NORFOLK COUNTY COMMUNITY SAFETY PARTNERSHIP

DOMESTIC VIOLENCE HOMICIDE REVIEW

EXECUTIVE SUMMARY

into the death of

Fatou age 35 years

in October 2014

Report Author

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Report Completed: 15 July 2015

The Norfolk County Community Safety Partnership Domestic Homicide Review Panel would like to express their sincere condolences to the family members affected by the deaths of the two people which brought about this Review. Although their families live many thousands of miles away and did not see the couple regularly, their loss will still be keenly felt. The victim's death leaves a family without a much loved daughter, sister, and aunt who despite the oceans which separated them kept in touch and who was a support to her elders.

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EXECUTIVE SUMMARY

1 The Review Process:

1.1 This summary outlines the process undertaken by the Norfolk County Community Safety Partnership Domestic Homicide Review Panel in reviewing the death of a resident in the Great Yarmouth Borough Council area. The circumstances which lead to this Review are that in October 2014 a member of the public called the Fire & Rescue Service to report that smoke was billowing from a house in Great Yarmouth. The fire crew had to force entry to the property and the seat of the fire was identified to be in an upstairs bedroom where a body was found. A search of the house revealed the body of the victim in the downstairs living room. The premises were secured and the Police called. The Police investigation found that the victim had sustained stab wounds. The body in the upstairs bedroom was identified as the victim's husband; an insulin injector pen and a can of petrol were discovered next to his body.

1.2 The Coroner was informed and at an inquest was held in March 2015 when a verdict of unlawful killing was recorded with regard to the victim. A verdict of suicide was recorded for the perpetrator.

1.3 The Review process began on 10 November 2014 when the Community Safety Partnership chair in consultation with the Partnership members made the decision that the circumstances of the case met the requirements to undertake a Domestic Homicide Review. The Home Office was notified of this decision on 15 December 2014 as required by statute. The Review was concluded on 15 July 2015. This is over the statutory guidance timescale to complete a Review due to difficulties in contacting family members abroad, and the wish to include the findings from the Coroner's inquest. The Review remained confidential until the Community Safety Partnership received approval for publication by the Home Office Quality Assurance Panel.

Agencies Participating in the Review:

1.4 A total of 15 agencies were contacted for information following notification of the homicide by the Police. 3 responded has having had contact with the individuals involved in this Review; 12 had no contact.

1.5 Agencies participating in this Review and the method of their contributions are:

- James Paget University NHS Hospital Trust – information
- The couple's GP Practice – Chronology and Individual Management Review (IMR)
- Norfolk Police – brief historical information and incident details.
- Bridge Plus (BAME Community Organisation)[1] - information

One member of the victim's family, and a member of the community who knew the couple have contributed to this Review. Attempts to contact other members of the family who live abroad have not been successful.

[1] The Bridge Plus+ is a Norfolk based black/Asian and minority ethnic (BME) organisation aimed at improving community cohesion through innovative community engagement activities and service delivery to promote race equality and community cohesion. It is a not for profit, non partisan voluntary community group set up for charitable purposes.

1.6 **Confidentiality:**

1.7 To protect their identity and maintain the confidentiality of the victim, perpetrator, and their family members pseudonyms have been used throughout the Review. They are:

The victim: Fatou, age 35 years at the time of her death
The perpetrator: Ebou, age 56 years at the time of the offence.

1.8 Both Fatou and Ebou were of Gambian ethnicity. Fatou had acquired United Kingdom citizenship. Ebou had Dutch citizenship. They were of the Muslim faith; however, enquiries with the local Mosque found they were not known to the Imam.

1.9 Neither Fatou nor Ebou would have been assessed as a vulnerable adult, or an 'adult at risk' the term which has replace 'vulnerable adult' under Section 14 of the Care Act 2014. As a consequence they did not require and were not eligible for community services to which a person who is aged 18 years or over may be entitled by reason of mental health or other disability, age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself from harm or exploitation.

1.10 **Purpose and Terms of Reference for the Review:**

The purpose of the Review is to:

- Establish what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims;

- Identify clearly what those lessons are both within and between agencies, how and within what timescales they will be acted on, and what is expected to change as a result;

- Apply these lessons to service responses including changes to policies and procedures as appropriate; and

- Prevent domestic violence homicide and improve service responses for all domestic violence victims and their children through improved intra and inter-agency working.

- To seek to establish whether the events leading to the homicide could have been predicted or prevented.

This Domestic Homicide Review is not an inquiry into how the victim died or who is culpable. That is a matter for the coroner and the criminal court.

1.11 **Specific Terms of Reference for the Review:**

1. The Review will examine the background to the couple's relationship between 2006 when it is understood the relationship began to change, and the date of the victim's death in September 2014. Any agency with information prior to this date is to provide a summary of their contact to assist with context to the events leading up to the victim's death.

2. To establish whether there is evidence of any actions or behaviours that suggest there was abuse or coercive control within the couple's relationship in the past or since they became estranged, either disclosed to services, family, friends, or colleagues.

3. Services who have had involvement with the victim or perpetrator to confirm whether they have a policy and pathway for dealing with domestic abuse, and whether the practitioners who had contact with them had received training in identifying the symptoms of domestic abuse, its effects, and understood behaviours which constituted high risk,

4. To review the couple's use of services and whether there were indications of any other risk factors.

5. If evidence of domestic abuse is found, examine whether the victim or the perpetrator was given or accessed advice and support, and if not why not.

6. The chair/author of the Review will be responsible for consulting family members and for facilitating the contributions of family, friends and colleagues. This will be undertaken through liaison with the Police Family Liaison Officer and the Victim Support Homicide Team.

1.12 Agency Contact and Information from the Review Process:

1.13 Ebou met Fatou during a visit home to the Gambia. Fatou was the eldest of seven children. She was born in the Gambia where she lived until her marriage to Ebou in 2003. Fatou's first contact with an agency was with the UK Immigration Services when she applied for a UK Residency Document on 2 September 2003 which was issued on 4 January 2004 and this was valid until 10 September 2008. The application was sponsored by Ebou as were all future applications to the Immigration Service until Fatou was granted UK citizenship in 2013. The immigration process was as expected and the DHR Panel found no evidence to suggest that it had been misused as a means of controlling Fatou.

1.14 According to Fatou's brother the couple met through Ebou's sister. At the time Fatou had a very good job as an immigration officer. Fatou's family made enquiries about Ebou and his family and the couple eventually married. The family knew Ebou had lived in the Netherlands for a number of years and he claimed to be an immigration lawyer and to own various properties. His own family believed he was wealthy. Fatou's brother described Ebou as a very intelligent man who appears to have had the ability to make everyone believe untrue stories about his employment and his life. Between 2003 and 2014 Ebou is recorded in GP or hospital notes as having eight different job titles ranging from television producer, managing director of a securities company, to a security and legal consultant; none of these appear to be true.

1.15 Fatou's brother described how his sister worked for a laundry company in the local area for 9 years, and she would send money to Ebou's family in Gambia to 'save face'. She also sent money home to her mother; Fatou had a great sense of personal responsibility as the eldest child in the family, even though her brother tried to impress on her that this was not necessary. Fatou also paid for an annual holiday the couple took to Dubai, and in the last few years she had also funded a trip back to Gambia to see her parents.

1.16 Fatou first registered with a Great Yarmouth GP practice in 2003. Ebou first registered in 2000 when he came to the United Kingdom from the Netherlands. They were both patients at the same surgery. The predominant issue for which Fatou saw her GP was concerning the high number of miscarriages she suffered which prevented her maintaining a pregnancy. Her GP practice were aware that she had had seven miscarriages, the last of these was in May 2014 although they did not know on this occasion that she was pregnant until they received the report from the hospital. The

couple were referred and had 3 unsuccessful attempts at IVF. This completed the number of sessions they could have on the NHS, and they were informed that further attempts would have to be within the private sector.

1.17 The continual difficulties Fatou experienced over the years caused her increasing distress. In March 2011 she was prescribed anti-depressants for 3 months following a further unsuccessful attempt at IVF. In April 2013 she asked to be referred to a particular consultant and it was noted that she was very upset, was crying continuously, and stressed about her sub-fertility issues. Fatou reported that the fertility problems were a major concern to her and her culture. Ebou had reported in consultations with consultants that he had two children from his first marriage in the Netherlands, thus he was understood by doctors and members of the community to have already fathered children. However, this has not been confirmed and no children ever visited him in Norfolk.

1.18 The only contact with the Police took place in 2005 when they attended a domestic incident in which it was alleged that Ebou had attempted to strangle Fatou. He was arrested, but the Crown Prosecution Service took no further action due to lack of evidence. The date and detail of the incident are no longer available due to the amount of time which has elapsed. Fatou's brother remembered that he was aware that there were difficulties in the marriage some years ago and that Fatou had moved into a hotel for a short time, but culturally it was difficult for her to leave the marriage and she returned to Ebou.

1.19 Ebou appears to have been unemployed for much of the couple's life together due to various health conditions which included a history of lower back problems, headaches for which no cause could be found, and he was diabetic. He was a frequent attendee at the couple's GP practice. There were occasions when he returned to the Netherlands for treatment. In January 2004 he was diagnosed with a collapsed disc and in the following October he reported to his GP that he had been to the Netherlands and had surgery, but now needed physiotherapy. He told his GP that a letter would follow from his doctor in the Netherlands, but no such letter has been found. He had referrals to hospital and physiotherapy for his back problems, but it was noted that he did not follow the advice given and he did not complete physiotherapy sessions and was therefore discharged. There were many occasions when Ebou was issued medical certificates which signed him off work. For example in 2004 he had seven medical certificates of between 4 and 8 weeks duration. Ebou also requested a copy of a letter from what was then the Department for Social Security (DSS) regarding his incapacity benefit.

1.20 A letter from a diabetic nurse specialist at the James Paget Hospital to his GP reported that Ebou had adopted an irrational regime for his medication, meaning that he had only been taking part of the required daily dosage. It was reported that his ethnic origin would suggest a high risk of insulin resistance. His medication regime was changed and the plan was to continue to review him until the optimum management plan was determined. However, Ebou appeared to resist efforts to improve management of his diabetes and he missed clinic appointments. A letter from the James Paget Hospital to his GP indicated that his diabetic control put him at significant risk of a cardiovascular event and it was considered that insulin therapy was required. This assessment proved to be correct for in May 2009 Ebou was admitted to hospital having suffered a stroke.

1.21 Ebou was deemed to make a complete recovery from his stroke; he reported to the hospital that he had returned to his full level of activity including his job as managing director of securities company. However, he continued to visit his GP with a range of complaints. In May 2010 Ebou had a TIA, commonly known as a 'mini stroke', for which he was treated in the hospital A & E department and then discharged.

1.22 Ebou continued to see GP and hospital services over the coming years for check-ups for TIA after care, headaches, and his poorly managed diabetes which resulted with him being placed on insulin. Ebou regularly failed to attend eye check-ups; an important monitoring process for diabetics. His many appointments continued throughout the period of Fatou's IVF treatment.

1.23 In April 2014 Fatou's brother came to England to visit her. He reported that he was shocked by the amount of weight she had lost. He also thought there was a strained atmosphere between the couple. He was also surprised to see where they were living (a small rented house) when he and the family had been lead to believe that Ebou was wealthy with many properties. Fatou's brother tried to talk to her about his concerns, but he reported that she was a very private person and would not discuss any problems she may have had. He was unaware of her pregnancy problems, although he said as a man she would not have discussed such matters with him.

1.24 Fatou's GP received a report from the hospital in late May 2014 informing them of her seventh miscarriage. They had no further appointments or contact with her before her death in October.

1.25 Ebou's final contact with an agency was on 1 October 2014 when he was seen at the hospital following a GP referral and was diagnosed with trigger finger.

1.26 During the period that Fatou and Ebou were seen by their GP practice and the hospital they were seen both separately and together. There was no indication that Ebou was controlling of Fatou during these appointments.

1.27 In early October 2014 Fatou's brother spoke to his sister for the last time at around 22:00 hours. She sounded normal and they spoke of their sister in America. Fatou then passed the phone to Ebou. He too sounded as usual. The bodies of Fatou and Ebou were found the next day after a member of the public noticed smoke coming from the building and called the Fire & Rescue Service. The Service then secured the site and called the Police who attended.

1.28 During the Police enquiries which followed CCTV footage showed Ebou buying petrol, vodka and orange juice before the murder would have taken place, his demeanour appeared normal. A note was found in the property blaming Fatou for deliberately causing the failed pregnancies. There was also a letter to her mother complaining that Fatou was disrespectful to him. Enquires also revealed that the couple had debts.

1.29 A post mortem examination confirmed that Fatou had sustained multiple stab wounds. The pathologist determined that cause of death was due to a stab wound to the carotid artery and blood loss. Some wounds were judged to be defensive.

1.30 The toxicology report for Ebou's post mortem revealed an alcohol level of 116mg of alcohol per 100mg of blood which would result in a mild to moderate level of intoxication. Tests were negative for drugs. There was no evidence of an insulin overdose, but this could not be confirmed for technical reasons. Cause of death was recorded as inhalation of smoke fumes.

2 Key Issues Arising from the Review:

2.1 There is no indication that Fatou or Ebou had any difficulty in accessing appropriate services for their needs. They both spoke good English and did not require an interpreter.

Their GP practice had the advantage of having a female doctor who was from West Africa and able to give useful insight into the differences in culture between West Africa and Britain. In the GP practice IMR the doctor explained that in West African culture women are generally considered the property of their husbands, where men are considered more important than women, and this is exaggerated when there is a large age gap in a relationship. There is often an age gap of 10-20 years and this gives the husband a significant degree of control. There were 21 years between Fatou and Ebou. The Panel's cultural advisor confirmed that West Africa is still a very male dominated society.

2.2 Fatou probably wanted children so keenly as their presence is considered important in cementing the wife's place in the marital relationship, particularly if the husband has already fathered children. Fatou's many miscarriages would have put a particular strain on the marital relationship as in West African culture it is considered an insult to a husband if the wife cannot have children.

2.3 Fatou's brother and the Panel's cultural advisor confirmed that there is a culture of keeping problems in the family, and indeed Fatou is spoken of as being a very private person. The fact that she was so far from her family members, especially her sisters, may have put an even greater strain on her. Traditionally those from West African cultures do not like to be asked direct questions about personal issues. Thus any screening or questions concerning domestic abuse would have to be done subtly and by using indirect questions. In the GP IMR the doctor gave an example using the scenario of asking a patient whether she was using contraception: The patient would be asked how many children she had, and whether her husband was happy with that number. However, even with this sensitive approach it is conceded that a woman may still be reluctant to discuss personal issues.

2.4 This case highlights the importance of understanding cultural norms and expectations and how these can impact on risk in respect of domestic abuse. The information in this Summary brings to the fore the additional pressures and risks which result from cultural and societal expectations in some communities. Many are now aware of the risks associated with forced marriage, FGM[2], and forms of so called honour based violence. This sad story raises the issue of a less well known risk factor; that of a woman not being able to have children in a relationship where the lack of children is perceived as disrespectful and an insult to the husband. This highlights the need to be open and vigilant to a variety of cultural and societal norms which can increase risk to a victim.

2.5 Many victims experiencing domestic abuse and coercive control can face barriers to seeking help and advice, be that practical difficulties of knowing where to obtain help, physically getting to where help is, or psychological barriers due to fear of disclosing and the consequences which follow. Members of the BAME community often face additional barriers not just of language and understanding what is considered to be domestic abuse, but as Fatou's case suggests due to cultural and societal expectations. The Panel is aware that engagement and community information is ongoing in the county through various campaigns and publications such as B-Me Voices Magazine,[3] but ways need to be found to break down barriers and reach those who do not assimilate information through the written word. The Panel was alerted to the fact that many members of the BAME community may speak fluent English, but may not be able to read it well.

2.6 As domestic abuse was not in evidence during Ebou and Fatou's contact with sectors of Health there were no opportunities to challenge his culture of male entitlement. He did

[2] Female Genital Mutilation

[3] B-Me Voices produced by Bridge Plus - Issue 2 Summer 2014 page 30 article on Norfolk Police Diversity Team on Hate Crime and Domestic Violence.

not attend all Fatou's appointments, but where they were seen together there was no indication of control by him. In 2005 he was not charged in connection with the assault on Fatou therefore as would be expected no intervention with him took place. This is another area where ways need to be found to challenge the culture and some male expectations of dominance and entitlement, and this applies to *all* sections of society.

3 Conclusions:

3.1. A primary purpose of the Domestic Homicide Review in addition to identifying actions taken and lessons to be learnt is to determine whether the homicide was predictable and preventable.

3.2. There are strong indications that Ebou was a 'Walter Mitty' character who made up job titles and background stories to give himself a greater position in the community and to his and Fatou's family in Gambia. He was not the wealthy lawyer with property that she and her family thought she was marrying in 2003. She left a good job as an immigration officer and her family to come to the UK to live in a small rented property and work in a laundry. With Ebou's ill health from the start of their marriage and long periods off work her earnings must have been important to the household, and according to her brother she paid for the holidays abroad as well as sending money to family in Gambia. And yet it would appear that her difficulty in having children may have been the catalyst for the ultimate affront to her husband's standing in their community as he perceived it. There was also a note to Fatou's mother found after the fatal incident which accused Fatou of being disrespectful to him (paragraph 1.29). Because he already had children it was thought, members of the community had sympathy for her not having children.

3.3. In this case there were no outward signs of recent domestic abuse or behaviours which might indicate coercive control. Fatou's brother, a local contributor who knew the couple, and the practice staff who saw them frequently over the years were all shocked at the terrible events which were revealed in October 2014. Although her brother made one comment about Ebou being controlling no one else saw anything to make it predictable that Ebou would kill Fatou.

3.4. The fact that Fatou was a very private person and culturally it is unacceptable to talk about problems outside of the family, suggests it is unlikely that she would accept help locally, let alone seek it from an 'outsider' if she needed to. Ebou too was a private person and only revealed what he wanted to reveal, and no one imagined he would carry out such a crime. This makes it especially difficult to imagine how an agency or professional could have intervened to stop the actions which took place. Challenging a cultural norm of male privilege would also not be easily overcome had an intervention been possible. Therefore the conclusion must be reached that Fatou's murder was not preventable by any agencies in the area or with whom she had contact.

4 Recommendations:

4.1. The Panel wishes to acknowledge the considerable work taking place in Norfolk as a result of previous Domestic Homicide Review recommendations. Remedies to address aspects of the lessons learnt in this Review which would have generated a recommendation are already underway via the Norfolk Domestic Abuse Change Programme. An outline of the Change Programme can be found in Appendix A. Therefore where recommendations coincide with changes already underway this will be highlighted.

4.2. The Review Panel would reiterate that while the review process has not identified any systemic failures by any agencies which could be considered to have contributed to this tragic event, the Panel did acknowledge the need for a continued focus on, and the importance of, training and development of staff supported by domestic abuse policies, best practice and learning from DHRs.

County Level Recommendation:

4.3. The Panel notes the significant work being undertaken to raise public awareness of domestic abuse via surveys already undertaken and the development of a county-wide communications strategy. As this is already underway the Panel would recommend that the findings of this Review are taken into account in relation to engaging with BAME communities and groups, to agree methods of communication and awareness raising which best suit the community's needs, and which will break down the barriers to early reporting and early intervention.

4.4. Agencies need to be aware of the origins of their populations in order to understand different cultural factors that may impact on assessments, in particular on the impact on domestic abuse risk assessments. This has therefore been included as a recommendation for inclusion in the Norfolk Change Programme Work Capabilities Project devoted to cultural change among staff and improved awareness of domestic abuse.

Recommendation 1:

That the Domestic Abuse Change Programme Board take into account the findings of this DHR and include in the Change Programme Plan the following:

(a) *A process of engagement and consultation with BAME communities and groups to develop and deliver a method of raising awareness of domestic abuse, behaviour which increases risk, and sources of support with the aim of increasing opportunities for early reporting and intervention.* Actions to achieve implementation commenced May 2015 with completion March 2016.

(b) A campaign which challenges abusive behaviours and beliefs in male entitlement by perpetrators across all cultures and populations with the aim of increasing reporting and holding perpetrators to account. Actions to achieve implementation commenced November 2015 with completion November 2016.

(c) Agencies should be aware of and engaged with the communities they serve and ensure that appropriate expertise is accessed to inform them of cultural issues and practices which may suggest an increase in risk when undertaking risk assessments in relation to domestic abuse. Action to achieve implementation commenced September 2015 with completion in June 2016

4.5. The Panel is aware of the actions already taking place in the county to improve GP practices awareness of domestic abuse and actions to take. A previous DHR recommendation to NHS England requested that a domestic abuse training requirement should be included in the National Contract for Primary Care, but this was not felt to be achievable. However, the Panel notes the work being done jointly by the Norfolk Police and Crime Commissioner's Office, Norfolk CCGs, and Leeway Domestic Violence and Abuse Services in addressing this gap with their programme of free training for clinical and non-clinical staff in practices in the county over the past year (2014-15). We would therefore commend these organisations for this training strategy, and given how well

placed GP practice staff are for identifying and intervening early in cases of domestic abuse, we would urge that this training continues to avoid future gaps in training provision for the Primary Healthcare sector. Again this issue is being addressed by the Norfolk Change Programme through their Workforce Capabilities Project; therefore no further recommendation will be made concerning this issue.

GP Practice

4.6. The following recommendations were contained in the Independent Management Review for the GP practice. These recommendations do not indicate that the practice could have done anything differently in this case, but that training and administrative processes around that training need to be strengthened. The practice has already taken action on these recommendations therefore they are not included in the DHR action plan. The recommendations and a brief explanation of the actions taken are included here for information and transparency.

4.7. The GP practice was asked to confirm to the Community Safety Partnership that their domestic abuse policy was not only accessible to staff, but that they were aware of its existence and contents. They were asked to inform the Partnership by September 2015.

Recommendation 1:

It is recommended that an audit of training records is undertaken and that any gaps in mandatory training are identified and rectified.

Action: Training records are continually reviewed and monitored therefore the practice feels an audit is not required at this time - they have recently received a guide of mandatory training requirements from their LMC [Local Medical Committee] and have consequently purchased an E-Learning package which covers all mandatory training for clinicians and non-clinicians.

Recommendation 2:

It is recommended that the safeguarding element of the induction-training programme be strengthened to ensure that all members of staff receive the mandatory element of training required at the start of their employment.

Action: Safeguarding training is a yearly mandatory requirement as per LMC guidance - this element of training is included in the E-Learning package which will be completed by all members of staff.

Recommendation 3:

It is recommended that a domestic abuse awareness element is included in the induction-training programme to ensure that all members of staff receive a basic awareness at the start of their employment.

Action: Domestic abuse awareness is not part of mandatory training, however, the practice has included it as part of their induction programme as per the recommendation.

Recommendation 4:

It is recommended that a domestic abuse awareness policy is developed that provides clear information about domestic abuse and the type and frequency of training that members of staff are expected to undertake.

Action: The practice report that a Domestic Abuse Awareness policy is now accessible to all staff. The practice has been asked confirm that the policy is not just accessible, but that staff are aware that it exists and aware of its content. They have also been asked whether the practice has followed the Royal College of General Practitioner's guidance in the formation of this policy. To avoid further delay in the completion of this Review this outstanding confirmation has been added to the Review Action Plan for follow up.

Recommendation 5:

It is recommended that domestic abuse awareness training is made available to all members of staff who did not attend the training in 2014, and that a rolling programme of training is implemented.

Action: Domestic abuse awareness training was delivered by Leeway Domestic Violence & Abuse Service to the practice receptionists during a half day training event on 11/2/15. The practice has contacted Leeway to provide training for the Nursing Team during the autumn of 2015.

Recommendation 6:

The practice should review the ethnic origins of the patient population in order to understand different cultural factors that may impact on the communication of key information between the clinician and patient.

Action: The practice code includes the ethnicity of every patient; however, under the Equality Act they work on a process that anyone can be at risk regardless of ethnic background. All patients have access to an interpreter. The practice has a large number of Portuguese within their patient population and has therefore recently employed a receptionist who speaks fluent Portuguese. (*it has been emphasised to the practice that the findings from this DHR have highlighted the need to be aware of how cultural factors and practises can affect risk in relation to domestic abuse).*

Recommendation 7:

It is recommended that a system is implemented to ensure that all members of staff are always up to date with basic equality and diversity training.

Action: This training is mandatory and is covered every year by all members of staff.

APPENDIX A

Norfolk Domestic Abuse Change Programme

Led by the Norfolk Community Safety Partnership, the key principle of the Change Programme is to develop cultural change within the county's organisations in respect of domestic abuse in order to facilitate early help and intervention with a focus on encouraging early disclosure. In time the county has aspirations to consider the matter of perpetrator programmes, working with communities to develop resilience, and the joint commissioning of services.

- A Change Programme board has been set up and a change manager appointed.

- 4 work strands underpin the programme:

    - Workforce Capabilities Project
    - Service Delivery Project
    - Communications and Campaigning Project
    - Strategy and Service Redesign Project Sponsor

Actions taken to date as of June 2015

- Training has been successfully rolled out for GP practices across the county
- 3 domestic abuse coordinators within Norfolk county council children's services have been appointed – part funded by the PCC. They will be recruiting, training and supporting champions across the sectors so that professionals in universal services have an enhanced knowledge and confidence in asking about domestic abuse.
- A pilot training course for champions is taking place in June/July 2015
- Coordinators will look at developing services according to need through service user input and consultation with each taking a specialist area. One will lead on engaging with diverse groups such as ethnic minorities.
- A market research survey is taking place on perceptions of domestic abuse in order to target messages more appropriately to different cohorts in the county – a multi-agency communications and campaigns strategy will be implemented based on the outcomes of the survey.
- A Norfolk wide domestic abuse strategy which includes an outcomes framework is being developed.
- A commissioning framework for Domestic abuse is also in development, providing guidance for the procurement of services where contact with the public requires safeguarding awareness.

Information provided by the Change Programme Manager - June 2015