

**Intelligent Commissioning Pilots:
Notes of OSC Workshop on Domestic Violence**

Monday 14 March 2011 Hove Town Hall Council Chamber 1.30 – 3pm

Councillors Present: Gill Mitchell, Warren Morgan, Bill Randall and Vicky Wakefield- Jarrett

Also present: CVSF representative, Emma Daniel

INTRODUCTION

1. The draft action plans for drug-related deaths, domestic violence and alcohol-related harm, that had been circulated to OSC since the IC workshop on 7 March, were noted.
2. The Commissioner Community Safety clarified that for each of the 3 Intelligent Commissioning Pilots, 7 April Cabinet would be recommended to approve the outcomes and establish priorities and action plans.
3. Especially for the case of Domestic Violence (DV) the evidence showed a need to sustain and extend the existing work that is being done and had been done over 15 years or so. (For alcohol-related harm, more new areas of work are being indicated)
4. The Project Manager summarised the four overarching outcomes for this pilot:
 - An increase in the safety of survivors – both adults and children
 - A reduction in the risk of harm from perpetrators
 - A decrease in the social tolerance of DV
 - An increase in the knowledge and skills of children , young people, and adults about forming healthy relationships
5. Monitoring on the agreed outcomes with the introduction of intelligent commissioning would be a big change (compared with eg recording the number of individuals using a service)

PRESENTATION

6. Referring to the slide presentation that had been circulated, the Project Manager pointed out that the needs assessment gave a clear picture of the impact of DV on the City. She emphasised that DV was not limited to community safety but a key issues for many different service areas including social services, housing, education. The National Strategy had been launched.
7. What is effective to address DV is well known amongst professionals, but workforces in general need greater knowledge skills and confidence to deal with issues if found. The initial response is especially important and

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work with first points of contact such as GPs, police and other services was key.

- a) There is under-reporting of DV – estimated only 20% reported to Police
- b) Even if reported to agencies, DV often may not be treated seriously
- c) The total numbers of individuals affected by DV is high but not fully known. This is being addressed via the Joint Strategic Needs Assessment
- d) Local data is consistent with national data
- e) Many different groups and communities are known to be at risk including eg teenage mothers, disabled people, LGBT and BME groups, pregnant women, older people
- f) There is an apparent increase in the number of abusive relationships between young people
- g) At least 125 residents are at high risk of serious DV in one year
- h) Those at most risk may be least likely to try to access services
- i) DV leads to many other significant health, social problems
- j) The direct and indirect costs to the City are very high. Estimated at £123million locally and £23billion nationally annually.
- k) There is little investment locally in prevention
- l) Data is not readily available unless there is a requirement to report it nationally
- m) DV can be hard to identify, even by a victim
- n) There needs to be greater knowledge about DV and the help that is available
- o)

DISCUSSION OF OBJECTIVES

8. The Project Manager and Commissioner, Community Safety answered questions on the four key objectives:
 1. Primary Prevention
 2. Early Identification and Response
 3. Provision of support and Risk reduction
9. The workshop Members had great concerns about increasing reports of abusive relationships between teenagers and how parents and schools could best respond to this.
10. Members stressed the various different forms of DV including financial and psychological abuse; how to improve public awareness and reduce reluctance of, or fear of reporting
11. Greater involvement and awareness raising from, for example, the Economic Partnership, the Healthy Schools Programme, Housing, and a commitment from Academies was also put forward by Members.

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12. Ways to promote opposition to DV was considered and involvement of high profile organisations such as BHA in campaigns. LGBT issues could be further highlighted in the summary of this pilot.
13. Asked about the benefits of intervention methods, the Commissioner said the Community Safety Family Intervention Project, working with some 50 local families at any one time including on DV, had demonstrated effectiveness and significant cost savings for the City.
14. Workplace policies on DV and education via PSHE in schools were just two areas that would help with raising awareness and with responding to both victims and perpetrators; information needed to be disseminated to staff as part of an organisation's core business. The Project Manager said a range of messages, techniques and networks were available nationally and were being, or could readily be used or extended locally.
15. Members considered possible reasons for arguably poor initial responses from public services and more positive responses from the Third sector. Individual responses at the point of delivery were crucial and improving these would not necessarily require extra funding.
16. There was a discussion on encouraging GPs to refer individuals on to victim services or perpetrators programmes. Therapies for working with perpetrators was a key issue for mental health commissioning.
17. Minimum service provision should be agreed including family support packages involving different agencies and involving children and adult services. Joint commissioning of children and adult services was needed.
18. The Commissioner Community Safety noted that an integrated delivery of services was similar to the Integrated Offender Management approach being taken regarding action on Drugs in the City.
19. A new Joint Commissioning Board for DV had been set up which includes the Lead Local Authority Commissioners and senior officers of probation, police and health services.
20. Performance Compacts based on outcomes and shared responsibilities would be the subsequent step.

COMMUNITY AND VOLUNTARY SECTOR FORUM COMMENT

21. The CVSF representative Emma Daniel suggested that a breaking down of silos was still to be encouraged and that a less risk averse approach from the City Council was needed in service delivery.
22. She referred to the importance of the role of the Strategic Director People on DV in the new Council structure and said scrutiny would be a key element in monitoring the success of intelligent commissioning in this area.

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23. Especially for domestic violence, better connections and networks were needed at 'grass roots' level to be effective. She said the CVSF were disappointed at an apparent resistance to sharing relevant data for instance on housing and social services.
24. There seemed to be a lack of knowledge about carers' issues and the value to the City of the role of unpaid carers. There is evidence that DV is a factor for a significant minority of disabled people; families with disabled children are an at-risk group.
25. Other equalities issues should be given greater attention by services for instance in up-skilling staff to enable them to take a role as trusted friends in groups such as LGBT and BME communities.
26. A number of local Third Sector organisations had information and skills; the City already had a considerable resource in DV expertise. Closer working would be more effective and not necessarily more costly overall.
27. Care for people victims and perpetrators was an economic necessity, she said.

NEXT WORKSHOP

28. The next workshop - on Alcohol - would be held in Hove Town Hall Committee Room 3 on Monday 21 March at 3.30pm