

## CHESHIRE EAST DOMESTIC ABUSE PARTNERSHIP

### INTEGRATED COMMISSIONING STRATEGY

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### 1. INTRODUCTION AND AIM

This short strategy is based on the **Domestic Abuse Strategy 2014-16** agreed by Cheshire East Domestic Abuse Partnership in March 2014 which sets six priorities for our work together – prevention, protection, provision, performance, partnership and participation. The full document and associated action plan is attached:

The aims of this Commissioning Strategy are to set out in more detail the model we seek to fund for 3 years from April 2015, to give a rationale for proposed improvements to service provision, to outline the cost and provide a basis for agreement on how we can collectively fund it.

The Vision for our partnership is to:

# Reduce the human and service cost of domestic abuse through partnership and whole family work to prevent abuse from occurring, protect and support those affected and reduce the likelihood of further harm

The significant links between domestic abuse and child and adult safeguarding and between domestic abuse and substance misuse and mental ill health create a challenging context for this work but also make it imperative that we succeed.

Such success will result both from improvements in public sector services and the provision of high quality specialist services. This makes our shared commissioning strategy a foundational document for keeping people safe and enabling them to recover and enjoy health and positive relationships.

This work will contribute to the achievement of priorities set in the following related strategies:

- Health and Wellbeing Strategy
- Children's Trust Priorities
- Local Safeguarding Adults and Children's Boards
- Safer Cheshire East Partnership
- Drug and Alcohol Strategy

- Clinical Commissioning Group programmes
- Police and Crime Commissioner Plan
- Vulnerable Persons Housing Strategy

### 2. THE MODEL

Building on what is already in place and evidence from national and local practice we seek to establish an improved and more integrated system from early identification and triage via a single 'hub' through support for medium risk clients using community based services in Macclesfield and Congleton to proactive safeguarding interventions for higher risk adults and the children in their care.

All of the work is informed by use of nationally agreed risk and needs assessments and includes services for those who harm so the risks they pose are better known and managed.

Victims – adult and child – will only come to our attention however if they and the professionals, families and communities who support them are confident to identify and name abuse which is why the strategy includes communications, awareness and training work. Our aim is to intervene as early as possible to prevent escalation and longer term impacts of harm to children, adults and families.

Please see Appendix 1 for a visual of the 'system' we plan to create which essentially involves

- A Domestic Abuse 'Hub' sitting alongside or within the increasingly integrated ChECS team at Dalton House to provide a point of information, referral and triage for service users and those formal or informal networks who support them i.e. agencies or friends/families/colleagues. This 'Hub' would be staffed in office hours by a member of the IDVA Service and supported and staffed out of hours on a rotational basis by all specialist services
- The provision of **two Community Based Support Services**, one in each of the north and south of the Borough serving families at 'medium' risk. These will provide services for both individuals and affected members of their family, including perpetrators of abuse and young people who harm, using a range of interventions including one to one and group based work. The services will work in a tailored way with service users to establish long term safety and recovery. The ethos of the work will be engagement and enablement to make choices which promote the safety, health and well being and positive contribution of all affected by domestic abuse
- The continuation of the core IDVA (Independent Domestic Violence Advocacy) service providing proactive short term support to reduce risk for victims at 'high risk'. This core service is currently enhanced through additional short term funding to implement health based best practice models of having an IDVA in GP practices and hospitals. This core team will be co-located in Macclesfield and Crewe with Children's Services, Police and substance misuse services to improve practice within and across these sectors
- The continuation of the **MARAC** (Multi Agency Risk Assessment Conferencing) administered by the manager and Business Support officer of the IDVA service and split into 'north' and

'south' meetings. This is a high risk information sharing and action planning arena for all agencies tasked with tackling domestic abuse

- The provision of a range of housing solutions for victims who have domestic abuse related accommodation needs. This includes provision of **dispersed and supported housing** in the community as well as the continuation of one high security **refuge**
- Forming and supporting a skilled and knowledgeable workforce which can identify individuals and families affected, use referral pathways to specialist services and make a safe and strong contribution to multi-agency interventions
- **Communication** of all the above to those who need it in the most appropriate format to get help to people at the earliest opportunity
- Long term prevention through schools healthy relationship work and social marketing campaigns
- **Continuous stakeholder participation** to inform and improve service delivery

### 3. REASONS FOR THIS MODEL

CEDAP has always sought to implement a 'co-ordinated community response' which is a longstanding best practice model promoted by government and leading specialist organisations and experts.

**Nationally** this model has been informed and refined by recent Guidance and Reports from:

- National Institute for Clinical Excellence Guidance March 2014 http://www.nice.org.uk/guidance/index.jsp?action=byID&o=14384
- Early Intervention Foundation Report http://www.eif.org.uk/publications/earlyintervention-in-domestic-violence-and-abuse-full-report/
- Reports from CAADA (Co-ordinated Action Against Domestic Abuse) which is the leading national organisation developing and implementing new practice in tackling domestic abuse and which set up and quality assures MARAC and IDVA services around the country <u>http://www.caada.org.uk/</u>
- Learning from Serious Case Reviews and Domestic Homicides

Key features of the above are:

Early intervention and prevention Focus on risk and recovery outcomes Joint commissioning of high quality specialist services Simplification and promotion of referral pathways Adoption of a 'whole family' approach Address the three issues which triply disadvantage individuals and families – mental ill health, substance misuse and domestic abuse Workforce development to ensure practitioners are skilled and knowledgeable to provide safe and effective support

Tailoring interventions and approaches to individuals and minority groups

**Locally** we have been moving to a more integrated **'safer families'** approach over the past year with the commissioning of a perpetrator intervention package which uses a strategy of **'engage and enable'** rather than **'remove and separate'** where this is safe and possible. This promotion of responsibility for behaviour change is the result of practitioner and service user experience of the dynamic of intimate relationships and perpetrator behaviour which tells us that:

- Many perpetrators are 'serial' offenders so that when removed and separated from one family they move on to inflict harm in another thereby replicating harm and public sector cost
- Victims do not necessarily seek an end to their relationship but want the abuse to stop
- Children either want to or are required to remain in relationship with the separated party and it is our duty to ensure that this is safe and good for the child

The focus of this work remains the safety of those impacted by domestic abuse and in particular the children and any related vulnerable adult.

Early evidence from the programme is that the risk posed by perpetrators is better known, managed and where possible reduced and children are better protected and supported through bespoke work for them and their parent/carers.

Cost benefit analysis from the cohort receiving this intervention shows savings of xxxx (Saska)

# 4. SCALE of the PROBLEM

Domestic abuse is likely to be as underreported in Cheshire East as it is across the country though we have some evidence that high risk victims are accessing IDVA services earlier than the national average which may reflect a strong local tradition of domestic abuse awareness in partner agencies.

We also anticipate additional demand generated by:

- Promotion of one access point and number
- Domestic Violence Protection Notices and Orders
- 'Live' police and early help referrals
- Workforce development/'champions' role which should improve identification and referral
- Embedding of Young People's Violence Adviser function generating referrals for teenage victims and those who cause harm

Below is the picture from end year data March 2014 (more detail in CEDAP Annual Report xx):

a. POLICE

Domestic abuse incidents	1000	Domestic incidents	2617
Repeats	20%	Repeats	17%
Same sex	18		
Influenced by alcohol	305		
Influenced by drugs	58	Serial offenders	78

b. MARAC (high risk victims)

Adult victims	357
Children	455 (approx 50% under 5s)
Repeats	22%
% referrals from police	38%

MARAC numbers have fallen year on year over the last three years but are showing a rising trend since January 2014. It is estimated by CAADA that Cheshire East has approximately 600 high risk victims so a rise in referrals to MARAC may indicate improved identification of those in need of protection

### c. SPECIALIST SERVICES

There are three key local providers of community support. Arch and Barnardo's are commissioned providers. CWA is a non-commissioned provider of refuge and community support but also has commissions for early intervention/troubled families, the co-ordination of children and young people's programmes and perpetrator interventions.

Some support is also provided by Victim Support which is commissioned at sub regional level.

There is only one commissioned refuge and this is provided by Arch, the provider in Crewe. Cheshire Without Abuse have secured four Wulvern Housing Trust properties to provide dispersed refuge accommodation, separating living and support functions by providing support at their support centre where one to one and group support are available.

The government is seeking to extend refuge provision and a bid has been submitted (Jan15) to mirror this dispersed model in Macclesfield and build the support element into the commission for the northern provider (currently Barnardo's).

	ARCH	BARNARDO'S	Cheshire Without Abuse(CWA)	Domestic Abuse Family Safety Unit (DAFSU)	TOTAL
Referrals for Support in the Community	133	134	283	751	<b>1301</b> (some duplication in this total)
Service Users	106	100	147	357 high risk cases and 394 contact attempted and 'triaged' where possible	710
Refuge referrals (including out of area)	101		27		128
Refuge users	51 (90% non Cheshire East)		11 (90% Cheshire East)		62

### April 13 – March 14

### April 14 onwards

Referrals have been rising as specialist services have been accepting live and medium risk police referrals, a function which has now been formally launched as Cheshire East Domestic Abuse Hub.

#### d. CHILD PROTECTION CONFERENCES – parental factors

	Domestic abuse	Substance misuse	Mental ill health
Quarters 1 – 3	229	110	115
2014-15			

Unfortunately we cannot provide any data on domestic abuse as a factor at any other (i.e. earlier) stage of children's services interventions though the nationally recognised correlation between domestic abuse and physical abuse of children is borne out in the 80% of families in Q4 report where children come on to a plan for physical abuse and domestic abuse is a key feature.

### 5. COSTS

The costs associated have been managed in two ways:

- 1. Costs associated with Council based high risk services
  - a. staff of the Domestic Abuse Family Safety Unit (IDVA and MARAC team, also now providing 'Hub' function) which is funded and governed via a Partnering Agreement
  - b. Partnership costs (meetings, publicity & campaigns, target hardening)
- 2. Costs associated with Commissioned Providers of community services and one refuge which are managed via a Council contract and procured through the 'Chest'

The staffing levels below assume an average of:

800-1000 adult victim service users plus 300 child/YP victim service users

It is important to note that while we attempt to quantify staffing need in relation to individual family members there is an expectation that commissioned providers employ staff who can respond flexibly and holistically to family need

No. Service users p.a.	Length of time case open	Caseload per worker	Staffing required
4-500 High risk – IDVA/MARAC services	3 months	25	4 – 6 (5 to include Polish specialist across high/medium) 1 Lead IDVA for MARAC
4-800 Hub enquiries/referrals/triage cases including Early Help & Protect, all charged police cases	Assessment only	n/a	1 lead IDVA office hours and supported by staff from commissioned services (+ out of office cover by all specialist services)
4 – 500 medium risk Commissioned services (includes partner support for men on programmes and group work co- ordination/delivery)	6 months	35	8 (supporting m/a 'hub') Cases allocated via hub Groupwork and peer support, volunteering
300 child service users (children of clients, children on groups, children referred directly)	n/a	n/a	4 (implementing approved change and therapeutic programmes and building peer support and advocacy)

150 perpetrator service users	9 months	n/a	4

# COST SCHEDULE

SERVICE or ITEM	DETAIL	COST or ESTIMATE
Domestic abuse and sexual violence Partnership (CEDAP)	Communications Meetings/workshops/conferences	£5k
Domestic Abuse Family Safety Unit (Council service)	<ul> <li>HUB IDVA</li> <li>1 IDVA leading on the 'Hub – Single Point of Contact' providing triage for clients, support for professionals and communities, Early Help and Protect process</li> <li>CORE SERVICE</li> <li>4 core service IDVAs working on high risk cases (including 1 MARAC Lead IDVA)</li> <li>1 Polish IDVA supporting clients across the risk spectrum</li> <li>0.5 IDVA providing workforce development</li> <li>1 DAFSU manager (IDVA and MARAC* co-ordinator)</li> <li>1 DAFSU Business Support Officer (IDVA and MARAC administrator)</li> </ul>	£300k
	<ul> <li>TOTAL 6.5 IDVAs</li> <li>*There are clear efficiencies in funding MARAC costs in this way as otherwise it would have to be paid for separately</li> <li>ENHANCED PROVISION</li> <li>IDVA SERVICE ENHANCEMENTS BASED ON NATIONAL GOOD PRACTICE MODELS</li> <li>1 GP IDVA (as per national IRIS model to ensure victims and perpetrators are identified and directed to services</li> <li>2 HOSPITAL IDVAs (as per national THEMIS model</li> <li>These health based staff are matrix managed by health and the DAFSU so that the postholder benefits from support from both sectors</li> </ul>	Enhanced £100k – funding via CCG and PCC
2 Community Bases	<ul> <li>Flexible 'whole family' workforce - staff capable of delivering a co- ordinated and bespoke service for families referred for support via a range of 1 to 1 work and programmes:</li> <li>Expected need in each base:</li> <li>6 adult case workers/including change &amp; recovery programme co- ordinators</li> <li>2 child case worker/including change &amp; recovery programme co- ordinators</li> <li>1 manager</li> <li>1 Business Support Officer</li> </ul>	£600k

	It is expected that Voluntary Sector organisations will bring added value by attracting charitable funding It is also recognised that the perpetrator aspects of this work may be part funded via other streams and that while we seek a whole family solution where funding is limited adult and child victims will always be the priority	
1 High security refuge	This provision will be added to the commissioning specification for the providing of the Community Base in the 'south' of the Borough with an expectation of a shared workforce across both the accommodation and community support aspects of the contract Additional staffing of approximately 1.5 posts	£50k
Target hardening	Enhanced security measures - those not living in social housing	£10k
TOTAL		£965k

# 6. COST SHARING

It is important that commissioners appreciate that there is NO national or automatic funding stream for domestic abuse such is available to respond to the other two critical issues that negatively impact individuals and families – substance misuse and mental ill health. This means that although providers take advantage of new and one off funding streams there has historically been very little security for core services and provision has been patched together through some regular funding and short term allocations.

Currently the costs are disproportionately divided with the Council paying the greatest share (78% of in year funding and 95% of secure continuation funding) as the follow pie charts show:



A detailed breakdown is found in the spreadsheet attached.

And a table of current contributions is shown below

Current Contributor	<b>Current Contribution</b>	Contribution to provide
		CORE HIGH RISK SERVICES
Cheshire East Council	£75,632	Domestic Abuse Family Safety Unit
Adults Services Base Budget		(MARAC /IDVA)
Community Safety Partnership	£40k	Domestic Abuse Family Safety Unit
		(MARAC /IDVA)
East CCG	£13,595	Domestic Abuse Family Safety Unit
		(MARAC /IDVA)
South CCG	£13k	Domestic Abuse Family Safety Unit
		(MARAC /IDVA)
Cheshire Constabulary	£9,750	Domestic Abuse Family Safety Unit
		(MARAC /IDVA)
Cheshire East Council	£55k (one year)	Domestic Abuse Family Safety Unit
Children's Services		(MARAC /IDVA) (includes earlier
		intervention and training)
Home Office	£27.5k	Domestic Abuse Family Safety Unit
	(p.a. to March 16)	(MARAC /IDVA)
Cheshire East Council	£5k	Target hardening for all victims
Housing		
		REFUGE AND FLOATING SUPPORT
		SERVICES (including children)
Cheshire East Council	£550k	Refuge (Crewe) and outreach services
Adults/Supporting People		in Macclesfield and Crewe
Services		
Cheshire East Council	£60k	Direct support for children based with
Children's Services		commissioned providers and co-
		ordination of programmes
		ENHANCED SERVICES – time limited
		funding
(South CCG)	£17.5k (sep 14- aug 15)	IRIS Project GP IDVA
(South CCG)	£51k (feb 14 – Jan 15)	Leighton Hospital IDVA
Police and Crime Commissioner	£16k (sep 14 – aug 15)	Macc Hospital IDVA
South and Vale Royal CCG	£65k (Aug 13 to July 14)	Perpetrator/safer families work
Children's Services	£45k	Continuation of safer families work
Cheshire East Council 'giveback'	£50k	'Giveback' one year funding for
funding		addressing abuse in young people's
		relationships (CWA working with
		Safeguarding Children in Education
		Team)
Cheshire Without Abuse	£300k	Charitable funding

## 7. OTHER POTENTIAL FUNDING SOURCES

## **PUBLIC HEALTH**

NICE Guidelines recommend that a range of partners sit on the local Domestic Abuse Strategic Group and jointly commission services. The list (p9) includes Public Health but at present no contribution is received from this source. A Public Health Transformation Fund bid has been submitted in conjunction with Cheshire and Wirral Partnership to deliver Safer Families work in an integrated way which would cover Sept 14 to March 16.

## TROUBLED FAMILIES/EARLY INTERVENTION

Another additional potential funding source is in relation to earlier intervention with families through the Troubled Families and/or Early Intervention programme. To date the national programme has not specifically included domestic abuse within its key criteria but from April 2015 this will be the case and we hope that local services might in future receive investment from this source and deliver the results which generate further remuneration.

Early Intervention monies are tied up until April 2016 but there may be some opportunity to work with fund holders to support families affected by domestic abuse via this stream.

## SUB REGIONAL COMPLEX DEPENDENCY APPLICATION

Funding is being applied for through the Community Safety Sub Regional work stream to address complex dependency including domestic abuse perpetrators and victims. This may result in funding availability to pursue our integrated model.

### 8. OUTCOMES

Addressing domestic abuse and related factors results in a range of outcomes which meet the requirements of partners and plans including:

# **Children's Trust**

- To help Children and Young People keep and feel safe;
- To support individuals and families as early as possible; and
- To help Children and Young People feel good about themselves and others

### **Public Health**

- Individuals are empowered to make healthy choices
- People are helped to live longer, healthier and more fulfilling lives
- the health of the poorest is improved'

Cheshire East Council Outcome 5 - people are enabled to live well and for longer

### **GENERAL OUTCOMES**

- Victims and children have earlier and Improved access to services through promotion of single Cheshire East DA 'hub'
- Victims and children are safer and better resourced to remain safe
- Risk posed by those harming others is reduced

- Service users report improved health and quality of life thereby contributing to PH Outcomes Framework Objective 1 – Improvements against wider factors that affect health and wellbeing and health inequalities
- Parents, including perpetrators, are equipped better to support their children
- Where risk cannot be reduced or managed this information is known and used by other agencies involved or with a remit to be involved, including criminal justice agencies
- Criminal and civil justice systems are used to greater effect in safeguarding vulnerable victims and their children
- Agencies, family and friends who are concerned for others know where to get help
- Services are subject to continuous improvement through participation of stakeholders in shaping delivery
- Good practice in other agencies is more consistently implemented
- Service users are encouraged and enabled to support one another

# 9. SERVICE STANDARDS

- The safety of all involved, including staff, is the number one priority
- Through a strategy of engagement victims are empowered to take back control of their lives and accountability and responsibility on the part of those who harm is promoted
- Risk is systematically and continuously identified and reduced or managed in relation to individuals, premises and activities
- Interventions are tailored to individuals and families
- Groups who are currently underrepresented are proactively targeted e.g. people from LGBT community
- Group work will be offered where appropriate and agreed programmes will be used to provide consistency across Borough
- Accountability will be provided via a strong performance management system
- All agencies will be expected to work within a 'co-ordinated community response' which assumes strong and effective co-ordination of interventions
- The combined workforce provides specialisms in key related issues substance misuse, mental ill health, sexual violence, disability, LGBT, honour based violence and forced marriage, young people experiencing Teenage Relationship Abuse
- Staff are safely recruited and supervised
- All referrals and case management are recorded on a shared database
- Longer term savings are evidenced through investment in earlier intervention and prevention

# 10. CONCLUSION

This is a key moment in our development towards a whole family risk and recovery model which will reduce the human and service cost of domestic abuse. Our aim to make Cheshire East a place where abuse is prevented or addressed at the earliest possible time is ambitious but we believe individuals, families and communities deserve no less. Through strong partnership work at local, borough and sub regional levels we believe we can achieve this goal and urge commissioners to consider their contribution to it.

