



# Section 11 The Commissioning of Domestic and Sexual Abuse Support Services in Sheffield

The Sheffield Domestic Abuse Co-ordination Team (DACT), which is part of the Sheffield City Council Commissioning Directorate, has been the designated lead for commissioning community based domestic abuse support services in Sheffield since April 2012. Housing related support services are commissioned by the Housing Independence Service (HIS) also part of the Commissioning Directorate and the HIS Head of Service Chairs the Joint Commissioning Group.

The VAWG national strategy states that '*commissioning should be overseen by strong leadership, with a single person accountable for provision, and is underpinned by pooled budgets so that funding can follow women's needs rather than being artificially constrained by service boundaries*'.

Sheffield has the following structures in place to meet these requirements of the VAWG strategy:-

- There is a pooled budget which is contributed to by SCC, the CCG and the Police and Crime Commissioner's Office.
- There is a Domestic and Sexual Abuse Strategic Board which meets quarterly, providing strategic guidance and holding the commissioners to account re. The Sheffield DA and SA strategy, budget and current and future commissioning.
- There is a specific DA and SA Strategic Commissioning Manager post which leads on commissioning of support services for SCC.

SCC commissioning of domestic and sexual abuse support services in Sheffield is guided by best practice which includes NICE 50 guidance (Domestic violence and abuse: multi-agency working), needs assessments, the Sheffield City Council Corporate Plan's themes of Better Health And Wellbeing And Tackling Inequalities, liaison with commissioning peers in other cities, regular stakeholder consultation and the local and national strategies.

In December 2016 the government completed their two VAWG Strategy actions (39 and 43) that aim to advise commissioners of their expectations of local commissioning. These are *The National Statement of Expectations* (NSE) and the *Supporting Local Commissioning Guide*

## **The National Statement of Expectations<sup>1</sup> (VAWG action 39)**

### The overall aim of the NSE

The NSE Sets out what local areas need to put in place to have an effective response to violence against women and girls with a view to working towards the overarching VAWG aim to have earlier intervention, joint working and a drive to challenge attitudes so that VAWG abuse and crimes can be eradicated.

The government outlines that they will - provide a commissioning toolkit (see below), the three year £15 million Service Transformation Fund, a two year £20 million fund for refuges and other accommodation based support, ongoing funding for rape support centres and develop a network of VAWG experts to work together in local areas to help inform future national policy development.

### The government expectations of local strategies and services is outlined in five key statements

1. **To have the victim at the centre** (eight key actions required). The current Sheffield position is that most of these areas are being addressed (although all can be reviewed considering this guidance), however the needs of the wider family and complex needs are current area of focus as

<sup>1</sup> VAWG National Statement of Expectations, December 2016 [www.gov.uk](http://www.gov.uk)



these are known need areas and this guide may provide a focus and steer for this work.

2. **To have a clear focus on perpetrators** (seven key actions required) - The current Sheffield position is that lot of work has been done in this area but not necessarily in the way it is outlined here. There is still no perpetrator programme in place, perpetrator data is not easily accessible , and very little is being done in those services that are working with perpetrators (on another issue, i.e. drugs / alcohol / mental health) to identify or address the domestic abuse.
3. **To have a strategic system approach to commissioning** (eight key actions required). The current Sheffield position is that the local needs assessment has been written, consulted on and published in 2017 and the local strategy will be reviewed and revised in 2017. There is a need to share more data between the police and the commissioning team to identify hotspot areas and profile standard, medium and high risk victims and perpetrators. There is also a need to start measuring victim satisfaction regarding local services.
4. **To have effective commissioned services that are locally lead and safeguard individuals at every point** (eight key actions required). This objective is about having effective professional relationships, up to date processes and effective communication links between all providers of VAWG services in Sheffield. The current Sheffield position is that work has been completed in this area and there are established communication links between commissioners and support services and vice versa, however the NSE provides clarity on this subject, giving more focus to the work of the PCG and clarity as to what should be included in the new strategy.
5. **To have a community which has awareness of the issues, that is involved, engaged and empowered to seek, design and deliver solutions**. - This provides clarification on what the government considers a good community response to domestic abuse should look like (e.g. an effective school response, mapping of community support groups and opportunities within the community for victims to disclose in confidence). The current Sheffield position is that work is being done in these areas, however more work is required and the local strategy should take this further.

## **Supporting Local Commissioning (VAWG Action 43)<sup>2</sup>**

The Toolkit provides practical ways to demonstrate how commissioning of services can be done to meet victim's needs. The immediate aim of this document is for it to be used it as a basis for commissioning and strategic discussion and to be referred to when completing a business case for local service development. Structured into the four areas of the Commissioning Cycle - Analyse, Plan, Do and Review, the toolkit explains the government's expectations of what commissioners should be doing at each stage of the cycle.

1. **ANALYSE – Needs assessments, service mapping and commissioning approach** – outlines the need for a comprehensive local needs assessment on VAWG, the need to complete a service mapping exercise and to consider the different commissioning options available: - Joint commissioning & larger geographical budgets over the PCC area, grant funding (specific small grants for bespoke provision such as for BME and LGBT victims), competitive tendering of contracts locally and innovation partnerships. Sheffield is in a good position: needs assessments are completed and incorporated into the local strategy and local commissioning. Service user feedback is structured via the SURG and undertaken during the needs assessment process. There is however a continued need for wider service user feedback, an in depth services mapping exercise (partly covered in the needs assessment but not to the level of detail required in this document) and a review of commissioning options for future commissioning.
2. **PLAN – Local strategy development and writing a service specification** – explains the requirements of writing a local strategy and a service specification. Sheffield is in a good position here, with a current published strategy, a plan to review this in 2017 and detailed specifications with commissioned services in place. There is also a recommendation that commissioners consider encouraging and providing opportunities for innovation and preserving local specialisms.

<sup>2</sup> VAWG Supporting Local Commissioning, December 2017, <http://www.gov.uk>



3. DO – local definition of a good service, good partnership with local providers and tender processes that benefit organisations of all sizes – A guide on how to commission to preserve the local specialisms
  - ‘*Commissioners seek to identify what existing skills and sector expertise is available within the area*’. These relationships need to be nurtured on an ongoing basis and not just during the commissioning process. The report therefore recommends that commissioners should work with a diverse range of providers to create a local agreement re. what good service provision looks like and how this will be achieved.
  - Commissioners are required to give all potential bidders an equal chance in the bidding process and provide service users with a variety of service choices.

Sheffield is in a good position and these opportunities can be explored at the PCG and at strategic level, become part of the new local strategy and be incorporated into the next tender /commissioning process where feasible.

#### 4. REVIEW – Monitoring a contract/ provider outcomes

Contracts should have outcome measures. Outcome measures should be proportional to the size of the funding received; outcomes should be developed in consultation with between service providers. The national shared core standards that have been developed by Imkaan, Rape Crisis, Respect, SafeLives and Women's Aid should be considered when developing outcomes<sup>3</sup>. Sheffield is in a good position, with all contracts containing outcome measures that are reviewed quarterly and adjusted as necessary in consultation with providers. All targets are reviewed annually and during the retender /commissioning process.

The members of the Strategic Board are aware of the government reports above. The reports will be incorporated into local commissioning processes.

**Action - Future strategy development and commissioning need to take into account the Supporting Local Commissioning Toolkit and the National Statement of Expectations.**

## Central Funding and the Service Transformation Fund

The following actions are in the VAWG strategy on central funding for local provision of domestic and sexual abuse support.

GOVERNMENT FUNDING			
33	Provide £40 million over the spending review period to support domestic abuse services including refuge provision and other accommodation based services.	DCLG	2016 - 2020
34	Provide funding for core services (IDVAs, ISVAs and MARACs).	HO	March 2017
35	Provide funding for national helplines.	HO	March 2020
36	Continued funding for rape support services at current levels in 2016/17 and ensure this funding remains throughout the Spending Review period.	MOJ	March 2020
37	Launch a VAWG service transformation fund to support innovation in local practice and improved local approaches to multi-agency working.	HO	April 2017

The VAWG strategy states ‘*the Government will provide £80 million of dedicated funding over this spending review period. This funding will provide core support for refuges and other accommodation-based services,*

<sup>3</sup> <https://www.womensaid.org.uk/vawg-shared-core-standards/>



helping local areas ensure that no woman is turned away from the support she needs. It will include specific provision for women from BME backgrounds, and innovative services for the most vulnerable with complex needs. The funding will also support a network of rape support centres, a network of national helplines.

Critically, from 2017, this increased funding will also support the launch of a VAWG Service Transformation Fund to support, promote and embed the best local practice'...to encourage new approaches, and establish and embed the best ways to help victims, and their families, and prevent perpetrators from re-offending<sup>4</sup>.

'Through the Fund, we will move from a model of direct national match-funding for individual posts to a model of supporting such services through funding local programmes which encourage new approaches incorporating early intervention, establish and embed the best ways to help victim and their families, and prevent perpetrators from re-offending. We will ensure the Transformation Fund work to drive improvements in local commissioning and specialist guidance for health commissioners delivers a secure future for FGM and Forced Marriage Units and meets the needs of those women and girls experiencing multiple disadvantage (BME, LGB&T women and girls and disabled and older women)<sup>5</sup>.

The STF is a three year £15 million funding pot<sup>6</sup>. Bids to the fund must work towards achieving up to five of the seven outcomes outlined (access to support services (including demographical)), perpetrator intervention, reduce the number of victims at crisis point and wanting refuge, addressing complex needs, interventions based on evidence based outcomes and VAWG viewed as 'everyone's business'. Bids need to be partnership and multiagency orientated, supported by evidence and interventions/projects be based on an understanding of local need and outcomes focused.

#### Action – Sheffield City Council to apply for the Service Transformation Fund to meet an area/ areas of unmet need identified in the needs assessment.

### Local Governance Structure

The DA/SA Strategic commissioner is held to account by the SCC governance structure. For example targets are reported to Portfolio Leadership Team, the strategy is signed off by each group listed below and then goes through the formal procedures with the Council, with the final sign off by the Cabinet Member with the lead for Health and Social Care.

The Domestic and Sexual Abuse Strategic Board is at the top of the separate DA/SA governance structure and is accountable to the Safer and Sustainable Communities Partnership. This board reviews the strategy, budget and is the main decision maker. To support the work of the board there are five more groups. Each one reports their decisions and actions to the Strategic Board. The DA/SA Strategic Commissioning Manager is in attendance at all six groups and Chairs two of the groups, thereby creating consistency.

The list of sub groups is as follows:-

- a Joint Commissioning Group whose members are the funders of the pooled commissioning budget
- an Operational Group for commissioned providers (community and refuge),
- A Civil and Criminal Justice group with representatives from the criminal justice system – police, IDVAS, probation.
- A Provider Consultation Group (PCG) a quarterly meeting where representatives from a range of services working with domestic abuse victims are consulted on both national and local issues.
- A Service User Representation Group with members who have experienced the support services commissioned.
- A Domestic Homicide Review sub group
- A Children and Young People and Domestic Abuse Strategy Group

<sup>4</sup> VAWG Strategy, page 5 and page 11

<sup>5</sup> VAWG Strategy, page 31

<sup>6</sup> VAWG Service Transformation Funding Prospectus, December 2016 [www.gov.uk](http://www.gov.uk)



These structures have been in place for the last three or four years (dependent on the group).

**Action – Review the terms of reference for each group to ensure they remains relevant, have a specific and defined purpose, and are attended by the most appropriate organisation/s and are effective in their role.**

## **Local Commissioning Aims and Commissioned Services in 2016/17**

The overarching commissioning aim is to commission:-

- A range of high quality domestic and sexual abuse support services,
- Accessible services available to victims of all risk levels, vulnerabilities and demographics
- Sufficient capacity to meet the need of victims who seek support
- Provide professional training to workers to build up the workforce in contact with non-specialist support services, health providers, and social care and specialist support services.
- Services that reduced the assessed risk of victims at the end of support.
- Have sufficient capacity to meet individual need once.

The first part of each DACT specification held with all commissioned services outlines this clear intention. There are four general principles; that services should be safe, effective, personalised and fair. -

- *Safe – ensuring that the services are as safe as they must be*
- *Effective – focused on delivering best outcomes for Clients*
- *Personalised – meets the needs of individuals*
- *Fair – available to all, taking account of personal circumstances and diversity*

Community Domestic abuse provision includes:-

- A high risk service (IDVA) – advocacy and support for high risk victims of domestic abuse
- A medium and standard risk service – Helpline, Power to Change group work and one to one support for medium and standard victims of domestic abuse.
- Commissioned training providing specialist training for professionals
- A DASH risk assessor role to assist with professional referrals into support
- A citywide refuge service and temporary accommodation for those fleeing domestic / sexual abuse (commissioned by Housing Independence Service)
- A Sanctuary Scheme providing household adaptions/ interventions for personal protection (currently commissioned by Housing Independence Service but moving to DACT in 2017)
- A floating support service (commissioned by Housing Independence Service)

Community Sexual Abuse provision includes:-

- Counselling for male and female victims of sexual abuse (including in a domestic abuse relationship)
- ISVA service (commissioned by the OPCC)
- CHISVA service (commissioned by the OPCC)
- A Sexual Assault Referral Centre (commissioned by the OPCC and NHS England)

## **The Commissioning Model of Domestic Abuse Support Services in Sheffield**

All those affected by Domestic Abuse in Sheffield can contact the open access telephone helpline and website to get any safety advice and information on domestic abuse support, disclosure, service structures and processes in place. The helpline can make a referral into structured support if this is what the caller is wanting or if the risk is determined to be high.

The commissioned structured support provision available for a victim is guided by an identified level of



risk based on the ACPO DASH risk assessment. For example, only high risk cases can go to MARAC. This is the approach Sheffield has taken for a considerable number of years and is not dissimilar to other Local Authority areas.

### **However service users and local experts have raised issues with / questioned the service user journey:-**

- Once high risk support ends how effective is the process at ensuring those who want further support are key-worked and handed over to the medium risk service
- Should people have time limited support?
- How effective are the support services at addressing the victims and their children's wider needs?
- The victim's risk level determines the support available.
- The current Sheffield journey is reliant on an effective referral system being in place and service capacity, with short waiting times.
- Service users feel multiple assessments are unconstructive, emotionally upsetting experiences and service handovers may have become stumbling blocks to engaging with further support. The VAWG strategy is challenging this response by piloting initiatives that explore whole family based support / interventions and early intervention.

The commissioning manager has started the process of reviewing the Sheffield model and is working with service users to consider its design. Sheffield has an opportunity to test/ pilot any changes to commissioned service because the same service Action provides both the high risk and medium and standard risk contracts, thus allowing for solutions to the issues raised to be tested. In addition, these issues can be factored into opportunities for future funding bids.

### **Action – Continue to consult on future commissioning models; consider pilot initiatives prior to the commissioning of the next contract period.**

Other approaches are being piloted, developed and used in other areas. There are a couple of nationwide pilot initiatives, which have been centrally funded that challenge the current process of working with victims that offer a co-ordinated family approach and earlier intervention.

### **Current nationwide pilot initiatives and the focus on whole family working**

**The whole family working approach** - has been researched by Marianne Hester and a 'Three Planets Model'<sup>7</sup> identified (see Figure below).

Hester's model suggests there are three planets: -

1. the domestic abuse adult victim planet
2. the children's social care planet
3. the criminal justice planet

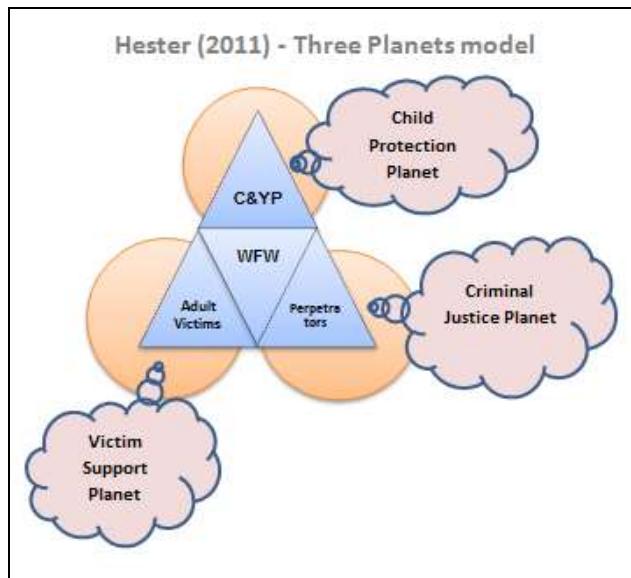
The model suggests that these three 'planets' are often independently commissioned or have individual statutory duties to work with the victims, perpetrator and/or children. As such they operate as separate entities within their own *cultures, laws, policies and practices*, (page 850).

It has been observed that some of the issues with this silo working are that the individual support is often provided without recognition of the support being or not being received elsewhere by the wider family. Therefore sometimes the interventions and advice of each service may conflict, interventions for one member may not be at the most appropriate time for the other family member or services work

<sup>7</sup> The Three Planets Model (<http://bjsw.oxfordjournals.org/>) by Marianne Hester (2011) *British Journal of Social Work* (2011) 41, 837-853 '*The three planet model: Towards an understanding of contradictions in approaches to women and children's safety in context of domestic violence*'.



in silos and can even contradict the support being received elsewhere<sup>8</sup>.



Hester's article states that there is a need for a '*much closer and coherent practices across the three areas of work, with acknowledgement and understanding of professional assumptions and practices across different professional groups*'. This also means Hester's model does not recommend one worker should work with the victim, the child and the perpetrator. This was a concern and a risk that provider services have raised during the consultation process. Indeed the emphasis is that those working with the individual needs of each individual should be addressed but should not be undertaken in silo (being unaware of the support being undertaken elsewhere to the other family members).

Some national pilot initiatives have been commissioned by the Home Office (as part of the VAWG strategy) which include aspects of addressing the impact the abuse has on the whole and wider family and whole family working.

#### **Change that Lasts – Women’s Aid**<sup>9</sup>

The *Change at Last* approach ‘emphasises that anything done (by the support service should be acknowledged as happening)...within a wider context, including social and community support’<sup>10</sup> and that there should be emphasis on the long term recovery from domestic abuse alongside the short term interventions practical issues of child contact, safety and each incident as it happens.

The report encourages<sup>11</sup>:-

- The use of ‘ask me’ schemes, with community based workers (e.g. general public) trained in disclosure and pathways into support, removing the barrier of having to attend a formal appointment to discuss or disclose domestic abuse.
- Considering every interaction with a victim, by any worker, as an opportunity.
- Using the victim’s trusted professional as the co-ordinator / keyworker to ensure DA support is received.
- Support using a family approach to the victim and their children (links into the Service Transformation Fund) and acknowledgment of the Three Planets model.

<sup>8</sup> Hester, M *The Three Planet Model: Towards an Understanding of Contradictions in Approaches to Women and Children’s Safety in Contexts of Domestic Violence* British Journal of Social Work (2011) 41, 837–853  
<https://bjsw.oxfordjournals.org/content/41/5/837.full.pdf+html>

<sup>9</sup> <https://www.womensaid.org.uk/our-approach-change-that-lasts/>

<sup>10</sup> Change that lasts: transforming responses to domestic violence and abuse Women’s Aid

<sup>11</sup> Change that Lasts A strengths-based, needs-led model that supports domestic violence survivors and their children to build resilience, and leads to independence [https://www.beds.ac.uk/\\_data/assets/pdf\\_file/0011/495281/Change-that-Lasts-Polly-Neate.pdf](https://www.beds.ac.uk/_data/assets/pdf_file/0011/495281/Change-that-Lasts-Polly-Neate.pdf)



- Addressing immediate needs, but this is not the sole focus of interventions.
- Legal intervention (legal system and perpetrator support).

The pilot initiatives are underway and tools are being developed, which are likely to provide more practical examples of how the approach may look going forward.

From the information available, this approach in Sheffield would require a step back to consider the assets the city has at its disposal in the current system but it may not necessarily require a complete overhaul of the current system.

### **Getting It Right the First Time - SafeLives**

The Getting It Right the First Time initiative aims to identify victims of domestic abuse sooner and earlier. The aim is that it will reduce murders, significant harm and enduring harm. The report acknowledges that victims are not necessarily hidden because they are accessing wider support services, but the report shows evidence that it takes a victim five times to seek advice of a professional in a year (not necessarily sharing the DA with them) before they receive effective help to stop the abuse. The Getting it Right First Time Approach suggests:-

- All services should have domestic abuse identification as their offer; it is not someone else's role.
- Friends and family aware of victims should find it easy to find the help their friend /family member needs.
- Initiatives such as the re-location of domestic abuse support workers in satellite areas and GP led initiatives can identify more victims sooner.
- Children services to be actively linking risks to the mother and child in cases of domestic abuse
- Adult domestic abuse services should consider all children in the family.
- It may be more complex to identify victims in some groups (those who remain living with the perpetrator, young people, BME) but when seeking support it should be available.

This approach provides more practical examples than the *Change that Lasts* approach. Therefore it is easier to understand what the system might look like in Sheffield. The current model in Sheffield would require some changes but the resources are there.

It would require a different approach to working with the whole family in a number of services and for Children and Adult social care services and to provide satellite domestic abuse workers could be an expensive option. This is something previously tried in Sheffield (satellite IDVAs in A&E and maternity services) but was changed when the high and medium/ standard risk services structure was commissioned due to service demand. Training for workers and buy in from other services would be imperative.

**Action – When appropriate and in line with the commissioning cycle hold a workshop with local experts and service users to review the advantages and disadvantages of the current model in Sheffield, and review how the *Change that Lasts* and/ or *The Getting it Right First Time Approach* could look in Sheffield.**

## **Local intelligence and Citywide Performance for domestic and sexual abuse**

### **Needs Assessments**

This document is the third needs assessment process to be undertaken on Domestic and Sexual Abuse by DACT. The first was published in 2013, 'A supporting document for domestic abuse commissioning in Sheffield' and an update was published in 2015. Needs assessments are an essential part of the commissioning cycle and advice on current and future commissioning. The aim from 2016/17 is for DACT to undertake a full needs assessment every three years and for an update



to be published in the two years in between each full assessment.

Domestic and sexual abuse is included in the two citywide needs assessments:-

- The Sheffield Joint Strategic Intelligence Assessment, the JSIA (the citywide needs assessment for the Sheffield First Safer and Sustainable Communities Partnership) – the current JSIA is in the process of being written and due for publication in 2017
- The Joint Strategic Needs Assessment (JSNA) – The process is currently under review

The aim is that these reflect the findings of the most recent DACT needs assessment / update.

### **Domestic and Sexual Abuse Performance data**

Domestic Abuse performance data is included in the Portfolio Leadership Team (PLT) quarterly performance report. The PLT performance framework in 2015/16 had three targets for Domestic Abuse in its dashboard of indicators but no sexual abuse indicators.

Ref	Measure Description	2013/14 Actual	2014/15 Actual	2015/16 Target	Q4	Q4 RAG	Q4 Commentary
08	Domestic Abuse: Number of new Standard / Medium cases supported	2727	4517	3675	3876	G	3876 medium and standard risk cases have been supported during 2015/16. Exceeding the annual target.
09	Domestic Abuse: Number of new high risk cases supported	715	860	860	908	G	During 2015/16 908 high risk referrals were received and supported by the IDVAs. 5.6% higher than in 2014/15. The year end performance shows that referrals to the service continue to increase although the rate of increase has begun to slow in comparison the previous two years.
010	Domestic Abuse: Number of referrals to the Multi Agency Risk Assessment Conference (MARAC)	546	923	923	941	G	During 2015/16 941 cases have been heard by MARAC. This represents another year on year increase in the number of cases, although the rate of increase has slowed in comparison to the last couple of years.

- Domestic abuse: Number of new standard / medium cases supported (by the outreach service)
- Domestic abuse: Number of new high risk cases supported via the IDVAs
- Domestic abuse: Number of referrals to MARAC

In 2016/17 the same measures are in place and a forth new measure has been added for sexual abuse. This indicator is as follows:-

- Sexual Abuse: Number of victims receiving counselling.

Performance against the three measures in 2015/16 was positive, with all targets achieved and rated 'green'. A total of 3876 new standard / medium cases were supported, 908 new high risk cases supported and 941 cases were referred to MARAC. These are the highest activity figures for high risk, and although target was achieved for standard and medium risk cases this was a reduction on 2014/15. The reduction in 2015/16 is explained in two ways this contract was tendered and handed to a new provider midway through the year, taking some time to establish business/service as usual and the number of police triage referrals has reduced which is an area for further investigation.

### **The Public Health Outcomes framework**

The Public Health Outcomes framework has one domestic abuse indicator 1.11 and three sexual abuse indicators (1.12i, ii, iii)

- 1.11 Domestic Abuse - Rate of domestic abuse incidents recorded by the police per 1,000 population
- 1.12i - Violent crime (including sexual violence) - hospital admissions for violence - Age-standardised rate of emergency hospital admissions for violence per 100,000 population
- 1.12ii Violent crime (including sexual violence) - rate of violence against the person offences per 1,000 population
- 1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population
- With exception of 1.12i these indicators are not compared to the England average rate and are therefore not RAG rated.



These are all under the Wider Determinants of Health Indicators section and current performance is available at <http://www.phoutcomes.info/>

## Performance Management of Commissioned Services

The SCC DA/SA commissioner leads on the performance management of the DACT contracts and the SCC HIS team take the lead for the refuge and accommodation contracts.

The providers commissioned by DACT complete a DACT performance management framework (PMF) bespoke to their contract. It lists all their contractual targets and monitoring requirements.

The PMF is completed by the provider quarterly and submitted by the provider to DACT. The provider then meets formally with Commissioners on a quarterly basis to discuss their performance against contracted targets. This is a meeting where actions against targets can be agreed, the budget is reviewed and performance is discussed in the context of service delivery. The process is established and is effective when reports have accurate data, are submitted on time and meetings are held within a reasonable timeframe of the end of the quarter.

All SCC performance information is reported to the Strategic Board and the JCG.

All additional funding received by DACT for the commissioning of services (e.g. CCG and OPCC) has activity against targets reported to via their processes.

All commissioned targets are reviewed annually or as and when required e.g. where there are changes to funding and all targets are reviewed for each contract period.

There is a need for contracts to include outcomes based on service user experience of the service and the impact the service has made (e.g. increased safety, more confidence).

## Service User Engagement in Local Commissioning

Service users in Sheffield are engaged with the commissioning process via the Service User Reference Group (SURG). This is a formal meeting held with the Commissioning Manager. This meeting is held every two to three months, it has a Terms of Reference, and it has a diverse mix of attendees and is used as a consulting forum. Issues the commissioner is working on are presented and feedback received. Or issues are considered that are suggested by the members.

The Terms of Reference state the purpose is for the group to provide opinions about services based on experience, help identify any gaps or barriers to accessing support services, ensure that services are coordinated, highlight, promote and celebrate good practice in the city, raise awareness of service user issues to professionals, help with the development and promotion of Domestic/Sexual Abuse Marketing and respond and take part in local, regional and national consultations.

The meetings in late 2016 have discussed the data and initial findings from the needs assessment, key working models and end to end support and exploring how this could look, issues around ending support and the feeling of being 'on your own' and how follow up contact could be made, development of a DVD of service user stories which was completed in 2015 and launched in 2016, exploring options for a male service user group, BME service user engagement<sup>12</sup> and the current commissioning model.

Service users were also part of the tender process for the last few domestic abuse contracts; they were part of the consultation process regarding the model and specification and marked some questions in the tender process. This is recommended as best practice in the VAWG Supporting Local Commissioning guide.

<sup>12</sup> Issues listed taken from the minutes from the SURG meetings held in 2016.



Service users were also in attendance at the recent Domestic Abuse Scrutiny panel, which reviewed anonymised police incidents.

The SURG forum is a great way of formalising the process of consulting with service users and it has a number of benefits. However the number attending is small . To use this as the only consultation process and generalise from it re. the needs of all service users is therefore limiting. Instead in future this forum should be used as the basis of the start of the service user consultation process for need assessments and issues raised should be further explored by consultation with a wider audience incorporating a mix of questionnaires, surveys and service user satisfaction feedback.

**Action – Consider options for further increasing service user engagement - incorporate service user feedback, consult with a high number of service users via questionnaires, hold forums in provider services, centralise all feedback received so it can be used for a number of commissioning purposes (e.g. wider bids) and communicate the impact of their involvement (feedback).**

## Communication

The government recommends each local area has a VAWG Communication strategy – as per the Communication Insight Pack<sup>13</sup>. At present the current forms of sharing and communicating with the wider audience are primarily the DACT website, the SURG and the Provider Consultation Group mailing list. However specific media campaigns are developed e.g. around the Christmas / New Year festive season, major sporting events or national days / weeks of action such as the International Day to End Violence Against Women and Girls.

## Integrated commissioning

Integrated commissioning is still developing for Domestic and Sexual Abuse. The commissioning is integrated for housing support and refuges, as the DA / SA commissioner is involved in the consultation process for the specifications and the tendering processes. However for other areas this appears to be ad hoc. For example domestic abuse affects a significant number of services users in some services, but from a recent review of therapeutic service provision mental health contracts do not usually include a specific section that references the commissioning expectations of services working with domestic and sexual abuse service users (victims and/ or perpetrators).

As a way of ensuring DA/SA integration within the Council the Domestic and Sexual Abuse commissioning manager is also on the attendance list of the following partnership groups:-

- Adult Safeguarding Partnership Operational Group
- Sheffield Safeguarding Children's Board (SSCB) – Operational group

This keeps the profile of DA/SA high, results in other partnerships involving the commissioner for bespoke projects, commissioning decisions and strategic direction. At present the remit of the commissioner is for adult (16 years plus) service users, therefore younger victims of sexual abuse and the children affected by DA/SA (e.g. parents in an abusive relations) are the responsibility of the Children and Young people's directorate. Including the adult DA/SA commissioner is therefore useful and imperative given the overlap between the two functions.

<sup>13</sup> VAWG Communications Insight Pack, [www.gov.uk](http://www.gov.uk)



County wide the OPCC's office chairs the SDVC meeting and the Sheffield Commissioning Manager was involved in the OPCC led commissioning of the county ISVA and ChiSVA service.

**Action - There is a need to outline what commissioning expectations are and how commissioners of wider services who have DA and SA service users amongst their client group can work with the DA/SA commissioner to ensure the needs of DA/SA victims and perpetrators can be met by non DA SA specialist services.**

## **Collaborative funding and bids**

There are a number of funding bids and commissioning processes that Sheffield is actively involved in that are South Yorkshire wide.

This is a relatively new development, and is linked to the local Office of the Police and Crime Commissioner which has a South Yorkshire remit, and commissioning objectives and one of the Offices priorities is domestic abuse. It is also connected to other national funding arrangements and developments being taken with the VAWG strategy and other government departments.

County wide and wider commissioning is an area which is expected to continue to build momentum. It is imperative that the local governance processes in place ensure local involvement in bids includes key stakeholders and that bids are aligned with the local domestic and sexual abuse strategies. Bids should be actively encouraged, as opportunities to increase/ or enhance service provision here in Sheffield to support victims, the perpetrator and their families should be seized upon.

## **Voluntary Sector bids**

There are a number of different domestic and sexual abuse support services and third sector services bidding for funding to support the work they currently do or to expand the work they undertake – to increase the capacity of the service or meet additional needs of their service user base. This is encouraging and in alignment with the VAWG strategy; that provision should be local, with increasingly less reliance on central public sector funding.

Feedback from local consultations suggests there is a need to encourage services to engage with and work more effectively with SCC when making bids, to ensure there is no duplication with the commissioned offer and that bids are made that meet areas of unmet need identified in needs assessments.

The current structure does allow this to happen:-

- Commissioned services are requested to discuss bids they plan to submit with commissioners.
- the majority of bidders are part of one of the DA/SA groups
- all services working with victims of domestic abuse are invited to be part of the needs assessment process and many engage with this process
- the latest needs assessment is used to refer to when bids are made by both commissioned and non-commissioned services<sup>14</sup>
- The Terms of Reference for the PCG goes someway to raising the issue as it specifically states that one objective of the group is '*to provide a formal forum where collaborative approaches to local issues can be discussed and appraised and recommendations for action made*'.
- The commissioner circulates information about funding streams and opportunities available via the PCG email circulation list.

In addition there is an observed willingness for services to work together – be it providing cross service provision, collaborating on bids, working with services in other localities (some are branches of national or regional organisations) or generating income for their services and 'for the city'. This is

<sup>14</sup> Feedback from expert group



all encouraging; however there is currently no formal process for bidders to follow to include the strategic commissioner and author of the Sheffield Strategy in this process.

The commissioning long term risks and challenges are therefore:-

- That central funding to SCC will continue to reduce; as austerity continues while at the same time the government cite the commissioning challenge is to '*invest to save*'.
- Austerity cuts have not reduced domestic abuse service provision to date; indeed provision has increased for high risk victims. However where austerity has impacted is the inability to commission to meet the needs of even more victims, to provide a service for longer periods of time, and to develop new services e.g. a perpetrator programme in Sheffield.
- To develop a collaborative approach to domestic and sexual abuse with all stakeholders. Have an effective strategy, co-ordination, communication and engagement of all working in this field.

**Action – The SCC Domestic and Sexual Abuse Commissioner is the strategic lead for domestic and sexual abuse in Sheffield and therefore all bids for funding that affect victims, families affected and perpetrators of domestic and sexual abuse should include consider consulting with this role as a key stakeholder.**

**Action – The new strategy should include a section on collaborative working between the DA/SA commissioner and all services in contact with DA/SA victims and perpetrators and their families to work together to meet the needs of all victims and perpetrators and their families in Sheffield.**

## **Domestic and Sexual Abuse Training commissioned in Sheffield**

The NICE Domestic violence and abuse: multi-agency working (PH50)<sup>15</sup> guidance has two recommendations on training.

Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse.

The recommendation explains that the more specialised the worker is in relation to domestic abuse, the more depth training is required. Levels 1 and 2 focus on workers who are required to provide a **universal response** (wider services) and the second (levels 3 and 4) focuses on the more **specialist response** (those regularly in contact with victims, attending MARAC or working in the specialist domestic abuse field).

Recommendation 16 is for GPs. ‘GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse’. This has two aims (1) to commission integrated training, referral pathways for domestic violence, responding to a disclosure and abuse’ in GP practices and (2) that ‘Managers of specialist domestic violence and abuse services, clinical commissioning groups and public health departments should work in partnership with voluntary and community agencies to develop training and referral pathways for domestic violence and abuse’.

SCC commissions citywide workforce development training in domestic and sexual abuse using SCC and CCG funding.

The current provider Action provides a range of accredited and non-accredited training programmes for workers in all four levels of recommendation 15. The non-accredited courses include:-

- Domestic Abuse: signs, risk and referral pathways in Sheffield
- Domestic Abuse Risk Assessment: DASH and MARAC Safeguarding Children and Young People

<sup>15</sup> NICE Domestic violence and abuse: multi-agency working <https://www.nice.org.uk/guidance/ph50>



affected by Domestic Abuse (in partnership with Sheffield Safeguarding Children's Board SSCB)

- Young People and Domestic Abuse (co-delivered with SSCB, CYT and MAST)
- Refresher Training (Including refresher DASH; Review of thematic learning from DHR, MARAC, SCR; Continuous Professional Development).

There are also three one day accredited courses commissioned; Adult Survivors of Sexual Violence and Abuse, Forced Marriage, so-called Honour Based Violence and Female Genital Mutilation and Domestic Abuse and Mental Health. These have been well attended in 2016/17, with over 100 workers trained across the three accredited courses.

The service is responsive, and provides bespoke training for services (e.g. substance misuse and domestic abuse), at varied locations and in multi-agency groups. In 2015/16 a total of over 1,200 workers were trained from 55 organisations across Sheffield. Those trained included around 350 children's workers, 215 health workers, 200 voluntary sector workers, 50 criminal justice workers and 50 housing workers<sup>16</sup>.

The contract does not stipulate which NICE level each training course is associated with, however the courses meet the requirements set out in NICE. This is therefore an area that could be developed, and would aid health professionals when deciding which course to attend.

Other training/ workforce development commissioned is in the Medium and Standard Risk contract.

The contract requires the delivery of briefings on 'Domestic Abuse Awareness, how to identify and where to refer'. The aim is to raise awareness of domestic abuse particularly for health settings, to increase identification & disclosures and referrals into specialist support. The remit of the briefings is not to provide the level 1 to 4 training for health workers but more bite size introductory sessions. . There is a fine line between the two and this is reviewed regularly to ensure the two types of offer have a separate identify and remit.

The service has provided a vast array of training in 2016/17, around 20 GPs practices will have received a briefing by March 2017. Those practices trained are in areas where there are a high number of reported incidents of domestic abuse<sup>17</sup> (e.g. S5 4 practices were briefed, S2, 2 practices and S8, 4 practices). Regular sessions are held in A&E and other health providers including midwifery and health visitors have been briefed.

The briefings are also provided to other services e.g. social care, the voluntary sector and education services.

Around 100 non- health briefings will be completed during 2016/17. Data available for briefings held shows around 10 people attend per session. It is likely that between 500 and 1,000 workers will have been briefed per annum on 'Domestic Abuse Awareness, how to identify and where to refer'.

There is a need to continue to offer briefings to the same organisations. Workers change, relocate and services restructure the community areas they cover. For example, it is likely that GP practices (particularly those in areas where there is likely to be higher prevalence rates) who have been briefed in the first year of the contract will require a repeat briefing over the next year or two.

The service also provides the 'Working with Male Victims' course, which is for who are more likely to be in contact with male victims, e.g. those working with LBGT individuals. The aim is to build up the work force's awareness of identifying male victims to encourage more males into support. 18 workers have been trained in the first nine months of 2016/17.

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<sup>16</sup> Action PMF 2015/16

<sup>17</sup> See police section for details on these areas



The final training offer is the training for new starters and volunteers. The take up of this varies. 11 workers and volunteers have been trained in the first nine months of 2016/17.

Increasing the uptake of the male victim course and the new starter/volunteers course is an area that requires focus in 2017/18.

The training courses and training plan is agreed annually with the providers, this ensures the courses can be adjusted, adapted and focused in particular way to ensure the training remains responsive to meet changing needs.

**Action – Commissioners to review the workforce development elements of the contracts to ensure separating the training across two contracts remains the most effective method of commissioning. Review the courses commissioned for health professionals and for each training course state the NICE PH50 level it corresponds to. Increase the uptake of the male victim course and new starter/volunteers course.**

## **The Sheffield domestic and sexual abuse minimum datasets**

The VAWG strategy has the following three actions on data.

IMPROVING DATA				
54	Work with other Government departments, the College of Policing, the Association of Police and Crime Commissioners and domestic abuse organisations to develop a data set relating to domestic abuse which will enable more thorough analysis of how domestic abuse is dealt with in a force area.	HO	Data set agreed by June 2016	
55	Develop an approach to the collection of data recorded by police forces in relation to HBV, FM and FGM in conjunction with the National Police Chiefs' Council. Consideration will be given to this data being recorded as part of the Annual Data Return.	HO	June 2016	
56	Work with Women's Aid to investigate the capabilities of the UK Refuges Online (UKROL) for data collection and consider how to take forward the findings to contribute to broader data improvement on VAWG services.	DCLG / HO	December 2016	

The actions focus on police data – action 54 is for consistency in police recording on incidents and their outcomes and action 55 is for the police to better record incidents that include victims of harmful and cultural practices. Action 56 is for refuges, but which may later impact on other domestic abuse support services.

The national dataset that is currently in place is that of the MARAC data. However this is limited to high risk victims, demographical information and does not detail the form of abuse or the outcome. The data that is required does however provide some national comparison for MARAC activity.

There is still no national dataset for victims accessing specialist domestic abuse support at all levels of risk.

There are **three minimum datasets in Sheffield; the DA helpline dataset and the full DA minimum dataset** for those engaging in further assessment and accessing structured support. These were introduced locally in 2014 following a recommendation from the first needs assessment completed in domestic abuse in 2013. There is now also a sexual abuse minimum dataset which is input onto the database bespoke to the sexual abuse support service.

The datasets provide consistency in data recording for all services commissioned by SCC and provides information above and beyond that of the quarterly performance data.



The data sets are bespoke to Sheffield, the system used to report this dataset has been adapted to provide the information for the dataset and the number of people giving their consent to report to the dataset reached nearly 2,000 victims in 2016<sup>17</sup>. All workers in the high and medium/ standard risk services are trained on the dataset. Workers are thorough at completing the dataset, meaning that for those who consent, the data is of good quality, with very few errors and gaps.

The dataset has not been reviewed as a full entity since its introduction in 2014, although small adjustments to fields, criteria and options available have been undertaken.

One of the significant areas of debate perhaps is that the five field headings for recording the forms of abuse are physical, sexual, harassment, jealousy and verbal. There is a need to review these headings, as they do not reflect the five forms of abuse that the domestic abuse definition has (psychological, physical, sexual, financial and emotional) as well additional comments on coercion and controlling behaviour.

The DA dataset is currently on the **Paloma Modus case management system** which is a specialist software system for services working with victim of domestic abuse. The system has been used in Sheffield for a number of years. It is currently used by Action and by Young Women's Housing Project.

The **outcomes monitored** on the minimum dataset are based around the change in the level, form and frequency of the abuse. The MDS outcomes information is useful and whilst it does show the impact the support has on the abuse and risk level, this information does not however detail the wider outcomes.

The Paloma Modus software has a separate outcomes report that can be completed in addition to the MDS report. The report includes details on victim safety, changes in accommodation, relationship, employment, education however the outcome report is poor (e.g. it shows the number with the need at the end but does not show the number with the need at the start) and cannot be used with confidence.

The other outcome reports used by other areas e.g. the SafeLives Insight tool, that appear to be user friendly however this has been explored and is too costly. Changes to Modus can be undertaken but the process is slow and the software is already unwieldy. However Modus has some outcome fields that the SafeLives tool does not have (e.g. education, training, support to prevent harm to others, confidence developing, more control and choice in the relationship).

Sheffield is currently exploring all three data areas – the MDS, the case management system and outcomes monitoring. The aim is to ensure data is fit for purpose, relevant, user friendly to input and manipulate and measures all outcomes.

**Action – Undertake a review of the MDS, the abuse headers, the case management system and outcomes monitoring to ensure all are fit for purpose, relevant, user friendly to input and manipulate and measures all outcomes. Undertake a full review of the MDS dataset.**

The next Section in the needs assessment discusses and reviews the current service provision, the current capacity and effectiveness.