

Report on Devon BME Domestic Violence Event 11th April 2008

BACKGROUND

There have been ongoing concerns about tackling domestic violence and abuse in BME communities in Devon for some time. Over the past few years Devon has made a great deal of progress in providing a coordinated infrastructure, overseen by Adva, for support of victims and survivors of domestic violence across Devon. However, it has become clear that many survivors from BME communities have not been accessing the existing services.

These concerns were raised by workers from Women's Aid within the Adva infrastructure; by frontline workers from voluntary and community sector organisations working in the BME arena; and by community development workers from the PCT. As a result this issue was brought to the attention of managers and coordinators from Adva, the PCT and the Safer Devon Partnership and a decision was made to hold an initial conference to bring together key figures from all the relevant organisations.

The purposes of the conference were identified as:

- To bring together and promote effective dialogue between the statutory and the voluntary and community sectors;
- To make sure that organisations and individuals working with BME communities know what Adva is, how it works and how people can access services;
- To make sure that frontline workers from Adva and Women's Aid have access to up-to-date information about the needs of Devon's BME communities and the organisations that can help to link survivors to support services;
- To identify existing gaps in service provision and the barriers that prevent BME survivors from getting the help they need;
- To prioritise the needs of survivors from Devon's BME population;
- To draft an Action Plan to take this work forward

As invitation lists were drawn up and distributed it became clear that there was some frustration – in all sectors – about the failure of past attempts to tackle these problems. It emerged that there had been several initiatives in the past, which – despite the hard work and commitment of several individuals and organisations – had led to dead ends. This made everyone involved rather cautious as no-one wanted to raise expectations only to see them dashed yet again. The consensus feeling, however, was that this opportunity to put failures behind us and to build instead on the goodwill and common purpose was one that should not be wasted.

ATTENDANCE

The meeting was well attended with a good mix of representatives from community organisations and from statutory organisations. In all there were 47 attendees. A full list (including those who sent apologies) is attached.

FINDINGS

The afternoon session focused on discussion of three areas:

- The particular needs of victims/survivors from Devon's BME communities
- The needs of Adva, Women's Aid and other statutory and voluntary sector organisations
- Identifying priorities

The following points emerged:

Confidentiality

Many of Devon's minority communities are relatively small and tight knit. Understandably there are a lot of fears about breaches of confidentiality and of other people in the community finding out. This is of particular concern in relation to translators and interpreters.

Information about Adva and ability to access services

Victims from Devon's BME population need to know that there is support available. They need to be more aware of the different options they have; of who they can contact; of how to get the answers they need.

Information about Devon's BME communities

Women's Aid, Adva and the relevant statutory agencies need to be well informed about the grassroots organisations working in this arena

Holistic service

A victim centred approach that is flexible enough to respond to a wide range of different needs and circumstances

Culturally appropriate services

Cultural barriers exist on both sides. Agencies involved in offering support need to look for ways to improve their cultural awareness of the different religious, spiritual & cultural needs. Within different minority communities there needs to be more awareness of what *domestic violence and abuse* means, of how it is seen and of the importance of education and clear signposting. One clear implication of this is the need for translated materials. More media awareness (also in minority languages) and awareness raising initiatives.

Human Rights

All agreed that domestic violence and abuse was a human rights issue.

Language support

Language Line is not appropriate. More locally available accredited translators, better resources for translation services, de-jargonised language are needed. The conclusion was that more funding needs to be invested in translation services, ideally including a Community Interpreter service –supported by statutory agencies and trained in DVA issues.

Immigration status

There need to be facilities available for people with no recourse to public funds

Co-ordinator/ Specialist BME outreach worker(s)

This potential post was identified as key to building confidence in the community, tackling a range of issues, liaising between sectors and ensuring agencies are up to date. Any post would ideally be linked to Women's Aid.

More staff from BME background employed in Women's Aid/Adva

To reflect Devon's diversity; to increase trust and understanding; specific BME workers to accommodate women's needs; gender sensitive services. More BME support workers

Recognition of the benefits of volunteers

Mutual trust; *invisible* support

Training and education

Identified as a priority for community and voluntary organisations, for statutory agencies and for service providers – especially for frontline staff on the ground (not tick box training). Training needs identified included: understanding body language; understanding cultures; learning from survivors; awareness of best practice. Work needs to be done with the perpetrators as well as the victims.

Resources and capacity

More housing options, beds in refuges. Also discussed using existing community capacity as a resource – giving the right training and appropriate links, grassroots community groups working with BME communities can help to support both survivors and Adva.

More funding for existing and new initiatives

More multi agency / partnership work

To share information; identify agencies with potential for help (voluntary sector to invite statutory agencies); use of community development workers; also shared burden (for example funding); information gathering and dissemination (share info!); increase and maintain collaborative work; networking group.

Planning

There is a need for both an immediate **Action Plan** and a **Long-term plan** for working with communities rather than 'one off' responses; consistency of service across the county; identify who can start the work (mapping); work out from centres of population towards rural areas

Service Directories

Both for Adva and for the BME sector, including identification of voluntary and community sector organisations. These would be an asset to all sectors and would help with clearer mapping of communities.

Evaluation

All attendees were asked to provide feedback on the day. The feedback was overwhelmingly positive with an average score of 2 (on a scale of 1 to 6 with 1 being the highest and 6 the lowest) on all questions asked.

Additional comments:

"It is a first step to build a partnership."
"Most useful to know who is who, what is available and happening and the relationship between organisations"
"An awful lot to take in"
"An interesting and educational day showing a necessary need for much more work!"
"Hope it will be the start of more specific actions"
"Not enough time for a huge issue"
"Very interesting day that allowed me to meet with people from BME communities who I wouldn't meet otherwise. Has increased my cultural understanding."
"I need to know more – but a really good start"
"Got very sidetracked on other important issues, not DV"
"A really engaging day, I learnt a lot and felt that any worries about conflicts were unfounded. Very positive. Glad to have been part of it."
"Important to hear directly from members of different communities."
"Great for meeting people I'd heard about but not had time to contact and feel much better informed about BME organisations in Devon."
"Excellent opportunity to kick off but needs to be followed through with further meetings and more collaboration."
"This was a very interesting day and has improved my knowledge"
"Excellent event which benefited from being small in size but with a good range of knowledge and experience in the room. I leave with optimism.."
"Great lunch."

OUTCOMES

It is worth noting that the day itself was a positive and meaningful outcome. Representatives from Adva, from agencies within all sectors and from the BME communities:

- Established an invaluable dialogue
- Learnt more about each other and about available services and support
- Networked and established useful contacts
- Identified and agreed on key priorities
- Agreed an initial Action Plan (below)

ACTION PLAN

	Objective	Actions	Who?	When?
1	Establish ongoing dialogue among relevant agencies and groups	Initial Conference	Adva, PCT, DCC	11/04/08
		Circulate report and draft action plan	SDP, PCT	2/04/08
		Establish Action and Advisory Group	All	By 11/05/08
		Follow up conference	Action Group	By 11/10/08
2	Promote more effective information sharing	Produce and distribute BME service directory for Devon	Safer Devon Partnership (DW)	By end July '08
		Distribute Adva service directory among BME communities	Adva	By end July '08

		Update Adva directory with BME section	Adva, Action Group	By 11/10/08
3	Set up relevant training	Identify potential trainees, trainers, suitable courses and dates	Action Group	By end July '08
		Run 2 training courses in DVA with BME community groups	Action Group/Adva	In 2008
		Review and if necessary update Racial Equality and Cultural Sensitivity component of training modules	Action Group, Adva, SDP	By 11/10/08
4	Secure funding for BME specialist coordinator and/or support worker/s	Work up job description/s	Action Group	By 11/10/08
		Identify potential funding streams	Action Group, SDP	By 11/10/08
		Make relevant appointment/s (funding dependent).	Adva, SDP	2009-10
5	Improve flexibility and accessibility of services	Conduct small scale research project at BME community level	PCT, Police, SDP, to fund. Action Group to oversee.	By 11/10/08
		Critically review protocols	Adva, Action Group	By 11/10/08 and ongoing
6	Improve available language support	Support development of Devon based Community Interpreting agency	Action Group, PCT, DCC	Within 1 year
		Review and advise on translation of information leaflets	Action Group	By 11/10/08 and ongoing
		Set up training on DVA for community interpreters	Adva, Women's Aid, BME community	By 11/10/08 and ongoing

ATTENDANCE

	Name	Position	Organisation
1	Andrew Stapley	Senior Manager	Patient and Practitioner Services Agency
2	Audrey Tooms	Teignbridge BME Forum	
3	Carola Salvadori	Practice Manager	CYPS
4	Jill Read	Diversity Officer	Teignbridge District Council
5	Chris Bennett	Crown Prosecutor	CPS
6	Denton Williams	PCSO	Devon and Cornwall Police
7	Faith Stafford	Director	The Practice Centre for Counselling
8	Gill Unstead	Social Inclusion Lead	DAAT
9	Jill Owen	Councillor	DCC
10	Julie Dixon	Diversity Officer	Devon and Cornwall Police
11	Julie Vane	Trainee Clinical Psychologist	

12	Juniper Connal	Health Improvement Specialist	NHS
13	Katrina Deacon	Diversity Officer	Devon and Cornwall Police
14	Lisa Jennings	Devon Homelessness Coordinator	
15	Lynn McClelland	Clinical Psychologist	University of Exeter
16	Maguerite Hepworth	Family Court Advisor	CAFCASS
17	Marion Braund	Senior Manager	Patient and Practitioner Service Agency
18	Patsy Temple	Health Policy Manager	NHS
19	Robert Brown	Head of Public Protection	Devon and Cornwall Police
20	Roy Tomlinson	Community Strategy Officer	DCC
21	Shaunaugh Cobb	Migrant Worker Officer	Devon and Cornwall Police
22	Val Smith	Children Centre Development Manager	CYPS
23	Mel Stiles	CDW	Devon PCT
24	Maja Lelandais	CDW	Devon PCT
25	Chukes Maxwell	CDW	Devon PCT
26	Sevil Fertinger	CDW	Devon PCT
27	Dave Wright	Hate Crime Prevention Officer	DCC
28	Rachel Martin	ADVA Manager	DCC
29	Annette Hughes	Project Coordinator	Refugee Support Group Devon
30	Chris Pearson	Manager	Exeter Women's Aid
31	Christine Mckenna	Manager	SD Women's Aid
32	Fran Jenkins	Chair	Refugee Support Group Devon
33	Julie Bennett	Assistant Manager	North Devon Women's Aid
34	Kathy Gibson	SEEDS member	
35	Moira Mudge	SEEDS member	
36	Carol Hazelton	Help-line Coordinator	Rape and Sexual Abuse Line
37	Linda Randeem	Director	REC
38	Suaad George (+2)	Chair	Devon United Women
39	Narvan Zowal	Co-chair	OTA
40	Diane Lawrence	Chair	Rejuvenation
41	Sarah Chowdry	Organiser	Islamic Family Support Group
42	Ricky Croal	Project manager	Ujima
43	Fakhira Ashfaq	Manager	Hikmat
44	Gervaise Cevio	Manager	DRIVE
45	Mona El-Sayed	Volunteer	DRIVE
46	Claire Coutts	Volunteer	DRIVE
47	Cathy Kinghan		North Devon Women's Aid
48	Magda Koscielak	CDW	Devon PCT
49	Marta Konieczna		Adva
50	Annie Crocker	CDW Gypsies and Travellers	Bristol City Council
51	Alice Woods		
52	Debbie Hall		Exeter Women's Aid
53	Zoe Joslin		HMCS
54	Tess Biddington	Trainer	Adva

Dave Wright
1st May 2008