Section 1. Context

1. How does your proposal demonstrate delivery of the 2050 Ambition?

The 2050 ambition is centred on making Southend a safe, thriving, exciting place to live and work. Children and young people are the adults and leaders of the future so providing a safe, sustainable and supportive environment for them is key to the delivery of all the 2050 ambitions.

The Safe & Well ambition calls for people in Southend-on-Sea to feel safe in all aspects of their lives and to be well enough to enjoy fulfilling lives. Domestic Abuse (DA) has far reaching, widespread effects which does not just affect the victims but their children, families and communities. Long term emotional and health impacts are well documented, as well as inability to work and homelessness being common factors. Risk factors occurring in a child’s life which could threaten their development are deeply embedded in DA. Some occur at the level of the individual child, others at the family level, at the local community level or of society as a whole (source; Early Intervention Foundation [EIF]. (2018) Realising the potential of early intervention).

Research into adverse childhood experiences (ACEs) cements the understanding of the long-term impact of multiple risk factors within a child’s home environment. ACEs include abuse or neglect, exposure to domestic violence, parental substance misuse and parental mental health problems. There is a strong association between the number of ACEs and the risk of mental health problems, chronic diseases, involvement in crime and other poor outcomes in later life. Research also suggests ACEs are highly prevalent in our population: at least a quarter have experienced 4+ adverse experiences during childhood (source; Early Intervention Foundation [EIF]. (2018) Realising the potential of early intervention).

We cannot underestimate the impact of DA on children and young people - it is multi-factorial and may not always be visible during the period of abuse but come to light later in life. There are a plethora of national service models focussing on high risk, complex and vulnerable families. Although not all focussed on DA alone, they have the same overarching holistic ethos of looking at the family dynamic through a different lens.
considering the broader aspects of the home environment, what drives that dynamic and what support or intervention would be meaningful.

**What does the data say?** In 2018/19, 5,345 DA incidents were reported in Southend, which is the highest rate of reported DA across Essex and an influencing factor in the multi-agency Violence and Vulnerability Group agreeing DA as a top priority. Demand for services is increasing leading to costly interventions e.g. intervention by statutory children’s services and is a significant factor in re-referrals.

**Figure 13: Police recorded victims of domestic abuse in Essex by assessed risk, 2013 and 2016**

During the period April 2018 to March 2019, SBC Children’s Social Care teams received a total of 2,775 referrals, of those 574 (20.68%) noted Domestic Abuse as being the main reason for referral. Of the 2,936 assessments undertaken 291 children (9.9%) were identified as subject of DA, 627 (21.4%) related to concerns about the parent/carer being the subject of DA, and 107 (3.6%) related to concerns about another person living in the household being the subject of DA. *Please note that it is possible for a child to have all three factors related to DA recorded in a single assessment.* Referral numbers for the first 5 months of 2019/20 are on par with the previous year but the % of referrals related to concerns about the parent/carer being the subject to DA has risen to 25.2%.

During the period April 2018 to March 2019, SBC Children’s Social Care teams received a total of 683 re-referrals, of those 178 (26.1%) note DA as the main presenting reason. Re-referral numbers for the first 5 months of 2019/20 show a slight increase at 309 re-referrals, of which 60 (19.4%) had a main presenting reason of domestic abuse.

**Proposal**

We know that DA is a consistent factor in family cases referred to statutory children’s services, although often it is not the sole catalyst for referral so may not factor heavily in assessment, decisions and intervention. However, the data above suggested that a significant number of children, young people and their families are affected by DA. It is proposed that dedicated roles are created to work in partnership with Children’s social care and support professionals in our locality teams to optimise the outcomes for families presenting with DA. These roles would provide a dedicated resource to focus on the impact that DA has on children, young people and their families. Through the addition of capacity and expertise, practitioners will be able to better help
families tackle and make sustainable change. This additional capacity would also work towards supporting fellow professionals to enhance their knowledge, skills and expertise to help reduce the impact of DA.

2. What evidence have you got that this approach will deliver the outcome?

The independently commissioned evaluation of the Safer Steps (formerly SOSDAP) ‘Breaking the Cycle’ service, published in July 2019, included direct comments from professionals quoted as follows:

“We do not always have the time as front-line social workers to complete the work in this area at the depth needed. This service has been beneficial to give the young women a "safe" space to talk without fear of repercussion from social workers.”

“We have been able to give our clients extra support around D/V by signposting. It makes a huge difference in our service capacity knowing we are able to refer on to Break the Cycle who can work with young people and families in the context of domestic violence.”

The above service is provided in Southend and funded via the National Lottery and is a prevention and support programme that works with children and young people aged 13-19 to help them understand the importance of healthy relationships and has proved to be a success in supporting young people.

We know the following:

- Domestic Abuse is the most common factor in situations where children are at risk of serious harm in the UK (source; Characteristics of children in need statistics, 2016−17 Table C3).
- Domestic Abuse can have a detrimental and long-lasting impact on a child’s health, development, ability to learn and well-being. 6.5 million adults are estimated to have directly experienced domestic abuse from the age of 16, if estimates included experience of domestic abuse in childhood, this number would be considerably higher (source; Office for National Statistics, 2016).
- Children exposed to domestic violence are more likely to have behavioural and emotional problems. This included both internal problems such as depression and anxiety and external problems such as aggression or anti-social behaviour (source; 5 Humphreys, C. (2006) Relevant evidence for practice. In: C. Humphreys and N. Stanley (eds.) Domestic violence and child protection: directions for good practice).
- Children and young people who experience more prolonged exposure to DA are more likely to develop health-harming and anti-social behaviours during adolescence, such as binge drinking, smoking and drug use. Individuals that experience multiple ACEs in childhood go on to have higher rates of diseases such as cardiovascular disease and mental illness; they are more likely to have slower cognitive development (source; Fantuzzo, J. and Mohr, W. (1999). ‘Prevalence and effects of child exposure to domestic violence’ in The Future of Children, 9(3), 21-32.26 and Schechter, S. and Edleson, J.L. (2000) Domestic violence and children: Creating a public response Center on Crime, Communities and Culture for the Open Society Institute).

Successful models are documented in various sites across the UK - high profile charities including Barnardo’s and Achieving for Children are delivering similar services for numerous local authorities.

In Richmond and Kingston-Upon-Thames, there are specialist DA roles who achieve the following:

- Reduce risk of significant harm on the well-being and safety of the whole family
- Provision of services to mitigate against the adverse impact of being exposed to incidents of DA
- Strengthening of the child-parent relationship
- Building strong and effective partnerships with key partners in order to deliver a holistic response

In Hertfordshire, their approach to DA has been highly praised in their recent Ofsted inspection and notes ‘good examples of specialist adult workers who are embedded in the family safeguarding teams using their expertise in domestic abuse’.

In Southend, a similar approach was taken with adolescent intervention which proved successful and has
expanded over time to be a successful and effective service.

It is anticipated that targeted intervention and specialist *family focussed* DA case management approach will have a significant positive impact on outcomes including a marked reduction in re-referrals and related harm.

Success is often measured by the cessation of abuse and services are strongly focussed on the victim or perpetrator and not the wider family or social unit. In implementing this project, there will be a focus on the needs and experiences of children which is essential to ensuring the emotional and mental impact of domestic abuse is addressed. Children and young people who have lived with domestic violence for several years frequently experience intense feelings of responsibility, guilt, anger and a sense of despair and powerlessness over their lives – having these specialist roles in place would help to address some of these feelings.

3. What are the measures of impact, success and how will you embed learning?

Potential measures of Impact and Success could be;

**The Family voice:**
- Children & young people feel safe and supported
- Children & young people have a greater understanding of healthy relationships
- Children & young people know where to access support
- Children & young people know how to keep safe
- Children & young people identify as being physically safer
- Children & young people have improved emotional well-being.
- Families report improved relationships including reconnecting with family/expanded network of friends
- Parents understand the impact of living with DA, leading to their being better able to meet the needs of their children and keeping them safe.

**The Professionals voice:**
- Professionals report increased awareness of the impact and trauma of DA on children and young people
- Professionals report increased awareness of warning signs a young person is experiencing an unhealthy or abusive relationship
- Professionals report increased confidence to talk to a young person they are concerned about
- Professionals report a greater knowledge of what teen relationship abuse is
- Professionals report feeling more confident to report a concern

**Success:**
- Improved engagement with social care and wider DA services
- Reduction in re-referrals linked to DA and associated costs
- Improved resilience
- Improved school attendance and attainment
- Sustainability of employment and housing

Outcomes of intervention will be monitored at timely intervals using distance travelled tools and impact evaluation tools.
Section 2. Aims, Objectives & Collaboration

4. What are the key aims and objectives of the proposal?

The principal objective of the proposal is to provide tailored and family focused specialist support to families within statutory services where DA is a factor. Aiming to make a positive difference to the lives of children and young people, strengthening the parent-child relationship and mitigating against the adverse impact of DA.

- Families will be encouraged and empowered to regain control over their lives and make positive decisions for their children.
- Parents will gain an understanding of the impact of living with domestic abuse, leading to their being better able to meet the needs of their children and keeping them safe.
- Children and young people whose lives have been affected by domestic abuse will recover from their experiences and be more likely to engage in healthy relationships.
- Children and young people will have awareness of domestic abuse and increased knowledge of healthy interpersonal relationships.
- Supported recovery, resilience and sustainable change.
- Reduced demand for high cost statutory intervention.
- Reduced re-referral rates.
- Professionals will gain a greater insight and understanding of the many facets and devastating impact of DA on victims and families.
- Professionals will learn key skills and expertise tailored a holistic family approach.
- Raising awareness of the adverse impact and hidden harm for children and young people in DA households.
- Establish and maintain effective, transparent and timely communication with families and key partners.
- To identify and manage key risk factors with families, formulating a personalised plan of support to minimise likelihood of repeat incidents and monitor risk.

5. Who else have you involved in discussions and how have the helped to shape the proposal?

- Laurence Doe – Children’s Services Lead
- John O’Loughlin – Director of Children’s Services
- Erin Brenan-Douglas – Public Health
- Julie Jones – Southend MARAT Manager
- Krishna Ramkhelawon – Interim Director of Public Health
- Ian Diley – Public Health
- Sarah Range – Adult Mental Health Services
- Ruth Baker – Children’s Transformation
- A Better Start (ABS)
- Safe Steps (formerly SOSDAP)
- Integrated Commissioning Team
- Southend CCG
- SBC Data and Performance Team

All of the above have contributed in a variety of ways including providing knowledge and expertise in the field of DA and children’s social care, experience of dealing with complex families, experience of managing the detrimental impact of DA on children and young people and suggestions on how to shape this proposal to optimise the opportunity and outline the benefits/outcomes.

6. What are the links and dependencies with the other outcome proposals?
Domestic abuse is the theme of a second Safe & Well proposal entitled ‘Breaking the Cycle’. This proposal seeks a contribution to enable the continuation of this creative service. Breaking the Cycle is targeted at 13-19 year olds helping them to understand the importance of healthy relationships, spot the signs of an unhealthy relationship, recover from their experiences of domestic abuse and know where to go for help. This proposal is not dependent on Breaking the Cycle nor a duplication of it, however they will complement and support each other to achieve optimal outcomes.

Safe Home in Southend is a Safe & Well proposal focussed on decreasing the number of children who become looked after. This proposal is not dependent on Safe Home in Southend however there is likely to be a link as a proportion of families within the targeted cohort will be at risk of being taken into care.

Trauma, Recovery & Resilience is a Safe & Well proposal for education and outreach services for vulnerable victims of trauma, enabling them to live purposefully. This proposal is not dependent on Trauma, Recovery & Resilience however there is a clear link to supporting victims and survivors of DA under the umbrella of ‘trauma’.

Review & Improve Children’s Centres by increasing the range of services and greater community involvement is an Opportunity & Prosperity proposal seeking to ensure that the 9 children’s centres in Southend are thriving and vibrant places to support young children and families. This proposal is not dependent on Children’s Centres however they would be an ideal neutral venue to meet with children and families.

7. Who are the partners (or potential partners) and how to you envisage their role(s) in collaborating to delivering the proposal to achieve the outcome?

The voluntary sector would be the ideal partner to provide skilled and experienced resource for this proposal. Safer Steps (formerly SOSDAP) are a dynamic local provider who would be an ideal partner to support the design and planning of this proposal. Colleagues in children’s social care, Early Help, MASH+, MARAT and local safeguarding experts would be key members of any design and implementation team. Co-production with children and families would be a key aspect of the design and development phase and ABS would be our chosen partner to develop and deliver this element of the proposal.

The project provides the opportunity to achieve cost savings for statutory services including the police, health services and social care including significant value for children & young people and in many cases, their families.

8. What potential challenges do you anticipate in respect of a) implementing this proposal, b) caused by this proposal once implemented?

a) Recruitment of DA specialist workers – the roles required for this proposal are specialist and would require a high level of experience. Work will be carried out with social care and the voluntary sector to ensure we have the right job description and a robust recruitment process to ensure we get the right candidates.

b) Engagement from families who may already be disengaged from the system, to work with a specialist DA worker with the knowledge that there will be no adverse impact on any other issues in their lives

c) Provision of training to a significant number of frontline staff to enhance their knowledge and skills base around domestic abuse

d) Having the correct capacity to deal with the significant numbers of children and young people impacted by DA and being able to sustain the support where necessary
Section 3. Social Value

9. How could the proposal deliver social value - in terms of the local community, businesses, economy and environment and what will the specific impact and benefits be?

- Increased autonomy, independence and capability
- Improved mental health and self-care
- Improved personal economic viability
- Improved career prospects, employment status and ability to maintain employment
- Better parenting and relationship with children
- Lower dependency/usage of statutory services
- Platform for more joint working and future partnership working
- Improved response to service users adding value to locally commissioned services

10. What is the perceived impact the proposal will have on groups with ‘protected characteristics’?

**Age** - Women are more vulnerable to being victims of crime in their teens to their mid-twenties, after which numbers are still high but reducing. Recorded rape offences in Essex in 2016/17 increased by 13% (to 39,335 offences) compared with the previous year, other sexual offences by 12% (to 76,677). Categories directly relating to offences against children accounted for 36% of the overall increase. (source; Essex Police data March 2017). This proposal will be working with families of all ages and their children.

**Black and minority ethnic** – BME communities experience similar levels of abuse to the white British populations, although women (and sometimes men) in some BME communities are more likely to experience certain types of abuse including forced marriage, dowry-related abuse, female genital mutilation (FGM) and ‘honour’ based or other forms of violence against women perpetrated in the name of religious and cultural notions of so called ‘family honour’ (source; Office for National Statistics (2016) Intimate personal violence and partner abuse).

However, like most marginalised communities, BME survivors face additional barriers to accessing support due to reasons of structural racism which can lead to assumptive or discriminatory behaviours, culture and language, among other factors. As a result, they are likely to remain in abusive relationships for longer before seeking help and more likely to return to an abusive relationship once they leave, particularly where there is no specialist BME-led women’s organisation to offer support locally (source; National Crime Agency (2016) Emerging new threat in online dating Initial trends in internet dating-initiated serious sexual assaults).

This proposal will not discriminate against BME communities, and will hopefully have more capacity to do targeted work with these communities to ensure there are no cultural barriers in the way.

**Disability** - Disabled people experience disproportionately higher rates of domestic abuse compared to non-disabled people. Disabled women are significantly more likely to experience domestic abuse than disabled men and experience more frequent and more severe violence, for longer periods of time than non-disabled people. Disabled men also experience higher rates of abuse than non-disabled men (source; Public Health England (2015) Disability and domestic abuse).

**Lesbian, gay, bisexual and transgender (LGBT+)** - One in four lesbian and bisexual women have experienced domestic abuse in a relationship, which is comparable to straight women. Two thirds of those say the perpetrator was a woman, a third a man. Almost half (49%) of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partner since the age of 16. There is some evidence to suggest 80% of trans* people experience emotional, sexual or physical abuse from a partner or ex-partner although there is limited research into this. Young LGBT+ people (under 25) are particularly vulnerable to domestic abuse, in part because they lack resources to seek help. LGBT+ people approaching domestic violence services have higher rates of alcohol dependency/‘complex’ issues which may result in individuals leaving it longer before approaching services (source; Stonewall website.  http://www.stonewall.org.uk/help-advice/criminal-law/domestic-violence).
Children’s social care services are working with high risk, vulnerable and complex families. Often from deprived backgrounds with chaotic lives, these families will present with a potentially high proportion of protected characteristics. Young women in their mid teens to mid 20’s are likely to be over represented on the social care caseload where DA is a factor.

Learning to listen to and respect the voices and views of others and to incorporate everyone’s views into the partnership’s plans is essential.

11. What is the proposal’s potential direct or indirect impact on the wider community?

Overall, in the year ending 31 March 2017, domestic abuse is estimated to have cost over £66 billion in England and Wales. The biggest component of the estimated cost is the physical and emotional harms incurred by victims (£47 billion), particularly the emotional harms (the fear, anxiety and depression experienced by victims as a result of domestic abuse), which account for the overwhelming majority of the overall costs. The cost to the economy is also considerable, with an estimated £14 billion arising from lost output due to time off work and reduced productivity as a consequence of domestic abuse. Some of the cost will be borne by Government such as the costs to health services (£2.3 billion) and the police (£1.3 billion). Some of the cost of victim services will also fall to Government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services and repairs and maintenance. Victim services costs also include expenditure by charities and the time given up by volunteers to support victims (source: The Home Office, The economic and social costs of domestic abuse, January 2019). This proposal will support the reduction of costs across partner agencies for addressing DA.

Supporting children, young people and families to identify and address the impact of DA will have a positive impact on the wider community. Regaining a level of confidence, resilience and recovery will support children and adults to re-enter mainstream life, sustain employment, sustain housing, maintain personal and professional relationships, improve emotional wellbeing, increased economic independence etc. A combination of these key factors will impact on not only local communities but also statutory services including social care, health, police etc., reducing some of the burden as detailed above.