



The Needs Assessment for Domestic and Sexual Abuse in Sheffield 2017



FINAL VERSION

Louise Potter
Information and Performance Analyst,

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Sheffield Domestic Abuse Co-ordination Team (DACT)



Revision History

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Executive Summary

Domestic abuse and sexual abuse affects the lives of many individuals in Sheffield. It is estimated that in the last year over 21,000 individuals in Sheffield were a victim of domestic abuse and 6,000 were a victim of sexual abuse. Victims can be found in all areas of Sheffield, in all ethnic groups and in all socio-demographical groups but evidence shows that the most vulnerable are females, those who are young (16-19 years), those who are not working, have a disability and/or a long standing illness. These factors mean there are some communities in Sheffield that have a higher reported rate of domestic abuse than others.

We know that not everyone will report a domestic or sexual abuse incident to the police, e.g. CSEW (Crime Survey of England and Wales) estimates that 21% report domestic abuse and 15% report a sexual abuse incident. We know that over 11,500 domestic abuse incidents were reported to the police in Sheffield in 2015/16. Likewise we also know that not all victims will want support, will be referred for support and when risk assessed will be assessed as high risk. However in the last financial year support services had around 6,000 contacts, which is 28% of the victim prevalence estimate.

We know from work with service users that often the police are contacted at crisis point, after years of abuse and at a particular point in the victim's journey of living with the abuse. It is therefore no surprise to see that the police are the main referrer into support services however we also know that victims come into contact with services from a wide range of referral routes, which shows that victims are disclosing their situation to a wide range of support services including their general practitioner, mental health services, accident and emergency departments, social care workers and housing support services.

We also know there are a lot of people living with domestic and sexual abuse in Sheffield who are not reporting to the police and who are not receiving support from specific domestic or sexual abuse services. We also know that the majority are not all 'hidden'. For example, victims are likely to be known to wider support services and community based support services but they may not yet be in a position to disclose, they may not understand their partner's behaviour is abusive, they may be talking to friends or family, they may have been in support previously but are not currently seeking support, they may be dealing with a lot of issues and at present the domestic or sexual abuse is not the priority.

Sheffield victims need an effective domestic and sexual abuse response from all individuals they are in contact with at each point of their journey, from early intervention and awareness raising, to risk assessment, specialist provision and the criminal justice process. Therefore, the response to addressing domestic and sexual abuse in Sheffield needs to be wide spread, and multi layered across a number of different areas.

Sheffield has a three-year strategy for domestic and sexual abuse that started in 2014 which has built upon the provision and systems already in place. In the last three years' considerable work has been undertaken to work towards achieving the citywide strategy.

This latest needs assessment finds that:-

- Sheffield has widespread domestic abuse support and sexual abuse services for victims and this is a structure in which to continue to build upon.
- Action can be taken to address areas of concern, build upon current practice, improve systems in place and develop best practice.

Recommendations based on the needs assessment findings have been listed under one of six areas of need:-

1. Support services for victims of domestic and sexual abuse
2. MARAC and high risk victims
3. Trained workers, local protocols, guidance and pathways



4. The Criminal Justice System
5. Children, young people and social care
6. Partnership working, strategic co-ordination, funding streams and strategic direction

Sheffield needs to heed the national VAWG strategy and have a strong strategic lead, with good partnership working and service collaboration when working with victims, their families and perpetrators to meet their domestic and sexual abuse support needs and reduce the prevalence of these crimes.



Summary of the Needs Assessment

Rationale

The task of understanding domestic and sexual abuse in Sheffield has been taken on by Sheffield City Council in order to inform the next Domestic and Sexual Abuse Strategy (the current strategy ends in 2017) and future commissioning.

The publication of the needs assessment is timely given that the government in 2016 released their new Ending violence against women and girls strategy: 2016 to 2020. Prevention is *'the key' and 'is to be at the heart of all local strategies'*. The strategy aims to reduce VAWG through partnership working, collaboration and best practice commissioning from all, with an overarching stance that VAWG is *'everybody's business'*.

Strategic actions for the next four years address each area of a victim's journey from education, early intervention, to the robust commissioning of specialist support. Support for perpetrators, the use of legal sanctions to protect victims and an effective criminal justice system that brings more perpetrators to justice are all included.

Aims of the needs assessment

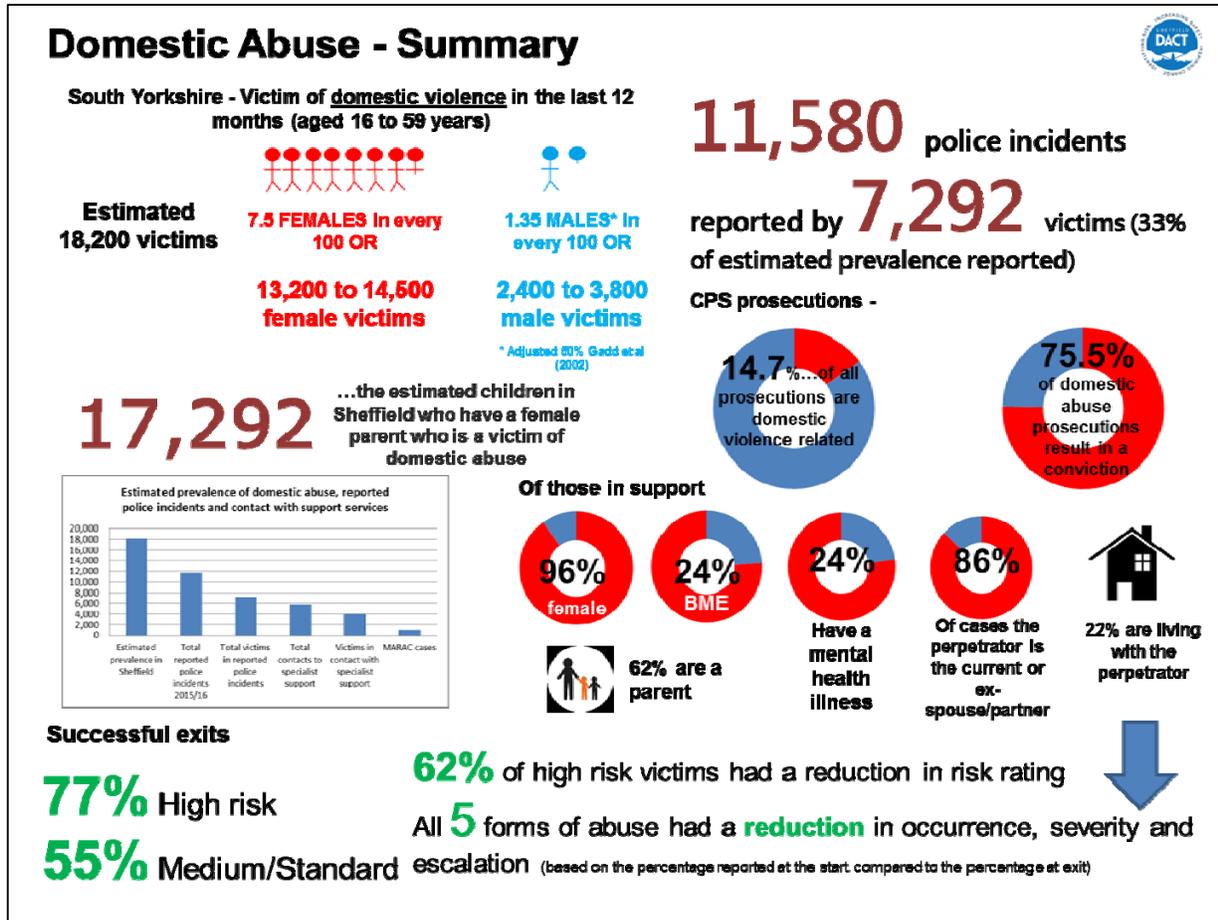
The aim of the needs assessment is to consider the current position in relation to domestic and sexual abuse in Sheffield in 2017; to understand the current and future need for support, identifying gaps in provision and identifying opportunities to improve current systems and processes.

Methodology

The needs assessment has been carried out over the period of one year; from April 2016 to March 2017.

The methodology was to develop an understanding of the VAWG strategy and recommended national guidance, review the latest data and research, understand the views of local experts and service providers working in the field and meet with service users to better understand their support needs, personal experiences and any concerns with the current system.

The scope of the project changed partway through the process. This was due to a range of factors including domestic and sexual abuse raising in priority across a number of directorates in SCC, national VAWG actions being completed and a strategic decision (as a result of Joint Targeted Area Inspections) to focus on children and young people and emerging forms of abuse (e.g. CSE) more comprehensively than in previous needs assessments.



The latest prevalence estimates for domestic abuse are available on the ONS website, which provide a three year prevalence average for all victims, female and male victims.

The national estimates for England and Wales are: all 6.2%, females 8.1%, males 4.3%. The South Yorkshire rates estimates that 5.2% or (38,100) people aged 16 to 59 years had been a victim of domestic abuse in the last 12 months. The female rate is 7.5% (28,900) and the male rate is 2.7% (9,100). Whilst all three are different to the England average, only the male rate is statistically significantly lower.

Using the three year South Yorkshire average and the latest CSEW prevalence figure for the year 2014/15 a higher and lower range of estimated victims has been created for Sheffield.

The CSEW estimates when applied to Sheffield suggests there were 18,192 to 21,691 victims of domestic abuse in Sheffield in the last 12 month period, of which 13,232 to 14,466 are females and 4,763 to 7,568 are males. However the male rate has been adjusted to account for Gadd's et al's (2002) research findings. Gadd et al observed that the CSEW includes males who report being a victim but are likely to be the primary perpetrator/instigator, an 'equal' combatant or experiencing retaliation from a domestic abuse victim. Therefore the Sheffield male victim estimate is more likely to be in the range of 2,400 to 3,800 males. This in turn, changes the overall prevalence rate for the city to around **victims 18,200 per annum.**

Gender differences in domestic abuse - Note however that the CSEW prevalence estimates does not show that there is a greater gender variation in terms of level and extent of the abuse, with research by



Walby (2015) finding that women are more likely to be more 'highly victimised' and experience more repeat incidents compared to male victims, females are more likely to be a victim of a domestic homicide and research by Archer (2012) reported that females are more likely to be more severely injured than male victims. Therefore it is not surprising that activity data shows female victims are more likely to report incidents to the police, present to the commissioned support services and the wider services (such as health and mental health services).

The most recent CSEW UK research suggests prevalence is stabilising, if not slightly reducing which is encouraging however in real terms there remains upward of 21,000 victims each year in Sheffield, each with their own story and their own support needs.

The CSEW (February 2015) provides demographic and socio demographic insight suggesting some people are more vulnerable to being a victim of domestic abuse. The following factors have higher prevalence rates. Female (8.1% compared to the 4% male), young people; men (6.6%) and women (12.6%) aged 16 to 19 years old, individuals of some BME communities; the mixed/multiple ethnic group (14.3% of women), white Irish women (11.8%) and black Caribbean men (5.7%), those who are single (12.5%), women who are separated (19.8% of women and 9.4% of men) and divorced (18.7% of women and 9.5% of men). Those who are not working due to unemployment are more vulnerable (15.1% females and 5.2% of unemployed males), and females with long term health conditions (16%) and males who are long term sick/ ill (8.8%).

Police recorded incidents in Sheffield

South Yorkshire Police records for Sheffield show that around 11,580 domestic incidents were reported to the police in 2015/16, or a rate of 20.95 per 1,000 populations. Of the total, 3,140 of 27% became offences. Reported incidents per annum can fluctuate and whilst the 11,580 was 2% lower volume on the previous 2014/15 year, current activity suggests 2016/17 will be around that of 2014/15.

South Yorkshire Police data for Sheffield shows that the majority of incidents reported are standard risk accounting for 62.2% of all reported domestic abuse incidents and offences or a rate of 13.03 per 1,000 populations. Medium risk incidents account for 30.7% or a rate of 6.42 per 1,000 populations and 7.1% of reported police incidents and offences are high risk or a rate of 1.49 per 1,000 populations.

4,288 of the 11,580 incidents were reported by 'repeat' victims, meaning that there were 7,292 unique victims in the total incidents reported to the police in 2015/16. Further analysis into repeat victims has found that 55% had been a victim in two reported incidents over the 12 month period, 12% a victim in three or more reported incidents, 3.9% a victim of five or more reported incidents and 0.5% a victim of ten or more reported incidents.

84% of domestic offences have a female victim, a third (33.5%) are aged 20 to 29 years old, 18% are from an ethnic minority group and around 8% will have a physical injury recorded.

Domestic abuse affects all communities, in all areas of Sheffield (all wards have incidents recorded) however some areas have a higher ratio of reported incidents to the police than the city average (around 400 per annum per ward). These tend to be in areas known to have higher rates of young people, unemployment and larger BME communities (links with higher prevalence rates). The five wards with the highest number of domestic abuse incidents and crimes were Burngreave Ward (889), Firth Park (802), Southey Ward (761), Manor Castle Ward (679) and Gleadless Valley Ward (674) in 2015. Together these five wards account for 33% of the total reported domestic abuse police incidents.

Sheffield compared to other areas

A higher proportion of Domestic abuse-related incidents and offences report in South Yorkshire (32,135 domestic abuse-related incidents and offences) were recorded by South Yorkshire Police in



the year ending March 2016, or **23.4** for every 1,000 people¹ which is higher than our comparator forces - Northumbria 21.2, West Yorkshire 19.7, England and Wales 17.8 and Nottinghamshire 12.6 and South Yorkshire is the 6th highest force area (out of 43) for number of incidents and offences.

The proportion of incidents that become offences shows South Yorkshire is lower than most comparable forces, which means less incidents become recorded as offences

Of the 32,135, a total of 8,563 (26.6%) became offences (the person was charged), a ratio of 6.2 for every 1,000 people. South Yorkshire is the 16th lowest force area (out of 43) for offences. The ratio is equal to Nottinghamshire (6.2) but lower than the West Yorkshire 9.4, England and Wales 7.3 and Northumbria 7.1. The 26.6% of incidents that become offences is low compared to 48.7% in Nottinghamshire, 47.5% in West Yorkshire, 40.8% in England and Wales and 33.4% in Northumbria.

South Yorkshire² has the 11th lowest proportion of prosecutions for domestic abuse of the total prosecutions. For example 2,297 DA prosecutions 2015/16, (14.7 % of all prosecutions in the areas compared with England and Wales 16.2%), and lower than Northumbria (15.1%), West Yorkshire (20.9%) and Nottinghamshire (16.7%).

A similar observation is made for the successful outcome of prosecutions; whilst the 75.5% South Yorkshire rate compares favourably with the England and Wales average of 74.5% it is ranked mid table 20th out of 43 with areas such as West Yorkshire (75.7%) having a higher figure, and with areas such as Nottinghamshire (74.6%) and Northumbria (70.9%) having a lower figure. Based on this, if the number of offences could increase, this would positively impact on the number of prosecutions and thereby on the overall successful outcomes.

Sheffield appears to have a lower than average number of domestic homicides. Sheffield has had 17 deaths in the last 10 years, a rate of 0.31 per 100,000 populations and an average of 1.7 deaths per year (although one year there were 5 and some years there were none). This is lower than the national rate for Yorkshire and Humber, 1.05 per 100,000³ and the England and Wales rate of 1.01.

Sheffield victims and their contact with police and specialist support

Sheffield is more likely to have a case referred to MARAC, than other areas. The SafeLives estimate has been over achieved for the last 10 reporting periods; however it is not the case for the whole of South Yorkshire or England and Wales's average. For example in 2015/16 South Yorkshire were estimated to have 2,415 MARAC cases but had a lower 2,240 cases referred whilst nationally the 81,764 actual cases were well under the expected 98,510.

Comparative data for the number in support who are medium and standard risk is unavailable due to a lack of national reporting systems.

There is a significant disparity between the estimated 21,000 victims per year and the 11,580 reported incidents to the police (CSEW suggests only 21% of victims reported to the police in the last 12 months and research suggests on average victims have 35 incidents prior to reporting to the police). The disparity increases again when the estimated 21,000 victims is compared to the 5,800 contacts with commissioned support services and the 1,500 who received structured support in 2015/16.

Demand for commissioned support services has increased since 2014, however the latest data suggests this increase is slowing down and in some areas is stabilising. For example the number of MARAC (high risk) cases remains around the 920 (42 cases per 10,000 populations), the estimated SafeLives figure (ranging from 925 to 979) and has been in this range since October 2013. Calls to the helpline have been at a similar level for the last two financial years (2,100) and whilst latest data shows

¹ Police data 2015/16

² <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool> between April 2013 and March 2015

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseinenglandandwalesdatatool>



waiting lists for outreach support are growing, referrals to the service remain at a similar rate to the last two financial years (520). Only with police referrals is there a dramatic change observed, with a significant reduction (by 660 between 2014/15 and 2015/16) which impacted on the overall number of contacts (5,833) to support services in 2015/16.

The capacity of the Sheffield commissioned system is as follows: 1,000 high risk places with IDVA support, a helpline for 1,400 calls, an additional 2,500 police referrals, outreach for 390 one to one, at least 75 Power to Change group places, a refuge with 36 units of accommodation, support for young female victims and a floating support system that can support all victims.

Additional capacity is made available by specialist voluntary sector organisations that are not funded by SCC, but who raise funds via other grants (e.g. Big Lottery). The support provided by these services includes therapeutic support (counselling, psychotherapy, trauma focused CBT), peer support, specialist accommodation for victims of trafficking (commissioned nationally) and specialist BME support. Provision is however for female victims only.

The current and long term capacity of the current commissioned system is debatable.

The capacity commissioned for the IDVA service is enough for the current demand (based on the SafeLives recommended levels and current activity), however this is stretched when worker issues are factored in, the complex needs of clients and demands around the continued development of the service (e.g. recent changes include the Integrated Front Door in 2017/18, support for victims at court in 2017/18 and Super MARACs in 2016/17) and national funding towards IDVA provision reducing (reduced in 2017/18).

The medium and standard risk capacity is stretched and it means the support cannot be as responsive as victims would like (service users told us when one wants support, there is a need for it at that time; when addressing the domestic abuse is a priority so any period of waiting for a service is unhelpful). It also has similar workforce issues, but unlike the high risk service, even in quarters when there is a full complement of staff, the service has a long waiting list for one to one support and a significant number of victims waiting for group support.

A further debate about the current level of commissioned support is how the model can respond in future to address needs raised by the VAWG strategy, funding limitations, work undertaken in other areas and feedback from local experts and service users.

The current commissioning capacity and model is limited if the decision is made to address the issues raised:-

- The services are time limited (12 weeks for IDVA support and 16 weeks for one to one support for medium and standard risk victims).
- The services available are based on risk, therefore victims move between support services when risk changes and the duration of the support can differ.
- Victims who want longer periods of time in support often find they need to move to another contract area and therefore move between workers
- There are capacity issues with the medium and standard risk services, therefore gaps in support are experienced for those being referred from the high risk to medium/ standard risk service.
- Support at court for victims can be limited by the capacity of the support service and the duration of the support received (meaning the case is heard after the end of the support a cluster court model is being piloted to address this).
- There is a lack of consistency of workers in the support journey- - service users tell us they would like to have key workers during their time in support, so moving between the support services is less intrusive.
- There is little flexibility in the system currently. Medium and standard risk one to one and group work is in high demand and there is enough activity to suggest more groups being available would provide a system that is more responsive to the demand.



- There is little targeted support available in key areas of the city.

The commissioned system is accessible to all victims of all demographics, with specific targets for male and BME victims, whilst other third sector provision is more gendered towards female victims.

The commissioned provision is available to all Sheffield residents with the exception of the group work contract to provide at least one group work session in communities per annum and victims being visited in their own homes where required, there is currently no strategic plan for a focus in any specific communities. Support data shows that the postcode areas with the highest number of victims in support are S5, S2, S6, S8, S13 and S9. Together these areas had 1,000 victims in support, accounted for 62% of the total GP practices that have accessed the most DA training are located in these areas and they are aligned to the areas for the highest police recorded activity (this is not planned, but in response to need and demand). The data shows there are opportunities to promote *'making domestic abuse everybody's business'* in key locations and communities, in some GP practices and implement effective early prevention and intervention.

Commissioned services data shows victims accessing support are primarily female (96%), a large proportion are young; 27% are aged 16 to 25 years, 24% are BME, 2.1% LGBT and 62% have children. Of those with minimum dataset data completed - 28% of those in support report a physical disability and 25% a mental health diagnosis. 22% of all high risk victims reported an alcohol issue compared with 9% of medium and 6% of standard victims whilst 13% of high risk victims⁴ reported a drugs issue compared with 5.5% of medium and 6.3% of standard victims. 86% are abused by a current or ex-spouse/ partner (22% current and 64% ex), 23% are living with the perpetrator and 71% have one perpetrator.

Again the activity data profile aligns with prevalence data which showed that females, young victims, those who are single, have a disability and of some BME communities are more likely to be a victim of domestic abuse, which is encouraging. The 4% male cohort in support is lower than expected (10% of medium/standard, 7% high risk) and further exploration is required in this area to ensure male victims are aware of, can disclose openly and access support available. Elderly victims equate to around 2% of the total in support, without CSEW prevalence rates for this age group it is difficult to ascertain the need for services, however local experts and adult safeguarding data suggest the numbers who require support could be higher and the term 'hidden' is used in reference to this cohort. Engagement of LGBT victims is in line with other MARAC areas, despite the SafeLives estimate suggesting this should be at the 5% of total in support.

Complex needs

The term *'complex needs'* is the current widely used 'buzz' term for victims who have difficulty engaging in support services and have multiple needs. Commissioned services support all victims, regardless of the personal need.

3% of the total had the 'toxic trio' mental health, drugs and alcohol issues. Of the toxic trio victims 59% were assessed as high risk, which is higher than the 45% average for all contacts; the majority were repeat entrants into support, these victims were more likely to have had a number of perpetrators, most of whom were listed as the 'current or ex-partner', were mainly white British, most were not living with the perpetrator and thus this suggests that these vulnerable victims were likely to be entering into new domestic abuse relationships, one after another.

The forms of abuse

Victims in support are living with multiple forms of domestic abuse. The majority of victims in support report physical abuse (67%), 14% report sexual abuse, 88% verbal abuse, 71% jealous and controlling behaviour, 56% harassment. However a higher proportion of high risk victims are a victim of physical

⁴ With the data completed



abuse (88%), a fifth (19%) are sexually abused, 81% jealously, 68% harassment and 94% verbal abuse⁵.

Around 3% of those in commissioned support were victims of harmful cultural practices; 2% forced marriage and 1% 'honour' based violence. 4% of MARAC cases were HBV. Extensive work has been completed in the last 12 months on harmful cultural practices however further work is required to ensure HBV protocols are updated, the police response is 'prepared'⁶ to protect people from HBV, that all cases disclosed are risk assessed and those that are high risk referred to MARAC.

Outcomes of commissioned support are based on completion of support, reduction in risk and reduction in severity and frequency of abuse. 71% of HIGH risk victims⁷ and 55% in one to one outreach had a successful exit⁸.

Commissioned support appears to be working for the majority of victims who engage with support. The majority had a reduction in their risk rating; 62% of high risk victims had a reduction in risk (100% were high at the start compared to 38% high at exit, 59% medium and 2% standard) and 81% were medium and 19% were standard at the start and changed to 64% medium and 32% standard at exit.

The number of service users reporting each form of abuse reduced by exit. All five forms of abuse (Physical, sexual, harassment, jealous & controlling behaviours & verbal) reduced. For high risk victims who stated they were a victim of each form of abuse, between 14% and 18% of victims had a reduction in that form of abuse. For example of all those who were physically abused at the start, 17% were no longer being physically abused. More significant changes were noted in the medium / standard risk victims, with each form of abuse having a reduction of between 65% to 75% less people affected by these forms of abuse, e.g. 72% of those who started they were physically abused at the start were no longer being abused in this way at exit.

For those who were still victims of abuse at exit, there was a noticeable reduction in the severity, frequency and escalation of each form of abuse for all risk levels. Consideration should be given to introducing effectiveness targets for commissioned services based on service user feedback; this is undertaken in other Council contracts and for the commissioning of domestic abuse services in other local authorities.

Repeat victims in support Similar findings have been observed in those victims being repeatedly referred to MARAC (over four times in a 12 month period), with drug & alcohol issues, mental health issues, victims who had been looked after children, different perpetrators, sex workers and issues with transition from children's to adult services. New approaches are being explored for addressing victim safety (e.g. super MARACs) however an overall strategic objective is required to ensure services for the small number of such victims are co-ordinated to address all needs simultaneously.

Sheffield has widespread domestic abuse support services for victims and this is a structure in which to continue to build upon. Action can be taken to address areas of concern, build upon current practice, improve systems in place and develop best practice.

Perpetrators, the criminal justice system and the police response

For every victim, there is at least one perpetrator. Therefore in the last 12 months there will have been around 21,000 perpetrators of domestic abuse in Sheffield. Police data shows that perpetrators of domestic abuse are most likely to be male (90%⁹)¹⁰, 91% are 'White – North European'¹¹, 21% are

⁵ Minimum dataset 2016/17

⁶ HMIC *The depths of dishonour: Hidden voices and shameful crimes: An inspection of the police response to honour based violence, forced marriage and female genital mutilation*. December 2015 <http://www.justiceinspectorates.gov.uk/hmic/publications/the-depths-of-dishonour/>

⁷ High risk PMF 2015/16

⁸ Medium and standard PMF 2015/16

⁹ Domestic Violence data reported in Sheffield 2013/14, Lisa Small, South Yorkshire Police provided in 2015.



aged 25 to 29 years¹² and 58.4% are aged 20 to 39 years old, are in a relationship or have been in a relationship with the victim (87% were an ex-partner / spouse) and 64% were unemployed at the time of the incident. Victims have said perpetrators think they 'own you'; Project Mirabal research¹³ shows perpetrators use a range of physical and sexual abuse and who are controlling and manipulative towards both the victim and children (to get to the victim).

The response to perpetrators nationally is formed in three ways; the police response, successful prosecutions and the engagement of perpetrators in perpetrator support.

Police - One form of police response is to use police sanctions. Given there were over 10,500 incidents in 2015/7 Sheffield's use of these orders appears low. It is also lower when compared to the use in other areas (e.g. DVPN 33 since April 2014 and DVPO 30 granted and lower than the smaller areas of Doncaster and Barnsley, less than 10 Force marriage protection orders in three years in SY and DADS (18% disclosure rate compared to 42% in other areas).

Data earlier shows that a lower proportion of police reported incidents become offences (where the victim is charged with a crime), 26% compared to other comparable areas (40% in England and Wales, 48% in Nottinghamshire and 47% in West Yorkshire. Data shows the volume of offences is increasing in proportion to the total incidents, however compared to other areas there is more work to be done.

Prosecutions – A smaller proportion of domestic abuse perpetrators are being prosecuted in South Yorkshire compared to other areas, activity is ranked 33 out of 43 police forces areas. Data shown earlier shows that 14.7% of all prosecutions are DA, which is higher than the proportion of total crimes recorded that are domestic abuse related (8% to 12% of total crimes) however comparable areas achieved 16.7% (Nottinghamshire) and 20.9% West Yorkshire).

For those who are prosecuted; 75.5% of prosecutions are successful in South Yorkshire and this compares favourably with the England and Wales average of 74.5% and is ranked 20th out of 43 with areas.

Perpetrator response – There is a need for a co-ordinated response for perpetrators in Sheffield. South Yorkshire Local Authorities and the OPCC are planning to commission a voluntary perpetrator programme in 2017/18 which will be accessible for Sheffield perpetrators. Health and MARAC data shows that perpetrators are receiving mental health support and are visiting their GP. Local GPs raised a complex issue they have; when both the victim and the perpetrator are patients and both are seeking medical support. New health guidance¹⁴ published in 2017 includes responses to perpetrators and therefore a citywide health response needs to be considered. New data¹⁵ will be collected in 2016/17 for all those affected by domestic abuse and in structured drug and alcohol support. It is likely that this will identify more perpetrators, who may require a structured response.

¹⁰ Domestic Violence data reported in Sheffield 2013/14, Lisa Small, South Yorkshire Police provided in 2015.

¹¹ Domestic Violence data reported in Sheffield 2013/14, Lisa Small, South Yorkshire Police provided in 2015.

¹² (21.7% or 487 of the 2,243), Domestic Violence data reported in Sheffield 2013/14, Lisa Small, South Yorkshire Police provided in 2015.

¹³ The Mirabal study (2015)¹³ was a review of perpetrator programmes, measuring 6 overall outcomes measures, each with a subset of questions. The baseline data was taken at interviews with victims and perpetrators at the start of the programme. The baseline data shows insight into domestic abuse relationships and in particular perpetrators actions and traits.

¹⁴ Responding to domestic abuse: a resource for health professionals

¹⁵ NDTMS

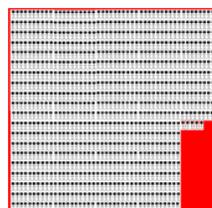
Sexual Abuse – Summary

The estimated number of Sheffield victims of **sexual** abuse or attempted in the last 12 months (aged 16 to 59 years)

3,900 – 7,400 females (rate - 2.2-4.2%)

1,050 – 1,400 men (rate - 0.6-0.8%)

Estimated Sheffield victim of **RAPE** in the last 12 months (aged 16 to 59 years)



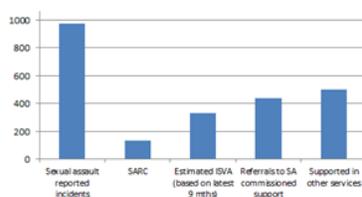
**915 females
66 males**

Reported sexual offences to the police 2015/16



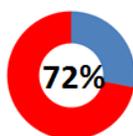
15% of all incidents reported to the police (CSEW)

Sexual Abuse Specialist support

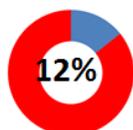


75%

exit support successfully



...of victims in support NOT related to perpetrator

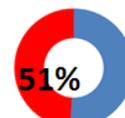


...of victims in support are BME

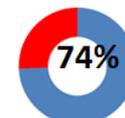
CPS South Yorkshire prosecutions (2015/16) = 345



Successful Prosecutions



Rape prosecutions



Other sexual offences prosecutions



31% previous suicide attempt



18% report mental health illness at support start

Sexual Assault (and attempted sexual assault) Prevalence Estimates

The national estimates for victims in the last 12 months are **0.7% of men** and **2.7% of women** aged 16 to 59 years old, which equates to an estimated 448,000 female and 115,000 male victims in England and Wales. In the past five years, the estimates have fluctuated between **2.2% - 4.2% for women** and **0.6% - 0.8% for men**.

In Sheffield it is estimated 4,763 females (range of 3,881 to 7,410 females) and 1,214 males (range of 1,041 to 1,387) were a victim of a sexual assault or attempted sexual assault in the last 12 months¹⁶.

An estimated **3.8% of men** and **19% of women** aged 16 to 59 years old will have been assaulted sexually (including attempts) since the age of sixteen years old. Applied to Sheffield, it is estimated **33,584 females** and **6,628 males** have been a victim of a sexual assault or attempted sexual assault since the age of 16.

Prevalence Estimates – Rape (or attempted)

The CSEW estimates that 0.04% of men and 0.52% of women will have been a victim of rape or attempted rape in the last year and 0.27% of men and 4.85% of women will have been a victim since the age of 16.

Therefore it is estimated in Sheffield around **915 females** will have been a victim of rape or attempted rape in the last 12 months and **8,555** will have been a victim since the age of 16 years old.

¹⁶ Applying the latest 12 month CSEW prevalence figures and the range being the upper and lower estimates of the last 5 years.



It is estimated in Sheffield around **66** males will have been a victim of rape or attempted rape in the last 12 months and **475** will have been a victim since the age of 16 years old.

The CSEW (February 2015)¹⁷ provides demographic and socio demographic insight suggesting some people are more vulnerable to being a victim of sexual abuse. In addition to there being more female and young victims, other factors with higher prevalence rates include: individuals of some BME communities; the mixed/multiple ethnic group (5.6% men and 9.3% of women), those who are single, separated and divorced. Those who are not working due to unemployment (4.7% females) and students (male 2.6% and females (8.5%) and those who have long term health conditions/ disability (4.3% females and 1.3% males).

Police recorded sexual assault incidents in Sheffield¹⁸

The CSEW suggests that only a fraction of all sexual assault incidents are reported to the police (around 15%¹⁹); therefore recorded incidents are much lower than the estimates. However reported incidents are increasing year on year, and evidence showing that people are more likely to report incidents to the police. Numerous reports and local experts have explained this is because of an increased general public awareness of sexual abuse (e.g. high profile sexual abuse cases including celebrities), more confidence in approaching the police and improved data recording by the police.

In 2015/16 sexual offences in England and Wales accounted for **2.7%**²⁰²¹ of all offences recorded by the Police and **104,521 sexual assault** offences were recorded.

Sheffield recorded **974 total sexual offences** during 2015/16; 300 (31%) were rape and 674 were 'other sexual offences' (69%)²². A 14% increase on the previous financial year (20% observed nationally) and the highest in four consecutive years. Compared with eight Core Cities²³ Sheffield ranked fifth, lower than Birmingham, Leeds, Manchester and Bristol. .

Reported Rape

In 2015/16 **Sheffield had 300 rape victims** which is 34% of the 885 rapes recorded in South Yorkshire and an increase of 19% on the previous financial year (2014/15). Sheffield ranked 7th of the eight core cities in 2015/16 with only Newcastle having fewer reported rapes.

South Yorkshire data found that 59% or 521²⁴ victims were aged 16 years and over and are classified as an adult as per the Sexual Offences Act 2003²⁵ and 41% or 364²⁶ victims were aged 15 years and below and classified as a child under the Sexual Offences Act 2003²⁷. The majority of victims were female (89.8%) but 10.2% were male²⁸.

Sheffield had the lowest proportion of rape to other sexual assault ratio, with a 31 to 69 split. The core city average was rape 38% of all sexual offences, with a range between 31% (Sheffield) and 43%, Nottingham.

¹⁷ All prevalence figures should be used with caution. They provide an indication of the extent of the issue, but are limited by the sample of the CSEW.

¹⁸ Police data reflects the number of recorded crimes for sexual abuse. It does not present the full picture of sexual abuse due to a number of reasons: changes in recording methodology, some reports being of historical sexual assault, the police not recording all reported sexual abuse incidents as crimes, and/or the statistics only counting the number of times a victim has reported the incident to the police.

¹⁹ CSEW 2013 'An overview of sexual offending in England and Wales'

²⁰ Police recorded crime open data Community Safety Partnership tables from year ending March 2012 onwards
<https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables>

²¹ There were a total of 3,835,679 offences and 104,521 sexual offences recorded.

²² Police recorded crime open data Community Safety Partnership tables from year ending March 2012 onwards
<https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables>

²³ Ibid

²⁴ HMIC Rape Monitoring Group – Local area data for 2015/16 – South Yorkshire, October 2016, page 24

²⁵ Ibid, page 16

²⁶ HMIC Rape Monitoring Group – Local area data for 2015/16 – South Yorkshire, October 2016, page 33

²⁷ Ibid page 16

²⁸ RaSSO data, Q4 2015/16 showing activity for all 2015/16



Prosecution data²⁹ 236 rape referrals were made by South Yorkshire Police to the CPS in 2015/16 and 345 prosecutions for 230 other sexual offences and 115 rape offences were undertaken. Of those prosecuted for rape 59, (51.3%) were found guilty, which is lower than the national average of 57.9%. Of those prosecuted for an 'other sexual offence' 74.3% were successful, which is slightly lower than the national average of 78%.

Sheffield victims and support services

Sexual abuse support services in Sheffield are: Sexual Assault Referral Centre (SARC), sexual assault counselling and psychological therapies, Independent Sexual Violence Advisors (ISVAs) and for young people CHISVAs and the Sheffield Children's Hospital Child Assessment Unit (Children's SARC).

Services for sexual abuse victims are commissioned by a number of different commissioners which means partnership working and communication are instrumental to ensuring there is a fully commissioned system of support. The Office of the Police and Crime Commissioner commissions SARC and ISVA and CHISVA, Sheffield CCG (Psychotherapy, and SCH Children's SARC) and Sheffield City Council (sexual abuse counselling and mental health services. Funding for additional service capacity e.g. for counselling is raised via other grants by the third sector providers.

Adult Sexual Assault Referral Centre (SARC) – Hackenthorpe Lodge is the South Yorkshire base of a regional hub that provides a safe environment for victims of sexual assault or rape. The service includes a health care service, forensic examination, Police interview facilities and crisis support. In 2015/16 134 Sheffield residents attended the SARC which is 36%³⁰ of the total 506 for South Yorkshire. The 134 is 13.7% of the 974 sexual assault victims who reported to the police in 2015/16 or 25.7% of the 521 adult victims. It is also a fraction (2%) of the estimated 6,000 victims in the last 12 months. Demand for the SARC has remained similar in the last 18 months.

Independent Sexual Violence Advocacy (ISVA) Support for Victims

ISVAs are the independent advocates acting on behalf of the victim who can support them through the criminal justice process. 2016/17 has seen an increase in ISVA provision to three ISVAs in Sheffield, with one a specialist children's CHISVA, this appears to have increased activity. For example in the first nine months of 2016/17 886 victims in South Yorkshire and 249 in Sheffield received ISVA support. SARC refer 19% to ISVA, but the police (PPU, SAT and CID) are the main referrer and 28% are referred by a central referral pathway operated by the lead partner of the consortium that deliver the service.

Sheffield City Council Sexual Abuse Commissioned Therapeutic Support

438 referrals for support were received in 2015/16. The Council commission part of the service, including funding to receive 90 referrals and provide 19.5 hours of assessment, counselling and support for 60 historic and 8 acute victims aged 16 and above. 70% of victims reported the incident took place more than 2 years ago and are therefore 'historic' victims. Interestingly in recent months the service has seen an increase in the numbers presenting to the service who have suffered acute (incidents in the last three months) sexual abuse which is an emerging trend and needs further consideration. The **demographics of the victims in support** finds the majority are female (commissioned in 2015/16 as a female only service – service offer to males from April 2016), 12% are from a BME background³¹, 6.7% are LGBT³² and 79% are aged between 18 and 44 years old. Complex issues of those in support include; 11% have an alcohol problem, 11% a drug problem, 31% have previously attempted suicide and 18% have a current mental health problem.

Support outcomes find that more than three quarters of service users are exiting in a positive way. Consideration should be given to introducing effectiveness targets for commissioned services based on

²⁹ Crime Prosecution Service (CPS), Violence Against Women and Girls Crime reports 2015/16
<http://www.cps.gov.uk/publications/equality/vawg/>

³⁰ The percentage is based on the total for Sheffield, Rotherham, Doncaster and Rother and removes the not known from the cohort.

³¹ Of those with an ethnicity recorded (34/281)

³² PMF 2015/16



service user feedback; this is undertaken in other Council contracts and for the commissioning of domestic abuse services in other local authorities.

It is expected that the demand for specialist sexual abuse counselling will increase over the next two years. This is because in the last five years there has been an increase in the number of victims reporting incidents, there is an increase in the number supported by an ISVA and an increase in acute victims presenting for specialist support.

Victims in contact with wider support services

48% of GPs had seen a patient in the last year who disclosed sexual abuse. It is expected that more people will present to health services with sexual assault symptoms, as general confidence grows in reporting and victims become more open to disclosing incidents.

The strategic direction of sexual abuse appears to be more fragmented than domestic abuse in Sheffield, this is in part due to there being more services supporting victims, at different parts of their journey, there are services for specific needs (e.g. CSE and prostitution) and the complex commissioning structure. There is a need in the new strategy for sexual abuse to have a clear strategic focus; so all partners (commissioners, police, specialist providers and wider services) engaged with victims of sexual abuse understand their role in the citywide strategy.

Children and Young People

An estimated 17,292 children have a female parent who is a victim of domestic abuse in Sheffield³³. Around 4,450 children affected by domestic abuse are estimated to have had a parent in specialist domestic abuse support in 2015/16. Around 1,200 children affected by high risk domestic abuse were discussed in cases at MARAC in 2015/16. This shows that adult support services have to consider the needs of the children when supporting adults and that there are a considerable number of children living in a household affected by domestic abuse with a victim who is not directly supported by a specialist domestic abuse support service.

Domestic abuse is a key factor in children's social care and MAST caseloads. 49% of the 4,019 Children in Need in Sheffield in 2014/15 were affected by abuse or neglect, 31% of MAST cases have a child risk of domestic abuse, 53% of Child protection assessments detailed domestic abuse, 6% sexual abuse, less than 1% trafficking in 2014/15 and 29% of the building successful families caseload are affected by domestic abuse.

Research³⁴³⁵ shows children living in a household where DA takes place may lead to health issues and impact on their social interaction. This may include mental health issues such as suffering from depression, anxiety & low self-esteem, self-harming, behavioural issues, amnesia, maltreatment, homelessness and poor engagement at school.

The council commission services for children and young people with a range of needs (e.g. mental health, drugs, alcohol) and these services support young people with these needs who are affected by domestic and sexual abuse. There are a number of third sector support services for young people affected by domestic abuse and for a range of needs however there are few specific to domestic and sexual abuse, covering all ages or available citywide.

Young People who are victims of domestic abuse and sexual abuse

³³ The DA prevalence for females in Sheffield has been calculated and then using the data from the minimum data set we have applied the proportion of women accessing support services who have reported a child/ren and the average number of children those victims have.

³⁴ Kelly, L & Westmarland, N (2015) *Domestic Violent Perpetrator Programmes – Steps to change: Executive Summary* <https://www.dur.ac.uk/cirva/projectmiraba/>

³⁵ Osofsky, J (1999) *The impact of violence on Children* as cited in *Behind Closed Doors The Impact of Domestic Violence on Children*, UNICEF <http://www.unicef.org/media/files/BehindClosedDoors.pdf>.



Prevalence estimates for young victims of domestic and sexual abuse are both higher than the average for all ages.

- 12.6% of young females and 6.6% of young males aged 16 to 19 years are estimated to have experienced domestic abuse in the last year compared to the 8.2% for all female adults and 4% for male adults. It is estimated that there are around 3,500 young people aged 16 and 17 years old (2,300 of these are female) living in Sheffield³⁶, who have been a victim of domestic abuse in the last 12 months. Around 100 young victims presented to the commissioned support services in 2015/16.
- An estimated 9% of young women and 1.4% young men aged 16 to 19 years old has been a victim of sexual assault in the last 12 months. Applying this to Sheffield it is estimated that there were a total of 1,900 sexual assault victims aged 16 to 19 years in the last 12 months (1,650 females and 250 males). A significant proportion (41% or 365³⁷) of reported sexual assaults involve a child victim 15 years and younger.

National research, local experts and service user's surveys in domestic and sexual abuse reveal that the needs of young victims differ to those of adult victims. Young people tend to have more support needs, are less likely to understand the severity of the abuse and have less understanding of what constitutes a healthy relationship.

Commissioned support to sexual abuse victims is undertaken by children's specialists and all young victims of domestic abuse receive IDVA support, there are local pathways and toolkits to aid referrals. It is however still likely that a significant number of young victims do not understand their situation, are approaching wider services for support (e.g. re. anxiety in GP practices) and are not disclosing the abuse. Work will be undertaken to better understand teenagers and abuse, and the services they are accessing to ensure support and advice is informed and appropriate.

There is a need to ensure all services supporting young victims and those affected by abuse have a safeguarding / domestic abuse lead, a domestic abuse policy/protocol and all workers' should be aware of the named lead and the policy. All needs of the child need to be assessed, actioned and workers should have received some recent training on domestic and sexual abuse.

Support to young people can appear complex. The reasons for this are numerous; it touches different services; adult and children's services, children's only services, there are transition issues, there are wider and universal services involved (education and health), there are different funding streams, a range of commissioners, statutory duties, third sector providers and new initiatives which focus on specific areas of abuse or a number of needs including those affected by domestic abuse.

There is however a clearly defined commissioned system of support for young victims. However needs in relation to children or young people living with or recovering from abuse are not being fully met.

Therefore the new strategy needs a clear strategic focus on children and young people; so all partners (commissioners, police, specialist's providers and wider services) engaged with children and young people understand their role in addressing domestic and sexual abuse.

Feedback from Service users

Service user involvement and consultation in Sheffield is advanced compared to other areas. There is

³⁶ CSEW Prevalence estimates are for the 16-19 age groups. The figures are estimates should be used with caution, not quoted as absolute and used only as an indication of prevalence.

³⁷ HMIC Rape Monitoring Group – Local area data for 2015/16 – South Yorkshire, October 2016, page 33



a formal service user reference group and service user involvement in the tender and commissioning process.

For the needs assessment feedback was given via the service user reference group and information taken from the service user DVD. Service users raised awareness to their personal situation, to their emotional state and their support needs. Victims shared their own experiences and the information shared has helped provide a focus throughout the whole needs assessment, to support the data provided and identify where improvements can be made with the current model and system.

The main feedback from service users is that they:-

- Need accessible information to best understand the support available and information that alleviates fears
- Are accessing health support (GP, A&E) and not sharing the details of the abuse.
- Described lots of coercive, psychological and emotional abuse but access support following severe incidents of physical abuse (police, specialist services and health providers).
- Explained their needs are often complex and personal situations change. Victims describe changing priorities. Domestic abuse becomes a priority for a period of time (after an incident) but is surpassed in priority by another need, so dealing with the domestic abuse can slide back down the list.
- As mothers, they accessed support at critical times in the abuse, often when the perpetrator used physical abuse on the children.
- Explained how the current commissioned support system (a separate high risk and medium and standard risk offer) means they have to explain their personal experiences to each new worker, and workers can be off work or unavailable at the time of need. Service users want to explain their personal situation as few times as possible and have a seamless transition through the support system.
- Described a variety of responses from statutory services (including children's social services and the police), some positive, some negative and the viewpoint often depended on how the service worked directly with the victim (to alleviate concerns regarding the perpetrator, alleviate their fears of losing their child, of feeling like the guilty party).
- Service users had lots of contact with other services prior to the final specialist domestic abuse referral following which they engaged with support, e.g. police, social care service, schools, GPs, solicitors.

The service user information is extremely insightful, although there are some limitations. The consultation happened after the publication of the *VAWG Supporting Local Commissioning guidance* which states what questions service users should be asked during consultations. In addition the cohort consulted did not include male victims, older victims, LGBT victims or victims of sexual abuse only. In addition young victims and those affected by abuse were not consulted on directly as part of this exercise, although other local consultations have been referenced.

Feedback from key stakeholders

Local experts were consulted via a number of routes. The formal consultation process was at the Provider Consultation Group where initial findings were presented and questions were discussed. The Civil and Criminal Justice Group were consulted on the criminal justice actions and recommendations. The CCG and the police were consulted directly on sections pertinent to their area.

Feedback from experts suggests Sheffield has widespread domestic abuse support and sexual abuse services for victims and this is a structure to continue to build upon. Sheffield was considered to have strong partnership working across all support agencies, with diverse teams and a strong third sector presence. Local strengths included training in domestic abuse, the use of the DASH risk assessment and the wider identification of abuse across services and the MARAC process.



Local experts considered the main gap compared to other areas was the lack of voluntary support to perpetrators.

Other opportunities experts felt could be explored further included:-

- better identification and support to elderly victims,
- Building wider professional's confidence in working with victims, particularly victims of harmful cultural practices.
- Focused education in communities (particularly cultural communities) and to young people on healthy relationships.
- more victim and worker awareness of and more effective use of police sanctions (e.g. DVPO)
- Further training of workers on understanding what constitutes high risk.
- Opinion was mixed with regard to the local responses on working with victims from BME communities and young people's provision (for those affected).

Experts felt there were opportunities to explore the commissioned support and the current model including the time limitations on service provision and the commissioning of a model **split** between high risk and medium / standard risk. Additional issues raised included the impact of criminal justice cases on therapeutic support provided to sexual abuse acute victims, the level of therapeutic support provided to victims in mental health services and the need for more outreach groups.

Gaps and areas for attention

- The need to review the Commissioning Model to ensure there is enough capacity and funding to ensure services are responsive, can meet service users' needs and provide an end to end support service.
- A focus on key areas and /or communities where there is known high need (location, demographics) and victims sharing their experiences to inform this approach.
- A review of the response to therapeutic support in mental health services to ensure victims are being identified and supported as per the NICE PH50 guidance.
- Citywide use of a domestic abuse risk assessment with all victims in all sectors of the workforce, by all workers in contact with victims (including social care, wider support services and health providers) with onward referral to MARAC when required.
- A voluntary perpetrator programme (to be commissioned in 2017/18).
- A city that provides a co-ordinated, process driven and effective service response to children affected by domestic abuse.
- Funding to expand the growing need for sexual abuse counselling and support and to develop the joint commissioning system.
- Strategic co-ordination in all funding bids by all commissioners and support services to meet the needs of victims and plug gaps in provision.
- Increased engagement of service users to ensure the support available meets all victims' needs.
- Co-ordinated healthy relationship education to young people and specific communities in Sheffield.
- Support offered to all victims going through the criminal justice system.

Key recommendations

The recommendations are what Sheffield should aspire to. Many of these things are happening but require further co-ordination, more partnership working and the gaps in service provision to be heeded.

1. Support services for victims of domestic and sexual abuse

A wide range of domestic and sexual abuse commissioned and wider support available with sufficient funding and capacity to meet the needs of victims of all demographics, all forms of abuse and at all levels of risk (high, medium and standard). There is a need to ensure the system has capacity to be responsive to changing needs and demand. There is a need to ensure all services



supporting victims have good outcomes for victim engagement, increased safety, and good service user experiences.

2. MARAC and high risk victims

An effective MARAC process and IDVA service that ensures high risk victims receive the most effective and responsive safety advice and action plan. There is a need to ensure the MARAC continues to review how it operates to ensure the process remains responsive, efficient and as effective as possible to increase victim safety at a time when partner agencies are increasingly time pressured and have increasing demands. A process that can focus on the small number of high risk victims who have complex needs and are repeatedly referred to MARAC also needs to continue to develop. .

3. Trained workers, local protocols, guidance and pathways

There is a need to ensure a wide range of workers are continually trained in domestic and sexual abuse, pathways, and early intervention with specific focus for workers to be trained in areas and communities of high need and communities and services most likely to be in contact with victims. There is a continued need to have qualified IDVAs and ISVAs and to have a trained and specialist domestic and sexual abuse workforce in all support services. There is a continued need to have streamlined pathways of support, effective protocols and clear local guidance for all services and workers engaging with victims, young people and perpetrators.

4. The Criminal Justice System

There is a need to ensure the police force is trained in all forms of domestic and sexual abuse and risk assessment, a need to ensure the force uses a range of interventions and sanctions to protect the victim from perpetrators and to offer referral to all victims into domestic and sexual abuse support services. There is a need to ensure there is a criminal prosecution process where the victim is protected and supported throughout and an increasing number of perpetrators are brought to justice. There is a need to ensure perpetrators are offered support, that referral pathways are in place and there is an effective voluntary perpetrator support programme available. There is also a need for those in wider support services and in contact with perpetrators to have guidance in the appropriate response required.

5. Children, young people and social care

A children's and adult social care system working to protect and safeguard the whole family, there is a need for risk assessment to be undertaken on all cases of domestic abuse and referrals into the support system when required. There is a need for all children and young people's services and services in touch with those affected by domestic and sexual abuse to have good outcomes, trained workers and domestic and sexual abuse policies and processes in place to effectively support their clients.

6. Partnership working, strategic co-ordination, funding streams and strategic direction

There is a need for Sheffield to have a clear domestic and sexual abuse strategy, which all partners, services and workers are signed up to and can work within. Citywide service provision for all affected by domestic and sexual abuse can only be available, if there is co-ordination in funding bids by all partners and services.

Full list of recommendations / actions

The detailed findings from the needs assessment are contained in the list of actions below.

The 147 actions cover the following areas: - commissioning, performance / data, strategy, processes and best practice.

Actions (may also be seen as recommendations) are intended to fill the gaps identified in the needs assessment. They take one of four formats: -

- (1) Business as usual,
- (2) Current ongoing initiatives yet to be completed,
- (3) New initiatives where best practice could be implemented,
- (4) Aspirational and/or transformational initiatives.

NOTE – each action has been allocated to one of four themes - Prevention & early intervention 'VAWG is everyone's business', Accessible and effective services for the whole family, Collaborative working and robust commissioning, Reducing harm & complex needs. This is the start of aligning actions into themes, in light of the forthcoming strategy consultations.

The role of the needs assessment is to highlight the need. It is the role of strategic leads and commissioners to determine their priority and feasibility, and therefore determine which are subsequently taken forward.

| Domestic abuse | | | Themes | | | |
|---|---------------|---|---|--|--|-------------------------------|
| Section the action is located in | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyone's business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| 2 - Current national and local strategic position | 1 | Keep informed of the VAWG strategy actions and share with the Boards accordingly. | | | 1 | |
| | 2 | Review the current Sheffield strategy, complete outstanding actions and the new strategy (from 2017) needs to use the framework of the national strategy recommendations of prevention, collaboration, early interventions and best practice for commissioning. | | | 1 | |
| | 3 | There is a need to promote responses to stalking within support services, to clearly define the support service's definition of stalking and harassment, to monitor stalking separately to harassment, to promote the use of the stalking DASH, to promote awareness of stalking in future domestic abuse campaigns and raise awareness of the national helpline. | | | | 1 |
| 4 - Police | 4 | Continue to review the DADS scheme, request with the Office of the Police and Crime Commissioner if the data for DADS can be broken down between 'right to know' and 'right to ask'. Ensure that all services working with victims are aware of DADs and the process involved with the aim of increasing the use of the scheme | 1 | | | |
| | 5 | Review how Sheffield can continue to raise awareness of the DVPN and DVPO including exploring more training for front line police staff and further training for staff in the specialist and wider support services. | | 1 | | |
| | 6 | Review the police use of the DASH risk assessment with the Police and IDVA service with a view of increasing referrals to MARAC. | | | | 1 |
| | 7 | There is ongoing work to clarify the police referral pathway for victims of domestic abuse to the triage system in the Medium and Standard Risk service and to Victim Support as a new contract will be in place for Victim Support Services from February 2017. The work also needs to take into consideration the service users feedback and the fear and support needs of the victim at the time and how it could address these issue further. | | 1 | | |
| 5 - Domestic Abuse Homicides | 8 | Review the local DHR guidance in line with the updated national guidance and following each local DHR (as per the national guidance). | | | 1 | |
| 6 - Prosecutions | 9 | The changes to legal aid are likely to have a capacity impact on the support services, as they may become one of the main resources for victims when providing evidence for their legal aid grants. Commissioners need to review the impact this has on services over the next couple of years. | | | | 1 |
| | 10 | Pilot the offer of the IDVA / other DA services attending court with the victim to understand the impact this has on victim attendance and victim retraction at Court. | | | | 1 |
| | 11 | Determine the process for referring service users who remain in the criminal justice system at the end of their time with IDVAs to the Medium and Standard risk service. | | 1 | | |
| | 12 | Review the Medium and Standard contract - how they should support victims in the criminal justice process as part of the cluster court pilot. | | | | 1 |

| Domestic abuse | | | Themes | | | |
|--|---|---|--|--|--|-------------------------------|
| Section the action is located in | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyones business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| 7 - Diversity | 13 | Continue to commission male service provision at the current volume and work with providers to encourage more male victims to disclose and increase referrals into support services. | | 1 | | |
| | 14 | Continue to work towards increasing the percentage of LGBT victims on the Domestic and Sexual Abuse commissioned services caseload; continue to improve the recording of LGBT information as part of the minimum dataset. Consult with LGBT victims and services working with LGBT victims and perpetrators to better understand the support needs of LGBT domestic and sexual victims. Feed this into training material in order to educate workers when working with LGBT victims. | | 1 | | |
| | 15 | Review with support services why there might be a higher proportion of people from a BME background who refuse domestic abuse support and complete the consultation with BME individuals to understand if there are any barriers to accessing domestic abuse support services. | | 1 | | |
| | 16 | There is a continued need to ensure commissioned support is available in all languages and dialects used by service users, there is a need to work with the commissioner of the SCC interpretation service to advise on the interpretation needs of victims and how interpreters could be trained and equipped when working with victims and there is a need to ensure support services have the funds to continue to meet the increasing demand. | | 1 | | |
| | 17 | Continue to increase the proportion of victims who have their religious status recorded in the MDS | | 1 | | |
| | 18 | The SafeLives report provides a MARACs check list of actions to consider in older person's cases. It is recommended that this list is reviewed by the MARAC Chairs, Adult Social Care and other Core MARAC attenders. | | | 1 | |
| | 19 | The SafeLives report recommends that Adult Social Care are considered core members of MARAC and therefore should attend for the whole meeting. Adult Social Care to consider this finding. | | | 1 | 1 |
| | 20 | Explore how support services can be promoted in 'older people services', including health, mental health and disability services. A Task and Finish Group (starting January 2017) will explore developing specific training to be offered to those working with older people and whether any specific pathways and protocols are required. | 1 | | | |
| | 21 | There is a continued need to improve the recording and reporting of client disability data on the Minimum dataset in order to meet the requirements of the Equalities Act 2011 and any disability issues can be addressed accordingly. | | 1 | | |
| | 22 | Consult with service users who have a disability (including learning disabilities) to explore how easy it was to access support services, how they were referred, whether they had any barriers to accessing support and what needs have been met and what remains unmet. With a view of exploring how the unmet needs can be addressed and met in the new contract period | | 1 | | |
| | 23 | Consider training needs of health and social care workers re. domestic abuse and disability. | 1 | | | |
| 24 | There is a need to ensure domestic abuse support services are advertised in local employment and recruitment centres and for workers in these centres to have awareness training on domestic abuse. | 1 | | | | |
| 8 - Adult safeguarding and Complex Needs | 25 | Complete the work of the Domestic abuse and Adult Social Care task and finish group and monitor the outcomes agreed. | | | 1 | |
| | 26 | The SafeLives 10 key points for working with people with learning disabilities needs to be explored by the commissioned services and compared to the current service response. Where gaps are found, an action plan could be made on how services can better respond to the needs of victims with a learning disability. | | | | 1 |
| | 27 | Review local substance misuse protocols on domestic abuse to incorporate the new NDTMS requirement and how best to facilitate access. Hold domestic abuse refresher training for drug and alcohol workers, including the revised protocol, promote the referral pathways for support in order to better facilitate access to support. | | | | 1 |
| 9 - Harmful Cultural practices (Force marriage, Honour based Violence and FGM) | 28 | Keep up to date with the outcome of the harmful cultural practice actions in the VAWG strategy | | | | 1 |
| | 29 | There is a need to explore whether the number of HBV victims referred to MARAC should be higher than the 41 in a 12 month period, given that there are over 100 HBV cases reported as in support during 2015/16 in the questionnaire feedback as there is a potential gap here. This is particularly paramount given the caution that SafeLives give in their FAQ advice on HBV and how identification of risk is based on professional judgement. It would be worth considering the use of DASH Risk assessment in services with a high number of HBV cases. | | | | 1 |
| | 30 | Continue to increase the numbers of victims of harmful cultural practices in support services and ensure all workers are confident in risk assessing victims experiencing these forms of abuse. | | 1 | | |
| | 31 | Update The Forced Marriage, Honour Based Violence protocol, publish the protocol on the DACT website and publicise to a wide audience. | | | 1 | |
| | 32 | Promote the new FGM Strategy and Pathway | | | 1 | |
| | 33 | Consider holding a harmful cultural practices training/seminars available for those who want more in depth training in this area, to allow more workers to receive this training. | 1 | | | |
| 10 - Perpetrators | 34 | Review the effectiveness of the FGM pathway in 2017/18. | | | 1 | |
| | 35 | The need remains for voluntary perpetrator support in Sheffield; this is a gap which needs to be filled. Sheffield needs to ensure current and future bids are supported and future funding opportunities for perpetrator programmes/ initiatives are applied for. Sheffield needs to have a partnership approach to supporting perpetrator initiative bids and also to any future mobilisation. | | 1 | | |
| | 36 | Monitor the outcomes of the VAWG action on perpetrators; with a view of using the latest evidence and to observe what perpetrator initiatives are funded and supported and how this could be applied to Sheffield. | | | 1 | |

| Domestic abuse | | | Themes | | | |
|---|---------------|--|--|--|--|-------------------------------|
| Section the action is located in | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyones business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| 14 - Health services and domestic abuse | 61 | There is a continued need for training in general practice to raise greater awareness of domestic abuse, explore how clinicians effectively work with those affected by the abuse and about the pathways of referral in Sheffield. There is also a need to review the training, to attempt to address some of the challenges GPs face over safeguarding, working with the whole family, confidentiality and sharing information. | 1 | | | |
| | 62 | CCG Newsletter to raise awareness of findings from the DA questionnaire completed at the SA PLI, to promote best practice when working with victims, perpetrators and children affected by domestic and sexual abuse; including each practice having a domestic abuse protocol in place. | 1 | | | |
| | 63 | Aim to provide a DASH risk assessor briefing to all general practices in Sheffield by October 2018. Using the GP questionnaire data to focus on practices with GPs who have shared a high known need (practice has disclosed a high number of victims presenting in the last two weeks) and those who stated their knowledge of the pathways and/or confidence of working with victims is low. | 1 | | | |
| | 64 | Continue to monitor GP referrals to commissioned specialist domestic abuse support and annually review the target, revising based on the latest two years performance. | | 1 | | |
| | 65 | Review which GP practices are referring into support and compare the area of the practice location to police incidents. Identify which practices may need specific domestic abuse training, based on their location and their volume of referrals into support. | | | | 1 |
| | 66 | Review the benefits of the IRIS model and/or routine enquiry compared to the current DASH risk assessor offer for Sheffield and if the decision is made for the IRIS model, then work is required with the CCG to consider how the IRIS model could be funded and operate in Sheffield. Both the IRIS model or the routine enquiry model would require identifying a number of key general practices in Sheffield to work with (in practices where it is known DA has been identified, GPs have received some training and practices are in locations where there are a high number of reported domestic abuse police incidents compared to the citywide average). | | | | 1 |
| | 67 | Monitor the midwifery referral activity into support following the change in target | | 1 | | |
| | 68 | The DA strategic lead, DASH risk assessor and high risk service training lead to meet with midwives to raise their awareness of the referral process, and discuss how they can work together to increase midwife's confidence in getting disclosures and following a disclosure subsequent consent to refer into support. | | 1 | | |
| | 69 | Accurate collection of midwifery referral and engagement activity is required by the commissioned support services. | | 1 | | |
| | 70 | All referral sources for all pregnant women into support to be monitored (a significant proportion of the pregnancy referrals are from other referral sources) | | 1 | | |
| | 71 | Review the effectiveness of domestic abuse and pregnancy pathways between support services and midwifery services and where required review/ change accordingly. | | 1 | | |
| | 72 | Consult with midwives at Jessops and in the community to identify their domestic abuse training and briefing needs, agree the number of midwives to receive training per annum, provide specific domestic abuse training streamlining lunchtime training sessions and briefings, removing any unnecessary overlap and offer as one package and monitor activity. | | 1 | | |
| | 73 | Midwifery services to approach the University of Sheffield to explore how domestic abuse training can be enhanced, so midwives are aware of the local processes and pathways for working with victims and families affected by domestic abuse. | 1 | | | |
| | 74 | Review referrals into support by the wider health services and explore how further opportunities can be given to encourage further use of the DASH and referral for medium and standard risk victims of abuse in these services. | 1 | | | |
| | 75 | Health providers to communicate to DACT the outcome of any external or internal audits that focus on domestic abuse | | | 1 | |

| Domestic abuse | | | Themes | | | |
|---|---|---|--|--|--|-------------------------------|
| Section the action is located in | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyones business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| 15 - MARAC & High Risk commissioned support | 76 | A review of the service provision of commissioned places in the high risk contract will be required (using the latest MARAC activity data available at the time) for the next contract period. | | | 1 | |
| | 77 | Consider the effectiveness of current approaches where cases are continuing to be referred to MARAC without resolution. | | | | 1 |
| | 78 | Continue to hold the Super MARAC on all repeat, repeat cases, to better understand the full extent of issues and re-occurring themes. | | | | 1 |
| | 79 | Review the super MARAC's effectiveness in terms of actions completed and repeat MARAC referrals of cases thereafter. | | | | 1 |
| | 80 | Review the themes presented in repeat, repeat cases and see if any learning can be applied on new cases to the MARAC to implement focused preventative action to them becoming a repeat, repeat. E.g. if a case has a young victim, perhaps focus more on transition of services, engagement with support services and multi-agency meetings | | | | 1 |
| | 81 | Complete a MARAC review in the next two years, review the current model and models from other areas. The review should be done in time to commission the next high-risk contract. The current contract will end on 31st March 2018 unless it is extended. | | | | 1 |
| | 82 | Use the CCJ Group once a year to hold a case review audit of a sample of MARAC case studies as a way of working to continually improve the MARAC process. | | | | 1 |
| | 83 | Mainstream funds for MARAC Coordination | | | | 1 |
| | 84 | Work is ongoing to ensure the police complete a DASH assessment and refer to MARAC when attending high risk domestic abuse incidents. Activity will be continually monitored. | | | | 1 |
| | 85 | High risk health referrals and health worker training: Continue to monitor referrals from health services in line with the performance management of the contract. Focus on the high risk contract part B - Training to be focused on health workers in 2017/18; with the aim of increasing high risk referrals to meet the 165 target. | 1 | | | |
| | 86 | There is an on-going need to monitor high risk referrals into IDVAs and subsequent engagement to ensure the IDVA service has the capacity to support all high risk victims. | | | 1 | |
| 87 | Introduce effectiveness targets for commissioned services based on service user feedback. This would be a DACT produced questionnaire working with the support services and services users. It would be completed with current service users accessing the service every six months, for a set number of service users. This would be tested for the first six months to 12 months to create a baseline and then targets introduced for the next contract period. | | | 1 | | |
| 16 - Medium and standard risk support | 88 | Continue to work with the medium and standard risk provider to increase the proportion of service users who consent to their data being used in the minimum dataset for domestic abuse. | | | 1 | |
| | 89 | Continue to monitor the Outreach provider's performance activity with regards to the numbers accessing Outreach, the numbers on the waiting list, the time to assessment and the proportion given safety advice within three working days of the referral. The aim is for commissioners to work with the provider to ensure the capacity to support 420 victims per annum is available, as per the contract requirement, given that the demand for the service has remained the same. | | | 1 | |
| | 90 | Consider the feasibility of offering P2C as a rolling group programme | | 1 | | |
| | 91 | There is a need to review to core aim of the YANA Group, to explore what the need is of the group. It maybe there is a need for two groups, one for those on the waiting list and a second for those who are want more of a community group for current and ex-service users. There is also a need to explore the best offer for male victims and to start the process of offering facilitated peer support to male victims. | | 1 | | |
| | 92 | Introduce effectiveness targets for commissioned services based on service user feedback. This would be a DACT produced questionnaire working with the support services and services users. It would be completed with current service users accessing the service every six months, for a set number of service users. This would be tested for the first six months to 12 months to create a baseline and then targets introduced for the next contract period. | | | 1 | |
| | 93 | There is a need for the above factors to be considered when considering the future of the commissioning model in Sheffield and perhaps there is a need for pilot initiatives to be undertaken prior to the commissioning of the next contract period. – see action in the Commissioning of domestic and sexual abuse support services in Sheffield. | | | | |
| | 94 | Undertake an analysis of the time in support, compared with successful exit. | | 1 | | |
| 17 - Housing and Specialist Accommodation | 95 | There is a need to ensure that Action provide the same offer of training to all social housing organisations in Sheffield, with a view of working towards all housing organisations and ultimately workers trained in domestic abuse. | | 1 | | |
| | 96 | There is a need to ensure male victims have access to refuge provision, where a duty of care is determined. | | 1 | | |
| | 97 | The quality of the refuge data available and used in the needs assessment was poor for some fields of data. There is a need to ensure data quality is improved to ensure all data fields are collected from services users and input onto the system, in order for accurate interpretation to be undertaken. | | | 1 | |
| | 98 | The reduction in refuge referrals to MARAC in 2016/17 needs reviewing with the refuge provider and housing services to ensure all victims are DASH risk assessed and referred to MARAC accordingly. | | | | 1 |
| | 99 | Work with the SURG, HIS and the local refuge to update the refuge section on the 'get help' pages | | 1 | | |
| | 100 | Work towards all floating support services commissioned by SCC to have received domestic abuse training within the last two years. | | | | |
| 101 | DACT to commission the sanctuary scheme, monitor the activity & gain a better understanding of the need. | | | | 1 | |

| Domestic abuse | | | Themes | | | |
|--|---------------|--|--|--|--|-------------------------------|
| Section the action is located in | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyones business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| 18 - Therapeutic provision for DA and SA victims | 102 | Audit PH50 guidance by Sheffield Health and Social Care in 2016/17, and share the outcomes with the SCC and CCG commissioners of MH and domestic and sexual abuse services in Sheffield. | | 1 | | |
| | 103 | There is a need for MH and DA/SA commissioners to consult with each other when commissioning to ensure contracts have relevant sections on MH or DA/SA (NICE PH50, recommendation 4 is for the commissioning of an integrated pathway). | | | 1 | |
| | 104 | Consider the options for addressing male therapeutic service provision in relation to domestic abuse, which is a current 'gap' in the system. | | 1 | | |
| | 105 | Encourage the formal referral of DA/SA support services users with MH issues to specialist MH treatment. (NICE PH50 recommendation 13) | | 1 | | |
| | 106 | DACT request that Action (the current providers of DA training) work with SHSC during 2016/17 to develop a training package that can be delivered in locations and times convenient for MH staff, that are booked in advance, giving enough time for staff to work around training scheduled and prioritised by SHSC and workers, at the NICE level three, starting first with the Safeguarding Steering Group. | | 1 | | |
| | 107 | A 'launch' of the MH and DA/SA training is held, similar to the MH and Substance misuse workshop held in 2015. Where staff from DA services and MH are both present. It would have a dual purpose with DA and SA services having the first session and MH services having the second session. This could be done in a couple of hours but would clarify some initial questions workers have of the different services, the current processes in place, build worker links and provide some extra guidance on the training content. | | 1 | | |
| | 108 | Monitor the effectiveness of the MH service at addressing MH issues by reviewing MARAC data and measuring against the NICE quality Standards (QS116). | | | 1 | |
| | 109 | Better understand what need there is specifically for specialist DA/SA services that is unable to be undertaken by the current MH service and why. | | | 1 | |
| | 110 | Only once the above are completed and there is assurance that there is a specific need for a separate DA service, should consideration of a separate therapeutic service contract be given. | | | 1 | |

| Sexual Abuse | | | Themes | | | |
|---|---------------|--|---|--|--|-------------------------------|
| Name of section | Action Number | Action / Recommendation | Prevention & early intervention 'VAWG is everyone's business' | Accessible and effective services for the whole family | Collaborative working and robust commissioning | Reducing harm & complex needs |
| Police Data on All Sexual Assault, | 111 | Review the messages given to young people on reporting rape and attempted rape in Sheffield and what is required to increase the number of these crimes reported by those aged 17 and younger. | 1 | | | |
| Criminal Justice System: – Police investigations, outcomes and CPS Prosecutions for Sexual Offences | 112 | The Outcome data adds to the detection measure reported on the RaSSO data. It is encouraging to see the proportion of cases where the perpetrator has been charged or summonsed, particularly for rape cases. However given that South Yorkshire has a higher proportion of cases with evidential difficulties and a higher proportion where no suspect is identified compared to the national average, it would be useful for the South Yorkshire Criminal Justice Board to understand and monitor the differences, with a view of understanding why South Yorkshire outcomes differ to national trends and determining action to be taken. | | | 1 | |
| | 113 | Work with partners across South Yorkshire to promote the message that rape and sexual assault does take place in intimate relationships. | 1 | | | |
| Support available for Victims of Sexual Abuse in Sheffield | 114 | Continue to monitor the proportion and volume of victims accessing SARC from Sheffield in the RaSSO report to understand if Sheffield victims are more likely to be supported by SARC now the SARC is located in Sheffield. Further analysis is required to understand the reasons why victim chose not to attend, with a view of increasing uptake. | | 1 | | |
| | 115 | Review how the proportion of male and female victims of sexual abuse attending SARC can become more in line with the percentages observed for reported sexual abuse, as currently there is a suggestion that females are proportionately less likely to attend than male victims. | | 1 | | |
| | 116 | Review what information should be shared with IDVAs when a domestic abuse case goes to SARC and rape is the primary offence. | | | 1 | |
| | 117 | Given the year on year increase in reported sexual abuse activity there is a need to ensure that the commissioned ISVA model can respond to the expected growth in SARC referrals | | | 1 | |
| Sexual Abuse Support Data | 118 | There is a need to closely monitor the engagement of BME individuals with sexual abuse support services to ensure that the service meets its BME target for the proportion of victims in support. | | 1 | | |
| | 119 | DACT and SRASAC to work together to build a profile of outcomes using 'softer measures' and consider including 'softer outcome measures' based on service user feedback in new contracts going forward. | | 1 | | |
| | 120 | Work with SRASAC to monitor the proportion of acute cases presenting for support, to determine if there is a change, to ensure sufficient acute capacity is available and service provision is appropriate. | | | 1 | |
| | 121 | Launch the 'Ask for Angela' project in Sheffield and monitor the outcomes. | 1 | | | |
| | 122 | Start monitoring the SRASAC activity for the age of the service user at the time of the incident/ abuse period to determine the proportion on the caseload that are seeking support for incidents of child sex abuse and continue to monitor the waiting time for assessment. | | 1 | | |
| | 123 | Consider how to work with SRASAC to increase service user engagement in the needs assessment and commissioning process. | | | 1 | |
| Health and Sexual Abuse | 124 | Given that 48% of GPs consulted had seen a sexual abuse victim in the last 12 months there is scope to explore with GPs what further training and support they need to provide these victims with a confident and effective health response and onward referral to specialist support as per the Responding to domestic abuse: a resource for health professionals guide. | 1 | | | |
| Vulnerabilities and Risk Factors | 125 | Domestic abuse and sexual abuse workers need to be trained in identifying potential victims of sexual exploitation, including those who have been trafficked, understanding how to refer to the NRM and how to work with victims. | 1 | | | |

| Children and Young People | | | Themes | | | |
|--|--|--|---|--|--|-------------------------------|
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| 3.2 - VAWG strategy & Sheffield Strategy | 126 | Commissioners to continue to keep up to date with the Children and Young People actions from the VAWG strategy | | | | |
| | 127 | The new strategy for Sheffield should consider how Children and Young People's needs (both those who are affected by and a direct victim of abuse, males and females) can be met in Sheffield and how this aligns with existing local processes, multi agency partnerships, priorities for commissioning, national strategies, initiatives. | | | | |
| 3.5 - Provision for children affected by abuse | 128 | There is a need for a pathway to direct those working with a young person living with Domestic abuse to the most appropriate service/s in Sheffield to meet the child's needs. | | 1 | | |
| | 129 | Review the effectiveness of the Domestic abuse pathway for Young People and the Young People and Domestic Abuse / Peer on Peer Abuse Traffic Light Tool on an annual basis | 1 | | | |
| 3.6 - Young victims and support services | 130 | Work with Children's social care to review the service's referrals of young people to MARAC to ascertain what volume should be expected annually. | | | | 1 |
| | 131 | Closely monitor the 90% targets for 16-18 years old high risk to be offered IDVA support. Start monitoring the number who do not get contacted and who are also not engaging with any other support services, to identify those who are not in contact with the IDVA service, either directly or indirectly to determine the best strategy for these individuals. | | | | 1 |
| | 132 | Introduce an official MARAC process/ advisory information sheet on how services supporting young victims of domestic abuse (in any capacity) who are engaging with their service should work and communicate IDVA messages to the victim when the victim refuses or chooses not to engage with the IDVA. | | | | 1 |
| | 133 | Review the latest two year outcome data using the exit form minimum dataset data on young people accessing the high and medium and standard risk services in 2017/18 | | | 1 | |
| | 134 | Effectiveness data is required from services working with children and young people affected by DA to better understand how the support needs of their service users are being met, how effective the services are and what support needs remain. | | | 1 | |
| | 135 | There is a need to better understand the identification, the support available, the pathways and partnership opportunities for young people who have a drug and/or alcohol problem and who are also affected by domestic abuse. | | | | 1 |
| | 136 | There is a need to better understand the identification, the support available, the pathways and partnership opportunities for young people who have a mental health problem and who are also affected by domestic abuse. | | | | 1 |
| | 137 | All children and young people's support services in contact with children and young people affected by domestic abuse should have a safeguarding / domestic abuse lead, a domestic abuse policy/ protocol and all workers' should be aware of the named lead and the policy. All services in contact with children affected by domestic abuse should assess the needs of the child and have received some recent training on domestic abuse. Where services do not have these in place, support should be given. | | 1 | | |
| | 138 | Expert comments/ observations need to be factored in when working on all actions for Children and Young People | | | | |
| | 139 | The new domestic abuse strategy needs to be clear on its strategic approach to the future co-ordination of some voluntary sector service bids to ensure gaps in support are filled and capacity expanded. | | | 1 | |
| | 140 | There is a need to complete a mapping exercise of the full list of services for young people and children affected by Domestic abuse, to identify what gaps there are in service provision and what increased capacity may be required. This needs to be available publically and for this process to be undertaken annually. | | | 1 | |
| 141 | The Children's and Young People's Strategy Group are reviewing the future strategic direction for young people's domestic abuse support in Sheffield using the findings of the YWAVE report. | | | 1 | | |

| Children and Young People | | | Themes | | | |
|----------------------------------|---------------|---|---|--|--|-------------------------------|
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| 3.7 - Safeguarding children | 142 | There is a need for Children's Social Care to work in partnership to address the whole family situation by engaging with the victim and the child/ren alongside focussing on their safety, with consistent worker/s for the case and workers who can explain clearly the processes and procedures required. | | | | 1 |
| | 143 | To check with MAST to ensure training delivered to them in 2015/16 has been cascaded to all workers | | 1 | | |
| | 144 | There is an ongoing need to review how Sheffield can provide a co-ordinated whole family response to domestic abuse and ascertain how young people can receive the therapeutic support they require | | 1 | | |
| | 145 | Sheffield was not chosen as an inspection LA; however there is a need to review the forthcoming final JTAI report and its key findings alongside the current Sheffield approach. There should be an aim to ensure strategic and operational procedures are aligned to the best practice expected nationally. | | | 1 | |
| | 146 | Learn Sheffield to have links to the DACT website and Children and Young People's Domestic abuse pathway and schools policy | 1 | | | |
| | 147 | To review the training provided to school staff with the aim of providing training to at least one representative in all senior and junior schools in Sheffield. | 1 | | | |
| | 148 | Promote local and national resources to teaching staff to use when responding to domestic abuse, and consider if there are any gaps | 1 | | | |
| | 149 | There is a need to ensure the school responses to children affected by domestic abuse are informed by local pathways and good practice. | 1 | | | |
| 3.8 - Risks to young people | 150 | The use of social media as a form of support needs to be explored further with young people and victims who use social media and would like it either to enhance the one to one specialist support available or instead of the one to one support. The domestic and sexual abuse website needs to be reviewed by young people to see if it is user friendly for young people. | 1 | | | |
| 3.9 - Young people causing harm | 151 | Establish a teenage violence dataset, rollout to all services in contact with young people (victims and those causing harm) to build a profile of teenage violence in Sheffield. | | | 1 | |
| | 152 | Consider the opportunity to review how YJS and CYT can work together to develop training programmes as a response to the Teenage Violence report. | | | | 1 |