



Prevention Strategy Business Case

Proposal: Family Support (DA)

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Context

The Council agreed a set of budget principles as part of the Sustainable Swansea: Fit for the Future Programme working with our communities to look at how we can change what we do to address our budget pressures and ensure we are doing the right things to have a positive impact on all our citizens.

Prevention is one of the four strands identified to address the scale of the financial, demographic and sustainability challenges facing the Council moving forward.

The Prevention Strategy has been developed as a result of the Prevention Strand and seeks to manage demand on our services by intervening early.

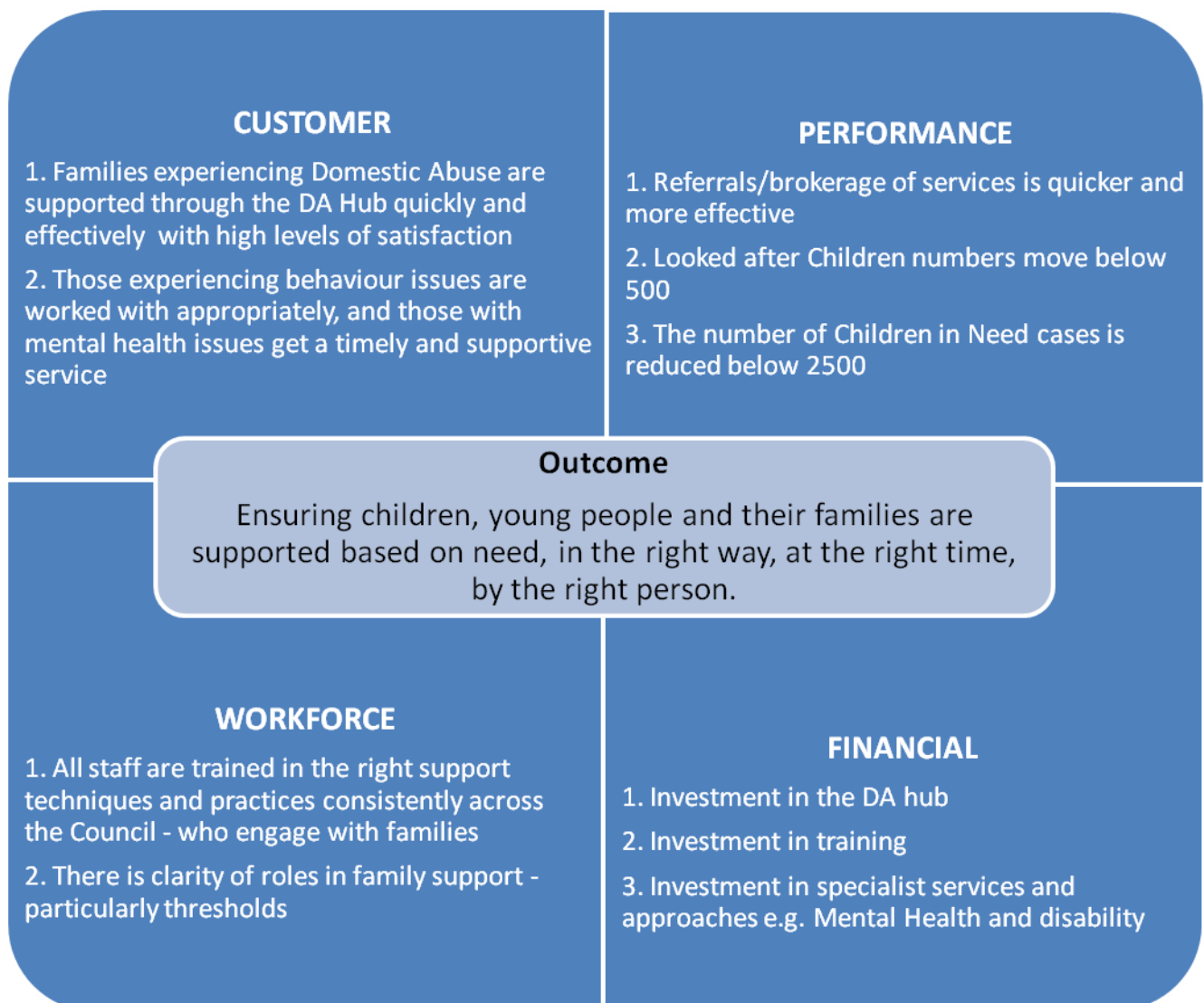
This Business Case is one of a number of key priority areas selected to test and embed a preventative approach using the optimum operating model. The preventative approach outlined in each business case aligns with our Corporate Priorities, encompasses our planned commissioning reviews and feeds into partnership plans and priorities of the Public Service Board.



Overview

For children, young people and their families to feel safe and not afraid now and in the future through being supported by the right person at the right time to get the help they need for them and their family.

The diagram below demonstrates the impact on customers, performance, our workforce and finances. Each quadrant outlines the change we will see as a result of this business case being implemented.



Rationale



Addressing the prevalence and impact of domestic violence is a challenge identified within the One Swansea Plan relevant to ensuring Children have the Best start in Life. This integrated delivery model is consistent with the requirements of the SS and Wellbeing Act 2014.

The proposal is to build on the success and development of the multi-agency domestic abuse hub which promotes a partnership approach to managing incidents of DV where children are living within the household. The hub's focus will be:

- Early intervention and prevention
- Early identification and understanding of risk
- Victim & perpetrator identification and intervention
- Harm identification and reduction
- Consultation and training

Until the setup of the Domestic Abuse Hub there was a fragmented response to managing incidents of DV and in service delivery/intervention within Swansea. The multi-agency DV hub provides a single point of contact for all professionals working within Swansea, and a triage service for all Police referrals of domestic violence, (via PPN's), to identify the risk, needs and vulnerabilities of each member of the family. This has created an opportunity for early identification, by providing information, advice and guidance to professionals working with children and families, proactive early intervention, ensuring the right children, parents and carer's receive the right support at the right time, including where needed referral to the MARAC (Multi agency risk assessment conference). Long arm support is available to professionals within universal services and at level 2 and 3, on the continuum of need, when necessary, and champions in specific agencies will be identified to build skill within their agency.

A large proportion of PPN's involve reports of low level relationship issues e.g. a woman will tell the visiting Police Officer – 'he hasn't touched me, he's just come home drunk and he's getting on my nerves.' This would perhaps require early intervention healthy relationship work, and an exploration of the very common aggravating factor of alcohol use.

Staff provide information, advice and guidance directly to members of the public. This requires building on the strong links with the One Stop Shop both in identification, response, and streamlining direct service delivery.

The Hub provides support, information, guidance, consultation and training, to staff across the continuum of need to build confidence and skill in their interactions with children and families around issues of DV, therefore fulfilling a workforce development function; at all times promoting a TAF and lead professional response.

The Ray Project provide specific support to schools and young people via the Equilibrium programme, promoting healthy adolescent relationships, and address the issue and impact of sexting. The Domestic Abuse Hub supports this work, delivering one to one interventions specifically to male adolescents and adult perpetrator.

Staff provide a direct support service i.e. 1:1 and group work, working with the whole family, perpetrators, victims and children/young people. Research informs that a prompt response and service offer is particularly required where domestic violence is a feature in family life and this function enables the relevant families to be prioritised. The level of intervention and support delivered is dependent on need, but available across the continuum, with all team members involved in this aspect of the work within the Hub.



Currently work is ongoing to further develop a solution focused models/programmes of intervention. The intention is to seek accreditation via Respect and market the model.

a) The current Hub as it stands comprises

Team Manager funded from Prevention Budget
Senior SW Practitioner funded from C&F
Young People's IDVA funded from Prevention Budget
Social worker funded from Prevention Fund
Family Support Worker x 2.5 funded by Child & Family Service
Team Clerical Officer funded by Child & Family Service
R-A-Y post x2 funded by Families First Fund

Additional resources from October 2016 will include:
Health Visitor * co-funded by C&F and ABMU

Further development of the multi-disciplinary aspect of the team will include:
(Subject to agreed secondments)
Education Welfare Officer
Substance Misuse Worker
Community Psychiatric Nurse/Mental Health SW

The multi- agency aspect of the team will bring added value in terms of professional knowledge, skills and expertise, in relationship building with colleagues within their own area of practice, and within the consultative function of the team.

The plan going forward, following the initial phase, is to integrate the arrangements for adults without children, but this will require further research and planning and preliminary discussions have taken place.

A project management approach will be required, delivered through a multi - agency project board.

b)

- Improve the well-being and safety of children and young people in Swansea, reduce the impact of domestic violence and promote healthy non abusive parental and adolescent relationships.
- Support South Wales Police to consider their role in early intervention and their current response to domestic violence.
- Develop a solution focused intervention model for domestic violence which is accredited and marketed.
- Develop a commissioning strategy for the delivery of support services, including how an integrated, cross sector approach can be developed to reduce domestic violence and substance misuse.

c) Objectives

- To reduce the level of domestic violence within families in Swansea
- To reduce the impact of domestic violence on children within Swansea and promote their safety, emotional and psychological wellbeing and educational attainment.



- To improve the psychological wellbeing of victims of domestic violence and reduce perpetrator recidivism
- To promote healthy relationships both with adults, children and young people and within families.
- Children and victims voice and experience will be heard and used to develop and commission services.

d) Please provide justification for why the proposal is needed – is there a current gap?

Co-locating agencies will prevent duplication, enable information sharing, early identification and intervention and ensure the right support at the right time by the right service. The proposal is compatible with the recommendations of the CAADA report to the Police and Crime Commissioner of South Wales (2014) that;

- children and Families will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area so that both risk and needs can be met;
- they will receive a service that is empowering and responsive with their personal situation;
- the response to victim, child, and perpetrator will be coordinated whether they are adults, children or young people and
- their experience will be captured systematically and used to inform future service development
- Opportunities to intervene early will be maximized by
- creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths;
- consistent data will provide the opportunity to learn and develop provision;
- being part of a resilient team with the full breadth of expertise required to meet the needs of all clients;
- clear referral pathways;
- supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse
- an ability to identify those at risk earlier through early intervention
- an ability to help more potential victims, and ultimately reduce the incidences of Domestic Abuse

Evidence Base

- SSWB Act emphasises the importance of local authorities having a coherent approach to preventative work within our communities and it defines what these services are expected to achieve:
- Helping families stay together safely
- A key focus for all services and begins with early identification of need and effective early intervention.
- The fundamental principles of the Act are:
- Voice and control – putting the individual and their needs, at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being.
- Prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need.



- Well-being – supporting people to achieve their own well-being and measuring the success of care and support.
- Co-production – encouraging individuals to become more involved in the design and delivery of services

“Swansea’s vision for the delivery of Family Support Services across the Continuum of Need is that through early identification of need and early intervention, targeted services working with a whole family approach will empower families to problem solve, build resilience and sustain change. The services will be delivered through collaborative multi-service and multi-agency working, supported by co-location and shared ICT systems, in a proactive, timely way to prevent escalation of need and to de-escalate existing need.”

Since the Hub became operational in Feb 2016 statistics between this date and end of April 2016 evidences that we have managed:

- **816** Public protection notifications which would have previously been dealt with via the front door IAA team, Therefore increasing their capacity to manage other preventative contacts.
- **131** referrals directly received from lead professionals into our Equilibrium healthy relationships group.
- **84** of the above referrals were from child and family services and 47 originated from poverty and prevention services
- **153** children and young people and their families have received Information, Advice and or Assistance.
- **118** receiving information and advice
- **35** have received assistance to understand the issues and develop options and solutions – previously these would have escalated to a support and care planning team for them to undertake a single assessment.

In Plain Sight – Effective help for children exposed to DA. CAADA’s 2nd National Policy report Feb 2014

The report highlighted that children are suffering multiple physical and mental health consequences as a result of exposure to domestic abuse. Only half of these children were previously known to Children’s social care, but 80% were known to at least one public agency

Specialist children’s services are vital in reducing the impact of DA.. Following contact with services children’s safety and health outcomes significantly improved across all key indicators. These kinds of specialist children’s services have a particularly effective role in **Early Intervention and early help to combat the impact of DA.**

In addition to significant improvements in Health, safety wellbeing and achievement abusive behaviour in children exposed to DA dropped from 25% to 7% following support from the service.

An ‘Evaluation of the Effectiveness of an Intervention for Children Exposed to Domestic Violence: A Preliminary Program Evaluation’ by Jacquelyn Lee, Stacey Kolomer, and Donna



Thomsen, 2012,

This preliminary program evaluated a 10-session group intervention, designed to address the needs of children exposed to domestic violence. The program was developed to promote five primary outcomes: (a) alleviation of guilt/shame, (b) improvement of self-esteem, (c) establishment of trust/teamwork skills, (d) enhancement of personal safety and assertiveness skills, and (e) abuse prevention. Findings indicate that the program offers a promising framework for intervention with children exposed to domestic violence. Findings both highlight the need for accessible, appropriate measures and reinforce the need for the intervention planning phase to include careful consideration of clear intervention goals, evaluation instrumentation, participant selection, and strategies to solicit participation, sustain membership, and secure posttest data.

The Hub will be co-delivering programs as described above.

DVPPs (Domestic Violence Perpetrator Programmes)

When well run and integrated into a coordinated community response, have an impact on men's violence and women's safety (Gondolf, 2003).

The Hub is currently delivering group and 1:1 perpetrator programmes and this will be developed and expanded going forward.

Kafka Brigade UK – reflections and learning points from domestic violence projects in Wales 2009-10, commissioned by WG and Home office.

Recommended

- A single portal for referrals – but highlighted dynamics of service were more important than structure
- Front line awareness training improved service response (but needed regular reinforcement).
- Management of services for domestic violence required a high level of co-ordination.
- Front line staff in key areas need to understand responding to suspected domestic violence is part of their job e.g. GP's, Schools, A&E.
- Women and children do disclose to other services but often this did not trigger a rounded service response. Front line staff require confidence in how to handle domestic violence issues and know what to do to prevent missed opportunities for early intervention.
- There is little support for children affected by domestic violence. Lighter touch options need to be available other than counselling/therapy. Opportunities here to use SOS tools e.g. three houses.

Making the Connection: developing integrated approaches to domestic violence and substance misuse. Drugscope/LDAN 2013

- CASA Family Service, Islington using the CFFI – Child Focused Family Intervention Model.

Defining Outcomes

The Principles we have defined are as follows:

- ▶ Process is service user led and they set the nominal value.



- ▶ Only do value work
- ▶ Work flows are 100% 'clean'
- ▶ Single piece flow
- ▶ Pull not push
- ▶ Best resources at the front end
- ▶ Do it right first time
- ▶ Look at peoples strengths and assets as part of the solution/options
- ▶ Record and communicate in a way that meets the service users nominal value
- ▶ We only measure against purpose and what matters to the service user

The measures we have defined are as follows:

- ▶ The point at which the family feel safe
- ▶ The point at which the family feel their needs have been met
- ▶ How many times the identified need is met within the DA hub
- ▶ How many times we pull in expertise
- ▶ The point at which professionals feel the families needs have been met
- ▶ Time between receipt of PPN and first contact
- ▶ Time between incident and family feeling safe
- ▶ Repeat PPN's and whether they are positive or negative

Cost Benefit Analysis

Research on the Hull DVPP (Perfect Moment, 2010) showed a significant return on investment. For every individual man who received the intervention the estimated saving to the public purse was:

- £63,937 per man;
- £35,058 per partner/ex-partner (in practice here, per woman)
- £1,172 per child.
-

This was calculated using the Home office ready reckoner for costs of domestic violence and impact evaluation of the reductions in police call outs and other police interventions for men who attended this programme.

Overall, this means that for every £1 invested in a DVPP, the return is:

- £2.24 in reduced criminality (excluding set-up costs)
- £2.57 in net savings to the Health Service
- £10 in savings to all public agencies
- £14 in total savings when Human & Emotional costs are included (including all set-up costs)

Women and Equality Unit – The Cost of Domestic violence (Walby 2004) – methodology based on Home office Framework

The total cost of domestic violence to the state (10 years ago) was £23 Billion. Broken down the costs to the Criminal Justice system were £1B, Health £1.2B (add an additional £176M specifically for mental health care), Social Services £.25B, Economic output £2.7B. The additional element of human and emotional cost adds another £17B.

The cost of each domestic homicide is £1m

Building a better future – the lifetime costs of childhood behavioural problems and the



benefits of early intervention – Centre for Mental Health (Parsonage, Khan, Saunders, 2014)

The link between children’s exposure to domestic violence and onset of behavioural problems is well researched (see CAADA above). Severe and persistent behavioural problems in young children are associated with a wide range of adverse outcomes, not only in childhood but throughout the life course and even extending into succeeding generations. Many different domains of life may be affected – mental and physical health, education and employment, homelessness, relationships and parenthood.

About 5% of children aged 5-10yrs have conduct disorders and a further 15-20% display behavioural problems. The societal lifetime costs of severe behavioural problems amounts to £260,000 per case. The costs of moderate problems amount to £85,000 per case. These costs are in the main born by Education, Health and social Services.

Costs and benefits of intervention (as delivered and co-ordinated by the Hub). All studies underestimate the aggregate returns from early intervention. Even allowing for these limitations, the available evidence indicates that early intervention is very good value for money. Every £1 invested yields measurable benefits to society of at least £3.

Looked after children

Approximately 65% of all LAC (Looked after Children) have experienced domestic violence as a significant feature in their lives. As an Authority costs incurred for a child needing Looked after Care in a residential setting ranges from **£156,000 to £260,000 per child per year.**

Investment Requirements and Costs

The annual resource requirements and costs associated with the proposal are outlined below

Costs	Annual Revenue £	Total Capital £
Employee Costs (incl oncosts)	208,000	N/A
External Services/Third Party (training providers etc)	10,000	N/A
Other (misc. expenses)	2,000	N/A
Total	220,000	

Timescales

If funding was proposal was agreed, full implementation would take place in April 2017

Risks and Issues

If funding is not available alternative models of delivery would need to be sought, this would feed into the Family Support Commissioning Review. There is a risk that a slimmed down service would be provided.



Conclusions and Recommendations

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Case Study

- Mother – 38 years
- Father – 40 years
- Male child – 10 years
- Female child – 8 years
- Male child – 18 months
- Family not previously known on PARIS

PPN in relation to mother reporting an incident with her partner which occurred while their three children were present. Partner slapped mother in the face when holding their one year old child. Mother reports that her partner is very controlling of her and watches all her moves. She is not allowed to have friends and visit her family. This has not been the first time an incident has happened however this is the first time she has reported one. Partner was arrested however mother is afraid that when he is told she has made a complaint against him and wants to end their relationship she will experience further violence with her children present.

Case was assessed as high risk and referred to MARAC, therefore an Independent Domestic Violence Advocate was allocated to support mother as a victim.

A home visit was undertaken by DA Hub lead worker and IDVA so that mother would only have to tell her story once, to complete family record and for IDVA to formulate victim safety plan including increased safety measures and change of locks. At this visit mother scored her safety (from further incidents of domestic abuse) at a 2.



At the first meeting mother's worries identified in relation finances, tenancy and child contact. Father was employed whilst mother cared for the children and all financial matters were dealt with by him. Mother very keen to pursue the complaint criminally and the IDVA was able to reassure her in relation to the court process and special measures.

DA Hub lead worker undertook direct work with the children who reported being afraid of their father because of the way they saw him hurting their mother. The two oldest children expressed that they did not wish to see their father until they felt reassured.

DA Hub lead worker mediated between parents in relation to the immediate issues of payment of rent, transfer of tenancy and child contact which prevented the requirement for any contact between them and possible escalation of incidents.

Outcome of direct work with the children was shared which enabled father to consider the impact of his behaviour on the children and act in accordance with their wishes and feelings regarding contact.

Representation was also made at mother's request to Thomas Cook Travel Agent as parents had booked their wedding in Cyprus for which they had paid a deposit. Thomas Cook had initially refused to refund this to mother but when the circumstances were explained by the DA Hub lead worker they agreed to refund the monies.

Support provided to mother to make an application to the Local Authority for housing and completion of forms to access appropriate benefits for her and the children.

Housing application prioritised due to mother's status as a high risk victim of domestic abuse and supporting letter's provided to expedite the benefit claim. Mother and the children moved to an alternative address where she was in receipt of her full entitlement to benefits. Mother scored her and the children's safety (from further incidents of domestic abuse) at a 6.

IDVA assisted mother to request special measures in order to attend court and attended with her on the day to provide support.

Unfortunately father entered a not guilty plea and was not convicted of the assault in court which had a significant impact on mother. She was distraught and required a lot of emotional support which the DA Hub lead worker was able to provide.

Over the following weeks mediation in relation to child contact continued and this progressed to contact between the children and their father being supervised by a family member and eventually, when they felt ready to unsupervised in the community.

Mother was linked in with the Equilibrium Women's group however she found group work difficult and was therefore introduced to the DAISE project run by Swansea Women's Aid who were able to provide one to one support.

The case was closed when mother scored her and the children's safety (from further incidents of domestic abuse) at a 9 and agreed that all identified needs had been met.