge and expertise accumulated over several decades spent working directly with women of all ages and backgrounds, who have been subjected to domestic and sexual violence in Northern Ireland.

Question 3

Do you agree that care and support should continue to be provided on a partnership basis between the statutory, private and voluntary sectors?

- Women's Aid across Northern Ireland agrees that care and support is a collective responsibility across statutory, private and voluntary sectors. We also believe there are opportunities for closer working between government departments, to ensure a more joined up approach in identifying and planning support and to ensure services are based upon real need and fully informed by all the relevant stakeholders.

- We recognise, in order to put in place and make available, a comprehensive package of care and support, a commitment to a shared process across all relevant departments and agencies, is required. This will involve an integrated approach, as well as the combined skills, commitment and responsibilities of government departments and relevant private, voluntary and statutory organisations.
- Women's Aid believes, if care and support services are to be delivered on a partnership basis between the statutory, private and voluntary sectors then it is essential that adequate core funding needs to be in place to support and sustain this. There is a need to review current spending in all areas, e.g. the costs of outsourcing to the private sector to evaluate where savings can be made and resources more effectively reallocated into vital services.
- Research conducted by NICVA⁶, shows that voluntary and community organisations are finding themselves in an unpredictable economic environment with reductions in both funding and donations. The research indicated there is a belief among many voluntary organisations, that the next 12 months will be a very challenging time. The research, which involved 1,191 returns from the *State of the Sector VI* survey asked voluntary sector organisations if they anticipate increasing their income in the next 12 months, just over a quarter of respondents (25.3%) indicated that this would be the case, however 43.7% of respondents indicated that they anticipated a decrease in their organisational income. Additionally the research highlights that 29.1% of organisations believe that the general health of their organisation will worsen over the next year, an increase of 10% since 2005. 17.4% of organisations anticipate reducing their services in the next 12 months, an increase of 11.5% since 2008. Additionally, nearly 3% of respondents indicated that they anticipate closing in the next 12 months. The research suggests the impact of cuts over the next three years will be significant, and this number of organisations that anticipate closing could increase dramatically.
- While we strongly believe in a partnership approach to service delivery, we are seriously concerned that the current financial and economic challenges are impacting and will continue to impact significantly on the voluntary sectors ability to provide adult care and support services. Women's Aid strongly believes, if adult care and support services are to be delivered on a partnership basis between the statutory, private and voluntary sectors then it is essential that adequate core funding needs to be in place to support and sustain this.

⁶ State of the Sector VI Published April 2012 by Northern Ireland Council for Voluntary Action

Question 4

Do you agree that care and support should focus more on earlier intervention and prevention of loss of independence? Should savings made in hospitals be reinvested in preventative care and support services?

- While we strongly believe in the importance of early intervention and the development of a preventative approach, we find this question difficult to answer without additional contextual information on the nature of savings being made in hospitals. We would like to know, how much savings are being made and where are these being made?
- We have already outlined our beliefs in relation to the importance of early intervention and prevention at question 3. While we do value early intervention and prevention, we do not feel this should be implemented to the detriment of other vital services in Health and Social Care, including those in hospitals. There is a need for both preventative and reactive service provision and funds need to be prioritised and distributed to allow for an effective and appropriate balance of both. We would anticipate that concentrating and focusing on one more than the other could be counterproductive and potentially very damaging.
- We strongly believe that all areas of adult care and support need to be properly resourced. If this does not happen we risk the creation of a flawed system which can actually exacerbate the situation.

Question 5

Do you agree that people who need care and support should have control over how their assessed care and support needs should be met?

- We do believe that individuals who need support should have control over how their assessed care and support needs would be met. This would protect their rights to participate and have a say in all matters affecting them and would ultimately promote independence and self-help. To this extent, we support the view that services must be planned and designed, taking full account of the experience and needs of service users.
- However, we understand there are times when decision making may be impaired, for a whole range of reasons and there may be a need for substitute decision makers such as carers or family relations. In such circumstances Women's Aid has some concerns, that where others are acting in the role of substitute decision makers, whilst potentially beneficial for many individuals, it can be open to exploitation by perpetrators of domestic violence, elder abuse and/or sexual abuse.
- Women's Aid has anecdotal evidence from colleagues that domestic violence perpetrators have claimed to be the primary carer for their abused partner and

have used this to further abuse, both physically and financially. Domestic violence is a crime based on power and control. As such, any recognition of the views of carers should incorporate safeguards to prevent this type of exploitation and abuse. Once again, effective safeguarding training, including awareness of domestic and sexual abuse can promote awareness of this issue and can enable staff to develop effective safeguards for prevention.

- We would also welcome the development of enhanced advocacy services for those who lack capacity to make key decisions on issues affecting them but who have no one to speak on their behalf. We would welcome the exploration of family group conferencing for adults, similar to that practiced for children as we feel this could ensure that services are truly based on needs and completely focused upon the individual.

Question 6

Do you agree that we have identified the right areas for reform?

- As stated previously, in general we welcome the vision presented in this document. We do believe, however, that there are issues of funding, particularly across the voluntary sector which need to be addressed for this vision to become a reality.
- Additionally, we would like to see a stronger emphasis on safeguarding in the development of services. We would like to emphasise once again, that we see this as a serious omission. In particular, we strongly believe there is a clear absence of domestic and sexual violence and abuse in the areas identified and throughout the whole document. We have highlighted the relevance of this issue and stated our concerns in relation to this throughout this response and in particular at question 2.
- Safeguarding from all forms of harm should be inherent in the development of a future care and support system and this is central to the issues of earlier intervention and prevention. For safeguarding to be a cross cutting theme, there needs to be a strong emphasis on and government investment in, staff training across all service providers to increase awareness of signs and symptoms of abuse along with developing knowledge on effective response, based upon best practice. We have already presented our views in relation to training and awareness raising in our response to question 3.

Question 7

Do you agree that there should be a balance between fulfilling individual preferences for how care and support needs are met and ensuring that resources are used efficiently to provide support to as many people as possible?

- Women's Aid agrees, there needs to be a balance between fulfilling individual preferences in relation to meeting care and support needs and ensuring efficient use of resources to all those in need.
- We do believe that individuals in need of support should have opportunities to express their views and have these views taken on board, in relation to how their assessed care and support needs would be met. This has already been expanded upon in our response to question 5. To this extent, we support the view that services must be planned and designed taking full account of the experiences and needs of service users, including their individual preferences.
- However, we also believe there is an issue of fairness and equity in service provision and this will need to be balanced carefully with individual preferences, to ensure there is an acceptable level of care and support services for all those individuals who require them. Needs will differ greatly across all adults and resources should be allocated based upon need. We also believe the realistic parameters of care provision needs to be explained in an accessible manner to all individuals who are in need of service provision when assessing need and determining service provision to ensure this balance is clearly understood by all.

Question 8

Do you think that the current balance of responsibility between government, people who use services and carers is fair?

- Women's Aid believes that Government should, as a matter of integrity, ensure the proper, economic, effective and efficient use of resources and employ principles of best value in prioritisation of issues. The vision presented in this document for the future provision of adult care and support services needs to be driven by Government, supported by a framework of adequate core funding and financial commitment.
- While we understand there is a balance of responsibility, we believe Government needs to take a stronger role in both raising awareness of services available and targeting funding to sustain and develop such vital services, based upon best practice and highest quality standards. We believe care and support should be a priority for government investment. While we understand there are other competing areas and demands such as education and economic investment, we believe a balance needs to be struck to ensure that care and support is not left behind.

- We would like to see more opportunities to engage people who use the services in providing feedback and this would help to promote a more satisfactory balance of responsibility. At present, it is unclear how the voice of the service user has any authority in service development and delivery. This requires a planned and proactive approach and needs to go beyond a standard complaints policy and process.
- We understand the primary role communities have played in supporting friends, members of the family and loved ones. Given that Carers NI have estimated that support provided by carers would cost 4.4bn if it was instead to be provided by Government, we can see not only the direct benefit to the individual in relation to this but also the savings to the public purse. However, we also understand that people in need of care and support services and their families often struggle to meet the demands associated with care provision, including financial costs. Carers can find it difficult to manage their working life, family and childcare responsibilities as well as ensuring that the individual they are caring for is receiving proper care and attention. There is often a lack of knowledge among carers, in relation to services available to them to increase their coping. While we understand and appreciate that there are services for carers such as information, advice, counselling, training, respite, provision of equipment etc. again, these are often not effectively communicated to the public at large and access once again can be problematic, due to available resources and waiting lists. While we welcome the fact that 35,740 people are receiving carers allowance, this allowance in itself, is not sufficient to meet all the costs which are involved. Additionally we would suggest there are many unofficial carers who are not in receipt of this allowance and some who are even not aware of this entitlement. We agree that carers need support to carry out their caring role and there is a need to find ways to support those who provide care and support. We believe this includes, but is not limited to, financial support and assistance. The role of carers needs to be valued in the overall distribution of responsibility and prioritised in the allocation of budgets and resources.

6. Concluding comments

- Women's Aid appreciates the opportunity to respond to Who Cares? The Future of Adult Care and Support in Northern Ireland, a discussion document. We believe there is need for such a consultation to increase awareness of the pressures facing the care and support system in NI and to generate debate about the long term future of care and support in Northern Ireland.
- We strongly believe that safeguarding from harm needs to be addressed as a key priority in the future of care and support services. While we agree with the vision presented, once again we would like to reiterate our concern at the obvious absence of domestic and sexual violence in this vision and throughout the document. These are key safeguarding issues, which we have already highlighted.

- We believe everyone should, not only have a right to effective care and support services, based upon their needs, but should be able to access these services at the right time and place. The provision of adult care and support needs to be delivered within adequate resource allocation, to ensure that cost is not a barrier to any individual seeking care and support.
- We believe in the importance of early intervention but would emphasise that this needs to be supported by rigorous training, to ensure staff have an awareness of when and how to intervene. This is particularly important in relation to safeguarding from harm.
- We believe there are many barriers for adults accessing care and support and we have highlighted these throughout our response. In particular, we feel there needs to be more public awareness of care and support services available to both individuals in need and those who may be performing a caring role. Such awareness raising campaigns need to address all areas that impact upon well-being and should include domestic and sexual violence and abuse. We believe this will increase accessibility to service provision and promote earlier intervention.
- We believe that the views of individuals should be central in relation to how their needs are to be met. Where this is not possible, we welcome the development of advocacy mechanisms to ensure services are individual centred and based upon need. We would also welcome opportunities to promote the voice of the service user that go beyond a complaints policy and process.
- In conclusion, we believe the vision presented in this document has the potential, not only to improve care and support services for adults but also to ensure that resources are targeted to best effect. Women's Aid strongly believes that there is a need for a Northern Ireland care system which is based upon need and not upon unrealistic targets and cost cutting initiatives. Such a services needs to be properly resourced and as such we wish to conclude by stating, once again, that there is a clear and definite need for adequate funding streams to be put in place, to ensure the delivery of this vision. Such funding systems need to be fair, equitable, based upon and targeted at identified need.

7. Contact details

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24 Hour Domestic Violence Helpline - 0800 917 1414

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Open to all women and men affected by domestic violence

Appendix 1- Additional statistical data regarding domestic and sexual violence and abuse

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.

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.
- Over 30% of all domestic violence starts during pregnancy.

Domestic violence: crime statistics

- 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 2011/12 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 2011/12.⁷
- Official sources (NISOSMC) estimate that up to 80% of sex crimes are not papered.

Violence against Women is not limited to domestic violence, it includes amongst other crimes murder, rape, sexual assault, sexual exploitation, trafficking, sexual stalking and sexual harassment.

⁷http://www.psni.police.uk/index/updates/updates_statistics/updates_domestic_and_hate_motivation_statistics.htm