



Portsmouth

CITY COUNCIL

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY
SCRUTINY PANEL

**AN ASSESSMENT OF THE PROGRESS MADE
FOLLOWING PORTSMOUTH'S REVIEW OF
DOMESTIC ABUSE.**

Date published: 29 April 2014

Under the terms of the Council's Constitution, reports prepared by a Scrutiny Panel should be considered formally by the Cabinet or the relevant Cabinet Member within a period of eight weeks, as required by Rule 11(a) of the Policy & Review Procedure Rules.

PREFACE

In 2012 the Safer Portsmouth Partnership, the Children's Trust Board and the Portsmouth Safeguarding Children's Board published the Domestic Abuse Commissioning Strategy. This reviewed the demand for domestic abuse support services and made a series of recommendations necessary to meet its predicted increase.

Two years on, the aim of this scrutiny review is to assess the progress that has been made in implementing these recommendations.

As Portsmouth reports a high level of domestic abuse, support for people who experience it must remain a priority for the council and its partners.

The panel carried out its review between 16 July 2013 and 29 April 2014 and received evidence from a number of sources, which it used to draw up a series of recommendations to submit to the Cabinet.

I would like to convey, on behalf of the panel my sincere thanks to all the witnesses and officers who contributed to making this review a success. In particular the ex-service user whose evidence enabled us to see the provision from their perspective and the Hidden Violence & Young People Manager who gave invaluable guidance and advice throughout the review.

.....
Councillor Caroline Scott
Chair, Traffic, Environment & Community Safety Scrutiny Panel.

Date: 29 April 2014

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1 Executive Summary.

i) To understand the reasons for the review.

The domestic abuse commissioning strategy for Portsmouth which was published in 2012, made a series of recommendations in order to ensure that domestic abuse was 'threaded' through the priorities of the Safer Portsmouth Partnership, the Children's Trust Board and the Portsmouth Children's Safeguarding Board.

The Traffic, Environment & Scrutiny Panel felt that it was the appropriate time to review the implementation of these recommendations.

ii) To understand the strategic approach for development that was identified under the following topics:

a) Strategic community response.

The health service recognises key periods when women are more at risk of domestic abuse and has strategies in place.

The panel interviewed the following organisations: the Midwifery Service; Portsmouth Hospitals' NHS Trust; Hampshire Probation Service; the Police Service; Portsmouth Clinical Commissioning Group. It scrutinised these council services: Public Health; Children's Social Care; Adult Social Care; Housing Options; Housing & Property Services and Hidden Violence & Young People Services. Members also heard from an ex-service user about her experiences with the support services.

All the services identified the prevalence of domestic abuse within its clientele and were aware of their responsibility to respond to incidents. However a recent systems review undertaken by the Public Service Board concluded that although agencies felt that they were working well together this could be developed further.

Furthermore, the council added its own criteria for implementing the Troubled Families Programme: where there are children subject to a child protection plan; children in need; domestic abuse and where there have been multiple interventions without sustained change. It was also noted that the council's Children's Social Care Service records parental issues, including domestic abuse which will inform future commissioning services.

b) Raise awareness and understanding.

A significant amount of work is carried out in schools to teach children what constitutes a healthy relationship as part of the Personal, Social and Health Education programme and a one year pilot is due to come to an end in September 2014. The voluntary sector also provides educational resources for schools.

On-going publicity campaigns primarily targeted at young people have been carried out since Autumn 2011 and are co-ordinated and funded by the Safer Portsmouth Partnership. Aurora New Dawn also leads many local campaigns, some in partnership with the Hampshire Constabulary. The council also sends out information in its magazine for tenants.

c) Domestic abuse safeguarding training.

Training is provided free of charge by the Early Intervention Project to any frontline professional within the council or outside on how to identify and support clients who disclose that they are experiencing domestic abuse. Midwives and GPs receive tailored training.

d) Managing demand in the workforce.

Whilst there are concerns nationally that cuts to domestic abuse provision has reduced capacity to support victims, there is no evidence to suggest that this is reflected in Portsmouth.

Pregnant, young women are more likely to experience domestic abuse. This is being addressed in two ways: 1) Prevention- work is being carried out to try to reduce the teenage pregnancy rate by supporting vulnerable teenage girls who may be at risk of pregnancy for example with the SORTED programme which has received large numbers of referrals from schools. 2) Intensive two-year support for expectant mothers under the age of 19 by Family Nurse Practitioners.

Maternity staff are trained to encourage disclosures from women of all ages and to take the necessary action. GPs and the maternity service share relevant patient details including any history of domestic abuse.

The police have a clear procedure in place for dealing with incidents that involve domestic abuse. The attending officers complete a nationally recognised risk assessment and sends it to the central referral unit where another assessment is carried out taking into account any history of abuse. If children or a vulnerable adult are involved, a referral is made to Children's Social Care or Adult Social Services. Victims considered to be at high risk receive a further visit from the police within 24 hours and are referred to the Multi-Agency Risk Assessment Conference. Those considered to be at lower risk receive appropriate safety advice and information on support services. However, the Safer Portsmouth Partnership Strategic Assessment showed that 66% of police call outs in 2012/13 to incidents involving domestic abuse were not recorded as a crime and of these 80% led to an arrest and only 55% of these led to a charge.

The Integrated Domestic Abuse Programmes for perpetrators in Portsmouth are run by the Probation Service and are for men only. In Hampshire there are some programmes for female perpetrators. Non-completion of programmes can increase the risk of reoffending so completion is essential. However, the waiting list can be so long that offenders finish their sentence before they start the course or their sentence can be shorter than the course itself so they are unable to access the programme. The court can order offenders with community orders of 18-24 months to complete a Building Better Relationships programme. Although there is a waiting list in the South East, if someone has only 12 months on a licence they are moved to the top of the list. The Respect Programme is currently undergoing a national study into the outcomes of perpetrator programmes. Funding for the design of perpetrators programmes from the Police & Crime Commissioner ran out in March 2014 and an Eastern area bid by the police for a further three years funding has been submitted. In the meantime, funding has been secured from

the Portsmouth Clinical Commissioning Group, Public Health, Children's Social Care and the Troubled Families Programme.

The court process has become more difficult for people experiencing domestic abuse as the eligibility criteria for legal aid has become stricter and application forms for non-molestation orders are more complicated. Clare's Law (a domestic violence disclosure scheme) and Domestic Violence Protection Orders (which enable conditions to be set on bail for people arrested for domestic abuse) will be rolled out nationally from March 2014.

Co-Ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse which oversees the national system of Multi-Agency Risk Assessment Conferences. The Portsmouth MARAC sets action plans for families experiencing domestic abuse and who are at high risk of violence. It sees more cases than would be expected in a population this size.

The local Butterfly Programme is a very popular 12 week support programme for victims of domestic abuse that is run by the EIP with an average of 82% completion rate.

Aurora New Dawn, a voluntary organisation provides a stalking support advocate, a court advocacy post and one volunteer who assists at the birthing centre to identify and refer people when necessary.

Identifying the number of the council's clients who are experiencing domestic abuse is difficult. It is estimated that between 6 and 9% of the cases of vulnerable adults referred to the Adult Social Care Service involve domestic abuse. Between July 2013 and September 2014, 63% of children with child protection plans, were in families experiencing domestic abuse. Although the council's domestic abuse policy is fully integrated into the housing service and all staff attend training courses to ensure that they know how to make referrals in a non-judgemental and confidential manner, the service only reports dealing with two cases per month.

e) Creating capacity to support medium and standard risk cases.

In February 2014 the council adopted a notice of motion showing its support of relationship education in schools, the government's campaign to businesses highlighting how they can support employees, holding Police & Crime Commissioners to account for improving police response to and prevention of domestic abuse and the role of Portsmouth Young Liberal Democrats in supporting the campaign against sexual and domestic violence. It also noted the campaign slogan 'spot abuse, stop abuse' and resolved to 'support any measures that will reduce the incidence of sexual and domestic abuse and believes that victims must be heard and not ignored when they raise a complaint with statutory authorities'.

Portsmouth has relatively high levels of people disclosing and accessing services. However, accessing specialised support can often take a long time and specialised mental health services for people who have experienced domestic abuse is not commissioned.

Recent changes to provision include: thirty domestic abuse support practitioners across partner agencies identified for training; the number of Independent Domestic Violence Advocates has reduced but the number of advocacy and support workers increased; more social workers were recruited as a result of the Social Work Matters Programme. Additionally, although the number of families able to be accommodated within refuge services has reduced from 19 to 16 units, there is more focus on preventative services with an additional 70 hours of outreach support available. However, a lack of move-on accommodation can be an issue. Emergency practical support is available seven days a week.

Resources to support young people include: training for young people's violence advocates; a child social worker; a member of the Joint Action Team who supports social workers in dealing with children (13 and over) who are in abusive relationships and the Helping Hands programme in schools. The Cookie Crew project that encouraged children aged between 5 and 11 who witnessed domestic abuse to express themselves is no longer running.

More data is required to inform the level of need in the city as it is believed that current figures are an underestimate.

There are more opportunities to seek advice anonymously and to self-refer.

There is a concern that as there is no shared database, agencies are missing opportunities to work together to support their clients.

2 An Assessment of the Progress Made in Implementing the Recommendations.

a. Design and delivery of prevention and raising awareness via Personal, Social and Health Education programme as part of comprehensive package in schools (5-19 years).

The PSHE programme pilot began in September 2013 and it is too soon to comment on its success. The panel is aware that the Hidden Violence & Young People Manager is on the management group overseeing this and on-going monitoring is needed. The voluntary sector also receives funding to provide raising awareness sessions in schools run by the Portsmouth Abuse and Rape Counselling Service and the Southern Domestic Abuse Service.

b. Long term communications strategy to advertise and improve access to services (seasonally/ event targeted to improve awareness and access to services among LGBT and vulnerable adults).

The panel was informed that there have been a number of publicity campaigns since the completion of the domestic abuse review. Primarily these have been targeted at young people and while the panel feels this needs to continue to support a "drip drip" effect, it would also be beneficial to target campaigns at a wider audience.

- c. 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.**

Safeguarding training programmes have been updated and specialist domestic abuse training has been redesigned and is being delivered. However further work is required to monitor the effectiveness of this training.

- d. T1 training programme for priority selected front line services - handling disclosure and referral process, risk assessment, T1 support and referral to specialist services.**

As c above.

- e. T2 training programme - learning and development (PCC) continue to fund annual training programme DV1 (early identification and support) and DV2 (working with families). Identification, risk assessing and safety planning.**

As c above

- f. Advocacy and Support Workers provide support to medium 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.**

Following a restructure of service design and increased funding from Public Health, advocacy and support capacity has increased from 1.8 full time equivalent staff to 8.

- g. Improve police response to 'low/ medium' (T2) risk domestic abuse cases reported to police in Hampshire referred automatically to Victim Support unless client opts out. Approximately 800 referrals from Portsmouth 2011 with very low take up of on-going support (9 cases).**

The Safer Portsmouth Partnership Strategic Assessment shows that 66% of police call outs in 2012/13 to incidents involving domestic abuse were not recorded as a crime and of these 80% led to an arrest and only 55% of these led to a charge. With this in mind and with domestic abuse not being an offence, further work is needed to identify how to support standard victims of domestic abuse and how to increase the conviction rate.

- h. Extend Think Family pilot to address domestic abuse (T3).**

Since the domestic abuse review, Think Family has been replaced by the coalition's Troubled Families Agenda. Portsmouth identified domestic abuse as a local indicator with service providers required to report on the progress made in reducing the risks of this.

- i. Services for children (T2/3/4) including specialist counselling - retain current children's IDVA and provide additional resource to meet current demand.**

While funding pressures resulted in the loss of the Children's Independent Domestic Violence Advocate, two practitioners have recently received training from CAADA to assist the work force in supporting young people aged 13+

who experience domestic abuse. One practitioner is based in social care and will support social workers, while the other is in the Joint Action Team and will support the community workforce.

- j. Provide specialist 1-2-1 support, group work for children 5-18, Cookie Crew taking referrals from Children's Centres, Social Care, MARAC, EIP, Schools.**

The panel was made aware that the Cookie Crew is no longer delivered.

- k. MARAC and IDVA service:**

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

Since the completion of the review the panel was advised that capacity had been increased following a restructure in the Early Intervention Project.

- l. Police Domestic Abuse - all high risk cases referred to Multi-Agency Risk Assessment Conference for Independent Domestic Violence Advocate support.**

The panel was advised that there are a high number of cases referred to MARAC. This needs further action to ensure the right support is offered to the victim at the right time.

- m. New Police structure and processes to be confirmed**

Since the completion of the domestic abuse review, the police announced a requirement to make further savings. Therefore it is not possible to confirm the new police structure at this time.

- n. 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. Housing sanctuary scheme (T3/4) - Housing service provides full range of security services for all victims (local authority and private).**

The panel was informed that this continues to be provided at the same level.

- o. Counselling service and group work for survivors (T1-4) - specialist domestic abuse counselling as part of PCC's existing services (currently being re-commissioned).**

The panel was informed that a service will start in September 2014 to include services currently being delivered by PARCS, the core service, the outreach service for young people and the mental health counsellor.

- p. Continue to deliver the Butterfly Programme in Children's Centres and refer clients to Solent's Talking Changes counselling service.**

The panel was made aware that the Butterfly programme has been delivered in children's centres.

- q. **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.**

The panel was made aware that this is being developed.

- r. **IDAP and IDAM Perpetrators programme - as currently provided by Hampshire Probation Trust.**

As above.

3. **Conclusions**

Based on the evidence and views it received during the review process the panel has come to the following conclusions:

- a. The panel was pleased that domestic abuse is a priority for Portsmouth City Council, the Children's Trust Board and the Safer Portsmouth Partnership and supports domestic abuse remaining a priority.
- b. The panel notes the high number of referrals to the Portsmouth Multi-Agency Risk Assessment Conference, however recognises that these could also reflect residents' confidence that they will be taken seriously when reporting domestic abuse.
- c. The panel considers that although good progress has been made in progressing the recommendations made in the 2012 review, more work is required to fully embed a co-ordinated community response across the city.
- d. The panel considers that raising awareness of domestic abuse issues with both the public and professionals is essential.
- e. The panel recognises the important role that Personal, Social and Health Education plays in learning about healthy relationships.
- f. The panel recognises the need for children and family courts to consider the impact that domestic abuse has on the wider family.
- g. The panel is concerned that current perpetrator programmes are not sufficiently flexible to respond to the different perpetrator profiles.
- h. The panel is pleased that Domestic Violence Protection Orders and Clare's Law was being introduced and could prove a useful tool for protecting people who have experienced domestic abuse.
- i. The panel recognises the importance of the Identification and Referral to Improve Safety Service.
- j. The panel understands that domestic abuse victims are increasingly representing themselves at court due to the reductions in legal aid.
- k. The panel considers that the number of domestic abuse disclosures made to the council's housing service seems low considering the number of clients it serves.
- l. The panel recognises the essential support provided by midwives.

- m. The panel notes that there is limited access to mental health services and no specialist mental health services for domestic abuse victims.
- n. The panel recognises the importance of supporting children and young people who have witnessed domestic abuse.
- o. The panel noted with concern that the majority of domestic abuse incidents were not recorded as a crime and a very small proportion led to a charge.

4. RECOMMENDATIONS.

The following table highlights the budgetary and policy implications of the recommendations being presented by the panel:

	Recommendation	Action by	Policy Framework	Resource Implications
1	The outcome of the PSHE pilot with particular regard to the healthy relationships elements be reported to the Domestic Abuse Review Group and the Domestic Abuse Forum.	Chairs of the Domestic Abuse Review Group and the Domestic Abuse Forum.	On-going work, within existing resources.	Within existing resources.
2	The effectiveness of publicity campaigns that raise awareness of domestic abuse be reviewed.	Safer Portsmouth Partnership Communications Officer.	Within Budget and Policy Framework.	On-going work, within existing resources.
3	The midwifery support be audited by the Monitoring Evaluation Scrutiny Committee.	The Chair of the Monitoring Evaluation Scrutiny Committee.	N/A	On-going work within existing resources.
4	The referrals received by professionals who attended the domestic abuse training be monitored by the Domestic Abuse Review Group.	The Chair of the Domestic Abuse Review Group.	Within Budget and Policy Framework.	On-going work, within existing resources.
5	A letter be written to the criminal and family courts to seek assurance that the impact that domestic abuse has on victims and children who witness it is taken into consideration.	The Hidden Violence & Young People Manager.	Within Budget and Policy Framework.	On-going work, within existing resources.
6	Liaise with the Department for Work & Pensions regarding supporting their staff in raising their awareness on how to support victims of domestic abuse.	The Hidden Violence & Young People Manager.	Within Budget and Policy Framework.	Within existing resources.

	Recommendation	Action By	Policy Framework	Resources Implications
7	Perpetrator programmes be flexible to respond to changing demand.	The Hidden Violence & Young People Manager.	Within Budget and Policy Framework.	Costs of programme design.
8	A review be carried out into how the DVPOs and Clare's Law will be delivered in Portsmouth.	Safer Portsmouth Partnership	Within Budget and Policy Framework.	On-going work, within existing resources.
9	The number of referrals to MARAC be monitored to assess resource capacity.	The MARAC steering group.	Within Budget and Policy Framework.	On-going work, within existing resources.
10	The effectiveness of IRIS in Portsmouth be monitored.	Domestic Abuse Review Group.	Within Budget and Policy Framework.	On-going work, within existing resources.
11	An advice pack for victims of domestic abuse about court processes be developed.	The Hidden Violence & Young People Manager.	Within Budget and Policy Framework.	The cost of producing the pack.
12	The process for identifying and logging housing service clients who disclose domestic abuse be monitored.	The Housing Manager	Within Budget and Policy Framework.	On-going work, within existing resources.
13	The support offered by trained practitioners over the next year be monitored.	Domestic Abuse Review Group.	Within Budget and Policy Framework.	On-going work, within existing resources.
14	Access to specialist mental health services be improved.	Portsmouth Clinical Commissioning Group.	Within Budget and Policy Framework.	On-going work, within existing resources.
15	On-going group support for young people who have witnessed domestic abuse be explored.	Children's Social Care.	Within Budget and Policy Framework.	On-going work, within existing resources.

	Recommendation	Action By	Policy Framework	Resources Implications
16	All the council's Service Level Agreements make clear the role and responsibility of those concerned to identify and refer domestic abuse victims where appropriate.	The Hidden Violence & Young People Manager.	Within Budget and Policy Framework.	On-going work, within existing resources.
17	The details of domestic abuse awareness training be sent to members.	HV&YP Manager	Within the existing policy framework.	Within existing resources.
18	The Domestic Abuse Forum consider recommending to its member organisations the introduction of an integrated IT system to enable all professionals involved in tackling domestic abuse to share information more easily.	The Chair of the Domestic Abuse Forum.	Within the existing policy framework.	Within existing resources.
19	The government be lobbied to extend the eligibility criteria for legal aid.	Members.	Within the existing policy framework.	Within existing resources.
20	The police review its procedure for identifying and dealing with domestic abuse incidents to improve identification and support for low/medium cases to increase conviction rates.	The police.	n/a	N/a

5. Purpose

- 5.1. The purpose of this report is to present the Cabinet with the recommendations of the Traffic, Environment & Community Safety Scrutiny Panel's assessment of the progress made following Portsmouth's review of domestic abuse services.

6. Background.

- 6.1. This review was undertaken by the Traffic, Environment & Community Safety Scrutiny Panel, which at the start comprised:

Councillors Caroline Scott (Chair)
Ken Ellcome
Robert New
Phil Smith
Les Stevens
Sandra Stockdale

Standing Deputies were: Councillors Michael Andrewes; Margaret Foster; Jacqui Hancock; April Windebank and Neill Young.

At the Council Meeting on 11 February, Councillors David Fuller and Eleanor Scott replaced Councillors Robert New and Sandra Stockdale in the panel in order to maintain the required political balance.

- 6.2. At its meeting on 16 July 2013, the Traffic, Environment & Community Safety Scrutiny Panel (henceforth referred to in this report as the panel) agreed the objectives for the assessment of the progress made following Portsmouth's review of domestic abuse:

- To understand the reasons for the review.
- To understand the strategic approach for development that was identified under the following headings:
 - a) Strategic community response.
 - b) Raise awareness and understanding.
 - c) Domestic abuse safeguarding programme.
 - d) Managing demand.
 - e) Creating capacity to support medium and standard risk cases.
- To assess the progress made in implementing the recommendations.
- To learn from other local authorities' best practice. This objective was removed as this information appears among other sections.
- To identify possible solutions. This section was removed as it would duplicate the recommendations.

- 6.3. The panel met on six occasions between 16 July 2013 and 29 April 2014. A list of meetings held by the panel and details of the written evidence received can be found in *appendix one*. A glossary of terms

used in this report can be found in *appendix two*. The minutes of the panel's meetings and the documentation reviewed by the panel are published on the council's website www.portsmouthcc.gov.uk and paper copies are available from Democratic Services upon request to scrutiny@portsmouthcc.gov.uk.

7. To understand the reasons for this review.

7.1. The Safer Portsmouth Partnership¹ (SPP), the Children's Trust Board² (CTB) and the Portsmouth Safeguarding Children's Board³ commissioned a review of domestic abuse services in Portsmouth. This was completed in January 2012. The review is attached as *appendix two*.

7.2. The review noted that 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 SPP for the past ten years and is recognised as a priority for the Children's Trust and the Local Safeguarding Children's Boards (LSCB).

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

7.4. This scrutiny review aims to monitor the progress made following the recommendations of the domestic abuse commissioning review completed in 2012.

8. To Understand the Strategic Approach For Development That Was Identified Under the Following Headings:

9 Strategic Community Response.

9.1 The panel met a number of statutory and non-statutory children and adult agencies and one ex-service user during the course of this review. See *appendix one* for the full list of agencies and organisations interviewed.

9.2 The panel learnt that whilst there is no offence of domestic abuse there is increasing research and guidance to support agencies to understand their role when responding to incidents of domestic abuse. The Safeguarding Inspector, Eastern Area Havant Police Station (henceforth referred to as the Safeguarding Inspector) informed the panel of the recent home office change to the definition of domestic abuse to include 16 and 17 year olds⁴.

¹ <http://www.saferportsmouth.org.uk/>

² http://www.thechildrenstrust.org.uk/?gclid=CPHR-qK_o7wCFesJwwodCjwAig

³ <http://www.portsmouthscb.org.uk/>

⁴ <https://www.gov.uk/government/news/new-definition-of-domestic-violence-and-abuse-to-include-16-and-17-year-olds>

- 9.3 The Director of Midwifery at Portsmouth Hospitals' NHS Trust (PHT) advised that the safeguarding committee for adults and children is chaired by an executive of PHT's board and the commissioning review identified that domestic abuse is a priority for both the SPP and the CTB. The health service recognised key periods when women were more at risk of domestic abuse and had strategies in place to respond, for example maternity services and children's social care having joint working protocols to safeguard unborn babies.
- 9.4 Every service interviewed identified the prevalence of domestic abuse within their clientele. Adult Social Care at Portsmouth City Council (PCC) identified that 6-9% of referrals involved domestic abuse; there were 4,300 police incidents the previous year and one in four women and one in six men experience domestic abuse at some point in their lives.
- 9.5 The panel received evidence that each agency was aware of its responsibility to respond to incidents i.e. referring clients to other agencies for support including social care services, Aurora New Dawn⁵, Family Information Service⁶ and the Early Intervention Project⁷ (EIP). At the Domestic Abuse Forum⁸ it was mentioned that the recent systems review undertaken by the Public Service Board⁹ concluded that although agencies felt that they were working well together, this could be developed further.
- 9.6 The Troubled Families Co-ordinator explained that there are three national criteria for dealing with families under the Troubled Families Programme: worklessness; offending/ anti-social behaviour and poor education outcomes. Portsmouth City Council chose the following additional criteria: where there are children subject to a Child Protection Plan, Children in Need, Domestic Abuse and where there have been multiple interventions without sustained change. Through a process of data sharing 795 families that meet the eligibility criteria were identified (as at 10 February 2014). The commitment is to have identified and have started work with 555 families by March 2015. So far, work has started with 338. These families will either be receiving a Barnardos Family Intervention Service, Multi Systemic Therapy service or have a lead professional from an existing service with a team around the family. It should be noted that the identified families figure is cumulative and it is hoped will be refreshed this year. The nature of the eligibility criteria is such that the families will be known to services and will be receiving targeted or universal provision. There is also a referral pathway open which enables services to refer families to our services which creates a more dynamic way of identifying families. He is confident that the targets will be met but the next six months is critical.

⁵ <http://www.aurorand.org.uk/>

⁶ <http://www.portsmouth.gov.uk/learning/24835.html>

⁷ <http://www.saferportsmouth.org.uk/priorities/violence-and-hidden-violence/domestic-abuse/early-intervention-project/>

⁸ <http://www.saferportsmouth.org.uk/priorities/violence-and-hidden-violence/domestic-abuse/pdvp/>

⁹ <https://www.portsmouth.gov.uk/yourcouncil/20685.html>

- 9.7 From November 2012, the Children's Social Care Service has been recording parental issues (e.g. mental health illness or domestic abuse). This will inform commissioning services of parental needs in complex families.

10 Raise Awareness and Understanding.

- 10.1 The panel learnt about the work carried out in schools and recent publicity campaigns.

Work With Schools.

- 10.2 The panel learnt that a significant amount of work is being carried out in primary and secondary schools to teach children what constitutes a healthy relationship. PCC's Health Improvement & Development Service commissions Personal, Social and Health Education (PSHE) in schools, of which domestic abuse is a small element. The voluntary sector also provides educational resources to schools including Portsmouth Abuse and Rape Counselling Service (PARCS)¹⁰ and Relate¹¹. In September 2013 a new PSHE programme was piloted for one year in ten schools in the city: two secondary; seven primary schools and the Harbour School. A Clinical Executive from the Portsmouth Clinical Commissioning Group (CCG)¹² informed the panel that it is important that children are taught what constitutes a normal, healthy relationship.

Publicity Campaigns.

- 10.3 The Clinical Executive from the Portsmouth CCG further advised how it can be difficult for a patient to pick up a leaflet about domestic abuse in GP surgery waiting rooms without running the risk of being seen by someone who knows them. Posters containing domestic abuse support advice are displayed in some public toilets in the city.
- 10.4 The Chief Executive of Aurora New Dawn explained that it is involved in national campaigns and leads many local campaigns e.g. on a campaign to raise awareness of domestic abuse for the Christmas period in 2013 with Hampshire Constabulary.
- 10.5 Additionally, the Housing Manager, Housing and Property Services, PCC explained that the Christmas 2013 edition of the council's magazine, House Talk that is sent to tenants contained safety advice and contact telephone numbers of appropriate support agencies.
- 10.6 Since Autumn 2011 there have been on-going publicity campaigns in the city primarily targeted at young people (through schools, colleges and other appropriate locations e.g. youth clubs) coordinated and funded by the SPP.

¹⁰ <http://www.parcs.org.uk/>

¹¹ <http://www.relate.org.uk/>

¹² <http://www.portsmouthccg.nhs.uk/>

10.7 The panel heard how Brighton police use online blogs to communicate with the Lesbian, Gay, Bisexual and Transgender (LGBT) community. These create opportunities for individuals to seek advice anonymously and to self-refer.

11 Domestic Abuse and Safeguarding Training.

Maternity Services.

11.1 The Director of Midwifery, Portsmouth Hospitals' NHS Trust explained how the role of midwives has changed significantly over the past few years and they are becoming more proactive with regard to public health issues. Three midwives with specific responsibility for public health issues were appointed in 2011, one of which is the lead for safeguarding adults and domestic violence. Multi-disciplinary team meetings are held monthly at Children's Centres to discuss vulnerable families.

11.2 Safeguarding training is mandatory for midwives and support staff and comprises two tiers: 1) identification and support 2) risk assessment and safety planning. Staff are also required to attend annual refresher courses. Support and referrals are offered to staff who disclose that they are experiencing domestic abuse.

GP Services.

11.3 A Clinical Executive on the Portsmouth CCG explained that in her experience, the level of nurses' and GPs' understanding of domestic abuse issues is variable.

11.4 The ex-service user felt that her GP did not understand her problems.

11.5 The Hidden Violence & Young People Manager (HV&YP Manager) explained that:

- Identification & Referral to Improve Safety¹³ (IRIS) (a general practice-based domestic violence and abuse training support and referral programme funded by PCC and Portsmouth Public Health) aims to provide training through Advocate Educators to 14 of the 26 surgeries in Portsmouth by April 2014 and the remaining 12 in the following year. Each training course is run over three sessions.
- The EIP, with support from partner agencies, delivers two levels of multi-agency training to any frontline professional to raise awareness of domestic abuse so that they feel confident enough to ask questions and know how to support victims who disclose.

Adult Social Care.

11.6 The Safeguarding Lead for Adult Social Care at PCC explained that his team of five social workers are trained in Independent Domestic Violence Advocacy (IDVA) and each has received specialist training in a different aspect of the work e.g. interviewing vulnerable witnesses.

¹³ <http://www.irisdomesticviolence.org.uk/iris/>

Courts.

- 11.7 The HV&YP Manager explained that the courts do not always seem to take into account the impact that witnessing domestic abuse has on children.

Other Organisations

- 11.8 The HV&YP Manager explained that the domestic abuse training is free, although there is a charge for non-attendance and is delivered to statutory agencies and voluntary organisations. Level two training is currently undertaken over two days, but the aim is to condense this to one day. The course is fully booked until March 2015. The midwifery service jointly delivers training with the council but also provides its own in-house.
- 11.9 The Portsmouth Domestic Abuse Forum observed that training for Job Centre staff regarding recognising that it is their responsibility to identify victims of domestic abuse is resulting in a small cultural change however further work is required.

12 Managing Demand in the Workforce.

The Maternity Service.

- 12.1 The Director of Midwifery, Portsmouth Hospitals' NHS Trust, the Lead for Safeguarding Adults and Domestic Violence, the Commissioning Manager Assessment & Intervention Children's Social Care and Safeguarding and the HV&YP Manager all gave evidence to the effect that:
- When a GP refers a patient to the maternity service, relevant details are also forwarded including any history of substance misuse, mental health issues of the patient and anyone known to living at the same residence. When a pregnant woman moves into the area, the receiving midwife will check her notes and if necessary contact her previous midwife.
 - 30% of domestic abuse incidents start when a woman is pregnant.
 - Portsmouth has higher levels of reported domestic abuse than elsewhere in Hampshire and the Isle of Wight.
 - Although women are encouraged to bring their partners to antenatal appointments, the midwives ensure that they have opportunities to speak to them alone. In order to encourage women to speak freely, family members and local organisations are not used as interpreters. For some cultures, it is difficult to talk about domestic abuse or even to understand that rape is a crime.
 - Midwives build a relationship of trust with their patients, so there is more likelihood of disclosure. Continuity of care is provided for antenatal and postnatal care. Although it is not possible to provide the same midwife for the birth, the teams are small and mothers' histories are shared. After 10-14 days midwives discharge mothers to the care of Health Visitors who provide on-going support to the

family. Midwives call mothers six weeks after the birth to gain feedback on the service.

- The teenage pregnancy rate in Portsmouth has decreased recently and is lower than in Southampton. For some nationalities, it is normal for women to begin having families in their teens. A higher proportion of women under 21 are in abusive relationships than older women. There is strong evidence that Family Nurse Practitioners' (FNPs) support to under 19s improves the outcomes of women and their babies. They receive intensive support for two years after birth from one nurse who deals with a maximum of 25 families at any one time. The eight FNPs currently only reach 60% of women who could benefit from this service. The recruitment of a further four FNPs would ensure that most of them could be supported. Each FNP costs £35,000 plus supervision costs.
- Domestic abuse can be experienced by people of all social classes, ages, cultures, sexuality and nationality.
- Information about patient disclosures to midwives is shared with GP and referrals are made from the maternity service to other agencies e.g. Children's Social Care and specialist domestic abuse services.
- Information-sharing is generally good across services in Portsmouth.
- Support to the woman and unborn baby will continue even when she has moved away from the perpetrator of domestic abuse. The staff in the women's refuge, GPs, the maternity service and the Joint Action Team all work very closely together to ensure that support continues to be provided for women who leave their abusive partners. Safeguarding any children who remain at the family home is the priority for all the professionals involved.
- Witnessing domestic abuse has a significant impact on children's development.

12.2 The Commissioning Lead for Sexual Health and Teenage Pregnancy explained that:

- The teenage pregnancy rate in Portsmouth experienced a downward trend in 2011 and 2012; the conception rate for 2012 was 39.9 per 1,000 women for the under 18s (n¹⁴=134). In 2012, the rate for Southampton the under 18 conception rate was 34.3 per 1,000 (n=129) and for the South East the rate was 23.2 per 1,000 (n=3,617).
- In 2012, the under 18 terminations rate was 17 per 1,000 (n=57). Looking across all age boundaries the highest rate for terminations was in the 20-24 years old with a rate of 25 per 1,000 (n=266). This

¹⁴ N= actual number.

reflects the focus of work the government has taken for the under 18 conception rate. Abortions continue to be an issue for all women of childbearing years, with this in mind we have to be mindful of promoting choices of contraception and sexual health education to all ages.

- Data for the under 18 conception rate shows that in 2010, with a 42% termination rate, this equates to an estimated 77 births, in 2011 there were an estimated 65 births; and in 2012 the termination rate rose to 51.5% this would equate to an estimated 65 births.
- In light of this, she believes that the number of FNPs is sufficient with respect to the under 18 provision in the city. The FNPs also cover the under 19's provision for which we have no data. Funding should focus both on the preventative agenda of teenage pregnancy as well as support.
- Secondary school refer students who may be vulnerable and at risk of teenage pregnancy to the SORTED Programme¹⁵, which provides the young person with one to one support and education in order to build aspiration; resilience and confidence so that they can have a future of their choosing.
- From 2010 to 2013 the programme received over 800 referrals from secondary schools across the local authority. It is felt that this programme is the foundation of good sexual health and promotes the delay message with respect to pregnancy.
- The city also has an outreach maternity worker who works with the midwifery team to support vulnerable young pregnant women and teenage parents who choose not to be with a FNP or do not meet the requirements to join the FNP Programme.
- In a 2010 survey carried out by the Teenage Pregnancy Team, the 50 teenage mothers interviewed reported that the main reason for relationship breakdown was domestic abuse. The results of this survey informed the commissioning review of the under 18s conception rate in 2010.

The Police's Procedure for Dealing With Domestic Abuse Incidents.

12.3

The Safeguarding Inspector explained that:

- Police officers attending a domestic abuse incident complete a Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) form to assess the victim's risk. This was produced by the charity Co-Ordinated Action Against Domestic Abuse (CAADA). The form is sent to the police Central Referral Unit that reviews the initial risk assessment, taking into account any history. If children or a vulnerable adult are involved, a referral is made to Children's Social Care or Adult Social Care Services.

¹⁵ <http://www.areasorted.co.uk/>

Those with an assessment score of 14 or more (out of 27) are deemed to be at high-risk and are referred to Multi-Agency Risk Assessment Conferences (MARAC).

- Safeguarding Officers aim to meet victims who are considered to be at high risk within 24 hours to offer safety planning advice. This may include the supply of equipment such as door braces, alarm phones and personal hand-held alarms. The cases are referred to the EIP for long term support by an IDVA or Advocacy and Support Worker depending on their level of risk. The police call victims who are considered to be at medium risk to offer safety advice, safety equipment and referral to support agencies. Safety planning leaflets are sent to a safe address for victims who are at low risk.

12.4 The Chief Executive of Aurora New Dawn explained that with Hampshire Constabulary they ran a domestic abuse initiative at Christmas 2013 to support couples and visit victims at high risk. At the time of this report, an in-depth evaluation of the campaign was being carried out. Initial findings indicate that 90% of people who were seen have engaged with this process and had a successful referral to a support agency.

12.5 The HV&YP Manager explained that:

- The police tend to use the phrase domestic violence rather than domestic abuse because they can prosecute for cases of violence as there is no offence of domestic abuse. Abuse can be emotional or financial as well as sexual and physical. The police refer cases to both EIP and Aurora New Dawn as per the joint working agreement between the two services.
- From April 2011 it became a statutory requirement to undertake domestic homicide reviews when someone is killed as a result of domestic abuse. A small scale audit of attempted and successful suicides that are a result of domestic abuse can be carried out if directed by the local Community Safety Partnership.
- The Joint Strategic Needs Assessment shows that 66% (n 2871) of police call outs in 2012/13 to incidents involving domestic abuse were not recorded as a crime and of these 80% (n 1141) led to an arrest and only 55% (n 786) of these led to a charge.

Perpetrators Programmes.

12.6 The Safeguarding Inspector explained that:

- Some low risk offenders in West Hampshire and Southampton are given the choice of attending a programme as part of a 'conditional' caution pilot, rather than the case proceeding to court. The Integrated Domestic Abuse Programme (IDAP) for perpetrators cannot hold mixed sex programmes. There are few perpetrator courses available in Hampshire for female offenders as a minimum number of attendees is required for a course to run and there are not as many female perpetrators.

- Research has indicated that non-completion of programmes could actually increase the risk of reoffending so it is important that every effort is made to enable offenders to complete the courses. An offender may be asked to continue attending on a voluntary basis or to self-refer.

12.7 The HV&YP Manager explained that:

- The only Domestic Abuse Perpetrator Programmes in Portsmouth is delivered by the Probation Service, however the SPP and EIP has received funding from the Police and Crime Commissioner to begin to design programmes until March 2014. An Eastern Area bid by the Police is being made for a further three years funding to the Police and Crime Commissioner and funding has already been secured from the CCG, Public Health, and Children Social Care; each has agreed to contribute £10,000 each per year towards the cost of delivering Perpetrator Programmes and £15,000 for one year from Troubled Families. Programmes could also be offered to women who are perpetrators.
- There are many areas of research which focus on perpetrator programmes; however they tend to focus on output rather than outcomes.
- The Respect Programme¹⁶ is a national organisation that has started research into outcomes of perpetrators' programme. The results will not be published for some time. It is important that success is measured in terms of different area's needs for example a reduction of children with a child protection plan due to domestic abuse or fewer police call outs.
- Some research ¹⁷ has questioned the effectiveness of perpetrators' programmes while others conclude that the "one size fits all model of 30+ week programmes" are not effective for everyone¹⁸.
- The 2012 review of domestic services in Portsmouth identified that there was a lack of programmes for perpetrators. The SPP used £30,000 funding from the Police and Crime Commissioner to develop programmes in 2013-14. This could include a women-only programme as there is none currently available. Discussions are underway with Hampshire to see if this facility could be shared.
- The waiting list for offenders to attend programmes can sometimes be so long that they finish their sentence before they start the course or their sentence is shorter than the course itself so they are unable to access the programme.

¹⁶ www.respectprogramme.org/Respect_Programme/Respect_Programme____Home.html

¹⁷ www.futureswithoutviolence.org/userfiles/file/Children_and_Families/The%20Survival%20of%20Batterer%20Programs.pdf

¹⁸ Legal and criminological psychology, volume 17 part 2, September 2012. Articles 1, 2 and 3. The British Psychological Society.

12.8 The Commissioning Manager, Portsmouth and Isle of Wight Local Delivery Unit, Hampshire Probation Service explained that:

- Convicted perpetrators are offered a 32-week programme. It might be effective to offer shorter programmes for perpetrators who have not been sentenced. The court can order an offender to complete a Building Better Relationships (BBR) programme. However, when prisoners come out on licence unless the licence is 18 months or more then it is unlikely that they have time to complete the BBR course as it takes approximately 12 months to complete with the pre-programme and post-programme work.
- In order to attend a BBR programme, community sentenced offenders must receive a 18 to 24 month order.
- There is a waiting list for BBR in the South East; however if someone has only 12 months on a licence they are moved to the top of the list for risk reasons. Offenders with less than 12 months left to run cannot be accommodated as it would not be possible to complete the programme.
- In West Hampshire and Southampton the police commissioned a pilot programme where first time perpetrators of lower levels of domestic abuse are cautioned and required to attend two one day domestic abuse workshops. This is due to be evaluated by Cambridge University in 2016.

12.9 Councillor Young, who works for the probation service, explained that when a person is at a stage in their lives where they are ready to make a change, they will take the necessary steps and the perpetrator programmes assist them to do so.

Court.

12.10 Members of the Portsmouth Domestic Abuse Forum explained that:

- Since the reductions in legal aid, it has seen more people representing themselves in court.
- Although the duty solicitor may give some advice to the defendant in the first instance, there is no solicitor-client relationship. Sometimes orders are made for some degree of representation to ensure that the victim is not cross-examined by the alleged perpetrator. For many domestic abuse cases, there is no proof to support the allegation. Forum members felt that the system is letting the victims down.
- It is more difficult to acquire non-molestation orders for clients as they are more complicated and GP reports are required.

12.11 The Director of Midwifery, Portsmouth Hospitals' NHS Trust, the Public Health Lead, the Commissioning Manager Assessment & Intervention Children's Social Care and Safeguarding and the HV&YP Manager explained that there are some perpetrator pathways in place in London

and the North East. However the outcomes of these are not clear. Resistant perpetrators could be targeted (e.g. police focusing on other incidents such as traffic offences, TV licensing etc) to encourage engagement.

12.12 The ex-service user explained that:

- She had written to the Prime Minister to ask why in cases of domestic abuse the victim and children often have to leave the family home and not the perpetrator. Unfortunately she did not receive a response.
- It was disheartening that after receiving a one year suspended sentence, the perpetrator could breach the conditions with impunity.

12.13 The HV&YP Manager explained that:

- To be eligible for legal aid, proof that an individual has been a victim of domestic abuse must be provided that for example the case is known to the MARAC or that a child is subject to a Child Protection Plan due to domestic abuse.
- Domestic Violence Protection Orders enable police to apply to the Magistrates Court to set conditions on bail for people arrested for domestic abuse. These were piloted in four local authorities including Manchester who have continued to use these.
- Clare's Law (a domestic violence disclosure scheme), enables women in new relationships to make enquiries into the history of their partners
- Both the above will be rolled out nationally from March 2014.
- Clients may want to apply to court for residency or non-molestation orders but as there is now limited access to legal aid most will be liable for the fees which are approximately £1,000. The IDVA support clients to write their own briefs for non-molestation orders. IDVAs receive training from local solicitors and have access to the council's legal services. However, they are not legal advisors and the client might have literacy issues. The judges are very strict regarding the format of the briefs and will not always allow the client to have someone to speak for them or accompany them.

The Multi-Agency Response.

12.14 The HV&YP Manager further explained that CAADA oversees the national system of MARAC. The Portsmouth MARAC meets fortnightly to set action plans for families experiencing domestic abuse and who are at high risk of violence. The aim is to reduce the risk and increase their wellbeing. If another crime is reported, the MARAC considers what more can be done to support the victim and any children. The MARAC steering group monitors the effectiveness of MARAC and resolves any obstacles that have been identified. On average, the MARAC has averaged 582 cases over 2012 and 2013. CAADA data

shows that 330 cases would be expected for a population the size of Portsmouth. The implication of this is that Portsmouth has an insufficient number of IDVAs to meet demands with the current provision of 4.5 FTE and CAADA recommendations based on level of need being six.

Programmes for Victims.

12.15 The Senior Independent Domestic Violence Advocate at Portsmouth City Council explained that:

- The Butterfly Programme is a 12 week programme that has been run by the EIP since 2008. It looks at all aspects of domestic abuse and how this affects the individuals within the group, offering support to recognise it and move forward into a non-abusive environment.
- There was a gap in delivery due to funding as the original funders were unable to maintain the commitment. The current funding comes from a small pot of community safety money and from the early years services which funds the crèche facility. In September 2012 with assistance from young children's centres and EIP the group restarted and is currently in its third intake. It is hoped that this programme will continue three times a year.
- The feedback from clients has been very positive. Each session starts with 22 participants and normally 18 will complete the programme.
- The EIP aims to continue to provide the Butterfly Programme and to have no more than 15 participants and will review the intake programme to ensure that it is best placed to meet the needs of the clients and a smaller number will allow additional focus and attention on the participants experience and how to move positively forward. If demand continues to increase, the EIP will consider running two groups at a time.

12.16 The Hidden Violence Team Manager explained that the Butterfly Programme supports survivors of domestic abuse run by the EIP and one of the issues explored is the impact on children.

12.17 An ex-service user explained that she found the Butterfly Programme very empowering.

12.18 The HV&YP Manager noted that:

- It is important that support continue for victims when relationships end as at this point risk is increased.
- Alcohol treatment services have reported that many of their clients are victims or perpetrators of domestic abuse. National Institute for Health and Care Excellence guidance "Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. Page 28 paragraph 3.8" advises

that "21% of people experiencing partner abuse in the past year thought the perpetrator was under the influence of alcohol and 8% under illicit drugs" People are thought to be at increased risk of substance dependency as a consequence of being the victim of domestic violence. While Gary Brigden (Community Care 10 March 2014 "What's the best way to tackle domestic abuse violence through social work")¹⁹ states that "47% of women experiencing domestic violence have mental health needs; 11% have drug misuse issues, 12% have alcohol misuse issues, and 5% have been involved with probation."

The Identification Referral to Improve Safety (IRIS) Service.

12.19 The Chief Executive Officer Aurora New Dawn expressed concern that Portsmouth City Council provides IRIS in-house, when research has indicated that better outcomes are achieved if it is provided by the third sector. Only one other local authority provides this service in-house. Therefore, she recommended that the service's effectiveness be monitored.

12.20 The HV&YP Manager explained that when the service was commissioned the health element was already being provided as part of an on-going commitment, therefore the service was not offered out to tender. The in-house service at PCC costs approximately £15,000 per year (for the clinical lead and set up costs) with other expenses being incorporated within already provided provision. Southampton City Council's IRIS service is contracted out at a cost of approximately £50,000.

Aurora New Dawn.

12.21 The Chief Executive Officer explained that:

- Funding was received from the Ministry of Justice, the Home Office and the Health & Social Care Volunteering Fund. However, the funding from the Ministry of Justice will now come from the Hampshire Police and Crime Commissioner. The amount received will depend on the priority allocated to domestic abuse and sexual violence.
- Aurora New Dawn provides an advocate who provides specialist support for victims of stalking for Hampshire and the Isle of Wight, a court advocacy post and one volunteer who assists at the birthing centre two to four hours at weekends to identify and refer people when necessary.

Adult Social Care.

12.22 The Safeguarding Lead, Adult Social Care, PCC explained that:

- The team receives referrals for complex cases where vulnerability is an issue e.g. it involves a person who may be elderly, have learning difficulties, mental health issues or substance misuse. When a vulnerable person is identified by the police this information is passed on to Adult Social Care. These are screened by the

¹⁹ www.communitycare.co.uk/2014/03/10/whats-best-way-tackle-domestic-violence-social-work/

safeguarding team to determine whether support is required. Approximately 6-9% of referrals include domestic abuse and 3-4% it is not clear if it is involved. In the latter cases, if there is a repeat referral it will be looked at more closely.

- His team works closely with the EIP and Aurora New Dawn.
- Alerts about care homes can be received from relatives, members of staff or the Care Quality Commission. When these are received, the safeguarding team will assess the risk within 24 hours by making an unannounced visit, with health colleagues, if appropriate, to review the care plan/s and talk to the owner, staff, clients and relatives. Immediate action can be taken if required, including removal of the client to a place of safety and the recruitment of additional staff. The action plan can be monitored over several visits to ensure that changes are implemented. The team also has the authority to enter hospitals to investigate safeguarding issues.
- As part of EIP, 4.5 full time equivalent IDVAs work with survivors of domestic abuse who are high risk of serious harm or death. Aurora New Dawn receives funding from the Home Office for a 0.5 full time equivalent IDVA post. The EIP also advises other departments about cultural issues. In 2011 CAADA awarded the EIP Leading Lights status in recognition of the high standard of service provided.

12.23 The ex-service users explained that she was able to access the EIP as and when she wanted to over a number of years. It provided an excellent service and supported her when she applied for injunctions, reported crimes to the police and appeared in court. The service used to be accessible at weekends but his is now no longer the case.

12.24 The HV&YP Manager added that whilst the focus for child care social workers is the welfare of the child, training is to be delivered to raise their understanding of the complexities involved and to balance these with the needs of the responsible adult. Domestic abuse has consistently been an issue for children with child protection plans; between July and September 2013/14 65% (126 of 193) of children with child protection plans involved domestic abuse and PCC is working to reduce the likelihood of children having to be removed due to domestic abuse.

Housing Domestic Abuse Victims

12.25 The Housing Manager, Housing and Property Services, PCC explained that:

- The council's domestic abuse policy is fully integrated into the housing service. All staff attend training courses to ensure that they understand the council's domestic abuse policy and know how to make referrals in a non-judgemental and confidential manner. Disclosures are accepted at face value and no pressure is put on clients to make decisions. The service is victim-centred and works closely with EIP and MARAC.

- Normally if someone makes themselves intentionally homeless, the council does not have a statutory duty to rehouse them. However, in cases of domestic abuse, the council will take appropriate action to support the victim. They are offered a place of safety and priority housing if they wish to move. They are also given advice regarding tenancy issues, safety plans, support agencies and risk assessments. On average, the service deals with two domestic abuse cases per month.

12.26 The Senior Housing Options Officer explained that the emergency rehousing service is available 24/7 and a place of safety can be offered to victims of domestic abuse, if required.

12.27 The Hidden Violence Team Manager explained that women are usually placed in refuges outside of their home area to give them some space from the perpetrator, but this means that they have to leave behind schools and support networks.

Health.

12.28 The ex-service user informed the panel that she suffered long term health damage because of domestic abuse and her children were on the at-risk register.

13 Creating Capacity to Support Medium and Standard Risk Cases.

The Council

13.1 At the Full Council meeting on 11 February 2014, the following notice of motion was carried:

RESOLVED that the notice of motion set out below be adopted by Council

This Council welcomes and supports the motion passed at the Liberal Democrats National Conference in 2013 on the issue of preventing and tackling sexual and domestic violence moved by Elizabeth Adams of Stratford Lib Dems. The key points of the motion were as follows:

1) Better focus on prevention through the education and healthcare systems including compulsory relationship and consent education and integration of abuse awareness across subjects.

2) Government campaign to business and employers highlighting how they can work to support employees and reduce economic cost of abuse to businesses.

3) Further progress in the justice system including holding the PCCs [Police & Crime Commissioners] accountable for improving police response to and prevention of domestic violence

The Council also welcomes and supports the role of Portsmouth Young Liberal Democrats in supporting the campaign against sexual and domestic violence. The Council further notes the campaign slogan 'spot abuse, stop abuse'.

This Council resolves to support any measures that will reduce the incidence of sexual and domestic abuse and believe that victims of abuse must be heard and not ignored when they raise a complaint with statutory authorities.

13.2 The HV&YP Manager explained that:

- Supporting young people who experienced domestic abuse is a priority for the CTB and the SPP which identified leads to receive training on detecting, assessing and supporting survivors of domestic abuse. In addition to the two day training session, on-going support is provided. Thirty domestic abuse practitioners across partner agencies (including adult and children providers and the voluntary sector) have been identified. Feedback from training is monitored to quality assure and redesign the course when necessary by the Domestic Abuse Review Group.
- The Young People IDVA post that supported young people who had experienced domestic abuse, lost its funding was cut in April 2012. However in Autumn 2013, the Department for Education (DfE) funded CAADA to provide training for young people's violent advocates. A child social worker and a member of the Joint Action Team have received training and will offer support to social workers and the work force in supporting young people aged 13+ who are in abusive relationships. The DfE funded this training due to a change in the definition of domestic abuse and to develop a consistent response to young people aged 13+ who are experiencing intimate partner abuse, including domestic abuse and sexual exploitation. The Southern Domestic Abuse Service²⁰ (SDAS) recently received funding to deliver the 'Helping Hands' programme within primary schools, a preventative education programme, developed by Women's Aid Northern Ireland, with the aim to increase children's understanding and feeling safe and to explore and promote behaviours which will contribute to a safe environment.

Accessing Support Services.

13.3 The HV&YP Manager further explained that Portsmouth has relatively high levels of people disclosing and accessing services.

13.4 The Chief Executive of Aurora New Dawn explained that the police refer cases to Aurora New Dawn, particularly during out of hours. Support is provided to both women and men. In its first year 2011-12, Aurora received 600 referrals. It now receives 7 to 8 calls per week. Cuts to legal aid have led to a 76% increase in referrals between April and October 2013.

13.5 The Domestic Abuse Forum explained that accessing more specialised support can often take a long time. There is a six to ten week waiting list for general psychologists or counsellors. It would be useful for domestic abuse victims to receive a specialist service; however Solent

²⁰ <http://www.southerndas.org/>

NHS Trust is not commissioned to provide specialist mental health services. To access the Children & Adolescent Mental Health Service, the parent is required to have completed a parenting course and which also have very long waiting lists. GPs often refer patients to Cognitive Behaviour Training but long-term support is not provided.

- 13.6 The Third Sector Partnerships and Commissioning Manager, Integrated Commissioning Unit explained that the service specification is currently being written for the abuse and rape counselling service that will begin at the end of September 2014. This will consist mostly of the services which are currently delivered by PARCS and will include the core service, the outreach service for young people and the mental health counsellor. As with all re-commissioning of services the council will investigate to see what savings may be possible; however until the procurement process is complete and the bidders prices has been assessed this cannot be confirmed.

Staffing.

- 13.7 The HV&YP Manager explained that:
- Following the 2012 review of domestic abuse, the EIP service underwent restructuring and the number of IDVAs was reduced from 6.5 to 4 but increased to 4.5 in Autumn 2013 following funding by the Police and Crime Commissioner until March 2014 and Advocacy and Support workers increased from 1.8 to 5. However, with increased public health funding the number of Advice & Support workers was increased to 8.
 - Aurora New Dawn receives funding for half an IDVA post for Portsmouth.
 - Housing Officers enter local authority tenants' homes and so potentially could identify domestic abuse.
 - Through funding from Public Health an extra three Advice & Support Workers have been recruited and a further 30 specialist practitioners were trained across the workforce. With the on-going domestic abuse training this will increase capacity further.
 - Funding for the refuge does not include a child support worker.
- 13.8 The Housing Manager for Property Services, PCC explained that the 52 Housing Officers will manage smaller areas shortly so that they are empowered to take more action if required.
- 13.9 The Commissioning Manager, Assessment Services advised that the Social Work Matters Programme²¹ (a transformation programme aimed at improving capacity in Children's Social Care & Safeguarding and to locally implement key recommendations of the Munro Review²² which

²¹ <http://www.portsmouth.gov.uk/media/cab20121210r2.pdf>

²² www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf

reviewed child protection in 2012) led to the employment of more social workers, each frontline member of staff holding a lighter caseload, a higher retention rate, fewer families re-entering the system and a speedier access to court when necessary.

- 13.10 The Senior Commissioning Manager, Adult Social Care, Integrated Commissioning Unit explained that as the refuge no longer includes a child support worker, the new support service was tailored to include more work with children as well as the rest of the family as part of a co-ordinated response to help reduce risk and increase safety and independence, health and wellbeing. Specifically an extract from the specification states that the service is to 'include specialist staff support for children (including males under the age of 18) both in a supervisory role to assist the mother during her support sessions or when undertaking statutory obligations but also in a counselling and behavioural management role recognising children as witnesses to domestic violence incidents and the impact.'

The Cookie Crew.

- 13.11 The HV&YP Manager explained that the Cookie Crew was a weekly project that encouraged children aged between 5 and 11 years old who have witnessed domestic abuse to express themselves. The Preventing Youth Offending Project Team stopped running this when it was integrated into the Integrated Targeted Youth Service but Helping Hands is a similar programme.
- 13.12 An ex-service user explained that the Cookie Crew had been very useful for her children.

The Probation Service.

- 13.13 The Commissioning Manager, Portsmouth and Isle of Wight Local Delivery Unit, Hampshire Probation Service explained that:
- The probation service is currently changing the way it is run. Although details are not yet available, it is expected that low and medium risk offenders will be managed by community rehabilitation companies from Autumn 2014. He felt that the proposed payments by results would not discourage the probation service from liaising with the police.
 - The IDAP²³ was replaced by the BBR Programme²⁴ which aims to reduce the risk of re-offending and promote the safety of current and future partners and children. It has been well received. The IDA Module is a one to one session with a probation officer if group sessions are not appropriate. Since it started in April 2013, 19 offenders have completed the course in Portsmouth and 65 across Hampshire and the Isle of Wight.

²³ <http://www.ynyprobation.co.uk/files/IDAP.pdf>

²⁴ <http://www.westyorksprobation.org.uk/Our-Work/Domestic-Violence-group-Building-Better-Relationships/>

The Refuge.

- 13.14 The HV&YP Manager explained that although the number of beds at the refuge has recently been reduced from 22 to 16, the refuge now offers 70 hours per week outreach work to support victims to remain in their own homes.
- 13.15 The Senior Commissioning Manager, Adult Social Care and the Integrated Commissioning Unit explained that:
- The number of families able to be accommodated within refuge services has reduced from 19 to 16 units. There were previously 22 bedrooms available but some families occupied more than one bedroom. In addition, there is now more of a focus on preventative services with an additional 70 hours of outreach support available (including to single men or men with children).
 - Domestic abuse victims often bring their children with them to the refuge. The service specification states that all males under the age of 18 should be considered. This would be on a case by case basis depending on the individual (i.e. some 13 year old males can be quite intimidating to females, but some 17 year olds are quite placid).
 - There can be a lack of suitable move-on accommodation. For refuges this situation is complicated by the fact many people are from out of area and may want to go back to their place of origin.
 - An integrated service which is jointly commissioned by Supporting People, the Community Safety Partnership and Children's Services delivers security, support, advocacy and guidance to victims/survivors of domestic abuse and their children as part of a co-ordinated community response to help them achieve reduced risk and increased safety and independence, health and wellbeing amongst other related outcomes.
 - The main purpose of the service is to provide client led practical and emotional support to enable victims/ survivors of domestic abuse to gain the strength, confidence and skills necessary to allow them to move-on and rebuild their lives. The service will:
 - a. Provide flexible housing related support within a safe environment to both single adults and adults with children who are/have been victims of domestic violence;
 - b. Adopt a non-judgemental 'Think Family' approach, providing a holistic understanding of domestic abuse issues and inter dependencies i.e. employment, housing, support networks, school, education, substance misuse, offending etc;
 - c. Ensure that service users' views shape service delivery by employing various methods of consultation and involvement;
 - d. Demonstrate commitment to explore all future housing options available (not just local authority housing) on a case by case basis to find the 'best fit' for victims/survivors and their children;

- e. Demonstrate a culture of honesty, openness, continuous improvement and complaints learning;
- f. Not be anti-male – allowing and encouraging exposure to positive male role models;
- g. Include staff with skills around good communication and listening, counselling, enabling, legal and housing knowledge as well as an understanding of the dynamics of domestic abuse in families and in relationships without children;
- h. Include specialist staff support for children (including males under the age of 18) both in a supervisory role to assist the mother during her support sessions or when undertaking statutory obligations; but also in a counselling and behavioural management role recognising children as witnesses to domestic violence incidents and their impact.
- i. Include group work for mothers and children to build confidence, self-esteem empowering survivors to make their own decisions
- j. Work in partnership with the City's other Domestic Violence services, including Children's Centres, and be represented at the Domestic Abuse Review Project Group (or similar forum) on a regular basis;
- k. Work in partnership with volunteer support networks and peer support/buddy systems as well as with other providers of domestic abuse services in the area;
- l. Work with appropriate services to provide co-ordinated resettlement support for service users moving on to other services or accommodation, including returns home which will be specifically risk assessed

13.16 Aurora New Dawn secured funding to offer weekend support so there is now emergency practical support seven days a week.

Demand for Services.

13.17 The HV&YP Manager explained that the SPP is liaising with the third sector requesting that they contribute agency data towards the Annual Strategic Assessment to inform the level of need in the city. At present, most of the data comes from the police and referrals to the EIP. It is believed that the current figures are an under-estimate. Having an accurate idea of service demand, would benefit the commissioning process and would support voluntary agencies with their bids for funding.

13.18 The Domestic Abuse Forum explained that there are more opportunities for individuals to seek advice anonymously and to self-refer e.g. via websites like 'The National Centre for Domestic Violence'²⁵ and 'This is Abuse'²⁶ which is aimed at younger people.

13.19 The Safeguarding Inspector explained that there has been an increase in same sex couples reporting domestic abuse to the police. This

²⁵ <http://www.ncdv.org.uk/>

²⁶ <http://thisisabuse.direct.gov.uk/>

indicates that the gay community is feeling more confidence in the police's response.

Joint Working.

13.20 The Domestic Abuse Forum further explained that:

- It was not aware of any organisations that do not identify and refer cases of domestic abuse; however referrals could be more proactive and creative. Once agencies receive the referrals, they are good at acting on them.
- As different agencies have their own IT systems and no shared access to a database, there can be a lack of joined-up working which can lead to missed opportunities for valuable work. The Forum is currently looking at the shared system used by West Sussex County Council which enables services to access all the relevant information about families who are experiencing domestic abuse including health, interventions, court cases, markers on the property and safety concerns.
- Following a systems review which was completed in November 2013, work is currently underway to improve communication between agencies that support domestic abuse victims.

13.21 The HV&YP Manager explained that it might be useful to ensure that all the council's Service Level Agreements make clear the role and responsibility of those concerned to identify and refer domestic abuse victims where appropriate.

13.22 The Safeguarding Inspector explained that people with mental health illness often have substance misuse as well. There is a need for more support agencies to take a lead in resolving domestic abusive relationships.

14. Equalities Impact Assessment.

The recommendations in the report do not have an impact on people with any protected characteristics as described in the Equalities Act 2010. However, when the recommendations are being developed individual EIAs may be required. The recommendations could promote gender equality as although the majority of victims are women, it is recognised that some are men.

15. Legal Comments.

There are no specific legal comments save that all information shared by individual agencies is subject to the relevant elements of the DPA 1998 and as such each agency should be fully cognisant of its obligations as data controller/ processor both in respect to data it obtains and data that it shares. In addition the core values as espoused by the report will require to be initiated with full consideration of the Equality Act 2010 and as against a background of the general public sector equality duty being engaged with respect to the provision of all services.

16. Finance Comments.

The domestic abuse support services are provided by a variety of organisations and funded from a variety of sources. Most of these organisations are experiencing reductions to their future funding. This may create budgetary pressures and impact on services going forward.

APPENDIX ONE

Meeting Date	Witnesses	Documents Received.
16 July 2013	Bruce Marr, Hidden Violence and Young People Services Manager.	Scoping document. Domestic abuse commissioning strategy for Portsmouth - Safer Portsmouth Partnership, the Children's Trust Board and the Portsmouth Safeguarding Children Board.
17 September 2013	Gill Walton, Director of Midwifery, Portsmouth Hospitals' NHS Trust Debbie Hill, Public Health Lead Sarah Newman, Commissioning Manager Assessment & Intervention Children's Social Care and Safeguarding. Bruce Marr, Hidden Violence & Young People Service Manager	
16 October 2013	Sharon Furtado, Hidden Violence Team Manager Ex-Service User.	
5 November 2013	David Elkins, Safeguarding Inspector, Eastern Area Havant Police Station. Clayton Coombs, Commissioning Manager, Portsmouth and Isle of Wight Local Delivery Unit, Hampshire Probation Service Dr Elizabeth Fellowes, Clinical Executive, Portsmouth Clinical Commissioning Group Bruce Marr, Hidden Violence and Young People Services Manager.	

Meeting Date	Witnesses	Documents Received.
26 November 2013	<p>Bryan Stephenson, Safeguarding Lead, Adult Social Care</p> <p>Teresa O'Toole, Senior Housing Options Manager and Chair of the Multi-Agency Risk Assessment Conference Steering Group</p> <p>Shonagh Dillon, Chief Executive Officer, Aurora New Dawn Ltd</p> <p>Nigel Selley, Housing Manger, Housing and Property Services</p> <p>Bruce Marr, Hidden Violence and Young People Services Manager</p>	
20 January 2014	The panel attended the Domestic Abuse Forum meeting.	
29 April 2014	The report was signed off by the panel.	<p>Written evidence from: The Troubled Families Coordinator.</p> <p>The Senior Commissioning Manager, Adult Social Care, Integrated Commissioning Unit.</p> <p>The Sexual Health Lead/ Teenage Pregnancy Senior Officer.</p> <p>The Third Sector Partnerships and Commissioning Manager, Integrated Commissioning Unit.</p> <p>The Senior Independent Domestic Violence Advocate.</p>

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

APPROVED BY

THE SAFER PORTSMOUTH PARTNERSHIP 8TH DECEMBER 2011
THE CHILDRENS TRUST BOARD 19TH JANUARY 2012 and
PORTSMOUTH SAFEGUARDING CHILDREN BOAD FEBRUARY 2012

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

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 process²⁷ 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.

²⁷ Appendix 1

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

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	Children and Young Persons Independent Domestic Violence Advocate	DAU	Domestic Abuse Unit (Police)
BAMER	Black, Asian, Minority Ethnic and Refugee	CHMHS	Child and Adolescent Mental Health Service
DASH	Domestic Abuse Stalking Harassment and Honour Based Violence	CAF	Common Assessment Framework
ISVA	Independent Sexual Violence Advocate		

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

Current and future demand for services

The numbers of incidents 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 (Tier²⁸ 1-4)

- 4300 police recorded incidents per annum
- 10% high risk (430)²⁹
- 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 2009³⁰ found that domestic abuse was identified by social workers as a significant feature in 42.31% (586n) of the 1385³¹ 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.

²⁸ See appendix 2 – Tiers of service

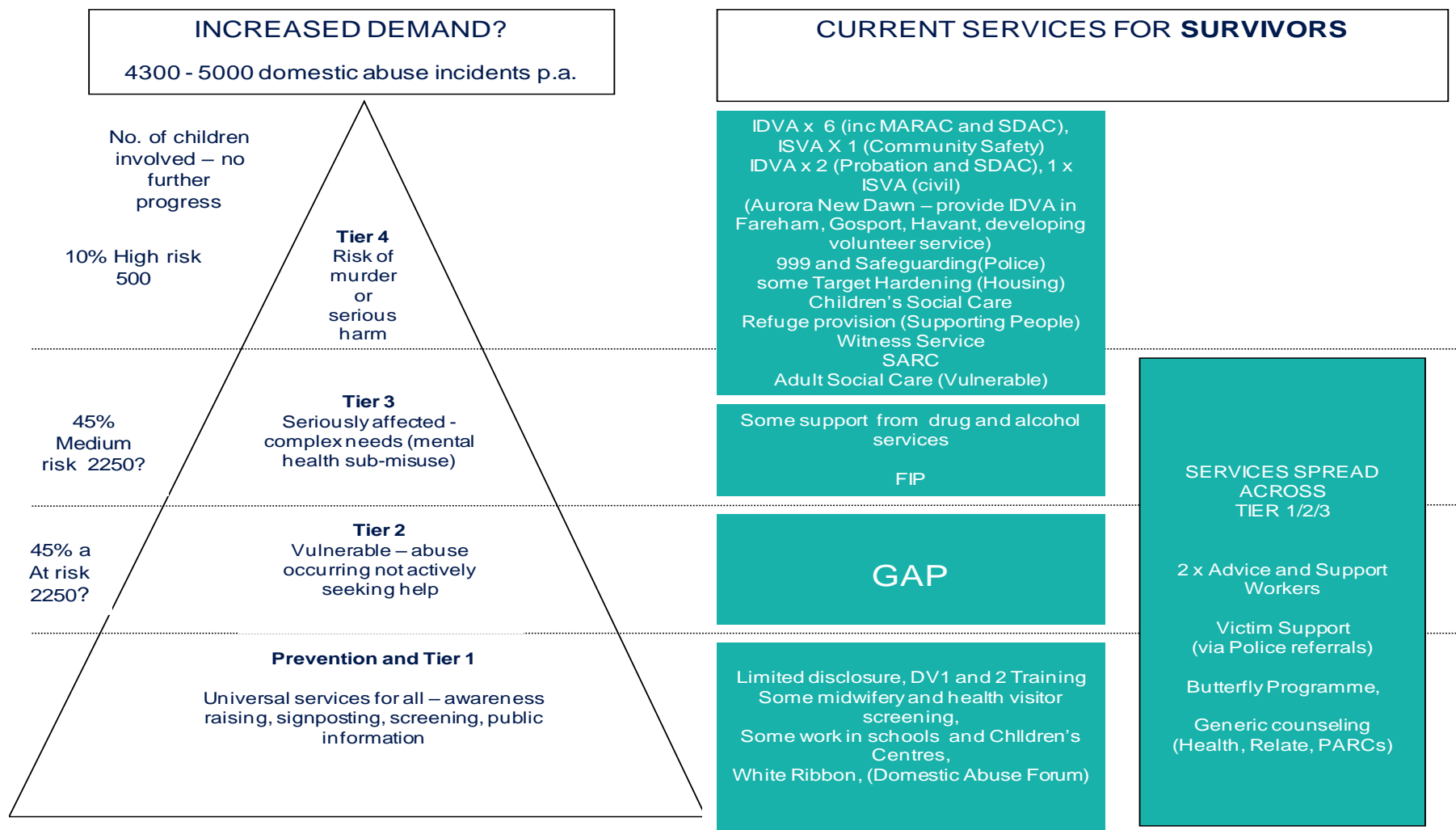
²⁹ Accurate police data will be available monthly from November 2011

³⁰ Sarah Lewis and Tracy Cross, 7.9.09

³¹ Each case = one child, not one family

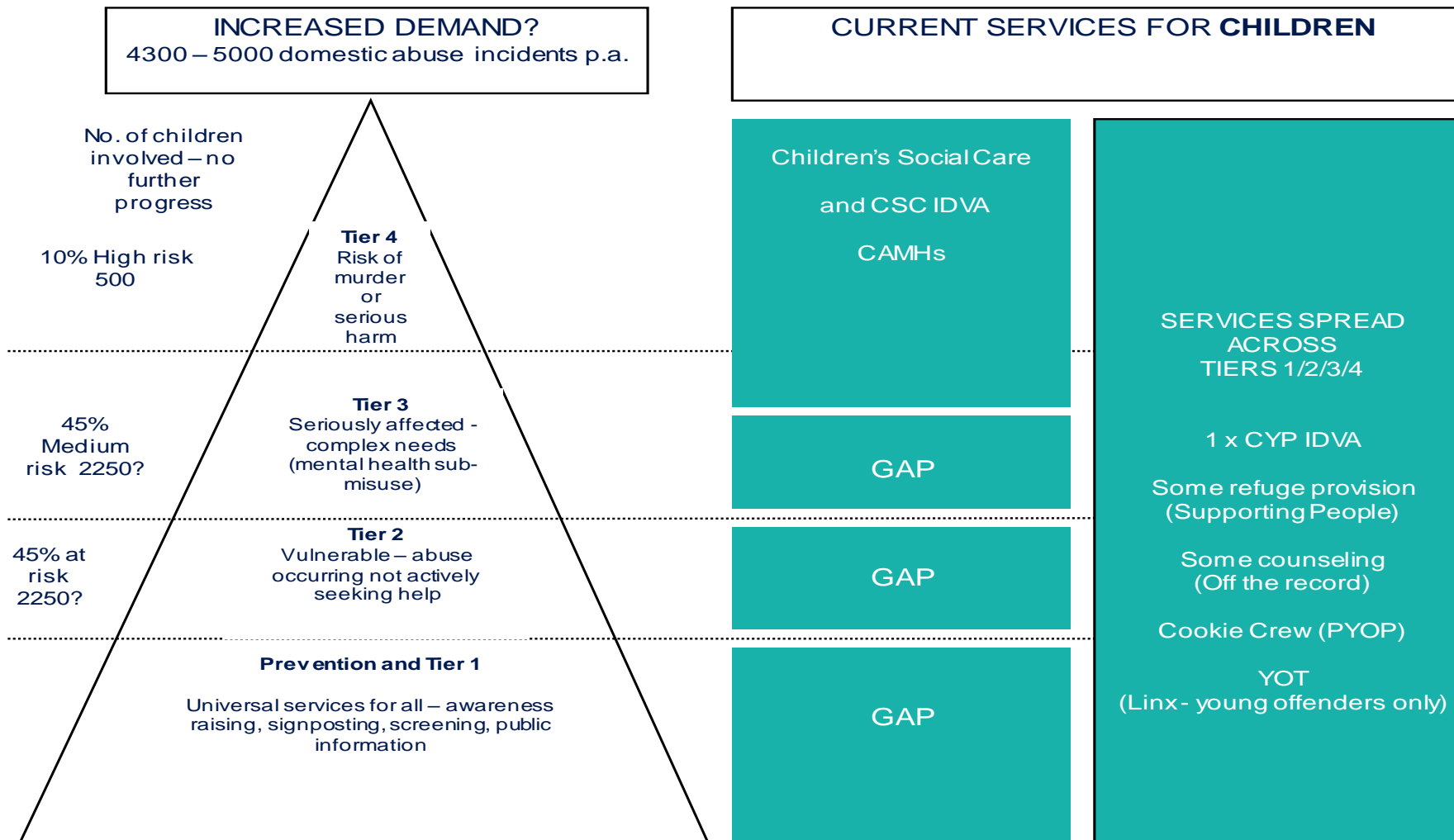
DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

Figure 1: Current demand 'v' current services



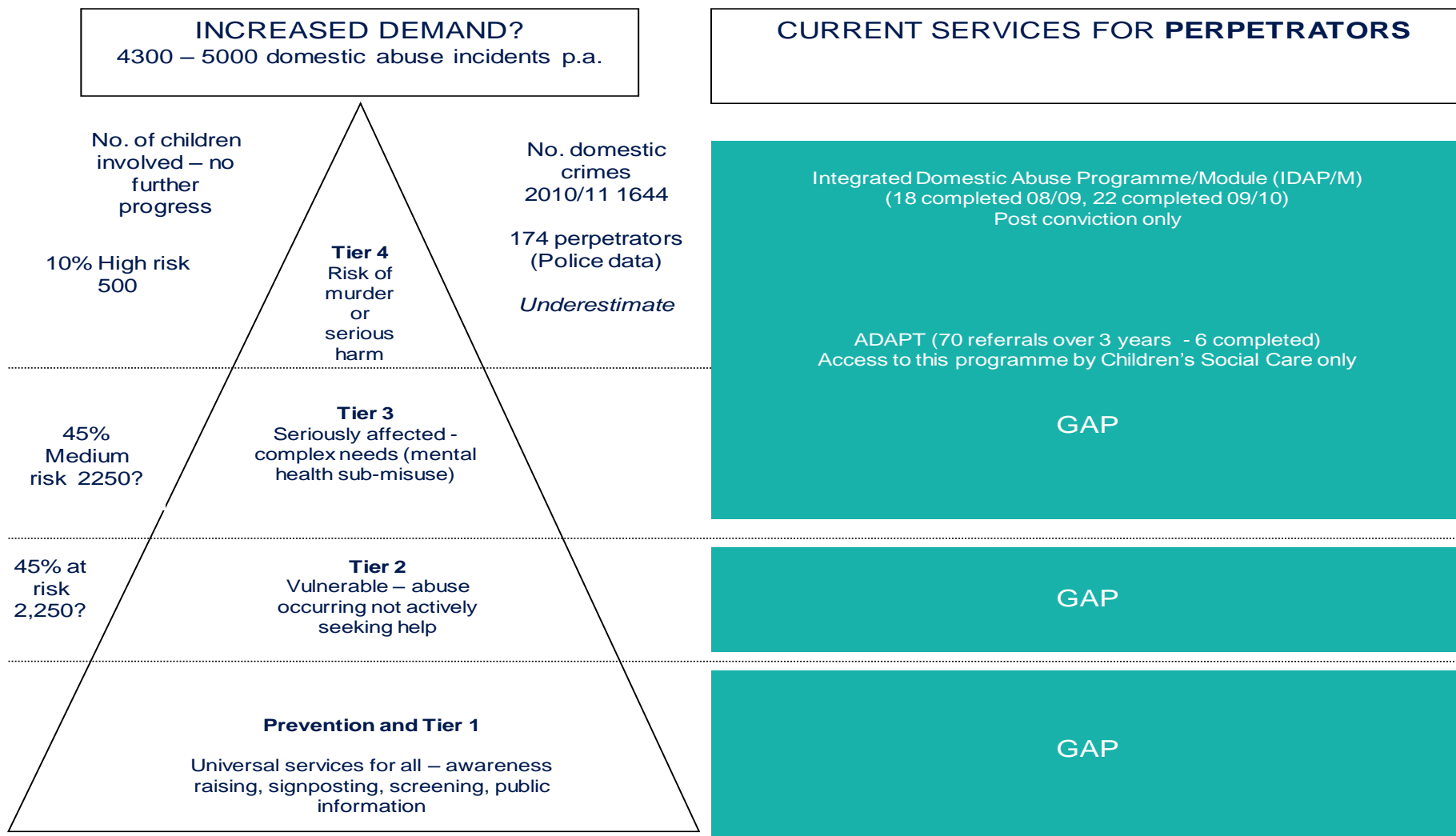
DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

Figure 2



DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

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 →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.

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- 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 ³²posts 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). They 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 co-ordinator.
- **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), £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).

³² Independent Domestic Violence Advocate

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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 £13,000³³ 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 2009³⁴ 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*³⁵ worked out the average cost of supporting a high risk victim of domestic abuse to be £20,000³⁶ 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%³⁷.

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.

³³ Walby 2008 <http://www.homeoffice.gov.uk/publications/crime/DHR-EIA?view=Binary> 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).

³⁴ <http://www.henrysmithcharity.org.uk/documents/SafetyInNumbers4keyfindingsNov09.pdf>

³⁵ http://www.caada.org.uk/research/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf

³⁶ 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.

³⁷ The rate of repeat victimisation of those subject to the MARAC process is 30%.

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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 – IDAP³⁸, 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 practitioners. 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.

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:

³⁸ Integrated Domestic Abuse Programme/Module

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- 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
- Police – plan to reduce duplication and improve service by centralising referrals.
- 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.
- 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

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- Butterfly Programme³⁹
- 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:

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 re-commissioning of the co-located Family Intervention Project.

³⁹ Group work programme for survivors of domestic abuse

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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.

	<i>Recommendation</i>
A	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	Long term communications strategy 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
B	TIER 2 SERVICES
B1	T2 Training Programme – Learning and Development (PCC) continue to fund annual training programme DV1 (early identification and support), and DV2 (working with families)
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 Victim Support unless client opts out. Approx 800 referrals from Portsmouth 2011 with very low take up of on-going support (9 cases).

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	<i>Recommendation</i>
C	TIER 3 AND 4 SERVICES
C1	Extend Think Family pilot to address domestic abuse (T3)
C	TIER 3 AND 4 SERVICES (cont'd)
C2	<p>Services for children (T2/3/4) including specialist counselling) – retain current Children’s IDVA and provide additional resource to meet current demand.</p> <p>Provides specialist 121 support, group work for children 5-18, Cookie Crew taking referrals from Children’s Centres, Social Care, MARAC, EIP, Schools.</p>
C3	<p>MARAC and IDVA service: 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</p>
C3	<p>Police Domestic Abuse Unit All high risk cases referred to MARAC for IDVA support.</p> <p>New Police structure and processes to be confirmed</p>
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).
C6	<p>Counselling service and group work for survivors (T1-4) – specialist domestic abuse counselling as part of PCC’s existing services (currently being re-commissioned).</p> <p>Continue to deliver Butterfly Program in Children’s Centres and refer clients to PCT’s Talking Changes counselling service</p>
C7	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.

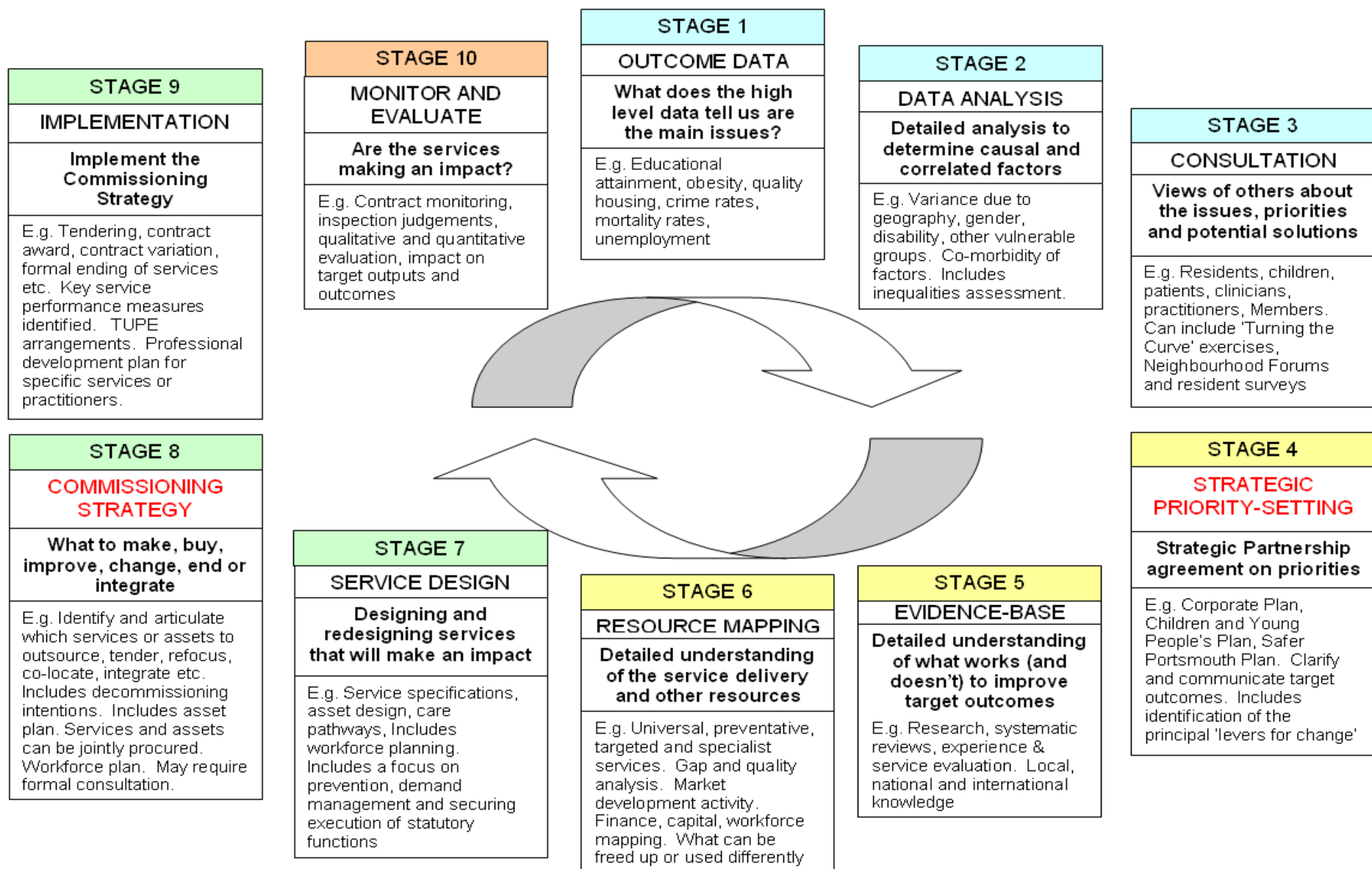
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	<i>Recommendation</i>
C8	IDAP and IDAM Perpetrators programme – as currently provided by Hampshire Probation Trust

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

Appendix 1

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



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 all service delivery, not just specific domestic abuse services

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

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

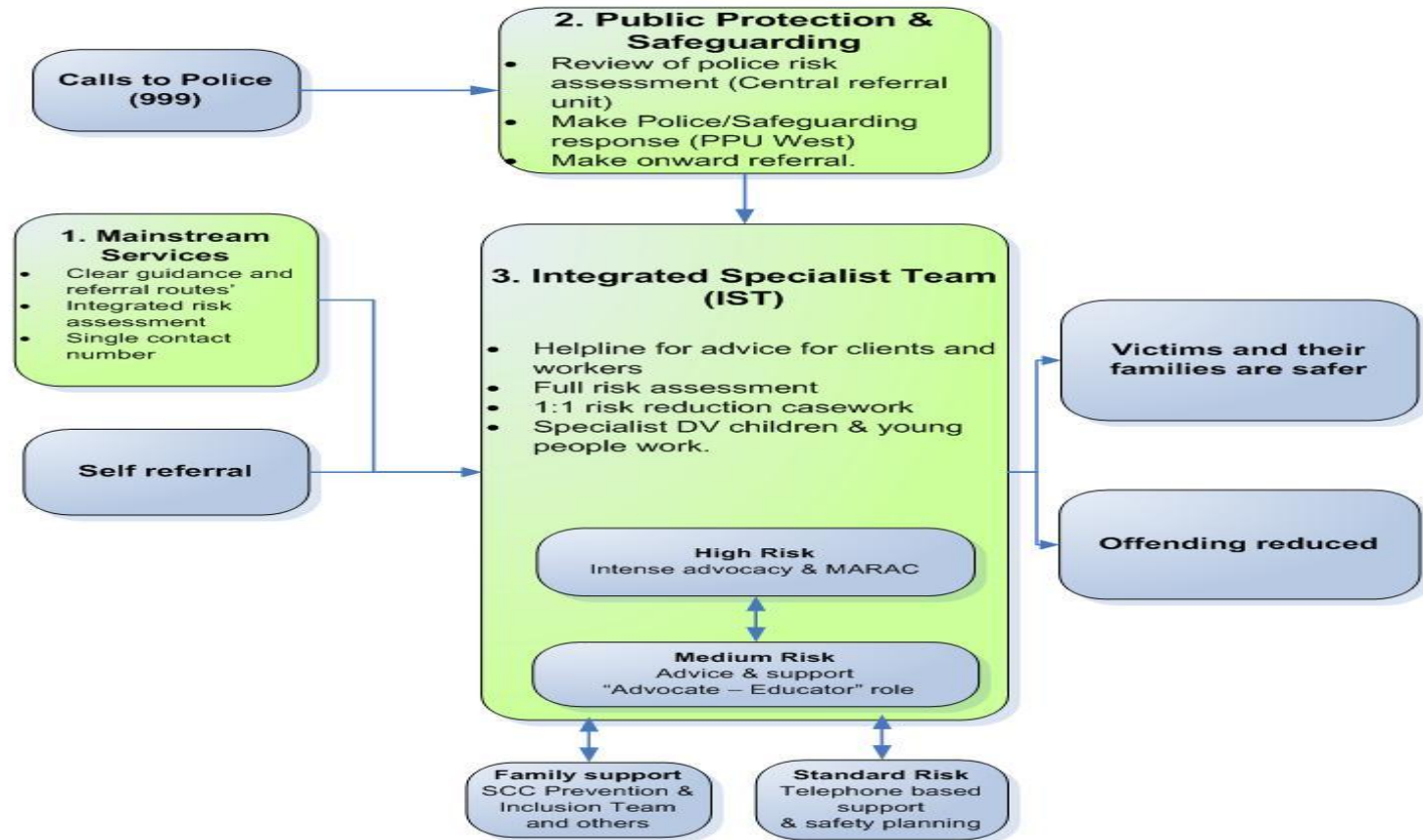
Appendix 4 – Training front line staff (*suggested priority groups for 2011/12)

Help Desk Staff	GPs*	Youth Workers	Looked After Children Staff
Housing Officers and front desk staff	PCSOs?	Adult Social Care staff	Tenancy support workers
Midwives*	Community Wardens	Teachers	Voluntary sector services (which?)
Health Visitors*	Children’s Social Care*	Children’s Centre staff	Hampshire Family Mediation

DOMESTIC ABUSE COMMISSIONING STRATEGY FOR PORTSMOUTH

Appendix 5

Southampton Domestic Violence Total Place Model 2011



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

GLOSSARY

BBR	Building Better Relationships.
CAADA	Coordinated Action Against Domestic Abuse.
CCG	Clinical Commissioning Group.
CTB	Children's Trust Board.
CYP IDVA	Children and Young Persons' Independent Domestic Violence Advocate.
DASH	Domestic Abuse, Stalking and Honour Based Violence
DfE	Department for Education.
EIP	Early Intervention Project.
FNP	Family Nurse Practitioner.
HV&YP Manager	The Hidden Violence & Young People Manager.
IDAM	Individual Domestic Abuse Module.
IDAP	Integrated Domestic Abuse Programme.
IDVA	Independent Domestic Violence Advocate.
IRIS	Identification & Referral to Improve Safety.
ISVA	Independent Sexual Violence Advocate.
LGBT	Lesbian, Gay, Bisexual and Transgendered.
LSCB	Local Safeguarding Children's Boards.
MARAC	Multi-Agency Risk Assessment Conference.
MESC	Monitoring, Evaluation Scrutiny Committee.
PARCS	Portsmouth Abuse and Rape Counselling Service.
PCC	Portsmouth City Council.

PCSB	Portsmouth Children's Safeguarding Board.
PHT	Portsmouth Hospitals' NHS Trust.
PSHE	Personal, Social and Health Education.
SDAS	Southern Domestic Abuse Service.
SPP	Safer Portsmouth Partnership.
The Safeguarding Inspector	The Safeguarding Inspector, Eastern Area Havant Police Station.