

APPENDIX B

SLOUGH WELLBEING BOARD  
TACKLING DOMESTIC VIOLENCE / ABUSE

OUTCOMES

Title	
1	<p><b>WELCOME AND INTRODUCTIONS</b> Those SWB members present were: Ruth Bagley Jane Wood Jim Donnell Ramesh Kukar</p> <p><b>Facilitators;</b> Samantha Jones Nazia Idries Nikki Pierce Avtar Mann Louise Asby</p> <p><b>Apologies were accepted from:</b> Cllr Anderson Richard Humphrey Lise Llewellyn</p>
2	<p><b>CONTEXT OF WORKSHOP</b> <i>At a workshop facilitated by the LGA held in early 2013, the SWB agreed they should be directly involved in providing strategic direction for work to tackle Domestic Violence / Abuse in Slough. The aim of this workshop is to:</i></p> <ul style="list-style-type: none"> <li>• <i>focus on developing clear achievable outcomes to close some of the gaps identified supporting domestic violence / abuse provision</i></li> </ul>
3	<p><b>CURRENT PROGRAMMES OF WORK</b></p> <ul style="list-style-type: none"> <li>• <b>What's happening now?</b></li> </ul> <p><i>Presentation on tackling Domestic Violence / Abuse and current actions</i></p>
4	<p><b>ANALYSIS OF FINDINGS</b></p> <ul style="list-style-type: none"> <li>• <b>Where are the gaps?</b></li> </ul> <p><i>Presentation of data analysis and findings on Domestic Violence / Abuse by Thames Valley Police</i></p>
5	<p><b>OUTCOMES BASED PROPOSAL (part 1)</b></p> <ul style="list-style-type: none"> <li>• <b>What are the gaps?</b></li> </ul> <p>A) Gaps in data utilised to provide domestic abuse / violence provision. Data sharing and data sharing agreement i.e. data held by GPs.</p> <p>B) under-reporting by specific groups – higher reporting by White English community in proportion to the population and low reporting by other communities i.e. Asian communities in comparison to</p>

the population of said communities.

- I. Electoral, school places data to identify proportionally the communities by ethnic make up and the reporting of DA/ DV will allow for a balanced picture of what is currently reported.
- II. Also there cultural differences around perceptions of what are acceptable levels of control DA / DV is in different communities.
- III. TVP to provide 'thresholds' of reporting on crime clock for Slough.

C) Linked to this is training of professionals and sign posting i.e. how do we tackle issues of GPs statutory obligation to report abuse of both adults and children and patient confidentiality and how can other partners such as TVP, CCG, social services and other agents support this? Issues highlighted include women come forward to GPs but do not want to act on reporting Domestic Abuse / Violence but when GP has to report, the patient – GP relationship is lost. GPs also report of patients feeling DA/ V reported is not handled sensitively by the police.

D) Low engagement – this is the case across agencies, need to find what the reasons are stopping people doing this.

**OUTCOMES BASED PROPOSAL (part 2)**

- **How can we fill the gaps?**

A)

- TVP in process of updating data sharing agreement and signatories to be circulated and to be extended to individual GP surgeries, schools (maintained and academies).
- NI to relay with SWB comms lead to include following in SWB comms strategy: important to emphasise data sharing requires managing as it needs to be informed by the Slough Joint Wellbeing Strategy theme of 'promoting the image of the town'.

B. II) Important to utilise data all partners already have and link up to datasets to provide layering of information useful to provide early intervention / prevention, target areas where risk of DA / DV is already high and raise awareness to all partners of information we collectively hold.

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- TVP to provide individual ward level data summary of reporting of DA / DV.
- SBC to provide electoral, school places data and then TVP to provide reporting of DA / DV proportionally to the communities of Slough by ethnic make up.
- TVP to overlay A &E and paramedic data from April 2014 onwards will include alcohol and drug abuse cases to allow for a clearer identification of links between DA / DV and triggers.

**Aim is to build upon current pathways**

C)

- CCG to link with SSP on awareness raising and training for GPs
- RBFRS to continue to work with SSP to support early intervention and prevention work.

D) This will follow on from robust data collection, can begin to build picture of issues around this and answer questions such as the following:  
 Can analyse i.e. are people now safe? Have they dropped out of the system? Can we map people through the system?

**ACTIONS TO TAKE FORWARD**

- **Who will lead on recommendations agreed?**

DA Working group to lead on suggested actions highlighted.

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- **Reporting mechanism?**

DA working group to provide progress reporting on current analysis from data collected i.e. already 'hotspots' identified and subsequent data collection changes and progress report on services being provided and current impact.