

Draft

Safer Lancashire

Domestic Abuse Commissioning Strategy
2013-2015

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1. Executive Summary

Domestic Abuse services have relied on grant funding for many years resulting in instability and inequity with access to services dependent on where a victim or perpetrator lives in Lancashire.

Ensuring a consistent provision of domestic abuse services across Lancashire has been a shared strategic vision across statutory partners in Lancashire since November 2012. In response to that vision a substantial amount of work has taken place to ensure that the joint commissioning of services is based on need, informed by evidence and builds upon the support already available.

While strategically partners have been supportive of the agenda, realisation of the required funding commitment from some partners has been difficult to achieve for the duration of the three year commission. This has delayed the commencement of commissioning activity and made the development of a three year funding plan complex.

Although there is a vast amount of evidence for the impact of intervention in domestic abuse cases, statutory services have been slow to acknowledge their role in prevention and reducing harm. However this is changing and this commissioning framework sets out the joint approach that will provide a core offer of services and setting out the aspiration to provide support and interventions for children and young people witnessing domestic abuse, victims and perpetrators through a coordinated approach to commissioned services, partnership activity and developing pathways.

This new response to domestic abuse will follow a robust commissioning process incorporating the principles of understand, plan, do, review. The strategy highlights the approach being taken by partners in order to secure effective provision for vulnerable victims, children and young people, and to change the behaviour of perpetrators, with a focus on securing the services for those in crisis, and investing in earlier intervention and support. This approach has been corroborated through consultation with stakeholders and service users and co-production with current providers of specialist services.

This collective approach underpinned by secure funding enables the development of an effective, and equitable commissioned service to support the most vulnerable members of our community. It will provide a response to the spiralling number of referrals and calls for help from statutory protective services by providing the appropriate support at the earliest opportunity. Ultimately, this commissioning strategy aims to reduce the harm caused by domestic abuse and improve outcomes for children and young people, victims and perpetrators.

It is recognised that other partners have restricted use of budgets and therefore their contribution will be to support and advise the development and implementation of the strategy.

Contributing partners include:

<u>Project Partner</u>	<u>Lancashire District Councils</u>		<u>Other Partners</u>
Lancashire County Council (LCC) Police and Crime Commissioner Lancashire Constabulary Clinical Commissioning Groups National Health Service England	Burnley Chorley Fylde Hyndburn Lancaster Pendle	Preston Ribble Valley Rossendale South Ribble West Lancs Wyre	Lancashire Probation Trust (National Probation Service & Community Rehabilitation Service from 1 June 2014) Crown Prosecution Service Her Majesty's Court and Tribunal Services.

2. Introduction

Domestic Abuse services have relied on grant funding for many years resulting in instability and inequity with access to services dependent on where a victim or perpetrator lives in Lancashire. The majority of such grants have been substantially reduced or withdrawn, meaning that many services will not exist without mainstream support. Providers have been in competition with each other to secure funding, services have been built often in response to the criteria set by grant rather than need leaving gaps and inconsistency in provision. Further, the system of grant allocation does not allow for rigorous performance and contract monitoring ensuring outcomes are achieved.

Domestic Abuse is a priority for the Lancashire Community Safety Strategy Group, the Health and Wellbeing Board, Lancashire Children and Young People's Trust and Lancashire Safeguarding Children Board. This has been identified by the strategic assessment of crime and disorder, and the Joint Strategic Needs Assessment (JSNA) which have been produced to develop a better understanding of the impact on children and young people, victims and perpetrators. This commissioning strategy covers partners and organisations working in the two tier authority area; this is referred to as Lancashire 12.

This problem is not the responsibility of any single agency and so there must be wide spread recognition of how wide the repercussions reach beyond the individual and throughout the community including social welfare, the criminal justice system, refuges, health care, education, employment, childcare, and housing. Developments in the last decade have shown that taking a more pro-active, preventative approach not only saves lives but also saves public money.

Although there is a vast amount of evidence for the impact of intervention in domestic abuse cases, statutory services have been slow to acknowledge their role in prevention and reducing harm. However this is changing, the strategy sets out the approach they will take through funding a core offer of services and delivering the aspiration to provide support and interventions for children and young people witnessing domestic abuse, victims and perpetrators. This strategy explains the planned coordinated approach to commission services, join up partnership activity and develop pathways for domestic abuse provision.

This new response to domestic abuse will follow a robust commissioning process incorporating the principles of understand, plan, do, review. The strategy highlights key facts about domestic abuse in Lancashire as evidenced in the JSNA, the approach being taken by partners in order to secure effective provision for vulnerable victims, children and young people, and to change the behaviour of perpetrators, with a focus on securing the services for those in crisis, and investing in earlier intervention and support. This approach has been corroborated through consultation with stakeholders and service users and co-production with current providers of specialist services.

This collective approach underpinned by secure funding will enable the development of an effective, and equitable commissioned service to support the most vulnerable members of our community. It will provide a response to the spiralling number of referrals and calls for help from statutory protective services by providing the appropriate support at the earliest opportunity. Ultimately, this strategy aims to reduce the harm caused by domestic abuse and improve outcomes for children and young people, victims and perpetrators.

2.1 What is Domestic Abuse?

For the purpose of this Strategy, the following definitions will apply:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and/or emotional.”







- **Controlling behaviour** is: subordination, isolation from support, exploitation, deprivation of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- **Coercive behaviour** is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”¹
- An abusive relationship may include different dynamics where one or both partners are violent and controlling, one or both is violent but with the controlling elements, one partner has been subject to abuse for some time, but then reacts violently in response or a combination of behaviour where it is difficult to identify which is victim or perpetrator. ^[1]

3. Understanding the Current Situation





Guidance and Research

There are a number of national drivers which govern and influence a local response from partners in Lancashire to domestic abuse:








3.1 National Guidance

<u>Guidance Title</u>	<u>Link to Guidance</u>	<u>Links to the Commissioning Strategy</u>
'Domestic Violence and Abuse - How Services Can Respond Effectively' by the National Institute for Health and Care Excellence (2014)	 NICE Guidance 2014.pdf	Explains how health services, social care and the organisations they work with, can respond effectively to domestic abuse.
Adoption and Children Act (2002)	 Adoption and Childrens Act 2002.p	Extends the definition of 'harm' to include 'impairment suffered from seeing or hearing the ill treatment of another' (section 120).
Family Law Act (1996)	 Family Law Act 1996.pdf	Allows the court to exclude from the home someone who is suspected of abusing a child within the home including a domestic violence perpetrator.
Housing Act 1996 and the Homelessness Act 2002	 Homelessness Act 2002.pdf	Provides a statutory scheme of help to victims who become or are likely to become homeless as a result of fleeing domestic abuse.
Crime and Disorder Act 1998	 Crime and Disorder Act 1998.pdf	Places a duty on local authorities, police, probation, clinical commissioning groups and the fire service to work together to tackle crime and antisocial behaviour. They must demonstrate that they have done all that they reasonably can to prevent crime and disorder.
Police Reform and Social Responsibility Act 2011	 Police Reform and Social Responsibility	Provides for the appointment of Police and Crime Commissioners responsible for setting the strategic direction for policing and crime within the police force area.

(1) Home Office 2012

<p>Domestic Violence, Crime and Victims Act 2004</p>	 <p>Domestic Violence, Crime and Victims Act</p>	<p>Made several provisions relating to victims witnesses and perpetrators of domestic violence including under section 9 established domestic homicide reviews on a statutory basis, creating an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. This has been further extended in 2012 to include causing death or serious harm to a vulnerable child or adult.</p>
<p>Call to end Violence against Women and Girls 2010</p>	 <p>CallToEndViolenceAgainstWomenAndGirls</p>	<p>Sets out the coalition government's vision for ending violence against women and girls. The 2011 plan sets out 4 key areas of action, which are prevention, provision, partnerships and perpetrators.</p>
<p>The Forced Marriage (Civil Protection) Act 2007</p>	 <p>The Forced Marriage (Civil Protection) Act</p>	<p>Offers protection to adults and children being forced into marriage and to offer protection for those who have already been forced into marriage.</p>
<p>Specialist Domestic Violence Court (SDVC) Programme Guidance' (2006)</p>	 <p>sdvc_resource_manual_2006.pdf</p>	<p>Outlined the requirement for areas selected to achieve SDVC status. Achieving this status is reliant on areas having IDVA and MARAC provision and can lead to the swift and safe prosecution of perpetrators and protection of victims.</p>

Other legal frameworks which necessitate a coordinated response from partners to meet the needs of women and children who are victims of violence are:

<p>Children's Act 1989</p>	 <p>Children's Act 1989.pdf</p>
<p>Children's Act 2004</p>	 <p>Children's Act 2004.pdf</p>
<p>The Human Rights Act, which enshrines the European Convention on Human Rights</p>	 <p>Human Rights Act 1998.pdf</p>
<p>Equality Act 2010</p>	 <p>Equality Act 2010.pdf</p>
<p>United Nations Convention on the Elimination of all Forms of Discrimination Against Women</p>	 <p>Convention_on_the_Elimination_of_all_for</p>
<p>United Nations Convention on the Rights of the Child</p>	 <p>United Nations Convention on the Ri</p>
<p>European Union Strategy for Equality between Women and Men</p>	 <p>strategy_equality_women_men_en.pdf</p>

United Nations Security Council Resolution 1325.



United Nations
Security Council Reso

3.2 Local Guidance

There is a strong strategic drive across a number of partnerships and programmes in Lancashire to tackle domestic abuse. Lancashire Community Safety Strategy Group, Lancashire's Health and Wellbeing Board, Lancashire Safeguarding Children Board and the Children and Young Peoples Trust have all identified preventing Domestic Abuse as a priority. Domestic Abuse is also a key issue for the Police and Crime Commissioner as set out in the police and crime plan. Lancashire Improving Futures programme incorporates the development of the MASH (multi-agency safeguarding hub), Working Together with Families and the emerging Early Support delivery structure.

The **Safeguarding and Children Looked After Services** Inspection by **Ofsted (2012)** made two requirements, these being to:

- Review the existing domestic violence service provision to determine future needs and requirements including ensuring there are sufficient early intervention programmes for perpetrators of domestic violence before they enter the criminal justice system.
- Ensure that there are sufficient counselling support for children who experience domestic violence before they reach the threshold for access to child protection services.

Add detail regarding - Her Majesty's Inspectorate of the Constabulary Inspection recommendations 2014.

3.3. What Works to Tackle Domestic Abuse?

Victims need access to a range of advocacy, support and other interventions that relate to their specific and current situation (Hester and Westmarland, 2005).

An evaluation in Hammersmith and Fulham in 2009 found that:

- A routine enquiry into domestic abuse can be an effective tool for early intervention and carried out by trained healthcare professionals that are supported by multi-agency referral systems (Zenner, 2009).
- Advocacy and support for domestic abuse victims should be holistic and preferably based in a one-stop-shop to help victims to navigate the justice systems and support agencies (Ibid).

CAADA Safety in Numbers (Howarth et al. 2009) evaluation report highlights the reality of living with high-risk domestic abuse and the impact of IDVA services on victim safety. Howarth *et al* (2009) findings advance the understanding of 'what works' in improving the safety of victims of domestic abuse and their children:

- IDVAs that worked with victims had a direct bearing on the chance of achieving improved safety and well-being;
- Victims who received intensive support and multiple types of intervention were approximately twice as likely to experience a cessation in abuse compared to those victims receiving less intensive intervention, or only a single type of intervention;
- The range of choices offered to victims to address their safety was also critical. Offering action relating to safety planning, housing, health, the family courts, the criminal courts, support with children, substance misuse services and benefits is crucial.
- DA services must be structurally part of a multi agency response and need to be commissioned as an independent service, working closely in partnership with voluntary and statutory sector agencies both within and outside the MARAC.

CAADA A Greater Place of Safety (2012)

CAADA suggest that to have an impact on domestic abuse work should be developed around the following 3 evidenced based recommendations:

- Mainstream funding for existing high risk services (Funding four IDVAs and one MARAC for every 100,000 adult females);
- Locating additional IDVAs in accident and emergency and maternity units; and
- Funding specialist support for children and young people.

Multi Agency Risk Assessment Conferences (MARACs)

MARACs were introduced in England and Wales as a non-statutory meeting where information about high risk domestic abuse victims is shared between agencies and a risk-focused coordinated safety plan is produced to support the victim.

MARACs are attended by local authorities, health services, housing authorities, criminal justice agencies, specialist domestic violence services (refuges and outreach services) and many other statutory and voluntary sector agencies to improve service provision.

In Lancashire 10 MARACs operate, managing over 1,800 cases between April and December 2012. Across England, Wales and Northern Ireland over 260 MARACs operate, managing over 55,000 cases a year.

Robinsons (2004) evaluation in Cardiff found MARACs:

- increased information sharing and trust between agencies;
- provided a setting where children's needs could be raised and discussed; and
- prevented revictimisation (6 in 19 women experienced no further threats of violence in the six months following the MARAC).

Specialist Domestic Violence Courts (SDVCs)

SDVCs were introduced in England and Wales by the *Domestic Violence Crime and Victims Act 2004* to enhance victim safety and provide a more coordinated response to domestic abuse by bringing together both civil and criminal cases; and establishing fast-track routes into perpetrator programmes (Eley, 2005).

Pan-Lancashire 8 SDVCs operate, presiding over 1,454 cases in 2011. Across England and Wales 143 SDVCs operate.

An evaluation of the first five SDVCs in England and Wales found that multiagency partnership approaches were a crucial element in their success; by enhancing the effectiveness of court and support services for victims; making support for victims and information sharing easier; improving victim participation and satisfaction; and increasing public confidence in the criminal justice system (Cook *et al*, 2004).

Victim withdrawal is a key factor in court proceedings but evidence indicates it to be lower in cases where victims are supported through the criminal justice system (Robinson 2004), specialist domestic violence courts are in operation and prosecutors and judges or magistrates have domestic violence training (Cook *et al*, 2004).

Children and Young People Focus

Research shows that living with domestic violence between parents is as psychologically harmful to children as when they are victims of physical abuse themselves (Kitzman *et al*, 2003).

The pronounced negative effects of domestic abuse on children and young people can cumulate in anxiety, depression, poor health, failure in education, aggression and repeated patterns of abusive behaviour as they develop and on into adult life with repeated cycles of abuse in families over generations.

The guidance for multi-agency Children's Safeguarding Boards states that, the most effective intervention for ensuring safe and positive outcomes for children living with domestic violence is usually to plan a package of support that incorporates risk assessment, trained domestic violence support, advocacy and safety planning for the non-abusive parent who is experiencing domestic violence in conjunction with protection and support for the child (Local Safeguarding Procedures).

The NSPCC commissioned Children and Families Experiencing Domestic Violence: Police and Children's Social Services' Responses Report (Stanley *et al*, 2010) recommended that:

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- inter-agency approaches to filtering notifications that involve staff sharing access to police and children's social services information should be further developed and evaluated;
- actuarial risk assessment tools developed for police use with victims should not be assumed to be appropriate for assessing risks to children;
- not all incidents of domestic violence need to be referred to children's social services but social workers should contribute to interagency processes for identifying which families should be referred;
- multi-agency structures need to be more widely developed with the aim of engaging a range of other agencies in delivering early intervention services;
- children's social services should review the practice of sending letters to families following a notified incident of domestic violence in the absence of any further intervention and consider whether such letters act to promote families' engagement with social care;
- supervised contact services that can be accessed by families on a voluntary basis should be developed as an early intervention in children's experience of domestic violence with central government funding made available for third sector agencies to develop these services; and
- services offering therapeutic support to children and young people harmed by domestic violence should be identified as a priority area for development by central government, local authorities and children's trusts.

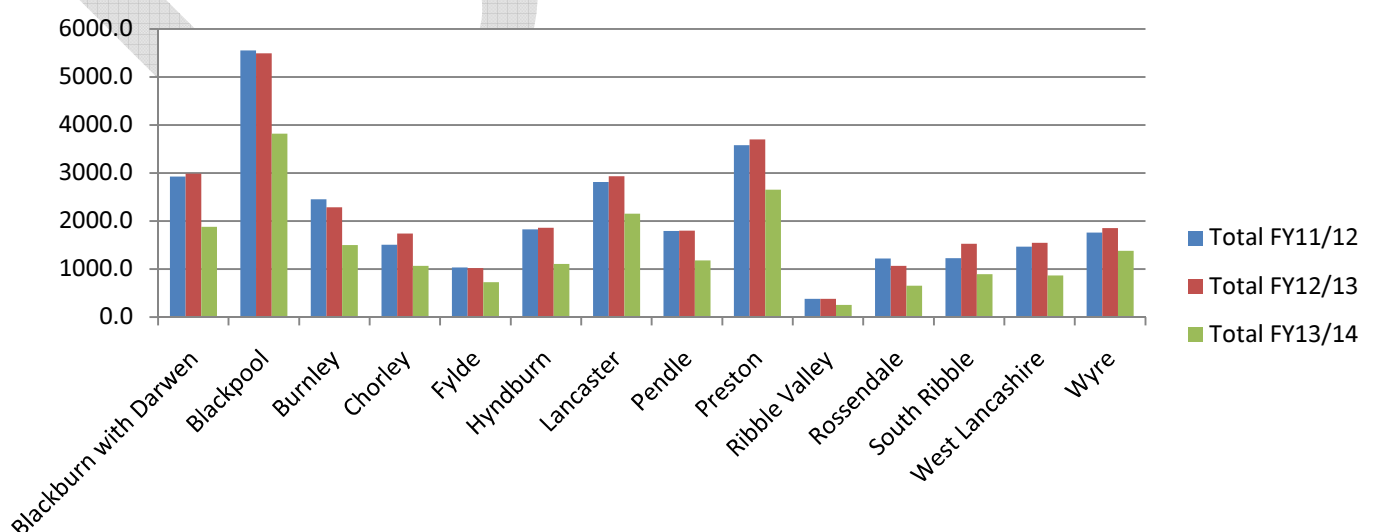
4. Needs Assessment Highlights

- Including Blackpool and Blackburn with Darwen, Lancashire Constabulary received 30,187 calls relating to domestic abuse between April 2012 and March 2013, an increase on the same period the previous year when there were 29,547 calls.
- Referrals to IDVA support has significantly increased year on year:

1	April 2011 to March 2012	3,399 referrals to IDVAs.
2	April 2012 to March 2013	5,123 referrals to IDVAs, 17% were repeat clients.
3	April 2013 to December 2013	6,043 referrals to IDVAs, 7.6% were repeat clients

Below is a breakdown of recorded police incidents for domestic violence across the pan-Lancashire area during 2012-13. Burnley, Lancaster and Preston are above the Lancashire average for reports of domestic violence to the police. However, according to the Child and Maternal Health Observatory, Lancashire's rate of domestic abuse of is 19.1 per 1000 population which places it in the top quartile of local authorities

Recorded Police Incidents for Domestic Violence Pan-Lancashire



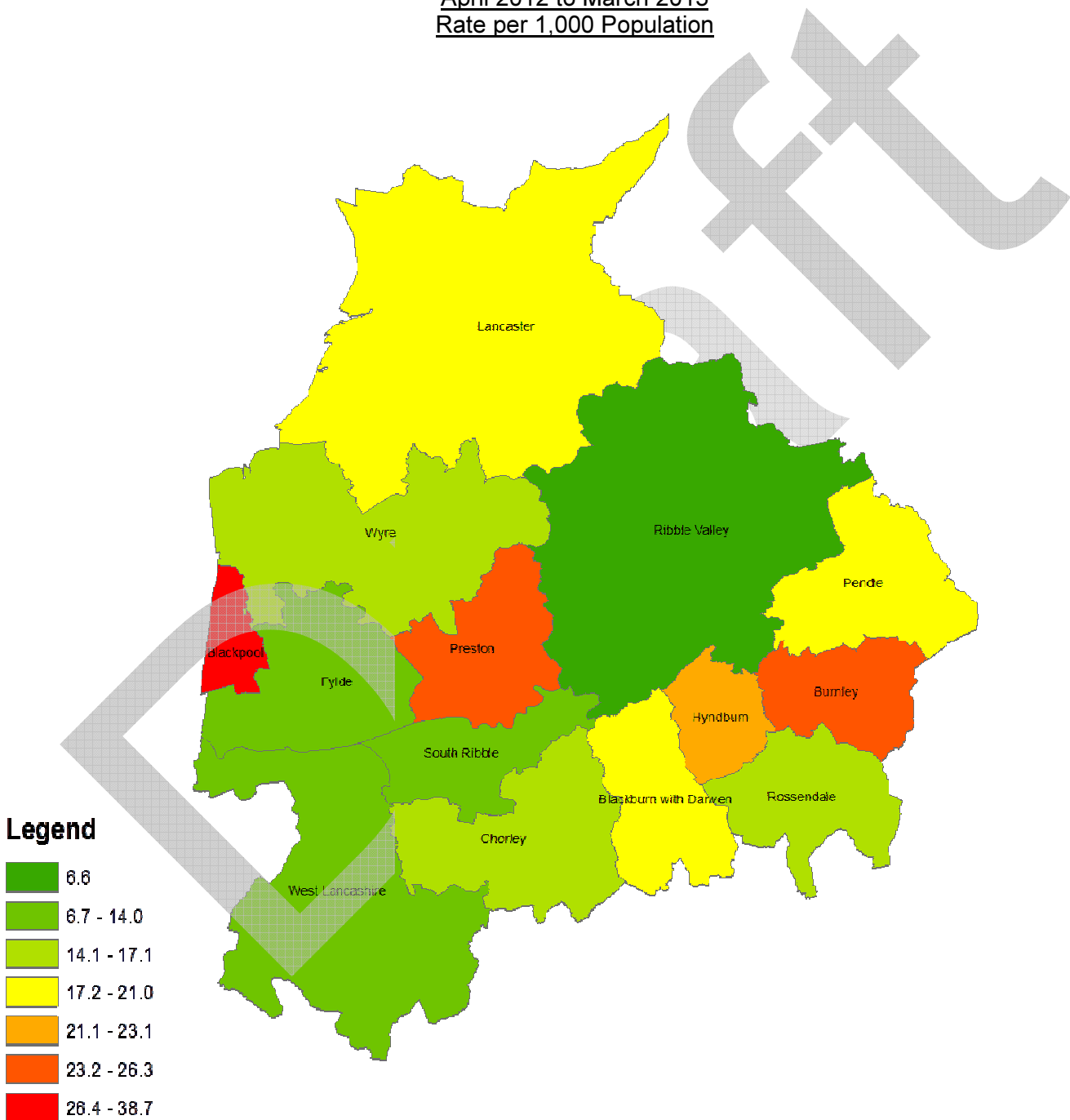
Domestic abuse accounts for approximately eight per cent of the total burden of disease in women aged between 18 and 44 years, and is a larger contributor to ill health than high blood pressure, smoking and weight.

(‘Measuring the impact of intimate partner violence on the health of women in Victoria, Australia’, *Bulletin of the World Health Organisation*, 84, 2006, pp739–44).

The full Lancashire JSNA report sets out the prevalence of domestic abuse in the county, service mapping, evidence based good practice and service user consultation and can be found in the [Lancashire Profile](#).

4.1 Prevalence of Domestic Abuse

Calls to the Police About Domestic Abuse
April 2012 to March 2013
Rate per 1,000 Population



4.2 Risk Factors Associated with Domestic Abuse

Although it is evidenced that domestic abuse can occur across all demographic groups there are a number of factors which can increase the risk.

For victims, higher incidence can be associated with:

- **Previous experience of domestic abuse** (44% of victims of domestic violence are involved in more than one incident)
- **Gender** (women are more likely than men to experience interpersonal violence, especially sexual violence, and to experience severe and/or repeated incidents of violence and abuse)
- **Age** (The female age group at highest risk for domestic violence victimisation is 16 to 24)
- **Living in poverty** (Poverty is the most consistent socio-demographic factor associated with domestic abuse: both personal poverty and the poverty of one's neighbourhood.)
- **Separation** (Research has shown that women are at greatest risk of homicide at the point of separation or after leaving a violent partner.)
- **Pregnancy** (Research shows that 30% of domestic violence starts or escalates during pregnancy.)
- **Having children** (British crime surveys have found that the presence of children in the household almost doubles the risk for women)
- **Illness/ Disability** (People with a long-term illness or disability are more likely to be a victim of domestic abuse and stalking than people without.)
- **History of abuse** (domestic violence between parents increased the likelihood of violence in their children's later relationships by 189 per cent)
- **Alcohol and Substance misuse** (People who had used any drug in the last year had higher odds of being a victim of domestic abuse and sexual assault compared with those who had not.)

For Perpetrators:

- **Attitudes, Thinking and Behaviour**
- **Unemployment** (Male unemployment also provides an increased risk factor for domestic violence).
- **Mental disorder** (Emotional insecurity, and features of antisocial and borderline personality disorders all put an individual at risk of becoming abusive)
- **Alcohol and Substance misuse** (Partner assaults are four to eight times higher among people seeking treatment for alcohol and/or substance-dependence.)
- **History of Abuse** (two of the most major predictors of both perpetrating and receiving domestic abuse as an adult are exposure to domestic abuse and physical abuse in childhood.)

Events such as sporting occasions or Christmas have also been evidenced as factors which can lead to an increased prevalence of domestic abuse incidents.

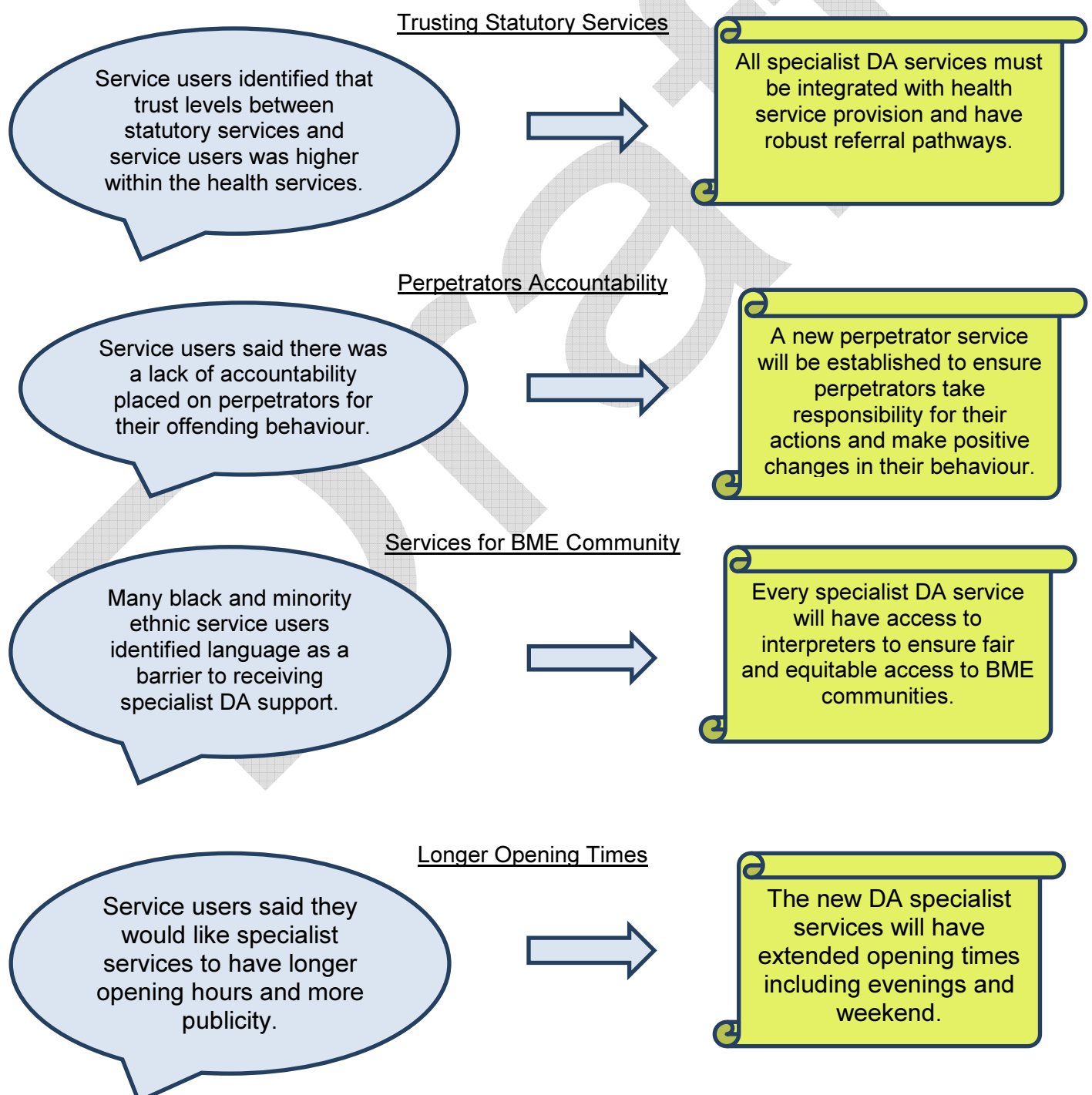
It is important to note that all these factors do not imply causation, abusive behaviour is always a choice, and that ultimately domestic abuse & violence comes from the abuser's desire for power and control over other family members or intimate partners.

4.3 Consultation

To inform the commissioning arrangements a thorough consultation process took place with statutory partners, current providers of specialist services and service users to:

- Inform the development and quality of appropriate specialist domestic abuse service provision and partner interventions for medium and high risk victims, children and young people.
- Advise how continuous workforce development and coordination will enhance partnership responses and collaboration.
- Ensure a cost effective multi-agency approach to domestic abuse service delivery via voluntary, community and faith sector specialist providers, and mainstream agencies working in partnership.
- Understand how the thinking, attitudes and behaviour of perpetrators can best be challenged and addressed.

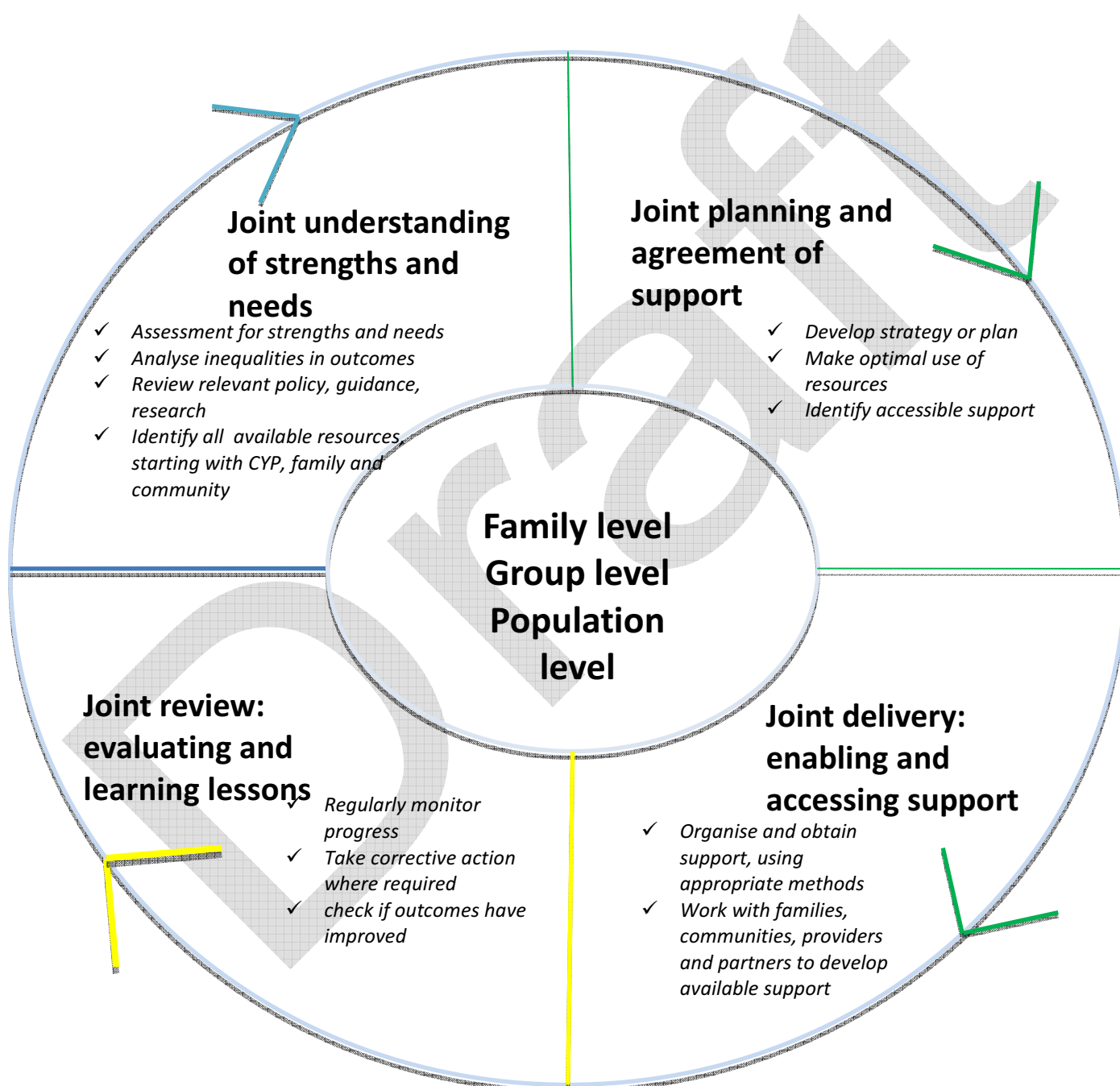
Below are some examples of how we have listened to service users and implemented positive changes to shape new service provision:



4.4 Commissioning Arrangements

The response to domestic abuse is not the responsibility of any single agency and there is a wide spread recognition of how comprehensive the repercussions reach beyond the individual and throughout the community including social welfare, the criminal justice system, refuges, health care, education, employment, childcare, and housing. Developments in the last decade have shown that taking a more pro-active, preventative approach to domestic abuse not only saves lives but also saves public money. The new response to domestic abuse has followed a robust commissioning process incorporating the principles of understand, plan, do, review.

4.5 Lancashire's Commissioning Cycle



This commissioning strategy sets out the aspiration to provide support and interventions for children and young people witnessing domestic abuse, victims and perpetrators through a coordinated approach to commissioned services, partnership activity and developing pathways. The strategy will focus on securing the services for those in crisis, whilst also investing in earlier intervention and support.

The commission will provide a reasonable and proportionate level of additional service. This core offer of services is needs-led and so, will promote gender equality by implementing the provision of appropriate services to meet the needs of children and young people, women and men who live with domestic abuse.

Whilst services will be provided for all those at risk of abuse, the level of service will be appropriate to the prevalence and impact of domestic abuse, with specific regard to the following groups or individuals sharing the protected characteristics:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

There are no negative impacts which could potentially disadvantage particular groups as the new service model will be provided to users with all protected characteristics and is additional to any current provision. The commission is being undertaken in order to bring together a coordinated response with interventions which might otherwise take place in an isolated and uncoordinated way, thus maximising the impact, effectiveness and cost-effectiveness of any interventions.

The commissioning framework has been based on research around the need for specialist services, however, when considering the evidence regarding prevalence of domestic abuse (and factoring in under-reporting); the majority of users of the victim's contract will be female. Services may not be designed specifically with male victims in mind for example.

Due to the restricted availability of funding, the service design has been targeted at the most risk and to prevent harm. However, all victims that are high risk are safeguarded through the MASH and MARAC process and supported equally.

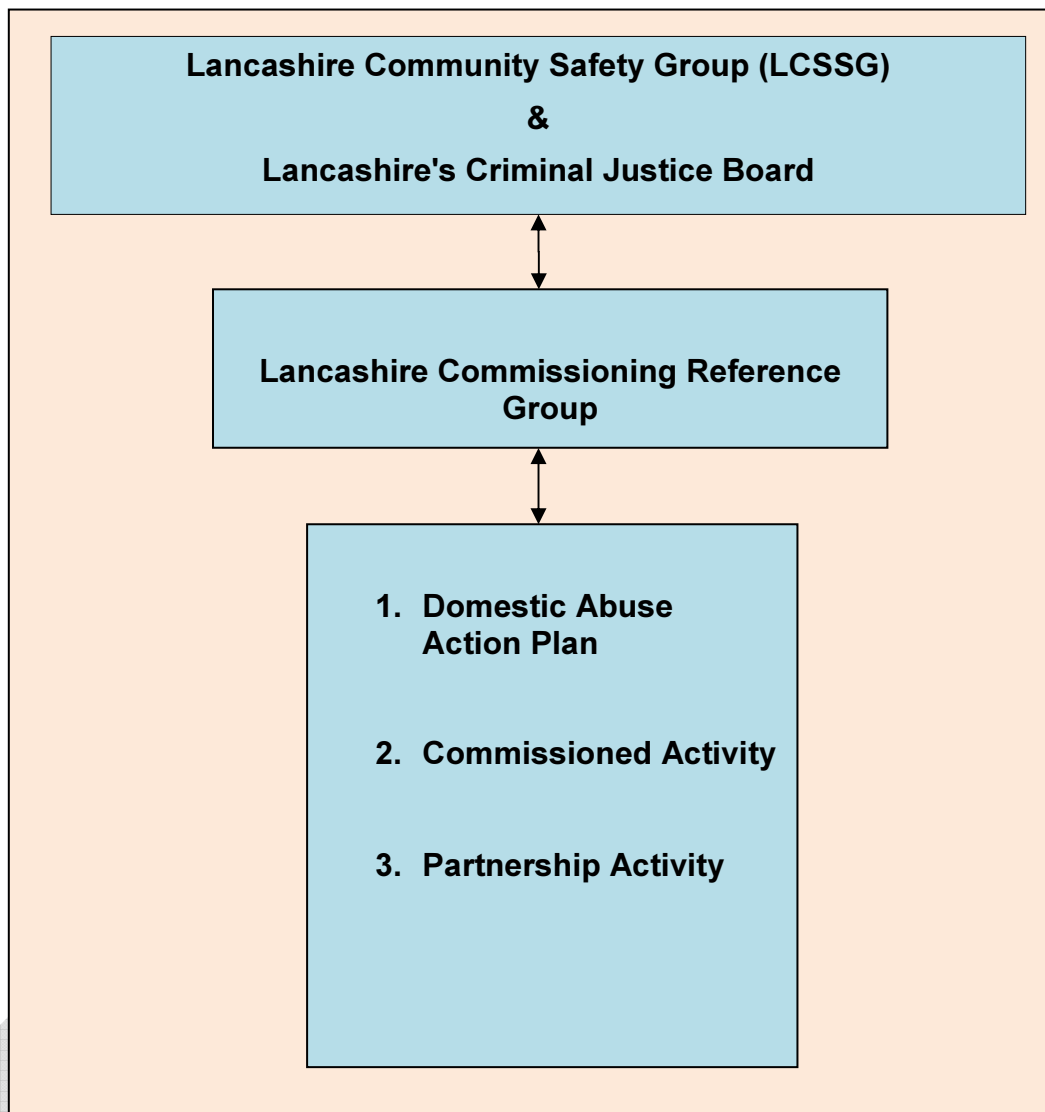
The production of a JSNA has enhanced the understanding of domestic abuse in Lancashire whilst simultaneously negotiations continued with funding partners to agree financial contributions to the joint commissioning model.

Lancashire's partner agencies were asked to make a contribution, which was calculated based on the estimated savings they would realise to their mainstream commissioned services if the incidence of domestic abuse was reduced. This was based on the Department of Trade and Industry ' Cost of Domestic Violence Report' which identified the costs of domestic abuse to public sector organisations.

Whilst the joint commission did not achieve the anticipated level of pooled funding, it will provide a much needed core offer of services funded by statutory partners, and has enabled the redesign of our local services and response to domestic abuse, and provide families with earlier access to support.

The commissioning activity, partnership contributions and oversight of the Domestic Abuse Action Plan is managed by the Lancashire Domestic Abuse Commissioning Reference Group which in turn reports to the Lancashire Community Safety Group as per the model below:

Line of Accountability



4.6 The Commissioned 'Core Offer'

The JSNA provided the evidence base and recommendations that have informed the new service model which incorporates the total resource available. It is intended that this model will reduce the harm caused by domestic abuse in Lancashire by taking an integrated, whole family approach to preventing further abuse. This ranges from protecting victims including children and young people who may witness behaviour, challenging the behaviour of perpetrators, and enhancing partnership working and practice to deliver positive outcomes.

This service model identifies the areas that cannot be addressed through any means but the joint commission funding and which will form the 'core offer', interventions that can be provided through a partnership response and 'in kind' contributions, and the remaining gaps. The core offer will ensure agencies work hard to address domestic abuse ad where it occurs agencies will intervene quickly offering good support to reduce the risk for children, young people and adults.

- **Support for Medium and High Risk Victims**

The aim is to improve the safety and wellbeing of victims, children and young people who have been exposed to domestic abuse to ensure that they are enabled to lead healthy and safe lives now and in the future. It is expected that interventions offered will include:

- independent advice and support
- one-to-one outreach work
- accredited group work including recovery and parenting programmes
- representing the voice of the victim at MARAC
- therapeutic support
- peer support groups
- drop In sessions
- helpline

In addition, the service will be expected to act as the lead professional where appropriate, and provide information and co-ordination of support on wider issues such as housing, substance misuse, health, welfare benefits and debt management. This should include:

- working with victims to develop planning safety strategies for themselves should the abuse reoccur
- help to deal with loss and change in a safe environment
- support for families accessing the Criminal Justice System and Civil Court System.
- reducing the risk of those experiencing domestic abuse from becoming victims or perpetrators in the future
- enabling children to understand what domestic violence is and that it is not their fault
- raising self esteem and confidence in victims and their families
- developing the social capacity and skills of victims and their families
- engaging services users in the coproduction of service delivery

- **Prevention - Changing the Behaviour of Perpetrators**

The provision of programmes which work towards changing the behaviour of perpetrators has been identified as a significant gap across the county. There are nationally accredited programmes provided for those subject to criminal justice orders on conviction. However there is little available which perpetrators can access voluntarily or be referred to where their behaviour is identified and acknowledged as problematic. Whilst there have been a number of pilot programmes over recent years there remains a lack of evidence of effective practice. This commission will provide a core offer of preventative perpetrator interventions.

- **Early Support - Children and Young People**

Initially this work-stream has been addressed through the Early Support commissioning process. Local Children and Young People's Trusts were invited to identify the level of resource to be drawn down into their area across themes including parenting support, emotional health and wellbeing, and domestic abuse. The quantity of funding drawn down by each local Trust has been significantly less than that required in order to address the amount of need in most areas. As such, the commission will seek to address the shortfall through alternate means.

Early Support services will work with children and young people and their primary carers in parallel where possible and will comprise a mixture of one-to-one and group work. The aim is to reduce harm, develop resilience, and to change attitudes towards violence and unacceptable behaviours in order to break the cycle of abusive relationships which may include therapeutic, one-to-one and group work interventions.

- **Workforce Development and Coordination**

This work-stream provides partners with an opportunity to review and revise their response to domestic abuse. Routine enquiry is acknowledged as a key tactic where partners across primary and emergency care, social care etc are encouraged to proactively identify where domestic abuse may be the root cause of presenting symptoms and issues.

This commission aims to work with the Health economy to deliver targeted domestic abuse health related interventions such as the programme called 'Identification and Referral to Improve Safety' (IRIS). IRIS is a general practice-based domestic abuse training, support and referral programme. Core areas of the programme are training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. IRIS also provides information and signposting for male victims and for perpetrators.

Specialist service providers will be expected to deliver awareness-raising sessions with partner agencies on a rolling basis. A domestic abuse e-learning module for the workforce is being developed to raise awareness and includes signposting to services.

The commission will provide additional resource to enhance the Multi-Agency Risk Assessment Conference (MARAC) process which ensures each appropriate agency both shares information and provides support to high risk victims and their families where possible.

The services intend to demonstrate both an improvement in outcomes and a shift in the focus of resource which is currently concentrated at providing support for high risk victims. By balancing resource, the new service will deliver an earlier response for medium risk victims of domestic abuse.

Other Partners Support

- **Criminal Justice Response**

Criminal Justice partners are working together to address areas for improvement across the system including:

- appropriate sanction and rehabilitation of perpetrators to prevent re-offending and enable them to have healthy relationships
- increased confidence of victims that the response provided by the criminal justice system will ensure they remain safe
- review of the protocol governing Specialist Domestic Violence Courts and maximising the role of Independent Violence Advocates
- identifying earlier opportunities for the identification of perpetrators through the Multi-agency Safeguarding Hub

- **Prevention – Healthy Relationships Education**

The Lancashire Schools Forum has funded the development of a Personal, Social and Health Education (PSHE) resource for schools which will provide both learning packages and in-house support across key stages one to four. This support will address not only domestic abuse but a range of issues and risk taking behaviours which in turn will enable children and young people to develop both healthy relationships and personal resilience.

- **Awareness, Identification and Referral**

The partnership response will develop a shared understanding of thresholds for accessing support and facilitate the step up and down to the interventions most appropriate to service users. Good practice has been identified to enable the routine identification of domestic abuse in front-line services, such as health settings, and allow for appropriate referrals to support.

A targeted communications strategy is in development which will promote access to support services and encourage the reporting of abuse. Key messages will challenge attitudes, thinking and behaviours which contribute to abuse and will incorporate support for the White Ribbon Campaign.

4.7 Contracting

The funding partners will adhere to European Union open and competitive tendering procurement and contracting process. Successful provider/s will be expected to use an effective case management and outcome measurement system which will provide detailed management information and evidence of impact on a regular basis. This in turn will be reported to contributing partners through both the Commissioning Reference Group and Lancashire Community Safety Strategy Group.

Robust reporting mechanisms will be established to measure the impact that this joint commission has in Lancashire. This is important not only because we need to ensure that all resource spent is good value for money, but equally to allow partners to make informed decisions around the future commissioning of services.

4.8 Finance and Funding

The funding model for Year One set out interim arrangements for current service providers to pilot new ways of working with victims of domestic abuse. The financial model for delivery in Years Two and Three of the commission will allow a further two years of commissioned core offer of domestic abuse support services.

The table below illustrates how funding for the Project will be allocated across the work-streams in 2014/15 and 2015/16 should further contributions be forthcoming from Early Support in 2015/16 (Year 3):

Work Stream Funding Allocation	%	Year 2- 2014/15	Year 3- 2015/16
		(£)	(£)
Workforce and Co-ordination	5%	75,122	75,122
Early Support	17%	255,416	255,416
Medium and High Risk Support	68%	1,021,665	1,021,665
Perpetrators	10%	150,245	150,245
Totals	100%	1,502,449	1,502,449

Additional Monies:

- If Public Health funding for therapeutic support can be secured then an additional commissioning process will be undertaken for this activity.
- The joint funding does not intend to replace any of the current funding commitments of partners rather it will complement existing provision such as Sanctuary Schemes and other specialist provision currently funded locally. The core-offer will also complement refuge provision funded through Supporting People.
- The commissioned funding will be utilised for accessing other sources of external funding to increase capacity and add value.
- Where partners identify additional available resource, they are asked to support the aims of the strategy in developing additional services, as moving forward it would be apposite to bring together funding and commissions under one set of arrangements.

4.9 The Market**Introduction - A Map of Provision**

Survivors of domestic abuse may require a range of interventions such as emotional support, advocacy, health, housing, criminal, civil or family law remedies, welfare and financial advice, training and employment.

The following section provides an overview of the support and interventions in place across Lancashire. The majority of the specialist service provision for domestic abuse is provided by well established voluntary sector organisations. There are currently 10 voluntary sector providers delivering specialist services across the 12 districts of Lancashire. A breakdown of specialist domestic abuse services by district is detailed in the table below.

Districts	Specialist Provider Name
Lancaster	Empowerment
Lancaster	East Lancashire Women's Refuge Association
Wyre	Fylde Coast Women's Aid
Fylde	Fylde Coast Women's Aid
Preston	Preston Domestic Violence Services
Chorley	Lancashire West Citizens Advice Bureau
Preston	Preston Domestic Violence Services Refuge
South Ribble	Lancashire West Citizens Advice Bureau
South Ribble	Clare House (Progress Care Housing Association)
West Lancs	Liberty Centre
Burnley	Safenet
Pendle	Borough of Pendle/ Pendle Action for the Community
Rosendale	The Star Centre
Ribble Valley	Hyndburn and Ribble Valley Domestic Violence Team
Hyndburn	Hyndburn and Ribble Valley Domestic Violence Team

Getting a comprehensive picture across Lancashire was a challenge, as the types of services available vary across the districts as with the exception of IDVAs (more recently) and supported accommodation; services have been developed as a result of successful grant applications. In addition, there are many other organisations providing support to those living with domestic abuse.

The service offer for those at risk of or experiencing domestic abuse, children and young people affected by domestic abuse and perpetrators is wide ranging and offered by a plethora of third sector providers. For the purpose of this commissioning strategy the above services were mapped against levels of need. Mapping information has been provided through consultation with service providers and stakeholders. For a more detailed overview of services available please refer to the Lancashire DA JSNA website at:

<http://www.lancashire.gov.uk/corporate/web/?siteid=6111&pageid=40779&e=e>

5. Plan

Using the JSNA's mapping alongside evidenced best practice and national guidance, the holistic service model was formed to demonstrate what a good service for Lancashire's residents would look like. Using this model we were able to identify 'Where we are in Lancashire' and 'Where We Want to Be'. By understanding this information a comprehensive gap analysis of 'What We Need' in Lancashire ensured we were able to form a robust commissioning framework.

Additional to this work is the focus on pathways and partnership development that is needed to ensure all the system works collaboratively and effectively.

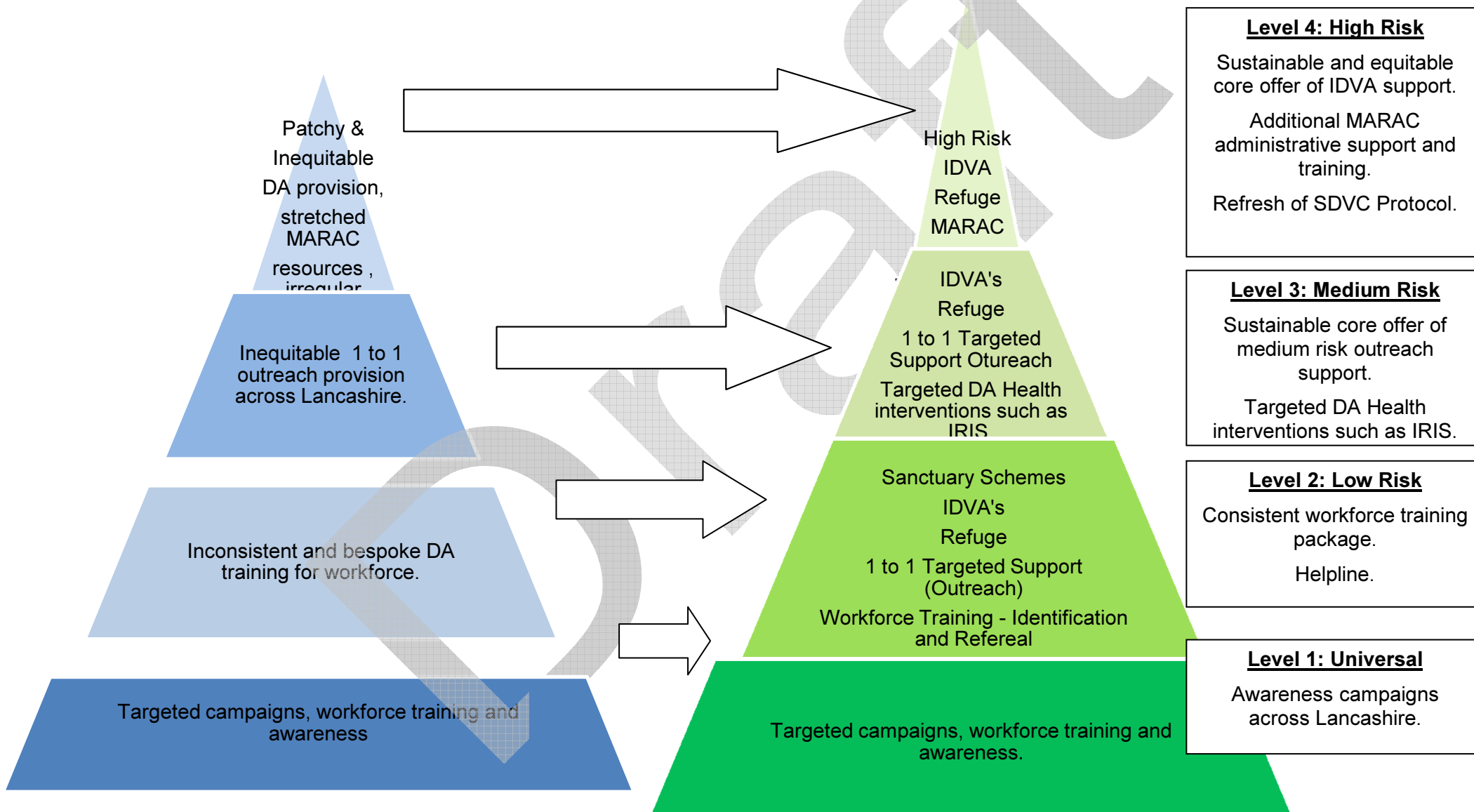
Plan

5.1 Needs Assessment Victims Domestic Abuse Services in Lancashire:

Where we are in Lancashire

Where We Want to Be

Gaps/ What We Need

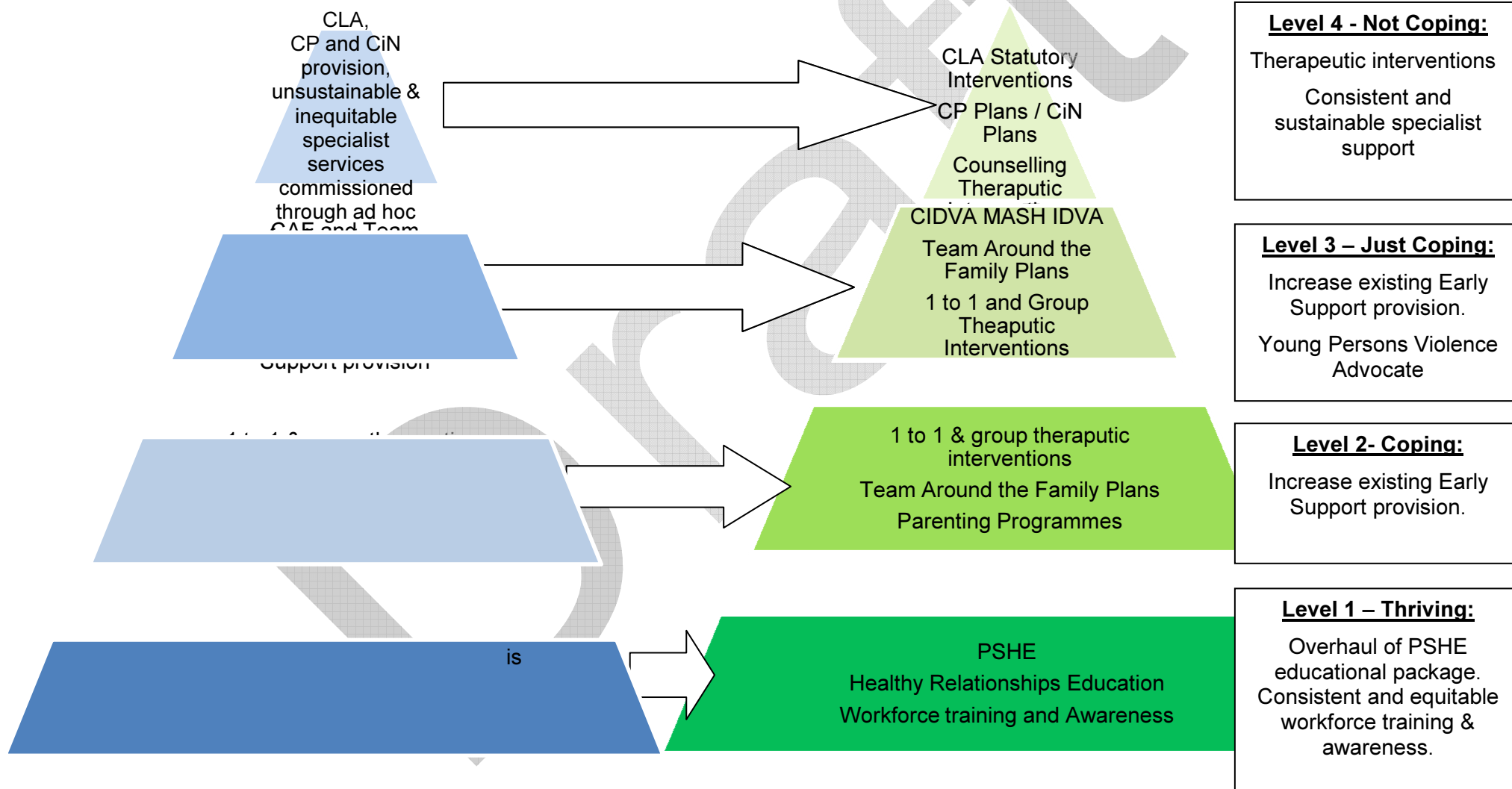


5.2 Needs Assessment CYP Victims of Domestic Abuse Services in Lancashire:

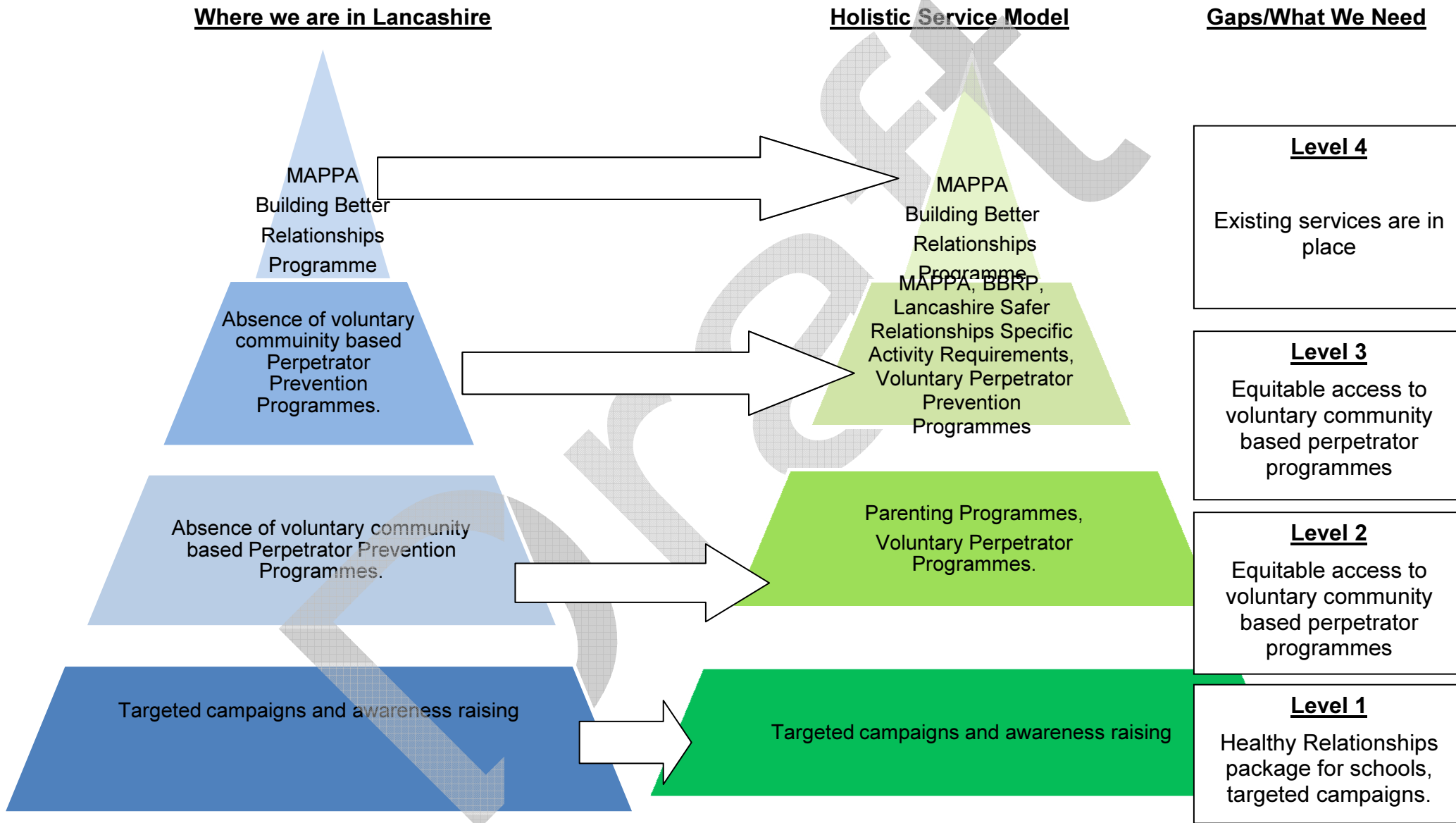
Where we are in Lancashire

Holistic Service Model

Gaps/ What We Need

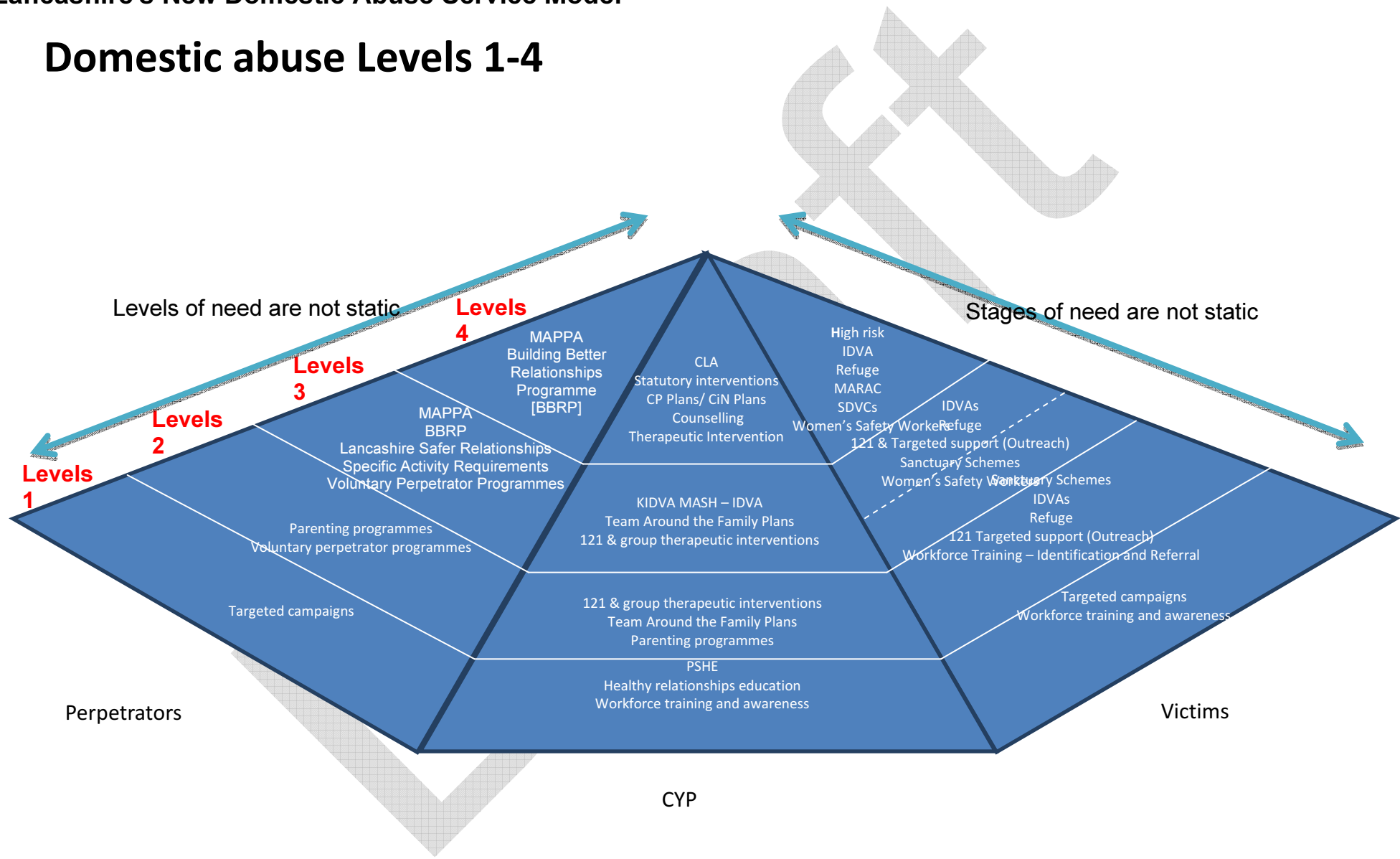


5.3 Needs Assessment Domestic Abuse Perpetrator Services in Lancashire:



5.4 Lancashire's New Domestic Abuse Service Model

Domestic abuse Levels 1-4



6. Do / Implementation

Work Theme Areas

6.1 Awareness, Identification and Referral

- ✓ Develop a Domestic Abuse e learning module for the workforce which raises awareness and includes signposting to services.
- ✓ Adopt the national Home Office e-Learning package on honour based violence, forced marriage and female genital mutilation
- ✓ Ensure all domestic abuse VCFS providers to have at least one single point of contact (SPOC) with an encrypted email address to cover: MASH data, domestic homicide reviews (DHRs), court listing data.
- ✓ Increase awareness of the impact of behaviour and promote healthy relationships
- ✓ Launch DA publicity campaign 'White Ribbon'

6.2 Prevention

- ✓ Develop an online resource for schools to support them in their delivery of healthy relationships education.
- ✓ Further develop the school health needs assessment process undertaken by school nurses to ensure that needs in relation to healthy relationships are understood and appropriate support is provided.
- ✓ Develop and deliver a comprehensive training programme for schools and school nurses to ensure they have the necessary skills and knowledge to promote healthy relationships.
- ✓ Ensure schools have effective links into specialist support services to ensure CYP and families identified as at risk of experiencing domestic abuse receive timely interventions.
- ✓ Supporting Children's Centres and Early Health Relationships.

6.3 Early Support

- ✓ Commission early support services for families experiencing domestic abuse across Lancashire.
- ✓ Ensure referral mechanisms into support are in place.
- ✓ Establish monitoring and performance reporting arrangements.
- ✓ Carry out consultation with partners and stakeholders throughout all stages of the commissioning cycle.

6.4 Victims and Children and Young Peoples Medium and High Risk Support

- ✓ Carry out co-production process to design new service for Victims and CYP
- ✓ Commission a 6 month pilot DA Victims and CYP service and embed learning into new service.
- ✓ Create DA evaluation specification
- ✓ Complete Open Competitive Tendering process for new Medium to High Risk Victims and CYP service
- ✓ Establish robust monitoring and performance reviews.
- ✓ Plan the re-commissioning of refuges.

6.5 MARAC Coordination

- ✓ Refresh terms of reference and sign off by membership of MARAC steering group
- ✓ Create a training sub group to implement the MARAC training work plan
- ✓ Procure an IT case management system for MARAC
- ✓ Recruit additional MARAC admin to provide resilience, auditing role and co-ordination function

6.6 Perpetrator Programme

- ✓ Carry out service user consultation with perpetrators and victims and CYP.
- ✓ Commission new preventative perpetrator service.
- ✓ Research the implementation of PDVO (Police Domestic Violence Order) for Lancashire.
- ✓ Design integrated working links with children's social care for perpetrator consent/mandatory attendance.
- ✓ Agree assessment suitability process.
- ✓ Design integrated service pathways with all partners particularly Adults Services, Children Centres, substance misuse services, housing services.

6.7 Criminal Justice Response

- ✓ Undertake gap analysis of the Criminal Justice System and points where victims need additional support
- ✓ Develop robust collaborative working arrangements with partner agencies to manage risk.
- ✓ Refresh the Specialist Domestic Violence Courts protocol and training packages.
- ✓ Training for Criminal Justice agencies regarding DA awareness, responses and support.
- ✓ Develop strong communication strands
- ✓ Challenge the attrition rate of cases

6.8 Other Partnership Action

- ✓ Utilise nationally available training such as that available through CAADA (Coordinated Action Against Domestic Abuse), Respect and the IRIS project in addition to local models such as the NHS East Lancashire MARAC training provided to GPs.
- ✓ Improved access to therapy for victims will help to address psychological difficulties following abuse.
- ✓ Provide access to counselling specialist support for CYP to reduce the impact of living with domestic abuse and increase resilience.
- ✓ Implement Her Majesty's Inspection of the Constabulary (HMIC) inspection recommendations

7. Review Stage

7.1 Monitoring Arrangements

Each commission will be required to produce quarterly and annual financial and performance reports, including the quality and performance outcome standards. Quarterly review meetings will be used to ensure success is celebrated and to resolve any barriers.

Domestic Homicide Reviews and Serious Case Reviews learning will be incorporated into improving practice and outcomes. This will be aligned to the National learning and link to wider improvements and reviews.

7.1 What difference did we make?

The partnership will commission a provider to carry out a whole system evaluation which will enable commissioners to independently:

- ✓ evidence the outcomes that the DA services have on victim safety and social benefit.
- ✓ understand the value of this work, enabling Lancashire to make intelligent cost benefit analysis for future funding decisions.
- ✓ develop consistency of reporting through a shared understanding of needs and a shared agreement of goals.

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- ✓ evaluate good practice, motivate Lancashire's services to build on strengths and address areas for development to further increase the safety of service users.
- ✓ provide detailed reports and independently-verified data, which can be shared to engage a range of stakeholders.
- ✓ track a number of cases and their families, selected at random, as they journey through the DA services
- ✓ analyse the cost of these cases and their families going through the DA services and partnership agencies

8. Conclusion

As a whole, implementing this comprehensive vision depends on the professional engagement of agencies and partnerships across Lancashire.

In order to develop and maintain a high standard of partnership working it is essential that all strategic groups and agencies are fully committed to the implementation of this commissioning strategy.

9. Glossary

- CIDVA – Children's Independent Domestic Violence Adviser
- CYP – Children and Young People
- IDVA - Independent Domestic Violence Adviser
- IRIS – Identification and Referral to Improve Safety
- ISVA - Independent Sexual Violence Adviser
- MARAC – Multi Agency Risk Assessment Conference
- SDVC – Specialist Domestic Violence Court
- SPOC – Single Point Of Contact