**APPROVED BY** 

THE SAFER PORTSMOUTH PARTNERSHIP 8<sup>TH</sup> DECEMBER 2011
THE CHILDRENS TRUST BOARD 19<sup>th</sup> JANUARY 2012 and
PORTSMOUTH SAFEGUARDING CHILDREN BOAD FEBRUARY 2012

# Introduction

A review of domestic abuse services in Portsmouth was commissioned by the Safer Portsmouth Partnership (SPP) and the Children's Trust Board (CTB) as a result of changes to funding regimes and service restructures forced by cuts to public service budgets. The 10 stage commissioning process<sup>1</sup> began in April 2011 supported by a multi-agency review group chaired by Rachael Dalby, Head of Community Safety. See appendix 2 for the definition of domestic abuse and the scope of the review.

Statutory responsibilities in relation to survivors of domestic abuse and their children are limited, to domestic homicide, child protection and patient safety. However, domestic abuse has been identified as the main driver for violence in the city and a significant driver for the numbers of children with child protection plans and those looked after by the City Council. Reducing the harm caused by domestic abuse has been a priority for the Safer Portsmouth Partnership for the past 10 years and is recognised as a priority for the Children's Trust and the Local Safeguarding Board.

The purpose of providing domestic abuse services is to keep women and children safe from abuse and harm and to ensure that perpetrators take responsibility for their actions and change their behaviour.

#### **Process**

Various documents including local and national data analysis, evidence base for what works to address domestic abuse and to keep children safe, consultation reports and desk top research have been produced and progress reports presented to both partnerships over the past 8 months. These are available on request. Further multi-agency work is planned during the implementation stage of the review.

This document focuses on summarising the strategic approach and broad recommendations for discussion and approval by the Safer Portsmouth Partnership, Children's Trust Board and the Portsmouth Children's Safeguarding Board (PCSB). The recommendations take account of the outcome of the 'deep dive' exercise undertaken by the LSCB as a result of a Serious Case Review earlier in the year.

The development of new priorities over the past 12 months by the Children's Trust provides an excellent opportunity to 'thread' domestic abuse through each priority to ensure that the joint responsibilities of all three partnerships area addressed.

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<sup>&</sup>lt;sup>1</sup> Appendix 1

# **Glossary of terms**

SARC	Sexual Assault Referral Centre	RASSO	Rape and Serious Sexual Offences	
HBV	Honour based Violence	CPS	Crown Prosecution Service	
SDAC	Specialist Domestic Abuse Court	IDAP	Integrated Domestic Abuse programme	
IDVA	Independent Domestic Violence Advocate	IDAM	Individual Domestic Abuse Module	
MARAC	Multi Agency Risk Assessment Conference	MAPPA	Multi-agency Public Protection Arrangements	
LGBT	Lesbian Gay Bisexual and Transgendered	CSP	Community Safety Partnership	
PARCS	Portsmouth Area Rape Crisis Service	FIP	Family Intervention Project	
CYP IDVA BAMER	Children and Young Persons Independent Domestic Violence Advocate  Black, Asian, Minority Ethnic and Refugee	DAU CHMHS CAF	Domestic Abuse Unit (Police) Child and Adolescent Mental Health Service Common Assessment Framework	
DASH	Domestic Abuse Stalking Harassment and Honour Based Violence			
ISVA	Independent Sexual Violence Advocate			

#### Current and future demand for services

The numbers of incident's set out below only take account of incidents reported to the police and are an under estimate because of the high likelihood of under reporting. Not all incidents will be recorded as a 'crime' but all incidents will require a response. Demand is likely to increase as a result of the economic climate and if front line services improve risk assessment and referral processes.

Demand for adult support services (Tier<sup>2</sup> 1-4)

- 4300 police recorded incidents per annum
- 10% high risk (430)<sup>3</sup>
- 45% approx medium (1935)
- 45% approx standard risk (1935)

Demand for children and young people's support services (T1-4)

It is difficult to provide an accurate picture of demand for support services for children and young people because it is not possible to extract the data from the current IT systems easily. Service improvements are planned in relation to this.

- A snap shot of cases open to Children's Social Care in June 2009<sup>4</sup> found that domestic abuse was identified by social workers as a significant feature in 42.31% (586n) of the 1385<sup>5</sup> open cases. Currently, due to IT recording issues, we do not know exactly how many children are involved in each case in order to estimate likely demand for children's support services.
- In 2010/11 65% of Child Protection plans (c117) involve domestic abuse.
- Of 28 new high risk cases managed at MARAC in September 2011, 56 children were involved.

The following diagrams show current demand against current services for survivors, children and perpetrators, highlighting the gaps identified by the review process.

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<sup>&</sup>lt;sup>2</sup> See appendix 2 – Tiers of service

<sup>&</sup>lt;sup>3</sup> Accurate police data will be available monthly from November 2011

<sup>&</sup>lt;sup>4</sup> Sarah Lewis and Tracy Cross, 7.9.09

<sup>&</sup>lt;sup>5</sup> Each case = one child, not one family

Figure 1: Current demand 'v' current services

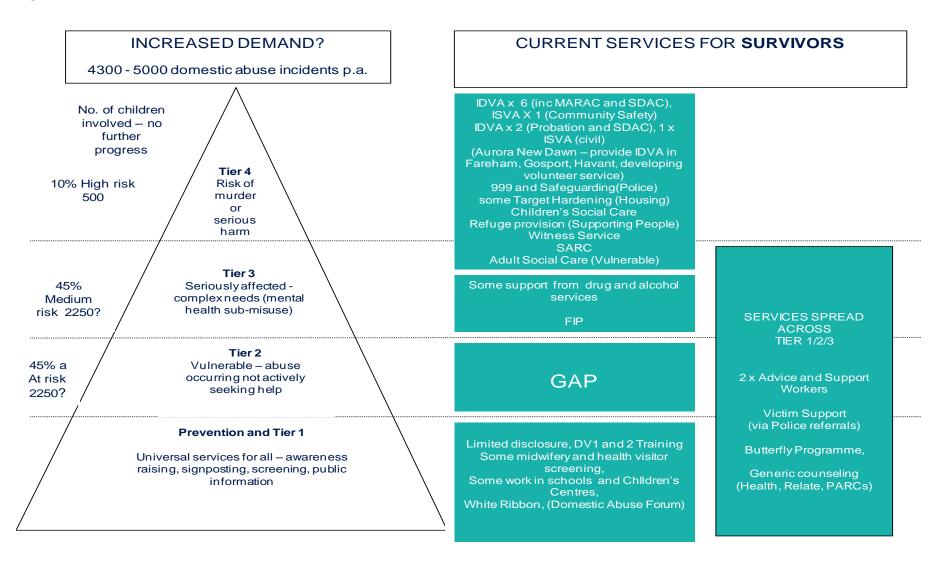


Figure 2

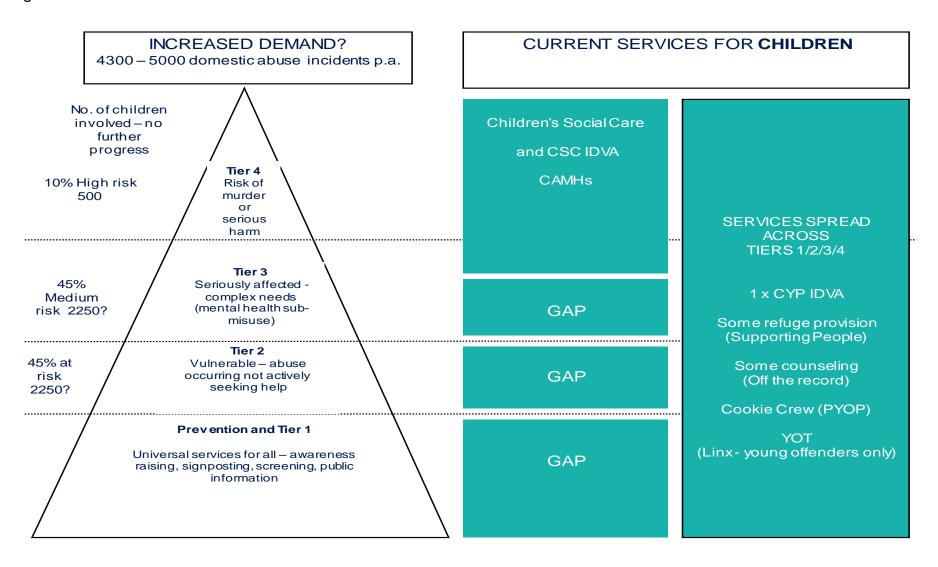
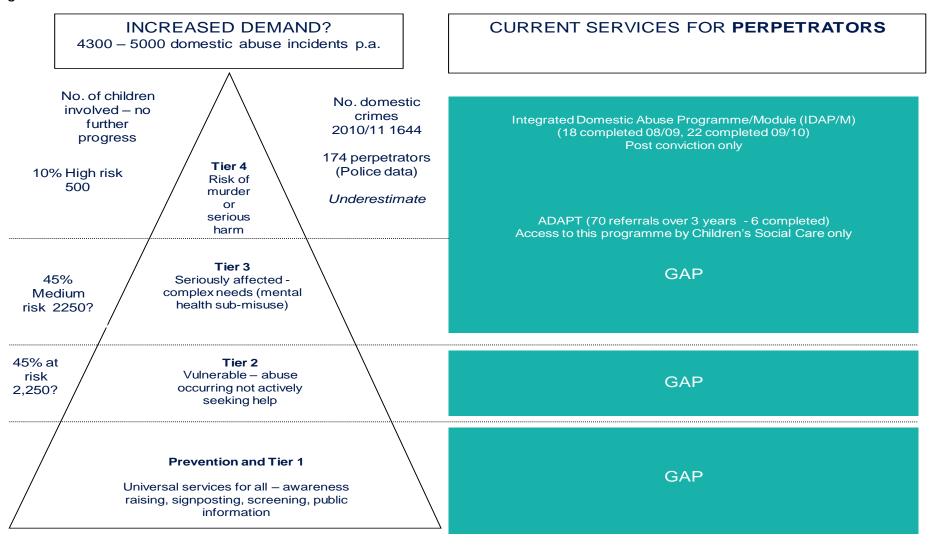


Figure 3



# 'Co-ordinated community response', improvement priorities and tiers of service and costs

The review team found that a multi-faceted, multi-agency response is more likely to improve capacity across sectors and agencies and deliver early intervention, saving time and money down the line. Agreeing a 'co-ordinated community response' acknowledges the importance of early intervention as one part of the response; other elements - prevention, support for all levels of risk, support for children, refuge provision, programmes for perpetrators, sanctuary measures, enforcement – are of equal importance.

It is recognised that resource constraints may prevent the delivery of some elements. However, it is important to take account of the long term impact of this. For example, failure to model healthy relationships and improve understanding of the nature of domestic abuse with young people will not help to reduce future demand for specialist services. Not investing in a community perpetrators programme means only a tiny minority of perpetrators will be able to access probation's statutory Integrated Domestic Abuse Programme (IDAP) and are likely to go on to abuse again. As well as addressing each of the elements above, we need to address the demand in relation to the 4 tiers of service required. Tiers of service – T1 universal  $\rightarrow$ T4 high risk - were identified for the service mapping phase of the review and are attached as appendix 3. Mapping the need/demand against services is helpful to identify gaps, but some caution is needed as many services will work across more than one tier. Gaps in current services have been identified in relation to T2, T3 services, services for children and perpetrators.

One of the drivers for the review is to reduce demand into high cost, high risk services. We estimate the current spend in the city to be in the region of £750k with further resource in 'below the line' mainstream budgets across partner agencies that could be 'bent' to address the gaps in service identified above.

# Strategic approach

- Co-ordinated community response Each agency should be aware of their role in responding to domestic abuse. Identify the importance
  of separate services but building in flexibility to package and procure some services together to realise economies of scale and get better
  value for money.
- Raise awareness and understanding of what domestic abuse is among young people and the general population and encourage people to come forward to seek support at an early stage.
- Ensure front line staff can identify domestic abuse (it is not just violence) and are confident in assessing risk to reduce the demand for high risk services.

- Include awareness raising and risk assessment in relation to domestic violence, substance misuse and mental health in current safeguarding program and undertake an audit to identify skills, numbers and training needs. Training will start with managers.
- Keep high risk support services, (including Honour Based Violence) (T3/4) as currently provided but manage demand differently to enable referrals from all city services provided risk assessment completed.
- Create capacity to support medium and standard risk cases (T2) by shifting some resources from IDVA <sup>6</sup>posts to Advocacy and Support posts, requiring key services such as social care staff, housing officers, tenancy support officers, Children's Centre workers, to train existing staff to deliver T1/2 support.

#### What do other similar areas do?

- Southampton/Hampshire Constabulary recently reviewed their domestic abuse services (2010). The now have 5 IDVAs (4 for the MARAC and 1 for the SDAC) each hold a caseload, T2 support provided by 3/4 specialist workers from different organisations, Victim Support provide T1 support (see appendix 5)
- Bristol/Avon and Somerset Constabulary have a Joint Commissioning Group for Domestic Violence and Abuse responsible for commissioning community support services, survivor group work programme and stopping violence programme (perpetrators), IRIS project (work with GPs), new domestic abuse strategy in development that includes actions in relation to education, training, communications campaigns and support services for children.
- Plymouth/Devon and Cornwall Constabulary reconfigured services 5 years ago, now single provider (Carr Gom), jointly commissioned by Supporting People, Community Safety Partnership and Children's Services delivering support, advice and guidance to victims/survivors of domestic abuse and their children, 'co-ordinated community response' approach including 5 x IDVAs with caseload of 129, medium and standard risk supported by Victim Support, housing related support to 11 purpose built refuge units and 13 purpose built dispersed units, time limited resettlement support, probation service seeking funding for pilot to look at behaviour change in perpetrators, volunteer coordinator.
- Milton Keynes/Thames Valley Police Police Domestic Abuse Unit (10 staff inc 5 Police Constables), centralised Public Protection Unit (similar to plans for Hampshire), support services (including 3 x refuges) contracted out to MK Act (formerly Milton Keynes Women's Aid),

<sup>&</sup>lt;sup>6</sup> Independent Domestic Violence Advocate

£350,000 contract up for re-tender next year, developing children's services, jointly commissioned perpetrator's programme with Buckinghamshire County Council delivered by Respect (national charity providing accreditation for perpetrators programmes).

## Costs of domestic violence

The most recent research puts the national cost of domestic abuse at £15.7bn per annum (Walby 2008). This is recognised as an under estimate because public services do not collect information on the extent to which their services are used as a result of domestic violence. The cost of domestic homicide is estimated at £1,458,975 for each death. The national cost of the homicides alone could have amounted to around £167,782,125 in 2009/10 (115 homicides).

Using Walby's model (approx £13,000<sup>7</sup> per case), the number of incidents in 2010/11 and if we assume a repeat rate of 50% the total cost to Portsmouth city could be as much as £27.9million.

# Value for money and 'invest to save'

There are no immediate savings envisaged by the review, but shifting focus from T3/4 services to T1/2 will produce savings in the long term by allowing earlier intervention reducing demand for high risk services.

An evaluation of IDVAs in 2009<sup>8</sup> found that abuse completely stopped in 67% of cases (not just high risk cases) where there was intensive support from an IDVA service including multiple interventions. Analysis over past 12 months shows very similar figure for current Portsmouth IDVA service - 67.9% risk reduction.

CAADA's report *Saving Lives, Saving Money*<sup>9</sup> worked out the average cost of supporting a high risk victim of domestic abuse to be £20,000<sup>10</sup>p.a. The report also established that for every £1 spent on a MARAC, £6 is saved to public services. The report goes on to say, 'early analysis shows that following intervention by a MARAC and an Independent Domestic Violence Advisor\* (IDVA) service, up to 60% of domestic abuse victims report no further violence'. In Portsmouth this figure is 70%<sup>11</sup>.

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<sup>&</sup>lt;sup>7</sup> Walby 2008 <a href="http://www.homeoffice.gov.uk/publications/crime/DHR-EIA?view=Binary">http://www.homeoffice.gov.uk/publications/crime/DHR-EIA?view=Binary</a> including costs to the criminal justice system, human and emotional costs, lost economic output but not including costs to social care vulnerable adults, the human cost to children (changing schools etc).

<sup>&</sup>lt;sup>8</sup> http://www.henrysmithcharity.org.uk/documents/SafetyInNumbers4keyfindingsNov09.pdf

<sup>9</sup> http://www.caada.org.uk/research/Saving\_lives\_saving\_money\_FINAL\_REFERENCED\_VERSION.pdf

<sup>&</sup>lt;sup>10</sup> This estimate has been based upon three typical high risk victim case studies that would be heard at MARAC. The number of contacts with public agencies over the course of one year has been calculated for each case study, and unit costings per contact applied. A weighted average case study was then produced, with an average number of contacts with public agencies and average associated costs of £20,000.

<sup>&</sup>lt;sup>11</sup> The rate of repeat victimisation of those subject to the MARAC process is 30%.

There were 117 children on child protection plans where domestic abuse was involved. If we intervened earlier in just 17 of these cases we could save over £100,000 per annum in costs to children's social care.

# **Outcomes for improvement**

The Safer Portsmouth Partnership has monitored performance in relation to domestic violence for many years. However, this has been mainly limited to the impact of high risk services. Measures currently monitored are marked with an \* and specific targets for all outcome measures will be agreed with appropriate agencies as part of the implementation stage.

- Monitor the % of children aged 6 to 16 receive health relationship awareness training
- Improve awareness and access to services
- Increase in number of people accessing services
- Reduced rate of repeat victimisation for cases subject to MARAC\*
- Reduced risk for 60% of cases accessing support (T2/3)
- Increase in referrals to MARAC from agencies other than EIP and Police
- Improve outcomes for families with multiple problems secondary indicator for Priority B
- Less children taken into care because of domestic abuse
- Increase conviction rate for domestic abuse crimes (in development using data from specialist domestic abuse court (SDAC) and police)\*
- Increase success rate of perpetrators programmes IDAP<sup>12</sup>, IDAM, other perpetrator programmes\*
- Quantify long term savings to public services

# **Commissioning decisions**

The following commissioning decisions will be developed into work packages for implementation.

# Process improvements

A process workshop to be scheduled to take account of changes in police process, involving the original group of practioners. This will seek to **simplify current processes in relation to risk assessment and access to all specialist services.** The workshop will focus on issues such as how the existing processes fit with the introduction of the DASH risk assessment as well as proposals for enabling self-referral.

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<sup>&</sup>lt;sup>12</sup> Integrated Domestic Abuse Programme/Module

# Service improvements and remodelling

Some service improvements have already been implemented during the review, others are planned by partners. Lead officers will be appointed for each element and progress monitored by the SPP/CTB. For example:

- Children's Social Care Joint Assessment Team to manage inappropriate referrals of which approx 50% will involve domestic abuse, improved recording practices, continued investment in specialist support for staff,
- Community Safety Team achieve MARAC accreditation, maintain investment in specialist high risk support and re-design service to manage demand
- o Police plan to reduce duplication and improve service by centralising referrals.
- o Local authority housing tenancy agreements reference domestic abuse, consider increasing budget available for sanctuary project
- Probation Trust plan to use probation 'prohibited activity' orders more effectively in domestic abuse cases, increase capacity of IDAP programme to include prolific offenders not prosecuted for domestic abuse offences and this group is currently not eligible for IDAP.
- o Family Nurse Partnerships, increased number of health visitors, workshop with primary care team

# Workforce development

Tackling domestic abuse is the responsibility of everyone who works in public service delivery, including the voluntary and community sectors. Great strides have been made over the years in enabling the public sector workforce to understand their role and responsibilities around protecting children from harm. This process must now be replicated for domestic abuse. The review recommends carrying out an exercise to clearly define the skills, knowledge and competencies of paid and unpaid front line workers and managers who work with and around children and adults so **staff are able to identify domestic abuse**, **assess risk**, **plan for services and share information appropriately**.

Quick wins could be achieved by 'tweaking' the current integrated working and safeguarding training programme to enhance the domestic abuse specific input to include handling disclosure, risk assessment (DASH) and early intervention in addition to rolling out training children and adults workforce to create incremental capacity to provide advice and guidance at T1/2.

The issue of quality control and supervision may need to be addressed by partner agencies training their staff.

## Services to retain and grow

Results of consultation with practitioners and survivors, performance data and independent evaluation recommend that we **retain, support and continue to invest in current T4 specialist services** retaining the following services:

Independent Domestic Abuse Advocates (IDVAs) and Independent Sexual Violence Advocates (ISVAs)

- Advocacy and Support Workers
- Children and Young People's IDVA
- MARAC process
- Butterfly Programme<sup>13</sup>
- Domestic violence awareness raising training programmes
- Police Domestic Abuse Unit (subject to internal Police review)
- Portsmouth Domestic Violence and Abuse Forum (PDVA)
- White Ribbon Campaign (run by PDVA)

Services for children (group work and 121 support) suffering or witnessing domestic abuse were acknowledged as valuable by practitioners and young people but severely under-resourced given the current and future demand. This finding was reinforced by the Portsmouth Safeguarding Children Board 'deep dive' exercise and a more detailed 'sub-review' is required to identify precise need.

# Services to stop or change

Contracts for the current women's refuge and single women's service, (both provided by The You Trust) and the ADAPT perpetrators programme (Hampton Trust), come to an end next year and the re-shaping and re-commissioning of both these services is recommended to address T2/3 demand.

# New or re-designed services

**Perpetrator Programme** – re-design and commission community perpetrator programme and peer support programme.

Refuge contract - redesign and retender T3 services including refuge provision, specialist counselling, peer/volunteer support programmes for survivors and perpetrators.

Communications campaign - sustainable 'drip, drip' communications campaign, ideally across Hampshire, designed to improve understanding and raise awareness, targeted at young people as well as friends and family of survivors, highlighting the impact on children and young people

There are also a number of opportunities provided by the development of **Children's Trust commissioning plans** that have been discussed with commissioning leads:

<sup>&</sup>lt;sup>13</sup> Group work programme for survivors of domestic abuse

Priority A - continued delivery of the 'Butterfly Programme' in Children's Centres, training of staff (midwives, health visitors and outreach staff) to increase support and advice at T2 as noted above.

Priority B - domestic abuse to be included as one of the secondary indicators and provision for domestic abuse specialist included in the recommissioning of the co-located Family Intervention Project.

Priority C – re-design and delivery of PSHE programme across all primary and secondary schools via the Schools Strategy, to include clear understanding of healthy relationships and domestic abuse.

Priority D – once re-configured, youth service staff to be trained as above to increase capacity at T2

Priority E – extend the focus of all intervention and safeguarding processes on domestic abuse (including 'honour' based violence), substance misuse and mental health - the 'toxic trio' - in order to trigger early intervention. 'Tweak' Integrated working and Safeguarding Training Programme to reflect the above.

# 'Co-ordinated Community Response'

Given current and future demand, this table sets out the recommended model for domestic abuse services in Portsmouth.

	Recommendation
Α	PREVENTION AND TIER 1 SERVICES
A1	(T1) design and delivery of prevention and raising awareness via PSHE programme as part of comprehensive package in schools (5-19 yrs)
A2	<b>Long term communications strategy</b> to advertise and improve access to services (seasonally/event targeted to improve awareness and access to services among LGBT and vulnerable adults).
A4	Update current Safeguarding and Integrated working programme for all those working with children and families to include specific focus on domestic abuse (identification and risk assessment), substance misuse and mental health as main risks, including Lead Professional Role.
A3	T1 Training programme for priority selected front line services (see appendix 4 for list and suggested priorities) – handling disclosure, risk assessment, T1 support and referral to specialist services
В	TIER 2 SERVICES
B1	<b>T2 Training Programme</b> – Learning and Development (PCC) continue to fund annual training programme DV1 (early identification and support), and DV2 (working with families)

	Recommendation					
B2	Advocacy and Support Workers provide support to standard risk cases (T2) 121 meetings, outreach, max 1 month, delivered in a variety of settings					
	including Children's Centres, Social Care, Housing Offices, Priority D youth hubs.					
	Improve Police response to 'low/medium' (T2) risk domestic abuse cases reported to police in Hampshire referred automatically to <b>Victim Support</b> unless client opts out. Approx 800 referrals from Portsmouth 2011 with very low take up of on-going support (9 cases).					
С	TIER 3 AND 4 SERVICES					
C1	Extend <b>Think Family</b> pilot to address domestic abuse (T3)					
С	TIER 3 AND 4 SERVICES (cont'd)					
C2	<b>Services for children</b> (T2/3/4) including specialist counselling) – retain current Children's IDVA and provide additional resource to meet current demand.					
	Provides specialist 121 support, group work for children 5-18, Cookie Crew taking referrals from Children's Centres, Social Care, MARAC, EIP,					
	Schools.					
C3	MARAC and IDVA service:					
1	4 x IDVA for MARAC 1 x IDVA for Specialist Domestic Abuse Court (40k)					
	1 x CYP IDVA					
	1 x ISVA					
	1 x Snr IDVA					
	1 x MARAC Co-ordinator					
C3	Police Domestic Abuse Unit					
	All high risk cases referred to MARAC for IDVA support.					
	New Police structure and processes to be confirmed					
C4	Refuge service (T3/4) – including peer support programme, Advocacy and Support workers, specialist staff support for children and adults (including					
	young males), counselling and group work for mothers and children, move on support					
C5	Housing Sanctuary scheme (T3/4) – Housing Service provides full range of security services for all victims (local authority and private).					

	Recommendation		
C6	Counselling service and group work for survivors (T1-4) – specialist domestic abuse counselling as part of PCC's existing services (currently being re-commissioned).		
C7	Continue to deliver Butterfly Program in Children's Centres and refer clients to PCT's Talking Changes counselling service  Community perpetrators programme – based on IDAP model, for up to 50 male perpetrators and 10 female including on going peer support and support for partners during programme.		
C8	IDAP and IDAM Perpetrators programme – as currently provided by Hampshire Probation Trust		

# **Appendix 1**

#### COMMISSIONING FRAMEWORK FOR PORTSMOUTH—SEPTEMBER 2010—SAFER PORTSMOUTH PARTNERSHIP AND THE CHILCHILDREN'S TRUST BOARD

#### STAGE 9

#### IMPLEMENTATION

#### Implement the Commissioning Strategy

E.g. Tendering, contract award, contract variation. formal ending of services etc. Key service performance measures identified. TUPE arrangements. Professional development plan for specific services or practitioners.

#### STAGE 8

#### COMMISSIONING STRATEGY

#### What to make, buv. improve, change, end or integrate

E.g. Identify and articulate Workforce plan. May require

#### STAGE 10

#### MONITOR AND **EVALUATE**

#### Are the services making an impact?

E.g. Contract monitoring, inspection judgements. qualitative and quantitative evaluation, impact on target outputs and outcomes

#### STAGE 1

#### OUTCOME DATA

#### What does the high level data tell us are the main issues?

E.g. Educational attainment, obesity, quality housing, crime rates, mortality rates. unemployment

#### STAGE 2

#### DATA ANALYSIS

#### Detailed analysis to determine causal and correlated factors

E.g. Variance due to geography, gender, disability, other vulnerable groups. Co-morbidity of factors. Includes inequalities assessment.

#### STAGE 3

#### CONSULTATION

#### Views of others about the issues, priorities and potential solutions

E.a. Residents, children. patients, clinicians, practitioners, Members. Can include 'Turning the Curve' exercises. Neighbourhood Forums and resident surveys

which services or assets to outsource, tender, refocus, co-locate, integrate etc. Includes decommissioning intentions. Includes asset plan. Services and assets can be jointly procured. formal consultation.

# STAGE 7

#### SERVICE DESIGN

#### Designing and redesigning services that will make an impact

E.g. Service specifications, asset design, care pathways, Includes workforce planning. Includes a focus on prevention, demand management and securing execution of statutory functions

# STAGE 6

#### RESOURCE MAPPING

#### Detailed understanding of the service delivery and other resources

E.g. Universal, preventative, targeted and specialist services. Gap and quality analysis. Market development activity. Finance, capital, workforce mapping. What can be freed up or used differently

#### STAGE 5

#### **EVIDENCE-BASE**

#### Detailed understanding of what works (and doesn't) to improve target outcomes

E.g. Research, systematic reviews, experience & service evaluation. Local. national and international knowledge

#### STAGE 4

#### STRATEGIC PRIORITY-SETTING

#### Strategic Partnership agreement on priorities

E.g. Corporate Plan, Children and Young People's Plan, Safer Portsmouth Plan. Clarify and communicate target outcomes. Includes identification of the principal 'levers for change'

# Appendix 2 - Definition and scope

#### 1. Definition

The Government defines domestic abuse as 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality'. This includes issues of concern to black and minority ethnic and refugee (BME&R) communities such as honour based violence (HBV), forced marriage and female genital mutilation.

Women's Aid take this definition further and state 'domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour...domestic violence may include a range of abusive behaviours, not all of which in themselves are inherently violent' (extract from SPP DA Strategy 2009-12). This definition would include children and young people under the age of 18.

It is understood that the national Association of Chief Police Officers (ACPO) are currently considering extend their definition of domestic abuse from 'adult' to '16+'.

As the definition of domestic abuse begins to include children and young people, so links with and responses to other forms of child abuse, such as child sexual exploitation become more relevant.

2. Review Scope – Version 2 (12 May 2011)

#### Aim

- To develop a clear commissioning strategy to reduce the incidence and impact of domestic abuse
- To ensure existing Safer Portsmouth Partnership and Children's Trust Plan strategies are fully aligned with the recommendations of the Domestic Abuse Commissioning Strategy

## Scope

- Domestic abuse as it affects any resident in Portsmouth including those with and without children.
- The review will include the impact of <u>all</u> service delivery, not just specific domestic abuse services

#### Method

- Using the Portsmouth Commissioning Framework and accompanying project planning tool
- The review will include pathway analysis approach to ensure identification, assessment and planning processes are aligned

#### Governance

- To report to the Safer Portsmouth Partnership and Children's Trust Board
- To report to PCC Cabinet

# **Appendix 3 – Tiers of Service**

- Tier 1: Universal services for all awareness raising, signposting, screening, public information
- Tier 2: Vulnerable: support and information where abuse occurring but victims not actively seeking help
- Tier 3: Complex lives seriously affected by domestic abuse, co-existing substance misuse/mental health issues, emergency housing, Multi-agency Risk Assessment Process (MARAC) Multi-agency Public Protection Arrangements (MAPPA)
- Tier 4: Risk of death or serious harm subject to MARAC/MAPPA, Police intervention, legal protection, child/adult protection, refuge

# Appendix 4 – Training front line staff (\*suggested priority groups for 2011/12)

GPs*	Youth Workers	Looked After Children Staff
PCSOs?	Adult Social Care staff	Tenancy support workers
Community Wardens	Teachers	Voluntary sector services (which?)
Children's Social Care*	Children's Centre staff	Hampshire Family Mediation
) ()	CSOs? ommunity Wardens	CSOs? Adult Social Care staff  Dommunity Wardens Teachers

# Appendix 5

#### Southampton Domestic Violence Total Place Model 2011

2. Public Protection & Safeguarding Review of police risk Calls to Police assessment (Central referral (999)Make Police/Safeguarding response (PPU West) Make onward referral. 1. Mainstream Services Clear guidance and 3. Integrated Specialist Team referral routes' (IST) Integrated risk assessment Single contact Helpline for advice for clients and Victims and their number workers families are safer Full risk assessment 1:1 risk reduction casework Specialist DV children & young people work. Self referral Offending reduced High Risk Intense advocacy & MARAC Medium Risk Advice & support "Advocate - Educator" role Family support Standard Risk Telephone based SCC Prevention & Inclusion Team support & safety planning and others

Other specialist services e.g.
Refuge provision, support groups & perpetrator work also work with the new teams.