



Ending domestic abuse

Domestic Abuse Commissioning Strategy

**Report to the Police and
Crime Commissioner of
South Wales**

Cardiff & Vale of Glamorgan

January 2016

SafeLives

We are SafeLives, a national charity dedicated to ending domestic abuse. We're here for one simple reason: to make sure all families are safe.

Our experts find out what works to stop domestic abuse. Then we do everything we can to make sure families everywhere benefit.

Since 2005, SafeLives has found new ways to help victims at risk of murder or serious injury. We pioneered the use of the risk checklist, which all police forces now use to see how much danger a victim is in. We've trained more than 1800 Idvas – specialists who help victims become safe. And we got professionals to work together to cut domestic abuse, setting up a Marac meeting in every area. Our approach works: over 60% of victims who get help from Idvas and Maracs tell us that the abuse stops.

But there's so much more to do. That's why we support everyone dealing with domestic abuse. We advise and train people and organisations. We gather evidence to understand what's working. And we spread great new approaches across the UK.

I disclosed to the health visitor but she did nothing. Neither she nor the police signposted me to services.

Victim of domestic abuse, South Wales

Our Domestic Abuse Steering Group is for information sharing, and is not strategic. No teeth, no money, no accountability.

Commissioner of domestic abuse services, South Wales

Supporting People and small pots of money from Welsh Government overlap – why can't they pool them?

Service provider, South Wales

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Context

In 2014, the Police & Crime Commissioner of South Wales asked SafeLives to undertake a fundamental review of domestic abuse service provision in South Wales. The review aimed to increase understanding of how services were funded, alongside an assessment of demand and provision for women and children who experience domestic abuse in South Wales. A key recommendation from this review was that a more coordinated approach to commissioning services should be adopted, to enable the following:

- significantly improved outcomes for victims
- stronger oversight mechanisms
- reducing duplication and developing services to meet localised needs
- sustainability for local providers
- joint planning and commissioning.

This review was well received and in 2015 SafeLives was asked to support South Wales in developing its new domestic abuse commissioning strategy with the following six local authorities: Rhondda Cynon Taf, Swansea, Merthyr Tydfil, Cardiff and the Vale of Glamorgan. Since then, circumstances have changed with Neath Port Talbot and Bridgend did not participate in the review so the recommendations in this report are made with reference to five local authorities rather than all seven.

During the course of this review, we spoke to 35 commissioners from statutory organisations working in housing, fire safety, nursing, adult safeguarding, community safety, children's services and social services. We also consulted a number of service providers including Port Talbot & Afan Women's Aid, Cardiff Women's Aid, Hafan Cymru, Llamau, Calan DVS, BAWSO, Safer Wales, Victim Support, Safer Merthyr Tydfil, Pontypridd Women's Safety Unit, Rhondda Cynon Taf Women's Aid, Welsh Women's Aid, Gwalia, Atal y fro, Hafan Cymru Spectrum Project and Swansea Women's Aid. We were also able to gather evidence from 19 victims through advertising our consultation online, posters in health settings and through many of the service providers named above. There was significant overlap in the feedback we received from all three groups, with many common themes emerging, which are outlined in this report.

We are very grateful to all of the local authority staff, service providers, and victims of domestic abuse who participated in this review. A majority of those who we spoke to were very willing to share information and expertise which has helped us immensely in drawing together a myriad of detail. We would like to thank domestic abuse co-ordinators who, once again, supported the process of the review.

The funding amounts and capacity numbers in this report have been derived from information provided to us by services and funders. This data was not available on a consistent basis and in some cases we have had to impute the numbers from other sources, such as our Marac and national Insights datasets. Our estimates of need and caseloads reflect our best estimates.

Section 1: Executive Summary

In 2015, SafeLives was asked by the Police and Crime Commissioner to support the implementation of its 2014 report on the provision of domestic abuse service provision in South Wales. To inform the findings in this report, we engaged with commissioners of domestic abuse services, service providers and victims within six local authority areas: Cardiff, The Vale of Glamorgan, Merthyr Tydfil, Rhondda Cynon Taf, Neath Port Talbot and Swansea. Our findings confirm that progress towards some of the recommendations is underway, but significant challenges remain. This section outlines:

- the context of providing domestic abuse services in South Wales
- the prevalence of domestic abuse
- defining a model response to providing domestic abuse services
- obstacles preventing the realisation of the model response
- our recommendations on the way forward, notably a regional approach and options for change.

South Wales Context

The key elements exist to establish sustainable, effective and consistently high quality domestic abuse services in South Wales. South Wales benefits from the following:

- world-leading legislation in the area of violence against women and girls by the Welsh Government, including the Ask & Act obligation on frontline practitioners created by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.
- the appointment of the First National Advisor for Violence against Women, Domestic Abuse and Sexual Violence
- an evidence-led multi-agency intervention to build on
- numerous dedicated and experienced frontline practitioners
- a commitment to innovation, including the adoption of Identification and Referral to Improve Safety (IRIS) by health boards in Cwm Taf and Cardiff and the Vale and the piloting of SafeLives' Drive programme for perpetrators of domestic abuse in Rhondda Cynon Taf and Merthyr Tydfil.

Domestic abuse service provision must also take into consideration related issues, including NICE guidance, the Adverse Childhood Experiences report for Wales and Future Generations Act (see Section 2).

Prevalence and impact of domestic abuse

Areas within South Wales report one of the highest levels of high risk cases in the UK (Appendix E provides a table showing high risk cases at Marac across South Wales). We estimate that there are in total 9,200 victims of domestic abuse at high and medium risk including those currently visible to agencies and those who have not formally disclosed domestic abuse. Of these 9,200 victims, we estimate that there are around 2,000 victims at high risk and 2,000 victims at medium risk who are visible to agencies and are at or near the point of seeking help, with the remaining 5,200 invisible or not ready to engage with services. The recommendations in this report are based on the capacity required to support at least these 4,000 visible victims.

SafeLives' Insights national dataset provides an overview of victims supported by domestic abuse services, and the change in risk whilst being supported¹. Outcomes assessed at the closure of victims' cases revealed significant reductions in abuse and positive changes in safety and quality of life following support and interventions from a community based domestic abuse support service. Victims have typically experienced 2.6 years length of current abuse and 55% have experienced abuse previously. Over two thirds of victims (67%) experienced at least one type of high severity abuse and seven out of ten victims (69%) reported an escalation in the severity and frequency of the abuse before receiving support. Over 80% reported feeling safer and that their quality of life had improved after being supported by a community based domestic abuse support service.

Domestic abuse has a severe influence on a child's physical and mental wellbeing, with 62% living with

¹ SafeLives National Insights Dataset includes data from 40 services, including six Welsh services, notably Cardiff Women's Aid and Safer Merthyr Tydfil.

domestic abuse also being directly harmed themselves. SafeLives Children's Insights national dataset² also identified that high proportions (47%) are not known to children's services, and would not receive support following the abuse. Children's Insights reveals that:

- children suffer multiple physical and mental health consequences; emotional wellbeing (89%), social development and relationships (52%), feelings of blame or responsibility (60%) or their behaviour (52%).
- 25% of the children exhibited abusive behaviours, mostly once their exposure to domestic abuse had ended, mainly to mothers (62%) or siblings (52%)
- only half of children previously known to children's social care (54%) but 80% were known to at least one public agency
- children's outcomes improve significantly across all key measures after support from specialist children's services, notably a reduction in children doing dangerous or harmful things (69%), feeling the abuse is their fault (62%), and often feeling unhappy (68%).

Defining a model response

Our previous report identified a highly fragmented response with the total budget of approximately £9m being split among over 130 different 'pots' of funding going to 25 providers across the 7 local authorities including Bridgend. In our previous report we recommended that in order to achieve a model community-based response to domestic abuse in South Wales, there needed to be:

- a clearly co-ordinated strategic plan across all key commissioners supplemented by stronger governance and leadership
- a single 'front door' for all referrals to identify the risk, needs and vulnerabilities of each member of the family as early as possible
- larger teams of community based support workers in 3-4 large teams to offer specialist support to victims at high and medium risk
- a clear offer of longer term recovery and 'step down' to reduce repeat victimisation
- effective communication with victims and their families about the support on offer.

Obstacles preventing the realisation of the model response

Since our 2014 report, we have consulted over 35 local commissioners, 19 victims and 17 service providers in the 6 local authorities, who have confirmed that progress is being made in many areas. Many local authorities have followed Rhondda Cynon Taf and Merthyr Tydfil in the development of a single 'front door' Multi Agency Safeguarding Hub MASH. However, the following obstacles remain:

- fragmented funding arrangements, with provision distorted by restrictive funding streams
- overstretched frontline practitioners working with unsafe caseloads
- short term funding cycles prevent capacity being planned and coordinated
- lack of leadership and coordination
- lack of awareness of care and referral pathways by frontline professionals particularly in health
- lack of awareness by victims of services available.

The way forward

Many of these obstacles can be overcome through improved leadership, governance and accountability. A regional approach for domestic abuse strategy is being piloted in Gwent, bringing together the Welsh Government's Domestic Abuse Services Grant for the six local authorities and providing regional staff and a regional service for community based support workers working primarily with victims at high and medium risk. Depending on the success of this pilot, the Welsh Government has indicated it wishes to roll out the model in 2016. Given the known future reductions in future funding streams and the likely future regionalisation of funding for domestic abuse, SafeLives recommends the following:

- the creation of a new regional strategy for domestic abuse for South Wales to provide leadership, accountability and coordination
- the establishment of a common outcomes framework for providers and commissioners
- reconfiguration of Supporting People funding

² SafeLives Children's Insights Dataset 2014; based on a sample of 877 children's cases collected by specialist support services

- rebalancing provision to support victims at serious risk of murder and harm.

A system wide approach

Our preferred option is for South Wales to take a system wide approach to responding to victims of domestic abuse. Victims, children and perpetrators move across local authority boundaries and service provision needs to be coordinated accordingly. A regional strategy in combination with a common outcomes framework and the pooling of funding streams beyond current restrictions would improve outcomes for victims, service providers and commissioners by:

- reducing gaps in current provision
- supporting currently unmet needs
- improving safety outcomes
- increasing overall value for money.

A regional strategy

The Welsh Government has highlighted³ the benefits of regional communication to share learning, unify provision and maximise the use of resources. We therefore recommend that the PCC for South Wales bring together senior leaders to create a new regional Strategic Partnership for domestic abuse service provision and a vision for services across from all 7 local authorities. Senior level commitment and coordination will enable commissioners to achieve more with their respective budgets, either by pooling, or by agreeing the demarcation amongst themselves. This board could be chaired by the National Advisor for Violence against Women and other forms of Gender-based Violence, Domestic Abuse and Sexual Violence to provide a pan-Wales perspective.

This strategic group would be supplemented by operational decision-making groups at sub-regional level. The expertise of service providers should be sought to inform commissioning decisions. However, in contrast to the Welsh Government Consultation Document, SafeLives recommends that service providers are exempted from making commissioning decisions to avoid real or perceived conflicts of interest and legal challenge, in line with public procurement rules as set out by EU Directive.⁴

A common outcomes framework

We recommend that the PCC, in consultation with National Advisor, creates a South Wales outcomes framework to ensure commissioners across the region are able to compare outcomes. The need for a national outcomes framework was a priority which almost every one of the commissioners and providers we consulted requested.

A draft framework can be found at Appendix B, based on SafeLives' Insights Database which is already used by some service providers including Cardiff Women's Aid and Safer Merthyr Tydfil. A strong national dataset of this kind will allow communication with real impact to audiences including funders in Welsh government and Westminster. SafeLives worked with the Department for Communities and Local Government in Westminster earlier this year and provided Insights data that was material in securing new money from the Treasury for VAWG - over £40 million over the course of the Parliament.

It will also enable providers to report to an agreed set of outcomes and thereby reduce the time spent on measurement.

The reconfiguration of Supporting People funding

Restrictions on the use of funding streams currently distort service provision, with disproportionate allocation of accommodation-based support and floating support commissioned based on the level of Supporting People funding available (in comparison with other forms of support to vulnerable victims such as community based provision). We understand that the Supporting People National Advisory Board is reviewing its guidance in this area and will publish a draft document in 2016. We recommend that Supporting People funding be pooled with other funding streams for domestic abuse to enable victims of domestic abuse to live

³ Welsh Government Consultation Document – Statutory guidance under the Violence against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015, issued 24 September 2015

⁴ Directive 2004/18/EC of the European Parliament, Article 73, Composition of the Jury, as transposed into UK legislation by the Public Contracts Regulations 2015, Section 8, Regulation 81.

independently in their own homes through receiving community based support. Such a reconfiguration would reduce unmet need, improve safety and increase overall value for money.

In 2014, we recommended that £1.5 million of Supporting People funding for floating support was added to existing provision of approximately £1.5 million of funding for support workers primarily working in the community with victims at high and medium risk. We recommended that this total sum of £3 million was spent on 3-4 large teams of frontline practitioners with specialisms including criminal justice and the family courts, substance use, mental health, perpetrator risk management and male victims.

Table 1: Funding by service for 7 Local Authorities, 2014

Service provided	Amount £ millions	% Total
Refuge, floating support, complex needs (support element only) and sanctuary schemes	£5.5m	62%
Idva and Marac (high risk victims)	£1.0m	12%
Domestic abuse coordinators	£0.2m	2%
SARC and other sexual violence	£0.7m	7%
Children and young people	£0.6m	7%
Other	£0.8m	10%
Total	£8.8m	100%

Given anticipated future cuts to funding, we recommend that outcomes are best protected through the ability of commissioners to reconfigure Supporting People funding combined with a system wide approach to commissioning support workers primarily working in the community with victims at high risk.

A sub-regional approach

Until a regional approach is possible, we recommend building on existing collaboration to create as much integration and coordination as possible between Cardiff and the Vale of Glamorgan.

Detailed options for service provision are outlined in Section 4.

Section 2: Policy Framework

There have been a number of policy developments which affect the commissioning environment for domestic abuse.

Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015

The Act's principal aim is to reduce the rates of gender-based violence and domestic abuse by:

- Promoting awareness of domestic abuse;
- Strengthening the strategic leadership and accountability for domestic abuse;
- Improving the consistency, quality and join-up of service provision in Wales.

The Act "requires persons, in exercising specified functions under the Act, to have regard, along with all other relevant matters, to the need to remove or minimise any factors which increase the risk of violence against women and girls, or exacerbates the impact of such violence on victims."⁵

It requires local strategies to be "based on a robust needs assessment which will identify where women and men require different services and support."

It places a duty on local authorities and local health boards to "prepare and publish joint Local Strategies for tackling gender-based violence, domestic abuse and sexual violence." These strategies must focus on the elements of "prevention, protection and support".

In respect of the Welsh Government, the Act provides Welsh Ministers with a power to issue guidance to relevant authorities on how they should exercise their functions with a view to contributing to the pursuit of the purpose of the Act. It suggests that the guidance can (among others) include commissioning of services, training for staff and the sharing of information. It further states that "any guidance issued by the Welsh Ministers under this power would have to be followed by the relevant authorities", and the Act provides a reserve power of direction for Welsh Ministers to require authorities to follow the guidance.⁶

The Act also puts a statutory duty on Welsh Ministers to appoint a Ministerial Adviser who "will work with public services across Wales to promote best practice and support the high quality and standards required by the Welsh Government."

South East Wales VAWDASV Regional Funding Pilot

The SEW VAWDASV was established after the Gwent Domestic Abuse Pathfinder Project in 2014 which proposed a regional approach for domestic abuse strategy. This led to the Welsh Government developing a regional funding model for domestic abuse services with the aim of "delivering the effective structure and strategic management to facilitate the commissioning of services on the basis of a set of criteria prescribed by the Welsh Government and through the informal pooling of local and regional budget." Depending on the success of the pilot, the Welsh Government has indicated it wishes to roll out the model in 2016.

The regional partnership has brought together the Welsh Government's Domestic Abuse Services Grant for the five local authorities within the Gwent region and provided funding for regional staff and Idva provision. The key objectives of the project in 2015/16 will be to:

- establish the Regional Coordination team to develop the Regional Board and deliver the Regional Plan;
- embed and facilitate understanding of the Welsh Government's drive for regional strategic coordination with locally owned delivery;
- set up a regional Idva service and develop a regional training consortia.

⁵ Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill, Explanatory Memorandum, February 2015, p11

⁶ Violence against Women, Domestic Abuse and Sexual Violence (Wales) Bill, Explanatory Memorandum, February 2015, p14

Within the pilot is an agreement to implement a simple but meaningful set of performance measures backed by the Welsh Government. The team will also be exploring emerging opportunities for shared commissioning with Registered Social Landlords and in particular dedicated housing Idva provision. The region is also an early adopter of 'Ask and Act'.

HMIC Report 2015 *Increasingly everyone's business*

Everyone's Business was commissioned in 2014 by the Home Secretary and drew on HMIC inspections of the 43 police forces in England and Wales, as well as interviews with victims, specialists and professionals working in the voluntary sector. HMIC strongly supported the development of multi-agency partnerships, in particular the creation of multi-agency safeguarding hubs (or MASHs) which bring together staff from police and partner agencies who work from the same location.

In 2015, HMIC assessed the progress made by police forces in England and Wales in responding to and protecting victims of domestic abuse since *Everyone's business* was published. HMIC found that the police service has acted on its messages and now sees tackling domestic abuse as an important priority. However, there are still a number of areas for improvement in the way the police respond to, support and protect domestic abuse victims, such as ensuring that partnership working arrangements (which are crucial to providing coherent support) are effective.

Welsh Government consultation 2015

Effective Multi-Agency Collaboration Guidance for Statutory guidance under the Violence against Women, Domestic Abuse & Sexual Violence (Wales) Act 2015

This consultation relates to draft statutory guidance to be issued under this power. This guidance outlines the value of collaboration between organisations for the purposes of ending violence against women, domestic abuse and sexual violence. It sets out the necessary stages of collaboration and identifies good practice in establishing partnership arrangements and the key components for effective partnerships.

Adverse Childhood Experiences (ACEs) Survey 2015 & Public Health Wales

ACEs are stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live (eg growing up in a house with domestic abuse). Analysis of the Welsh ACE Survey 2015 by Professor Mark Bellis and Kathryn Ashton for Public Health Wales highlighted the prevalence of ACEs in Wales, concluding that

'14% of the Welsh adult population are estimated to have experienced 4 or more ACEs, compared to 9% in England.'

Well-being of Future Generations (Wales) Act 2015

This Act strengthens existing governance arrangements for improving the well-being of citizens to ensure that present needs are met without compromising the ability of future generations to meet their own needs. The Act:

- identifies goals to improve the well-being of Wales
- introduces national indicators that will measure the difference being made to the well-being of Wales
- establishes a Future Generations Commissioner for Wales to act as an advocate for future generations
- puts local service boards and well-being plans on a statutory basis and simplifies requirements for integrated community planning.

Housing (Wales) Act 2014

This Act includes a new strengthened duty on local authorities to take reasonable steps to prevent and relieve homelessness, with an emphasis on prevention; enabling local authorities to discharge their main homelessness duty through suitable accommodation in the private rented housing sector; and taking steps towards ending family homelessness.

Section 60 of the Act places a duty on local authorities to provide information, advice and assistance in accessing help.

Social Services and Wellbeing (Wales) Act 2014

Section 17 of the Act places a duty on local authorities to secure the provision of a service to provide people with information and advice relating to care and support and assistance in accessing care and support. As a minimum this service must include the provision of information on:

- How the care and support system operates;
- The types of care and support available;
- How to access this care and support; and
- How to raise concerns.

Local authorities currently provide an information service but their provision will need to be enhanced to meet the new duties. The aim is to secure a service which is accessible to all people and provides the critical entry point to the new system. The Service will be central to the delivery of care and support and will play a key role in assessing a person's need for care and support and directing people to the most appropriate solution to meet their needs. It will enable early intervention and preventative support to reduce the need for managed care and support.

NICE Guidelines, 2014 - Domestic violence and abuse: multi-agency working

Key recommendations include:

- planning services based on an assessment of need and service mapping
- participating in a local strategic multi-agency partnership to prevent domestic violence and abuse
- developing an integrated commissioning strategy
- integrated care pathways
- adopting clear protocols and methods for information sharing
- helping people who find it difficult to access services.

Supporting People

The Supporting People programme provides housing-related support to help vulnerable people to live as independently as possible. The aims of the Supporting People Programme are:

- helping vulnerable people live as independently as possible
- providing people with the help they need to live in their own homes, hostels, sheltered housing or other specialist housing
- preventing problems in the first place or providing help as early as possible in order to reduce demand on other services such as health and social services
- providing help to complement the personal or medical care that some people may need
- ensuring quality services, which are delivered as efficiently and effectively as possible through joint working between organisations that plan and fund services and those that provide services
- promoting equality and reducing inequalities.

The Supporting People Programme Grant Guidance Wales, June 2013, and the Independent Review of Supporting People Transition Year established that the current arrangements need to be reviewed. A timescale has been agreed for the review of the guidance and in so doing the strategic vision for the Programme should be clarified and communicated. The Supporting People National Advisory Board will seek to produce a completed draft document by the end of February 2016.

Section 3: 2014 Domestic Abuse Review

In 2014, SafeLives was commissioned by the Police and Crime Commissioner to review services for domestic abuse victims in Wales. Our approach was to build our recommendations around the experience of the victim and children, aiming to offer as seamless a response as possible, so that opportunities for intervention translate into safety and wellbeing for those at risk. Thus our report covered not only commissioned services, but also a more effective system to identify, refer and support victims, children and perpetrators, as well as to close some of the divisions between domestic abuse, mental health, and substance use issues.

Our recommendations aimed to improve radically the experience of families impacted by domestic abuse, commissioners, practitioners, and partner agencies.

For victims and children, their friends and families:

- They will know what services are available and how to access them.
- They will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area, so that both risk and needs can be met.
- They will receive a service that is empowering and responsive with their personal situation.
- The response to victim, child and perpetrator will be co-ordinated.
- Their experience will be captured systematically and used to inform future service development.

For commissioners:

- There will be much clearer provision, transparency and lines of accountability.
- Resources will follow risk and be used to best effect.
- Opportunities to intervene early will be maximised.
- Creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths.
- Consistent data will provide the opportunity to learn and develop provision.

For practitioners:

- Being part of a resilient team with the full breadth of expertise required to meet the needs of all clients.
- Manageable caseloads.
- Sufficient resource for management, clinical supervision and administration.
- Career development opportunities.

For partner agencies:

- Clear referral pathways.
- Supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse.
- Being part of an effective care pathway that respects the limits of each role.

We therefore made the recommendations below.

Access

1. Clear unambiguous referrals pathways (triage) are established for victims and their children, for all statutory agencies and specialist service providers via one central point of contact per region.
2. Victims at standard risk are offered support both through the different helplines and websites available, as well as universal services both in the voluntary and statutory sectors, including Victim Support.
3. Non-police statutory services appoint a domestic abuse 'champion' responsible for establishing referral pathways, collating and analysing prevalence of domestic abuse in their agency and ensuring that any training leads to an effective 'ask and act' response from frontline practitioners.
4. Any training for frontline practitioners is provided in conjunction with clear, unambiguous referral pathways into a central point of contact for triage.
5. The function of the different South Wales helplines is reviewed in advance of the 'Ask and Act' legislation.

Leadership and governance in South Wales

6. To avoid a postcode lottery of service provision, a consistent standardised approach is implemented including:
 - Oversight and scrutiny by a constituted strategic board in South Wales
 - Standardised needs assessments and capacity planning.
 - Standardised outcome monitoring
 - Commissioning of evidence-based intervention to agreed standards of best practice.
7. Where achievable, funding streams are pooled and that one strategic body is given effective responsibility for the budgets in their region, and is held accountable for performance against agreed metrics.

Effective commissioning

8. Domestic abuse services for both high and medium risk victims are commissioned using the community-based intervention model of support.
9. A total of 60 support workers are commissioned in South Wales, divided into large multi-disciplinary 'super' teams/regions of up to 20 frontline practitioners each.
10. Victims identified as being standard risk are offered help through volunteers, helplines and universal services.

Service providers

11. That all service providers implement an agreed model of provision to agreed best practice standards.
12. That service providers collect referrals, profile of service users, and outcomes data, including unmet need on the same basis to enable comparison across services.

Section 4: Feedback from commissioners, providers and victims in 2015

In the course of our review we spoke to 35 commissioners from statutory organisations in the 6 local authorities working in housing, fire safety, nursing, adult safeguarding, community safety, children's services and social services. We also consulted the following service providers: Welsh Women's Aid, Port Talbot & Afan Women's Aid, Cardiff Women's Aid, Hafan Cymru, Llamau, Calan DVS, BAWSO, Safer Wales, Victim Support, Safer Merthyr Tydfil, Pontypridd Women's Safety Unit, Rhondda Cynon Taf Women's Aid, Gwalia, Atal y fro, Hafan Cymru Spectrum Project. We were also able to gather evidence from 19 victims through advertising our consultation online, posters in health settings and through many of the service providers named above. Many of the same themes emerged in interviews with all three groups and are grouped below:

- The importance of clear pathways and integrated services
- The need to reconfigure spending on domestic abuse services
- The importance of raising awareness about abuse
- The need for leadership, coordination and common outcomes.

Our findings confirm that progress towards some of the recommendations is underway, but significant challenges remain. Many commissioners recommended that the views of service users be more deeply embedded in the commissioning process, as they are in other areas.

The need for coordinated leadership and common outcomes

Last year's report called for clear, coordinated leadership at a senior level across key funders, including shared ownership of common outcomes and agreed allocation of funding. The report also recommended co-ordinated strategic needs assessment and priority setting, ideally with strategic commissioning and pooled budgets. Feedback from providers reiterated the repeated need for longer-term funding cycles and the lack of sustainability of funding streams which run on annual cycles (Home Office, Welsh Government and PCC). A number of commissioners highlighted concerns about Home Office cuts to funding which support valuable community based provision and Marac Coordinators. Improved regional planning and budget pooling would help offset some of the uncertainties around funding streams and ensure strategic objectives could be prioritised.

Leadership and governance

Our conversations with local authority commissioners suggest that little progress has been made in relation to our recommendations on governance and improved joint working with the exception of Rhondda Cynon Taf and Merthyr Tydfil where joint working is more advanced, though still in early stages. None of the local authorities we spoke with had completed a strategic needs assessment or capacity planning, none of them had standardised outcome setting or monitoring, and with a few exceptions (Rhondda Cynon Taf and Merthyr Tydfil), none had pooled funding. There were a number of authorities where contracts were historic and rolled on, rather than being tendered through an evidence-based approach.

We don't have a local needs plan – this would be good.

Service provider, Cardiff

A number of commissioners expressed concerns around governance, particularly conflicts of interest caused by having providers on the strategic bodies for their area. Providers are members of the domestic abuse strategic boards for the Vale of Glamorgan and Neath Port Talbot. Typical views expressed included:

- *We need better governance. Control of funding needs to be with commissioners, not providers.*
- *Our DASG is information sharing, not strategic. No teeth, no money, no accountability."*

Issues of duplication were specifically raised in Cardiff between the work of Safer Wales (Women's Safety Unit) and Cardiff Women's Aid because the Safer Wales contract has not been competitively tendered.

Finally, we also heard a desire for the PCC to lead a pan-regional forum to help drive forward joint-commissioning work, outcomes frameworks, data sharing initiatives and to share information on new projects such as IRIS and Drive, so that local statutory bodies can help to shape progress in these areas.

Typical views expressed by commissioners included the following:

- *Does there need to be a South Wales Domestic Abuse strategic group run by the PCC?*
- *Our provision is not coordinated. We would like a domestic abuse commissioning board for the whole region with sustainable funding grants*

Need for a single outcomes framework

The vast majority of commissioners and providers expressed a desire for a single outcomes framework, with a number suggesting that the current Supporting People framework is 'not fit for purpose' for domestic abuse. Providers often provide their own monitoring and outcomes frameworks which help them to measure their effectiveness, but do not help commissioners to make any comparisons with other providers, or statistically comparable areas. Those providers whose services cut across local authorities in South Wales cited significant differences in outcomes between areas with no way of linking this into needs assessments because there is no single outcomes framework. Providers were also concerned that the current outcomes frameworks which are used do not effectively measure need or longer term social value (eg a victim's ability to return to the workplace).

Many commissioners highlighted concerns about the lack of comparable outcomes data supplied by their providers. They prioritised the creation of a single outcomes framework in enabling common standards, metrics and outcomes to be communicated, monitored and evaluated.

I would like to be able to trace victims and outcomes as I can when commissioning on substance misuse.
Commissioner, Rhondda Cynon Taf

We want a single meaningful outcomes framework and comparison between service providers.
Commissioner, Rhondda Cynon Taf

We need more flexibility from Supporting People funding guidance.
Commissioner, South Wales

The importance of clear pathways and integrated services

Concerns were expressed by providers and commissioners about the number of gaps faced by victims because of a lack of clear pathways for referral and care. Pathways urgently need to be clarified and communicated to all frontline professionals particularly in health settings, to enable them to diagnose and refer victims for effective support as early as possible.

Development of a 'single front door'

Our report last year expressed concern that there was a high attrition rate from PPD1 referral through to support, in part due to very high caseloads.

I think there have been some concerns with triage, if the first point of contact is not with the Idva they may drop off. We have seen referrals for the same person and we know they have had to wait a while before being dealt with appropriately. They are being asked to repeat their story too often.
Service provider, Cardiff

Many of the victims at high risk also noted gaps in their journey from disclosure to support.

The Police gave me a victim support card and said I would automatically be referred. Six days later I had heard nothing so I called them, I was in a state, very frightened. Victim Support said they hadn't had a referral, so good job I called.
Victim at high risk in Rhondda Cynon Taf, helped by PPSU

I wonder if it would be helpful for health visitors to refer people to get support from Idvas too?
Victim at high risk in Swansea

There needs to be more support for children. My teenage son was never offered help. They thought he didn't need any.
Victim at high risk, Rhondda Cynon Taf

The development of a Multi-Agency Safeguarding Hub (MASH) should help to ensure victims at high risk and their children receive a better coordinated response from agencies. All local authorities were engaged with developing a MASH except the Vale of Glamorgan and Neath Port Talbot. The MASH in RCT and Merthyr Tydfil was the most advanced, but it is still early to say how well it is working. MASH arrangements in Swansea and Cardiff are in their infancy.

Early identification and training for frontline professionals

Many victims told us about missed opportunities in early identification, particularly when they disclosed to health professionals or the police. Attitudes and support from frontline professionals were mixed at best. Referral pathways urgently need to be clarified and communicated to frontline professionals to enable them to diagnose and refer victims for support. Two victims who worked in health as nurses told us they did not know where to seek help. Commissioners also highlighted the increasing complexity of support required by victims. The implementation of IRIS in four of the local authorities will increase GP referrals but further information and training is urgently needed in other health settings.

I felt like I was being judged in hospital. It would have been good if the nurse or GP could have told me where to go for help.

Victim in Cardiff, not supported by any services to date

I disclosed to the health visitor but she did nothing. Neither she nor the police signposted me to services.

Victim in the Vale of Glamorgan

I actually first told my GP 2 years ago but they just said I was depressed.

Victim previously at high risk, Rhondda Cynon Taf, helped by Women's Aid

There were mistakes made by the police which meant my ex got my number twice, he was also told I was in Bridgend refuge so I had to move. When I was getting harassed the police did not take it seriously – I had over 100 texts, some threatening.

Victim at high risk in Neath Port Talbot

Referrals are getting more and more complex, with younger victims and more with mental health problems.

Commissioner, South Wales

The importance of raising awareness about domestic abuse

Many victims at high risk mentioned their own lack of knowledge of domestic abuse, discussing the importance of their Idva in helping them to realise that the abuse was not their fault. They highlighted the importance of services being more visible and more campaigns to raise awareness. Of the services we visited, the most visible one stop shop (Swansea's) was the busiest.

Until the police told me about the service for DV victims I had not heard of it and this isn't a big town so more advertising would be good.

Victim at high risk, Neath Port Talbot

Make sure that services are visible, that they are advertised well - I wouldn't have known about this place - needs to be seen.

Victim in Vale of Glamorgan, helped by Atal y Fro

It would be good to hear more about it in the media.

Victim in Cardiff

Didn't know there were helplines.

Victim in the 'Valleys'

The need to reconfigure spending on domestic abuse services

This section provides an overview of current funding, implications for service provision, overstretched practitioners, focus on accommodation based support and gaps in support for children. Last year we analysed funding available for domestic abuse services and the need by local authority, finding over 60% of funding for all domestic abuse service provision is from Supporting People funding for service providers delivering accommodation-based or floating support.

Table 2: Domestic abuse service funding identified June 2014 (including Bridgend)

Sources of funding	Amount £m	% Total
Supporting People (support element only)	£5.5m	63%
Welsh Government (CLG or other)	£1.2m	14%
Local authorities	£0.5m	6%
PCC	£0.4m	5%
Home Office	£0.2m	2%
Welsh Government (Children, Families First)	£0.2m	2%
Ministry of Justice	£0.1m	1%
Welsh Government Health	£0.1m	1%
Total	£8.8m	100%

Table 3 overleaf shows the breakdown by local area of accommodation and community based support only (funding for support workers primarily working in the community with victims at high risk, dedicated Floating Support extended to victims mostly medium risk, Domestic Abuse Coordinators and Marac Coordinators) and excludes sexual assault provision, specific children's provision and other special projects. Based on the high prevalence rate of domestic abuse in South Wales, actual Marac cases, and expected high risk cases in an area, we estimated below the total number of support workers working primarily with victims at high risk required in South Wales rounded to the nearest 0.5 FTE. The distinction between victims at high and medium risk is based on estimated caseloads and expected rates of engagement.

Table 3: Analysis of domestic abuse service provision by local authority, June 2014

Service provision	Bridg-end	Cardiff	Vale	MT	RCT	NPT	Swan-sea	Total
Adult population (000s)	114	283	103	48	190	115	198	1,051
Police incidents (2012/13)	2,572	7,274	2,343	1,695	5,604	2,880	5,169	27,537
Funding per police incident (£)	£132	£305	£99	£209	£252	£290	£197	£233
Funding for accommodation and community based support £(000)	£340	£2,218	£230	£353	£1,410	£834	£1,021	£6,400
Spend per adult	£3	£8	£2	£7	£7	£7	£5	£6
Recommended number of support workers for victims at high risk	3	10	2.5	3	8.5	4.5	6	37.5
Recommended number of support workers for victims at medium risk	2	6.5	2	2	5	2.5	4.5	24.5
Total recommended support workers (medium and high risk)	5	16.5⁷	4.5	4	13.5	6.5	10.5	60.5

Based on the very high level of need at the high risk level, we recommended 37.5 support workers were needed to support victims at high risk across all 7 local authorities or 34.5 support workers for the six local authorities featured in this review; we understand that there are currently 21 in place in the six local authorities.

Caseloads for community based support workers working primarily with victims at high risk were dangerously high while caseloads for floating support workers were much lower. The markedly lower caseloads for this type of provision has resulted in a high level of unmet need for victims at all levels of risk. Less than 12% of all funding is allocated to support specifically for victims at high risk to stay safe in their own homes.

⁷ Cardiff victims only. Cardiff Idvas provide support to out of borough males and B&ME victims for which additional capacity is required.

Table 4: Domestic abuse service provision identified June 2014 (including Bridgend and Neath Port Talbot)

Service provision	No of engaged victims supported	No of providers	FTE support workers	Case-loads	Funding
Support workers for victims at high risk	2,000	10	22	70 - 150	£0.9m (£460/victim)
Floating support	1,100	6	14	43 - 186	£0.6m (£540/victim)
Short term crisis intervention (victims at high & medium risk)	3,100 (possible overlap)		36		£1.5m
Refuge (support only)	740		40	18	£2.1m (£2,900/victim)
Floating support outreach	710		55	13	£2.1m (£2,980/victim)
Other vulnerable/complex needs	90		15	7	£0.5m (£5,970/victim)
Total refuge & floating support	Unknown overlap	14	110		£4.8m
Funding for Accommodation and community based support	Unknown overlap	>20	146		£6.4m

Our interviews with commissioners suggested that the multiplicity of funding streams and the lack of strategic clarity meant that commissioning domestic abuse services was often difficult in practice. In particular, Supporting People commissioners were rarely involved in strategic discussions with other commissioners of domestic abuse services resulting in a silo between SP and the rest of domestic abuse funding. Providers expressed concern that they spent too much time competing for different budgets and reporting on different outcome measures and therefore reducing the time available to support service users.

We need to have an Idva service managed as one service so we can provide professional development, training, and mentoring. It's so hard to have a vision of the service when you have 30 different Idvas all on different contracts, salaries and working in different places.

Commissioner, Cardiff

Our Idva provision is totally under-representative of our level of need.

Police representative, South Wales

Our Marac Coordinator isn't secure and there is no background support for sick leave or maternity cover. We would fall apart without the Coordinator.

Commissioner, Cardiff

We need proper funding instead of running around for little pots of money – all the reporting we have to do – the time that takes and the impact that has on the work we deliver to service users is not appreciated by commissioners.

Service provider, Cardiff

Overstretched practitioners

Last year our research identified that the caseloads for community based support workers working primarily with victims at high risk were typically too high, in some cases at 150 caseloads each compared with the SafeLives' recommended level of 65 - 85. Our conversations this year lead us to believe this picture remains the same. It was notable that not all local authorities knew how much resource they had. This means that high risk victims are not being supported appropriately and that they are at greater risk of continued harm. Community based support workers working primarily with victims at high risk lack administrative support and cover for holidays, sickness or maternity leave, once again leading to victims potentially falling through gaps in service. Support workers who hold fewer cases for longer can mobilise step down or recovery care more

consistently, which means reductions in risk can be achieved more sustainably. We can see real variations in outcomes depending on the intensity of the service provided.

As one service provider said

'We need adequate funding on a minimum 3 year cycle. Idvas are a well researched role that proves outcomes for high risk and yet this role is so poorly funded.'

Most victims had had some access to support from community based support workers and refuge workers, who they rated highly. However, many victims noted the high caseloads of their support workers.

'My Idva was very busy so more of them would be good.'

Victim in Neath Port Talbot

Just make sure the support stays. I would have liked to have seen someone one-to-one for longer.

Victim in Cardiff

I was referred to Idva in Bridgend. Saw her twice after incident 2 months ago, but she has cancelled appointments as I think she is too busy. I have not been referred to Idva in RCT where I am now. She hasn't called to update me on anything re court case – I have had to do everything re legal advice on my own and finding this very difficult.

Victim at high risk in Rhondda Cynon Taf

Although my worker has been great, very supportive, I don't think I have been kept in the loop about Marac actions really.

Victim at high risk in Rhondda Cynon Taf, helped by Women's Aid

Focus on accommodation based support

Refuge workers' caseloads in comparison tended to be far lower than those of community based support workers working with victims at high risk. In 2014 we did not review the processes and outcomes for accommodation based services, and our data was based on estimates so we recommended no immediate changes to overall capacity or configuration as a deeper understanding of the number, risk profiles and needs of victims supported is required. We did however suggest there was a case for the partial reconfiguration of the use of refuge in line with the Welsh Government White Paper Task and Finish review, whereby some existing refuge provision is designated for Intake and Assessment. Our preliminary analysis indicated that this figure should double to half of all bed spaces.

We have little evidence that a shift has been made since last year to achieve this rebalancing. Refuge is for victims needing emergency accommodation which is distinct from those who need support for complex needs, some of whom are neither in crisis nor at the highest risk. Last year's report identified 740 victims in 129 units of refuge provision supported by 40 frontline practitioners, costing £3.8 million. SafeLives' national Insights dataset on refuge provision suggests that 53% should be for genuine emergency accommodation which when applied to the 740 refuge victims in South Wales equates to around 400 victims. The longer victims remain in refuge, the costs of Housing Benefit paid to enable them to do so increase. We recommend that each local authority look into analysing potential savings which could be redistributed to ensure victims are given the housing support they need.

Supporting People funding is geared towards providing units of bed spaces or floating support attached to flats or other tenancies in the community. Yet we know that a majority of victims would like to remain in their own homes ensuring the perpetrator leaves instead of the victim. This creates better outcomes ensuring victims with children remain in their schools and among local support networks. There can be cost savings from supporting victims before they need to access refuge and the additional housing benefit costs this accrues. Moreover, SafeLives national data from providers in England and Wales indicates that 20% of women who go into refuge leave within a week, often back to a violent situation.

Refuge is really hard and not always right for everyone so there needs to be outreach services to help those who have to go into housing – we need some kind of joint working with housing perhaps.

Victim previously at high risk in the Vale

We know people are getting stuck in crisis accommodation.

Commissioner, Cardiff

We have an overprovision of emergency accommodation.

Commissioner, Rhondda Cynon Taf

There needs to be more community based support rather than refuge.
Commissioner, South Wales

Supporting People should fund people to stay in their own homes.
Commissioner, Cardiff

Section 5: Recommendations for Commissioning

Based on the findings outlined in Section 3, we present our detailed recommendations below:

- 1) Measures which can be taken by the PCC
- 2) Measures which will require Welsh Government action
- 3) Measures which can be taken in the short-term by Local Authorities to improve their commissioning process.
- 4) Options for service provision, including an evaluation of the current baseline against proposed regional and sub-regional coordination.

1) Police and Crime Commissioner

- a) The PCC's office should regionalise its funding for domestic abuse to bring together senior leaders from existing executive groups to create a new regional strategy for domestic abuse service provision and a vision for services across South Wales.
- b) A new regional domestic abuse strategic group should be created to drive change in the sector and represent all seven local authorities. Representatives should include Local Authority commissioners at Director or Assistant Director levels and could also include:
 - representatives from the Supporting People Regional Collaboration Committees in Cwm Taf, Western Bay and Cardiff/Vale
 - domestic abuse leads from Cym Taf Health Board, CVU Health Board, and ABMU Health Board
 - South Wales Police
 - the South Wales Fire and Rescue Service
 - the two CRCs which cover South Wales.
- c) This board could be chaired by the National Advisor for Violence against Women and other forms of Gender-based Violence, Domestic Abuse and Sexual Violence to provide a pan-Wales perspective.
- d) The PCC, in consultation with National Advisor, should agree a South Wales outcomes framework to ensure commissioners across the region are able to compare outcomes. The need for a national outcomes framework was a priority which almost every one of the commissioners and providers we consulted requested.
- e) The PCC supports local providers in achieving efficiencies through the use of consortia, mergers or pooling of back office functions. The GWELLA Consortium, which comprises three Women's Aid groups across South East Wales who are working together to bid to run services, could provide a model for South Wales.

Too many organisations are competing instead of collaborating. It gets really confusing for victims.
Commissioner, Cardiff

2) Welsh Government

- a) Supporting People funding guidance should be reinforced and communicated widely to ensure that larger numbers of victims can be supported to stay safely within their own homes. The Welsh Government's stated aim is to *focus existing resources on services that are more able to support victim choice*.⁸ This choice should enable victims to be kept safe in their own homes with the perpetrator having to leave, rather than victims and children.

At the moment much of Supporting People funding is used for refuge and floating support, but more could be focused on supporting vulnerable victims to live independently at home, which would vastly improve safety outcomes for victims of domestic abuse.

⁸ Consultation on legislation to end violence against women, domestic abuse and sexual violence (Wales), Welsh Government, 2012 p.24

- b) Consider allowing the pooling of Supporting People funding with the Domestic Abuse Services Grant where a regional governance structure has been adopted.
- c) Regionalising the Domestic Abuse Services Grant could be accompanied with a move towards regional governance structures along the Gwent regional funding partnership model. Geographical boundaries could follow those likely to be implemented by the Local Government reorganisation for Wales – Cardiff and The Vale of Glamorgan; Merthyr Tydfil, Rhondda Cynon Taf and Bridgend; and Neath Port Talbot and Swansea.
- d) The need for a national outcomes framework was a priority which almost every one of the commissioners and providers we spoke to requested. Without a robust, outcomes based commissioning framework, it will always be difficult for commissioners to determine whether victims of domestic abuse are receiving the best service and whether that service provides value for money. We have provided a suggested list of outcomes and a draft framework in Appendix B. SafeLives is working with Lloyds Foundation, Women’s Aid, Welsh Women’s Aid and Imkaan to develop a toolkit for commissioners, which will also cover this subject and will be published in 2016.

3) Local authorities

- a) The South East Wales (Gwent) Regional Partnership for Violence Against Women, Domestic Abuse and Sexual Violence Services will publish a progress review in early 2016 which should provide useful insights for local authority commissioners going forward.
- b) Standing user forums should form part of the domestic abuse commissioning process and action should be taken to establish ways of regularly seeking survivor’s voices to fit with national best practice guidelines eg the Ministry of Justice’s Victim Services Commissioning Framework⁹

Table 5: Current status of 2014 recommendations by Local Authority

Local Authority	Single front door	MASH	Domestic abuse champion	Standing service user forum	Joint commissioning	Routine Needs assessment
Cardiff	x	In development	x	x	x	x
Vale of Glamorgan	✓	x	✓	x	x	x

- c) Further steps could be taken towards the creation of needs assessments, joint-commissioning of Domestic Abuse Coordinators and Marac Coordinators. Cardiff is currently in the early stages of creating a MASH and we suggest the Vale of Glamorgan is considered once the MASH has entered its second stage. We recommend that a single ‘front door’ is created for all referrals to identify the risk, needs and vulnerabilities of each member of the family as early as possible.
- d) Once MASH provision is established, MASH Coordinators should map all referral and care pathways and communicate them to commissioners, service providers and agencies. MASH Coordinators should then be able to explain clearly to victims the support on offer and track their progress through the system.

4) Options for service provision

This section provides further detail on regional coordination and sub-regional coordination, alongside implications for service priorities and service provision.

⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/203979/victims-services-commissioning-framework.pdf

Service priorities

Whichever option is selected, planning should prioritise funding in two phases:

- Phase 1: provision for victims at high and medium risk and children – community based support workers, floating support and refuge
- Phase 2: early intervention support, provision for victims at standard risk, and perpetrators (serial and high risk).

Impact on service provision

A clearly co-ordinated strategic plan across all key commissioners in local authorities should be supplemented by stronger governance, a clear outcomes framework (preferably in agreement with the National Advisor to ensure consistency across Wales) and open communication with service providers. The expertise of service providers should be sought to inform commissioning decisions. In with public procurement rules as set out by EU Directive (see Executive Summary), service providers should be exempted from making commissioning decisions to avoid real or perceived conflicts of interest and legal challenge. Changes to service requirements should be communicated clearly to service providers to support their planning.

Commissioners should secure funding for longer contracts to enable providers to concentrate on fulfilling their contracts, thereby reducing time spent by provider staff away from the front line on bidding for new funding. Many of the providers we spoke to said that funding cuts had led to a reduction in staff who could concentrate on funding proposals and furnishing the information for annually renewable contracts. Short term contracts also meant that staff were in a constant state of anxiety about whether their jobs would be protected beyond the next few months leading to a churn in staff who sought greater job stability. Sustainable, long-term commissioning of provision will have a significant positive impact on providers, particularly smaller specialist organisations.

As planning for any new commissioning arrangements commence, service providers should be supported in achieving efficiencies through the use of consortia, mergers or pooling of back office functions. The GWELLA Consortium, which comprises three Women's Aid groups across South East Wales who are working together to bid to run services, could provide a model for South Wales. Many service providers have specialisms which could apply across a larger geographical area, but lack the internal expertise or staff time to bid for cross-border projects or upscale their current services. Similarly, service providers may be duplicating back office functions, but there is a cost to merging functions which cannot be initially borne by the providers themselves. Helping providers to stay competitive is important for their sustainability if the commissioning landscape is likely to change. Local providers should be encouraged to bid in a consortium where they provide specialist services which commissioners want to protect, but which may not be cost effective on their own.

Comparison of options

Tables 6, 7 and 8 compares three options: regional coordination, sub-regional coordination and commissioning as a single local authority (as is currently the case in many areas), with their associated benefits and risks.

Table 6: Commissioning as a single local authority (default)

Description of suggested model	Associated benefits	Associated risks	Suggested mitigation of risk	Key requirements for model feasibility
Service commissioning remains solely as a single local authority model, with each area responsible for its own commissioning	Commissioners and providers are aware of existing local arrangements	Continued gaps in provision and unmet need for victims and their families	<ul style="list-style-type: none"> Focus on improving internal governance Further coordination with other local authorities 	Capacity within the local authority to improve governance, coordinate planning and provision with other local authorities
	Able to cement good practice in areas where strengths exist already	Capacity will be an issue in terms of caseloads, leading to overstretched practitioners	<ul style="list-style-type: none"> Identify a Domestic Abuse champion within the local authority, who can lead on pathways and development of local awareness Investigate ways of helping local services to share back office functions, merge or bid in consortia 	<ul style="list-style-type: none"> Local providers will need to be willing to consider joint arrangements Existing contracts must be able to enable this function
	Minimal time requirement needed to look at new ways of working or synchronize different systems	Sustainability will not be secure due to funding pressure which may lead to a reduction in services	<ul style="list-style-type: none"> Find new/ alternative funding sources. Attempt to ringfence funds for victims 	Funding will need to be secure to maintain levels of provision.
		Funding will remain piecemeal with local areas unable to benefit from potential efficiencies through joint commissioning	Ensure commissioners are able to coordinate and commission services together	Improved coordination by commissioners when planning services across different funding streams to an agreed domestic abuse strategy.
		Lack of learning and sharing of information across local authority boundaries	Consider joint training and conferences across South Wales	

Table 7: Commissioning on a regional basis

Description of suggested model	Associated benefits	Associated risks	Suggested mitigation of risk	Key requirements for model feasibility
Local authority areas jointly commission a regional response (including a regional governance, a regional community support service, regional coordination)	Coherence in strategy and ability to focus resources on the highest risk victims, particularly through regional provision	Potential to lose small, local, specialist projects in move to more comprehensive provision	Ensure regular needs assessment to determine whether needs levels are changing and are being met	All local authority areas must agree to a regional approach
	Savings in time through merging governance, commissioning, contracting and personnel	Potential to lose valuable information sharing services through loss of local personnel	<ul style="list-style-type: none"> • Agree strategic direction including service specification, location of services and governance structures • Ensure regional governance is supplemented with local level coordination to monitor service provision • Develop a regional information sharing protocol 	
	Increase in capacity of services and resilience of practitioners enabling more victims to access support			
	Victims receive a consistent and high quality service, irrespective of where they live in South Wales, reducing a 'postcode lottery'			
	Enables all areas to share knowledge and best practice			

Table 8: Commissioning on a sub-regional basis

Description of suggested model	Associated benefits	Associated risks	Suggested mitigation of risk	Key requirements for model feasibility
<p>Local authority areas jointly commission a sub-regional domestic abuse service provision, with a neighbouring authority area.</p>	<p>Improved coherence in understanding need through reduction in fragmentation of service provision</p>	<p>Potential to lose small, local, specialist projects in move to more comprehensive provision</p>	<p>Ensure regular needs assessment to determine whether needs levels are changing and are being met</p>	
	<p>Some savings in time from merging governance, commissioning, contracting and personnel</p>	<p>Difficulties in bringing together different organisational priorities and getting agreement on strategic direction</p>	<p>Agree strategic direction including service specification, location of services and governance structures</p>	
	<p>Ability to fund more effective provision (eg sub-regional community support service)</p>			
	<p>Provision sustainability is more secure than local authorities commissioning in isolation but less secure than regional coordination</p>			
	<p>Some learning and sharing of information across local authority boundaries</p>			

A regional approach

Our preferred option is for South Wales to take a system wide approach to responding to victims of domestic abuse. Victims, children and perpetrators move across local authority boundaries and service provision needs to be coordinated accordingly. A regional strategy in combination with improved regional coordination, a common outcomes framework and the pooling of funding streams beyond current restrictions would improve outcomes for victims, service providers and commissioners by:

- reducing gaps in current provision
- supporting currently unmet needs
- improving safety outcomes
- increasing overall value for money.

Given anticipated future cuts to funding, we recommend that outcomes are best protected through the ability of commissioners to reconfigure Supporting People funding combined with a system wide approach to commissioning support workers primarily working in the community with victims at high risk.

A sub-regional approach

We strongly recommend that regional coordination will achieve the best outcomes in terms of overall safety and value for money. However, until this is possible, we make interim recommendations for service priorities based on our understanding of current estimated available funding.

SafeLives were asked to identify options for service provision based on the following:

- Using local authority and PCC funding
- Using local authority and PCC funding in combination with Welsh Government funding with other services funded separately
- Using local authority funding pooled with Welsh Government funding and Supporting People funding

The numbers below are based on our best estimates and present indicative options in the knowledge that budgets for 2016/17 are likely to reduce available funding further.

Cardiff and the Vale of Glamorgan

Table 9: Analysis of total victims and visible victims

Population	Cardiff	Vale	Total
Estimate of victims at high risk	1,000	300	1,300
Estimate of victims at medium risk	1,500	460	1,960
Estimate of visible victims at high risk	550	150	700
Estimate of visible victims at medium risk	525	160	685
Estimate of actual number of community based support workers primarily working with high risk victims	10	2	12
Recommended minimum number of community based support workers primarily working with high risk victims	10	2.5	12.5

Visible victims are an estimated proportion of the total number of estimated victims to reflect the number of people who are seeking help and known to services.

Analysis of sources of funding

Table 10: sources of funding in 2014/15 and 2015/16 in Cardiff and the Vale of Glamorgan

Sources of funding (£)	2014/15	2015/16	Change
Local authority	£86,236	£114,200	32%
Welsh Government CSP	£27,500	£27,500	0%
Supporting People	£2,001,263	£1,469,098	-27%
Other (includes Home Office, PCC, Grant making trusts)	£1,073,751	£934,276	-13%
Total Spend	£3,188,750	£2,545,074	-20%

Overall funding has fallen by approximately 20%, particularly in Supporting People funding.

We have created below our estimate of the total cost of supporting the response system for both local authorities to 100% capacity for victims at high and medium risk and based on refuge assumed at 2015/16 levels. The full system response shows all services supporting victims of domestic abuse, children and perpetrators. In order to function effectively, this system, including a MASH where this exists, will have to consider the needs of the whole family and enable appropriate, coordinated referrals for support to be made, with feedback loops into the system. This system response focuses on current response levels and does not currently include the costs of full support for early intervention models such as IRIS and perpetrator programmes (which we recommend are considered once more robust community based provision is established).

The level of refuge funding needs to be considered alongside the supply of supported housing for victims to move to once their immediate safety needs have been met. It is tied to the level of 'step down' and recovery services within the whole system response, which help to reduce isolation, encourage recovery and therefore reduce the risk of repeat victimisation. Step down support could be provided by outreach and support workers in the community if adequately funded.

We recommend that the level of refuge is maintained until adequate community support is available and understand that there is a Gender Based Accommodation Review under way. We believe that some Supporting People funding for floating support is already being used to fund community support workers in Cardiff and the Vale.

Options for support are outlined below.

Options for support

Table 11: Current funding provision and cost of full system provision in Cardiff and the Vale of Glamorgan

Sources of funding £	LA	WG CSP	SP	Other (PCC, HO)	Total 2015/2016	Full system provision
System support (DACs, Marac Coordinators)		£27,500		£57,500	£85,000	£250,000
Community based support workers primarily supporting victims at high risk			£99,185	£428,962	£528,147	£625,000
Outreach and floating support			£811,910		£811,910	£570,000
Children & Young People	£91,200			£110,000	£201,200	£1,075,000
Refuge support			£558,003	£5,800	£563,803	£600,000
Other (Core funding and IRIS)	£23,000			£332,014	£355,014	
Total funding	£114,200	£27,500	£1,469,098	£934,276	£2,545,074	£3,200,000

Table 12: Overview of minimum resource needs in Cardiff and the Vale of Glamorgan

Need (Cardiff & Vale)	Minimum requirement	Current provision	Gap to full provision	Suggested solutions
System support (DACs, Marac Coordinators)	2 x Marac Coordinators 1 x DA Coordinator (DAC) 1 x MASH Manager 1 x MASH Coordinator	1.5 Marac Coordinators (one shared with Bridgend) 2 FTE DAC	1.5 FTE posts	Reconfigure DAC provision to create a single post for Cardiff and the Vale and create a new MASH coordination post for the future MASH.
Community based support workers primarily supporting victims at high risk	12.5 FTE support workers	1.8 Vale (Atal y Fro) 14 posts in Cardiff supporting victims at high and medium risk (BAWSO, Cardiff Women's Aid, Safer Wales)	1 worker in the Vale Male support workers	Pool community based provision for Cardiff and the Vale Reconfigure existing provision to provide 1 more support worker able to support male victims
Outreach and floating support	10 FTE support workers dedicated to working with medium risk victims in the community plus	Floating support (BAWSO, Atal y Fro, CWA)	No gaps	Assess existing funding and use to support more victims at high risk and children and young people (if SP funding could be reconfigured)

Need (Cardiff & Vale)	Minimum requirement	Current provision	Gap to full provision	Suggested solutions
	1.2 FTE to support step down and recovery work.			
Children & Young People	21 FTE case workers	4 children's workers (Safer Wales Streetlife, CWA Safe As, BAWSO Refugee worker) in Cardiff 1 children's worker and family support (Atal y Fro) Health visitor liaison (WSU, Atal y Fro) Idva input at Llamau	13 FTE posts	There is a current funding gap – this could be reduced if SP funding could be reconfigured
Refuge		CWA, BAWSO, Atal y Fro, CCHA Streetlife, Gwalia Cedar House (male refuge)	-	Review once community based provision is increased
Early intervention	Frontline health workers able to diagnose and refer victims for support	IRIS in Cardiff	Training for frontline health workers	Extend IRIS once community based provision has been increased
Perpetrators (high risk and serial)	6 FTE case workers			Further funding for perpetrator programmes such as Drive once community based provision has been increased

The largest and most serious gaps between estimated levels of provision and a full system provision include:

- Provision for system support and coordination to ensure clear referral and care pathways are mapped for both local authorities and communicated to commissioners, agencies and providers. This will also help bridge and reduce current gaps in provision for victims in accessing support.
- Provision for community based workers primarily supporting victims at high risk in the Vale of Glamorgan
- Provision for male victims
- Provision for children and young people.

Option 1 (considering only Local Authority and PCC funding)

- Local authorities and PCC should identify posts currently funded, ensure their integration into the full system.
- Local authority commissioners should agree and communicate a joint needs assessment drawing on and updating this report (e.g. from the findings of the Gender Based Accommodation Review).

Option 2 (considering LA, PCC and Welsh Government funding)

The joint needs assessment should be shared with relevant government departments (such as Welsh Government Families First) with a view to coordinating further commissioning and prioritising gaps in the system.

Option 3 (considering LA, PCC, Welsh Government and SP funding)

We recommend finding new funding for community based support workers primarily supporting victims at high risk in the Vale and repurposing some outreach and floating support funding to support more children and young people.

Whether or not reconfiguration is possible, we recommend that as contracts with existing providers reach end dates, new contracts for community support are created as a combined service for Cardiff and the Vale of Glamorgan. We recommend that the needs of minority communities be included in the contract so that specialist response is protected within overall high quality provision, in line with a 2015 report by Rosa.¹⁰ Pooling these funds across local authorities would improve value for money and resilience for service providers, who would have the opportunity to bid together for the contract.

¹⁰ Rosa - *Tackling violence and abuse in BME Communities*

Table 13: Suggested timelines

	Key action	Improvement lead & key personnel	Priority	Target completion date(s)
1.1	Governance	PCC / Deputy PCC	Constitute a DASV strategic board across South Wales	January 2016
1.2		Vale of Glamorgan	Reconstitute Domestic Abuse Strategy Group to separate providers from commissioners	January 2016
1.3		RCT CBC MT CBC Cardiff Council Cwm Taf HB CVU HB ABMU HB	Appoint a domestic abuse champion responsible for establishing referral pathways, collating and analysing prevalence of domestic abuse	January 2016
1.4		Cardiff Council	Ensure senior attendance at CDAP Executive from all LA departments and key stakeholder organisations to focus on domestic abuse as a priority	January 2016
2.1	Service improvement	PCC / Deputy PCC	Develop a standardised needs assessment protocol to plan capacity for DA services	March 2016
2.2		PCC / Deputy PCC Welsh Government	Encourage joint-working by regionalising DA budgets	March 2016
2.3		All local authorities / Welsh Government	Develop a single outcomes and monitoring framework	March 2016
2.4		PCC / Deputy PCC	Develop plans for a regional service with support workers divided into three large multi-disciplinary teams across the local authority groupings	March 2016
3.1	Service user involvement	All local authorities	Ensure service users are involved in the commissioning of DA services	Ongoing
3.2		PCC / Deputy PCC	Establish a standing service user forum across South Wales	July 2016
4.1	Capacity building	PCC / Deputy PCC Welsh Government	Explore funding capacity work with providers looking at merging back office functions and bidding in consortia	July 2016

Appendix A: Funding for domestic abuse service provision 2014/15 and 2015/16

Sources of funding for Cardiff

Code	Source of funding	Funding Amount 2014/15	Funding Amount 2015/16	Description of scheme	Recipient/management
HO	Home Office	15,000	15,000	Marac Coordinator	CWA
HO	HO	10,000	10,000	Idva post	WSU
LA	CCC - CS	63,236	63,236	Children's key workers for Safe As project	CWA
LA	S180, Communities		27,964	Healthy relationships prog in schools	CWA
PCC	PCC	47,686	42,900	BME Idva x 1.5	BAWSO
PCC	PCC	40,000	36,000	CWA Idva x 2 posts	CWA
PCC	PCC	50,000	Discontinued	Health Liaison post seconded to PCC	SW police
PCC	PCC	15,000	Discontinued	IOM analyst	SW police
PCC	PCC	15,000	15,000	Marac coordinator	CWA
PCC	PCC	20,000	18,000	WSU Male Idva Dyn	WSU
SP	SP		23,221	Cedar House (male refuge for all South Wales)	Gwalia
SP	SP		11,611	Streetlife supported accommodation	CCHA
SP	SP	211,012	208,000	BAWSO (Tenancy support)	BAWSO
SP	SP	328,969	305,760	BAWSO FS	BAWSO
SP	SP	226,331	187,200	BAWSO refuge	BAWSO
SP	SP	47,199	77,037	CWA Intake & Assessment (Idva /key worker posts) (70,799 x 4/6)	CWA
SP	SP	23,600	38,519	CWA Intake & Assessment (Idva /key worker posts) (70,799 x 2/6)	CWA
SP	Supporting People (SP)	290,311	245,556	CWA refuge	CWA
SP	SP	69,822	60,667	CWA Tenancy Support (Idva/ key worker posts)	CWA

Code	Source of funding	Funding Amount 2014/15	Funding Amount 2015/16	Description of scheme	Recipient/management
SP	SP	139,645	121,333	CWA Tenancy Support (Idva/ key worker posts) 4/6 split	CWA
SP	SP	295,054	Discontinued	Llamau (16-25) women	Llamau
SP	SP	211,012	Discontinued	Tai Hafan (Tenancy support)	Hafan Cymru
WG	Flying Start		20,000	Health visitor liaison and pregnant women support	WSU
WG	Flying Start		40,000	Idva input	Llamau
WG	PCC, Families First		30,000	Idva Safe As u8's	CWA
WG	WG	117,150	117,150	Core funding BAWSO (55% allocated to Cardiff)	BAWSO
WG	Local Govt & Communities (Build Safer Communities BSC)	247,000	247,000	WSU Idva service including overhead	WSU
WG	WG Children	5,800	5,800	CYP £29,000 for all BAWSO - 20% allocated to Cardiff refuge	BAWSO
WG	Local Govt & Communities BSC	10,000	10,000	CWA Idva post	CWA
WG	Local Govt & Communities BSC	27,500	27,500	Domestic Abuse Coordinator (managed by CWA)	CWA
WG	Local Govt & Communities BSC	147,000	139,738	Streetlife project (sex workers)	WSU
WG	Local Govt & Communities BSC	65,000	Discontinued	WSU Dyn helpline	WSU
WG	WG Families first	20,000	20,000	WSU specialist children's Idva	WSU
		2,758,327	2,164,192		

Sources of funding for Vale of Glamorgan

Code	Source of funding	Funding Amount 2014	Funding amount 2015/16	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management
SP	SP FS	67,893		Atal Y Fro FS 14 units	Atal Y Fro
SP	SP FS		99,779	FS 17 units & 8 temp additional units	Atal y Fro
SP	SP - refuge	90,415	90,415	Atal Y Fro Refuge 5 units	Atal Y Fro
MOJ	Witness & victim fund	42,483		High & Med Risk court advocate	Atal Y Fro
MOJ	Probation	25,000		EPIC programme -IDAP	Atal Y Fro
PCC	Police & Crime Commissioner		35,062	Court Based Advocate (as above)	Atal y Fro
LA	Voluntary action scheme	23,000	23,000	IDAP Women's Safety worker	Atal Y Fro
HO	HO	10,000	10,000	Idva post	Atal Y Fro
HO	HO	10,000	10,000	Idva post	Atal Y Fro
WG	WG	10,000	10,000	Idva post	Atal Y Fro
GMT	Tudor Trust	60,000	15,000	EPIC programme	Atal Y Fro
GMT	Lloyds Foundation	15,000		EPIC programme -IDAP	Atal Y Fro
GMT	Waterloo Foundation		60,126	EPIC programme	Atal y Fro
WG	DA service grant	49,132		EPIC programme	Atal Y Fro
WG	WG via CSP	27,500	27,500	Domestic Abuse Coordinator	Safer Vale
WG FF	WG via WA Children matter	3,263		Star programme	Atal Y Fro
		433,686	380,882		

Appendix B: Suggested Outcomes Framework

Suggested overall outcome measures could include:

- Identification of DA and other VAWG by universal agencies, referrals for both woman and children, uptake of services
- Number and source of referrals to specialist providers, engagement rate
- Demographic information (age, sex, ethnicity, children)
- Complexity of case (substance use, poor mental health, disability)
- Time taken living with abuse before referral made
- Interventions offered and engaged with
- Length of support
- Outcomes in terms of safety, wellbeing and confidence in accessing further support
- Dip sample of cases for follow up data - e.g. 6 months post support – to ensure the intervention has made a meaningful and lasting difference

Recommended performance management metrics

Outcome	Measured by:
Victims and their children are identified early by a wide range of partner agencies	Number of victims engaged by referral route Number of children of victims Duration of abuse by referral route Number of victims engaged as % of estimated need
All identified eligible victims are proactively offered an equally accessible non-discriminatory service	Number of referrals to the service Number of repeat referrals to the service Number of victims proactively contacted Number of victims unable to be contacted or refusing support Number of victims provided information and advice only Number of victims engaged ¹¹ (a case is opened and tracked) For those victims which engage: Demographic and equalities data on intake Victims for whom a risk assessment was completed Victims for whom a safety plan was created Victims engaging with recovery programme or other therapeutic services Victims for whom an exit review was completed Or other agreed measures of accessibility of the service
Victims are safer and better resourced to remain safe	Cessation or reduction in all types of abuse Reduction in risk of further harm Sustainability of any reduction in risk Changes to feelings of safety Or other agreed measures of safety
Victims report improved health, wellbeing and resilience	Victims reported feelings of safety Victims reported quality of life improvements Victim reported confidence in accessing support

¹¹ Where engagement with the service is defined as “at least one face to face or phone contact with a frontline practitioner during which contact details and a demographic and risk profile are recorded and risk assessment and basic safety planning is achieved”.

Outcome	Measured by:
	Positive change in victim's support network Or other agreed measure of health wellbeing and resilience
Victims have increased access to justice	Cases where a report to police was made Cases where CPS proceeded with the case Cases where there was a successful prosecution Victims supported by the case worker with civil orders Or other agreed measures of access to justice
Children at risk are identified and referred appropriately	Number of victims with children for whom safeguarding was addressed or initiated Number of victims with children given support in respect of child contact

Contract monitoring: outcomes requirements

The following is a list of recommended metrics which can be tracked.

For Commissioners using the SafeLives Insights services, comparisons can be given with national averages, similar services and year on year changes. Please note that 'target' figures are for illustrative purposes only

Outcomes	What must be reported	Definition/notes	Target %
Victims are safer and better resourced to remain safe NB These outcome targets do not directly relate to the safety of children	Cessation in all types of abuse	Cessation in all types of abuse at exit as % of exit cases [Key target]	>50%
	Reduction in risk of further harm	Idva reported significant and moderate reductions in risk as % exit cases [Key target]	>50%
	Sustainability of any reduction in risk	Sustainability of any reduction in risk (medium term +) as % of any reduction in abuse	>50% Monitor only
	Victim reported changes to feelings of safety	% much safer or somewhat safer as % of victims reporting [Key target]	>50%
	Or other agreed measures of safety	To be negotiated	
Victims report improved health, wellbeing and resilience	Victim reported quality of life improvements	Quality of life improved a lot as % victims reporting [Key target]	>40%
	Victim reported confidence in accessing support	Very confident and confident as % victims reporting	>50% Monitor only
	Victims accessing health & wellbeing advice and support	% of exit cases	>50% Monitor only
	Or other agreed measure of health	To be negotiated	

Outcomes	What must be reported	Definition/notes	Target %
	wellbeing and resilience		
Children at risk are identified and referred appropriately	Number of children of engaged victims		Monitor only
	Number of victims with children for whom key support was provided	Number of victims with children for whom safeguarding was addressed or initiated as % of those with children Number of victims with children given support in respect of child contact issues as % of those with children	Monitor only
Victims and their children are identified early by a wide range of partner agencies	Number of victims engaged by referral route	Non-police referrals Health referrals (These should not be targets until the configuration of the service is established).	Monitor only
	Duration of abuse by referral route	Average duration (Needs to be reducing from a baseline established in year 1)	Monitor only
	Number of victims engaged as % of referrals	Assumes that referring agencies are making appropriate referrals, and there can be problems with a fluctuating denominator.	Monitor only
All identified eligible victims are proactively offered an equally accessible non-discriminatory service	Number of victims referred to the service	Referrals to the service should be compared to the estimated need, but monitored.	Monitor only
	Number of repeat referrals to the service	Insights definition of repeat	Monitor only
	Number of victims unable to be contacted or refusing support	Victims either unable to be contacted or refusing support when contacted.	Monitor only
	Number of victims proactively contacted	Victims with whom there has been any contact which resulted in information and advice only or ongoing engagement with the service	Monitor only
	Number of victims provided information and advice only	Victims with whom there has been any phone or face to face contact which resulted in information and advice only	Monitor only
	Number of victims engaged (a case is opened and tracked)	Number of completed intake forms verified by: -Number of victims for whom a risk assessment was completed -Number of victims for whom a safety plan was created [Key target] -Number of engaged victims per	Monitor engaged victims as % referrals – Aim for year on year improve-

Outcomes	What must be reported	Definition/notes	Target %
		FTE Idva	ments Average annual caseload per Idva of 50 to 80
	Demographic and equalities data on intake	% B&ME compared to BM&E in the population % B&ME, Male victims, LGBT, and victims with disabilities compared to the % of these victims referred to Marac.	X% (B&ME in population) At least in the same proportions as referred to Marac
	Victims engaging with recovery programme or other therapeutic services	% of engaged victims referred to counselling or other recovery	20% Monitor only
	Victims for whom an exit review was completed.	% of engaged victims with completed exit review [Key target] NB: Services in year 1 will not have enough matching intakes and reviews in the same period to achieve higher national averages.	70% in year 2 80% in year 3 Rolling 12 months basis
	Or other agreed measures of accessibility of the service	To be negotiated	
Victims have increased access to justice	Report to police made	% of exit cases	Monitor only
	Charges bought	% of exit cases	Monitor only
	Cases where CPS proceeded with the case	% of charged cases	Monitor only
	Victims supported by the case worker with civil orders	% of exit cases	Monitor only
	Or other agreed measures of access to justice	To be negotiated	

Appendix C: Draft Service Specification

This draft service specification provides a basis for commissioning domestic abuse services. Senior leaders will need to adjust it according to their preferred approach and the commissioning option selected.

Service	Community Domestic Violence and Abuse Service Provision
Commissioner Lead	
Provider Lead	
Period	

1. Purpose

Introduction

This service specification describes a Domestic Violence & Abuse Service (hereafter ‘the specialist service’) for residents living, working or visiting xxxxxxx.

In a model response the service will form part of a whole system response to domestic abuse, including identification, referral and triage, support provided to victims, children and perpetrators, Marac, and post intervention step down or recovery.

It outlines the vision, aims and objectives of the specialist service, as well as the standards and levels to which the successful provider(s) will need to operate. It also provides an outline of the current thinking as to how the model will operate in practice.

The findings of the recently commissioned SafeLives review of domestic abuse services exploring demand versus provision highlighted the following key findings:

- The largest funding stream was Supporting People, with resources being allocated on need not risk, high caseloads for high risk cases and lower caseloads for low cases
- Fragmented funding, with 130 different funding streams across South Wales for 25 service providers,
- Fragmented funding most acute for high risk services
- Large number of small service providers across 7 local authorities makes current provision fragile
- Funding received from charitable foundations was noted to be well below the UK average
- Extreme variations in case load and separate referrals from engaged cases.
- Resources not consistently following risk and need with regard to Criminal Justice funding
- Refuge is used in principle for emergency. Marac highest risk and Idvas for slightly less high risk. Identified gap of services for recovery and post support.
- Nationally there is a gap around victims who don’t want to separate from their partner
- Lack of suitable move-on accommodation means women are staying in refuge longer than needed.
- Victims indicated there was variable support for those who were prepared to engage with services.
- Victims who were actively seeking support were measured by level of risk.
- Women were unaware of what was available to them.
- Universal services were unaware how to disclose women to specialist services.

The specialist service described in this specification will be built around a single point of access. It will form part of a whole system response, supporting the safety and recovery journey of victim/survivors and their families, as part of a coordinated community response within which the specialist service will operate as part of a broader range of integrated provision.

1. Purpose

The specialist service described in this specification will be awarded as a single contract. We recognise that there has historically been a diversity of provision in response to the specified crime types. We would therefore welcome provision by a single provider or through a partnership, where one provider led the process but worked with other suppliers to deliver the specialist service.

Potential provider(s) should bear in mind that the model for the specialist service is provisional. We will be looking for evidence of ability to achieve the outcomes, and adapt and develop interventions, services and approaches to partnership delivery that best meet service user need. This means we would welcome new and creative approaches that could deliver the identified outcomes by building on existing good practice and/or through different ways of working.

1.1 Aims

The specialist service will provide community based domestic abuse interventions for high and medium risk victims (and families?) of domestic violence and abuse aged 16 years and over within the geographical boundaries of xxxx.

The domestic abuse service will offer to each victim a risk and needs led response, delivered in partnership with other agencies, that proactively addresses risk and safety, supports a victim's practical needs, empowers them and provides effective referral pathways where appropriate.

Partnership and Commissioning

The service is being jointly commissioned by xxxx, xxx, and xx will be the lead commissioning body for this specialist service.

Strategic framework for oversight of the performance of this contract is xxxxxxxx.

The governance structure is as follows and respective member's roles and responsibilities are listed.

- The Police and Crime Commissioner for [NAME OF FORCE].
- Local Safeguarding Children's Boards for [NAME OF LA].
- Local Safeguarding Adults Boards for [NAME OF LA].
- Community Safety Partnerships for [NAME OF LA].
- Health and Wellbeing Boards for [NAME OF HWBB].
- Clinical Commissioning Groups: [NAME OF LOCAL CCGs].
- Probation Trust [NAME OF LOCAL PROBATION SERVICE]
- Voluntary sector networks [NAME]
- Other [Name of any other partners]

The commissioning of specialist services are under pinned by the following principles:

- Service user focused, specifically in relation to victim/survivors and their children at medium or high risk levels of domestic violence & abuse
- Outcome focused, seeking to empower providers to use the best evidence of what works, to innovate and develop the workforce to delivery service outcomes that are meaningful for victim/survivors, their children, families, communities and other services
- Gender focused, providing specialist services for women and their children (girls and boys). However, the specialist service will need to include provision for men and the requirements in relation to this client group are defined in the new model of delivery section

In addition the specialist service will reflect the following values:

- Inclusive, sensitive and responsive to individual risk and need.
- Fair access and equal treatment for all.
- Committed to continuous improvement and evidence-based practice, including the use of service user feedback.
- Committed to make the best possible use of resources and achieving value for money for victims and the wider public.

1. Purpose

The commissioning process will uphold the principal of consistency, quality and depth of service, xxx will be the identified lead for the commissioning of the specialist service.

1.2 Evidence Base

Insert analysis from SafeLives review

Statutory framework for commissioning domestic violence and abuse services

There are some key areas of statutory legislation that drive commissioning of domestic violence and abuse service across Local Authority, Clinical Commissioning Group and Police Force areas. These include:

- Crime and Disorder Act 1998.
- Domestic Violence, Crime and Victims Act 2004.
- Children Act 2006.
- Health and Social Care Act 2012.
- Public Services (Social Value) Act 2012.
- Equality Act 2010.
- Directive 2012/29/EU of the European Parliament establishing minimum standards on the rights, support and protection of victims of crime.
- Protection from Harassment Act 1997.
- Family Law Act 1996.

There may be other relevant guidance or documents such as:

- NICE guidance: Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively. PH50.
- All Wales Safeguarding Children Strategy
- Local guidance or other documents.

Defining domestic violence and abuse

It is recognised that it is important to create a clear understanding of what is meant by the term domestic violence and abuse, to this end the following definition is to be used to help provide clarity of understanding.

Home Office Definition

In September 2012, the Home Office announced the following new definition of domestic violence and abuse to encompass those aged 16-17 and to reflect coercive control.

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

1. Purpose

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This includes issues of concern to black and minority ethnic (B&ME) communities such as so called 'honour based' violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group."

The population needs assessment

Information will be included that outlines the following:

1.2 New model of delivery

The commissioning aim is to create a recovery orientated specialist service for victim/survivors of domestic violence and abuse which will have a single, recognisable identify. The specialist service will work with victim/survivors and their children (girls and boys) at medium or high risk levels of the specified crime types, or where the experience of these crime types is at chronic levels

In undertaking the commission, xxxxx,xxxxx are committed to gender specific service. This reflects the findings of the most recent strategic assessments, which identifies that the majority of the service user group are adult women, while service user consultation routinely identifies the value of support offered by independent specialist domestic and sexual violence services that provide safe, separate women only spaces.

However, so that the needs of gay, bisexual and trans (GBT) and heterosexual men are also met, the specialist service will need to ensure that there is:

- Access to immediate advice and support for adult male victim/survivors in universal settings in which the specialist service is operating
- Onward support into appropriate care pathways as part of the requirement to provide lead professional capacity for men (this is to be further developed) while these must be delivered as part of the single contact, they may be provided in partnership with other services
- Provision to deliver support from an alternative community venue if the provider(s) is operating a women only space
- Institutional advocacy for other groups or services that are working to develop or delivery responses to these groups (further work required re *Interdependencies*).

The specialist service will provide a:

- Single point of access, which is accessible, timely, proactive and flexible, leading to advise, assessment, Safety, Support and Recovery Planning and onward referral
- 'Service user centred' approach to people requiring help and support to address the specified crime types, be they victim/survivors' children, perpetrators, wider family, communities and services (*This approach should proactively consider how to meet the needs of people with Protected Characteristics*).

Interventions will be tailored to need, as well as being suitable to victim/survivors with different circumstances. These will address areas such as:

- Safety, security and dignity
- Rights and access
- Physical and emotional health
- Stability, resilience and autonomy
- Children and young people
- Prevention
- Leadership and accountability.
-

The interventions offered will:

- Provide advocacy that promotes self-esteem, and the belief that people can and do make positive life choices when armed with credible, timely information and support
- Provide a single comprehensive assessment process in relation to the specific crime types,

1. Purpose

developing a personalised Safety, Support and Recovery Plans, which enables victim/survivors to:

- Articulate and achieve a vision of safety,
 - Access support to cope and recover in order to sustain safe, equal, violence-free relationships
 - And address multiple needs where appropriate.
-
- Take every opportunity to provide a purposeful intervention, 'every time can be the right time', through focused 1-2-1 or evidence based group interventions that are allocated by need
 - Focus on the 'whole person' including their family and wider life context and support systems
 - Be inclusive, including understanding how the needs of those with Protected Characteristics may be different
 - Be creative, where necessary using bespoke approaches to engage individuals who have:
 - Historically found it difficult to: acknowledge their experience of domestic violence and abuse, seek help or engage with services or sustain safe, equal, violence-free relationships
 - Complex needs, including the mental health or substance misuse, or an overlapping experience of other VAWG types.
 - Provide advice, support and onward referral to help service users address other problems for example: housing related support, financial management, housing and employment
 - Have an open and transparent approach, providing accountability to service users
 - Regularly review Safety, Support and Recovery Plans, and goals for safety, coping and recovering
 - Work in partnership with agencies in the statutory and voluntary & community sector to secure the delivery of interdependent elements of an individual Safety, Support and Recovery Plan
 - Provide an assessment of outcomes and demonstrate how the service users have progressed along the recovery journey.
 - Undertake reflective practice and strive to improve safety, coping and recovery outcomes for service users through a commitment to continuous improvement practice.

The specialist service must not be a standalone service but shall link with, and support access into, other services, provided via both statutory and voluntary organisations in the community (further work on clarifying these interdependencies is ongoing)

Where appropriate, the specialist service will support the development and delivery of referral systems and pathways that feel seamless to the service user, in part through its role to mobilise change in the system (further work on clarifying these interdependencies is ongoing)

Complex cases

Some service users accessing the specialist service will have made decisions, engage in behaviours or have needs that affect or undermine their safety and/or ability to cope, recover or be free of violence or abuse. These can include:

- Continuing in relationships or behaviours that put them at risk of further violence and abuse
- Engaging in problematic substance misuse
- Having enduring mental ill health
- Having other interventions in their lives or the lives of their family. This may include therapeutic interventions

1. Purpose

Addressing these issues will be challenging; the specialist service should ensure their engagement and interventions with service users' acknowledge these issues. The specialist service will be expected to work in collaboration with agencies in the statutory and voluntary & community sector to ensure that any individual's Safety, Support and Recovery reflects these issues and other interventions. The specialist service will also be expected to work in partnership with the Commissioner to develop strategies that will positively address these issues.

On occasion's victim/survivors or their children can present with challenging behaviours. Whilst not compromising the safety of either staff or other service users, the provider will be expected to avoid exclusions. Any exclusions (i.e. temporary or permanent exclusion from the service) will need to be reported to the commissioner within 24 hours and include details of any alternative care plan and the duration of the exclusion.

In delivering these interventions, the specialist service will be compliant with relevant practice, occupational and accreditation standards, including but not limited to those described more fully in schedule XXX, relating to:

- Local, regional and national policy context, including cross Governmental definitions of relevant crime types
- Statutory framework
- Professional and occupational standards
- Accreditation and service standards
- Other documents, including guidance on practice
- Other documents, including guidance on partnerships and commissioning landscape
- Local arrangements.

Developing a coordinated approach

In order to achieve the vision of a specialist service that is able to address the systemic nature of domestic violence and abuse, the providers(s) will be expected to ensure that the community based interventions identified operate seamlessly. This must include:

- The management of cases where the victim/survivor has experienced Domestic violence and abuse, to achieve a single key worker function
- An approach to practitioner specialism to a wider multi-skilled team that avoids duplication and maximises opportunities to engage with the whole system.

1.3 Objectives

The objectives are: (to be completed)

1.4 Expected Outcomes

The key outcomes are:

1. Victims and their children are identified early by a wide range of partner agencies.
2. All identified eligible victims are proactively offered an equally accessible non-discriminatory service
3. Victims [and children] are safer and better resourced to remain safe.
4. Victims have increased access to justice.
5. Victims report improved health, wellbeing and resilience.
6. Children at risk are identified and referred appropriately

2. Scope

2.1 Service Specification

The specialist service will offer to each victim a risk and needs led response, delivered in partnership with other agencies that proactively addresses risk and safety, supports a victim's practical needs, empowers them and provides effective referral pathways where appropriate.

Scope of the Service

The service will:

Support victims [and families] across xxxx who reside within the [defined] geographical boundaries.

Provide individual support to any victim of domestic abuse assessed by evidence based risk identification checklist, as high or medium risk.

Offer a consistent support service to all eligible victims, and ensure arrangements to meet the needs of people with disabilities including learning disabilities, people with language or cultural issues, LGBT, People with highly complex problems due to aggravating factors such as mental ill health or substance misuse

Provide a multi- skilled team of [xx] full time equivalent (FTE) frontline practitioners to provide support to an expected [xxx] referred victims, as outlined in appendix xx.

Be accredited by SafeLives Leading Lights (or equivalent external accreditation) service standards or commence the process to gain accreditation within 6 months of the service start date.

Be delivered [insert day to insert day] (inclusive) between the hours of [insert time X:00am to X:00pm] [or choose X hours per week] as outlined in schedule xx

Location

The service will:

Locate frontline practitioners such that a consistent service to best practice standards can be provided to all local authorities in the County according to the local needs outlined in appendix xxx (yet to be completed).

Locate staff with the service provider, or alternative arrangements agreed with partner organisations to locate staff.

Locate practitioners so that all eligible victims can access services easily and safely. This may include a presence with criminal justice agencies, one or more health or community based centres, but should be based local need and age profile. Particular consideration should be given to accessibility for teenagers, victims with disabilities and from minority communities and alternative venues to support male victims where appropriate.

Access to services

In a model response the service will form part of a whole system response to domestic abuse, including identification referral, and triage and provide an accessible, equitable service to high and medium risk victims of domestic abuse.

The service will:

Participate in [or provide] local triage arrangements to ensure victims are effectively risk assessed and allocated to the appropriate support service.

Have clear and accessible referral pathways into the service for all eligible victims.

Clearly and regularly communicate referral pathways and protocols to partner agencies and, in particular, the core agencies listed in appendix xx.

Monitor referral routes, profiles and service user engagement as per the agreed indicators (currently

2. Scope

being developed) to ensure that referrals from partner agencies are in line with expectations.

Maximise victim engagement by targeting an initial response to referrals within 48 hours of receiving the referral, and monitoring victim non-engagement; specifically the number of referrals where meaningful contact is not achieved or where victims are not willing to engage with the service.

Work proactively to ensure that a non-discriminatory service is equally accessible to all eligible victims, including identifying and implementing a strategy to overcome barriers to access for vulnerable groups.

Nature of Support

The service will provide a consistent, evidence based and effective response to medium and high risk victims of domestic abuse

The service will:

Use an evidence-based risk identification checklist for 100% of victims on intake to prioritise work according to risk, and ensure that all high risk victims meeting the agreed criteria are or have been referred to Marac.

Identify any children at risk and respond and/or refer appropriately.

Coordinate effective initial safety and support planning and ensure a safety plan is created for all engaged victims.

Proactively coordinate on behalf of victims a package of responses that reflects their individual risks and needs and encourage and support victims to act for themselves and engage with services that can help them. An example list of the types of support Idvas typically offer is outlined in appendix xx (being developed).

Ensure the full range of victim needs can be addressed by a multi-skilled team with lead practitioners for [or expertise in] each of the core specialisms outlined in appendix xx (being developed) This expertise can exist within the service or otherwise be provided by secondments from or priority referrals to partner agencies or any other arrangements which can be shown to effectively address the full range of victim needs.

Refer victims assessed as standard risk to free national and local resources and helplines and volunteer support (e.g. through Victim Support or local specialist services).

Case Management Supervision

The service will:

Have an intake process that aims to maximise engagement by proactively contacting victims within 24 to 48 hours of referral (subject to service hours). Engagement with the service is defined as “at least one face to face or phone contact with a frontline practitioner during which contact details and a demographic and risk profile are recorded and risk assessment and basic safety planning is achieved”.

Allocate an appropriately qualified and/or specialised Idvas or other medium risk caseworker to provide seamless support to engaged victims from intake to case closure. Marac and other high risk victims must be allocated an Idva. (Where a service has both male and female practitioners victims should be given the choice of gender of their caseworker(s).)

Manage caseloads to ensure that on average across the whole service all frontline practitioners (including Idvas) work with a minimum average caseload of 50 engaged victims per year, and that Idva caseloads do not exceed an average of 80 engaged victims per year.

Have effective arrangements for transition between levels of assessed risk and need – and clear protocols for a time limited intervention, case closure and exit from the service which includes regular case supervision and review processes.

Maintain comprehensive case files for service users engaged with the provided.

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Multi-agency response

The service is part of a multi-agency response to victims of domestic abuse.

The service will:

Proactively mobilise a multi-agency response to domestic abuse with partner agencies, and demonstrate in particular a clear functioning relationship with the core agencies listed in appendix xx. This may be achieved by co-location, secondments, specialist practitioners, priority referrals or other evidence of effective engagement (but not signposting or stand-alone training programmes).

Proactively promote the establishment of clear and streamlined pathways to partner agencies or otherwise work proactively to promote and improve their responses to adult and child victims of domestic abuse accessing those agencies.

Attend the local Marac(s) to represent the victim. Their primary role is to keep victims' safety central by focusing the Marac on the possible risks in each case. This includes prior contact with the victim, attendance, active engagement at the meeting and continued support to the victim after the meeting.

Proactively engage with a multi-agency response to child safeguarding when appropriate and fulfil their legal duty in relation to this.

Proactively engage with a multi-agency response to adult safeguarding and fulfil their legal duty in relation to this.

Monitoring framework

The monitoring framework will include measures of outputs and outcomes. The key outcomes measures to be monitored are:

1. Victims and their children are identified early by a wide range of partner agencies.
2. All identified eligible victims are proactively offered an equally accessible non-discriminatory service.
3. Victims [and children] are safer and better resourced to remain safe.
4. Victims have increased access to justice.
5. Victims report improved health, wellbeing and resilience.
6. Children at risk are identified and referred appropriately

The service will:

Use the SafeLives Insights [or other suitable] data monitoring service to provide data to monitor the service outputs and outcomes for victims [and their children] as outlined in schedule 8.

Provide a [bi-annual/quarterly] report to the Commissioner which includes at a minimum the data in schedule 10 within three months of the period end. Any material deviation from expected targets or other monitored metrics must be identified together with any explanatory notes, service developments or corrective actions taken.

Provide an annual analysis of attrition from the numbers of victims estimated in the needs assessment through to those who remain engaged until a planned exit from the service. This to include the numbers of victims engaging with recovery programmes.

Provide an annual survey of service user feedback and where applicable outline any service developments or corrective actions taken as a result of this feedback.

Provide input to the [insert partnership] to an annual needs assessment by risk and need for the year following the period end utilising current service data and any other data made available from partner agencies.

Provide an annual schedule of full time equivalent staff employed including management and support,

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an analysis of caseloads per FTE frontline practitioner and total spend per engaged victim as per schedule 9.

Provide audited annual accounts for the provider [where available], and a supplementary schedule of annual income and direct expenses relating to the commissioned service.

Be required to attend [bi-annual/quarterly] meetings with the Commissioner for the purpose of contract management, and quality monitoring, and other ad hoc meetings if required.

Human Resources

The service will:

Ensure that staff and volunteers and seconded employees are recruited, inducted, trained and supported appropriately for work with those who are experiencing domestic abuse.

Ensure that staff and seconded employees are qualified to an appropriate level to work with different levels of risk and need and undertake regular CPD to maintain and enhance their skills.

Ensure that staff and seconded employees who work with high risk service users will have SafeLives Idva training.

Ensure that staff and seconded employees with specialisms within the multi-disciplinary team are qualified to work both within their specialist field as well as with victims experiencing domestic abuse.

Proactively work to provide opportunities for staff to develop specialisms by providing opportunities for training, CPD and secondments.

Effectively manage the risks that staff face through their work, provide regular independent clinical supervision to all staff working with victims, and be able to address the situation where employees are victims or perpetrators.

Ensure that frontline practitioners working with children have the necessary skills and knowledge and are supervised according to any local children and young people's supervision and skills requirements, within 3 months of the start of the Contract. [Delete if there are no local requirements or if children are not included in any part of the specification].

Data Sharing and Case Management

The service will:

Ensure that all aspects of casework and case file recording meet their legal and best practice duties to the victim specifically:

- Confidentiality and its limitations are clearly explained to victims during the intake process.
- Victims are provided with a confidentiality agreement to sign to say they have understood confidentiality and information sharing and to consent to support.
- Case files are stored securely (e.g. password protected/ locked in cabinets).

Adopt clear protocols and methods for sharing information, both within and between agencies about people at risk of, experiencing, or perpetrating domestic violence and abuse. Clearly define the range of information that can be shared and with whom (this includes protocols on sharing information with health services on the perpetrator's criminal history)

Sign and adhere to the relevant Information Governance Protocols (Marac, Mash, etc).

Sign and adhere to the [BLANK] any other local partnership Information Sharing protocol and utilise secure communications systems.

Ensure all staff that need to share information are trained to understand and adhere to the protocols.

Governance

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The service will:

Be or is accredited by SafeLives Leading Lights (or equivalent) service standards.

Be placed within a robust framework with clear lines of accountability between all staff and between the executive management and the board.

Have appropriate role descriptions for all staff in place [sample role descriptions in Appendix X]

The service will have a management or board structure that:

Monitors appropriate data to measure the performance and outcomes and regularly reviews practice to ensure continuous evidence led service development or corrective action when required.

The service will have clarity of accountability between their executive and non-executive roles (trustees/board) with robust performance management, risk and financial management systems and a clear strategy, operating plan and budget

Can demonstrate that resources are allocated according to risk and need, and this is reflected in the caseloads of frontline practitioners.

Receives regular information to ensure that a non-discriminatory service is being offered to all eligible victims.

Takes account of stakeholder's views in reviewing and developing the service, and ensures there are systems in place to monitor victim's views and experiences.

Identifies and manages key legal, financial and operational risks and has a clear strategy for maintaining its activities within a sustainable organisation.

Takes responsibility for ensuring that the service meets its contractual requirements.

Contributes to strategic partnerships and multi-agency forums, including the Marac. Poor practice is challenged at an individual and an institutional level.

Safeguarding

The service will:

Ensure that the welfare and rights of [BLANK's] children and young people remains paramount and that all children and young people are effectively safeguarded with due consideration but not exclusively to the:

- Children's Act 1989 2004.
- Human Rights Act 1998.
- United Nations Convention on the Rights of the Child (UNCRC).
- Welsh Government relevant legislation

Ensure that all staff and volunteers conform to all safeguarding children and child protection legislation, All Wales Child Protection guidelines and the [BLANK's] safeguarding children procedures.

Ensure that all staff and volunteers conform to [BLANK's] safeguarding adults' policy and procedures.

Ensure that frontline practitioners have the relevant level, for their role, of safeguarding training as identified by the [BLANK] Safeguarding Children's Board (LSCB).

Ensure that frontline practitioners have the relevant level, for their role, of safeguarding training as identified by the [BLANK] Safeguarding Adults Board (LSAB).

Comply with any future amendments/additions to such legislation and/or guidelines.

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Disclosure and Barring Service (DBS)/ Criminal Records Bureau (CRB) Checks

The service will:

Ensure at all times that all staff have current enhanced Disclosure and Barring Service and barred list checks or enhanced Criminal Records Bureau clearance, which includes the Protection of Children Act (POCA), and that this clearance is repeated on such a regular basis as is reasonably necessary for the duration of the contract.

Ensure that any employee or sub-contractor of the provider whose alleged conduct places a child or vulnerable adult at risk or might bring the purchaser into disrepute will be the subject of immediate investigation by the provider and dealt with appropriately.

Equality and Diversity

The service will:

Demonstrate compliance with the Equalities legislation.

Ensure that Equality and Diversity policies and procedures are implemented and, in particular, identify or highlight cases of disability in accordance with the Equality Act 2010.

3. Service delivery

3.1 Service model and referral pathways (BLANK to be mapped and described)

4. Referral, Access and Acceptance Criteria

See above for detail in the model of delivery or service specification.

4.1 Geographic coverage/boundaries

The service will be available to victims living/working or visiting xxxxxx

4.2 Location(s) of Service Delivery

As outlined in the service specification members of the team will be required where appropriate to co-locate with other services

4.3 Days/Hours of operation

The hours of operation will be x and be delivered [insert day to insert day] (inclusive) between the hours of [insert time X:00am to X:00pm] [or choose X hours per week] as outlined in schedule

4.4 Referral criteria & sources (BLANK)

4.5 Referral route (BLANK)

4.6 Exclusion criteria (BLANK)

4.7 Response time & detail and prioritisation (BLANK)

5. Discharge Criteria & Planning

On discharge from the service patients will be given information about how to access help in the future if needed.

6. Self-Care and Patient and Carer Information

N/A

7. Quality and Performance Standards

<i>Quality Performance Indicator</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>	<i>Report Due</i>
Service User Experience				Six monthly
				Six monthly
				Quarterly
				Quarterly
				Quarterly
				Quarterly
				Quarterly

8. Activity

<i>Activity Performance Indicators</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>	<i>Report Due</i>
Activity Plan				

9. Continual service improvement plan

10. Contract information and requirements

The contract will be for [one] [local authority or County wide or regional] service to the value of [£x,000,000] in [X]lots.

The successful bidder(s) will be required to offer a consistent service to best practice standards in all local authorities in the [County] according to the estimated local needs outlined in schedule

10.1 Price

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected Annual Contract Value
Total		£		£

**delete as appropriate*

Appendix D: Bibliography

1. 2014 *Report to the Police & Crime Commissioner of South Wales - A Review of Services for Victims of Domestic Abuse in South Wales*, SafeLives (formerly Caada)
2. 2014 *Report to the Police & Crime Commissioner of South Wales - A Review of Services for Victims of Domestic Abuse in South Wales: Detailed Findings*, SafeLives (formerly Caada)
3. 2014 *Report to the Police & Crime Commissioner of South Wales - A Review of Services for Victims of Domestic Abuse in South Wales: Details of Service Provision by Local Authority Area*, SafeLives (formerly Caada)
4. 2014 *Report to the Police & Crime Commissioner of South Wales – Commissioning Plan for Domestic Abuse Services: Cardiff*, SafeLives (formerly Caada)
5. 2014 *Summary Report - Commission on Public Service Governance and Delivery*, Paul Williams
6. 2013 *Involving People, A Public Engagement Strategy for Rhondda Cynon Taf*, Rhondda Cynon Taf Borough Council
7. 2013 *Bridgend County Together*, Consultation Report, Bridgend County 2013
8. 2013 *Report on the Consultation for the Single Integrated Plan*, Merthyr Tydfil Local Service Board, Merthyr Tydfil Council
9. 2012 *10,000 Safer Lives*, Welsh Government
10. 2009-2010 *Reflections & Learning points from domestic violence projects in Wales*, KAFKA Brigade

Appendix E: South Wales Marac Data

Analysis of South Wales Marac data (July 2014 – June 2015)

- South Wales is seeing 43 cases per 10,000 ranging from 23 cases in Cardiff to 83 cases in Merthyr Tydfil.
- Six of the seven Maracs within the force have seen a decrease in cases year on year, while Merthyr Tydfil's Marac has seen a 9% increase in cases year on year.
- All Maracs have lower repeat rates than the SafeLives recommendation (28-40%) ranging from 11% in Merthyr Tydfil to 24% in Vale of Glamorgan.
- Cardiff and Swansea Maracs have considerably lower B&ME referrals than their local B&ME populations.
- Bridgend has the highest rate of male referrals in the force.
- Police referrals range from Cardiff (42%) to Vale of Glamorgan (78%).
- Cardiff (58%) and Merthyr Tydfil (46%) have partner referrals higher than expected by SafeLives
- Cardiff (35%) and Merthyr Tydfil (31%) have significantly higher Idva referrals than other Maracs in the force.

Table 1: Key indicators of Marac data, South Wales police force, SafeLives 2015

Marac data: Q2 2015	Bridgend	Cardiff	Merthyr Tydfil	Neath Port Talbot	Rhondda Cynon Taf	Swansea	Vale of Glamorgan	South Wales
Cases discussed	227	331	205	312	570	469	186	2,300
Recommended Cases	230	580	100	240	390	400	210	2,150
Cases per 10,000	39	23	83	53	58	46	35	43
Repeat rate (%)	18%	12%	11%	24%	16%	21%	24%	18%
Year on year change	-15%	-10%	+9%	-10%	-16%	-2%	-23%	-10%
Children in household	343	482	260	396	628	701	250	3,060
Non-police referrals	24%	58%	46%	37%	28%	23%	22%	33%
Cases per meeting	9	13	10	12	22	17	7	13
Number of meetings in year	25	26	20	26	26	27	25	175
Diversity								
B&ME (%)	3%	13%	3%	2%	1%	1%	2%	3%
Local B&ME pop	4%	20%	5%	3%	4%	9%	6%	9%
LGBT (%)	0.0%	2.1%	0.0%	0.0%	1.1%	0.0%	0.0%	0.6%
Disability (%)	3.5%	2.4%	1.0%	4.2%	1.1%	0.6%	1.1%	1.8%
Males (%)	9.3%	3.3%	6.8%	5.4%	5.3%	0.9%	4.3%	4.6%

Figure 1 shows a timeline of cases discussed and repeat cases for South Wales police force. The trajectory shows from Q1 2011- Q2 2014, there has been a gradual increase in the number of cases discussed with a slight decrease over the last year.

SafeLives would expect to see the number of repeat cases reflecting the increase in cases discussed however the graph shows a similar level of repeat cases over the quarters.

Figure 1: South Wales police force: Timeline of cases and repeat referrals per 3 month quarter, Q1 2011 - Q2 2015

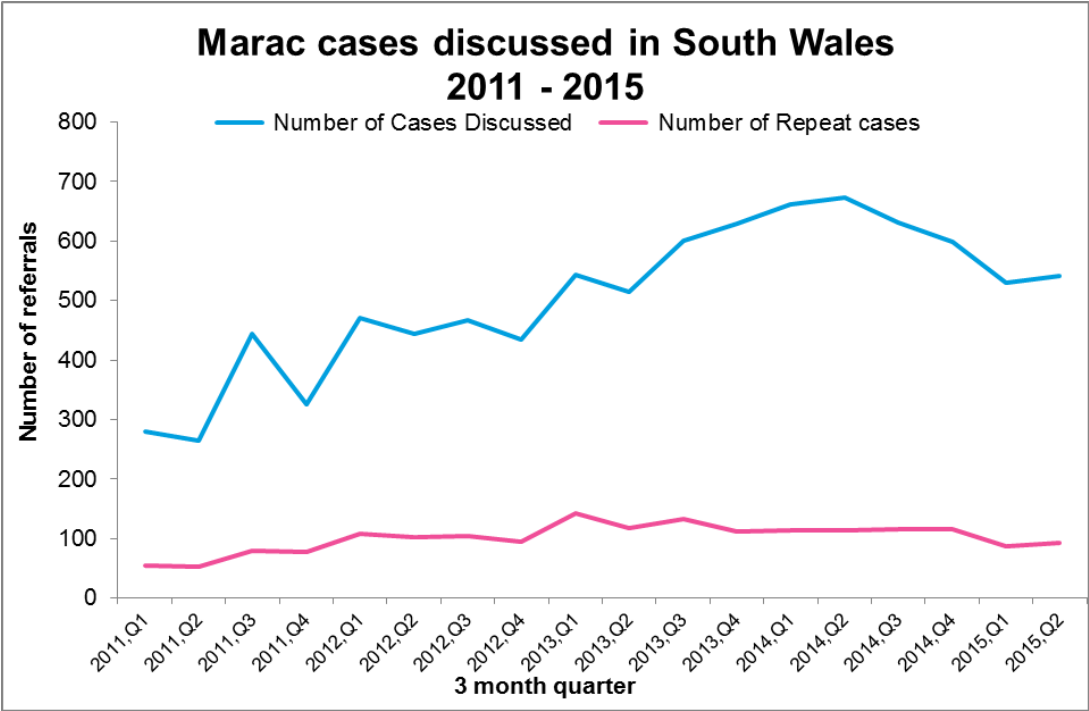


Figure 2: South Wales police force: Cases per 10,000 Q2 2015

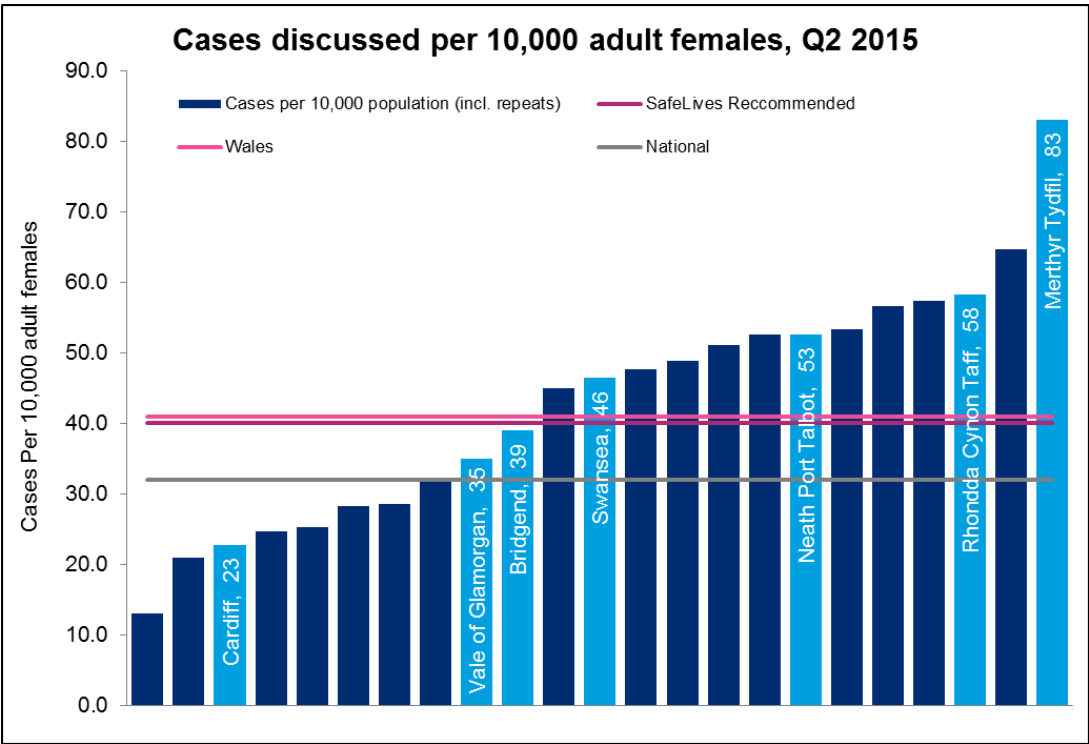
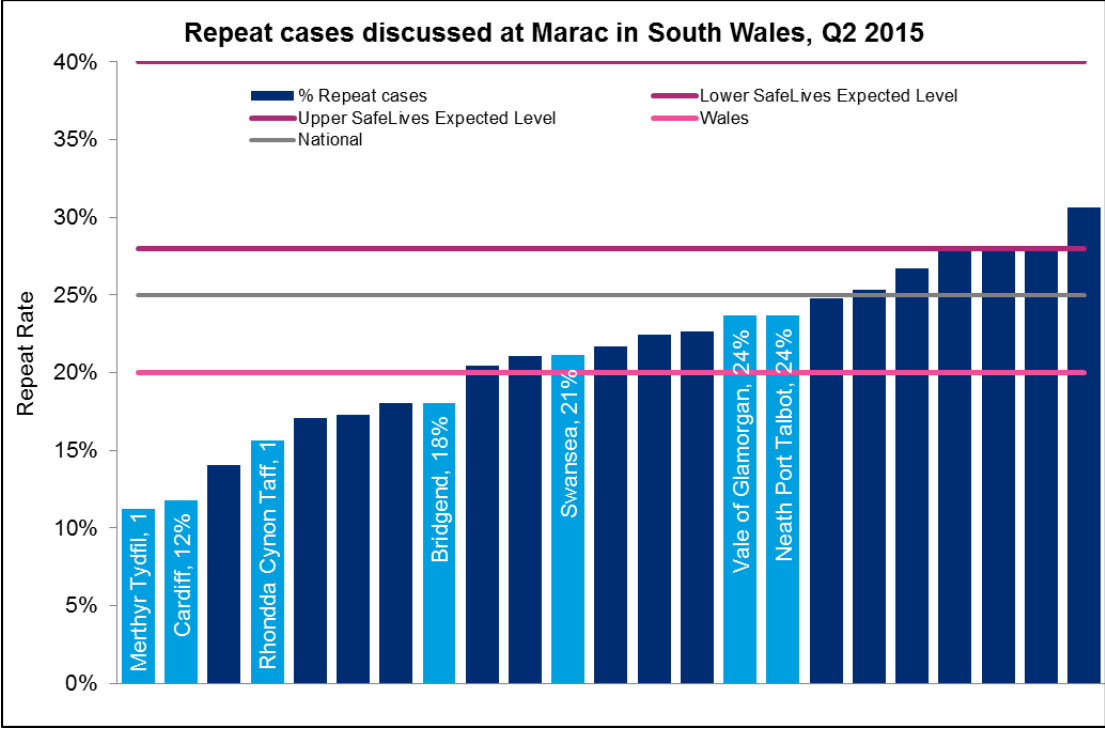


Figure 3: South Wales police force: Repeat rate Q2 2015



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Ending domestic abuse