Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	29th January 2014
TITLE:	Health and Wellbeing Consequences of Domestic Abuse- a multi-agency conversation
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

1.1 This report provides an update on the work of IVASP (the Interpersonal Violence and Abuse Strategic Partnership) to improve services for victims and to reduce domestic violence and abuse in the context of our membership of the national Public Service Transformation Network. It is designed, alongside the feedback from Health and Wellbeing Network, to act as a starting point for a multi-agency conversation to draw on local strengths and transform partnership working on this issue.

2 RECOMMENDATION

The Board is asked to:

2.1 Reaffirm the cross-partner importance of addressing domestic violence and abuse as priorities of the Health and Wellbeing Board and the Community Safety Partnership

2.2 Consider its response to the key issues and questions set out in Paragraph 5.10, particularly the need to focus on early intervention

2.3 Consider how to further strengthen the referral mechanisms relating to domestic violence and health services, in particular the IRIS scheme

2.4 Discuss the potential to transform services for service users by linking with emerging thinking relating to Multi-Agency Safeguarding Hub, data-sharing and Integrated Victims Strategy

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 There are no direct implications arising from this report. There are a number of potential schemes which might be considered to improve this outcome. For example, implementation of the “IRIS” programme is costed at £60,000 per area in Year 1 with £43,000 in subsequent years. The total annual economic cost to services of domestic and sexual violence experienced by women in our area is

estimated at over £17 million. The greatest cost is to health services, making up 22% of the total cost (£3.7 million).

3.2 Development of the Business Case relating new ways of working such as the IRIS programme is underway as part of our work as members of the Public Service Transformation Network.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The report's content underpins a number of key Council strategic objectives and responsibilities including Safeguarding for both Children and Adults and Connecting Families.

5 THE REPORT

5.1 The Joint Health and Wellbeing Strategy contains the priority to "Reduce the health and wellbeing consequences of domestic abuse". It sets out the Health and Wellbeing Board's commitment to tackle domestic abuse in the following terms:

Domestic abuse represents a significant proportion of crime within Bath and North East Somerset. The health and wellbeing consequences of domestic abuse are wide-reaching and well acknowledged and include physical harm and disability, depression, low self-esteem, drug and alcohol abuse, child abuse, poverty, social exclusion and homelessness. It can have both immediate and long-term consequences for the victim, and can also have wider impacts on family, friends and the wider community.

Health services are often the first point of contact for people who have experienced domestic abuse. They can play an important role in preventing violence by intervening early, providing treatment and referring victims on to other services. The Health and Wellbeing Board will work with health, social care and police to promote early, swift and prompt intervention to make sure victims of domestic abuse get the care and support they deserve.

5.2 Bath and North East Somerset's Interpersonal Violence and Abuse Strategic Partnership's (IVASP) "Profile", linked to the JSNA, highlights that:

- It is estimated that 5,936 women aged between 16-59 in B&NES were victims of domestic abuse in the past year
- 79% of all recorded perpetrators of domestic abuse crimes in B&NES were male.
- Women who suffer from ill-health and disability in Bath and North East Somerset are almost twice as likely to experience domestic abuse as those who do not.
- Abused women are at least three times more likely to experience depression or anxiety disorders than other women.
- On average there were 70 domestic abuse crimes a month in 2012: Between the 2nd quarter in 2009-10 and the 1st quarter in 2012-13, Southside Family Project received 1,118 domestic abuse referrals
- According to Police recorded crime, 16-21 year-olds are the second highest cohort for both victimisation and offending
- There were 1122 notifications of domestic abuse incidents to Children's Social Care in the financial year 2012

5.3 IVASP's approach to tackling domestic abuse is based upon the Government's national strategy to address Violence Against Women and Children (VAWC) and

is structured around the priority issues of Prevention, Provision and Protection, as follows:

- **Prevention**: To change attitudes and prevent violence by raising awareness through campaigns; safeguarding and educating children and young people (a recent national study called for a new approach to prevent teenagers becoming involved in domestic abuse); early identification, intervention and training.
- **Provision**: To improve provision and specialist support services which are essential in enabling people to end violence in their lives and recover from the damaging effects of abuse, by providing a range of services to meet the needs of survivors; practical and emotional support, emergency and acute services; access to legal advice and support, refuge and safe accommodation.
- **Protection**: To provide an effective criminal justice system, through effective investigation. Prosecution, victim support and protection and perpetrator interventions.

5.4 Multi-Agency Risk Assessment Conferences (MARAC) take place on a monthly basis and information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at MARAC, and ensuring that whenever possible the voice of the victim is represented by the Independent Domestic Violence Advisor (IDVA- see below), a risk focused, co-ordinated safety plan can be drawn up to support the victim. Police, Council and the CCG have also recently jointly commissioned a project which aims to ensure that all key agencies in B&NES have an effective system to identify victims of high risk domestic abuse as well as a speedy, efficient and well understood process to refer those victims to the MARAC. Other key local services include:

- The Council's Supporting People & Communities Team commission 10 refuge units (8 of which are provided by Next Link, and 2 of which are provided by Julian House) as well as 12 units of floating support for women and children fleeing domestic abuse.

- The Independent Domestic Violence Advisor service, provided by Southside Family Project ensures that all referred victims are assessed on referral and at key stages. Their family support services complement and enhance their work to address domestic violence and funding is sought from a number of charitable sources, with part of the funding for IDVAs in 2013/14 provided from the Police and Crime Commissioner's Community Safety Fund..

- The SEEDS (Survivors Empowering and Educating Domestic Abuse Services) group of female survivors, supported by Julian House. Julian House and DHI lead on the Freedom Programme, a 12-week rolling programme open to any woman who wishes to learn more about the reality of domestic violence and abuse.

5.5 These services are complemented by IVASP's Action Plan which is designed to strengthen joint working, including:

- **Staff training**- Southside Family Project and CURO have pioneered training for frontline staff who work in or visit homes to recognise the signs of domestic abuse and how to raise concerns. Sirona Care and Health have also held a domestic abuse workshop for all staff.

- **Common risk assessment** - all IVASP partners use the Co-ordinated Action Against Domestic Abuse (CAADA) tool for this. CAADA also reviews the effectiveness of our MARAC and our MARAC Action Plan includes recommendations arising from the Serious Case Review 2013.

5.6 There are therefore many strengths relating to our work on domestic violence and abuse, particularly relating to the management of high risk cases. For example, when a victim of domestic abuse meets the criteria of a (vulnerable) adult at risk in accordance with social care legislation, the safeguarding adults' procedure is also implemented to ensure the victim is supported and protective measures are put in place. At a strategic level the Local Safeguarding Adults Board works closely with the Community Safety Partnership and IVASP and at an operational level social care services work closely with both the MARAC process and the safeguarding procedure.

5.7 However, the scope of this issue clearly extends beyond public protection agencies and affects not only the victim or survivors but often their children and other family members which can create significant vulnerability. This in turn creates demand on health services, housing providers, children's services, education, drugs and alcohol provision.

5.8 Our membership of the national Public Service Transformation Network (PSTN) provides an opportunity for partners to identify a "whole system" approach to further improve and join-up services as well as invest "upstream" in prevention and early intervention in order to reduce harm. The PSTN encourages the building of cross-partner Business Cases to "co-design" services, with a particular focus on early intervention.

5.9 IVASP recently heard how Cheshire West and Cheshire Council developed its Business Case for changing the way it delivers domestic violence services, with a new focus on prevention and the creation of a multi-agency single point of contact and three multi-agency case management teams based in localities. Cheshire West and Chester are also beginning to implement the IRIS programme, a general practice-based domestic violence and abuse training, support and referral programme that has been evaluated in a randomised controlled trial. In total, IRIS will shortly be running in 13 areas of England and more information about the scheme is set out below.

5.10 A summary of the key questions identified by IVASP arising for our area and for the Board is set out below:

How do we address "low" and "medium" risk needs? As highlighted above, work at "high" risk levels is strong but IVASP has highlighted the need for earlier intervention to address the needs of low and medium risk victims. Barnardos report that on average women contact 11 agencies before they receive the help they need. Domestic abuse often escalates from threats and verbal abuse to violence. Survivors overwhelmingly comment that in the early stages they had not recognised they were experiencing abuse and even where they did, for a variety of reasons, they did not seek help.

How do we improve referrals? Of the 697 cases referred to MARAC from 2009 to 2012, 70% were made by the police. The health professionals that are most likely to come into contact with those experiencing domestic abuse, especially "lower" level abuse, are GPs. Reflecting national trends, in 2010-2011, however, only around 15%

of women who suffer domestic abuse had any reference to this fact in their primary care medical record. Studies have indicated that people would most like to receive support from their doctors rather than any other professional.

IRIS" stands for Identification and Referral to Improve Safety and is a general practice-based domestic violence and abuse training support and referral programme that has been evaluated in a randomised controlled trial. It is a collaboration between primary care and third sector organisations specialising in domestic violence and abuse. The programme involves training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. An advocate educator is linked to general practices and based in a local specialist domestic violence and abuse service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices. The adoption of IRIS, perhaps on a pilot basis, would represent an "early win" and strengthen links between agencies. Further information on IRIS can be found here "*I'm now convinced that violence against women and children is a major public health problem with long term consequences for women and their families. As an experienced GP, the whole project has been nothing short of transformational"*- GP, IRIS trained practice

How do we tackle repeat offenders and perpetrators? There were 697 multi-agency risk assessment cases (MARAC) between 2009-12 in Bath and North East Somerset, of which 24% were repeats. We know that over time the likelihood is the victim will suffer increasingly serious attacks and that the emotional abuse or violence will in all probability escalate. Avon and Somerset Probation Trust runs the Integrated Domestic Abuse Programme (IDAP) as part of their work with perpetrators. Evidence from the Cheshire West and Cheshire Business Case highlights the effectiveness of a strong focus on perpetrators.

How do we link with other projects and initiatives? Bath and North East Somerset Local Safeguarding Adults Board is currently scoping the opportunities and benefits for developing a Multi-Agency Safeguarding Hub; this is at the early stages and the Board have agreed that improved intelligence sharing is needed across agencies to try and prevent abuse occurring.

In anticipation of responsibility for commissioning local victim services passing to PCCs, work with criminal justice agencies and community service providers to develop a 'whole system' approach to victim care is underway and a Draft Integrated Victims Strategy has been produced.

6 RATIONALE

6.1 The rationale for putting forward the recommendations is that they contribute to delivery of a priority of the Board. Further reports will also be made as part of the Board's performance reporting system.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

8.1 Consultation on this report has taken place with members of the Interpersonal Violence and Strategic Abuse Partnership, the Chair of the Health and Wellbeing Board and with the Strategic Director, Chief Financial officer and Monitoring Officer

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Lores Savine, Community Safety Officer (01225 396420) Lores_Savine@Bathnes.gov.uk Andy Thomas, Group Manager, Partnership Delivery (01225 394322) Andy_Thomas@bathnes.gov.uk
Background papers	IRIS Website B&NES JSNA – Domestic Abuse webpage
Please contact the report author if you need to access this report in an alternative format	