

Agenda Item No: 22
Safer Stockton Partnership 15 February 2011
Stockton Safeguarding Adults Committee 14 April 2011
Stockton Children's Trust Board 29 March 2011
Stockton Health & Wellbeing Partnership 18 April 2011
Stockton Local Safeguarding Children Board 17 March 2011

Domestic Violence Awayday 14 January 2011

1. As previously notified to members of all the Partnerships listed above, this event was held with a total of 38 delegates attending on the day. The event was structured around eight workshops, on the following themes:-

- (a) NHS
- (b) Probation
- (c) Police
- (d) Harbour
- (e) Children's Services
- (f) Adult Services
- (g) Community Safety
- (h) Housing

Each theme was repeated four times, to allow all delegates to attend all eight themes.

2. Attached as appendices to this report are the issues and opinions captured in each of the workshop sessions. These are serially numbered 1 to 279 (some have sub-points and some will be repetitive).

3. A process of organising them into themes e.g. awareness raising, information sharing, referrals, assessment, funding etc is currently taking place. However, some themes are immediately obvious, as set out below:-

- (a) **Awareness Raising and Training** – there was a common enthusiasm for raising awareness of availability of services both among potential service users and among professionals: however, this needs to be balanced against the capacity and future availability of services.
- (b) **Case Tracking** – there were some apparent anomalies between case volumes captured at different points in the multi-agency systems (e.g. Police, Children's Services etc), some or all of which may ultimately be explained in terms of differences in definition and classification, but there appears to be a consensus that it would be valuable to 'audit' the progress of a time sample of cases through systems to check for any problem of losses.
- (c) **Case Matching** – there was also some enthusiasm for the idea of several agencies bringing forward lists of their most active cases in terms of Domestic Violence and looking for matches between these lists in order to arrive at a shared list for joint prioritisation.
- (d) **Referral and Assessment** – there were many references to improving referral and assessment systems, and it was apparent that potentially a large amount of resources could be invested in this area.
- (e) **Perpetrator Programmes** – there was a view that within all aspects of Domestic Violence services work with perpetrators offers the greatest potential

in terms of targeted early intervention and prevention, but current programmes are very limited in capacity with the Probation court mandated programme working with only about 20 perpetrators across Tees per year, and those being the most 'committed' and manipulative individuals, and the Harbour voluntary programmes with about 35 individuals per year in Stockton, with the participants being among the most motivated to make changes in their behaviour, and a large gap in the middle of the spectrum.

(f) **Funding** – it is apparent that some historic funding sources, most notably the Home Office funding via the Safer Stockton Partnership, are likely to be severely squeezed in 2011/12, which may lead to a reduction in service availability. In turn, this may impact on agencies which refer to Harbour, and on the value of awareness raising and further investment in referral and assessment systems (little or no point in improving the latter if the improvements result in more referrals into reduced service capacity and lengthening working times). Potential sources of increased funding mentioned or hinted at during the day included

- Supporting People – funding increased for 2011/12 but no longer ringfenced
- Tristar Homes – a longstanding supporter of domestic violence services and landlord to a disproportionately high number of households experiencing domestic violence, and now better funded as a result of stock transfer
- the Homelessness Prevention fund
- the PCT/NHS – historically has made little or no contribution to the costs of domestic violence services in Stockton, in contrast with other parts of the country (e.g. Manchester) where PCTs have taken a leading role. The lack of information on costs of Domestic Violence to the NHS is an inhibitor of development of a business case for investment in this area. On a specific point, the Council has been funding therapeutic counselling sessions for victims of sexual abuse and rape for some years, and if this cost were transferred to the NHS then some capacity would be released to offset some of the Home Office cuts.