Communities Directorate - Healthier Communities Commissioning

Re-modelling & Re-tendering
Sexual Violence and Domestic Abuse Services

Business Case

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Background and Context

1.1 Background

In March 2016 the Government launched its strategy to combat violence against women and girls 2016 - 2020. The report not surprisingly stated that the human cost of Violence against Women and Girls (VAWG) is high.

Experiences of abuse have serious psychological, emotional and physical consequences and may contribute to multiple disadvantage, or a chaotic lifestyle involving substance misuse, homelessness, offending behaviour, gang involvement, prostitution or mental health problems. Research informs us that 41% of the prison population have witnessed or experienced domestic abuse and this illustrates the wider social harms these crimes cause.

The cost to individuals cannot be measured, but the costs of violence and abuse to the economy can be calculated and are considerable. Sylvia Walby's report estimates that providing public services to victims of domestic violence and the lost economic output of women affected costs the UK £15.8 billion annually. The cost to health, housing and social services, criminal justice and civil legal services is estimated at £3.9 billion.

Barnsley Local Authority recognised that a strategic cross department and partnership approach is key to combatting Domestic Abuse and Sexual Violence. In April 2016 the authority commissioned Agencia Consulting to conduct a strategic review of the Domestic Abuse and Sexual Violence services in Barnsley. The subsequent review contained in this document includes comprehensive stakeholder and service user engagement and a full gap analysis.

The review underpins the LA's planning for the future commissioning of services. Alongside the commissioning process and throughout the tender it is recommended that work be undertaken with service users to monitor level of need, and inform service design. This more continued analysis will better inform the continued commissioning process and enable most cost effective and efficient delivery models to be introduced.

During the review all identified key stakeholders were interviewed, and a significant number of service users. The report refers to data and statistics provided by professionals and anecdotal evidence gathered from professionals and service users.

Analysis of current services, resources and performance

2.1 Current Reported Crime Levels

Data and anecdotal evidence provided by stakeholders in Barnsley shows a 21% increase in offences of Sexual Violence and a decrease of 10% in relation to Domestic Abuse.

Professionals report significant increases in victims reporting historical sexual offences and a reduction in resources to support those reporting. However, it is relevant that the numbers below only show recorded crime, evidence suggests that there is significant under reporting in both Sexual Violence and Domestic Abuse cases. This anecdotal evidence is further proved by the high numbers of individuals self-referring into Barnsley Sexual Abuse Rape Crisis Services (BSARCS) and by the comparable data available via Community Safety Partnerships in other force areas.

There are 14 CSPs in the UK which are classed as comparable, these areas such as Doncaster, Rotherham (see force table below for figures), Halton in Cheshire, Gwent, South Wales and St Helen's Merseyside show much higher levels of recorded crime in both SV and DA.

These comparable areas are worked out using 24 variables as per the Acorn segmentation tool (acotn.caci.co.uk). Acorn is a powerful consumer classification that segments the UK population. By analysing demographic data, social factors, population and consumer behaviour, it provides precise information and an understanding of different types of people. (see Appendix 2).

On further investigation we looked at a small number of comparable areas and discovered that there were again significantly greater numbers of crime recorded. The following information was found in the areas of DA and SV force statistics (see table below):

Table 1:
Recorded Sexual Offences and Domestic Abuse across Comparable Areas

Comparable area	Recorded Sexual Offences	Recorded Domestic Abuse
Barnsley	488	1450
Halton Cheshire	1405	6778
Torfaen Gwent	1231	3493
St Helens Merseyside	1010	3190

2.2 Comparable DA and SV crime statistics for South Yorkshire

In addition, the data provided by the Police analyst for Barnsley show both Rotherham and Doncaster with higher reporting numbers in both crime types, there is a significantly lower number recorded for Barnsley.

Table 2:
Barnsley Crime Statistics

	Barnsley		
	April 14 – Mar 15	Apr 15 – Mar 16	% Change
Overall Sexual Offences	403	488	21%
Rape	128	145	13%
Rape - Detection Rates	13%	16%	
Other Sexual Offences	275	343	25%
- of which 'Serious' Sexual Offences	105	137	30%
Other Serious Sexual Offences - Detection Rates	23%	15%	
Domestic Incidents (Non-Crime)	4964	4475	-10%
Domestic Crimes	1295	1450	12%
MARAC Repeats	26%	28%	

Table 3:
Crime Statistics from Comparable Areas

	Doncaster			Rotherham			Sheffield		
	April 14 Mar 15	Apr 15 Mar 16	% Change	Apr 14 Mar 15	Apr 15 Mar 16	% Change	Apr 14 Mar15	Apr 15 Mar 16	% Change
Overall Sexual Offences	723	750	4%	476	703	48%	846	974	15%
Rape	181	194	7%	144	246	71%	284	300	6%
Rape - Detection Rates	14%	22%	-	12%	19%	-	10%	18%	-
Other Sexual Offences	542	556	3%	332	457	38%	562	674	20%
- of which 'Serious' Sexual Offences	275	268	-3%	130	188	45%	273	340	25%
Other Serious Sexual Offences - Detection Rates	21%	18%	-	25%	26%	-	19%	14%	-
Domestic Incidents (Non-Crime)	6376	6099	-4%	4761	4524	-5%	9281	8437	-9%
Domestic Crimes	2359	2229	-6%	1388	1771	28%	2761	3136	14%
MARAC Repeats	40%	40%		31%	38%	-	33%	36%	-

3. Current Funding Levels

Currently the level of funding received by agencies to support victims differs considerably by crime type, with services for victims of sexual violence receiving £5,290.00 from the LA compared to circa £361,854 for domestic abuse services (see table below).

Table 4:
Current Funding Levels

Type of Service	Type of Support	End of Agreement	Type of Agreement	Provider	Level of Funding
Floating support	Housing related support	31/03/2017	Contract	Riverside	£42,730.87
Accommodation	Housing Related Support	31/03/2017	Contract	Riverside	£105,839.13
Rape Crisis	Generic support	31/03/2016	Grant	BSARCS	£5,290.00
Teenage Parents	Housing Related Support	31/03/2017	Contract	Sanctuary	£55,817.00
IDVA funding	High risk victims	31/03/2017	Grant	BMBC x 2, Pathways x 1, Victim Support x 1	£157,468.00

4. Sexual Violence

Provision for supporting victims of Sexual Violence in Barnsley is provided by Barnsley Sexual Abuse and Rape Crisis service (BSARC), and includes counselling, group therapy and Independent Sexual Violence Advisor's for women, men and children suffering sexual violence both current and historical.

This current level of funding is subsidised by £450k of additional funding raised by BSARCS for their services which in turn enables the Office of the Police and Crime Commissioner (OPCC) to provide funding regionally for services for sexual violence. However, the BSARCS additional funding is received from numerous funding streams, and much of it is due to end in 2018, as such it is not guaranteed and in the case of lottery funding currently received by BSARCS is unlikely to continue past this period.

Staffing levels at BSARCS are 1 x FTE adult Independent Sexual Violence Advisor (ISVA), 1 x FTE Children's ISVA, 3.5 x FTE adult therapists and 3 x FTE children's therapists. The services provided by BSARCS are available for women and men equally, and there are additional services for children. Workers see a client every 1.5 hours with a maximum of 5 clients a day, with adult IDVA

working Monday – Thursday 9am to 5pm, and children's IDVA working Monday – Friday 9am to 5pm. Services are provided to individuals regardless of whether they have reported to the police, approximately 83% of clients are women with 75% or referrals being historical sexual abuse. Currently the ISVA is carrying a work load of between 50 – 60 cases at any time, with a client being seem every 1.5 hours at a maximum of 5 clients per day.

Male victims represent between 12 – 18% of referrals and funding for this service runs until March 2017. BSARC offer the same level of services to men, including counselling, group therapy and support through the justice process. They have a bank of male therapists to deliver support, but report that the majority of males seeking support request a female worker.

Due to funding cuts in 2015 the service for children was reduced, and there is currently a waiting list of 53 children who have requested and require support. This number is slightly higher for adult victims at 57 people awaiting support, with average waiting time of 3 - 4 months, and levels of re-victimisation reported as the highest level in South Yorkshire at 30 – 35% of victims reporting repeat victimisation. As a result of loss of on-going funding, services to children were withdrawn but additional funding has been received via the Local Authority Children's Commissioning team to reinstate children's services. However due to the initial loss of funding experienced staff left the organisation and children receiving or awaiting support were informed that it was no longer available. A recruitment and appointment exercise has now taken place to replace staff and commence service delivery however there has been a delay in restarting support.

Research strongly indicates that in the case of victims who have suffered sexual violence early intervention, support and therapy is essential to afford the greatest chance of recovery. This is particularly the case with child victims where therapy should be available as quickly as possible after disclosure. Intervention can save many thousands of pounds in each individual's journey, and more importantly provide the best chance of recovery for the victim.

Currently referrals received by BSARC's are from a number of routes, e.g. self-referrals, police referrals, SARC and Victim Support. In the last year there were 130 cases of rape and sexual assault reported in Barnsley however BSARC's have received 996 referrals. Victim Support are currently commissioned by the OPCC in Barnsley to provide a generic service to all victims of crime, and refer those in need of specialist support to the appropriate agency. It is therefore concerning to hear that in the last year BSARC's have only received 8 serious sexual offence referrals via Victim Support, and no referrals in relation to low or medium offences.

With the high levels of re-victimisation it is recommended that additional work be conducted to interrogate data to gain a better understanding of why levels are high and what percentage of the victims are multiple reporters.

Currently BSARCS receives no funding from the OPCC, but this was agreed as part of a wider regional commissioning plan where the OPCC then provided funding for the IDVA's in other areas in the county.

It was reported that the area of most concern in relation to future funding was the raising of money for accommodation. The annual rent for the current offices is £38K per annum and includes all amenities such as heating, lights, reception staff, etc. The manager reported that she felt the independence of the service should be maintained and that co-location with police in a

police building would not work, however she would be open to relocating should suitable accommodation be sourced. She also reported that in the current setting clients had access to the HIV clinic which is on the same floor. There is an informal arrangement between BSARC and the clinic to conduct rapid screening for STDs if a client requires testing. This screening is conducted immediately and results available within minutes, the service is currently being provided to BSARC for free and is extremely valued by victims who can fear infection after an assault**.**

BSARC's has provided CSE training to all staff in all secondary schools across Barnsley and holds service user group meetings on Tuesdays and Wednesdays for women and a separate group session for men on Wednesday evening. Currently there are no perpetrator programmes available for adults, but some work is being conducted by Barnardo's in relation to young people demonstrating sexually harmful behaviour, and the Junction project in Rotherham, where case workers will travel to Barnsley to work with young people**.**

BSARC's have noted anecdotal evidence of an increase in referrals from children and young people in relation to sexting and on line abuse. A standalone piece of work with teenagers should be conducted, holding focus groups and workshops exploring what teenagers' perceptions are regarding SV, what is acceptable behaviour, prevalence of inappropriate behaviour, relationship with digital media, etc**.**

We spoke with a number of BSARC service users and recorded comments during a group session; some of what they told us is recorded below with additional examples contained in Appendix 3.

> *"There was no communication between agencies, I had to go through cognitive behaviour therapy but couldn't cope and had a breakdown, I was then referred to Pathways. The service wasn't appropriate, I was told it was ok to not go out and to isolate myself, the staff were not well trained and kept changing, I had to keep retelling my story, it took 3 years until I was referred to BSARC – it saved my life".*

> *"Doctors and police need more training, it was my health visitor that realised that something was wrong, she realised that I would not undress my baby daughter in front of people or remove her nappy, etc., she gave me details of BSARC. I had been to my GP loads of times, and had self-harmed, but no one had ever asked me if something had happened."*

> *"My experience with the police has been awful, they repeatedly cancelled my video interview, left message for other witnesses on my mobile and then asked me to pass them on. I have had no information about my case. I know one offender is due to be released from prison soon, but I have been given no information."*

When we spoke with service users there was an obvious gap in current provision relating to on line or remote support. To address the gap service users had set up their own un-monitored group Facebook account for BSARC group members.

Current group members and individuals who no longer attend group sessions can access the Facebook pages and chat if they need support between meetings or can't get to a meeting. BSARC has no access or control to this informal support.

Victims stated that until they were referred by other agencies they had no knowledge of the service, better public facing information needs to be available in a range of media, this should be branded clearly and have details of the referral pathway with one "front door," a single helpline and website to access services.

5. Domestic Abuse

5.1 Independent Domestic Violence Advisors (IDVAs).

The IDVA role is a community based support worker, working primarily with victims at high risk.
Current IDVA service provision in Barnsley is as follows:
1 x IDVA being employed by Victim Support
2 x IDVAs with the local authority (1 of which is yet to complete accredited IDVA training)
1 x IDVA employed by Pathways (also trained as a YPVA)

In addition to this but not utilised as part of the service provision is an IDVA in Riverside, and 2 x IDVAs in the ASB team within the Council, who received training as IDVAs this year but are not used as such. There was general confusion amongst the IDVA's as to what the ASB team IDVAs did, and no knowledge amongst the four mainstream IDVA's as to the one in Riverside. However, one IDVA reported that previously she had tried to contact a client staying in Riverside but had been informed that she was not required as staff in the unit were providing report. However, the IDVA in Riverside does not attend MARAC so should the case be escalated for inclusion on the MARAC list the client would need to be referred back to one of the recognised four IDVAs.

The current service lacks administrative support and cover for sickness or annual leave.

Last year Safe Lives research identified that the caseloads for community based support workers working primarily with victims at high risk were typically too high, in some cases at 150 caseloads each compared with the Safe Lives' recommended level of 100 referrals per full time equivalent (FTE) IDVA per annum. This is likely to translate into a caseload of 65 - 85 cases a year per FTE IDVA (www.safelives.org.uk).

The current workload per IDVA is an average of 19 live cases. This represents an average new referral rate since January 2016 of 31 cases, which equates to roughly 6 referrals per month with IDVAs reporting cases staying with them for on average between 1 - 3 months. It is currently difficult to know how many IDVAs are required as all IDVA's appear to work differently, and have no admin support, all IDVAs reported that they spent between 50% – 65% of their time doing admin. It would seem feasible that if admin support were available the number of IDVAs could be reduced to 3 and 1 x FTE Young Persons Violence Advisor (YPVA) employed, or the current IDVA's do additional training to support children and young people as part of their role.

Conversation with practitioners in Barnsley indicates that there are currently low levels of referrals going to MARAC with only 15 cases on average per meeting. These figures are lower than other areas in South Yorkshire, one IDVA stated that in relation to referrals received it is either "feast or famine".

Currently the IDVAs do not routinely know what the others are doing in terms of workload or how they deliver support. One IDVA reported doing additional work outside supporting clients, such as delivering awareness sessions in schools, self-esteem training, "You and Me Mum" sessions and work with young people around self-esteem and healthy relationships. However, the 3 other IDVAs stated that they spent more than half their working week doing admin and sometimes found it difficult to manage all the actions attached to a referral.

There was no identified process in place of how clients would be uniformly assessed once in the IDVA service. None of the IDVAs had client plans in place to review how they would move them out of the service, one stated that she did have plans which she discussed with the clients but it was not written but "in her head". It is accepted that the plans will differ between clients but currently there is no peer review or line management dip-sampling across the board so each case relies on the IDVA's individual assessment.

Some clients appeared to remain as live cases when the level of threat had been reduced from high, and the client may have been moved on to community support if indeed continued support was required. This reluctance to move clients out of services was also reflected in outreach work being conducted where again there were no clear "move on" plans for clients and workers were repeatedly referred to as being "more like a friend". A clear plan should exist as to managing risk and closing cases when risk is removed or reduced sufficiently.

Not all service providers knew how much resource they had, or what additional services were available in Barnsley to address their client needs. One example of this is when the most recently appointed IDVAs employed by the Council visited Riverside refuge, they had no knowledge of the service or the existence of the refuge prior to the visit. This is extremely concerning as the IDVA client base are the most likely to fall into the category requiring emergency accommodation. Examples such as these raise concerns for high risk victims who may not be receiving appropriate support and therefore left in vulnerable positions and at risk of continued victimisation.

As shown the current IDVA provision in Barnsley is managed by a number of organisations, with separate recording systems, this means that there is no overview of cases, no ability to check systems if the IDVA is off or not contactable and additional concern that re victimisation or change in risk is not identified. A recent example of this is where one of the IDVAs took a new referral only to discover that the victim has been dealt with previously by one of the other IDVAs. As the case was prior to December 2015 there is no central database which all IDVA's can refer to, to check for previous contact with the service.

This presents a risk that a victim could present to separate IDVAs, and be required to repeat their story which may cause a lack of confidence in the system and dissatisfaction in the service, secondary victimisation, duplication of work, increased levels of risk and inability to create a holistic support plan.

Currently the existing IDVAs have created an unofficial way to share information and review cases by holding a Monday morning conference call to review new referrals. This is reliant on individual cooperation and not set in stone as a process, it is therefore subject to change and dependant on availability. The IDVA at Pathways has created a spreadsheet which is be updated at the meeting, where new cases are allocated or repeat victims referred to the IDVA who has dealt previously. This spreadsheet however contains no information on when a case is closed or updates, so there

is no general overview of how a case is progressing, and as previously mentioned holds no information on pre December 2015 cases.

Whilst this ad hoc arrangement may work in principle in relation to the allocation, the lack of a more structured approach could lead to loss or mismanagement of information, differing offers of support to clients, inconsistent training and supervision arrangements for staff and an increased risk to the reputation of the Authority.

Again, due to the mix of employers there are significant differences in the working conditions and salaries of the IDVAs, supervision arrangements and consistency of service delivery. The relationships with other statutory agencies and partners appears to differ and at the time of reporting there have been concerns raised by the MARAC as to the lack of contact made with clients currently on the MARAC list by one IDVA. However, one of the IDVAs employed by the local authority stated:

> *"In regards to being an IDVA based within the Council I have found it to be beneficial to getting speedier responses for clients, just the fact that I can quickly access any council employee be it Family Support Worker or Social Worker via internal email is very advantageous. I believe it is easier to ignore or forget to respond to a telephone message when you are not even sure who the person leaving it is / job role OR may never be given the message from your colleagues, whereas a more in-depth email tends to assist greatly in getting a response from professionals. Obviously, it is easier to access and advocate for Priority Rehousing being based here, but I can also access all council employees.*
>
> *My point is, I have access to lots of resources / information and knowledge via all my colleagues at the council. If they can't help, they will know a colleague who can, hence getting prompt responses to help alleviate a client's challenging situation. It may just be my perception, but I swear other professionals respond to my messages when I am not confident they would have done when I was based at a Charity Organisation."*

The comments demonstrate the benefits of co locating key partners in a "one stop shop", a centralised support hub will enable quick responses to often complex situations and improve service provision and service user satisfaction and most importantly safety.

In relation to supervision and management, there is little evidence of these being in place other than in Pathways, and no evidence of any KPIs or welfare arrangements for staff across the board. When asked, it was clear that no supervision dip-sampling of cases is taking place in either Victim Support or the local authority, and IDVA's stated that they reviewed their own cases, so there is no challenge process in place.

The IDVAs currently appear to work Monday to Friday, but again there is no set shift pattern or rota in place to manage the hours across the service. The constant weekday day shifts currently favoured may contribute to the issues reported in making contact with clients, especially as anecdotal evidence suggests that one IDVA works a constant 7am – 3pm shift.

There is little provision for cover arrangements and in the case of holidays the IDVA would update all cases, put an out of office on their emails and voicemail. During the leave period no proactive work is done with the client, and the service becomes purely reactive.

There is currently no evening, weekend or Bank Holiday cover in place to offer immediate support. This should be reviewed as research informs us that incidents will spike at weekends and during holiday, so provision should follow form. In response to this some areas across the country have introduced IDVA provision out of hours with the IDVA aligned to police teams working evenings and weekends. Their role to advise investigating officers and offer immediate support to high risk victims, coming to notice during this time. It should be noted that when the IDVAs in Barnsley were asked about the need to work out of hours the general consensus was that this should be done and that they should work within the police team. However, one IDVA although in favour of working within the police Safeguarding Adult Team (SAT), did not see the need for 365 day cover and said that if IDVA's went out with the forces DV car appropriate risk assessments would need to be in place.

To address inconsistencies and introduce a more resilient model, based on current levels of referrals, the recommendation would be that IDVA provision is extended to deal with children and young people, or the number of IDVAs reduced and a Full time YDVA/KDVA employed. Future commissioning should consider a provision which ensures that all IDVs are employed by a single entity. This would enable a more balanced and reduced case load, provide single and consistent management and support and enable support workers to mobilise step down or recovery care more consistently, which means reductions in risk can be achieved more sustainably.

6. Refuge and Outreach Work

Refuge accommodation in Barnsley is provided by Riverside Housing association under care and support. Funding of £105.839.13 is received for Judith House refuge and £42,730.88 for floating support from Barnsley LA. The refuge has 8 bedrooms, with the 4 first floor rooms offering accommodation for larger families, whilst the 4 ground floor rooms are suitable for single occupancy. Each room has its own separate kitchen, and residents have use of a communal area, a children's play room and additional outside space for play.

Refuge is for victims needing emergency accommodation which is distinct from those who need support for complex needs, some of whom are neither in crisis nor at the highest risk. Last year Riverside reported supporting 59 women and children fleeing domestic abuse in the 8 bed unit of refuge provision, supported by 3.5 frontline practitioners.

Between April 2015 – 2016 the refuge received referrals for 101 women and 70 children of these referrals they accepted 31 women and 28 children. They believe that their low level of acceptance is due to women remaining in refuge for longer periods due to the inability to move people on, residents receive no priority for permanent housing and as such potential clients are sent to other refuges outside the LA area due to lack of space. The refuge has no voids.

The refuge has 1 x FTE support worker and 2 FTE project assistants; the staff work on a rota to cover refuge 365 days a year from 7.30am – 10.30pm. The refuge has a .5 FTE children's worker who provides therapeutic support to children living in the refuge, at the time or reporting there were 13 children living with their mothers in refuge.

The refuge accommodates children from birth to teens, with male children able to stay up to age 16 years. It was noted that the children's worker had historically worked within local schools providing advice and support, however due to lack of funding this has now stopped and the only work conducted in schools is with children living in refuge.

The refuge has secured additional funding via a bursary for 1 x IDVA , however this IDVA only works with clients referred to Riverside and does not attend MARAC or receive referrals as part of the wider Barnsley IDVA team. This means that although the Riverside IDVA can work with high risk clients she needs to onward refer to the main IDVA team to support or refer through any criminal justice process, support through court or raise concerns at MARAC, this additional resource should be considered in future planning.

The average stay for women is 6 months however they can remain in refuge for up to 2 years. The longer victims remain in refuge, the costs of Housing Benefit paid to enable them to do so increases.

Currently there is no provision for refuge accommodation in Barnsley for either male or transgender victims fleeing violence.

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

A number of residents were interviewed and their comments are contained in appendix 4 attached.

7. Floating Support

Currently the refuge has two part time floating support workers who carry a case load of 17 clients at any time. This support is around supporting and securing client tenancy agreements, court support, benefit advice, engaging with social workers and creating childcare and safety plans.

Clients receiving floating support were interviewed and reported high levels of satisfaction in the service they had received. The support ranged from support to access benefits, secure housing, long term tenancy, manage arrears and bills, advocacy upon their behalf with other agencies, assistance to obtain injunctions, preparation of safety plans and access to information and training, which facilitates their better understanding of domestic abuse and builds confidence. Clients described their worker as more like a friend and how they felt they could speak to her "about everything and anything". Clients had been receiving the service on average for over 1 year, and it was unclear as to how or when they would cease to access this floating support, there were no clear exit strategies in place to move clients on and off floating support.

Use of Domestic Violence Protection Notices (DVPNs) and Orders (DVPOs) by police enables Victims to remain in their home should they wish. In 2015 - 2016 there were only 22 DVPNs issued and of these only 13 went on to become DVPOs. Anecdotal evidence from IDVAs indicated that DVPNs are not being used in all appropriate cases. A recent example of this relates to a domestic rape where the perpetrator was arrested and then released on bail with no bail conditions, a DVPN was not applied for even though the perpetrator held joint tenancy with the victim, as a result the victim was forced to leave her home. A review and comparison exercise should be conducted to gather the current use of the provision and any cost saving analysis in relation to the use of these interventions to remove the perpetrator from the home. In addition, new methods of evidence gathering should be considered such as the use of police body cameras to ensure the best chance of successful prosecution, and less dependency on the victim as the sole witness.

8. Identifying & Evaluating Options

Barnsley recognises that preventing violence and abuse from happening in the first place is essential to making a significant difference to the overall prevalence of these crimes. The need to challenge the deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls across all communities is essential, there is an urgent need to create clear pathways and access to information and support.

A holistic approach to reducing risk of harm is required and this includes work in relation to educating, informing and challenging young people about healthy relationships, abuse and consent. Working with partners across the authority, the PSHE Association, leading Head Teachers and other practitioners, to ensure schools have access to effective and high quality resources for teaching about healthy relationships. This would include professional training on Safeguarding, safer recruitment and identifying sexually harmful behaviour, which are key components to early identification of risk and reducing harm. In addition, new work should be undertaken to address “sexting” and online abuse, this needs to form part of a wider approach to working with children and young people, and those who care for them.

A multi-agency, community engagement approach will support professionals to identify and deal with the earliest signs of abuse, stop violence before it happens, prevent abusive behaviour from becoming entrenched and perpetrators from moving from one victim to the next. Critically, it will provide victims and their families with advice and support before a crisis point is reached. It will enable families and individuals to identify risk and implement early preventative strategies to reduce risk of harm.

The preferred option in Barnsley is to take a system wide approach to responding to victims of domestic violence and sexual violence. This needs to be a collaborative response both between Barnsley, and all local agencies delivering services and support.

Effective support must also make the links to targeting wider vulnerability - including child sexual exploitation and abuse, substance misuse, modern day slavery, and gang exploitation. We know that victims, children and perpetrators move across local authority boundaries and departments so service provision needs to be coordinated accordingly.

The commissioning of new services in 2016/17 will provide an opportunity to improve coordination, put in place a common outcomes framework and the pooling of funding streams beyond current restrictions would improve outcomes for victims, service providers and commissioners by:

- Reducing gaps in current provision
- Supporting currently unmet need
- Simplifying referral pathways
- Improving access to information and support
- Improving safety outcomes
- Increasing overall value for money

Work to improve pathways and single points of access will improve access to information and into services, will reduce duplication of work and ensure via the single point of entry that victims complete needs are considered so that more complex cases can be discussed and appropriate planning put in place at the earliest point.

The government has stated that they will publish a National Statement of Expectations (NSE) to make clear to local partnerships what good commissioning and service provision looks like. This will provide a blueprint for all local areas to follow, setting out core expectations, but giving areas the freedom to respond to local needs. It is recognised that these standards have not yet been published but those tendering for the contract should be cognisant to these when released in order to access additional funding and adopt best practice.

8.1 Market Event

A meet the market event was held in Barnsley on the 13th May to provide information to potential bidders and gather feedback on delivery models. The events gave attendees an opportunity to network and consider collaboration and joint tender arrangements.

The attendees were a range of current service providers in Barnsley and service providers from other areas across South Yorkshire. The afternoon had three distinct parts:

- Setting the scene – attendees were provided with general information on Barnsley and its demographics. Were given an overview of current provision for victims of DA and SV and were given high level findings of this review.
- Table exercise – a series of questions relating to how the tender should be delivered and inviting examples of best practise or options for delivery were given to each table and this was facilitated and comments fed back to the room.
- Timescale for tender – Attendees were provided with specific information on how the tender would be advertised, the potential funding available and when the new service would begin.

All those attending the event engaged fully with the process, providing valuable feedback and a number of examples of best practice. The group unanimously agreed that a single pathway for referrals should be available and that the IDVA provision should be managed by one organisation with all IDVA s co-located. A number of examples of how multi-agency hubs have been developed

were provided, and each contributor listed many reasons why this model had proved more effective with specific examples of how the Hub model benefits victims, and in particular the most vulnerable clients with complex needs.

There were mixed views about where the ISVA provision should sit, but agreement that more ISVA and SV services were required. There was however agreement that not all services had to be 'under one roof' to be managed by one provider.

A number of the smaller service providers commented that they would not bid for the tender as individuals but could clearly see where they could work collaboratively with others to tender as a new partnership.

8.2 Commissioning Options

There are 19 recommendations listed at the beginning of this report which the authority should consider when commissioning future services for victims of Sexual Violence and Domestic Abuse for adults within the area.

The options set out are provided as a result of assessing the recommendations are as follows:

Commission new services – To the value of circa £700 per annum for a 3 year contract period. It is recommended that as contracts with existing providers reach end dates, new contracts for community support are created as a combined "one stop shop" service for Barnsley. Funding should increase significantly and this should include the pooling of existing funding across the local authority and OPCC's office. Merging current services under one provider would improve value for money, create resilience within staffing structures and reduce duplication of services and support.

Table 5
Projected Funding Areas and Value 2017-2020

Type of Service	Type of Support	Level of Funding
Floating support	Housing related support	£42,730.87
Teenage Pregnancy Scheme	Housing related support	£55,817
Refuge Accommodation	Housing Related Support	£105,839.13
Rape and Sexual Violence Programme	Generic support	£5,290.00
Counselling and Therapeutic Interventions	Generic support	£62,000.00
IDVA funding	High risk victims	£157,486.00
Schools Education Programme	Low/Med risk	Not yet calculated
Media Package and Training Campaign	Low/Med/High	Not yet calculated
Perpetrator Programme	Med/High	Not yet calculated

As part of this future commissioning it is recommended that the Authority review all current funding for community based support workers primarily supporting victims at high risk but also delivering services to those at medium risk to break the cycle and prevent escalation.

Introduce a clear outcome frameworks and comparable measures. Resources should follow risk and need with regard to future generic victims service funding from OPCC provision to ensure onward referral must be clear.

Refuge provision should be commissioned and be used in principle for emergency accommodation. Currently residents can remain in refuge for up to 2 years under the current contract arrangements, this should be reduced to address waiting times and encourage move on. Additional move-on accommodation should be provided, agreements between homelessness team and housing providers should be in place to move victims into Band 1 where possible.

- Identified gap of services for onward referral to permanent housing and recovery and post support. A Condition of tender will be to demonstrate how this will be addressed.

- Commissioning needs to include a training provision for professionals on completion of the DASH risk assessment, to improve confidence and competence.

Commissioning to include on-going awareness campaigns - Women were unaware of what was available to them, need clear branding and public facing messages with easy access to services by a single pathway – **SV and DA is everybody's business** – promote a culture of ASK and ACT!

Universal services were unaware of how to / or unwilling to refer women to specialist services. Comprehensive training programmes for GPs and other stakeholders to identify DA and SV, raise awareness and confidence to deal with disclosures.

New and/or current service providers should have the opportunity to bid for the contract as individuals or as consortia. The introduction of a new "one stop shop" approach will create a clear referral pathway for victims, creating an opportunity to "get it right the first time", preventing risk of secondary victimisation, individuals falling through the gaps when dealing with multiple agencies and importantly an opportunity to create an holistic approach to support. A system of matrix management should be introduced to ensure that individuals working in multi-disciplined teams can be tasked by the "one stop shop" manager or team leader even if employed by another organisation.

8.3 The Service Specification

The specialist service described should be:

- Built around a single point of access, which is accessible, timely, proactive and flexible, leading to advise, assessment, Safety, Support and Recovery Planning and onward referral.

- It should form part of a whole system response, supporting the safety and recovery journey of victim / survivors and their families, as part of a coordinated community response within which the specialist service will operate as part of a broader range of integrated provision.

- Demonstrate a service user centred' approach to people requiring help and support to address the specified crime types, be they victim / survivors' children, perpetrators, wider family or communities.

- Provide advocacy that promotes self-esteem, and enables services users to make positive life choices by providing credible, timely information and support

- It could be awarded as a single contract, or in lots. In recognition that there has historically been a diversity of provision in response to the specified crime types. The provision by a single provider or through a partnership, where one provider led the process but worked with other suppliers to deliver the specialist service would be optimum.

- The Local Authority and joint commissioners should look for evidence of ability to achieve the outcomes, and adapt and develop interventions, services and approaches to partnership delivery that best meet service user need.

- New and creative approaches that could deliver the identified outcomes by building on existing good practice and/or through different ways of working would be welcome.

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

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

- Provide a single comprehensive assessment process in developing a personalised Safety, Support and Recovery Plan, which enables victim/survivors to achieve a vision of safety, access support to cope and recover in order to sustain safe, equal, violence-free relationships, link with mental health, drug / alcohol teams and other specialist services to address multiple needs where appropriate.

Appendix 1

Glossary

Barnsley Sexual Abuse Rape Crisis Service	BSARCS
Children's Independent Domestic Violence Advisor	KIDVA
Community Safety Partnership	CSP
Domestic Abuse	DA
Domestic Violence Protection Notice	DVPN
Domestic Violence Protection Orders	DVPO
Full Time Equivalent	FTE
Independent Domestic Violence Advocate	IDVA
Independent Sexual Violence Advisor	ISVA
Local Authority	LA
Multi-Agency-Risk-Assessment-Conference	MARAC
National Statement of Expectations	NSE
Office of the Police and Crime Commissioner	OPCC
Personal, Social and Health Education	PSHE
Safeguarding Adult Team	SAT
Service Level Agreement	SLA
Sexual Violence	SV
Sexually Transmitted Disease	STD
Violence Against Women and Girls	VAWG
Young Persons Violence Advisor	YPVA

Appendix 2

Comparable Data for Matching Police Recording Areas

% of ACORN 1 households: "Wealthy Achievers"
% of ACORN 2 households: "Urban Prosperity"
% of ACORN 4 households: "Moderate Means
% of ACORN 5 households: "Hard Pressed% of terraced households
% of overcrowded households overcrowded households
% overcrowded households
% Percentage of single parent households
% Long-term unemployed per claimant population
% Long-term unemployed per working age population
% Population sparsity
% Output area density
% Percentage of student households
% Percentage who have never worked
% Percentage in routine/semi-routine occupations

% Percentage permanently sick or disabled
% Percentage of single adult households
% Percentage of households with no working adults and dependent children
% Percentage of 18-24 claimants
% Percentage of people on income support
% Number of retail and leisure outlets
% Bars per hectare
% Daytime population per hectare
% Daytime net inflow (DTNI)
% Percentage of population in hamlets or isolated dwellings.

Appendix 3

Sexual Violence Service User Additional Comments

"I felt that I had no control over what was happening to me, it's not the victims fault, they deserve help. BSARC's provide a non-judgemental, safe environment that allows you to talk about your problems to people that understand."

"It took suicide attempts and 39 years to seek help, because I was embarrassed, and no one wanted to talk about it."

"Seeing the attacker in the doctor's and bereavement of Mum caused me to seek help. The attacker was imprisoned but has been released, he's not far and the only restriction is that he isn't to go near my house."

"I saw my attacker in college and I only got help because I broke down in front of my attacker and ran to my teacher crying, it took me a year."

"I was self-medicating with drink and drugs at 13, I wanted to rebel, stopping out all night, I isolated myself. Then I just shut myself off, I still do now."

"I was in counselling in Rotherham, I was self-harming and when counselling finished I needed more support, there are no group meetings available there but as I was already in counselling I was able to come here. I have to get the bus and it takes 1.5hrs each way, but it really helps, its saved my life"
(If this person had not been in counselling she would not have been referred. There are still no services in Rotherham.)

"I was abused as a child and reported to police but still don't know what happened, I got no support or help until I was 25 years old when I moved to Barnsley and was referred through MIND."

"There's still a stigma attached to sexual abuse, and it needs to be stopped being pushed under the carpet."

Appendix 4

Refuge service user comments relating to support

"The refuge staff are great, they have given me confidence and support, I am now able to go out and meet a friend for lunch, whereas before I wouldn't leave my home and had no one as my family have disowned me"

"When you arrive at refuge you are given toiletries and some food, but you then have to provide your own, there should be more food and things available throughout your stay, some of the people in here have nothing in their cupboards and there is food locked outside which is going out of date."

"There is no consistency in how you are banded to get housing, in Chenin I was gold band, here I am at the bottom of the list. It doesn't matter that I am a victim of domestic violence I get no further up the waiting list and could be offered a place in the worst area and have to take it!"

"There is nothing to do in the evenings, there should be some activities, there is Bingo once a week but otherwise we can't really use the big room (communal area). It is boring for the younger girls and the children".

"I have been here for 5 months, don't know when I will leave, but I have started collecting things for my new home and want to leave but there is nowhere available yet as I am a low priority"

"I have been here since August 2015, the staff here saved my life. I have had issues with alcohol but the staff here got me into rehab and I have now been sober since December. They have got me onto programs to improve my confidence and I feel that one day I will be able to work again and live alone. I couldn't move out yet though as I cannot cope and am frightened what will happen if I am on my own".
This client is in her mid-50's and had suffered mental and physical abuse. She had been an alcoholic for many years and had several periods in rehab. Another client who spoke with us reported issues with alcohol and was diagnosed as bi-polar. It was clear that clients often had complex needs and would benefit from support from additional agencies to address their issues in a holistic way.