

**4. Tackling Domestic Abuse and Sexual Exploitation**

<b>Proposal Title: Tackling Domestic Abuse and Sexual Exploitation in Swansea</b>	
<b>Name of lead officer:</b>	Julie Thomas

<p><b>a) Description of the proposal (max 250 words)</b></p>	<p>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.</p> <p>The proposal is to establish a multi-agency domestic violence hub which promotes a partnership approach to managing incidents of DV where children are living within the household. The hub's focus will be:</p> <ul style="list-style-type: none"> <li>• Early intervention and prevention</li> <li>• Early identification and understanding of risk</li> <li>• Victim identification and intervention</li> <li>• Harm identification and reduction</li> <li>• Consultation and training</li> </ul> <p>Currently there is a fragmented response to managing incidents of DV and in service delivery/intervention within Swansea. The multi-agency DV hub will provide a single portal 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 will create 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 will be 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.</p> <p>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.</p> <p>Staff will provide information, advice and guidance directly to members of the public. This will require building on the strong links with the One Stop Shop both in identification, response, and streamlining direct service delivery.</p> <p>The Hub will provide 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.</p> <p>The Ray Project Co-ordinator will provide specific support to</p>
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schools and young people via the RAY programme, promoting healthy adolescent relationships, and address the issue and impact of sexting. The male worker will support this work, delivering an intervention specifically to male adolescents and adult perpetrator.

Staff will 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 will enable the relevant families to be prioritised. The level of intervention and support delivered will be 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 develop a solution focused models/programmes of intervention. The intention is to seek accreditation via Respect and market the model.

The current Hub as it stands comprises a SSWP, SW and 2.5 FSW funded by C&F Services. This funding will continue for the life of the project.

Additional resource is required from the Prevention Budget

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
Health Visitor	* Health to fund
Education Welfare Officer	* Education to fund
Substance Misuse Worker	* Health to fund
Community Psychiatric Nurse/Mental Health SW	* Adult Services to fund
<b>Early Intervention Team</b>	
<b>Family Partnership Officers x 2</b>	<b>* funded from Prevention &amp; Early Intervention (FF)</b>
<b>RAY project co-ordinator</b>	<b>* funded from Prevention &amp; Early Intervention (FF)</b>

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.

A project management approach will be required, delivered through

	a multi - agency project board.
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<b>b) Aim (max 75 words)</b>	<ul style="list-style-type: none"><li>• 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.</li><li>• Support South Wales Police to consider their role in early intervention and their current response to domestic violence.</li><li>• Develop a solution focused intervention model for domestic violence which is accredited and marketed.</li><li>• 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.</li></ul>
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<b>c) Objectives (max 150 words)</b>	<ul style="list-style-type: none"><li>• To reduce the level of domestic violence within families in Swansea</li><li>• To reduce the impact of domestic violence on children within Swansea and promote their safety, emotional and psychological wellbeing and educational attainment.</li><li>• To improve the psychological wellbeing of victims of domestic violence and reduce perpetrator recidivism</li><li>• To promote healthy relationships both with adults, children and young people and within families.</li><li>• Children and victims voice and experience will be heard and used to develop and commission services.</li></ul>
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<p><b>d) Please provide justification for why the proposal is needed – is there a current gap?</b> <b>(max 250 words)</b></p>	<p>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;</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• they will receive a service that is empowering and responsive with their personal situation;</li> <li>• the response to victim, child, and perpetrator will be co-ordinated whether they are adults, children or young people and</li> <li>• their experience will be captured systematically and used to inform future service development.</li> </ul> <p>Opportunities to intervene early will be maximised by</p> <ul style="list-style-type: none"> <li>• creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths;</li> <li>• consistent data will provide the opportunity to learn and develop provision;</li> <li>• being part of a resilient team with the full breadth of expertise required to meet the needs of all clients;</li> <li>• clear referral pathways;</li> <li>• supportive training and ‘lead professional’ role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse</li> <li>• an ability to identify those at risk earlier through early intervention</li> <li>• an ability to help more potential victims, and ultimately reduce the incidences of Domestic Abuse.</li> </ul>
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<p><b>e) What will success look like?</b></p>	<p>Success would include the following:</p> <ul style="list-style-type: none"> <li>• Initial referrals may rise due to increased confidence in reporting however there would be a decrease in re-referrals. (the re-referral and recidivism rate is a key indicator)</li> <li>• Individuals would become self-assertive and understand healthy relationships, resulting in improved family and community relationships and resilience</li> <li>• Adolescents displaying healthy behaviours towards each other and reducing the associated issues resulting from sexting</li> <li>• A reduction in young people using abuse and/or violence in close relationships</li> <li>• There will be a reduction in other factors that are linked with domestic abuse, such as self-harm, suicide, substance misuse, debt issues, mental illness and homelessness;</li> <li>• A co-ordinated response with less duplication and ad hoc working;</li> <li>• Reduced social costs and financial costs to organisations such as the LA, NHS and criminal justice system.</li> <li>• Less school absence and improved aspiration/ achievement/ attainment;</li> <li>• Improved readiness for school, including fewer children displaying speech and language delay.</li> <li>• Improved behaviour by children and young people, both within school and the community and a reduction in children displaying conduct disorder issues.</li> <li>• Savings to be achieved by co-ordinating the response to domestic abuse referrals and in service delivery, incorporating effective links with 3<sup>rd</sup> sector agencies and the DA One-Stop shop</li> <li>• Increase provision for victims and survivors of domestic abuse and develop perpetrator programmes suitable to individual needs</li> <li>• A more robust pathway for the PPN worker to provide links for families requiring support; and families receiving the right support</li> <li>• All schools in Swansea include domestic abuse in policies and work actively with partner agencies, to provide preventative work with children and young people and families;</li> <li>• Reduced re-referral rate to the DV MARAC</li> <li>• A reduction in referrals to C&amp;F Services and a subsequent reduction in the CIN caseload due to concerns about the impact of domestic violence</li> <li>• A reduction in children placed on the child protection register and becoming LAC due to concerns around the impact of domestic violence</li> <li>• Strengthened partnership management of domestic violence services by reframing the work and embedding it in good outcome linked management indicators that are <b>used to manage the service</b></li> <li>• Better information about unmet need and evidence based interventions to inform future commissioning arrangements</li> </ul>
<p><b>f) Who will it benefit?</b></p>	<p>Children, young people, families and vulnerable adults. Community, Schools, Social Services, Health service, Criminal Justice system, Housing</p>

**g) What is the evidence this will work?**

(max 250 words)

**1. In Plain Sight – Effective help for children exposed to DA. CAADA's 2<sup>nd</sup> 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.

**2. 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.**

**3.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.**

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

	<p>Recommended</p> <ul style="list-style-type: none"> <li>• A single portal for referrals – but highlighted dynamics of service were more important than structure</li> <li>• Front line awareness training improved service response ( but needed regular reinforcement).</li> <li>• Management of services for domestic violence required a high level of co-ordination.</li> <li>• 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&amp;E.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>5. Making the Connection: developing integrated approaches to domestic violence and substance misuse. Drugscope/LDAN 2013</b></p> <ul style="list-style-type: none"> <li>• CASA Family Service, Islington using the CFFI – Child Focused Family Intervention Model.</li> </ul>
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<p><b>Outline the potential return on investment for this proposal – how much could be saved and from whom? Including a timeframe (max 250 words)</b></p>	<p>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:</p> <ul style="list-style-type: none"> <li>• £63,937 per man;</li> <li>• £35,058 per partner/ex-partner (in practice here, per woman)</li> <li>• £1,172 per child.</li> <li>•</li> </ul> <p>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.</p> <p>Overall, this means that for every £1 invested in a DVPP, the return is:</p> <ul style="list-style-type: none"> <li>• £2.24 in reduced criminality (excluding set-up costs)</li> <li>• £2.57 in net savings to the Health Service</li> <li>• £10 in savings to all public agencies</li> <li>• £14 in total savings when Human &amp; Emotional costs are included (including all set-up costs)</li> </ul> <p><b>6.Women and Equality Unit – The Cost of Domestic violence (Walby 2004) – methodology based on Home office Framework</b></p>
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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

**7. 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.

**8. 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.**

**Total funding required for this proposal (with on-costs) is: £134,661**

**What resources are needed? – staffing, commissioned work etc. (max 150 words)**

Funding required from Prevention Budget:

Hub made up of;

Team Manager	<i>funded from Prevention Budget</i>	£28,530.00
Senior Practitioner	<i>funded by C&amp;F</i>	£24,363.00
Young people's IDVA	<i>funded from Prevention Budget</i>	£14,909.00
Social worker	<i>funded from Prevention Fund</i>	£17,250.00
Family Support Worker x 2.5	funded by Child & Family Service	£35,317.50
Team Clerical Officer	funded by Child & Family Service	£11,029.50
Family Partnership Officers x 2 (Early intervention team)	funded from Prevention & Early Intervention (FF)	£34,180.50
RAY Project Co-ordinator post (Early Intervention Team)	funded from Prevention & Early Intervention (FF)	£14,437.50

To be negotiated with partners;

Health Visitor	* Health to fund	£22,444.50
Education Welfare Officer	* Education to fund	£22,098.48
Substance Misuse Worker	* Health to fund	£17,629.50
Community Psychiatric Nurse/Mental health SW	* Adult Services to fund	£18,135.60

Funding from this budget will be used to:

1. Recruit a Team Manager with responsibility for the DV Hub.
2. Recruit a Senior Practitioner.
3. Recruit a **Male Support Worker** with a focus on supporting male teenagers and other vulnerable young people.