

Kent & Medway Independent Domestic Violence Advisors

Needs assessment and commissioning recommendations

Kent Community Safety Partnership
July 2012



Rationale for IDVA work

 Positive results: low rates of re-victimisation, improved safety to victims and their children.

Average cost of £500 per case for an IDVA.

• £10,000 (min) costs to public services of one high risk victim PER YEAR.



Prevalence and costs of DV

- In Kent and Medway there will have been 54,773 (± 11,000) women or girls (16-59) who have experienced domestic abuse in the last year.
- The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

Note: These figures relate to woman and girls only and therefore total figures will be higher with men included.



Data

Data stream (2010/11)	Number
Estimated prevalence (females)	54,773
Police domestic abuse reports	22,000
Charges	1296
MARAC (high risk) cases	764*

^{*} In 2011/12 the number of high risk cases was 956 an increase of 25% in 12 months



Changes in total IDVA provision

- 2011/12
- 3 court IDVAs + 20.1 community IDVAs = 23.1
- **2012/13** (est.)
- 3 court IDVAs + 13.84 community IDVAs = 16.84
- Districts which will be least well served in 2012/3 will be Dartford, Gravesham, Dover, Shepway and Ashford.
- In addition there is a gap in court IDVA support in Dover, Shepway and Ashford.



Consultation issues

- Model of DA support system unclear
- Lack of senior champion
- Poor data/monitoring
- Separation of court & community IDVAs
- All doing their own thing
- Competition for funding
- Services for male victims



Summary of current funding

Funding sources	Expected IDVA funding 2012/13 (£000's)
Charitable funding sources	189
Medway council, Districts, KCC and Community Safety Partnerships	229
Central government departments	118
Housing associations	45
Children's services	0
Police	30
Health	0
Total	£611,000



Recommendations and options

 The main aim of the commissioning recommendations is to simplify and rationalise the commissioning and delivery of IDVA services and ensure they are more sustainable in the future.



Option 2

Option

Recommended short term option (2012/13)

Fund extra IDVA capacity in areas with biggest gap in provision. i.e. Dartford, Gravesham, Dover, Shepway and Ashford to cover expected MARAC numbers for North and South Kent MARACs. Total 5 community + 1 court IDVA.

Costs

Estimated extra costs to partners approximately £240,000

Advantages

Relatively small extra cost ensures a minimum cover is provided to areas of highest demand and clients at highest risk.

Disadvantages

This measure would only provide a short term fix and would do nothing to make the system work better or become more sustainable in the longer term.

Recommended?

Only as a short term measure in 2012/13



Option 4 - Long term option (2013/14 onwards)

- Pool resources and strategically, jointly commission IDVA services
- 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.



Option 4 cont.d

- Commission for outcomes rather than posts.
- Encourage providers to continue to access charitable funds to supplement the core, IDVA service. So that...
- Providers can develop the outreach and volunteer base across the county and Medway to provide a more appropriate level of support for cases which are not high risk.



Option 4 Costs

Costs

Estimate of costs to partners

- IDVA service with a capacity for 1300 clients would cost £650,000.
- Plus 4 court IDVAs would require £160,000 (£810k grand total).
- A Pooled fund should be created specifically for jointly commissioning strategic IDVA provision.
- Using 'proportionate costs model' the split between Health, CJS and Social services (KCC and Medway Council) would be 7:4:1
- Consideration should be given to what other agencies can contribute to total costs i.e. district councils, KFRS etc



What Next?