CHESHIRE EAST COUNCIL

REPORT TO: Sustainable Communities Scrutiny Committee

Date of Meeting:	
Report of:	Integrated Safeguarding Unit/Domestic Abuse
Subject/Title:	Prevention, Protection, Provision – reducing the human and service cost of domestic abuse in Cheshire East
Portfolio Holder:	Cllr Rachel Bailey

1.0 Report Summary

1.1 This report outlines the scale and impact of domestic abuse in Cheshire East and the Council's lead role in promoting and providing co-ordinated and holistic responses to safeguard families. It also highlights the fragility of funding arrangements for core services and the significant gap in perpetrator provision to address the cause of the problem.

2.0 Recommendation

2.1 That Councillors promote a strategic cross-cutting and multi-agency approach which encourages partnerships, partner agencies and communities to:
prioritise the issue in their strategies, action planning and performance management

- commit long term resources in a collaborative way which maximises contributions including those of local communities

- address the cause as well as the symptoms of domestic abuse by taking a 'whole family' early intervention approach which provides both challenge and support to those who abuse

The work to develop a comprehensive commissioning strategy will take place in this financial year, resulting in commissioning activity in the financial year 2013-14 and implementation in April 2014

3.0 Reasons for Recommendation

3.1 Scale and nature of the Problem (see Appendix A for more detail)

Repeated British Crime Surveys show that domestic abuse remains underreported (1/4 of the worst incidents come to police attention).

In Cheshire East there are annually some **reported**:

- **5000** police domestic incidents (**35%** of which are affected by alcohol)

- **400** high risk cases affecting **550 children** of which $\frac{1}{4}$ are repeats and **10%** are multiple repeats

- 250 lower risk cases receiving specialist community support
- **150** women in refuge

Domestic abuse is frequently associated with other parental factors which compromise children's safety and wellbeing and predispose them to future vulnerability. **25%** high risk victims and perpetrators experience **mental ill-health** and **1/3** perpetrators misuse **alcohol and drugs**. These are not causes of domestic abuse but exacerbating or resulting factors which increase the frequency and seriousness of harm.

This trio of factors is identified nationally and locally as contributing to serious harm, crime and disorder and significantly impacts the resources of the Council and partner agencies across Children, Adult and Family Services, Community Safety and the criminal justice sector, health, housing, benefits....

3.2 **Council led Solutions**

Best practice requires a partnership response in which the Council plays a lead role. Cheshire (East) has a strong reputation nationally for effective partnership working and has a strong base for improving responses. In particular the Local Authority leads this work by:

- a. employing a Council manager to ensure council resources are deployed in the most effective way across the range of council services impacted and to act as manager of the Domestic Abuse Partnership as part of the Integrated Safeguarding Unit
- employing the partnership funded staff of the Domestic Abuse Family Safety Unit (safety and support for those at highest risk, winners of the Councils' Team Aspire for Excellence Award Nov 2012)
- c. co-ordinating Multi-Agency Risk Assessment Conferencing which is a process for information sharing and action planning for the highest risk case (funding via Safer Cheshire East Partnership)
- d. providing target hardening measures which enable victims to remain safely in their homes rather than face the upheaval of a move to refuge or other place of safety
- e. commissioning refuge and outreach service, co-ordination of children's change programmes and therapeutic work
- f. delivering prevention and support work in schools (Safeguarding Children in Education and Settings)
- g. training practitioners to identify, protect and support at the earliest possible stage to prevent long term harm
- h. commissioning a trial 'whole family' project as part of the early intervention/troubled families strategy (Crewe Women's Aid)
- i. developing a Council Employer's Policy on domestic abuse which provides managers and employees with clear expectations of the Council's preventive and responsive roles
- j. leading on Domestic Homicide Reviews which are a Home Office requirement

4.0 Wards Affected

4.1 All wards are affected but there is huge variance in reported high risk domestic abuse across Local Area Partnerships as data for 2011-12 shows:

LAP	No. High Risk Cases	Rate of victimisation per 1000 population - cases adjusted by LAP population
Macclesfield	100	1.5
Congleton	78	1
Wilmslow	33	1
Nantwich	15	0.5
Knutsford	14	0.5
Poynton	6	0.2

The level of victimisation in Crewe is x 10 that of Poynton. While underreporting in more affluent areas may be a factor the demand on local resources in the Crewe and Macclesfield LAPs places pressures on local services. We are fortunate to have increased specialist provision in the south of the Borough as Crewe Women's Aid continues to provide services despite losing its council Supporting People contract and works collaboratively with the two newly commissioned providers – Arch and Barnardo's.

5.0 Local Ward Members

5.1 All

6.0 Policy Implications including - Climate Change - Health

6.1 HEALTH

Domestic abuse causes demand on both primary and acute health services and mental health services (GPs, Accident and Emergency, health visiting, midwifery, Child and Adolescent Mental Health Service, Community Mental Health Services, Drug and Alcohol Services).

Operational work is strong as evidenced by a recent visit of the National Steering Group on high risk cases to determine the local best practice which makes Cheshire (East) one of the highest reporting areas from health professionals.

Areas for improvement are the intersection of domestic abuse, mental health and substance misuse where more integrated policy and procedures could enable further preventative work.

7.0 Financial Implications

7.1 The Audit Commission estimates the cost of one high risk case p.a. to be £20,000 shared across the criminal justice sector, housing, health, children's and adults services.

An MMU study on the cost effectiveness of the Domestic Abuse Family Safety Unit, which delivers services for this group, showed savings of £13 for every £1 spent. These savings are in preventing repeats and long term harm.

The Council contributes some 2/3 of the funding for the Family Safety Unit's work (Safer Cheshire East Partnership, Children, Families and Adults) with the remaining funding coming from the PCT, the government, Drug Action Team, strategic and local police.

Refuge and Floating Support (community outreach) services are funded through Supporting People which has been required to make savings in its budget. For 2012/13 the Cheshire East Supporting People budget has been reduced by £1.25m, this was agreed at Full Council in February 2012.

The total contribution of the Council to provide specialist support for adult and child victims is approximately £1m and domestic abuse is a key factor in the work of statutory services to safeguard children and young people.

There are minimal resources expended on service provision to those who perpetrate abuse, outside of criminal justice interventions (police, CPS, 2 dedicated Specialist Courts in Crewe and Macclesfield, Probation Community Domestic Violence Programme and other forms of supervision).

Example from the Munro Review of Child Protection:

A large and complex family was made up of mum and two different fathers who between them had seven children.

The family was causing significant problems in the community and was constantly at risk of sanctions. As a result of their behaviour they were drawing in considerable local resources relating to child protection, domestic violence, truanting, offending problems and as a result were costing around £160,000 a year. The vast majority of the money (80 per cent) was on reactive spend and not addressing the underlying causes of the behaviour (Department for Communities and Local Government, 2012).

8.0 Legal implications (authorised by the Borough Solicitor)

8.1 none

9.0 Risk Management

9.1 Financial – current budgets are subject to regular scrutiny through existing council procedures

Capacity – increasing demand alongside diminishing resources. There is a need to prioritise victim safety in the short term while investing in preventive whole family work at an earlier stage. This will be addressed through focused and committed partnership work which seeks gradually to shift capacity from the high risk end to earlier identification and addressing of the key issues.

Strategic influence – the current partnership arrangements are not securely enough linked to the key Boards which are driving change. A proposal to make the Domestic Abuse Partnership a subgroup of the Local Safeguarding Children and Adults Boards is being considered. This will ensure accountability and integration into the work of theses linked boards.

10.0 Background

10.1.1 Current policy and practice in addressing domestic abuse (and sexual violence) is based on national good practice and local need. We are particularly informed by the government's Violence Women and Girls Action Plan which commends prevention, provision, protection, performance and partnership.

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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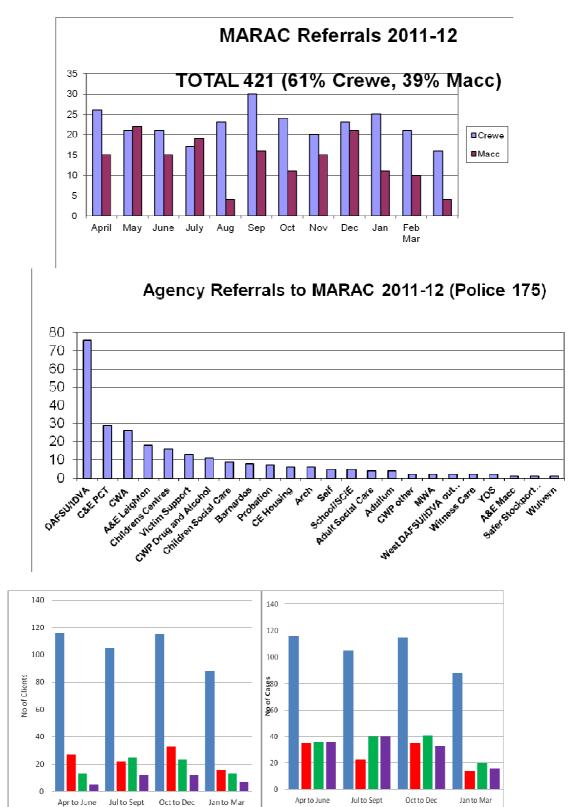
APPENDIX A

1. Police data – the full spreadsheet on incidents in the four local authority areas 2011-12 and a Cheshire East summary



2. Report to Subregional Health and Wellbeing Commission on Domestic Abuse and Alcohol





 Multi-Agency Risk Assessment Conferencing (High Risk clients – approximately top 10%)

Linked Factors (mental health, alcohol and drugs) - victim and perpetrator

🔳 Total Cases 📕 Mental Health 📕 Alcohol 📕 Drugs

■ Total Cases ■ Mental Health ■ Alcohol ■ Drugs