

# Cheshire East Domestic Abuse Partnership Strategy

## 2014-2016

*They were very supportive. They provided me with information and phone nos. I could ring if needed. They told me how to keep me and my daughter safe and what to do if my ex partner kept on harassing me and also kept me informed of things before and after the trial of my ex partner. They were there for me if I needed to talk or was worried*

*They helped me make myself and my children safe in re-locating to a safer place and helping with other matters. The officer was very helpful and went out of her way to help myself and my children. She was very reassuring and understanding. We are very grateful for your help and are happy and safe in our new life now. Thank you*

*I think more women/men should know about this, information they can get by knowing they are not alone there is people who can listen and help them. I think there should be more advertising about, leaflets, bill boards, adverts, TV and more*

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## Introduction

This strategy has been formulated to set out the priorities established by Cheshire East Domestic Abuse Partnership's (CEDAP's) Commissioning and Development Group as part of its work to re-design and re-commission all services involved in a co-ordinated community response to domestic abuse. It is informed by significant consultation with those who have experienced abuse and those who have sought to help them and is intended to ensure that strong partnership work is guided by strategic goals.

The strategy builds on an effective track record of partnership to tackle domestic abuse and sexual violence leading to key developments over previous few years including:

- effective delivery of Multi-Agency Risk Assessment Conferencing
- Leading Lights accredited Independent Domestic Violence Advocate Service (Domestic Abuse Family Safety Unit)

- Re-commissioning of refuge and floating support services
- Expansion of one of the decommissioned services to meet gaps in service provision and develop new models of provision
- Establishment of a Sexual Assault Referral Centre services at St Mary's Hospital Manchester
- Independent Sexual Violence Advisory service provided by RASASC (Rape & Sexual Abuse Support Centre)
- New services for men and for significant ethnic minority groups
- Commissioning of the co-ordination of children and young people's group work programmes
- Issuing of LSCB Guidance on safeguarding children from domestic abuse

Whilst CEDAP recognises the existing good practice within the Borough, it is also aware that without consolidating an early intervention and family focused approach our effectiveness will be limited. Therefore the strategy aspires to address not only the needs of victims of domestic abuse (both adults and children) but also to tackle the behaviour of perpetrators and to strengthen the many ways that friends, neighbours, colleagues and professionals can help to achieve prevention, partnership, protection, provision, performance and participation (the 6 'P's').

This strategy is intentionally brief so that all those commissioning or working in domestic abuse can absorb, articulate and play their part in delivery of its key objectives. More detail can be found at the Appendices from page 12 onwards.

## Definition

The revised government definition of domestic violence and abuse (Sep 2012) now describes domestic abuse as:

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:*

*psychological*

*physical*

*sexual*

*financial*

*emotional*

*Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.*

*Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."*

*This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.*

## **Vision**

The Government's vision within the National Violence Against Women and Girls Action Plan is to:

1. *Prevent violence from happening by challenging the attitudes and behaviours which foster it and intervening early where possible to prevent it*
2. *Provide adequate support where violence does occur*
3. *Work in partnership to obtain the best outcome for victims and their families*
4. *Take action to reduce the risk to women and girls (and men) who are victims of these crimes and ensure that perpetrators are brought to justice*

This ambition is reflected and enhanced under Cheshire East's ambition 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***

This vision will be realised under 6 key priorities which are described on pp 6-8:

1. Prevention and Early Intervention
2. Protection
3. Provision
4. Partnership
5. Participation
6. Performance

## Current Context

Data on the profile of domestic abuse nationally and locally can be found at Appendix 2. These combine with a geographic and social profile of Cheshire East and with local and sub regional priorities to frame CEDAP strategy in the context of the following needs and drivers:

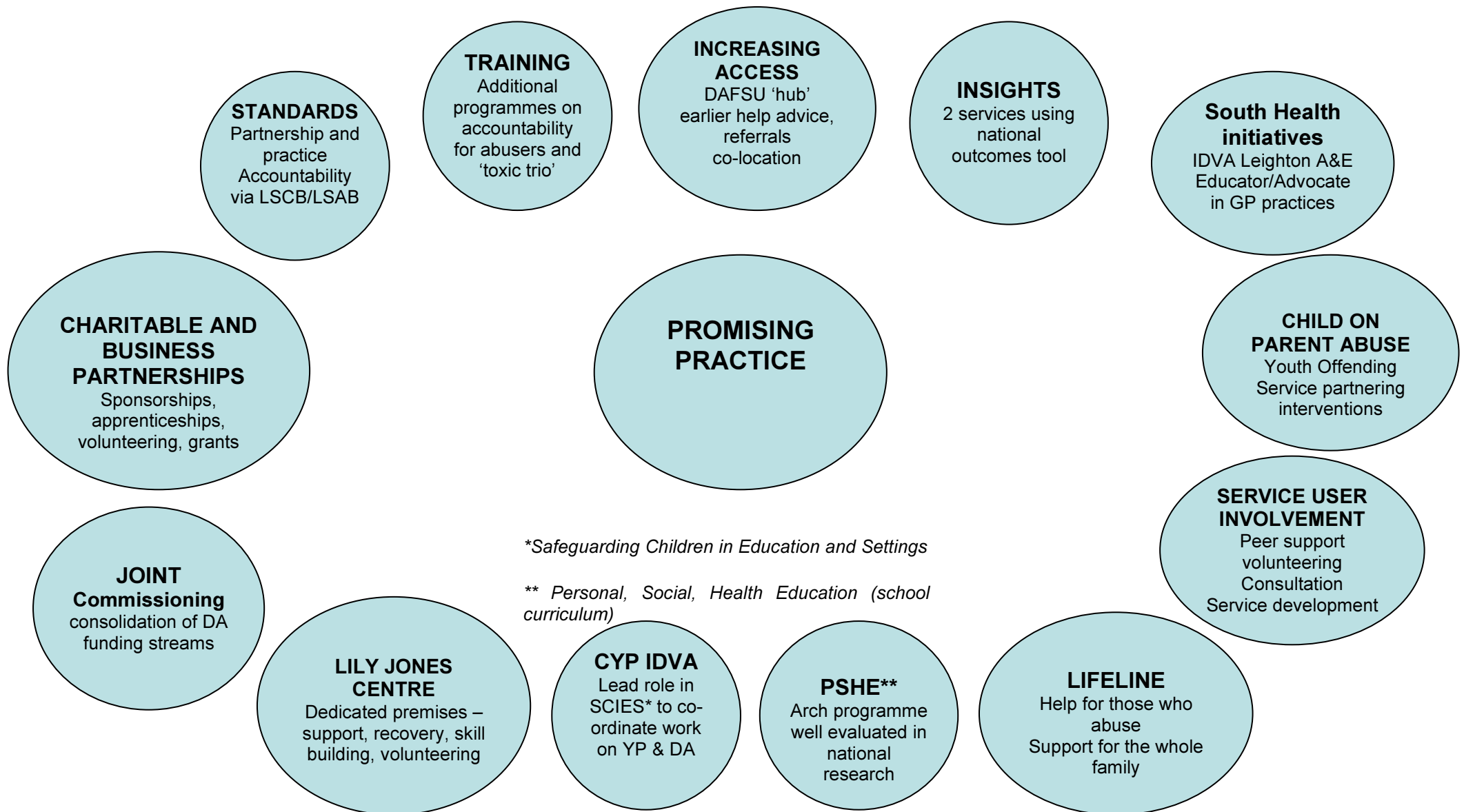
- a. Increasing concern to deliver whole family work that involves assessing the risks and needs present within family relationships and delivers safety, accountability and recovery for all
- b. More concerted work to address the three key parental issues that are known negatively to impact children and young people – domestic abuse, mental ill health, substance misuse
- c. The importance of involving clients constantly in shaping their pathway to independence and to use that experience to drive service improvement
- d. The need to address domestic abuse both as a criminal justice and safeguarding issue
- e. A need to reach more clients at both ends of the age spectrum i.e. young people in teen relationships or with young children as well as older and vulnerable adults
- f. The reality of having only two larger urban populations in Macclesfield and Crewe and needing to ensure access to services for those in more rural areas
- g. A duty to address the continued underrepresentation of minority communities in the profile of reported domestic abuse
- h. The integration of Health and Social Care and increased focus on joint commissioning
- i. Major public sector re-organisation, shrinking resources and increased focus on value for money
- j. Increasing opportunities to work more effectively at sub regional level i.e. Cheshire Constabulary footprint
- k. Desirability of continued delivery of key work streams through participation in joint sub groups of the Local Safeguarding Children and Adults Boards

## Current Provision

An outline of current provision is found at Appendix 4. It demonstrates that many elements of required provision in both specialist and public sectors are in place, albeit to varying degrees and with varying financial security. What is less clearly demonstrable is the effectiveness and efficiency of that provision. There are also some critical gaps and pressures in provision and co-ordination which would, if rectified, deliver improved outcomes for clients and services alike. Stakeholder feedback on what works and what needs to change can be found at Appendix 5.

## Emerging Elements of More Effective and Efficient Practice

Neither service delivery nor commissioning are static and CEDAP continues to witness ambitious, creative and reflexive responses to identified need. Below are some very recent initiatives which offer promising developments on which the Partnership can build.



## **What do we want to achieve? The 6 'Ps'**

### **A. PREVENTION & early intervention**

- i. Comprehensive publicity/campaigns work targeted at key audiences in appropriate formats
- ii. Change work with those who abuse – children and young people's change programmes and adult perpetrator work
- iii. Early intervention (asking the question as part of existing assessments or in response to cues from clients )
- iv. Training of key professionals who come into contact with any family member affected by domestic abuse on practice standards
- v. Ensuring 'early years settings' in particular are proactive in identifying, protecting and supporting children and families
- vi. Healthy Relationships Programmes used routinely in Personal Social Health Education and the development of Young Person's advocacy work to ensure young people are supported in and challenged about current and future relationships

### **B. PROTECTION**

- i. Safety as the priority for intervention and particularly so for children and vulnerable adults
- ii. Effective criminal and civil justice systems which afford protection
- iii. Improved use of specialist courts
- iv. Increased use and effectiveness of processes and resources to address perpetrator behaviour

## **C. PROVISION**

- i. Simplified access to support including one front door - single number/email/text
- ii. Specialist services that include provision for all stages and types of adult and child journeys:  
     IDVA/ISVA – Refuge/safe housing – outreach support – recovery work - support groups – survivor forums -  
     volunteering – skills building – change work where harmful behaviours are identified
- iii. Good communication and joint working within and between statutory and third sector provision
- iv. Bespoke provision for diverse needs
- v. Base in Crewe and Macclesfield for above provision
- vi. Use of appropriate media, networks and local services to reach those in rural settings
- vii. Quality standards for all work
- viii. Shared risk and needs assessment
- ix. Programmes for recovery for adults and children

## **D. PARTNERSHIP**

- i. DA/SV partnership structure that is fit for purpose, transparent, accountable, properly linked to the work of related 'boards' and commissioning processes
- ii. A partnership structure that encourages innovation and promotes best practice
- iii. Interconnected and non-duplicating systems founded on shared aims and robust protocols/joint processes
- iv. Institutional advocacy whereby agencies hold one another to account for the benefit of clients



## **E. PARTICIPATION**

- i. Service users of all ages and types involved in planning and delivery
- ii. Communities (neighbourhoods, families, colleagues, friends, institutions, supportive individuals) empowered to take action on domestic abuse and sexual violence

## **F. PERFORMANCE**

- i. Monitoring, auditing and evaluation of all work
- ii. Shared data/outcomes systems
- iii. Shared survey work
- iv. Use of analysis of outcomes to inform future service delivery

## **The Implications for Commissioning**

To move from where we are now to where we want to be is a matter both for commissioning and development. Some change will come as a result of pooling monies to re-shape specialist services in line with the objectives above. Some will result from the commitment of partner agencies and Boards to align their own strategies and develop their provision to achieve a shared vision.

The commissioning process is underway. To date we have:

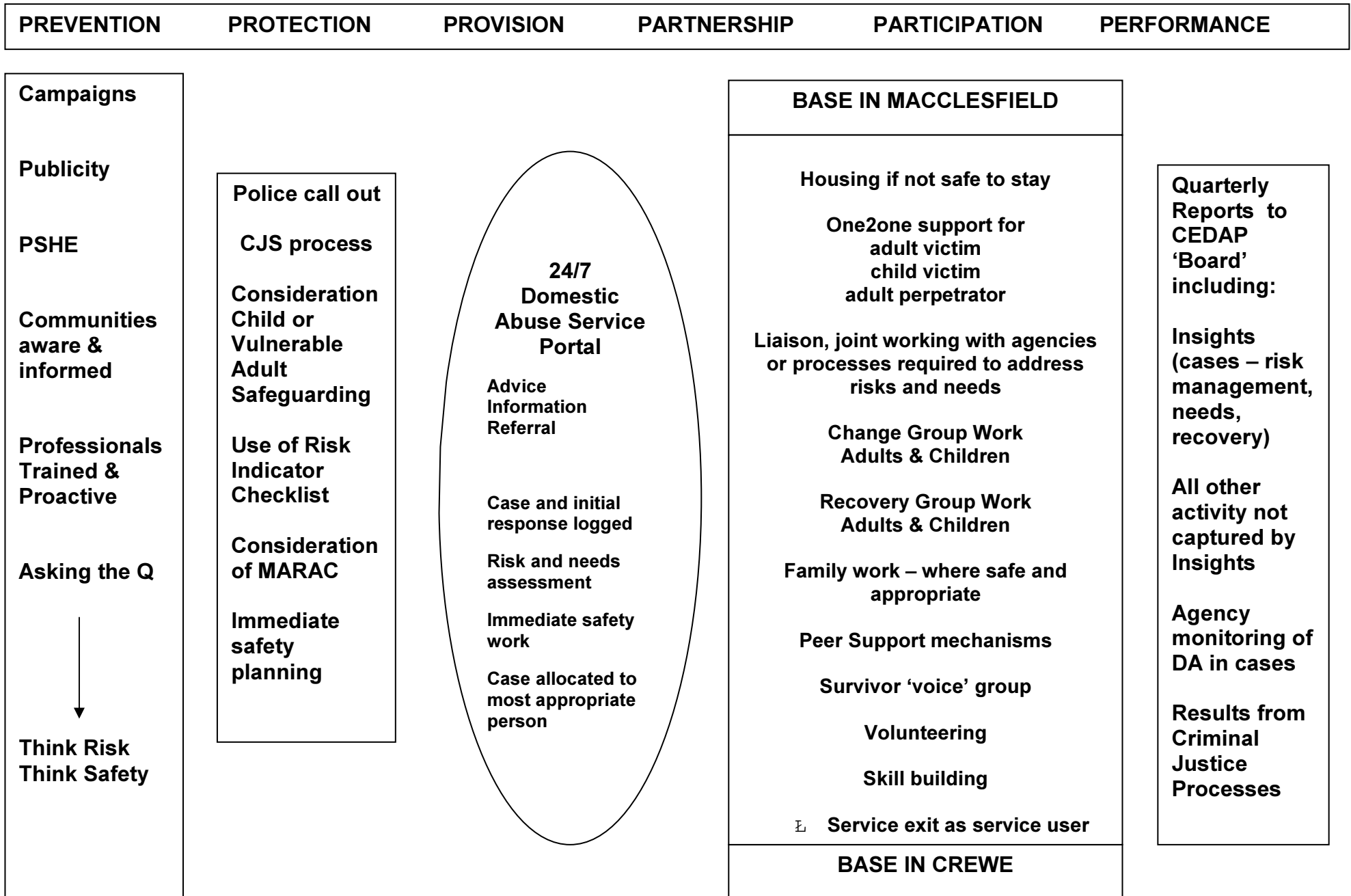
- Secured agreement from existing funding partners to pool funding with a target date of April 2015 for a re-shaped model of specialist service provision
- Consulted service users, providers and commissioners on priorities for change (see Appendix 5)
- Timetabled the key elements of the commissioning process for which Cheshire East Council is the accountable body
- Drawn up a set of practice standards which have been adopted by the bodies to which CEDAP is accountable – Local Safeguarding Children and Local Safeguarding Adults Boards (Appendix 6)
- Identified the main features of a re-commissioned service which are below:

- A 24/7 domestic abuse 'portal' which is a hub for information, advice, referral, assessment, documentation for both clients and those who support them professionally or informally. This 'portal' should link closely to and potentially be co-located with emerging Multi-Agency Safeguarding Hub (MASH) developments
- A single service with a base in both Macclesfield and Crewe or two services working closely together which can respond to all domestic abuse presentations whether from adult or child victim or perpetrator, across the whole spectrum of risk and complexity and from which services for families from protection to recovery and independence can be delivered
- Appropriate housing provision for those who cannot be safeguarded in their own homes in either a dedicated refuge space or through dispersed housing in the community or projects which address the complex needs of some victims
- Involvement in learning and development provision for the rest of the partnership
- Use of agreed monitoring and outcomes systems to evidence achievement and highlight further developments required

The following page sets out a visual of such an integrated service.

To fully establish the final model we plan to:

- Undertake further pathway mapping with service users, providers and other stakeholders to refine the model
- Consult on emerging models with the whole sector
- Agree on the implications of this model for sexual violence support services currently commissioned at sub regional level
- Establish the costs of the model
- Establish contributions for at least a 3 year period to support the model with existing and further partners
- Formulate an agreed Commissioning Strategy
- Undertake a full Equalities Impact Assessment



## **CONCLUSION**

Domestic Homicide Reviews and Serious Case Reviews continue, tragically, to underscore the importance of a robust statutory and voluntary sector partnership response to domestic abuse and sexual violence.

It is CEDAP's ambition to prevent or reduce the impact of such harm and its cost to the public purse and all those who sign up to this strategy are asked to consider their role - as an individual, a service, an agency, a community or a partnership - in making Cheshire East a safe place where everyone has the opportunity to live free from abuse and to realise their full potential.

## APPENDIX 1

## STRATEGY ACTION PLAN

## CEDAP STRATEGY ACTION PLAN

**AIM - 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**

	OBJECTIVE	ACTION	LEAD	TARGET DATE	OUTCOME	PROGRESS	RISK/ISSUES
1	<b>Prevention and Early Intervention</b>	Produce publicity/campaigns plan in partnership with sub region and local Comms with agreed budget	Comms leads CEDAP manager/	Dec 14	Public and professionals aware/informed re access to help		
		Ensure funding for and reporting from change work with young people and adult	?	April 14	Current and future harm reduction		
		Deliver effective training in single and multi-agency settings, rural networks and minority groups in particular	CEDAP manager/Le arning & Dev't Sub group	ongoing	People at risk are identified and supported		
		Ensure 'early years settings' in particular are proactive in identifying, protecting and supporting children and families	SCIES/CYP sub group Dec 2014	Sep 14	Safeguarding of young children		
		Ensure delivery of Healthy Relationships Programmes in Personal Social Health Education and the development of Young Person's advocacy work	SCIES service	ongoing	Children and young people know how to get help at early stages of harm		

	OBJECTIVE	ACTION	LEAD	TARGET DATE	OUTCOME	PROGRESS	RISK/ISSUES
2	<b>Protection</b>	Consider/ implement means of increasing accountability for perpetrators -‘DV Protection Orders’ and Domestic Violence Disclosure Schemes, Navigate Safer, new Probation Programme	Police, Probation	ongoing	Current and future victims safer		
		Evaluate LIFELINE voluntary perpetrator programme	Lifeline Steering Group	Sep 14	Informed decision making about spend on voluntary programmes		
		Work with police and survivor groups to establish a set of standards for police responses and a means of reporting on their achievement	Sub regional Community Safety Group	Jan15	Increased confidence in reporting		
		Resolve challenges of victims being systematically informed of court outcomes and prison releases	SDVC Ops and Strategic group	??	Increased victim safety and satisfaction		
		Work with police to establish ‘live’ referrals to IDVA service i.e. in immediate aftermath	DAFSU manager/PPU DI	June 14	Increased victim safety and use of CJS		

	OBJECTIVE	ACTION	LEAD	TARGET DATE	OUTCOME	PROGRESS	RISK/ISSUES
3	Provision	Establish a Commissioning Strategy that is based on evidence from local and national practice and consultation	CEDAP Commissioning & Development Group	June 14	Better use of pooled resources		
		For financial year 2014-5 sustain 'as is' provision and support developing practice	C&D Group	April 14	Retain adequate service		
		Embed agreed practice standards by carrying out first self assessment process	CEDAP manager	Sep 14	Agencies understand and implement good practice leading to better engagement with victims and restoration of safety and independence		
		Improve responses when domestic abuse, substance misuse and/or mental health are identified as issues for victims and/or perpetrators through training and more formal agreements on proactive prioritisation of clients	CWP/Specialist services	ongoing	Practitioners identify and are confident in dealing with complex needs		

	OBJECTIVE	ACTION	LEAD	TARGET DATE	OUTCOME	PROGRESS	RISK/ISSUES
4	Partnership	Ensure CEDAP groups function effectively through more rigorous use of Action Plans and their contribution to this Strategy Plan	Sub group leads	Jan 14	Maximise resources of partnership sector		
		Review co-location work in police stations, hospital, ChECS, GP practices	DAFSU manager/agency leads	ongoing	Increase ease of access and earlier support		
		Encourage shadowing/learning opportunities across agencies	Agency Leads	Ongoing	improved services from more confident and skilled practitioners		
		Promote and learn from identified good practice e.g. work of particular Children's Centres via workshops etc	CEDAP manager	Ongoing	Good practice is celebrated and promoted		
		Use LSCB and LSABs, sub groups, networks to ensure DA/SV considered in key strategies, policies, decisions	C&D Group members on Boards/subs	Ongoing	DA addressed more systematically		
		Ensure existing Protocols, MoUs and other Agreements are fit for purpose and develop others as needed	DAFSU manager, CEDAP manager	Dec 14	All work is framed by appropriate documentation and staff know expectations		



	OBJECTIVE	ACTION	LEAD	TARGET DATE	OUTCOME	PROGRESS	RISK/ISSUES
5	Participation	Strengthen the small survivors group in the north of the Borough and resource and consult more regularly the survivors group in Crewe	Specialist Services	Ongoing	Service delivery and planning is informed by the expertise of service users		
		Identify and use other service user mechanisms e.g. Adult Safeguarding Reference Group, Healthwatch	Partners with service user groups	Ongoing	Maximising opportunities to harness service user voice		
		Allocate small budget to service user groups for agreed priority activity	Spec Services Group	June 14	Groups have sense of autonomy in their work		
		Work with LAPs/other community groups to skill up local communities on key prevention activity	Head of Communities	ongoing	Communities take responsibility in prevention and early intervention		
6	Performance	Agree a shared performance framework	C&D Group	Jan 14 Onwards	Strengthen peer scrutiny and accountability regarding service delivery and quality		
		Analyse results to inform service planning	C&D Group	ongoing	Development informed by data		

## APPENDIX 2

In addition the following national strategies, legislation and Case Reviews have influenced our priorities and actions towards our aim of reducing the harm caused by domestic abuse

Adoption and Children Act 2002 (amended 2005)  
 ADASS Guidance on Domestic Abuse and Vulnerable Adults  
 Adult Safeguarding and Domestic Abuse, ADASS 2013  
 Association of Chief Police Officers (ACPO) Guidelines  
 British Crime Surveys, 2000/09, Home Office, 2001 – 2010  
 Children Act, 1989 and 2004  
 Equality Acts of 2006 and 2010  
 Domestic Violence Crime and Victims Act, 2004  
 Domestic Violence Crime and Victims (Amendment) Act 2012  
 Every Child Matters, (Department for Education and Skills) 2004  
 Family Law Act, 1996  
 Female Genital Mutilation Act, 2003  
 Housing Act, 2003  
 Human Rights Act, 1998  
 Mainstreaming the commissioning of local services to address domestic abuse, HM Government, 2009  
 Mental Capacity Act, 2005  
 Multi agency practice guidelines: Handling cases of Forced Marriage 2009  
 National Violence Against Women and Girls Strategic Vision and Action Plan No Secrets (Department of Health) 2010  
 NICE Draft Clinical Guidance – domestic abuse 2013  
 Report from the Department of Health Taskforce on the health aspects of violence against women and children 2010  
 Sexual Offences Act, 2003  
 Serious Case Reviews of children who have died or been seriously harmed in circumstances involving domestic abuse  
 Statutory Guidance for Domestic Homicide Review, 2011  
 Working Together to Safeguard Children, DCSF, 2010 and 2013

## APPENDIX 3    National and local incidence of Domestic Abuse

### The National Profile of Domestic Abuse

Across England and Wales: -

- There were over 1 million victims of domestic abuse during 2009/10.
- One incident of domestic abuse is report to the police every minute
- Domestic abuse has the highest rate of repeat crime, 35% of all households will have had a second incident within 5 weeks of the first.
- On average 2 women every week are killed by a current or former partner
- 1 in 10 men (10.2%) and 1 in 5 women (19.9%) aged 16 or over have been victims of **stalking** in their lifetime. This equates to a gender-victim ratio of 1 in 3 victims of stalking are male.<sup>1</sup>
- In the UK, it is estimated that up to 24,000 girls under the age of 15 are at risk of **female genital mutilation**.<sup>2</sup>
- At least 12 “**honour**” killings per year in the UK<sup>3</sup> and 5,000 “honour killings” worldwide<sup>4</sup>.
- In 2010 the **Forced Marriage** Unit (the joint initiative between Foreign & Commonwealth Office and Home Office), gave advice or support to 1735 cases. 86 percent of these cases involved females and 14 percent involved males. (These statistics reflect an upward trend).
- "In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents." (Royal College of Psychiatrists, 2004). This comes to a total of at least 750,000 children in the UK per year. 5
- of 130 Serious Case Reviews since 2008 relating to children under 1yr old, domestic abuse was a factor in at least 60 cases, substance misuse was a factor in at least 46 cases and parental mental health in 34 cases (NSPCC 2011)
- Women who experience domestic violence are 15 times more likely to use alcohol and nine times more likely to use drugs than women that have not been abused (Barron, 2004).

The National Profile of Sexual Violence - Each year in England and Wales: Source: Supporting Survivors: The Value – A service review of the Rape and Sexual Abuse Support Centre

- 404,000 women survive a recent sexual offence (spectrum includes rape, sexual assault, indecent exposure and unwanted sexual touching)
  - 72,000 men survive a recent sexual offence
-

- Around 90 per cent of survivors of the most serious sexual crimes knew the perpetrator
- Children under 16 account for 34 per cent of rapes reported to the police
- Sexual abuse in childhood (in children under age of 16) affects 16 per cent of children
- 24 in 100 recorded crimes of rape of a female result in a detection or a sanction
- 30 in 100 recorded crimes of rape of a male result in a detection or a sanction
- 30 in 100 recorded crimes of sexual assault of a female result in a detection or a sanction
- 30 in 100 recorded crimes of sexual assault of a male result in a detection or a sanction
- Each adult rape is estimated to cost over £96,000

### **The Profile of Domestic Abuse within Cheshire East**

It is likely that domestic abuse and sexual violence are as underreported in Cheshire East as in other parts of the country. The reasons for this range from fear, shame and barriers to accessing service through a feeling of responsibility to hold the relationship and/or family together. The British Crime Survey estimates that only ¼ of the worst incidents come to the attention of police so while we may ultimately seek a reduction in the harm caused by domestic abuse an increase in reporting may actually reflect positively on confidence in and access to services. This is particularly the case for some of our minority groups as detailed below.

The following is a summary of reported domestic abuse in Cheshire East:

- 1065 incidents of domestic abuse were reported to police during 2012-13 involving 22% repeat victims
- 3171 domestic incidents were also attended by police
- 387 high risk victims with 470 children were subject to Multi Agency Risk Assessment Conferencing (MARAC). These cases represent the top 10% of victims in terms of risk
- Children under 4 form the largest group and are least able of all children to protect themselves
- The MARAC repeat rate was 30% which is a rise of 8% on the previous year but at the lower end of the expected repeat range nationally. MARAC repeat rate Nov 2013 is 25%
- ¼ victims and perpetrators known to MARAC have some form of mental health problem
- Twice as many perpetrators as victims have problems with substance misuse
- Refuge provision is almost constantly full
- Support for victims to remain in their own homes (floating support) is also significantly stretched

### Cheshire East Sexual Violence Referrals to the Rape and Sexual Abuse Support Centre 2012-13

- 172 referrals of which the 2 largest groups were came from the Sexual Assault Referral Centre (SARC) and victims (49 each)
- 84% were from adults aged 18 and over, 16% from 13 – 17 year olds
- 89% were female and 11% male
- 59 constitute 'domestic abuse' in that the perpetrator was a current or former partner or family member
- Only 18 perpetrators were strangers. The rest were known to the family or colleagues or acquaintances

### EQUALITIES and LOCAL DEMOGRAPHIC PROFILE

Total Population	372,146	51% female 49% male
Aged 65+	75,300	20% of total population 41,300 females, 34,100 males
16 and 17 year old girls 16 and 17 year old boys	4229 4704	16 and 17 year olds are included in the definition of domestic abuse
Other than White British	6.4%	5.1% of CE residents were born outside the British Isles, with 2.7% born outside the EU. The most common non-British Isles countries for residents to have been born in are Poland and India
Have a disability where 'Day-to-Day Activities Limited a Lot'	29,200	(7.9%)
Have a disability where 'Day-to-Day Activities Limited a Little'	35,600	(9.6%)
Lesbian, Gay, Bi-sexual and Transgender	5-7% population	Source Healthwatch Cheshire East

There is evidence of underrepresentation across all minority groups other than those from the Polish community who have a specialist worker.

### Wealth and Deprivation

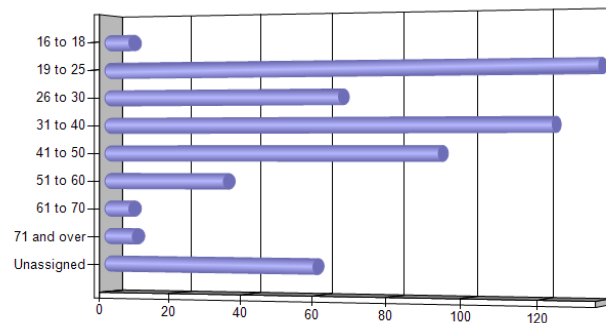
The table below shows significant variation in the rate of high risk victimisation across Local Area Partnerships in 2011-12 with Crewe experiencing the largest number and highest rate across areas and Macclesfield a close second:

LAP	No. High Risk Cases	Rate of victimisation per 1000 population - cases adjusted by LAP population
Crewe	158	2
Macclesfield	100	1.5
Congleton	78	1
Wilmslow	33	1
Nantwich	15	0.5
Knutsford	14	0.5
Poynton	6	0.2

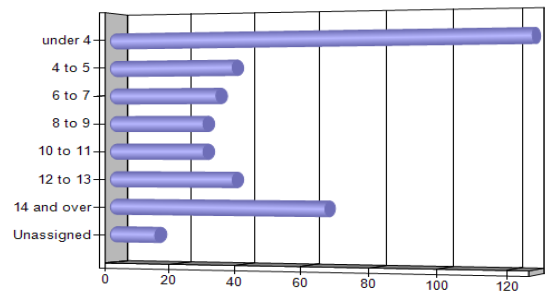
While this might indicate a need to target resources in more urban areas where there are areas of deprivation it is important to recognise that wealthier or rural victims may already be missing out on vital services due to a reluctance to report or opportunity to access services.

## Age

The tables below show that young families form the highest proportion of high risk clients while older people are not coming to the attention of services as frequently as they ought to.



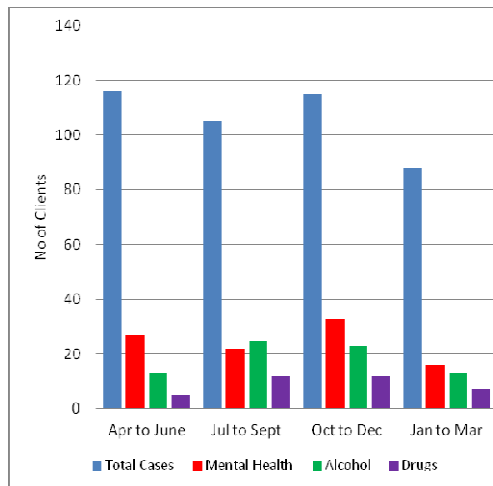
Age of clients of  
the IDVA  
(Independent  
Domestic violence  
Advocacy) Service



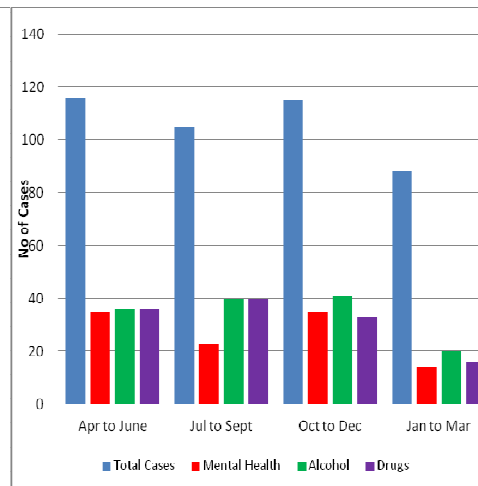
Age of  
children of  
IDVA  
clients

### Additional Factors

Substance misuse and mental ill health are frequently related to domestic abuse and while their interrelationship is complex and not causative it is important to address these issues together at a strategic and operational level in order to minimise the harm that is often associated with co-presentation.



MARAC Victims



MARAC Perpetrators

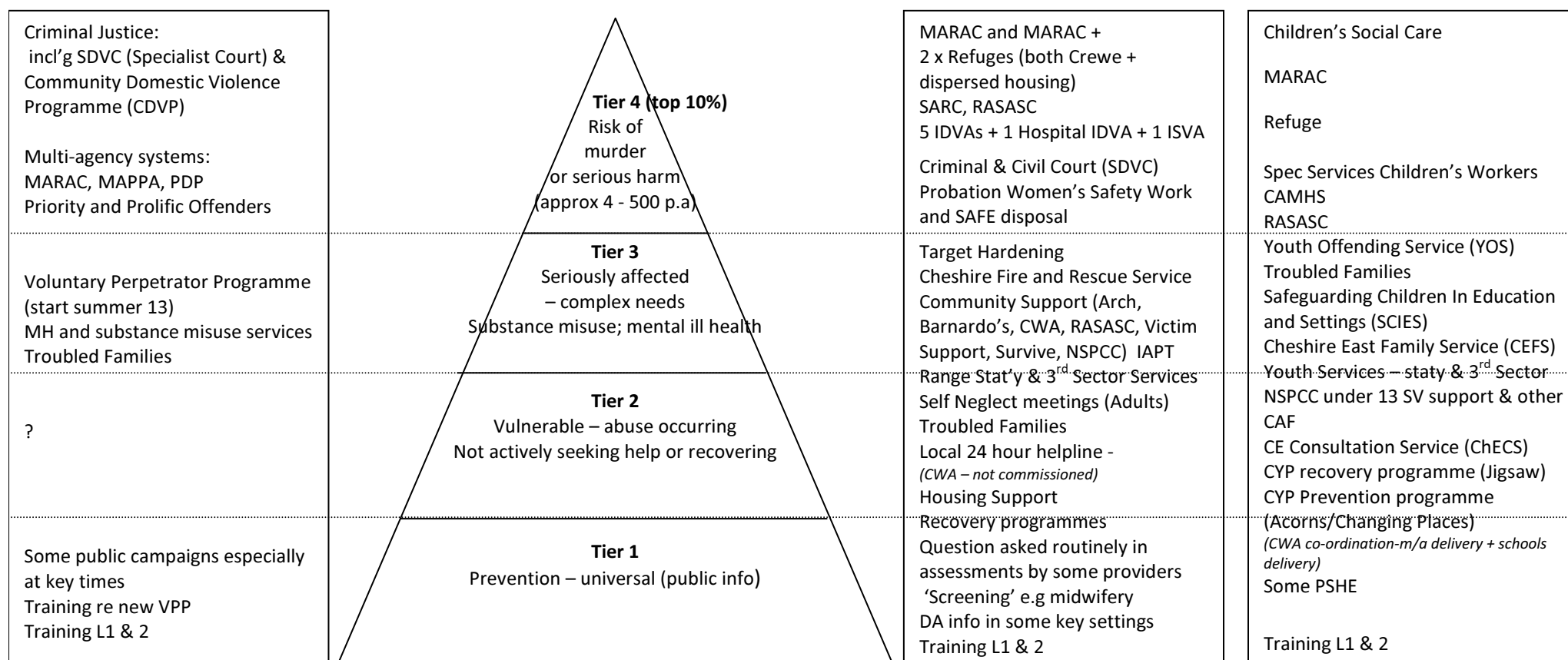
Age of clients  
of the IDVA  
(Independent  
Domestic  
violence  
Advocacy)  
Service

Data from the parental factors recorded at child protection conferences confirms the importance of addressing these issues effectively.

## Perpetrator

### Adult Victim

### Child Victim





## APPENDIX 5 SUMMARY OF CONSULTATION FINDINGS 2013

### DOMESTIC ABUSE AND SEXUAL VIOLENCE PROVISION

#### SOURCES OF DATA:

1. End year data from key providers
2. Subregional Community Safety Commission
3. Survivor voices on film
4. Survivor and professional views at Joint Safeguarding Conference May 2013
5. Partnership Surveys
6. Commissioning Workshop June 2013

#### SUBREGIONAL COMMISSION DA WORKSHOP OUTPUTS - PRIORITIES

A useful summary report is available covering the views of a wide range of agencies across the 4 Local Authority areas covered by Cheshire Constabulary.

- The provision of a ***holistic domestic abuse services for victims***, survivors, perpetrators and families.
- A focus on ***early intervention to reduce the long term demand for*** domestic abuse services.
- Compulsory ***education on healthy relationships in schools, colleges*** and universities.
- ***Ease of access to domestic abuse services. Every agency to provide the*** opportunity to discuss domestic abuse so that there is no wrong door
- ***Consistent service provision achieved by all agencies committing to*** best practice and implementing current procedures.
- ***Improved skill sets across agencies so that practitioners are able to ask*** the right questions, listen to victims and perpetrators, and recognise risk.
- The provision of ***voluntary perpetrator programmes across the*** Cheshire sub region.

#### SURVIVOR VOICES ON FILM

Survivors reflect their experience of some very good joint work to address their immediate and long term needs and some inadequacies, including:

- Not being believed or taken seriously
- Waits for access to services required immediately (particularly mental health, DA floating support)
- Failure to identify, record and risk manage the reality of domestic abuse
- Having to repeat their story many times, at some personal cost
- Inappropriate interventions for perpetrators

Many of the survivors of domestic abuse had experienced very serious levels of sexual abuse while others were already vulnerable due to abuse in their childhood

#### **VIEWS FROM THE SAFEGUARDING CONFERENCE WORKSHOP**

60 attendees – survivors, commissioners, managers and practitioners - were asked to highlight what problems and what solutions they were aware of in addressing domestic and sexual violence.

PROBLEMS	SOLUTIONS (not correlating to individual problems)
- Not being believed or taken seriously	more training, publicity, getting OUT to providers, community
- telling story many times, passed between services	single talk to children point of contact
-	
- Treating symptoms, not cause	adult CAF
- Welfare changes making life even harder	consistency from service providers
- Lack of IT infrastructure spanning services	information recorded and shared appropriately
- Wait for services/processes	every door an entry point to services needed/ASK the ?
- No help for or understanding of perpetrator (risks)	Multi-Agency Safeguarding Hub (MASH
- FEAR (of agencies, stigma, perpetrator.....)	walk-in services
	more survivor voices
	more openness about the issue

## PARTNERSHIP SURVEYS

### 'blue skies'

- Continued commissioning /maintaining Sexual Violence provision that is a seamless and consistent service from initial contactOne stop shop
- 24 hour helpline
- Well promoted easily accessible range of services that are all available regardless of postcode
- Greater attention to the needs of young people involved in domestic abuse
- The pay for support workers should also be improved
- All staff and services working on the empowerment model basis

## COMMISSIONING WORKSHOP ACTIVITIES

### Outcomes Summary

Community	Recognition of and commitment to unacceptability of DA and SV
	Feel confident and equipped to address issues locally
Family	Goals/needs more achievable by co-ordination of early and speedy bespoke service provision
	Service provision easily accessed
Adult Victim	Able to report earlier
	Supported to recover
	Safe
	Health and wellbeing improved
Adult Perpetrator	Challenged and supported to change
Child/Young Person	Understand what a healthy relationship is
	Confident to access support when relationships unhealthy
	Safer and healthier in their family life
Services	Funding stability
	More confident workforce (own practice and knowing who can help and how to work tog)

### Processes that can be changed

- Communicate more
- Ensure SV offers opportunity to reflect on practice and get support for improvement
- Train
- Document concerns
- Give/receive feedback re cases
- Listen to service users
- Raise profile of own service (partic. 3<sup>rd</sup> sector)
- Keep asking the Q

STOP	CONTINUE	START
<ul style="list-style-type: none"> <li>- Duplication of services</li> <li>- Working in isolation</li> <li>- Excluding key providers in cases from information or meetings</li> <li>- Requiring service users to repeat their story</li> <li>- 'referring on' without dealing with issues</li> <li>- Making access to services difficult</li> </ul>	<ul style="list-style-type: none"> <li>- Being victim/service user focused</li> <li>- Prevention and early help</li> <li>- Joined up strategic approach</li> <li>- Key elements of specialist provision across risk spectrum</li> <li>- Ask the question</li> <li>- Perpetrator work</li> <li>- Training to support confident professionals</li> <li>- Multi-agency work</li> </ul>	<ul style="list-style-type: none"> <li>- Community response</li> <li>- Comprehensive preventive work in schools</li> <li>- Joint commissioning (across sectors/geog. Boundaries)</li> <li>- Focus on outcomes not outputs</li> <li>- Single Point of Contact</li> <li>- One stop shop</li> <li>- Shared data analysis</li> </ul>

	<ul style="list-style-type: none"> <li>- Sharing information/communicating to keep people safe</li> <li>- Professional challenge</li> <li>- Valuing and involving 3<sup>rd</sup> Sector</li> </ul>	
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### SUMMARY - RECURRENT PRIORITIES

RE-DESIGN/RE-INFORCE (development rather than commissioning)	PREVENTION/ EARLY HELP	PROVISION	PROTECTION	PARTNERSHIP	PARTICIPATION
CYP awareness strategy	X			X	
Ask the Q/screening	X	X	X	X	
Involve survivors					x
Speedy responses to need	X	X	X		
Single referral form/case documentation		X	X	X	X
Community resourced to protect and be resilient	X			X	X
Focus on empowerment	X	X	X	X	X
Improved volume and quality of communication between providers	X	X	X	X	
Training for those who support – professional & community	X	X	X	X	
Value and involve 3 <sup>rd</sup> Sector	X	X	X	X	X
Data provision – outputs and outcomes					
RE-COMMISSION (things that will need financial resourcing)	PREVENTION	PROVISION	PROTECTION	PARTNERSHIP	PARTICIPATION
Single Point of Contact/Access/24-7 helpline	x	x	x	x	
Family case co-ordination across risk spectrum	X	X	X	X	
Recovery as well as crisis support	X	X			X
Challenge and support to perpetrators	X	X	X	X	X

Shared outcomes systems				x	
Appropriate accommodation – refuge/resettlement		x	x		
Support Centre in Crewe & Macc		x		x	x
Target hardening	x		x		

**APPENDIX 6 CHESHIRE EAST DOMESTIC ABUSE PARTNERSHIP – PRACTICE STANDARDS**

Name of Agency		date of completion	name of person completing Audit			
			<b>STANDARD</b>	<b>EVIDENCE</b>	<b>ACTION REQUIRED</b>	<b>RATING</b>
A	PREVENTION and EARLY INTERVENTION	1	Posters, leaflets are available in our public and office spaces, including in appropriate language or accessible formats			
		2	Signposting to help, including the Partnership website, is on our agency website			
		3	We get involved in shared campaigns such as White Ribbon			
		3	Where there are indicators of domestic abuse staff make further enquiries in a safe way			
		4	Where domestic abuse is disclosed and there are indications that it is of a serious nature staff undertake the shared Risk Indicator Checklist and make a referral to MARAC if necessary			
		5	We provide or support awareness/education programmes in local community settings, early years, schools, colleges			
B	PROTECTION	1	The safety of clients and related children and vulnerable adults is assessed when domestic abuse is identified and appropriate action is taken according to internal and partnership procedures			
		2	We respect client confidentiality but know and use our responsibilities to share information about risk of harm			
		3	Risk to all affected is identified and reviewed at key stages of intervention			
		4	We support clients to use the criminal and civil justice systems to achieve safety and justice			
C	PROVISION	1	Staff are trained on internal and shared procedures according to their level of responsibility			

		2	Staff work to empower people to take responsibility for their lives and know how to motivate, support and challenge people			
		3	A whole family approach is adopted and referrals are made to appropriate services including programmes for children and young people, adult survivors and perpetrators			
		4	Staff focus on recovery as well as safety as a means of preventing further harm or vulnerability			
		5	Staff recognise that each case is unique and are competent to address the issues that people experiencing less frequently encountered forms of domestic abuse might experience e.g. honour based violence, female on male abuse....			
D	PARTICIPATION	1	An ethos of empowerment is employed at all times to enable service users to take responsibility for decision making appropriate to their individual situation			
		2	Service users' views are proactively sought at every stage of service delivery			
		3	The views of service users are systematically captured and influence service delivery and future planning			
E	PARTNERSHIP	1	Our strategy/policy/procedures recognise that safeguarding is everybody's business and that domestic abuse is a key safeguarding issue which can only be addressed in partnership			
		2	We engage in partnership discussions and arrangements for funding domestic abuse specialist provision			
		3	There is a nominated lead for domestic abuse who takes part in CEDAP work at an appropriate level and raises CEDAP business within our organisation			
		4	There is an up to date Human Resources/Employers Domestic Abuse Policy			



		5	Staff seek and give advice on best practice and undertake and undertake/receive institutional advocacy where there is concern regarding partners' approach or practice			
F	PERFORMANCE	1	Agreed monitoring and outcomes data are supplied in a timely way			

## **Appendix 7      CEDAP Governance and Structure**

### **COMMISSIONING and DEVELOPMENT SUBGROUP TERMS OF REFERENCE**

#### **AIM**

To safeguard and strengthen adults, children and communities through establishing and overseeing the implementation of a domestic abuse strategy which is aligned to partnership priorities and commissioning structures in the local authority area, sub region and government.

#### **OBJECTIVES**

1. Secure Domestic Abuse Family Safety Unit funding for financial year 2013-14
2. Oversee a performance framework that enables informed decision making about need, provision and outcomes
3. Develop a commissioning strategy which maximises the resources of all budgets, services and partnerships and promotes early and holistic help
4. Determine a CEDAP substructure which can carry out the range of tasks required to fulfil the Group's aim
5. Strengthen stakeholder involvement mechanisms to ensure that partnership work is informed by the experience and views of citizens and agencies
6. Report (jointly) to each Adults and Children's Safeguarding Board
7. Establish an Action Plan to achieve these aims and objectives
8. Determine appropriate links and representation within the range of other Boards and Partnerships connected to domestic (and sexual) abuse
9. Consider options and implications of including sexual violence in the remit of this group

## **VALUES and PRINCIPLES STATEMENT**

The Commissioning & Development Group will exemplify a commitment to:

- equal opportunities and valuing diversity
- reducing inequality and social exclusion
- openness and transparency in its decision making and communications
- non-judgementalism
- working together to maximise safety for all

## **GOVERNANCE**

The group is accountable to the Local Safeguarding Children and Local Safeguarding Adults Boards and will provide a written report to each meeting, highlighting issues requiring decision making or direction.

This report will also be forwarded to the Safer Cheshire East Partnership in recognition of the fact that domestic abuse remains one of their priorities.

## **MEMBERSHIP**

Membership will comprise all funding partners including:

Cheshire East Council Children, Families and Adults  
 Cheshire East Council Safer Cheshire East Partnership (SCEP)  
 Clinical Commissioning Groups  
 Cheshire Police – local and strategic Public Protection Units  
 Office of the Police Crime Commissioner

Representation from the following sectors is also needed to inform service planning and delivery

Providers of specialist services representing the voice of service users  
 Public Health  
 Mental Health Sector  
 Drug and Alcohol Sector  
 Probation  
 Housing

All Group members are expected to lead on at least one of the Group's objectives

## MEETINGS

Meetings will take place approximately 2 weeks before Safeguarding Board meetings in order that a report on progress is available to the Board meetings and agenda items tabled.

## SUBSTRUCTURE (see diagram below)

