

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE**19 NOVEMBER 2019**

REPORT TITLE	DOMESTIC ABUSE
REPORT OF	ELIZABETH HARTLEY, ASSISTANT DIRECTOR: EARLY HELP & PREVENTION

REPORT SUMMARY

This report provides the Adult Care and Health Overview and Scrutiny Committee with an overview of provision to support children, adults and families affected by domestic abuse. The report sets out the national and local context, describes findings of an in-house review and outlines next steps to improve services and reduce the detrimental impact of domestic abuse on Wirral residents.

This matter affects all Wards within the borough.

This report does not relate to a key decision.

RECOMMENDATIONS

Members are asked to note the findings of the in-house review, support the improvement of services and consider future reporting on progress in 3-months, 6-months and 9-months to ensure suitable progress is made.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATIONS

- 1.1 To ensure Members of the Adult Care and Health Overview and Scrutiny Committee have the opportunity to scrutinise the support provided to children, adults and families affected by domestic abuse. To ensure that effective arrangements are in place to reduce the prevalence and detrimental impact of domestic abuse on Wirral residents.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 This report has been developed in line with the departmental plan and findings of Ofsted Inspection, which identify domestic abuse as a priority area. As such, no other options have been considered.

3.0 BACKGROUND INFORMATION

National Impact

- 3.1.1 Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%).
- 3.1.2 Each year more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.
- 3.1.3 Seven women a month are killed by a current or former partner in England and Wales.
- 3.1.4 On average victims at high risk of serious harm or murder live with domestic abuse for 2-3 years before getting help.
- 3.1.5 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

Children and Domestic Abuse

- 3.1.6 130,000 children live in households where there is high-risk domestic abuse.
- 3.1.7 64% of high and medium-risk victims have children, on average 2 each.
- 3.1.8 A quarter of children in high-risk domestic abuse households are under 3 years old.
- 3.1.9 On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life.
- 3.1.10 62% of children living in domestic abuse households are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others.

Characteristics

- 3.1.11 Gender: Women are much more likely than men to be the victims of high-risk or severe domestic abuse: 95% of those going to a multi-agency risk assessment

conference (MARAC) or accessing an Independent Domestic Violence Advisor (IDVA) service are women.

- 3.1.12 Low income: women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of over £20,000.
- 3.1.13 Age: Younger people are more likely to be subject to interpersonal violence. The majority of high-risk victims are in their 20s or 30s. Those under 25 are the most likely to suffer interpersonal violence.
- 3.1.14 Pregnancy: Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant.
- 3.1.15 Separation: Domestic violence is higher amongst those who have separated, followed by those who are divorced or single.
- 3.1.16 Previous criminality of the perpetrator: domestic abuse is more likely where the perpetrator has a previous conviction (whether or not it is related to domestic abuse).
- 3.1.17 Drug and alcohol abuse: Victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse): at least 20% of high-risk victims of abuse report using drugs and/or alcohol.
- 3.1.18 Mental health issues: 40% of high-risk victims of abuse report mental health difficulties.

Wirral

3.1.19 In General:

- Domestic abuse is 13% of crime by recorded volume. (A crime is only recorded in about 80% of incidents).
- 95% of Police incidents are Silver/Bronze, 5% are Gold (Gold represents the highest level of risk, and bronze the lower level of risk).
- 85% of Police incidents are repeats.
- 40% of these incidents involve families with children.
- Children witness 20% of the incidents directly.

Children's Services: September 2018 – October 2019

3.1.20 Children's Services:

- 24% of contacts to the Integrated Front Door (IFD) are recorded as relating primarily to domestic abuse. The overall percentage of cases where domestic abuse is a factor may be higher as only the primary factor is recorded at contact.
- 23% of the referrals sent from the IFD for a social care assessment have domestic abuse as the primary selected factor.
- 33% of re-referrals to the IFD show domestic abuse as the primary factor.
- 22% of the cases where domestic abuse is the primary factor are progressed to early help services.

- 28% are felt appropriate to be managed by universal services and are offered advice and information accordingly.
- 61% of Child Protection cases have domestic abuse recorded as a factor. A number of factors can be recorded at this stage.
- Nearly two thirds of serious case reviews (SCRs) feature domestic abuse as a significant factor.

Higher End Risk:

- 3.1.21 The Family Support Unit (FSU) in Wirral receives around 1,000 referrals each year.
- 3.1.22 Of the cases progressing to Wirral MARAC, around 1,250 children and young people experience domestic abuse per year. With the repeat rate for MARAC re-referral, this may equate to around 860 children and young people per year.
- 3.1.23 The Wirral MARAC receives 68 referrals per 10,000 population. This is less than the Merseyside average (78), but higher than the SafeLives recommended rate (40). Similar regions have a re-referral rate of 58 per 10,000 population.
- 3.1.24 In terms of repeat referrals to MARAC, Wirral has a repeat rate of 31%. This in line with the Merseyside average and within the band recommended by SafeLives (28%-40%).

3.2 Current Access and Provision

- 3.2.1 Currently, access to domestic abuse services is disorganised. This is reflected in the mapping which was undertaken by the Wirral Intelligence Service. Access to services relies on local knowledge for those victims who do not want to report an incident (to the Police or other professional). For those who do report, it is likely that this will result in a referral to a statutory agency in order to access relevant advice and support.
- 3.2.2 Information and advice can be found on the Council Website and includes information for Tomorrow's Women, Involve Northwest, WEB Merseyside and Wirral Women and Children's Aid (including the refuge).
- 3.2.3 There is limited access to a perpetrator programme unless convicted by the Courts. Individuals seeking support to change would need to self-fund a programme and the referral route for an evidenced-based programme is unclear.
- 3.2.4 Contacts to Children's Social Care are made via the Integrated Front Door (IFD). These contacts are screened by Social Workers to determine the threshold, to signpost for advice, refer to early help services or for assessment by Children's Social Care when threshold at level 4 is met. There is no Independent Domestic Abuse Advisor (IDVA) available in the IFD and decision making is often single agency. Decisions made in the IFD should be made within one working day in line with Working Together 2018 guidelines.
- 3.2.5 Referrals for MARAC are made via the Family Safety Unit (FSU). Decision making as to whether the threshold is met for multi-agency risk assessment conference (MARAC) is a single agency decision and based on limited information. Multi-agency discussion and risk management does not take place until the MARAC meeting which

can be two weeks later. Furthermore, referrals to MARAC is unwieldy with significant numbers making the risk management of each and all cases inequitable.

- 3.2.6 Both the contacts to the IFD and to FSU can be rationalised to ensure better multi-agency information sharing and risk management.
- 3.2.7 Referrals to Children's Social Care with domestic abuse is the primary factor make up 23% of the overall workload. Re-referrals with domestic abuse as the primary factor contributes for 33%. There can be an over-reliance on self-reporting that relationships have ended as an unrealistic understanding that domestic abuse will stop, and the risk decreased. This reflects a lack of understanding of the research associated with domestic abuse.
- 3.2.8 Whilst training is available for staff across the partnership, it is focused on awareness raising. A tiered approach is required to ensure that professionals responding to families (where domestic abuse is a factor) have the appropriate knowledge and skills to work effectively to reduce the impact and prevalence of domestic abuse.
- 3.2.9 Interventions are available via early help services. Some staff are trained to deliver *Gateway*, a cognitive behavioural programme which enables participants to develop an understanding of attitudes, beliefs and myths which can support abuse within intimate relationships.
- 3.2.10 The Early Intervention Hub (Safer Wirral Services) offers a drop-in centre for legal advice, a Men's Hub (weekly sessions relating to emotional wellbeing), *Gateway*, *Brave the Rage* (which provides families, professionals and carers of children and young people experiencing anger with simple, practical techniques for control).
- 3.2.11 Wirral currently commissions services in relation to domestic abuse. This includes:
 - Leapfrog - The Leapfrog programme, provided by Involve Northwest, supports small groups of 4 to 6 families. Provides help for young people with behavioral problems including situations of child-on-parent violence and parents who have been victims of domestic abuse. The service supports the delivery of the HELP programme a healthy relationship programme for men with identified relationship difficulties.
 - Listening Ear (confidential telephone support) for children who witness DA in their homes.

3.3 In-house Review of Our Response to Domestic Abuse

- 3.3.1 In Q1 of 2019/20, Children's Services undertook a review of the approach to domestic abuse. This review was completed in May 2019 and was supported by a mapping of the domestic abuse pathway by Wirral Intelligence Service.
- 3.3.2 The review made several proposals including the introduction of clear operational leadership within the directorate, alignment of services offered for children and families impacted by domestic abuse, consideration of a domestic abuse risk assessment, forum for domestic abuse referrals, and the development of non-statutory perpetrator interventions.

3.3.3 A wider population approach to domestic abuse has been set out and considers:

- *Global prevention*: Reducing vulnerability for those who live, work and visit Wirral.
- *Focused Prevention & Access*: Reducing the risk of domestic abuse within higher risk cohorts.
- *Targeted Early Support*: Reducing the threat from domestic abuse.
- *Reactive Intervention*: Reducing the impact and preventing escalation.

(This approach can be found in Appendix 1)

3.3.4 The internal review set out the next steps for Children's Services to develop a more effective approach to tackling domestic abuse.

(Next steps can be found in Appendix 2)

3.3.5 The Ofsted Inspection, June 2019, recognised the work that had been done to improve the approach to domestic abuse. The recommendations made by the review correlate with the feedback from Ofsted Inspectors and remain the primary focus for development:

When children live in homes where domestic abuse is present, the risks to them are recognised and responded to. This recognition and the speed of response has improved since the time of the last inspection. However, despite there being a generally good range of services available, there are currently no perpetrator programmes available, information and intelligence sharing is limited, and services are not well coordinated. The local authority has plans in place to address this, but services are not currently making the difference they could. (Ofsted, June 2019)

3.4 Steps to Improve Our Response to Domestic Abuse

3.4.1 The internal review set out the next steps for Children's Services to develop a more effective approach to tackling domestic abuse and notably an alignment of services via a co-produced domestic abuse strategy.

3.4.2 November 2019– January 2020

- Introduction of a daily domestic abuse meeting to ensure a multi-agency and timely response to high-risk and high-impact domestic abuse referrals made to the FSU and/or the IFD. This may also impact on the number of referrals to MARAC (reduction) by ensuring that those tabled are appropriate.
- Integration of the Family Safety Unit and the Early Intervention Hub (Safer Wirral Services), to form a domestic abuse hub from which interventions are delivered, commissioned or signposted.
- Service Specification to be agreed for the domestic abuse hub
- Establish a multi-agency task and finish group for the co-production and implementation for a domestic abuse strategy.
- Establish effective governance arrangements.

3.4.3 January – March 2020

- Review of MARAC process to ensure effective risk management and oversight of MARAC plans.

- Review the current training offer.
- Review and commission services in relation to programmes which respond to domestic abuse.
- Review the perpetrator pathway and establish the commissioning approach for an evidenced-based perpetrator programme.
- Establish a relevant data set to measure impact

3.4.4 April – June 2020

- Brand and launch the domestic abuse hub and the multi-agency strategy, with key outcomes to include:
 1. To co-ordinate services which include universal access, early support and prevention to adults, children and young people.
 2. To improve the offer of evidenced-based support to children and young people who are affected by domestic abuse.
 3. To improve the safety of victims, supporting them to make choices which result in a positive difference to their lives.
 4. To review and implement the pathway of access to interventions for perpetrators.
 5. To recognise the choices which adults can make to remain in relationships. In doing so, work with them to develop strategies which may contribute to them keeping safe and in the knowledge that there is an open door to non-judgemental services should this be required.
 6. To engage with communities to raise awareness and build confidence to seek advice and support.
 7. To work in partnership to jointly commission services and training.
 8. To work inclusively to co-produce and continuously improve the service offered to families affected by domestic abuse.

3.5 Measuring Impact

3.5.1 Key indicators of impact would be:

3.5.2 Long Term: Reduce prevalence and impact

- Reduce incidents/repeat incidents. Contacts, referrals, assessments, plans and incidents/crime. Across all thresholds.
- Reduction in overall incidents/crimes and seriousness. Benchmarked with statistically similar areas.

3.5.3 Short - Medium Term: Priority areas from inspection and internal review

- Domestic abuse hub established. Increase in % of cases where specialist triage and co-ordination of referrals into specialist domestic abuse support services.
- Clustering of offers/support across public and 3rd sector for families impacted by domestic abuse. Link to the toxic trio pilot project.
- Increase in perpetrator interventions. Statutory and non-statutory. Including use of multi-agency disruption and civil orders.
- Increased insight into domestic abuse prevalence within safeguarding caseloads.
- Development of reporting tools for children's services using new analytical software.
- Development of a clear children's pathway and embedding impact/risk tools.

- Domestic abuse referrals subject to daily multi agency risk triage. Reduction in time taken for local multi-agency risk assessment.
- Increase numbers of staff trained to deliver specialist domestic abuse support direct to families.

3.0 FINANCIAL IMPLICATIONS

- 4.1 Actions going forward may incur some financial decisions, these will be considered in the progress reports.

4.0 LEGAL IMPLICATIONS

- 5.1 There are no legal implications arising from this report.

5.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 6.1 Actions going forward may include resource implications, these will be considered in the progress reports.

6.0 RELEVANT RISKS

- 7.1 Actions going forward may incur some risks, these will be considered in the progress reports.

7.0 ENGAGEMENT/CONSULTATION

- 8.1 This report has taken into consideration the findings of the consultation work completed by Revealing Reality on the experiences of domestic abuse for those who are gay, lesbian or from an ethnic minority background.

8.0 EQUALITY IMPLICATIONS

- 9.1 An Equality Impact Assessment will be completed as an integral part of the work plan.

10.0 ENVIRONMENTAL AND CLIMATE IMPLICATIONS

- 10.1 There are none arising from this report. However, environmental and climate implications will be considered as an integral part of the work plan and reported on within progress reports.

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APPENDICES


Appendix 1- Domestic Abuse Pathway
Appendix 2- Next Steps

BACKGROUND PAPERS

SUBJECT HISTORY (last 3 years)

Council Meeting	Date

Appendix 1- Domestic Abuse Pathway

Wirral Family Pathway 	Domestic Abuse Recognised or Reported			
	All People	Some People	Specific People	
	Safeguarding Partnership		Domestic Abuse Hub – Daily Triage and Operational Oversight	
	Global Prevention	Focused Prevention	Targeted Early Support	Reactive Intervention
What are we aiming to do?	Reduce the Vulnerability	Reduce the Risk of DA	Reduce the Threat from DA	Reduce the impact of DA. Prevent Escalation.
Who?	Everyone. Lives, works, visits Wirral.	Victim/perp/family/geographical demographics drawn from evidence and analysis.	Incidents. Non-Crime or Pre -crime events. IFD Contacts. No higher than Level 2 Threshold.	Level 3 and above. <u>DA Crime</u> , Incidents with significant impact on C&YP. Assessed levels of risk as perp <u>MeRIT</u> and DASH.
How will we know about them?	N/A – Wirral wide.	MA Analysis and insight. Active listening in assessment/dealings.	Police SWH /Early Help Occurrences/referrals (PCSO)	Police referral and IFD contacts/referrals.
What will we do?	Seek feedback from families. Set clear strategy and governance for prevention across all communities/sectors. Tactics and plans based on Insight and evidence base. <u>DA Action Plan</u> in support of 2030 strategy.	Awareness and education of early signs and impact. Increase resilience in this focused demographic. Use insight and analysis to identify high risk cohorts and proactively engage through universal services co-ordination.	Early Help via Community Matters. VS potential for Gateway and TWW/WEB referrals/signposting. Proactive Potential Perp work with PCSOs – Demand Reduction. Refer into 3 rd Sector organisations for support/Perp education intervention.	Assess the levels of risk and respond accordingly, coordinating with any ongoing criminal investigation. Ensure the MA approach considers the Perp in terms of interventions proportionate with the levels of risk. HDG will be picked up by the SWH team and proactive use of DVPO time will be included as part of the family wide intervention. High Risk DA will be managed by the FSU, cases considered through MARAC and Child Safeguarding will be undertaken in accordance with the thresholds.
Who will do this?	L.A. The Wirral Partnership. MASA.	Universal services through Community Matters.	SWH & Community Matters supported by 3 rd Sector.	DA Investigators. Family Matters service and Social Care. Health and Education Practitioners. Community Matters.
How? - Method/Models	Use of evidence-based prevention models. E.g. 'Duluth Co-ordinated Community Response'. Develop plans from analysis of National/Local drivers. Analytical support.	As with 'global' but specifically targeted and enhanced in key areas/demographics and linked case work – Toxic Trio link etc.	Gateway Butterflies (Lower end, Non trauma). Mediation. Support and safety planning for families that want to stay together – see the Leeds/North Yorkshire strategy.	Gateway, TWW, WEB. CJC Perp programmes. Gap in non-stat/non conviction Perp options (Considering <u>Non CJ</u> - RJ options). Leapfrog – Higher level of intervention and support for VS and Children. Higher end Trauma work. Health Interventions and case by case basis. CAMHS. Toxic Trio work. WWTR.
How will we see impact?	Potential increased reporting/awareness of DA. Longer term reduction in DA.	Less cases escalating into thresholds of need. Some increase in disclosures at lower levels of risk/abuse may be expected.	Reduction of contacts into CSC/IFD at Level 3 and Level 4 Threshold of Need. Reduction in escalation of DA into serious violence.	Reduced re-referrals and re-contacts/Significant Incidents rate. Reduction in incidents. Reduction in assessments with DA as factor. Reduction of DA in CP factors. Longer term: Less escalation into Mental Health demand.
Who monitors effectiveness?	<u>Wirral DA Strategy 2020-24</u> <u>Elizabeth Hartley</u> <u>DA Action Plan 10/21</u> LSCP	As per Global: In addition. Community Matters, Early Help and Prevention Services.	Community Matters Governance and DA Board oversight. Directorate leadership via EH&P AD. LSCP Leadership.	Directorate Governance via DA Lead Wendy Monnelly. CSC DD & EH&P AD. LSCP.
Wirral Safeguarding Partnership DA Strategy 2020-2024				

Next Steps?

