## Lancashire Health and Wellbeing Board

## Delivering the Health and Wellbeing strategy – Intervention planning

<table>
<tr><td colspan="2">Priority :<br>• Early response to domestic abuse<br><br>Priority shifts:<br>• Shift resources towards interventions that prevent ill health and reduce demand on acute services<br>• Commit to delivering accessible services within communities<br>• Build and utilise the assets, skills and resources of our citizens and communities<br>• Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence</td></tr>
<tr><td colspan="2">Outcomes:<br>• Maternal and child health<br>• Mental health and wellbeing<br>• Long term conditions<br>• Improve health and independence of older people</td></tr>
<tr><td colspan="2">Domestic violence can have devastating impacts on the emotional, mental and physical health of children, young people and adults affected by it. It affects a significant proportion of people throughout their lives and places considerable demands on health and social care services and the criminal justice system. There is more that partners in Lancashire can do by working together better to identify those at risk or, or affected by domestic violence and to ensure an early response and collective programmes of support to both victims and perpetrators, to prevent the detrimental impacts spiralling out of control for the whole family.</td></tr>
<tr><td colspan="2">1 REALITY The here and now – what is the current reality?</td></tr>
<tr><td>1.1 What is currently working well?</td><td>Across Lancashire:<br>➢ There is bespoke training delivered to partner agencies on domestic abuse and its effects on children; specific Multi Agency Risk Assessment Conference (MARAC) training and awareness of Forced Marriage/Honour Based Abuse (FM/HBA)<br>➢ Significant improvements in the way we address domestic abuse incidents attended by the police where there are</td></tr>
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| | children in the household.<br>➢ There is an effective MARAC process providing multi-agency solutions and referral rates into MARAC by partner agencies have increased<br>➢ There have been successful Lancashire media campaigns aimed at changing attitudes and behaviours to domestic abuse<br>➢ There is multi agency commitment to the strategic and operational domestic abuse partnerships from all partner agencies and VCFS service providers across pan Lancashire.<br>➢ Information is being shared more effectively and issues and concerns addressed consistently<br>➢ DV services have begun to link and support each other and currently a pan Lancashire domestic violence consortia is being developed 'safer together'<br><br>**In some areas of Lancashire there are:**<br>➢ IDVAs (Independent Domestic Violence Advocates) who attend the police station daily and offer a response to all victims, to prevent escalation to high risk.<br>➢ Children's IDVAs who work specifically to reduce the risk of harm to children living with domestic abuse<br>➢ Police working in Children's Social Care who screen the incident reports and add more detailed information. The reports are then shared with Social Care and Children and Family Health Services (CFHS).<br>➢ Training packages designed to look at specific areas regarding domestic abuse in depth, delivered by specialist leads/ service providers.<br>➢ Non-statutory Perpetrator schemes (in Blackburn with Darwen)<br>➢ Sanctuary Schemes<br>➢ Partner agencies have specific policies in place regarding Domestic Abuse, Honour Based Abuse, Forced Marriage and Female Genital Mutilation and also HR policies for staff experiencing domestic abuse.<br>➢ Routine Enquiry with female clients this enables identification and early intervention and help change the culture of keeping issues hidden. School Nurses are now using Routine Enquiry in 1-1 sessions with young people, (Routine Enquiry with young people will be focused on asking if they have witnessed domestic abuse and are they experiencing abuse within an intimate relationship)<br>➢ Independent sexual violence advocates (ISVA) (in Preston)<br>➢ Across the footprint of LCC there is a training programme which looks at the effects of DV on children; the Freedom programme – 12 week programme running for women who are keen to free themselves from abuse and in the east of the county there is a specific service for children who are victims of DV - they provide on-going emotional support and weekly youth group |

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| 1.2 What is getting in the way of our partners achieving desired impacts? | ➢ Domestic Abuse is a major problem within our locality and so there is continuous high demand for resources and capacity within services. The complexities need to be understood<br>➢ Financial and resourcing constraints - domestic violence services have mainly been responsible for securing their own funding this has led to an inconsistent service across Lancashire with inconsistent levels of funding. Services have closed as funding has ended and partners find it difficult to access consistent services.<br>➢ Difficulties with confidential information sharing - slow, sometimes nonexistent information, and inconsistencies in the level of information shared<br>➢ Non-sharing of good practices/initiatives across areas<br>➢ There are added barriers with BME clients eg private access to client, language, immigration issues, issues related to honour , understanding of culture. (Preston Locality has UMEED (URDU for HELP) service that provides specialist support services for victims from ethnic and minority women who are victims of abuse) |
| 1.3 What are the gaps in service delivery that really matter? | ➢ The main gap is the sheer volume of cases and the lack of resources<br>➢ Interventions tend to be only available for high risk cases (IDVAs/CIDVAs), equally refuges only work with high risk victims<br>➢ There is little or no particular support for medium and standard risk families and no consistency in service provision for other risk level cases. This is essential to prevent escalation to high risk and also to break the intergenerational cycle of abuse being acceptable<br>➢ It is known that domestic abuse affects all sections of society but that victims in wealthier or professional groups are less likely to access services. Abuse in these groups is often more hidden therefore increasing risks<br>➢ Lack of services directly focused on helping children and young people who have emotional problems due to witnessing domestic abuse<br>➢ Lack of statutory education for children and young people regarding healthy and safe relationships<br>➢ Response to domestic abuse is embedded within children's services but commitment is needed from adult services in order to understand and respond to the vulnerability of those who live with domestic abuse.<br>➢ Lack of awareness of relevant law in relation to Forced Marriages (and changes to legislation)<br>➢ Lack of support for perpetrators<br>➢ It is known that domestic abuse affects adults of all ages and it is becoming more and more prevalent in older people. Training is needed for professionals to recognise and support this client group<br>➢ Few services geared for male victims (this is a national problem) |
| 1.4 What really matters right now? | ➢ Limited finance/resources - Problematic short term funding, all specialist domestic abuse services survive through grants which are often awarded yearly with grants specifying the work that can be delivered within the grant. |

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| | Often leaving gaps in provision.<br>➢ Supporting Children with emotional wellbeing<br>➢ Ensuring high risk victims are referred to MARAC<br>➢ Identifying risks and supporting victims at all levels of risk including early intervention<br>➢ Using an holistic approach within health by being aware of related health issues e.g. substance misuse, mental illness, behaviour problems, physical injuries<br>➢ Meeting the specific needs of victims and children from BME communities<br>➢ Awareness and response is increased within Adult services<br>➢ Understand the issue around 'no recourse to public funds'<br>➢ Awareness and response to victims over 65<br>➢ Understanding of the recent and relevant law in relation to Forced Marriages<br>➢ The impending changes regarding the MASH, early support panels and intensive work with families referral pathways are being resourced, and this will identify families. Which is a positive as families will be identified however there needs to be additional resources for specialist services to meet these needs. |

| **2 RESULTS - What results are we seeking to achieve? (in the year ahead and longer term-impact)** | |
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| 2.1 What specific goals will the intervention achieve in the next year and how will the Health & Wellbeing Board know the intervention has achieved its' goals | **Suggested goals that could be achieved : (commitment from a multi agency / multi disciplinary approach would be needed)**<br>➢ Maintain and improve service provision to victims/families/perpetrators. of domestic abuse.(ensure a consistent level of services available)<br>➢ Reduction in escalation of risk –High to Low<br>➢ Increase in confidence and empower victims to seek help (debrief with victims)<br>➢ Support for medium and standard risk families to engage with families early and offer specific intervention<br>➢ Increase services to support emotional wellbeing of children and young people<br>➢ Increase identification of domestic abuse at the earliest stage across health including GP practices (inclusion of routine enquiry in all health assessments)<br>➢ Front line service awareness raising and attitudinal shift to domestic abuse<br>➢ Develop equitable responses across all services, to use a cohesive total family response when domestic abuse is identified e.g. routine enquiry, signposting to support, safety plans, use of CAADA Risk Assessment, MARAC |

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| | referrals, assessments of needs of the child.<br>➢ Increased knowledge of the law around Forced Marriages/Honour Based Abuse/Female Genital Mutilation<br><br>**Health and wellbeing Board will know the intervention has achieved its goals by:**<br>➢ Data collection regarding amount of incidents<br>➢ MARAC referrals made appropriately<br>➢ Implementation of changes to practice – e.g. development of Routine Enquiry and use of CAADA Risk Assessment<br>➢ Reduction of repeat victimisation would be evidenced though MARAC and Domestic Abuse incidents attended by the Police<br>➢ Increased Forced Marriage orders applied for |
| 2.2 What will be the 3 – 5 year impact of the intervention? | ➢ Reduction in High risk assessments/MARAC cases.<br>➢ Reduction of children on Child Protection plan due to Domestic Abuse.<br>➢ Better outcomes for children/Vulnerable Adults/Victims/perpetrators.<br>➢ Less referrals to Accident and Emergency, police, social care, courts, mental health services etc<br>➢ Improved maternal/child physical and mental health<br>➢ Increased identification of domestic abuse - therefore right services and interventions in place at earliest point to prevent related illness<br>➢ Increased identification of Forced Marriages/Honour Based Abuse/Female Genital Mutilation – interventions in place at earliest point<br>➢ Increased identification of children and young people's needs – therefore right services and interventions in place at earliest point to prevent related illness |
| 2.3 What are the longer term measures of success? | **Transforming the future:**<br>**(a multi agency / multi disciplinary approach is needed**<br><br>Providing support to the non violent parent and their children, supports adults and children to identify the effect living with domestic violence may have on them which gives them knowledge to be able to make more informed choices and particularly with children and young people this knowledge ensures they have a better understanding of healthy relationship and are therefore less likely to have a domestic violence relationship in the future<br>➢ Reduction of domestic abuse incidents, especially higher risk victims<br>➢ Reduction in domestic homicides<br>➢ Reduction in health related problems e.g. physical trauma, substance/alcohol misuse, self harm, mental illness, |

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| | behaviour problems in children and young people, miscarriage/stillbirth/premature birth, related physical illness e.g. heart disease from risk taking lifestyles<br>➢ Reduction in repeat victimisation rates<br>➢ Reduction in crime<br>➢ Safer society and increased safeguarding of children within our locality<br>➢ Increased Safeguarding of Children and Adults<br>➢ Prevention of related illness<br>➢ Total family approach<br>➢ Reduction in health inequalities<br>➢ Reduction in Forced Marriages/Honour Based Abuse/Female Genital Mutilation |

| **3 RESPONSE - What needs to happen to ensure partners achieve better results?** | |
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| 3.1 How can partners ensure the priority shifts are applied and the intervention is effectively implemented | ➢ Partners having a greater knowledge of domestic violence and their local services<br>➢ Partners to continue to work together<br>➢ Continuous evaluation of progress and update of delivery plans<br>➢ Strategic and Operational Managers across all agencies to be aware of the importance of delivering services regarding domestic abuse and respond to the National agenda<br>➢ Agencies to continuously monitor the impact on resources within their service<br>➢ Working together to review priority needs and agreeing priority goals and actions<br><br>➢ As per shift no 5 - Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk. |