

# **A review of the DeafHope development plan: “Accessing domestic violence services by Deaf women in the UK”.**

## **Introduction**

The purpose of this report is to provide a set of practical measures to support the sponsor in implementing a DeafHope service to support deaf victims of domestic abuse. The methodology for this review has included discussions with senior staff within SignHealth, review of existing work being undertaken on behalf of the Association of Chief Police Officers (ACPO) and discussions with practitioners working in support of the deaf community and victims of domestic abuse. Given the short timescale for this work it has not been possible to develop a significant evidence base in support of the findings. As such they should be considered as representing the professional judgement of the authors based upon their policing experience.

The report is divided into five areas: Access, Awareness, Knowledge, Delivery and Development. We believe these represent the key building blocks for providing a framework within which DeafHope can develop.

## **Access**

Following the seminar in October 2009, the potential for this service has been signposted to the Deaf Community. On that basis, it is essential that immediate inroads are made to enable the Deaf to access existing services that have been developed to tackle domestic abuse.

Our research revealed that the specialist domestic violence organisations including Women's Aid, and Refuge have no obvious access or information on their websites for British sign language (BSL) users; this is particularly concerning as these organisations run the 24 hour hotline. The research also revealed that whilst there were a number of agencies supporting the Deaf community who provided information in BSL, there were no direct links to the issues of domestic abuse or the agencies that provided support to victims.

Clearly a vital component in accessing services relates to the ability to communicate with service providers. Given the significant risks associated with domestic abuse our focus has been on contact with the police. In support of a number of locally run schemes, a national pilot has been running since September 2009 to enable registered users with hearing or speech impairment to access the 999 emergency

system via SMS text. To date approximately 4000 people have registered with the pilot and it has been extended to next March in order to build up a larger evidence base for evaluation. However, the take up of this scheme could be linked to the limited publicity and marketing that has taken place. Indeed there is very little information on police websites or deaf websites about this pilot. Full details of this pilot are available on <http://www.emergencysms.org.uk/>. There may be an opportunity for SignHealth to contact its service users to promote the use of this service.

The next phase of this project will look at the development of a number for non-emergency situations, but at the moment this is only available in a few forces and each number is different.

A concern that has arisen for our research is that in a number of agencies there is an erroneous belief that Deaf people are able to access their services via the written word. This fails to recognise that for some Deaf people English may be a second language to BSL. In addition, when written down for the purposes of communication BSL uses syntax and emphasis which is different to established written English. The difficulties experienced by Deaf young people within the education system can also mean that those leaving school at 16 may have a reading age of 9.

## **Awareness**

In order to develop effective engagement between service providers and users of the service, there needs to be an advanced level of awareness from all parties. Within this project this relates to the Deaf community, public services and the voluntary sector.

The research revealed anecdotal evidence of a lack of awareness by all of the parties concerned. It has been suggested that within the Deaf community a variety of factors have combined to create a situation where domestic abuse may not be understood and as a result the areas of support and guidance are not well known.

It was felt that the raising of awareness should be incorporated as part of the broader health agenda. This approach is likely to reach a far wider audience and be far more inclusive in addressing the issues irrespective of gender or age. In addition, it removes any of the obvious risks to which an individual may be exposed if the subject relates solely to domestic abuse. As many of the traditional methods of social contact have changed, it was felt important that any awareness programme should consider modern methods of communication such as social networking site (e.g. Face Book and Twitter). There may also be opportunities to consider raising domestic abuse awareness through targeted approaches such as "See/Hear" or through the schools with Miss Dorothy.com

From a public and voluntary service perspective, the absence of clear links to BSL information messages would tend to suggest that more needs to be done to raise awareness of the needs of the Deaf. It is also apparent that the absence of an SMS service within the 24hr hotlines for supporting agencies acts as a barrier to communication.

From a policing perspective, there has been significant development and investment in training and service delivery to tackle domestic abuse. However, there appears little co-ordinated training to raise Deaf awareness with specialist domestic violence units, call handling centres or front line staff.

If funding is available, there would be benefit from SignHealth developing a deaf awareness package, similar to the 'GP's 5 Steps'. This could be offered out to all Crime and Disorder Reduction Partnerships (CDRPs) and local domestic violence forum.

## **Knowledge**

As part of the project, we thought there would be benefit in giving an overview of the existing framework of the partnership response to domestic abuse.

The police service has developed their response to domestic abuse over the past 20 years. Each district/Borough has a Crime and Disorder Reduction Partnership (CDRP) which is a statutory partnership established under the Crime and Disorder Act 1998. The statutory partners are, Police, Local Authority, Fire and Rescue Service, Police Authority, Health, Probation and most will also include the voluntary sector. Each partnership is required to audit local need and to produce a strategy to address key issues. As a result of the audit, most will have targets to address the issue of domestic abuse and have established a multi-agency panel to coordinate the partnership approach.

Above this sits the Local Strategic Partnership (LSP) which brings together the key strategic leaders for the Borough/District and holds the CDRPs to account. Each LSP produces a Local Authority Agreement (LAA), which is negotiated with Government offices. LAAs are usually themed based, publicly available and split into delivery themes. The issue of domestic abuse will normally be found within a theme headed "safe/secure or confident". Other themes include Health and Well Being, Education, Regeneration/Business.

At the operational level most Forces will have developed specialist domestic violence units that are based geographically on Boroughs/Basic command units. Part of their remit will normally include safeguarding vulnerable adults. The first response to most reported incidents of domestic abuse will normally be provided by officers providing the 24hr policing response or neighbourhood policing officers assigned to specific wards or communities.

All forces have specific policies and procedures around dealing with domestic abuse and incidents in support of national guidance. These include a positive arrest policy which requires the police officer to take action at the scene based upon the evidence of offences being committed, rather than asking the victim the action they would like to be taken.

In the broader criminal justice arena, local Criminal Justice Agencies come together to form criminal justice boards. Many of these have recognised the value in providing specialist provision for domestic abuse cases. Typically these include specialist DV Courts, CPS lawyers and Victim Support. Some Criminal Justice boards have also received funding to engage the services of independent domestic violence advocates (IDVAs).

## **Delivery**

There are a number of initiatives that are currently in place throughout the country that are designed to improve the service to meet the needs of the public. The development of the emergency SMS system has already been highlighted but this needs to be linked into the 24hr support services provided by other agencies. Within the Metropolitan Police Service work is underway to enhance capacity and accessibility of BSL interpreters.

In seeking to improve service and accessibility a number of areas, including Croydon are piloting a 'one-stop' approach also known as 'Total Place'. Here all the agencies are housed under one roof and the public are given immediate access and on-going support for domestic abuse. This includes access to BSL interpreters.

A number of police forces have established police link officers for the deaf (PLOD) with basic sign language skills. This scheme was developed by Sergeant Glen Barham from Hampshire police but penetration remains limited with staff taking on this role as additional responsibility.

Within ACPO there are lead Chief officers (Assistant, Deputy and Chief Constables) with specific responsibilities in relation to Disability, Domestic abuse or public contact. The current portfolio holders are:

Domestic abuse: Deputy Chief Constable Carmel Napier, Gwent police

Public contact: Assistant Chief Constable Ian Dyson

Disability: Deputy Chief Constable Phil Gormley.

Interpreters: Assistant Chief Constable Bill Paxton

## **Development**

In order to capitalise on the existing good practice, it was felt that there would be considerable merit in developing a piloted approach to improving access, awareness, recording and monitoring of domestic abuse cases involving the Deaf. Following discussions with the Deputy Chief Constable of Sussex, there is provisional agreement to pilot an integrated process to improve the quality of service offered within Sussex. Linking in with existing good practice within Hampshire and elsewhere, it is intended to deliver Deaf awareness training to key staff. Although no details have been finalised, Lynn Shannon has indicated that she would be prepared to offer support in the development of a training package.

On a national basis, negotiations are ongoing with the ACPO portfolio leads in order that the development and evaluation of this work will feed into existing work streams to ensure that the needs of Deaf people can be met in a consistent and appropriate manner. This should ensure a much broader application of the principles being applied to the issues associated with domestic abuse.

Key to the success of all future initiatives will be the ability to provide an evidence base in support of both the analysis of the problem and the evaluation and outcomes of the tactics or methods used. A key factor is likely to include accurate reporting. Given the success that has been achieved in encouraging the reporting of hate crime, we would be keen to explore opportunities to develop third party reporting.

It would also be very helpful if SignHealth were able to help build the evidence base by looking at ways it can establish a confidential process to map the extent of domestic abuse within Deaf communities.

Although strictly outside the scope of our review there are a number of other areas that we feel may be worthy of further consideration. It should be noted that these have not been costed and as such they would require further work by the sponsor.

### **SignTranslate:**

This was found to be an excellent initiative improving access for the deaf community to meet their health needs in the GP and hospital arena. The group felt that there was potential to expand the concept into broader arenas although it is clear that other similar products are becoming available.

### **Interpreters:**

The group felt that there was scope to increase capacity for some stages of engagement (i.e. not health or evidential), by establishing a network of volunteers who are part way through the full qualification to act as 'buddies', mentors, first points of contact. As a minimum this would make 'first encounters' a better experience for the Deaf person and enable the student to build their skill.

## **Conclusion**

This report seeks to provide a series of practical steps to enhance the service that is provided to members of the Deaf community who are victims of domestic abuse. We have drawn away from suggesting that DeafHope should align itself with any particular organisation as this is outside our field of expertise. However, our experience has shown that domestic abuse is not limited to one gender and we would hope that there is an inclusive approach taken by DeafHope based on the needs of victims.

In developing a pilot based approach it is hoped that we can provide a platform for real time service improvement that can be linked into existing national developments.

Dave Martin, Sue Day, Sultan Taylor.

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