



TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL CHILDREN'S PARTNERSHIP BOARD

Date: Wednesday, 30 September 2015

Time: 4.00 pm

Place: LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Catherine Ziane-Pryor **Direct Dial:** 0115 8764298

AGENDA

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| 6 | CYPP PRIORITY: EMPOWERING FAMILIES TO BE STRONG AND ACHIEVE ECONOMIC WELLBEING
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Title of paper:	Children and Young People's Plan Priority: Empowering families to be strong and achieve economic wellbeing.	
Report to:	Children's Partnership Board	
Date:	30th September 2015	
Relevant Director:	Candida Brudenell	Wards affected: All
Contact Officer(s) and contact details:	Jane.lewis@nottinghamcity.gov.uk 8765719	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families: Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.		X
Promoting the health and wellbeing of babies, children and young people: From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.		
Supporting achievement and academic attainment: All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.		
Empowering families to be strong and achieve economic wellbeing: More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.		X
Summary of issues (including benefits to customers/service users):		
<p>Outcome: Parents feel confident and equipped to address family issues Performance Measure: Number of Domestic Violence incidents where children or young people are in the family; Lead organisation Crime and Drugs Partnership (CDP)</p> <p>This report outlines activity related to the above outcome under the headings "what's working well", "what are the challenges" and "what can the partners do to help".</p>		
Recommendations:		
1	<p>The key challenges described in the section below 'what are the key challenges' are some of the more intractable issues for the DSVa strategy group and senior leadership support to resolve them would be very welcome.</p> <p>The Helpline, Children Services in refuge and Stronger Families facilitators are particularly difficult to solve and a conversation on how to progress these would be</p>	

1. BACKGROUND AND PROPOSALS

(Explanatory detail and background to the recommendations)

1. Activities undertaken to support this CYPP area particularly partnership work

1.2 Strategic Aim to reduce Domestic abuse in Nottingham

The Council is committed to achieve a Manifesto Pledge to 'ensure a coordinated approach across our partnerships to reduce domestic violence by 10%'. In order to work towards achieving the Manifesto Pledge without contradicting the national and local partnership drive to increase reporting, the Crime & Drugs Partnership proposes that the Pledge is met through achieving a 10% reduction in repeat survivors¹ of domestic violence. This measure will effectively assess the ability of partners to reduce the impact of domestic violence, whilst mitigating the effect that improved survivor confidence will have on increasing domestic violence crime volume.

1.3 Nottingham DSVVA Strategy

Nottingham Domestic and Sexual Violence Strategy is aligned with the National Call to End Violence Against Women Girls Strategy and is being refreshed to include a change in emphasis in work across the city. This is as a result of work which includes the Crime and Drugs Partnership gap analysis which more accurately identifies the numbers of survivors and perpetrators in Nottingham for the first time. The Strategy has also taken into account the learning from the Domestic Homicide Reviews which came into statute in 2012.

In Nottingham, we know that there are between 36,355 and 48,525 survivors of domestic violence and abuse (which may include sexual violence and abuse) and that there are approximately 14,000 perpetrators. [Appendix for Gap Analysis](#)

The Domestic and Sexual Violence and Abuse Strategy Group recognises that this level of domestic abuse in Nottingham will require the specialist sector and statutory sector to work together more closely to identify survivors and hold perpetrators to account.

1.3.1 The approaches identified in the Strategy includes the following

1. Recognising the difference between 'self-identified survivors' and 'agency identified survivors' and their readiness to engage and work with services.
2. Recognising the difference in behaviour of perpetrators, serial (perpetrators who move from partner to partner), enduring (perpetrators who abuse their partner over a number of

¹ A repeat survivor is defined as a victim of 1 or more domestic violence incidents or crimes within the previous month and at least 1 additional crime or incident in the preceding 12 months.

years) and emerging (young men who display concerning and harmful behaviour) and the responses required to these

3. Seeking to encourage survivors to contact the 24 hour free phone helpline earlier in their experience of domestic abuse for information, advice and support
4. Extending the embedding of domestic abuse specialists within generic teams

1.3.2 Actions which have emerged from this refresh of the strategy and change in direction include

1. Equation has been commissioned to train professionals across the city, but have also developed a bespoke training course for Children Services and Adults Services.
2. Commissioning a project delivered by Equation working with boys and young men referred into the project from their schools who are displaying concerning and harmful behaviours. This project was piloted by Equation in the Youth Offending Team, identifying concerning young men through a healthy relationship programme delivered to all young people and then delivering a project specifically for this group.
The project has continued in the YOT and been delivered in secondary schools. The CDP will be commissioning it again next year. It has evaluated well, with young men showing improvements in behaviour as defined by themselves and the school. Equation run a parallel project for young women identified as being at risk of domestic or sexual violence or abuse also referred by the schools. This project has also evaluated well and will be commissioned next year.
3. The Womens Aid free phone 24 hour domestic and sexual violence helpline is being promoted to survivors earlier. The aim is to encourage survivors to get information which may assist to reduce the risk. The Equation website is being relaunched to include more information for individuals who wish to identify if they are survivors of domestic abuse, young people to help them identify healthy and unhealthy relationships and perpetrators are signposted to the national help line.
4. The Nottingham DSVVA strategy has included commissioning and developing domestic abuse specialists in statutory agencies (Police, Health, CPS, Courts) and also embedding specialist services (such as Womens Aid) in statutory agencies, including IDVA's with the Police, the IRIS project within General Practice across the city, Womens Safety Workers in Probation.

A review of this strategy identified the main gap for embedded specialists being within Social Care and Family and Community Teams. The CDP bid into the Police Innovation Fund and Priority Families to commission a pilot project, evaluated by Nottingham University which embeds a survivor specialist and a perpetrator specialist in the St Anns Social Care and Family and Community Teams. The pilot is evaluating well, with colleagues becoming more confident working with families where domestic abuse features and the family are all in contact or living together. The CDP is working with Priority Families to identify mainstream funding for this project. With the aim that specialists are available to work across teams in Nottingham Childrens Services building on the training they have received from Equation and developing tools and confidence to work with survivors and perpetrators more effectively. Perpetrators are especially difficult to work with and many professionals find it challenging to develop the skills required. The

key aim of this focus is to improve the safety of children and young people who are continuing to live with the perpetrator and survivor of domestic abuse.

The St Ann's project (Stride) was developed in line with the result of the learning from a 5 year project undertaken by Durham University and London Metropolitan University which found that work with perpetrators and survivors could improve child safety and increase survivors and children's 'space for action', which meant that not only did their risk decrease, but their capacity to make decisions and live a more 'normal' life was increased with perpetrators having less abusive control over their families as well as the abuse diminishing in risk.

1.4 DSVAs Joint Commissioning Group

The Safe from Harm review identified that Domestic and Sexual Violence and Abuse Services were being commissioned piecemeal across a number of partners, Nottingham City Council (including Public Health), CDP, Office of the Police and Crime Commissioner, Clinical Commissioning Group and NHS England. This meant that commissioning and decommissioning was uncoordinated and put key services at risk.

The Health and Wellbeing Board recommended that the CDP lead on the development of a Joint Commissioning Group and a coordinated approach to commissioning across the partnership. This is particularly important in this economic climate. The JCG is currently chaired by the deputy PCC and is about to undertake the recommissioning of the whole DSVAs sector in Nottingham.

1.5 Definition of domestic violence and abuse

Any incident or pattern of incidents of controlling, coercive or 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. This can encompass but is not limited to the following types of abuse psychological, physical, sexual, financial and/or emotional

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

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

This definition includes so called honour based violence, female genital mutilation (FGM) and forced marriage and is clear that victims are not confined to one gender or ethnic group.

(Definition taken from <https://www.gov.uk/domestic-violence-and-abuse>).

The definition of domestic violence and abuse changed in 2013, the key changes include dropping the age to 16 from 18 and identifying coercive control as factor. New legislation will come into effect in 2015 to include a crime of coercive control which will work in a similar way

to the Harassment Act. This change is included in the workforce training commissioned by the CDP and delivered by Equation across the city.

The change in age in the definition has had a number of effects, firstly the Office of the Police and Crime Commissioner has commissioned a Teen IDVA service, delivered by Womens Aid Integrated Services, the role is trained to work specifically with young women who are survivors of domestic abuse. A referral pathway for young people has been developed and signed off by the Children and Domestic Abuse Working Group, which ensures that young people under 16 are referred into appropriate safeguarding processes and that young survivors aged 16 and over are referred into the Teen IDVA service. This pathway reflects the referral route in the county to ensure that young survivors receive a similar service across local authority boundaries.

The Girls Affected by Gangs Steering Group commissioned research, paid for by the OPCC and delivered by the Health Shop into the effect of domestic and sexual violence perpetrated by young men involved in gangs on their partners and families. Good practice guidance on working with Survivors of Multiple Perpetrators is subsequently being developed in partnership with the Safeguarding Board, Police, Health Shop, Equation and the CDP. Key finding from the research was that young women identified themselves at too great a risk to disclose and that agencies were not aware of the level of risk they were exposed too. The practice guidance will seek to improve agencies responses to this group of young people.

The Child and Adolescent Mental Health Service (CAMHS) have identified a half time domestic abuse practitioner post for one year to review current policy and procedures and improve practice within the service. The role will link into the Safeguarding and Domestic Abuse working group and ensure that learning from similar projects particularly in the Health Partnership where we currently have a Safeguarding Domestic Abuse Nurse, Emergency Department Nurse and Ward Nurse and a Domestic Abuse Practitioner working in the Health Care Trust between the Health Shop and Safeguarding Teams. Nottingham University Trust have also recently identified a Midwife whose role includes a domestic abuse specialism and the aim of this role will be to improve confidence and practice across all the midwives working in community and on the maternity wards. Pregnancy is a key risk factor for domestic abuse.

1.6 Awareness Raising with Professionals and Communities

The CDP coordinates work with Equation, Womens Aid and Locality Working Groups campaigning and providing professional training, community briefings and delivery of the Freedom Programme with survivors and women in the community to raise awareness of the impact of domestic abuse on families and communities. Some of these projects such as Aspley have been evaluated (Nottingham University) and have shown a medium term reduction in reported repeated domestic abuse.

1.7 Domestic Abuse Referral Team

The Domestic Abuse Referral Team (DART) is currently being reviewed as part of the review of the Front Door into Childrens Services. The DART is a multi-agency team, including Adult Social Services, Children Social Services and Health based with Police Public Protection. It

was never established robustly, but has worked to accept referrals via the Domestic Abuse Stalking Harassment Risk Indicator Checklist (DASH RIC) where domestic abuse and children or vulnerable adults have been identified, risk assess them and signpost or refer them on dependant on risk.

The DART has also helped through its data systems to identify the numbers of children living with domestic abuse in Nottingham. Its key finding was that 17.6% of the City's under 10s are recorded on the data base and that 33% of all survivors on the database account for 66% of incidents. This data supports the strategic aim on domestic abuse in Nottingham which is to increase reporting, but to decrease repeats, as the DART clearly shows that is the key to reducing the pressure on agencies. It also supports the requirement to continue to commission the preventative work in Schools.

The Encompass Project funded by Public Health will be delivered by the DART in autumn 2015. Schools will be alerted that children have been affected by an incident or crime of domestic abuse reported to the police the evening / night before. This will allow the school to respond appropriately to a child or young person who will be traumatised and will be expected to get through the school day as normal. Encompass encourages schools to ensure that children have breakfast, are able to talk or not, can take an exam in a private space or whatever is required to enable the child or young person to get through the day successfully.

The CDP currently commissions Equation to deliver the GREAT project in primary schools and Equate in secondary schools promoting healthy and respectful relationships to young people at different points in their education across the city. The projects evaluate well for changes in attitudes and behaviour. Although a longitudinal study would be really helpful, we have not been able to find the funding to commission a university to undertake this.

1.8 Commissioning of specialist services for child survivors of domestic abuse in Nottingham

The CDP commissions specialist children's workers to focus on the issues for child survivors of domestic abuse in Refuges in Nottingham and in the Family Hostels. Children are often the biggest constituency in a refuge and it is crucial for those children and their mums that they are offered support.

Stronger Families is a therapeutic programme for child survivors of domestic abuse, with a parallel programme for their mothers. The aim of the programme is to reconnect child and parent, to ensure that children understand their experience of domestic abuse, what a healthy relationship is and to help them learn to manage their feelings.

Family Care also manages a therapeutic one to one service for child survivors of domestic abuse and they accept referrals from the refuges and across the city.

1.9 Domestic Homicide Reviews

Since the DHR came into statute in 2012 Nottingham has undertaken 3 and we are currently undertaking a fourth. The learning from the DHR's are managed through a multi-agency

group which also links to Serious Case reviews for children and vulnerable adults and SILPS where domestic abuse features.

2. RISKS

(Risk to the CYPP, risk involved in undertaking the activity and risk involved in not undertaking the activity)

The risks are outlined in the section below “what are the challenges”

3. FINANCIAL IMPLICATIONS

None (Some staffing costs)

4. LEGAL IMPLICATIONS

None

5. CLIENT GROUP

(Groups of children, young people or carers who are being discussed in the report)

All children affected by domestic and sexual violence

6. IMPACT ON EQUALITIES ISSUES

(A brief description on how many minority groups are being engaged in the proposal and how their needs are being met: This section includes traveller and refugee families. The themes of the Shadow Boards – children and young people; parents and carers; equalities issues and the voluntary and community sector should be considered here.

All children across the city with all protected characteristics are affected

7. OUTCOMES AND PRIORITIES AFFECTED

(Briefly state which of the CYPP priorities will be addressed)

7. What is working well

7.1 The domestic and sexual violence voluntary and statutory sectors have a history of close collaboration and partnership work in Nottingham with a commitment to problem solving together and all the services, programmes and projects outlined are a testament to that engagement as a city with domestic and sexual violence and abuse. The Domestic and Sexual Violence and Abuse Strategic Group and the DSVVA Joint Commissioning Group are both well represented by partner agencies who engage with developing strategy and actions.

7.2 The recent Nottingham City Labour Manifesto Pledge to ensure a coordinated approach across our partnerships to reduce domestic violence by 10% and to make no cuts to the domestic and sexual violence sector show tremendous leadership on this complex issue.

7.3 Local Councillors across the localities have been champions for work on domestic abuse, especially in Aspley and St Anns but at different time's right across the city.

7.4 The Senior Leadership Team in the Crime and Drugs Partnership and the Senior Leadership Team in Children and Adults have both engaged in understanding and challenging domestic and sexual violence and abuse. This is illustrated by attendance by the Corporate Director, Directors and Heads of Service at domestic abuse training, by ensuring the Extended Leadership Team are encouraged to attend a briefing and by supporting an 'Every Colleague Matters' workforce development seminar and programme on domestic abuse. The Workforce Development team have commissioned bespoke training on domestic abuse and children, domestic abuse and vulnerable adults and challenging perpetrators.

7.5 Local communities have identified emerging issues to campaign on and engage with partner agencies to progress. These include Female Genital Mutilation (Mojatu have lead on this and engaged with the Refugee Forum and Public Health), Honour Based Violence and Forced Marriage (Asian Womens Project have set up the Sakinah project and engaged with the CDP), HBV and FM (Muslim Womens Network have engaged with Equation to promote Faith based seminars and workshops), rape and sexual harassment (Womens Centre and Rape Crisis have engaged with OPCC to set up the ReGuard Project).

7.6 The Children and Adults Safeguarding Heads of Service and teams are engaged with work on domestic and sexual violence and abuse, chairing the Children and domestic abuse group, reviewing the link between the Care Act and domestic abuse and encouraging colleagues to attend training.

7.7 The Priority Families Programme have worked to ensure that the partnership prioritise domestic abuse and have ensured that it has been included before it was mandatory.

8 What are the challenges

The key challenges for the work with children and families on domestic violence and abuse across the partnership are as follows

8 Stronger Families

The therapeutic programme is co-ordinated and primarily delivered by Womens Aid. One of the aims of the programme is the engagement of partner agencies in the delivery of the programme to children and their mums. This is to ensure that the workforce across the partnership have the opportunity to improve their skills and knowledge working with this service user group, to ensure that children and their mums have access to a wide range of appropriate group facilitators and to contain the costs of the programme as it grows to meet the increase in referrals.

The key challenge is encouraging professionals from across the partnership to participate in the training and then delivery of the programme and for their managers to release them for the 12 weeks (2 hours a week) to deliver the programme. This is an ongoing issue for the project.

8.2 DART

There are a number of challenges for the DART, which is being addressed during the review. However a key issue for all specialist and statutory sector services is that the DART does not have the capacity to process the Standard Risk referrals. The issue with this is that this is the group that as a city we have the most chance of engaging with Early Help and intervening earlier with and a crucial opportunity is being missed. The survivors are asking for help before they are at increased levels of risk, the perpetrators are perhaps not so entrenched in their behaviour and the children and young people have not experienced extended domestic abuse. The original aim of the DART was to identify all levels of risk (before we realised the volume involved) and to sign post all survivors into a service. Currently the DART focuses on the high risk and medium risk families which is very important, but means we have lost the opportunity to intervene earlier.

8.3 Healthy and respectful relationship programmes in primary and secondary schools

Equation promote GREAT and Equate to all primary and secondary schools, the CDP commissions the project to provide free programmes in schools who have not had the project before and Equation use the funding to enable other schools to purchase the programme at a reduced cost. This requires schools to prioritise purchasing the programme at part or full cost which they usually do once they have had the programme in. However it is not possible to encourage all schools to identify the programmes as a priority.

8.4 Training for professionals and communities

The CDP commissions 10 days of specialist training per year on domestic abuse and 5 on challenging perpetrators. This has not increased since the mid 2000's. Nottingham City Council has commissioned bespoke training in Childrens Services but as domestic abuse has gained in priority we have not been able to keep up with demand for training. Evidence suggests that training by specialist working in the field is the best quality for our workforce.

8.5 Free phone 24 hour domestic and sexual violence help line funding

The helpline is the core service for the DSVA sector and the wider partnership, it provides information, advice and support for professionals and survivors and their families. It enables survivors and children to access refuge across the region and it is the first line of support for survivors of rape and sexual violence and assault. It is funded by the partnership and is always at risk of savings, at least £50,000 in 2016.

8.6 Survivors and perpetrators in the partnership workforce

Statistically there will be a number of survivors and perpetrators across the workforce; this has particularly come to light through the DART. It has highlighted that as a partnership it is important to have policies and procedures in place to both support survivors and their children and to hold perpetrators to account.

It has also highlighted that working with service users at risk of domestic abuse may be additionally difficult or risky for some colleagues. The Multi Agency Risk Assessment Conference (MARAC) may prove particularly challenging for colleagues who are adult or child survivors as evidence suggests that MARAC's can create vicarious trauma for all professionals listening to 20 different high risk cases every 2 weeks.

8.7 St Anns project (Stride)

This project seeks to change the culture in Social Care and Family Teams to enable them to understand the impact of domestic abuse on children and their non-abusing parent, provide tools to work with the family, particularly where they are still living together and intend to continue to do that and give colleagues confidence to work with the perpetrator safely and attempt to hold them to account.

The project is evaluating well in the Family Teams which have a more stable team with less turnover of staff (including less agency staff) although the project recognises that the team are incredibly busy, the team is keen to work with the project and is benefiting from having them based with them.

The project is evaluating well in the Social Care team, but this team has the additional challenge of more agency staff and a higher turnover of team members. This makes cultural change and skilling up the team more complex for the project.

A key challenge for this project is how to engage perpetrators, this is difficult in Social Care because they are high risk perpetrators and their behaviour is embedded, they do not recognise any benefit to change. There may be sanctions available to be used by Social Care to encourage perpetrators to engage, but there is no history of utilising these.

It is also difficult in the Family Teams, but there is more engagement from medium risk perpetrators. This is where work with Standard Risk perpetrators would be beneficial.

8.8 Children workers in refuge

Funding for work with children in refuge is currently provided by the CCG and the OPCC. The CCG element is non recurrent funding. It enables 18.5 hours of work for each refuge.

9. What can the partnership do to support this

The key challenges described are some of the more intractable issues for the DSVVA strategy group and senior leadership support to resolve them would be very welcome. For example the issue with the Stronger Families facilitation has been to the Childrens Partnership before. It was resolved at the time, but has deteriorated again as more pressure is put on partnership workforce.

8. CONTACT DETAILS

Jane.lewis@nottinghamcity.gov.uk

DSV Joint Commissioning Group [item no 3]
Date: 9th December 2014

GAP ANALYSIS: FINDINGS FROM PROTECTED CHARACTERISTICS ANALYSIS

Author of Report: Danielle Roebuck and Sarah Wells
Sponsor of Report: Chris Cutland

1.0 PURPOSE OF THE REPORT:

- 1.1 The purpose of this report is to inform the Domestic and Sexual Violence (DSV) Joint Commissioning Group (JCG) of the further work undertaken since the initial findings from the gap analysis.

2.0 BACKGROUND AND CONTEXT:

- 2.1 On 15th July 2014 the JCG received a report detailing the work undertaken to identify the number of survivors of domestic violence and abuse (DVA) within Nottingham City. The range of survivors in the city who have experienced one or more incident of DVA is between 30,096 and 42,266 for females and 36,355 and 48,525 for females and males.
- 2.2 Specialist DSV services provided 5001 interventions to DV survivors during the year 2013/14 and whilst acknowledging that there may be some double counting because survivors may have accessed more than one service, this indicates that the gap between need and provision is 31,354 and 43,524. From these calculations it can be seen that approximately one in seven of those who experience domestic violence access these services in a year.
- 2.3 Work was also undertaken to try and understand the potential number of perpetrators within Nottingham and this is thought to be in 14,000 people (predominantly males).
- 2.4 The report contained three recommendations which were accepted. These were:
- The contents of the report are noted
 - The findings from the gap analysis are used to inform future domestic violence policy and decision making by the JCG over the next 12 – 18 months
 - Further analysis is undertaken to understand if the needs of survivors with protected characteristics are met.
- 2.5 Since July work has been in progress to further this final recommendation.

3.0 PROTECTED CHARACTERISTICS WORK:

- 3.1 As outlined above in paragraph 2.2 that there were 5001 interventions by specialist DV services in 2013/14. Information requests were submitted to each of the service providers in order to understand more about the protected characteristic of survivors accessing the services.
- 3.2 The request asked for information about:
- Gender
 - Age
 - Ethnicity
 - Sexual orientation
 - Disability
 - Religion
- 3.3 Information was returned in relation to users of approximately 4700 interventions.
- 3.4 The methodology, limitations and findings from the analysis of protected characteristics are attached as Appendix 1 to this report.
- 3.5 The findings from the analysis and the process undertaken to do this are referred to in more detail overleaf. They highlight the challenges encountered in undertaking a deeper analysis of services users.
- 3.6 In summary, these are;
- It is more likely to be able to get information about gender, age and ethnicity
 - Not all information requested is routinely collected
 - Not all Information was not returned in a useable format
 - Analysis is unable to take account of cultural or demographic factors
 - The methodology outlined overleaf provided some interesting findings about the ethnicity of service users
 - The findings so far cannot be used with confidence
 - Service providers need to be asked to record service user profiles in a uniform way (i.e. there are different ways of recording age)
 - A unified collection of service user profile data needs to be developed and implemented as part of the lead commissioner approach to establish consistent returns, baseline information for comparison with census information or to understand local need in the absence of other sources of comparable data
 - The service user profile is included in the development of a local outcome framework.

4.0 SUMMARY

- 4.1 The work undertaken to further a joint understanding of the profiles of survivors accessing specialist DV services has not returned the level of information and analysis that was anticipated.

- 4.2 The findings of this exercise do highlight what needs to be in place to improve our understanding of survivors accessing commissioned specialist services in the future.

5.0 RECOMMENDATIONS

- 5.1 The JCG are asked to agree the following recommendations;
- The contents of this report are noted
 - Work is undertaken as part of the development of the outcome framework to agree a set of criteria for inclusion in service user profile monitoring to ensure that all commissioned service providers are able to provide comparable data.
 - A similar service user analysis is undertaken once there is a year of comparable data available.

APPENDIX 1

Domestic violence gap analysis by survivor demographic

Methodology and Limitations

The estimated volume of domestic violence survivors in each protected characteristic category was calculated using the Census 2011 breakdown of population by ward, gender and protected characteristic. At ward level, the proportion of females in each protected characteristic category was matched against the estimated figure of domestic violence survivors by ward. For example, it was estimated that according to the level of social deprivation in comparison to other wards in the City, 38.4% of females in Aspley suffer domestic violence; therefore, the estimated figure of disabled survivors in Aspley would be 38.4% of the disabled female population according to the Census 2011. The male figure stood at 5% regardless of social deprivation.

The actual number of individuals accessing services for domestic violence in Nottingham City was taken from the monitoring forms provided by each service. These were then aggregated by protected characteristic category and matched against the estimated figure of domestic violence survivors mentioned previously to provide the gap in service provision by demographic/protected characteristic.

Nonetheless, there were several limitations to the gap analysis below. Not all data received from services was in a usable format and as such individuals using certain services will not be represented in the gap analysis. Those not represented accounted for at least 226 service users (victim support and Amber House), and therefore, the gap in service provision is likely to be more pronounced than it actually is. Also, there may be an element of double counting; specifically those who have contacted the 24 hour helpline and been referred to another service.

Additionally, religion is not routinely collected amongst some services and most will have been recorded as religion not stated. Ironically, this is the protected characteristic with the lesser proportional gap; however, it is likely that those recorded as religion not stated in the service monitoring forms would not have provided the same answer when completing the Census 2011.

Also, the gap analysis does not take into account factors other than geography and deprivation (ward and IMD score), and as such is missing any cultural or demographic factors which may make individuals of a certain protected characteristic less likely to experience domestic violence. These factors could make the gap identified in certain protected characteristics higher or lower than when calculated using deprivation.

The estimated volume of domestic violence survivors is based on the social deprivation of each ward compared to the other wards in the City. Therefore, the level of social deprivation in Nottingham as a whole has not been taken into account; such that Nottingham may be more deprived than other cities nationally which would force more of Nottingham City Wards into the top decile for social deprivation which would cause the estimated figure to increase.

Providing a gap analysis based on the type of service provision would not be possible at this stage due to some services not being required by all survivors. For example not all survivors will require refuge as a service need and as such calculating a gap in service provision would look more pronounced since it is not possible to specifically calculate an estimated figure of survivors requiring this service.

Protected Characteristics		Estimated DV Survivors		Actual Number Accessing Services		Gap Between Actual and Estimated Figures		% of Estimated Survivors using Services	
		Male	Female	Male	Female	Male	Female	Male	Female
Disability	Disability to Limit Daily Activity a Little or a Lot	1,222	7,146	36	956	1,186	6,190	2.9%	13.4%
Age	16-17	175	845	0	38	175	807	0.0%	4.5%
	18-24	1,475	6,648	6	443	1,469	6,205	0.4%	6.7%
	25-34	1,299	5,632	8	450	1,291	5,182	0.6%	8.0%
	35-44	999	4,478	7	716	992	3,762	0.7%	16.0%
	45-54	869	4,189	12	0	857	4,189	1.4%	0.0%
	55-65	673	3,053	1	0	672	3,053	0.1%	0.0%
	65+	770	4,846	2	0	768	4,846	0.3%	0.0%
Ethnicity	White British	4,000	20,033	20	585	3,980	19,448	0.5%	2.9%
	White Irish	61	257	0	0	61	257	0.0%	0.0%
	Gypsy or Irish Traveller	7	33	0	27	7	6	0.0%	81.8%
	Other White	322	1,500	6	68	316	1,432	1.9%	4.5%
	White and Black Caribbean	255	1,264	0	96	255	1,168	0.0%	7.6%
	White and Black African	46	188	1	36	45	152	2.2%	19.1%
	White and Asian	81	261	0	19	81	242	0.0%	7.3%
	Other Mixed	58	279	0	1	58	278	0.0%	0.4%
	Indian	214	831	0	54	214	777	0.0%	6.5%
	Pakistani	353	1,474	2	189	351	1,285	0.6%	12.8%
	Bangladeshi	23	97	0	15	23	82	0.0%	15.5%
	Chinese	133	539	0	2	133	537	0.0%	0.4%
	Other Asian	143	523	0	4	143	519	0.0%	0.8%
	African	215	988	0	247	215	741	0.0%	25.0%
	Caribbean	177	1,069	0	111	177	958	0.0%	10.4%
	Other Black	57	326	1	66	56	260	1.8%	20.2%
Arab	62	155	0	19	62	136	0.0%	12.3%	
Other Ethnic Group	54	159	0	8	54	151	0.0%	5.0%	
Religion	Christian	2,680	15,270	0	363	2,680	14,907	0.0%	2.4%
	Buddhist	47	199	0	0	47	199	0.0%	0.0%
	Hindu	107	373	0	0	107	373	0.0%	0.0%
	Jewish	27	84	0	0	27	84	0.0%	0.0%
	Muslim	505	1,842	0	186	505	1,656	0.0%	10.1%
	Sikh	86	394	0	21	86	373	0.0%	5.3%
	Other Religion	37	148	0	19	37	129	0.0%	12.8%
	No Religion	2,282	9,543	0	493	2,282	9,050	0.0%	5.2%
	Not Stated	488	2,110	36	923	452	1,187	7.4%	43.7%

Those female survivors aged between 35 and 44 accounted for the greatest proportion of estimated survivors to be using the domestic violence services in Nottingham City.

The highest proportion of service users by ethnicity was females self-reporting to be of White: Gypsy or Irish Traveller ethnicity; such that only 18.2% of the estimated volume of these female domestic violence survivors did not access services in Nottingham City (81.8% were using services). Nevertheless, this could be due to an underestimate in the volume of survivors as this group is unlikely to be affected by social deprivation at ward level.

Those female survivors of African ethnicity saw the second highest proportion of service users; such that 25% of the estimated volume of female survivors of African ethnicity were engaging with services.

As mentioned previously, those with no stated religion accounted for the highest proportion of service users. This is not likely to correlate with the Census 2011 category and thus may not be representative of the estimated survivors in this category of religion.

Due to the limitations mentioned above and the crude methodology used in calculating the gap in service provision, this gap analysis cannot be used with confidence. Nonetheless, this does identify the need for a unified service monitoring form amongst all domestic violence service providers in Nottingham City. This will provide the opportunity for comparative and aggregated analysis of service user data.

Title of paper:	CYPP part b: Empowering families to be strong and achieve economic wellbeing; proportion of children living in poverty.	
Report to:	Children's Partnership Board	
Date:	30 th September 2015	
Relevant Director:	Candida Brudenell	Wards affected: All
Contact Officer(s) and contact details:	Bev Horvath, Troubled Families Manager, DWP, Tel: 0115 979 3682 or email: BEV.HORVATH@DWP.GSI.UK	
Other officers who have provided input:		
Relevant Children and Young People's Plan (CYPP) priority or priorities:		
Safeguarding and supporting children and families:	Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties and provide a safe environment in which to thrive.	
Promoting the health and wellbeing of babies, children and young people:	From pregnancy and throughout life, babies, children, young people and families will be healthier, more emotionally resilient and better able to make informed decisions about their health and wellbeing.	
Supporting achievement and academic attainment:	All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for independence, work or further learning.	
Empowering families to be strong and achieve economic wellbeing:	More families will be empowered and able to deal with family issues and child poverty will be significantly reduced.	x
Summary of issues (including benefits to customers/service users):		
The report and presentation cover the key areas of existing support:		
Department of Work and Pensions (DWP) advisers are:		
<ul style="list-style-type: none"> • Seconded to Nottingham City Council to provide help and support to find work • Working holistically with Schools, Health, Probation, Police, Vanguard and other partners • Using solution focused techniques to empower families to think of the ABC of work • Upskilling the Local Authority and their Partners to deliver employability support • Upskilling DWP Work Coaches to understand the whole family • Acting as Lead Professionals on Employment and Training (future proofing families resilience by breaking the legacy of long term worklessness) 		
Recommendations: The Board is asked to:		
1	communicate and promote the Priority Families Model	
2	embed the Work Pays message into the Children's Partnership as a solution to attaining resilience into the family	
3	promote economic wellbeing by supporting families with Universal Credit and the benefits this brings	

1. BACKGROUND AND PROPOSALS

(Explanatory detail and background to the recommendations)

- Troubled Families Employment Advisers have been in place since April 2013
- DWP is committed to Partnership Work until March 2020
- There are dedicated Troubled Families Employment Advisers (TFEA) in over 300 LA's
- There are three TFEA's in Nottingham City Council

2. RISKS

(Risk to the CYPP, risk involved in undertaking the activity and risk involved in not undertaking the activity)

- The service delivery is already risk assessed
- Almost 3000 markers are set on DWP systems to show the number of Troubled Families in the District; this also shows successes
- Some risks involved are compliance and fraud issues
- Risk of LA not embedding the full Priority Families model
- Risk that the PF programme will no longer have a Programme Manager

3. FINANCIAL IMPLICATIONS

- Simple financial implications are that the Welfare Bill and Local Government benefit support will not decrease if the whole family is not helped towards resilience, i.e if the child is looked at in isolation

4. LEGAL IMPLICATIONS

- Not applicable

5. CLIENT GROUP

(Groups of children, young people or carers who are being discussed in the report)

- Families with children
- Adults in receipt of an out of work benefit

6. IMPACT ON EQUALITIES ISSUES

(A brief description on how many minority groups are being engaged in the proposal and how their needs are being met: This section includes traveller and refugee families. The themes of the Shadow Boards – children and young people; parents and carers; equalities issues and the voluntary and community sector should be considered here.

- Easements for survivors of DVA/Homelessness/Ex-offenders
- Not based on refugee or ethnicity status but the make-up of the family

7. OUTCOMES AND PRIORITIES AFFECTED

(Briefly state which of the CYPP priorities will be addressed)

- Adults in Work
- Young people on traineeships or apprenticeships
- Young people remaining in education or training (no risk of NEET)
- Children and young people having positive and influential role models

CONTACT DETAILS

Priority Families Advisers
Bev-Manager (based in DWP) 07920530647
Rob 07920181547
Monica 07920155014
Katy 07771837588

Priority Families In Nottingham City

The Troubled Families Programme



Department
for Work &
Pensions

- Life changing
- Improving
- Partnership
- Caring
- Whole Family



Nottingham
City Council

Priority Families In Nottingham City

Why we need to turn troubled families around



Department
for Work &
Pensions

Children who grow up in a home where there is domestic violence are more likely to become perpetrators or victims of domestic violence as adults

Source: UNICEF, *Behind Closed Doors: The Impact of Domestic Violence on Children* (2006)



CHILDREN'S
PARTNERSHIP

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



Nottingham
City Council

www.number10.gov.uk

Priority Families In Nottingham City

- **Children in workless households are 3 times more likely to live a life on benefits**
- **Being unemployed can lead to depression and mental health problems**
- **Being unemployed can lead to drug and alcohol addiction**
- **Unemployment can lead to crime and anti social behaviour**
- **Unemployment can lead to truancy from school**

Priority Families in Nottingham City

All About Partnership!

DWP
Local Authority
Schools
Health
Police
Employers
Providers
FAMILIES!!!



NOTTINGHAM
CHILDREN'S
PARTNERSHIP

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE



Nottingham
City Council

Priority Families In Nottingham City

Activities undertaken to get families back into work. What is working well?

- DWP staff training the Family Support Workers
- Working closely with Accredited Practitioners
- Holding surgeries and workshops
- Updating the Priority Families website
- Shared e-mail account
- Direct work with families
- Traineeships
- Apprenticeships
- Sector Based Work Academies
- Solution focused approach
- Strength based interview techniques
- Understand the whole family, role modelling siblings for example



Priority Families In Nottingham City

What are the Challenges?

- Nottingham City still does not have a whole family approach across all areas
- Some LA and Partner staff are not engaged with the whole family model
- Changes from the benefit system to the world of work and earning can be worrying for families and this makes them reluctant to go into work
- Nottingham City have some of the most challenging social issues-gang membership, DVA, ASB for example
- The PF team may be losing their Programme Manager who has been instrumental in making phase 1 a success and has co-ordinated the successes of 1200 families



What can the Partnership do to Support?



Always important to hear the voice of the child, but the root cause of the problems with the child may be the rest of the family.....

The Children's Partnership Board could support by recognising that the whole is greater than the sum of its parts.....

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