

Health Improvement Annual Report

April 2015 – March 2016

Organisation

Sevenoaks District Council

Dates of delivery

FROM	TO
1st April 2015	31st March 2016

1. Introduction/Overview

Sevenoaks District Council was commissioned by Kent County Council's Public Health Team to deliver a range of health prevention programmes. The Sevenoaks Locality Fund allocation was £120,936 which was a 7.5% reduction from the previous year. The agreed programmes contribute to actions in the Sevenoaks District Health Inequalities Action Plan and help to improve the health and wellbeing of local residents.

During 2015/16, the Council continued to deliver health interventions to a high standard. Even with a reduction in funding during the year, we were able to deliver most of the outcomes set by Kent Public Health. Numbers of beneficiaries have continued to increase, and people's overall health improved.

Health Inequalities Action Plan

As part of the Council's commitment to improving health across the District, we have produced and are monitoring the 2015/18 Sevenoaks District Health Inequalities Action Plan, 'Mind the Gap'. The summary below shows the outcomes and outputs achieved and how each of these contribute to Action Plan:

Ref No.	Target	How is that measured?	14/15 Baseline	15/16 Target	15/16 Total	Year DOT	Notes
1.3	Promote Healthy Weight for Children						
1.3.1	Support parents and children to maintain a healthy weight	Work with partners to support healthy weight initiatives for young people	25	0	9	Green	In year budget amendments from KCC caused a rethink in the children's programmes that were delivered. SDC Healthy Living Team are engaged with nine high risk families on an individual basis and are forming a team around the families

1.3.1	Support parents and children to maintain a healthy weight	Attendances at family exercise/healthy living courses/workshops	176	140	157	Green	
1.3.1	Support parents and children to maintain a healthy weight	No. attending Junior Passport to Leisure Scheme	779	750		Data Missing	This target has been affected by staff changeovers in Swanley Town Council, and is to be reviewed in the next year's plan
1.3.1	Support parents and children to maintain a healthy weight	No. of Healthy Lifestyle Sessions Delivered in Schools	New for 15/16	50	59	Green	
1.3.1	Support parents and children to maintain a healthy weight	Number of Children Supported	New for 15/16	2000	2144	Green	
1.3.1	Support parents and children to maintain a healthy weight	Number of Parent Engagement Events	New for 15/16	4	6	Green	
1.3.1	Support parents and children to maintain a healthy weight	Number of Parents Supported	New for 15/16	50	56	Green	

1.3.1	Support parents and children to maintain a healthy weight		New for 15/16			Green	Breastfeeding clinics have been set up in each of the children's centres, and peer to peer support groups are in the process of being started. This will begin to produce more project specific monitoring in the new year.
1.3.2	Increase interaction between parents and children, including healthy lifestyles and active play	Attendances at Health Promotion Projects run with Children's Centres with SDC	New for 15/16			Green	Whilst the in year budget amendments by KCC have affected the delivery of child programmes by SDC, SDC maintains presences on District Advisory Boards, at Hub Meetings, and continue to offer support and resources to Children's Centres where possible.
1.3.3	Create new opportunities to build physical activity into daily lives	No. attending activity classes funded through external funding bids	New for 15/16	1500	1766	Green	The Be Inspired, Be Active programme has now finished, and these numbers will reflect individual classes in the future
1.3.4	Identify & use opportunities created by transfer of health visiting to local government	Referrals from Health Visiting Team into Local Government Projects	New for 15/16			Data Missing	This target has been affected by complexities in reporting this sort of data, this action to be reviewed in the next plan

2.2 Support older people to keep them safe, independent and living fulfilled lives							
2.2.1	Develop Dementia Friendly Communities, improve early diagnosis of dementia and provide services and activities to support and carers those living with dementia	No. of attendances at Dementia cafes in the North of the District	668 (combined)	450	476	Green	Previously these actions were combined
		No. of attendances at Dementia cafes in the South of the District		520	545	Green	
2.2.2	Partnership working to promote and develop self help services	No. of people accessing Home Library Services	304 (avg)	300 (avg)	378 (avg)	Green	“The number of Sevenoaks residents using the Home Library Service remains fairly constant, but we are always looking for opportunities to expand our offer to deliver books and films to people in their own homes. This service is not just for the elderly, but can help with short term illness, new parents and those with disabilities.” KCC Libraries

2.2.3	Increase referrals for home adaptations and falls prevention pathways to reduce the risk of falls	No. of attendances at Yoga, Chair Based exercise and postural stability classes	2630	3000	3563	Green	An attendance to both the yoga and falls prevention programmes has increased. With the introduction of a new falls prevention pathway, we hope to see more community based programmes established in areas of need.
2.2.4	Support older people and vulnerable people to remain in their own homes and live independently	No. of people accessing Care Navigator Service	290	290	298	Green	
3.3	Support businesses to have healthy workplaces						
3.3.1	Support Kent Healthy Businesses Award	No. of Businesses signing a declaration of intent to take part in the National Healthy Businesses Award	New for 15/16	10		Data Missing	These actions have been affected by staff shortages and by the small business make up of the Sevenoaks Area, businesses do not have the staff to engage with the project. This action will be reviewed in the next year's plan.
		No. of Businesses achieving the National Healthy Businesses Award	New for 15/16	1		Data Missing	
4.2	Meet the housing needs of people living in the District including affordable and appropriate housing						

4.2.1	Carry out an Older Persons Housing Needs Assessment to better understand the needs of older people	Strategic Housing Market Assessment carried out				Green	The SHMA is now complete, a more detailed brief will now follow, building on this work
4.2.2	Provide affordable housing to meet identified needs of vulnerable groups	No. of affordable units developed	9	70	121	Green	
4.2.3	Work with developers, landlords and owner occupiers to provide appropriate housing suitable for all demographics	No. of Disabled Facilities Grants approved	120	80	94	Green	
		No. of Disabled Facilities Grants approved	64	70	74	Green	
5.4 Sustain and support safe communities							
5.4.1	Improve Road Safety	No. of people involved in Local Community Safety Projects (Speedwatch training)	New for 15/16	20	31	Green	Speedwatch training has been held throughout the year and has been well attended
5.4.2	Tackling Crime and ASB	All Victim Based crime Reduced compared to the previous year	New for 15/16	5347	5548	Yellow	Increase of 3.7% on the previous year
6.2 Reduce the gap in health inequalities across the social gradient							

6.2.1	Reduce the prevalence of smoking, particularly in areas of deprivation	No. of people attending weekly Stop Smoking surgeries at Sevenoaks Library	New for 15/16	60	52	Yellow	This was on target, but a low performance in Q4 meant that the target was missed
6.2.2	Reduce the prevalence of Type 2 diabetes through early detection and prevention	No. of attendances at Why Weight	1648	1000	1072	Green	This year has been affected by a planned reduction in the size of classes, as well as a reduction in budget from KCC.
6.2.3	Deliver activities to promote the benefits of increased physical activity and reduce obesity	No. of people attending SDC Health Walks	6434	6500	6849	Green	Health walks continue to develop each year. They have become an essential service within the new health improvement plan, and a new walk will be started in Dunton Green in April.
		Usage figures for Sencio Centres/Facilities	969453	969453 (+/- 10%)	908015	Green	These figures are within the expected 10% variance for the year.
		No. of Attendances at KAES Exercise Classes (All ages)	383	300	806	Green	
6.2.4	Deliver fitness inclusive and disability fitness	No. of attendances at dance and exercise classes at Mencap Hall	12	12	12	Green	
		No. of Sevenoaks District residents benefiting from MIND fitness activities	New for 15/16	915	1250	Green	

2. Outcomes and Outputs

a. Healthy Weight

i. Programme Information

Please complete the tables below on delivery of your programmes in 2015/16. Add any rows as required.

SESSION INFORMATION						
	Programme name	Total Budget spent	Number of courses delivered in 2015/16	Sessions per course	Length of Session [HH:MM]	Maximum capacity per session
1	Why Weight (Weight Management Programme)	21,700	12	12	01:30	15
2	Fun, Fit and Active(Family Weight Management Programme)	2,500	3	6	01:00	2

OVERVIEW

What was delivered, what was achieved, explanation around any variance to targets, and unexpected outcomes

Adult Weight Management Programmes:

Why Weight - A 12-week adult weight management course run by qualified professionals. Designed for people who are over 18 and have at least two stone to lose. Helps people to understand the relationship between food, exercise and weight control. Each weekly session focuses on a particular healthy eating subject and a 30 minute reintroduction to exercise class.

The Adult Weight Management Programmes has built a strong reputation in achieving success during 2015/16. The target set for this project is 230 adults to be recruited to a 12 week weight management programme.

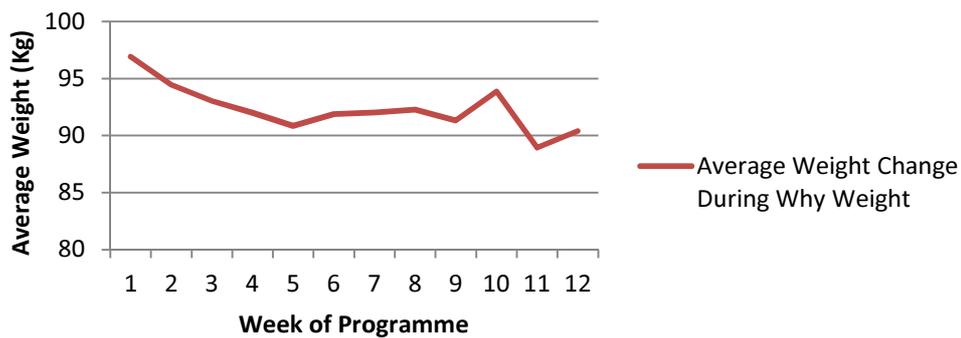
We have received referrals from health professionals including GPs, nurses, Health Trainers, KCHT (Kent Community Health Trust), and Health Trainers. The numbers of referrals has increased on last year as a result of greater awareness. We have been able to present to GP groups and this has increased the number of referrals across the District.

In 2015/16 we recruited 245 adults onto the programme; this represents a 10% increase over the target. As a result of increased referrals and partnership working with key local organisations, we have seen an improvement in the retention figures of people attending at least 8 sessions, which is considered to be a threshold to sustained lifestyle and behaviour changes.

As part of the programme, each participant has their Body Mass Index (BMI) recorded at the start and end of the programme to record and track their lifestyle changes, weight loss and waist measurement. At Week 1 of the programme, a total of 65% of people recruited were classed as overweight (BMI: 28-39) and a further 16% classed as obese (BMI: 40+). Table 1 demonstrates the average progression of participants over a two year period, including the 12 week programme and follow-up intervals:

Table 1:

Average Weight Change During Why Weight



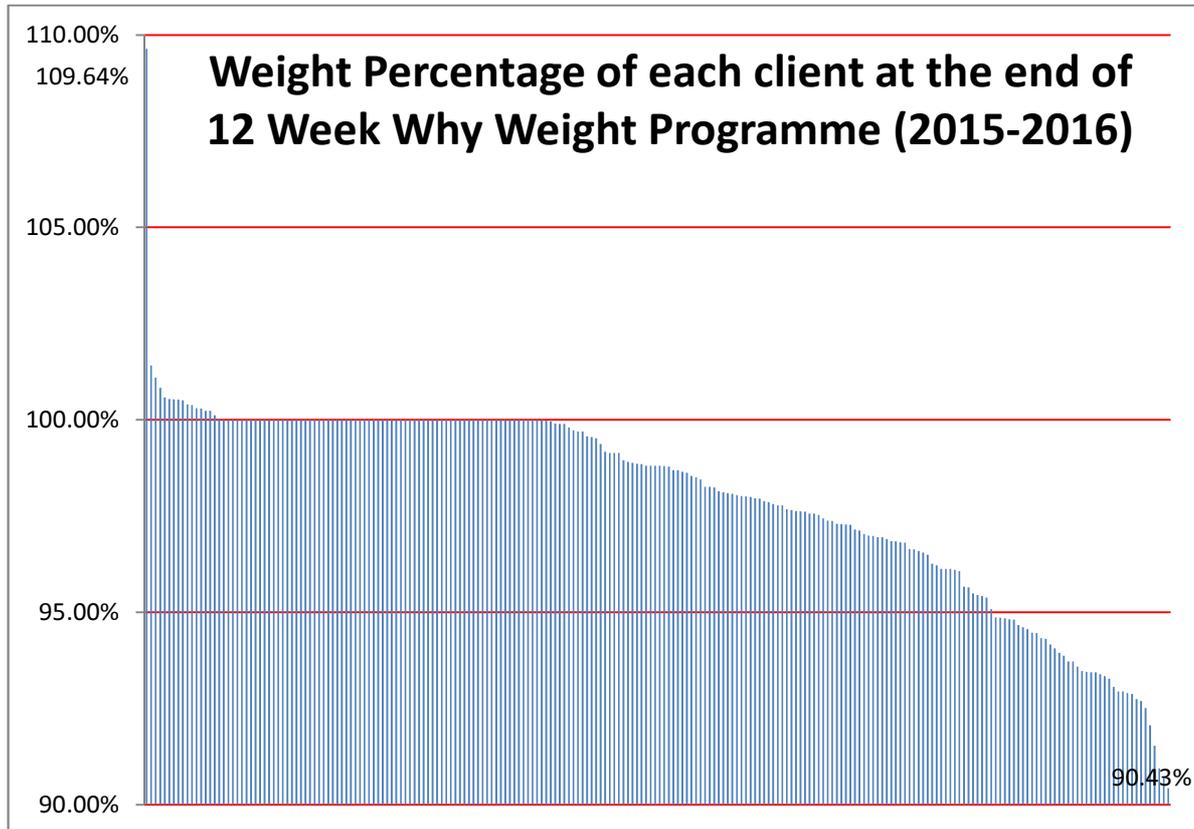
19% had a BMI under 28, and these were referred to the programme by health professionals as they have co-morbidities (a long term condition including Type 2 Diabetes, Asthma, Joint Problems, Arthritis, Heart Conditions etc); evidence shows that this group can also benefit from attending the programme as it educates them on healthy food choices and exercise to help them manage long term conditions.

Adult weight management programme 2015/16,

- we recruited up 197 people with a BMI of 28 or greater;
- 137 (70%) Of people with a BMI of 28 or more, are considered engagers;
- 120 (88%) of those with a BMI of 28 or greater lost weight;
- 57 (48%) those with a BMI of 28 or greater have achieved 3% over the 12 weeks;
- 54 (40%) those with a BMI of 28 or greater have lost between 1 – 2.99%
- 19 (14%) those with a BMI of 28 or greater have lost between 0 – 1%

Table 2 indicates the percentage weight loss of participants who have taken part in the Why Weight programme at 12 weeks. 28% have already achieved 5% weight loss target during the programme.

Table 2:



Feedback from the programmes continues to be very positive with many of the participants motivated to achieve longer term goals, including signing up for gym membership and getting involved in other activities in their local area.

Positive changes recorded in lifestyle, exercise and behaviours – Week 1 to 12

Physical Activity: 72% of people increased their minutes of moderate or vigorous exercise

Healthy Eating: 78% of people increased their portions of 5-a-day

Mental Wellbeing: 78% of people stated that their mental wellbeing had improved

To establish the effectiveness of the Why Weight programme, each year we ask people at the end of the programme if they are able to provide a case study. A representative case study is set out at Appendix A

Recommendations for 2016/17

SDC has a policy of continuous evaluation of services and projects and has evaluated Why Weight on an ongoing basis, including surveying participants for their feedback. Recommendations include;

- The introduction of leisure centre incentives has enabled us to retain people onto the programme, so they will continue during the next financial year.
- Having looked at the results from this year, there is not a significant difference between a normal size class of 20 compared to a class of 15. So during the first quarter of the New Year, I will be conducting a comparison.

OVERVIEW**What was delivered, what was achieved, explanation around any variance to targets, and unexpected outcomes**

Due to the reduction in funding from Kent Public Health, we have been unable to deliver any family weight management (FWM) group interventions in schools. With scheduled programmes due to start in October 2015 to start in line with the school term, Kent Public Health asked Kent-wide services to make a 7.5% reduction in funding. With most of the project funding allocated at that point, the only option was making savings from the FWM budget.

The limited resources we had at our disposal to support families in need, we were able to offer 1-1 sessions only for families who were referred by health professionals or through the National Child Measurement Programme (NCMP). This year we offered services to 9 families referred as follows;

- GP referral = 1
- NCMP self referral = 2
- School nurses = 6

The one GP referral and both the NCMP self-referrals were offered six 1-1 sessions each for the child and family members. Below is a brief summary of the work conducted with each family.

Family 1: Child Age 16 & mother

Starting weight of 131.7kg for the child, who is currently on the CAMHS register for incidents that has impacted on her life from a young age.

She was able to lose 6 kgs in the first 4 sessions but regained some weight over Christmas. Unfortunately her mother cancelled the last session because Emily had to have a meeting with a Social worker.

We used a Why Weight template for the mother and daughter customised for the daughter and her needs, including Eatwell plate, Food diary, portion sizing, being active and triggers for eating. The daughter was awaiting an appointment with a counsellor which she recognised to be an important part in her making lifestyle changes.

Progress initially was excellent but her long term food diaries still showed that she was now eating regularly with a balanced diet. To help the family achieve their goals, they received Sencio leisure centre passes to exercise three times a week. It was noted by the family that the structured exercise programme kept them motivated. Both reported that they really enjoyed their exercising plus swimming and felt the benefits.

The mother and daughter are very aware of being an unhealthy weight as the father has had a gastric bypass to enable him to lose weight and help with his poor health. Other changes are now that the daughter eats regularly, and has increased fruit intake by making smoothies. The mother always cooks an evening meal for the family. The parents were very supportive of their daughter in the last session of looking at her food diary and weight gain. Another factor appeared at the last meeting as that her

boyfriend was urging her to eat as he indicated that he preferred her existing weight.

Family 2: Child aged 4 and mother.

Starting weight 22.7 kg.

After two sessions weight 22.6 kgs

We asked the mother to complete a food diary which we went through together and looked at ways of improving aspects of the child's diet. Healthy portable snacks as he is very aware of food and wants to eat at regular times. Planning and being prepared on these occasions I believe would benefit both child and mother. The family eat balanced meals and we went through the Eatwell plate and I suggested small changes that could improve the family's health. We looked at portion sizes for the child. The family are very keen tennis players and encourage the child to participate which he thoroughly enjoys.

The family have taken the changes on board and made lots of small of changes and feel very positive about the benefits. During sessions the child has lost a small amount of weight and whilst gaining height.

Family 3: Child aged 10 and Grandmother with whom he lives.

Starting weight 53.1kg, weight at the last meeting 51.6kg. Total weight loss 2 kgs.

We went through the basics of healthy eating, balanced diet, portion control, benefits of being active and food densities, healthy cooking etc.

The child and his grandmother have been a joy to work. With making so many lifestyle changes from very inactive to now going on long walks with his grandfather and exercising daily for 15 minutes because he wants to! The whole family have been very supportive of the child and his grandad has also been writing a food diary. His grandfather has embraced the healthy lifestyle and lost 2 stone. The grandmother with her dairy intolerance has now added non dairy foods into her diet to ensure her calcium intake.

I met with the child on 5 occasions with the added support of him contacting me by text or email.

The six referrals received from the school nurses where offered a one session cookery workshop in March. Only 3 out of the six families attended the session due to availability, but the non attendees have been offered another session at a later date. The six families will be contacted in the new financial year, when we are able to offer family weight management interventions.

Throughout this year we have continuously worked in partnership with the healthy Schools Team at KCHT, school nurses, children's centres and primary schools to work with targeted schools that are flagged through the National Child Measurement survey. Each year we work with three targeted schools to help families achieve a healthier lifestyle and improve their child's weight.

The schools we worked with were:

- Downsview Primary School;
- St Mary's Primary School;
- Edenbridge Primary School.

We worked with Head teachers or specialist Health Coordinators at each school to look at actions that could be put in place to achieve enhanced healthy Schools status which includes;

- encouraging pupils to get more active;
- educating on healthier lunches;
- catering staff offering healthier options;
- for parents to understand the benefits of eating healthily for the whole family.

Part of the criteria for a school to receive Healthy School status is to run family programmes and school workshops that encourage parents and children to learn more about healthy eating and increase participants in exercise.

ISSUES AND RISKS ENCOUNTERED DURING 2015/16 – All Healthy Weight programmes

Include details of how they were managed and will be minimised in the future

Issues and risks I faced during 2015/16

The uncertainty of future funding has resulted in outreach staff looking for employment opportunities elsewhere.

As a result of the in-year Public health budget cuts, we are no longer able to fulfil the full desired outcomes for the following programmes:

- Targeted child weight management programmes;
- Adult weight management programmes;
- Physical activity programmes;
- ASSIST;
- Community Events;
- Delivery of the NHS Health Check service.

A concern is that those who are referred by GP's or health professional that need support and advice around healthy living, can not be supported. During this quarter there have been two referrals of 16 yr olds (one with a BMI of 45) who need this support. We have not found other organisations able to support these individuals.

A reduction in funding has affected the services we can offer and fulfilling the contract set at the beginning of the year. A small proportion of the saving has been given back to local authorities who can provide extra services. However, much of the programmes have missed opportunities to target certain audiences and deliver a full programme.

How they were managed

It has been challenging this year to continue to deliver the community Kent Public Health services. As a result of reduction in funding midway through the year, we had to make savings on existing programmes. Because most of the funding is spent at the beginning of the year; commissioning external organisations to deliver specific projects, we were limited with the choices we had. 90% of the funding was saved from the family weight management budget. To manage the loss of services, we identified alternative resources locally for families to access and support their needs.

We continued to offer a limited 1-1 services for families in need of support in the area, and ran one-off cookery workshops. To alleviate the pressure of referrals from partners, I shared my difficulties to stop referrals coming through.

In the future we will be holding money back a small contingency budget to deal with any unforeseen changes to the funding through the year.

ii. Activity against KPI targets

Please complete the below tables for your programmes.

ADULT HEALTHY WEIGHT	YEAR TO DATE	ANNUAL TARGET (if applicable)
Number referred into service (if data available)		
Number of engagers	137	
No of engagers achieving 3 % weight loss based on 10/12 weeks/last known weight	57	80%
Total number of completers	91	
No of Completers who have lost weight at 10/12 weeks	97	
No of completers achieving 3% weight loss at 10/12 weeks	52	
No of completers achieving 5%+ weight loss at 10/12 weeks	37	
Average weight loss for the programme	3.33%	3%
Number of clients referred into Tier 3 services	0	
Number of engagers who reported a higher wellbeing score	50	
Number of those who reported an improvement in their diet	141	
Number of those who report an increase in PA	90	

FAMILY HEALTHY WEIGHT	YEAR TO DATE	ANNUAL TARGET (if applicable)
Number of children referred into service (if data available)	9	
Total number of individual adults engaged	10	
Total number of individual children engaged	9	
Number of individual children engaged (who are above the 91st centile)	9	
Number of individual children engaged (who are above the 95th centile)	7	
Number of families engaged	9	
Number of engaged families that fall within target families (child's weight in 91st centile or above, based on BMI)	9	
Number of engaged families who are from target schools	6	
Number of children who complete the program (who were above the 91st centile)	3	
Number of children who complete who reduced or maintained their BMI Z-score (Children above 91st centile)	0	
Number of families who complete the program	3	
Number of families who complete the programme that fall within target families (child's weight in 91st centile or above, based on BMI)	3	
Number of families who complete the programme who are from target schools	0	
Number of eligible children (over 91 st centile) who report an improved PA measure	0	
Eligible children (over 91 st centile) complete who report improved dietary measure - increased consumption of fruit and veg	0	

iii. Participant information

PLEASE PROVIDE AN OVERVIEW OF PROGRAMME PARTICIPANTS FOR EACH PROGRAMME

Give a breakdown of clients. Please include:

- Deprivation quintiles
- Equalities breakdown
- Clients with protected characteristics including those with learning disabilities
- Details on any participants from target groups

Deprivation quintiles:

1 = 8%
2 = 15%
3 = 25%
4 = 20%
5 = 32%

Equalities breakdown:

Male= 27
Female= 173

18-24 = 8
25-34 = 16
35-44 = 28
45-54 = 39
55-64 = 39
65-74 = 33
75+ = 15

Referrals

We'd like to know (if available) any recorded information on referral routes into your programmes:

REFERRAL ROUTE	#	%
GP referral	38	17%
Self-referral	174	79%
Other health professional	7	4%
Early Help	0	0%
Children's Centres	0	0%
Referral from another health improvement provider		
Other [Please detail]		

iv. Service User feedback

WHAT DO PEOPLE THINK ABOUT YOUR SERVICES?

Please provide a summary of client feedback and how it was used to tailor programmes. Please include, where available, information on client numbers who reported as either Satisfied or Very Satisfied.

What did you find most helpful about the programme and why?

"It was fun and I found myself really looking at what I am eating and thinking much more about my meals, trying to make sure they are balanced. I really enjoyed the exercises."

"Did have most of the knowledge before, but it helped to flag it all up again. Exercise sessions very helpful. Kathryn very nice, helpful, makes you think about the food and choices you make."

"It was very good coming each week and discussing with other people. The talks and exercise at the end were really useful. Kept me motivated."

"Keep fit class very specific and Sue very motivating. Discussions very informative and interesting really makes you think about food. "

How could we improve 'Why Weight'

"It is v. good as it is. Whether more detailed nutrition information could be given? The free passes were given out too late so I have only been able to use one for pilates."

"By adding more visual impact. ..it's more theoritacal ..looking at things might make more life changing impact."

"Some of the topics can be a bit patronising (the subject matter, not the person delivering). A venue where mums can come with toddlers would be great because Katherine had to work with me separately as I had no childcare for my son. Very kind of her to give me 1:1 but due to using an office to meet, there was no exercise programme. It's not geared for parents who need to bring children. Katherine really did her best and gave me great support though."

"Dear Anton I have been thinking and have come to the conclusion that I am not going to continue with the course. The main reason being that I am not being told anything that I don't already know and feel as though that the reasons why people over eat should be addressed more rather than what one should or should not eat. I hope that the remaining ladies achieve their goals. I personally am going back to weight watchers."

Mental Health and Community Cohesion

i. Programme Information

Please complete the tables below on delivery of your programmes in 2015/16. Add any rows as required.

SESSION INFORMATION						
	Intervention name	Total Budget spent	Number of individual people	Number of attendances	Length of intervention	Length of session (if applicable)
1	Yoga for over 50's	3,200.00	61	1690	Annual	1hr
2	Health Walks	500.00	150	6849	Annual	1hr
3	Up and Running	1,000	16	90	10 weeks	1hr
4	Jasmine and headstart	7,800	20	112	9 weeks	1hr
5	Falls Prevention	8,160	289	1873	Annual	1hr
6	Mind Fitness	5,700	1140	315	Annual	N/A
7	CDAP – Community Domestic Abuse Programme	2,000	1	1	Annual	N/A
8	DAVSS – Domestic Abuse Volunteer Support Services	3,000	413	427	Annual	N/A

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Yoga Classes for Over 50s

- Three classes have run each week, in Shoreham, South Darent and Dunton Green. There were 1690 attendances this year representing a 18% increase from the previous year. There were 45 new recruits. Most common conditions, of people attended, include heart conditions back pain, cancer, Osteoporosis, Asthma, Spinal Stenosis, Knee operation, and joint operation. It has been reported by these participants that the yoga classes have helped strengthen, relax, and motivate them in their recovery.



Of the sample of people evaluated:

- 74% have a pre-existing medical conditions and stated that their condition has improved as a result of the class
- 90% feel that their general fitness has improved
- 75% reported that their mental wellbeing has improved

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Health Walks

We have continued to support eight health walks across the District, led by trained volunteer health walk leaders. There were a total of 6,849 attendances with 103 first time walkers.

This year we ran three health walk leader training sessions, training an additional 12 volunteers to lead Health Walks across the District.

The health walk programme has not only given people the opportunity to socialise and explore their rural surroundings, but it has also helped people improve their fitness and wellbeing.



We regularly publicise the health walks to try and get more people active within their communities. Which goes out to every household in the District. In our in house Council magazine "Inshape" which. Appendix D

Positive changes recorded in lifestyle, exercise and behaviours

General fitness:	78% reported that they felt fitter as a result of walking
Mental Health:	54% reported their mental wellbeing has improved
Weight:	20% reported that their weight has improved
Activity levels:	58% reported they have increased the amount of activity they do each week

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Jasmine:

The Jasmine Programme is an eight week therapeutic group for women to explore problems with emotional health and wellbeing, facilitated by a qualified and experienced counsellor. At the beginning and the end of the programme, the women were also asked to complete the Warwick –Edinburgh Mental Health Well-Being Scale. This gave a picture of how their thoughts and feelings about themselves had changed during the programme.

- 60% of participants scored themselves the same or higher in all areas at the end of the programme.
- 20% of the women scored herself the same or higher in all but one of the areas at the end of the programme.
- Three women reported they had lost weight by improving their physical activity and two women lost weight through dieting.

Following the programme:

One woman was offered her own accommodation through West Kent Housing.

All of the women said they would like to attend a self-running Jasmine follow-on group to enable them to continue to support each other.

Headspace:

The Headspace Programme is an 8 week therapeutic group for men to explore problems with emotional health and wellbeing, facilitated by a qualified and experienced counsellor.

At the beginning and the end of the programme, the men were also asked to complete the Warwick –Edinburgh Mental Health Well-Being Scale. This gave a picture of how their thoughts and feelings about themselves had changed during the eight week programme.

Two men lost weight though taking up more physical activity and 1 man lost weight through dieting.

Following the programme:

- 100% are aware of the Six Ways to Wellbeing and how to resource information
- 100% report increased understanding and knowledge of coping strategies they can apply to aide positive mental health and wellbeing

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Falls Prevention

Falls Prevention classes target those at risk of falls and sustaining osteoporotic fracture through identifying risk factors such as history of falls/recent injuries from falls, balance/gait problems, inability to rise from chair without using arms, multiple medications etc.

The aims of the class are:

- Improving older people's stability during standing, transferring, walking and other functional movement
- Strengthening muscles around the hip, knee & ankle
- Increase the flexibility of the trunk & lower limbs
- Teaching coping strategies, such as, how to get up from the floor and whether it is safe to do so after a fall.
- Relearning skills of everyday living and maintenance of upright posture during balance challenges

We have continued to run four falls prevention programmes across the District, facilitated by experienced and fully trained instructors. This year, we have had increased attendance, due to a successful care plan developed by Kent County Council with support from the local authorities and primary care services. We have had 1,873 attendances and 38 new recruits, which is a 2% decrease on the previous year.

Programme 6**Mind Fitness****OVERVIEW**

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

Mind Fitness

A mental health initiative in the Sevenoaks District has seen more than 1,650 young people and adults coached in 'mind fitness' via our MH4 Schools project. As well as this, 16 adults working in schools have been trained in the accredited Youth Mental Health First Aid course.

West Kent Mind representatives have visited schools across the District to meet pupils and deliver the interactive and educational programme. The Mind Fitness programme has helped young people think about and understand their feelings, talk about them and learn ways to look after their mental, physical and emotional wellbeing.

The response has been outstanding with an 87% positive response in people feeling more confident in understanding how they can look after their wellbeing and that of others around them.

Programme 7**CDAP****OVERVIEW**

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

CDAP – Community Domestic Abuse Programme

The Community Domestic Abuse Programme is a rolling programme of evening sessions. It is designed to help men who feel their behaviour towards their partner has been, or is still, abusive. CDAP challenges that behaviour and shows how it affects their partner or ex-partner and any children that may be involved.

The programme will support men to make the changes they need to develop respectful, non-abusive relationships. The programme lasts 27 weeks. Sessions are held once a week and each session lasts 2½ hours.

CDAP also supports the safety of women and children involved by offering associated services to them alongside your programme.

The programme cannot 'cure' abusive behaviour or guarantee dramatic change. Behavioural

change is a long process and may continue after the programme is finished. However, research shows that men who complete the programme stop physical violence and significantly reduce their abusive behaviour.

CDAP is a rolling modular programme. There are nine modules. Each module has three sessions, making twenty-seven sessions in total.

Men can join a first session of any module (except module 6: Sexual Respect). Throughout the programme they will look at the various qualities and behaviours needed in a healthy, equal relationship.

Modules of the programme

Non-violence

Non-threatening behaviour

Respect

Support and trust

Accountability and honesty

Sexual respect

Partnership

Responsible parenting

Negotiation and fairness

From 2015-2016, there was one male from Sevenoaks District area who was referred onto the programme (since then there have been two more). The woman safety worker helped two women (current and ex partner) and three children.

The programme has been re-advertised to all GP surgeries in the District and in Police Custody Suites.

Programme 8

DAVSS (Domestic Abuse Volunteer Support Service)

OVERVIEW

What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.

DAVSS is a community based charity offering vital and practical support to anyone (**men and women**) experiencing domestic abuse, whatever their level of risk. We explored all options available enabling informed decisions to be made.

Operates in Sevenoaks District, Tonbridge & Malling and Tunbridge Wells Boroughs, from Swanley in the north, to Edenbridge in the west, Aylesford in the east and Hawkhurst in the south.

2015/16 Cases

551 new cases were referred. There was a total of 420 open cases (Open cases by area: 131 – Sevenoaks, 133 – Tunbridge Wells, 156 – Tonbridge and Malling)

Of the 551 cases referred, 428 were of Standard to Medium Risk and 123 High Risk.

There was a total of 257 Standard/ Medium Live cases and 163 High Live cases (Total 175 Live)

In total 50 referrals for males was received.

We received a steady number of referrals from a variety of agencies i.e. Children's Social Services, Police, Housing Associations, Witness Care, Counselling services. The main referrals in numbers are police (221) followed by self-referrals (154) via the helpline.

DAVSS are currently working in partnership with the Police and Crime Commissioner who has Commissioned Victim Support to support Medium risk clients. They, in turn, have engaged DAVSS and KDAC to support these clients for a 6 months pilot period. Commencing December 2015 – May 2016. During this time 18 referrals have been received.

Volunteer hours

During the year total volunteer case hours for the West Kent Area amounted to 6459. Total volunteer hours include the helpline, attending court with clients, training, clinical supervision, events preparation, meetings and fundraising to enable the service to continue, amounting to 11086 hours.

Helpline

Volunteers staffed the helpline for 1016 hours during the whole year, including public holidays, with a total of 570 calls.

Calls to the helpline are generally from clients who are either self-referring or seeking help and advice and these calls are often lengthy and deal with complex issues, eg clients often want a listening ear and require validation of their experience, they are often very distressed when calling, requiring sensitive handling. We also receive a number of calls from partner agencies asking for advice and assistance.

Training

14 volunteers received training from CRI on substance and alcohol misuse. Many families suffering domestic abuse also have alcohol or substance misuse issues.

Input from Witness Care is planned in May 2016

The DA Advisors course took place between January and February 2016 with 12 volunteers attending. Six were current helpline volunteers and 6 were new volunteers. These are now being mentored.

One Stop Shop(s)

The Sevenoaks One Stop Shop opened in November 2014 and is held every Tuesday at Sevenoaks Library 10 – Midday. .

Support to Court Project

During the 2015/16 year, DAVSS supported clients at 88 court appearances and solicitor visits. This included 5 attendances at the Criminal Court. From this work they achieved 50 Non-Molestation Orders, 10 Occupation Order, 1 Residence Order, 2 Restraining Orders and 26 Child Arrangement Orders.

In addition to this, DAVSS provided legal advice to 11 clients via their Pro Bono Lawyer plus advice

about legal options, provided by volunteers for client choice to 55.

ISSUES AND RISKS ENCOUNTERED DURING 2015/16 – All Mental Health and Community Cohesion programmes.

Include details of how they were managed and will be minimised in the future.

The problems faced during the 2015/16 year is uncertainty for the future holds which led to our casual staff members looking for jobs else where. It has been very difficult to keep staff members motivated to continue delivering, when the future is unclear. As a result we have lost key members of staff, so future delivery is literally becoming more difficult to staff, which could result in a drop in the quality of the service provided.

Because surrounding local authorities are in a similar financial position, we have needed to come up with a plan to continue delivering at the same capacity by sharing resources. We have always shared resources on a smaller scale over the past 4 years, but it has now become a priority in this current climate.

PLEASE PROVIDE AN OVERVIEW OF PROGRAMME PARTICIPANTS, BROKEN DOWN BY EACH INTERVENTION

Give a breakdown of clients. Please include:

- Deprivation quintiles
- Equalities breakdown
- Clients with protected characteristics including those with learning disabilities
- Details on any participants from target groups

Deprivation quintiles:

1 = 8%
 2 = 15%
 3 = 25%
 4 = 20%
 5 = 32%

Equalities breakdown:

Male = 27
 Female = 173

 18-24 = 8
 25-34 = 16
 35-44 = 28
 45-54 = 39
 55-64 = 39
 65-74 = 33
 75+ = 15

DAVSS

	Referrals	Age						
		16-17	18-25	26-35	36-45	46-55	over 55	unknown
Sevenoaks	226	12	35	63	74	26	21	0

Equalities							
Gender		Children	Ethnicity				
Female	Male	Children	White British/Irish	BME (record below)	Unknown	LGBT	Disability
215	16	307	219	12	0	2	8

ii. Promotion and Awareness

iii. Service User feedback

WHAT DO PEOPLE THINK ABOUT YOUR SERVICES?

Please provide a summary of client feedback and how it was used to tailor programmes. Please include, where available, information on client numbers who reported as either Satisfied or Very Satisfied.

Yoga for over 50s

"An excellent teacher. Armchair yoga is something I really look forward to every week and I practice the moves at home."

"General wellbeing maintained. Exercising in a group is much more helpful than doing it alone and with an expert in charge one feels confidence that no harm will be done to ancient bones."

"I consider this class activity to be of huge importance for my ongoing health, aiding greater activity into older age."

"Sabine is a brilliant teacher who never pushes you but encourages to do all you can. You surprise yourself just how much you can achieve"

"Sabine is a patient, understanding teacher with great knowledge. She has made a welcoming class/relaxed and extremely effective. I have recently opened at 69 a [new business], would not have been able to do this without Sabine & yoga. Thank you yoga!"

"Hip replacements, strengthening exercises help enormously. I also take my elderly neighbour who very much enjoys the social benefits of the class, as well as the obvious physical ones. She also has synthetic hip joints."

"I have a torn disc and the pain has decreased by 75%. I suffer with anxiety and yogic breathing is a lifesaver. Also joint and muscle pain is reduced by half."

"Less reliance on pain relief. The class has give me more mobility with a reduced amount of pain. I am also able to relax (less stress) more mentally and physically. The amount of pain relief I take has dropped dramatically."

Health Walks

"Easy and enjoyable way to keep mentally and physically active. Great for getting to know the people in the area."

"Excellent for physical health and mental well-being. I now walk most days with someone I met on a Tuesday walk. We know all the footpaths now."

"I live on my own and I like meeting and chatting with other people while walking and enjoying the lovely countryside."

"Jackie Rye who organises the Hartley Health Walk does a very worthwhile job. The walks are done with due care and attention to health and safety. There were 74 of us on the walk the other day and one person was over 90 years of age. A most enjoyable pastime"

"The weekly walk is well run and very popular with numbers frequently reaching 70 or 80+. As well as making people more active it's an opportunity for those who live alone to meet new people their local area and for everyone to see parts of Hartley they in"

"Has helped with depression as I'm not so socially isolated. And Arthritis and Fibromyalgia as regular exercise can help strengthen joints and muscles."

"I have mild arthritis, the exercise involved in walking helps relieve pain. Keeps me supple."

Up and Running

"Seeing that there is another way in which I can help myself"

"Thank you very much it has been a really positive experience"

"Not so anxious, panic attacks are more mild and over quicker"

"This has really helped my wellbeing and I had positive feelings"

Falls Prevention

"I think the class makes a very valuable contribution to the well-being of us 'senior citizens', and probably saves a considerable amount of public money"

"Coming to the classes is a great help to me, it keeps me motivated and I feel a different person afterwards. Hope it may continue."

"The person who runs the class does an excellent job, making the activity enjoyable and certainly helpful in improving my stability"

"I now do more exercises at home as a result of attending the classes"

"Think more carefully about how I walk"

DAVSS

Please see appendix F and G.

Virtual HLC (as applicable)

i. Programme Information

Please complete the table below on delivery in 2015/16.

Programme	Virtual HLC
OVERVIEW What was delivered, what was achieved, how was it measured and what difference did it make. Also please give information on any unexpected outcomes.	
<p>The SDC Healthy Living Team supports community projects led by residents or community organisations. This year, we have built stronger relationships with local partners and the community to help support residents. Below is a list of projects we have been involved in:</p> <p>Dementia</p> <p>Sevenoaks District Council continues its membership of both Dementia Forums in the District (Swanley and the Northern Parishes and Sevenoaks Area). Other members include resident representatives;</p> <ul style="list-style-type: none">- Kent County Council;- Local Schools;- Alzheimer's and Dementia organisation;- Good Care Group;- Town and Parish Councils;- Home instead;- Kent Fire and rescue;- Alzheimer's Society;- West Kent Housing;- Solicitors;- Age UK. <p>The focus for the groups this year was to follow up on the insight gathering from the previous year by running projects and events that residents would like to see in their local area.</p> <p>Each year the forums have been taking learning points from each event or project organised to identify how to engage residents and offer the right information that we help each individual. As a result, subsequent events have proved very successful in attracting a lot of people and feedback has been very positive. One of the learning points identified was that future events it should be open to the whole family not just people affected by Dementia because the entire family is affected. With this in mind for the event we organised it for families wanting to know what is available and what</p>	

support they can get. See (Appendix) Over 70 people attended the event at the District Council and have called for more similar events.

As part of the District Council's promise to create a dementia friendly community, we continue to offer Dementia Awareness sessions and support front line staff with their understanding of dementia to be able to support customers':

- Training was offered to more front line staff at the District Council;
- Enhanced training was delivered to 30 customer service staff members;
- 26 refuse collectors completed the Dementia awareness sessions.

Future projects

During the 2016/17 year, we plan to offer awareness sessions to all taxi drivers and volunteer community drivers across the District.

Children's Centre

We continue to support the children's centres across the District by attending the District Advisory Board meeting, offering and sharing resources to help impact on their action plan.

Patient Participation Group

Over the years the Healthy Living Team has been building relationships with GP surgeries across the District to offer their clients health improvement services. This has led to working with the PPG groups who are associated with surgeries. Some of the work achieved working with this group is organising specific events that matter to the surgery. One of the events was with the Westerham surgery on issues of healthy eating. (Appendix I)

1. Conclusions

PLEASE GIVE A SUMMARY OF KEY ACHIEVEMENTS THIS YEAR.

**What are your lessons learned, and what will you do differently as a result?
Any other comments?**

This year has been challenging due to the reduction in funding. This has impacted on services with cancelled programmes and the loss of experienced staff. As previously mentioned, programmes such as the family weight management programme had to be cancelled and we could not offer a limited service. This left us in a difficult position at the time, not being able to offer work to some external casual staff members and reducing hours to make up savings.

Next year, we will hold a contingency budget in case of further budget reductions. We will not employ further staff to deliver projects this year, but instead work with other West Kent local authorities and share resources. We will look to reduce the number of projects that the Council is directly delivering.

With the public health funding implemented from the start of the new financial year, we will be better positioned to allocate resources to the priority services.

On a positive note, our physical activity service has seen a sudden increase in services users, and positive health impact. This has mainly come from yoga for over 50s and health walks. As they become more established in the local area, people are recognising the benefits they have on their health, and the affordability.

Adult weight management programmes have also been very successful. We have been able to support the targeted amount of people, and helped a significant amount of people to either maintain or lose weight during the 12 week programme. The biggest success was delivering a targeted programme at a GP's surgery after being contacted by the practice nurses who found out about the programme from previous participants. As a result, the awareness of the programme has increased across West Kent and more referrals are coming through.

Don't weight for the pounds to fall off...take control today!

If like a lot of people, you overindulged over the winter months, don't fear as we have some health tips here!

There are many diets out there from the grapefruit diet to the cider apple vinegar diet, clean eating and raw food diets, but what may suit one person may not suit another, not least because of lifestyle, but each person's body is designed

differently so it's important to keep that in mind when looking to lose weight.

In Shape caught up with Kashmir Powar, our nutritionist, who shared some of her top tips.

Kashmir says:

1 Keep a food diary. This will highlight times during the day you are most at risk of picking and snacking.



2 Take control and plan meals ahead: By doing this you will be able to monitor your carbohydrates, protein and fat intake throughout the week and keep on top of your fruit and vegetable intake.



3 Eat every four hours. This will sustain your blood glucose levels and prevent feeling excessive hunger which will allow you to be in control to make healthy choices.



4 Never miss breakfast! It's the most important meal of the day. Have a wholegrain cereal which has been fortified with vitamins and minerals.



5 Unrefined carbs, such as soybeans, lentils, quinoa and brown rice, give you slow release of energy and keep you fuller for longer and can help prevent constipation.



6 Make your own packed lunch and meals. This will eliminate the temptation to buy unhealthy foods or ready-made foods which can be high in hidden fats, salt and sugars.



7 Add some protein to all your meals. Protein (beans, meat and pulses) will fill you up and keep you going, preventing the need to snack.



8 Bulk meals out with lots of vegetables. They are high in water and very low in calories.



9 Make your own soups. They can be healthy, filling and nutritious and low density meals.



Why Weight, get stuck in!

Looking to lose weight? Well Sevenoaks District Council has the programme to help and best of all, it's free!

Residents looking to shed those extra pounds from the festive period, or looking for a longer term goal, can sign up to the Council's 12-week adult weight management course, which is run by qualified professionals.

(Suggestion only) Cllr Roddy Hogarth, Portfolio Holder for Economic and Community Development says: "The Council has held these 'Why Weight' courses for a while now and they are always well received and places are snapped up fast so if it's something a resident feels will be of benefit to them I would encourage them to get in touch and put your name forward!"

The course is due to start early in January and is aimed at people over 18 years old who have at least two stone to lose. There is no cost to the programme and people who sign up will gain nutritional advice on understanding the relationship between food, exercise and weight control.

Each weekly session focuses on a particular subject, such as food labels, portion sizes and eating out as well as a weekly weigh-in and at the end of each session there is a 30 minute gentle exercise class, which participants can take part in.

The next round of courses will start on Tuesday 12 January at Sevenoaks Primary School, Bradbourne Road, between 6pm and 7:30pm and at White Oak Leisure Centre, Hilda May Avenue, Swanley, between 1pm and 2:30pm from Thursday 14 January.

To register onto the above programme call 01732 227000 quoting 'Why Weight' or alternatively email healthyliving@sevenoaks.gov.uk.

ENDS

22 | Health

16 | Health

'Yoganna' enjoy our flexible fitness classes

Yoga originated in India around 5,000 years ago and focuses on strength, flexibility and breathing and, according to one Sevenoaks District resident, can help change your life.

This ancient form of exercise has become commonplace across the world and classes can be found in leisure centres, hospitals, community centres and many more places.

Sonja Ellis attends our over 50s class every week in Dunton Green Village Hall.

The classes, which are led by yoga expert Sabine Smith and run by Sevenoaks District Council, offer a friendly environment with gentle yoga and relaxation techniques.

Retired Sonja, who lives in Park Lane, Kemsing, says: "I have some joint problems and was told by various doctors to try out yoga and, as soon as I did, it changed my life!

"It's helped to reduce my pain and discomfort by half and if I don't go to a class I can really feel the difference. It's kept me going mentally, is relaxing and makes me feel really good afterwards."

The NHS says that yoga is a safe and effective way to increase physical activity, especially strength, flexibility and balance. It also says there's some evidence that regular yoga practice is beneficial for people with high blood pressure, heart disease, aches and pains - including lower back pain - depression and stress.

Sonja has been attending one of Sabine's yoga classes for around six years, having started the classes after moving to Kemsing from Cornwall.

She adds: "Attending the class has just given me another outlook. I've even opened a B&B, which is something I would not have done before!

"Sabine is a fantastic teacher and very diligent, watchful and mindful

 [sdc_newsdesk](#)



when dealing with older people. We always have a laugh and I've made some like-minded friends as well."

There are three classes held every week, with one of the classes offering informal chats on lifestyle information led by guest speakers. All abilities are welcome and there is no need to book, you can just turn up and enjoy the class!

For more information visit
www.sevenoaks.gov.uk/yoga

Your local yoga classes

- **Dunton Green Village Hall** - Wednesdays 3pm to 4.30pm - £2.50 per person
- **Shoreham Village Hall** - Wednesdays 1pm to 2pm - £2 per person
- **South Downs Retirement Village** - Tuesdays 10.30am to 11.30am - £2 per person

The over 50s yoga classes are funded by Kent Public Health.

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tness



and flexibility. The classes, Shoreham and Dunton Green cost £2 or £2.50 per person. Payments included. For more information, contact Sabine Smith. Beginners and experienced are welcome.

Sabine Smith, says: "Yoga is a really relaxing, enjoyable way to improve your strength and overall health."

Running

A running group for people who have mild to moderate depression, low self-esteem or depression. The group is ideal for non-runners and involves walking and gentle jogging for over 10 weeks. Next session in Sevenoaks. For more information, contact Sabine Smith.

Sabine Smith, says: "Outdoor walking and jogging has helped many people with physical and mental health issues to get back to taking part."



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Alice is a professional woman with 3 children, two teenagers and one primary age child. She contacted DAVSS after a particularly violent physical assault witnessed by the two teenagers when she reported that her husband had turned on one of the children who had tried to intervene.

Alice reported 18 years of emotional and physical violence and said that she had only sought help when it appeared to her that the children were at risk of physical violence.

At the first meeting with DAVSS her severe facial bruising was evident and she confirmed that she had seen her GP and had kept photographic evidence. She was encouraged to report the assault to the Police. He was then arrested, charged and bailed to a different address which gave her a measure of protection.

At the same time she was supported to court to obtain an Ex parte Non Molestation Order and Occupation Order which were not granted at the first hearing despite the evidence. Alice was very shocked at this and asked for support to visit a local solicitor to commence divorce proceedings. As she was working full time she was not entitled to legal aid, but agreed that she needed legal representation for the On Notice Hearing. On return to court, The Non Molestation Order, together with some undertakings relating to Alice's Mother and brother (who it was reported, had also been threatened) were immediately granted by a more Senior Judge. As the alleged perpetrator was no longer living at home, the application for an Occupation Order was dropped as the situation was covered by the Injunction, together with the Bail conditions.

Alice found this all very distressing and the situation was complicated by the fact that she had recently left a job which she had held successfully for 8 years and had just started a new job on promotion to Head of Department with another institution. She found it extremely difficult to appraise them of the situation in order to get time off to go to court. However, her employer was sympathetic.

The Criminal Case was significantly more challenging. Because Alice did not want her children to be involved in a court case against their Father, she asked for the bail conditions to be lifted so that they could resume a relationship with him outside of the marital home. This interaction was psychologically damaging to the children as their Father allegedly threatened to withdraw their public school fees and university support if they did not become defence witnesses. As a result they were persuaded to write statements indicating that their Mother had inflicted the physical injuries on herself. This complicated the Criminal case which was first heard at Maidstone, then remitted to Canterbury, who in turn remitted the case to Folkestone (which was not even a SDVC for further case management. This court then remitted it to the Sevenoaks Magistrates Court who discharged the case due to 'lack of evidence' despite the photographic evidence and two other prosecution witnesses available.

Alice was distraught at what she perceived to be re-victimisation and because there was no court hearing, a Restraining Order was not agreed despite advocacy from DAVSSs, the Witness Care Service and the Court IDVA.

However, following the case discharge, it is reported that the alleged perpetrator is now living abroad and Alice is trying to rebuild a family life with her children.

DAVSS assessed the situation as follows:

Purpose

- To ensure the safety of the client and her children
- To support the client to report the domestic abuse in all its forms to the Police
- To support the client to the civil court for an emergency Injunction/Occupation Order
- To support the client in accessing a Lawyer for further representation to court for an On Notice Hearing
- To work with Social Services and the Police to safeguard the client and her children
- To support the client to court for Criminal proceedings.

Action taken

- CAADA/DASH checklist assessed as High risk
- A MARAC referral was made and DAVSS represented the case
- A Personal Safety Plan was completed and updated as necessary
- The children were referred to Social Services and DAVSS worked pro-actively with all agencies to support the client and her children
- Alice was supported to apply to the Civil Court for an Ex parte Non Molestation and Occupation Order
- Alice was accompanied to two Criminal Court hearings at Maidstone and Canterbury and supported when both hearings were postponed. Advocacy was provided when the court remitted case management to Folkestone, and subsequently to Sevenoaks where the case was discharged without a hearing. The Witness Care Service, the court IDVA intervened unsuccessfully on her behalf to try to obtain a Restraining Order and DAVSS supported the client through these further delays and disappointments.
- Alongside significant interaction with Social Services, a counselling package was provided for the primary age child, and both Secondary schools provided counselling for the two older siblings.
- Referral to the Freedom programme was considered but not possible due to Alice's full time work and child care in the evenings alongside her Mother who came to stay during the week to support the youngest child. The Online Course was suggested as an alternative.
- Alice was supported to inform her new employer about the situation who took this sympathetically into consideration.

Successful Outcomes

- Alice and her children were granted a Non Molestation Order which gave them some protection and an undertaking was also achieved to protect Alice's Mother and brother who had allegedly been threatened by her husband.
- Following a prolonged period of uncertainty regarding the criminal court case, her husband left the country to live abroad when the case was discharged.
- Alice and her children are no longer experiencing domestic abuse but the situation needs to be reviewed at a later date before the Non Mol expires, when a new safety plan will be put into place.
- Alice has had the courage to go for a divorce and these proceedings are underway.
- There was excellent co-operation with the Witness Care Service and the Court IDVA

Unexpected difficulties and action taken

- Despite photographic evidence, the visiting Judge would not grant an emergency Non Molestation Order at the first hearing because of the dual application for an Occupation Order. The client was however protected in some measure by Bail conditions relating to the criminal charges against her husband. She had to wait 2 weeks before a further hearing was arranged. The Non Molestation order was subsequently approved at the On Notice hearing by a Senior Judge when the application for an Occupation order was dropped as the alleged perpetrator had already moved out of the marital home.
- Alice expressed herself dissatisfied with the speed of service she received from the Police and this was discussed with the Sergeant who made appropriate arrangements to progress the case.
- Because Alice did not wish her children to be involved in the Court case, she asked for Bail restrictions to be removed regarding contact with their Father. Unexpectedly, this resulted in reported negative manipulation by the alleged perpetrator who was reported to have threatened suspending his children's public school fees and university support if they gave evidence against him. This was brought to the attention of Social Services who made every effort to provide a package of support to alleviate the reported psychological impact on the children and their attitude to their Mother.
- Alice remains distressed at the perceived delays in the Criminal Justice System when the case was referred to different courts around the County for review on 4 different occasions. Without judicial continuity the case was finally discharged without a hearing, despite photographic evidence and supporting statements from her Mother and friend who were willing to be called as prosecution witnesses. Strong advocacy was provided by DAVSS, the Witness Care Service and the Court IDVA and this was appreciated by the client but the outcome was still unsuccessful.
- Alice was advised re appealing the decision and making a formal complaint about the perceived lack of service from the Police regarding evidence collection which she believes was responsible for lack of progress. Alice also believes that the lack of justice relates to her being a European (in her own words 'because I am a foreigner') and considers that she was re-victimised by the Criminal Justice System. She concluded that there was therefore

no merit in prolonging her distressing circumstances by appealing or making any formal complaints.

Unexpected benefits

- Alice managed to retain her new job despite all the threats, problems and difficulties, and was able to remain the main bread winner for the family.
- Following the discharge of the Criminal Case, the alleged perpetrator went to live abroad and remains there. Alice says that this has given her the chance to try to rebuild her relationships with her children.
- DAVSS supported this client over very many months and there were no reports of any further incidents of domestic abuse by the time the case was closed, although the case will be reviewed shortly before the Non molestation Order expires. Alice has expressed great appreciation for this additional support.
- In particular Alice asked that her situation be recorded in a case study so that some lessons might be learnt by the various agencies regarding evidence collection, the checking of statements made by young people in such cases, how these were obtained and what advice they received as individuals in their own right, and any opportunity taken to bring this case informally to the attention of the Criminal Justice System to ensure that others receive the appropriate attention which she believes was not afforded to her.

This was a very difficult and complex case and Alice said that she could not have got through this very traumatic period without the constant support of DAVSS. She said that this had enabled her to find the strength to go forward with a divorce and finalise this very challenging situation.

DAVSS took the opportunity to bring this case to the attention of Nazir Afsar at the February Conference, and he confirmed that it had been recognized that further training was needed and would be provided to the CPS regarding the handling of such sensitive cases.

June 2015 (names and some details altered to preserve anonymity)

Michael referred himself to DAVSS after a physical assault by his wife over what he described as a 'trivial issue about household equipment' which he reported to the Police. He decided not to pursue charges at that time as he was worried about the impact on his children and the Police advised him to contact DAVSS for support.

Michael met with his allocated DAVSS worker a number of times and revealed a history of controlling and coercive behavior which has escalated to physical assaults during the last few months. Michael found it difficult to 'get his head round it all' and constantly minimised the situation as he was finding it hard to come to terms with what was going on. However, when the Case Worker showed him the Duluth Wheel he was able to identify with many of the issues and realised that what he had been subjected to was domestic abuse.

Michael worked part time and was the main carer for his two daughters whilst his wife went out to work, but he reported that she insisted on taking all his money to pay for the mortgage, tried to prevent him from seeing his son from a previous marriage and exhibited considerable jealousy of his family, trying to isolate him. He explained that she was very controlling and mapped out all his days for him and asked neighbours to spy on him report back to her on his activities.

At the time of one of the physical assaults, his son from a previous marriage was in the house and witnessed the incident which resulted in him refusing to come to the house again as he did not want to get involved in any way. Michael felt that his behavior was alienating him from his son.

The DAVSS case worker undertook a Risk Assessment but this resulted in a medium score as Michael admitted that he did not want to say how bad things really were. He was given extensive safety advice on a number of occasions when options for actions were discussed with him and he was offered a free appointment with the DAVSS Lawyer. Initially he decided that he wished to remain within the relationship as he feared losing contact with his two daughters from the current marriage and the case was closed with his agreement.

The case was re-opened some months later when Michael self referred to DAVSS for support, following further incidents and clear escalation. He accepted that he had not answered the RIC honestly at the outset because he did not want to be "trouble" and did not want to get his wife into "trouble" He thought he could sort things out at home and knew that he could come back to DAVSS at any time. He said he could see how his risk was escalating and he got scared and therefore contacted DAVSS again.

At this stage his wife made a number of accusations about him, monitoring his mobile phone (he was advised to change his number which he did) and checking his belongings. Allegedly she accused him of having affairs with other women which he firmly denied and his wife decided to end the marriage. Alerted by a neighbour, he returned home on one occasion to find her already emptying the house of furniture and starting to move out, leaving him to pay the mortgage.

Michael was offered free legal advice with the DAVSS Lawyer again, but at this stage he decided that he needed a Solicitor to represent him to ensure that the child arrangements made as a result of the divorce would not stop him from seeing his children. Names of local solicitors were provided to him and he secured legal representation for himself. Because of the accusations made against him, the experienced case worker undertook a Respect Assessment and provided a letter regarding the outcome for him to pass to his solicitor for use as appropriate during the divorce and child arrangement proceedings.

Michael said that he was very grateful for the support provided to him by DAVSS during this difficult period.

Purpose

- To support the client in understanding the nature of domestic abuse and options for action
- To ensure the safety of the client and his children
- To support the client to report any physical assaults to the Police
- To support the client to obtain legal representation

Action taken

- CAADA/DASH checklist was attempted but the client minimized to such a degree that a genuine assessment was not possible. The case was listed as medium risk with potential escalation.
- A Personal Safety Plan was completed and updated as necessary
- Michael was supported to consider the options open to him
- Michael was supported to obtain legal representation and a Respect Assessment was carried out and a report provided for his use because of the counter allegation.

Successful Outcomes

- Michael was given the information he needed to understand that the situation he reported was in fact domestic abuse, something which initially, he found difficult to grasp
- Michael was given extensive safety advice and a personal safety plan and encouraged to report any physical assaults to the Police.
- Michael was signposted to other agencies to deal with his financial difficulties, and to his GP for stress/counselling
- Michael was supported to obtain legal representation and provided with a letter setting out the outcome of the Respect Assessment (this toolkit is used to identify whether or not a reported male victim could also be a perpetrator) for use if needed in view of the counter allegations against him.

Unexpected difficulties and action taken

- Michael was very reluctant to disclose enough information for a definitive risk assessment to be carried out as he felt embarrassed and 'confused in his head' by what was going on. The case worker introduced him to the Duluth Domestic Abuse Wheel which helped him to understand that the behaviour which he reported he was being subjected to, came within the definition of domestic abuse.
- When his wife realised that the marriage was on the verge of collapse, he reported that she made numerous counter allegations against him in public and he was fearful of losing contact with his children. The case worker then undertook a Respect Assessment and provided a letter with the outcome to the client for use if needed during the court case for divorce and a child arrangements order.

.Unexpected benefits

- Michael's self confidence was greatly improved to the extent that he felt able to instruct his own Solicitor to represent him in court.
- Escalation of the reported physical abuse ceased and Michael felt empowered to take his future into his own hands without further need for DAVSS support.

January 2016 (names and some details altered to preserve anonymity)



Coping with **Dementia** as a family

24 February 2016, 6pm to 8.30pm at:
Sevenoaks District Council, Argyle Road, Sevenoaks TN13 1HG

Presentations ★ Legal Advice ★ Financial advice
Question and answers ★ Support and specialist advice
One to one advice (advance booking required)

To book a **FREE** place, and a one to one session, call 01732 227000





Come and enjoy a practical demonstration of healthy cooking and healthy eating by an expert Chef and a professional Nutritionist, to take place at 11.00am on the morning of Saturday 21st November at the Town Council Chamber, Russell Square, Westerham

Schedule

- 10.45am to 11.00am - Arrive
- 11.00am to 11.30am - Healthy Breakfast
- 11.30am to 11.45am - Portion Sizes & Eat Well Plate
- 11.45am to 12:15pm - Healthy Lunch
- 12.15pm to 12:30pm - Healthy Lifestyle
- 12.30pm to 13.00pm - Healthy Dinner
- 13.00pm to 13.15pm - My Personal Experience

Presenter

- Community Chef
- Kashmir Power - Nutritionist
- Community Chef
- Dr Angela Kapadia
- Community Chef
- Simon Pickard

Admittance is free and it's going to be popular, so get there early!
For more details call Chris on 07850 326307 or Simon on 07721 613182

This event is being put on by the Westerham & Sundridge Practice Patient Group



Funded by

