

# Safer and Stronger Communities Overview and Scrutiny Committee

21 February 2017

## Vulnerability Intervention Pathways (VIP & formerly MAIS) Update Report



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### Report of Ian Houlton – Neighbourhood Protection Manager

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#### Purpose of the Report

1. The purpose of this report is to provide an update on the Vulnerability Intervention Pathways (VIP) project.

#### Background

2. This update report to the Safer and Stronger Overview and Scrutiny Committee follows a report in 2014.
3. In Durham there is a longstanding commitment by partners to a multi-agency problem solving approach to manage perpetrators and support victims of crime and anti-social behaviour.
4. VIP is a multi-agency approach with local partners working together to manage **adults** who may:
  - (a) be a victim of anti-social behaviour or crime
  - (b) repeatedly cause anti-social behaviour or crime
  - (c) be a persistent complainant
  - (d) be at risk of harm and / or have other factors which increase their vulnerability
  - (e) place a high demand on services
5. VIP changes the approach from responding to the outputs of the behaviour to assess and understand the individual, identify the underlying causes and put support in place to intervene and so be on another pathway. This improves lives and changes the level of outputs (ASB/Crime) so reducing demand on services (especially those in response).

#### Current position

6. Referrals are received from agencies and sent to a central point where information is gathered from a range of key sources to assess risk and inform the assessment. The lead professional is then identified from the key issues who will engage with the individual and conduct a more detailed assessment to identify underlying needs/challenges and agree key actions. The lead professional will work with a 'team around' made up of appropriate agencies to meet the identified needs to a point where the case can be closed.

7. Cases that are protracted or provide particular challenges are referred to a review panel, which is multiagency group to provide support and challenge.
8. Case studies about the 'client's' journey continue to come through which show the value of the holistic approach employed. An example is contained in Appendix 2 which summaries that the individual caused concerns. This case shows significant progress on all fronts and an example of how wider teams can really work together. It also reduces the demand for frontline staff across a number of agencies.
9. Appendix 3 also provides an understanding of the various underlying issues from a sample of cases, which are representative. Overall the **key** challenges/support needs to individuals across the cohort are drug and alcohol, mental health and domestic abuse.

### **Future steps**

10. There have been some challenges since inception including:
  - (a) There were occasions where assessment and consent were being conducted throughout the process.
  - (b) The delay in gathering a full picture from the data and checks also led to delays in meeting with individuals.
  - (c) The process being over complicated.
11. These have been reviewed with and the future approach will see investment in dedicated support workers (Navigators) tasked to carry out the assessment and consent work from the outset. These specialists will be crucial to engage and motivate individuals, this will speed up the work with those concerned and provide a specialist approach to this key stage. The Navigators will in some instances lead to a simple single agency response and in other more complex cases a team around approach will be maintained.
12. To progress this approach the initial team will are being recruited through Durham Constabulary and Durham County Council (Neighbourhood Protection) and these roles are currently in the process of being filled. These staff will create a single cross agency unit, based across the county.
13. In each case the client will always be at the centre of any intervention, and supported to be actively engaged throughout the process. The process is about working with the client to support them not doing it to them.
14. When a referral is made informed consent of the client is sought; a 'Navigator' will then act as a case manager. Navigators build relationships, solve problems and locate resources. Navigators promote the recovery, independence, health and wellbeing of service users. This type of person centred, enabling, and recovery focused process can be carried out by a number of roles and in various settings, complementing and strengthening teams and adding value to a range of services linked to social care and criminal justice settings.

15. Once this initial assessment is completed the Navigator will provide access to other more specialist interventions as and when needed. For example, this could include access to counselling services to address grief, loss, gambling, debts and/or a wide range of health services, help to resolve housing issues, addictions etc.
16. For clients where their individual assessment has identified the need for multiple agency involvement, the Navigator will arrange a Team Around the Adult (TAA) meeting. Once a Client Action Plan is agreed the Navigator will review the case on a regular basis, liaising with the client and reviewing timescales set against actions. The Navigator will support for the client, provide on-going reassurance, motivation and engagement.
17. Referrals are key for earlier intervention and three key elements have changed:
  - (a) The ability to refer for frontline officers has been simplified removing some elements.
  - (b) The use of existing referrals to the 'central referral unit' (CRU) to assess and redirect to VIP appropriate cases. This additionally allows CRU referrals that did not meet high risk levels to be channelled for further work.
  - (c) The data feed that comes from Police systems has been changed to one that reflects risks and run on a 6 monthly basis to review.
18. As a Safe Durham Partnership initiative the project continues to provide updates on a regular basis.

## **Conclusion**

19. The work with clients to understand their underlying needs is important to get upstream and change the traditional response to the outputs of their behaviour, which is more costly. The case study continues to provide evidence of the success of the approach, however further work is required on the volume of cases to be processed and handled in the context of future budget reductions.

## **Recommendations**

20. Members are asked to note the content of the report and comment accordingly.

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## **Appendix 1: Implications**

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**Finance – None**

**Staffing – None**

**Risk - None**

**Equality and Diversity / Public Sector Equality Duty – None**

**Accommodation - None**

**Crime and Disorder –** Activity of multi-agency problem solving groups includes reducing crime and disorder within County Durham

**Human Rights – None**

**Consultation – None**

**Procurement – None**

**Disability Issues – None**

**Legal Implications – None**

## **Appendix 2 – Case Study**

### **Client A Case Study**

**Reason for Referral:** Referred by DCC ASB Team due to Issues including severe depression, alcoholism, self-harm, financial difficulty and various medical issues.

#### Background:

Client A engages well with primary health care. Client A has previously been seen by a Psychiatrist however only 5 sessions were initially available based on funding. Client A has undergone many operations due to ongoing medical conditions, for a number of years, for which they take medication.

Client A was previously open to the Mental Health Access Team in October 2015 where they were assessed.

Client A advised has anger management issues and has self-harmed on a number of occasions. Client A takes a large amount of medication and has overused medication previously to take an overdose. Client A often becomes frustrated with their medical condition and often abuses alcohol as a result.

Client A's alcohol abuse led to the breakdown of their marriage, and they continued to abuse alcohol which led to anger management issues, stress, anxiety, the development other medical problems, including Addison's Disease, depression and PTSD. Client A suffers from a lot of pain and is constantly attends the GP or the hospital in relation to pain relief, and continues to self-harm. Client A is currently undergoing additional medical treatment and seeing a Consultant Surgeon as they might need another operation. Client A's benefits have been cut which caused them financial hardship.

Client A has a 14 year old daughter who lives with the ex-partner and sees their daughter on the occasions she visits, when she stays at Client A's mother's house.

#### Team Around the Adult / Client Intervention Action Plan:

A Team Around the Adult meeting took place at primary health care to discuss Client A's issues, this resulted in a Checkpoint referral (which is a scheme which targets and supports low level offenders.) A Checkpoint Navigator was assigned. Unfortunately, due to further offences by Client A, was removed from the scheme.

#### Outcome

Client A continued to self-harm and make suicidal threats which resulted in a UHND Hospital admission. Subsequently Client A was discharged from Hospital care as a full assessment determined there was no role for the Mental Health Department as issues were attributed to alcohol abuse. Client A was encouraged to attend Lifeline and MIND / Talking Changes to address the alcohol abuse. A request was submitted to the Clients GP to reduce their medication dosage to try and prevent further overdose attempts and this has been implemented by the GP where the client now attends to collect a weekly prescription.

Further referrals to Social Care Direct have been made by DCC Interventions Officer. Client A telephoned DCC ASB Interventions Co-ordinator to express their upset and to apologise for their behaviour, (ongoing ASB.) Following an in-depth discussion about client's ongoing behaviour ASB Interventions Co-ordinator agreed for a further appointment to be made with an ASB Officer. Whilst on the phone with the ASB Interventions Coordinator Client A stated they wanted and needed a Mental Health assessment. The ASB Interventions Co-ordinator contacted the Mental Health Access Team, who advised that another assessment would not be undertaken as Client A had very recently been assessed in Custody on 30.10.16 where they acknowledged on-going self-harm but denied being suicidal. Client A was given advice to contact the Police Liaison & Diversion Service to reiterate the reasons provided for refusal of another mental health assessment.

Due to an incident at the home address Client A is currently receiving support from DCC Housing Support to relocate because they feel that they are no longer welcome in the community. This is also supported by the number of complaints made to Police, and the local councillor and by members of the community. Team Around the Adult multi agency meetings are ongoing to offer continued support to Client A with their housing needs, medication / pain relief and to reduce incidents of anti-social behaviour. A positive outcome from the Team Around Meetings has been that Client A's circumstances were reassessed and consequently their benefits reinstated, meaning there are no longer any financial issues identified.

## Appendix 3

### Random review of 10 cases

MAIS. 10 closed cases detailing both Initial and Closing presenting Issues & Support Needs

Initial Presenting Issue	Number of times each issue occurs (across 10 cases)	Additional issues?
Alcohol Misuse	4	Domestic Abuse x 2; Victim of assault/ABH; Neighbour disputes ASB
Criminal behaviour	3	Domestic Abuse x 2 Neighbour disputes Drug Misuse x 3 Physical Health problems Mental Health problems ASB
Domestic Abuse	3	Domestic Abuse Alcohol misuse Neighbour disputes x 2 Criminal behaviour Drug Misuse x 2 Physical Health problems
Low income/finances	2	Domestic Abuse Alcohol misuse
Unemployment	1	Domestic Abuse
Victim of ASB/Crime	1	
ASB	3	Alcohol misuse x 2 Neighbour disputes Criminal behaviour x 2 Domestic Abuse Drug Misuse x 2 Mental Health problems x2 Physical Health problems
Mental Health problems	4	Chronic health condition Self neglect Homelessness / Housing Neighbour disputes x 2 Physical Health problems x 2 Criminal behaviour x 2 Domestic Abuse Drug Misuse x 2 Persistent complaint ASB

Physical Health problems	3	Chronic health condition Self neglect Homelessness / Housing Neighbour disputes x 2 Mental Health Problems Criminal behaviour Domestic Abuse Drug Misuse x 2
Homelessness / Housing	3	Chronic health condition Self neglect Homelessness / Housing Neighbour disputes x 2 Alcohol misuse x 2 Domestic Abuse ASB
Drug Misuse	2	Neighbour disputes Criminal behaviour x 2 Domestic Abuse Physical Health problems Mental Health problems ASB
Persistent complaint	1	Mental Health problems
Learning Disability	1	Pregnancy
Pregnancy	1	Learning Disability