

To: Kent Community Safety Partnership

Subject: Independent Domestic Violence Advisors (IDVAs) Critical Funding Requirement

### **Introduction:**

We last wrote to you in September 2011 highlighting the critical shortfall in IDVA funding and the risk this posed to our ability to support and protect 'high risk' victims of domestic abuse. *IDVAs work with 'High Risk' victims and this risk is defined as 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'*<sup>1</sup>

Describing the situation as 'critical' is not an exaggeration. A lack of funding has seen a 27% drop in IDVA numbers in 2012/13 to just under 17 fte (from 23.1 fte). Compare this drop to the 12 months ending March 2012 which saw 7 deaths as a result of domestic violence and at 956, a 25% increase in the number of high risk cases being presented at MARACs, and the critical nature of the situation is clear.

We have recognised for some time that funding arrangements for IDVA services are not stable or coherent. There are 10 third-sector agencies in Kent and Medway providing IDVA services all working independently of each other resulting in a patchy / postcode lottery coverage, variable working practices and constant competition for any funding streams available.

### **IDVAs Work:**

There is a reliable evidence base that indicates IDVA services have a dramatic impact on reducing re-victimisation and improving the safety of victims and their children.

A number of recent studies all agree that nearly two thirds of victims supported by an IDVA experience a complete or near cessation in the abuse they were suffering within 3-4 months of contact. In the third of cases where it did continue, it was at much lower levels.

Un-supported, 'high risk' cases are expensive for the public purse. CAADA calculates the direct costs of an average 'high risk victim to statutory agencies at over £10,000 per year. The average cost of supporting a 'high risk' victim is around £500 and the cost where all forms of abuse cease is under £1,000.

The current increases in the number of instances of domestic abuse being reported to the Police and the number of victims being assessed as high risk are showing no sign of slowing down. The human cost of not supporting a high risk victim is obvious and a failure to manage cases properly will only result in escalating costs to the public purse.

### **Actions Taken:**

The Kent CSP commissioned a Task And Finish Group, chaired by the Kent Fire & Rescue Service, to review the current situation and develop a sustainable strategy going forward. With the help of funding from Kent Probation and KFRS the group were able to buy in commissioning expertise and resource to help them with their work.

A number of other areas were contacted to see how they manage their IDVA provision. In summary, although there are a range of models in existence, most are moving towards

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<sup>1</sup> Offender Assessment System definition used by MAPPA Responsible Authorities

pooling and jointly commissioning services with centralised monitoring and clearly defined standards.

The group produced two reports which are attached. The first is a Needs Assessment which describes the high prevalence of domestic violence, an analysis of existing data and the unequal distribution of IDVA services across Kent & Medway. It shows that IDVA support to victims of domestic violence is an evidence based approach which shows a positive social return on investment e.g. £1 spent on IDVA services = £10 saved on managing DV cases across public sector organisations.

The second report is a Commissioning Report which shows the current complex and unsustainable arrangements for funding existing IDVA services and details of options considered.

### **Recommendation:**

The group concluded that the current arrangement will not improve by simply investing more money in it; we require a radical change to the way services are funded if IDVA provision is to become more robust, strategic and sustainable.

The group recommends that a jointly commissioned approach would help address the need for more flexibility, better value for money and more consistent standards and processes. A summary of the recommended option is as follows;

- Pool current public sector funding.
- Bid for funds to Police & Crime Commissioner and Health and Wellbeing Boards.
- Jointly, strategically commission an IDVA service across Kent and Medway
- Align services with MARACs rather than districts and target high risk clients
- Use longer term contracts/agreements so services can plan and develop
- Invite consortia bids to avoid losing existing skills and links developed by current small, localised providers.
- Commission for outcomes rather than posts
- Encourage providers to continue to access charitable funds to supplement the core IDVA service so that they can develop the outreach and volunteer base to provide a more appropriate level of support for cases which are not high risk (preventing today's medium risk becoming tomorrow's high)

Based on research, we know that the average cost to support a high risk victim is £500. From the Needs Assessment we estimate the number of 'high risk' MARAC victims in 2013/14 will rise to 1,300. Based on this estimated number of victims plus the cost of 4 Court IDVAs the total fund required to commission this service would be £810k.

### **Questions for Discussion / Decision**

1. Are partners in agreement with the recommendation to develop a joint commissioning approach which focuses on managing 'high risk' victims referred to MARAC.

The medium and low risk cases will continue to be managed by the third-sector agencies.

2. If the recommendation is agreed, who should be contributing to the pooled fund?
  - a. The costs of managing domestic abuse, as detailed in the Commissioning Report shows that the main beneficiaries of a reduction in re-victimisation are the Health Partnerships, the CJS and Social Services Authorities. Based on the cost figures these 3 groups would apportion any funding in a ratio of 7:4:1.
  - b. What proportion should individual local authorities contribute? Currently 6 of the 13 authorities have made a contribution in this year totalling £190k of which over

half has come from Medway Council. Annex 1 uses the number of MARAC cases for the 12 months to end May this year to show the proportion that each authority would contribute if a proportionate model was used.

- c. Should other countywide agencies also make a contribution? Examples might include Kent Fire & Rescue Service, Housing Associations.
3. Who will take on the role of the commissioning body (a possibility could be the KCC Commissioning Team) and take the recommendations forward. Who will approach the PCC and Health & Wellbeing boards to bid for their contribution to the fund?

To facilitate these decisions a presentation has been prepared for the CSP to explain the process we have gone through and the recommendation in more detail.

Sarah Billiald  
Chair, Kent Criminal Justice Board  
Chief Executive Kent Probation Trust

## Annex 1

### Local Authority MARAC Cases – 12 months to end May 2012

<b>Area</b>	<b>No. of Cases</b>	<b>% of Total Cases</b>	<b>Proportion per £100,000</b>
Ashford	67	6.4%	£6,400
Canterbury	63	6.0%	£6,000
Dartford	45	4.3%	£4,300
Dover	46	4.4%	£4,400
Shepway	72	6.9%	£6,900
Gravesham	51	4.9%	£4,900
Maidstone	81	7.8%	£7,800
Medway	247	23.7%	£23,700
Sevenoaks	29	2.8%	£2,800
Swale	69	6.6%	£6,600
Thanet	169	16.2%	£16,200
Tonbridge & Malling	52	5.0%	£5,000
Tunbridge Wells	52	5.0%	£5,000
Total	1043	100%	£100,000