

Title of Report:	Domestic Abuse – Responding to Complexity
Date of meeting:	25 th September 2018
Written by:	Judith Gibson and Saskia Ritchie
Contact details:	<u>Judith.gibson@cheshireeast.gov.uk</u>
Health & Wellbeing Board Lead:	Mark Palethorpe

Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	Domestic abuse affects the achievement of all HWBB priorities and improving multi-agency responses to complexity in particular is a concern to all organisations represented on the Board		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Starting and Developing Well <input type="checkbox"/> Living and Working Well <input type="checkbox"/> Ageing Well <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		

<p>Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.</p>	<ol style="list-style-type: none"> 1. Consider ways in which the HWBB can engage with the 'Open the Door' campaign enabling communities to be proactive in earlier intervention 2. Consider how the HWBB can work together with other strategic Boards (LSCB, LSAB, CEDSAP) to embed a collective responsibility for identifying and working more proactively to engage with those individuals who face the most complex barriers to engaging in our local community. 3. Consider how the HWBB can effectively engage survivors of domestic abuse in the co-design and delivery of services for those on the edges of our community. E.g. Survivors want more flexible and informal peer support around mental health issues to be available in the community, and easier access to mental health support for their children. 4. Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex. 5. Consider how the influence and resources of the HWBB can promote, celebrate and sustain this work
<p>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</p>	<p>The report has been considered at all stages of Cheshire East Council People Directorate Managerial Structure</p> <p>This report arises from the work of Cheshire East Domestic and Sexual Abuse Partnership Board which is accountable to Safer Cheshire East Partnership and works collaboratively with the sub regional DA Strategic Board.</p> <p>The specific intervention which is detailed in this report is part of a sub regional project, funding for which was spearheaded by Ali Stathers-Tracey (former Complex Dependency lead and now CE Director of Transformation).</p>
<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>CEDSAP's work and priorities stem from ongoing dialogue, consultation and co-production with services users.</p> <p>Over 300 survivors of domestic abuse have been involved in the co-design, development and delivery of local domestic abuse services in Cheshire East through a broad range of engagement activities. There are currently 33 survivors actively engaged in specific areas of consultation and delivery and 17 people with specific interest and involvement in the development of complex needs work.</p>

<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<ol style="list-style-type: none"> 1. Domestic abuse and its impact on individuals, families and communities will be identified and addressed earlier, reducing harm and the cost of addressing that damage throughout people's lives 2. Those who are supported will be empowered to live happier, healthier and more independent lives, and will develop greater resilience to cope with future challenges. 3. Reducing isolation and loneliness is a key factor in enabling recovery and empowering survivors with complex barriers to engagement and multiple vulnerabilities to become more active and involved in the local community.
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1 Report Summary

- 1.1 Cheshire East has a comprehensive strategy for addressing domestic abuse <https://www.cheshireeast.gov.uk/livewell/staying-safe/domestic-abuse-and-sexual-violence/cheshire-east-domestic-abuse-and-sexual-violence-partnership.aspx>
- 1.2 The Strategy's 5 key work streams and action plan reflect and contribute to the HWBB's achievement of its own strategy and priorities
- 1.3 Improved community awareness and easier access to support has resulted in a reduction in high risk cases and effective earlier intervention for a greater number of families. A forthcoming community campaign (www.openthedoorcheshire.org.uk) has the potential to reach more families, and those who are concerned about them, at an even earlier stage
- 1.4 At the same time we note an increased number of people with highly complex lives. Addressing complexity earlier and better together is a strategy objective
- 1.5 A successful sub regional bid has enabled a local service, Cheshire Without Abuse (CWA), to scale up their existing work to address complexity, to share good practice across Cheshire and to learn from others' approaches
- 1.6 Individuals who are affected by multiple and complex vulnerabilities have the poorest life outcomes and offer the most significant financial and practical challenges to Health and Social Care provision. Across the sub-region these challenges are particularly apparent in those individuals whose problems are exacerbated or caused by domestic abuse. When additional issues of substance misuse, chaotic lifestyle and unstable mental illness co-present, people are left in vulnerable housing need, without intervention and having engaged and/or disengaged with multiple services
- 1.7 The sub-regional Complex Needs Accommodation was developed in recognition of the challenges faced by existing services in providing appropriate emergency domestic abuse accommodation to the survivors with the most significant vulnerabilities. In Cheshire East the services provided by CWA had developed expertise in supporting people with a range of needs and the provision of flexible, dispersed accommodation lent itself to supporting more people who were facing barriers to engagement. The additional funding from the DCLG enabled this work to be further developed and to offer the intensive support to a larger cohort as well as offering all four local authorities to innovate and share learning

- 1.8 We are currently in the second year of the two-year funding and there are some critical insights to consider:
- 1.8.1 To be effective, this work has to be responsive and flexible, meeting people where they are, understanding their immediate needs and future goals
 - 1.8.2 The chaotic lives of our target individuals are changeable day by day and they may experience crisis multiple times within a short period of time, the capacity to respond 24/7 needs to be available
 - 1.8.3 100% of the people we have supported have significant and unstable mental health issues. Only 20% have any current mental health engagement, missing appointments and lack of engagement often leading to discharge
 - 1.8.4 Relationship building is critical – agency mistrust, life experience and alienation mean that survivors with complex needs do not engage with services and do not attend appointments. It takes time, persistence and commitment to build a relationship based on trust.
 - 1.8.5 This makes it important to identify the people who have the most complex needs, the most significant levels of chaos and disengagement and at highest risk of homelessness. Caseworkers carry small caseloads and are pro-active, creative and tenacious in their communication efforts.
 - 1.8.6 Multi-agency relationships are critical and we have excellent relationships with the housing and homelessness team, working seamlessly to ensure that none of the people we have worked with have returned to/begun rough sleeping. Work with Cheshire Police, hospital and community IDVAs and the community drugs team are well embedded and joint working with children's social care, family support and local community organisations is effective. We have established direct referral pathways into health and mental health services although crisis support for individuals with complex needs who experience self-harm and suicidal ideation. It continues to be a challenge to find those with high-demand conditions such as personality disorders the right support and intervention, with case workers struggling to get practical help for these issues and having to resort to police welfare checks and the ambulance service.
 - 1.8.7 CWA has worked with over 140 individuals who have complex and co-presenting barriers to support. The Complex Needs Worker has advised on 28 cases and this sharing of expertise and consultation is an important part of embedding the approach locally.
 - 1.8.8 17 individuals and families were identified as a priority using the Chaos Index. These are the people receiving the additional intervention. All 17 people are survivors of domestic abuse, faced homelessness and scored high on the chaos index meaning they were not engaging with services at the point of referral to the project. All 17 adults were female and 8 are mothers with 17 children
 - 1.8.9 5 children have been adopted, 7 are subject to care orders (2 interim), 2 children are on CAFs. Just three women have their children living with them. The status of these children is another indicator of the levels of complexity faced by the people supported and the potential for generational adverse impact.
 - 1.8.10 At the point of referral 3 women were in private rented accommodation about to be evicted, one was sofa surfing and 13 were homeless.
 - 1.8.11 13 of the women had high ACES scores, having experienced domestic abuse and other trauma during childhood. This is confirmation of the impact of adverse childhood experiences and indicates the urgent need for earlier intervention.
 - 1.8.12 The majority of women were aged between 20-29 or 40-49, most were White British with one Muslim woman fleeing Honour Based Violence.
 - 1.8.13 Case Study: MK – Many years of on-off support from substance misuse and mental health services, daughter removed by CSC, chaotic, offending background. One engagement with CWA refuge in 2016, discharged from CWP for failure to attend, IDAT (Cheshire Police) involvement as both victim and perpetrator. Heard at

MARAC in 2017 with no agency involvement. At the direction of MARAC chair complex case worker pro-actively reached out to MK with persistent low level communication and supported a return to refuge accommodation. Agreed an 'open door', MK can return to refuge as long as space available. Very difficult to engage, returning to perpetrator repeatedly, multiple incidents and police involvement leading to arrest and conviction. Prison visiting by case worker to develop plan for release. On release returns to refuge accommodation. Now attending behaviour change programme, wellbeing group and peer support group.

- 1.9 The early findings from this work are worthy of consideration for how we develop and embed a partnership approach to benefit more victim/survivors and their families. In particular how agencies can work together effectively to pro-actively 'wrap-around' services to tackle the complex range of issues, how we focus on the quality of relationships developed with those people at the edges of our community to bring them back into functional participation and engagement with services.
- 1.10 Ali Stathers-Tracy has submitted a second bid to DCLG to extend this work. We may know by the time the HWBB meets whether this has been successful. If not the initiative will continue in a limited way but further joint resourcing would enable Cheshire East to invest in and evidence the effectiveness of this collaborative way of addressing chaotic and complex behaviours that result in both human and service cost

2 Recommendations

- 2.1 Consider ways in which the HWBB can engage with the 'Open the Door' campaign enabling communities to be proactive in earlier intervention.
- 2.2 Consider how the HWBB can work together with other strategic Boards (LSCB, LSAB, CEDSAP) to embed a collective responsibility for identifying and working more proactively to engage with those individuals who face the most complex barriers to engaging in our local community.
- 2.3 Consider how the HWBB can effectively engage survivors of domestic abuse in the co-design and delivery of services for those on the edges of our community. E.g. Survivors want more flexible and informal peer support around mental health issues to be available in the community, and easier access to mental health support for their children.
- 2.4 Consider how the HWBB can support improved crisis responses of mental health services to those whose needs cross multiple issues and are long term/complex.
- 2.5 Consider how the influence and resources of the HWBB can promote, celebrate and sustain this work

3 Reasons for Recommendations

- 3.1 The work to 'Open the Door' on hidden abuse is everyone's responsibility and will contribute to the achievement of HWBB priorities. Giving confidence to communities to start a conversation that may lead to self help, early help or to professional support for complex needs will support neighbourliness, independence, wellbeing and harm prevention.
- 3.2 Childhood trauma has a lasting and significant impact on life outcomes. The issues facing the people who live chaotic lives and experience multiple vulnerabilities, disengaged from

the wider community and social interaction are costly and complex. Stretched services struggle to support these individuals and it is clear from our project that another generation of children have already been affected. Investment in this work creates savings to other services, improves life outcomes, reducing isolation and loneliness and increases participation and involvement in the wider community.

3.3 The HWBB has a strategic and tactical overview of interventions and initiatives that can positively impact the success and longevity of the specialist complex needs work outlined above. Although located in one sector the learning and challenges highlight the effectiveness or otherwise of our 'system' and we are all investors in using the resources and influence within our ambit for the benefit of service users

4 Impact on Health and Wellbeing Strategy Priorities

Outcome 1 Create a place that supports health and wellbeing for everyone living in Cheshire East

Outcome 2 Improving the mental health and wellbeing of people living and working in Cheshire East

Outcome 3 Enable more people to Live Well for Longer includes

As outlined above the focus of both the community awareness and empowerment work as well as the intervention to help those with the most complex and chaotic lifestyles results in individuals, families and communities being able to live happier and more productive lives and to take responsibility for their and their children's health and wellbeing.

5 Background and Options

5.1

The need for a specialist multi-agency response to victims within this cohort was identified by specialist DA services. The opportunity to provide an innovative response was created through the provision of central government innovation grant funding. There are no alternative provisions that meet this need but a sustainable response will be needed if a return to poor outcomes for these victims is to be prevented.

6 Access to Information

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

Name: Judith Gibson

Designation: Cheshire East Council Development Manager – Domestic Abuse/Sexual Violence

Tel No: 07818 002157

Email: Judith.gibson@cheshireeast.gov.uk