

Domestic Abuse Services in Barnsley – Cover Report

1.0 Introduction

- 1.1 In response to the March 2016 Government strategy 'Ending Violence Against Women and Girls 2016-2020', a review of domestic abuse services was commissioned. A full business case was developed which recommended the commissioning of a holistic domestic abuse service. This was tendered in late 2016 and on April 2017 a contract for the full provision of domestic abuse services was awarded to a third sector company known as Independent Domestic Abuse Services (IDAS).
- 1.2 The purpose of this report is to inform the Overview & Scrutiny Committee (OSC) on the progress so far on the local commissioned response to domestic abuse and the current climate within Barnsley.

2.0 Background

- 2.1 The cross Government definition of domestic violence and abuse is:

any incident of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- *psychological*
- *physical*
- *sexual*
- *financial*
- *emotional*

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploring their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

- 2.2 The definition includes issues of concern to black and minority ethnic (BME) communities such as so called 'honour based violence', female genital mutilation (FGM), and forced marriage. Family members are defined as mother, father, son, daughter, brother, sister, and grandparents, whether directly related, in-laws or stepfamily.
- 2.3 Without the inclusion of coercive control in the definition of domestic violence and abuse, there may be occasions where domestic violence and abuse could be regarded as an isolated incident. We know, however, that the first incident reported to the police or other agencies is rarely the first incident to occur; often people have been subject to violence and abuse on multiple occasions before they seek help.

- 2.4 Domestic abuse contributes to the disadvantage and chaos people find themselves living in and it moulds the behaviour of their children and young people, limiting their expectations and perpetuating the cycle of negative and harmful behaviour.
- 2.5 Barnsley Metropolitan Borough Council (BMBC) acknowledges the cost domestic abuse brings to individuals, the communities in which they live and the wider costs to the economy. As such, it is vitally important to have a whole-system, outcome focused system that encourages, supports and empowers individuals and their families to take back control of their lives, helping them to live safe from harm and threat, with their families, and to realise their full potential.
- 2.6 BMBC historically grant funded a wide range of services provided by a wide range of agencies. This was confusing for professionals and service users as it was unclear as to what service did what and where. As a result, a new simplified and modernised system had to be introduced to raise the expectations of the service users and their communities, resulting in better long term, sustainable outcomes.
- 2.7 The initial stage for change required a review and mobilisation of partnerships at a local level, bringing the subject of domestic abuse out of the shadows into a strategic arena acknowledging the cost of domestic abuse to individuals, local communities and the lifelong impact it has on people.
- 2.8 In terms of the system, the challenge was to re-design the process from start to finish to support a whole system family recovery and outcome based approach and to enable efficient use of resource whilst reducing duplication. This would ensure that it focused support where it is most needed and provided a fully integrated model to include all aspects of provision, ranging from low level risk to very high 'Red Flag' risk, established through one access point.

This included an overhaul of provision of:

- women's residential refuge
 - Multi-Agency Risk Assessment Conference (MARAC) (a meeting between different statutory and voluntary sector agencies where information is shared on the highest risk cases of domestic abuse)
 - counselling and therapeutic interventions
 - Independent Domestic Violence Advisor (IDVA) coordination
 - education and training programmes
 - aftercare and family recovery
- 2.9 The intention of the new system was to show innovation and creativity at every level, with particular emphasis on adding value to the contract and showing where savings can be made from diverting cases from high risk by timely and unambiguous interventions.
- 2.10 The new system is designed to:
- reduce the prevalence of domestic abuse and the harm it does to the individual and the communities in which they live
 - reduce hospital admissions and A&E attendances relating to domestic abuse
 - improve the mental and physical health and wellbeing of people and their families
 - help individuals overcome the long term effects of domestic abuse and recover
 - empower local communities to take a zero tolerance 'stand' on domestic abuse and help them support people and families who experience it
 - within a zero tolerance climate, empower communities to confront the behaviour that harbours perpetrators of sexual and domestic violence
 - encourage and support victims to take the 'court pathway' to completion
 - increase the numbers of successful prosecutions of those perpetrators of domestic abuse

3.0 Current Position

3.1 Commissioners wanted to find a provider that could deliver the extent of the specification as well as bringing additional value to the contract, both through experience and knowledge. The aim is to:

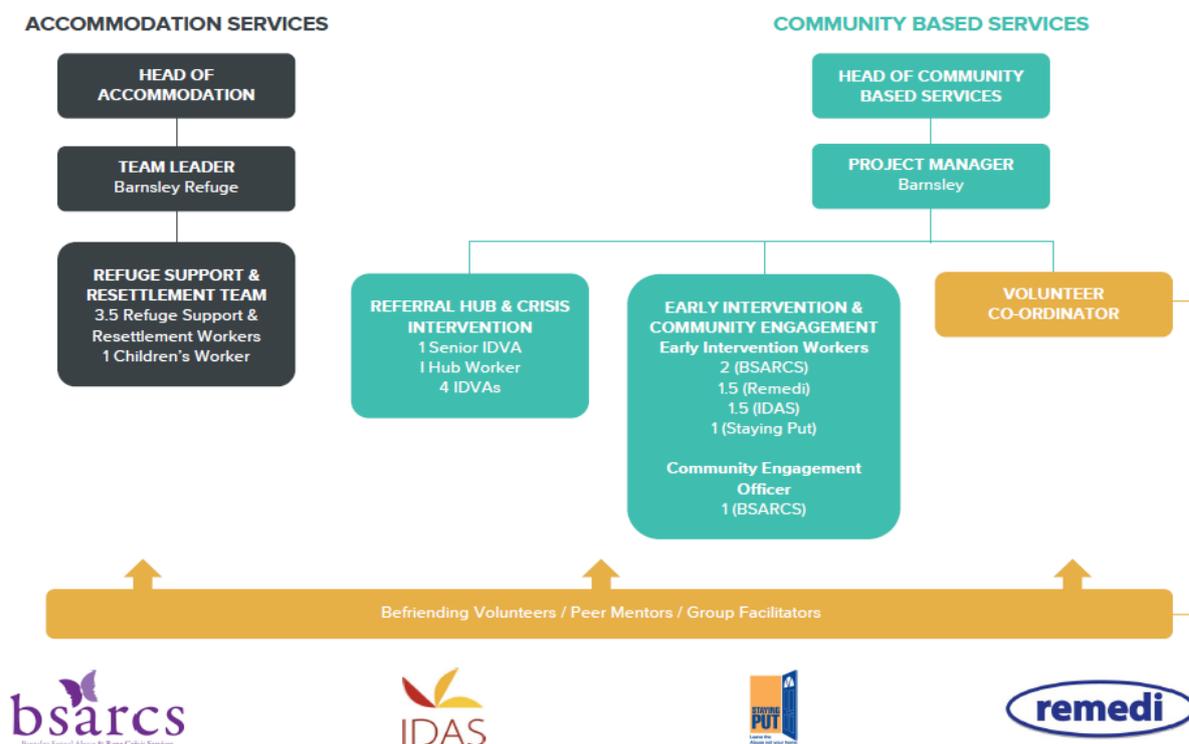
- change attitudes and behaviours
- increase public awareness and professional curiosity
- embed mainstream domestic abuse policies as everyday actions
- combine expertise into a single, expert pathway of response
- direct efforts toward the issues and make it everyone's responsibility

3.2 Unlike any other area in Yorkshire, IDAS were selected to provide the entire domestic abuse service. IDAS provide:

- management of the MARAC process with South Yorkshire Police and the management of all high risk clients and the repeat domestic abuse cases
- an IDVA (advocacy) service to high risk clients during and after immediate threat and harm including personal safety planning
- a health IDVA who works in Barnsley hospital and across primary care, training and supporting health professionals to respond to domestic abuse
- the recruitment, training and support of volunteers and those who've been through the service themselves to enable them to support others
- support to victims both practically and legally through the process of court and offender orders
- physical refuge from violence, threat and harm for women and their children

3.3 The newly designed service includes one integrated domestic abuse service 'front door' which has person centred recovery from abuse at its core. It is also able to work within the individual's partner relationships, helping them to learn new behaviours and overcome damaging behaviour patterns that can harm current or future relationships. The new model also works across the range of domestic abuse needs, including high, medium and low risk clients and creates a family oriented approach, building recovery capital embedded throughout.

3.4 The diagram below shows the model of service delivery for 2017-2020:-



- 3.5 IDAS are accountable to the Safer Barnsley Partnership through the Protecting Vulnerable People delivery sub-group.
- 3.6 IDAS run a number of sub-contracts which include: Barnsley Sexual Abuse & Rape Crisis Services (BSARC) providing support and advocacy to survivors of sexual abuse; Staying Put which provides early intervention with families; and Remedi which provides early interventions and support to young people and families. All agencies provide specific training to professionals who may be working with the same clients.
- 3.7 The service proactively works to enable free and unrestricted access for local people of all cultures, sexuality, faiths and gender identities and will sensitively promote choice across the brief. To reflect this, from January 2018 to January 2019, the number of open cases rose from 565 to 663. For a case to be 'open', this means that IDAS are either still attempting to contact the client or they are accessing some form of support. Of the 663 cases, the majority of clients fell within the 21 to 35 age range although 18 clients were between the 66 to 75 age group. Generally, though, the ages are fairly well distributed between the ages of 16 to 85.
- 3.8 The service, in principle, builds a network of people available to enable a response within a few hours whether that referral is through South Yorkshire Police (SYP), Barnsley Hospital NHS Foundation Trust (BHNFT) or self-referral. Between October and December 2018, IDAS received three referrals from midwifery and six from A&E. The majority of referrals were from SYP at 399 although the second highest is still self-referrals at 52.
- 3.9 IDAS, together with its subcontract partners have worked tirelessly to create a system that works closely with agencies dealing with multiple and complex needs as well as substance misuse, housing support and local policing requirements. In January 2019, a snapshot in time showed that 39 of the 663 clients expressed concern about their own substance use and 70 clients defined themselves as having a mental or physical disability. They have shown a significant increase in working with individuals to improve safety planning and promoting being in healthier relationships. Item 4b (attached) shows case studies to demonstrate partnership working.
- 3.10 They recruit, train and support volunteers from local communities to ensure support is localised and meaningful, as well as providing professionals from all spheres, training and support to recognise the harmful impact of domestic abuse. They have linked to employment agencies to improve the uptake of courses and employment and can give advice on managing finances or tenancies and benefit applications.
- 3.11 The principles of whole person and family recovery practices acknowledge the value and contributing factors families, carers and significant others have to the recovery of the individual and the family. There is significant evidence to suggest that involving family members, carers and significant others can lead to improved outcomes for all concerned. Appropriately, including family members and carers in the treatment and recovery process often enables them to better support the individual.
- 3.12 The service embraces the 'Think Family' practices of a whole-family approach looking at the extent beyond the individual they are supporting. Intervening early with a Think Family approach can help avoid problems escalating to crisis level and reduce the number of families and individuals who need intensive support in the future. It instils the importance of good physical and psychological health and wellbeing of the individual, children, carers and other family members, where applicable, to recover together. From January 2018 to January 2019 57 clients were referred from family or children's services.
- 3.13 Referrals to IDAS continue to grow but they are also developing opportunities to co-work with other professionals to increase engagement and reduce habit forming behaviour. IDAS are working with housing providers to ensure clients access housing and/or reduce eviction rates.

They have successfully worked with the DWP to improve the uptake of courses and employment and provide advice on managing finances and benefit applications. They have recently started to develop support through GP surgeries and secondary care, to ensure healthcare professionals know what the signs of abuse are and how to offer crucial confidential support. From October to December 2018, there were 18 referrals through health and GP practices.

- 3.14 They have developed a clear and simple referral system, a 'single access point' that can also be accessed online for ease of referral. Professionals can now refer without confusion and duplication. IDAS have also developed strong education links and schools invite them in for awareness raising and healthy relationship workshops.
- 3.15 They are the leading agency to develop an information sharing protocol to ensure safety and timely response and they work closely with SYP on high risk clients around safety planning, court processes and behaviour change.
- 3.16 IDAS are working towards a partnership with local pet welfare agencies to establish a pet fostering scheme, acknowledging that many people won't leave abusive relationships for fear of threat of violence towards pets. Pets are seen as members of the family too and can be used by the perpetrator to manipulate, control and perpetuate abuse. This scheme will offer temporary care whilst a local resolution can take place.
- 3.17 In collaboration with Doncaster, Rotherham and Sheffield, and with the endorsement of the South Yorkshire Countywide Community Safety Partnership Chairs Forum, BMBC has commissioned a cross-border Perpetrators Programme run by South Yorkshire Community Rehabilitation Company (SYCRC).
- 3.18 Using a probation approved model of group work and behaviour management, the voluntary programme seeks to:
- improve relationships between perpetrators with their partners/ex-partners, which is underpinned by respect and effective communication
 - provide partners/ex-partners with an expanded 'space for action' which empowers through restoring their voice and ability to make choices, whilst improving their wellbeing and safety
 - provide safety and freedom from violence, abuse and threats of harm for women, men (as victims) and their children
 - reinforce safe, positive and shared parenting
 - provide an enhanced awareness of self and others on the programme, including an understanding of the impact that domestic violence has had on their partner and children
 - result in a safer and healthier childhood for children, in which they feel nurtured, heard and cared about
- 3.19 The service is making a difference to people's lives. The following feedback has been received from service users who have been supported by IDAS:-

**'He told me to shut up and go and sit on the naughty step'
'Some angels don't have wings and I believe you were sent to save me and the boys'**

'I don't think I would be where I am today without their help. They have helped me get my life back on track'

'They [IDAS] organised a trip to the seaside in the summer. At the time I was too scared to leave the house, so this was an excellent day out for me and (my child). I had a really good day and it was good to meet other survivors of domestic violence'

'They couldn't have done anything more, the number was available day and night, whenever I needed it'

'I was very reluctant to access support at first, because social services were always in the back of my mind. I felt like I could be honest with my support worker and I trusted her. She understood about how wary I was about everything and everyone'

'I feel like my whole life has improved and is still improving'

4.0 Future Plans & Challenges

- 4.1 BMBC is working with IDAS and partners to promote high visibility of the service, enabling unrestricted access to services and giving support and empowerment to those who would challenge domestic abuse in communities. IDAS are developing an ongoing media and communication plan, including using a multiple level social media platform.
- 4.2 To enable IDAS's contact details to be readily available, the communications are branded to cause familiarities in message and intent, including the branding for 'Speak Up, Speak to Me and Speak Together' and are regularly used during Christmas and Valentine's Day 'events'. For images see Item 4b (attached).
- 4.3 During 2019, the third year of the contract, we will facilitate a whole scale review of current contracted provision including the scope of the entire provision as well as the experience of victims going through the service. This will enable us to check and challenge the current provision and make any interim changes to the contract with a view to extending it for a further 2 years from April 2020.
- 4.4 Male victims of domestic abuse are underrepresented as clients reporting. As of January 2019 there were 52 male clients in the service. There are multiple and complex reasons for men not coming forward as victims. During 2019 we will be commissioning an organisation called Man Kind who will deliver a training programme to develop professionals' skills in working with men as victims.
- 4.5 In October 2018, BMBC submitted a tender application to the Ministry of Justice (MOJ) for capital funding (£250k) to develop a new women's centre with accommodation. The successful bid has resulted in capital funds being made available for this development. 2019 will see the development of this project in collaboration with partners and providers.

5.0 Implications for Local People

- 5.1 The ambition of the service is to improve outcomes and to encourage, support and empower individuals and their families to take back control of their lives, helping them to live safe from harm and threat and to realise their full potential. Changing attitudes and behaviours, increasing public awareness, and ensuring the service is fit for purpose will all serve to achieve this ambition for the people of Barnsley.

6.0 Invited Witnesses

- 6.1 The following witnesses have been invited to today's meeting to answer questions from the committee on this area of work:

- Wendy Lowder, Executive Director - Communities
- Cllr Jenny Platts, Cabinet Spokesperson - Communities
- Jayne Hellowell, Head of Commissioning & Healthier Communities
- Rosemary Clewer, Commissioning Manager - Stronger, Safer & Healthier Communities
- Sam Goulding, Project Manager - IDAS
- Acting Detective Inspector (ADI) Adrienne Sheekey, South Yorkshire Police

7.0 Possible Areas for Investigation

Members may wish to ask questions around the following areas:-

- What are the current strengths and weaknesses of the service?
- What sort of needs assessment underpins the action on domestic violence?
- How do you evaluate the impact that current services are having on the lives of those affected by domestic abuse and whether they are delivering value for money?
- Why was the decision taken to award IDAS the entire contract, given that all other areas in Yorkshire have not?
- In principle the service has built a network of people to enable a response within a few hours, but what is happening in practice?
- What information sharing practices are in place to ensure that schools are able to offer immediate support for children and young people experiencing domestic abuse?
- What is the strategy for dealing with repeat domestic abuse cases presented to the MARAC?
- What data do you collect relating to abuse within the LGBT community and what work is done with the Council's Equality Forums?
- How do you ensure that front line workers (social workers, GPs, police officers etc.) have the capacity and skills to detect and respond effectively to domestic abuse?
- Where does ultimate responsibility lie for the effective running of the MARAC, are all key roles filled and how do we know it is working well?

- What data collection issues have you experienced over the last two years and how are these to be overcome?
- What can members do to help tackle domestic abuse?

8.0 Background Papers and Useful Links

- Item 4b (attached) – 2 x Case Studies
- Item 4c (attached) – Domestic Abuse Public Awareness Campaign
- HM Government : Ending Violence Against Women & Girls Strategy – March 2016:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/522166/VAWG_Strategy_FINAL_PUBLICATION_MASTER_vRB.PDF
- Independent Domestic Abuse Service (IDAS) Barnsley:
<https://www.idas.org.uk>
- Think Family Model:
<https://www.scie.org.uk/publications/guides/guide30/introduction/thinkchild.asp>
- The Centre for Public Scrutiny: 10 Questions to Ask if You Are Scrutinising Domestic Violence:
<https://www.cfps.org.uk/wp-content/uploads/10-Questions-Domestic-Violence.pdf>
- BMBC website for domestic abuse and sexual violence
<https://www.barnsley.gov.uk/services/children-families-and-education/domestic-abuse-and-sexual-violence/>
- South Yorkshire Police website
<https://www.southyorks.police.uk/find-out/crime-prevention-advice/domestic-abuse/>

9.0 Glossary

A&E	Accident & Emergency
BHNFT	Barnsley Hospital NHS Foundation Trust
BMBC	Barnsley Metropolitan Borough Council
BME	Black and minority ethnic
BSARC	Barnsley Sexual Abuse & Rape Crisis Services
DVPN	Domestic Violence Protection Notice
FGM	Female Genital Mutilation
GPs	General Practitioners
IDAS	Independent Domestic Abuse Service
IDVA	Independent Domestic Violence Advisor
LGBT	Lesbian, Gay, Bisexual, Transgender
MARAC	Multi Agency Risk Assessment Conference
SYCRC	South Yorkshire Community Rehabilitation Company
SYP	South Yorkshire Police

10.0 Officer Contact

Anna Marshall, Scrutiny Officer, 15 February 2019