



Home Office

Violence Against Women and Girls Services

Supporting Local Commissioning

December 2016



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Part A: Context

Section 1: About the toolkit

This toolkit compiles information in a practical way to demonstrate how commissioning services to tackle Violence Against Women and Girls (VAWG) can be done to meet needs effectively. It will be useful for:

Commissioners, providing a practical guide to commissioning VAWG services; and
Service providers, to understand how to meet commissioners' needs.

The purpose of this toolkit is to ensure that professionals can work together to provide an effective commissioning approach to anyone affected by any form of VAWG.

VAWG covers a range of unacceptable and deeply distressing crimes, including domestic violence and abuse, sexual violence and child sexual abuse, stalking, so called 'honour-based' violence – including forced marriage and female genital mutilation (FGM), gang related violence, and human trafficking.

This toolkit is focused on commissioning services in England. For services in Wales, see: Tackling Violence Against Women, Domestic Abuse and Sexual Violence: A collaborative commissioning toolkit for services in Wales which has been developed to reflect the specific context in Wales¹.

1.1 How to use the toolkit

We recommend reading the document as a whole to achieve a full understanding of a whole system approach to commissioning VAWG services. It may be helpful as the basis for discussion and will help in the completion of a business case for local development.

This document has been developed to support the implementation of the National Statement of Expectations (NSE). It aims to bring together key information for commissioners to consider when beginning the process of commissioning specialist VAWG services.

It is important to remember that service provision makes up only one small part of a survivor's journey and commissioners should also be considering the issue of VAWG in the round; including prevention, provision of services, prosecution and justice, and the ongoing support that the survivor may need.

This document should not be used in isolation and we recommend that commissioners also refer to the range of information made available through the resources and links sections. It is important for commissioners to engage with specialist service providers, the sector and the local population.

¹ https://www.lloydsbankfoundation.org.uk/VAWDASV%20Toolkit_Wales_web.pdf

1.2 Toolkit structure and content

The toolkit is structured in a way that reflects the commissioning cycle. Figure 1 represents each section of the cycle and this is mirrored in each of the toolkit sections. Each section has a common structure that begins with a short summary and ends with some practice points, with suggested resources for exploring a topic in more depth at the end of the toolkit. In practice, some of these phases may be happening simultaneously. Case studies are included highlighting elements of good practice as well as direct quotes from the focus groups with survivors, service providers and commissioners which informed this work.



Figure 1: The commissioning cycle

Section 2: Definition, policy and legislative framework

- | | |
|-----|--------------------|
| 2.1 | Introduction |
| 2.2 | Definition of VAWG |
| 2.3 | The scale of VAWG |
| 2.4 | The EU Directive |

2.1 Introduction

The Government's new Violence Against Women and Girls Strategy², and the National Statement of Expectations sets out the importance of joined up commissioning. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to improve public sector responses to abuse and violence.

Across England and Wales, there is a collection of policy documents that draw upon a number of reviews that acknowledge the wide reaching nature of VAWG. These are referenced in the resource section.

2.2 Definition of Violence Against Women and Girls

As the Government set out in the original Call to End Violence against Women and Girls, VAWG is a gender-based crime which requires a focused and robust cross-government approach underpinned by a single agreed definition. The Government adopted the United Nations (UN) Declaration (1993) on the elimination of violence against women to guide activity across all government departments:

“Any act of gender-based violence that results in, or is likely to result in physical, sexual, psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”

Violence and abuse can happen to people of all ages, sexualities, cultural, social and ethnic backgrounds, which is why it is imperative for services to meet the diverse needs of victims and survivors. Abuse should also be understood as a cause and consequence of gender inequality, and as a result, impacts disproportionately on women and girls. At any stage of life it causes varying degrees of harm, vulnerability and disadvantage in a number of overlapping ways. This includes impacts on physical and mental health, damage to self-esteem and confidence, isolation, homelessness, and reduced economic prospects. For example, for BME women and girls, these issues can be compounded by multiple, intersecting inequalities and a broader context of social exclusion and marginalization³.

² Violence Against Women and Girls Strategy:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

³ **Women and girls at risk:** Women who are also subject to inequalities of race, class, poverty and/ or being part of a particular minority group (such as a Traveller or migrant community) face multiple risks. In other words, when thinking about women and girls at risk, understanding gender inequality is absolutely essential – but alone it is not enough (McNeish & Scott, 2014)

VAWG will often include many different types of abusive and controlling behaviour which are used together intentionally to control another person, be they adult or child, or to have power over them. It is rarely a one-off experience, and usually gets worse over time. We also know that perpetrators are most likely to be known to the person experiencing the abuse.

“FGM, forced marriage and honour based violence are all part of the continuum of abuse”

Service provider, 2015

Both women and men can experience violence and abuse, as an adult or a child. Every case should be taken seriously and each individual given access to the specialised, gendered support they need. Any form of violence is unacceptable.

2.3 The scale of VAWG

Evidence shows that women and girls disproportionately experience repeat incidents of domestic abuse, sexual abuse and all forms of sexual violence and other forms of violence and abuse such as forced marriage and female genital mutilation. All governments have a responsibility to progress the elimination of such gender-based violence under international directives upheld by the UN. This is of utmost importance in part due to the sheer scale of the problem:

- In November 2009, Sylvia Walby of the University of Lancaster estimated that providing public services to victims of VAWG, and the lost economic output of women affected, **costs the UK £36.7bn annually**
- In 2014-2015, the Crime Survey for England and Wales estimated that 1.3 million women and 600,000 men (aged 16-59) experienced any type of domestic abuse in that year. **Over 1 in 4 women** (4.5 million individuals) reported having experienced domestic abuse since the age of 16.
- There is a major overlap between direct harm to children and domestic abuse - 62% of children exposed to domestic abuse in a recent study were also directly harmed⁴
- Evidence suggests that between 50% and 80% of women in prison have experienced domestic and/or sexual abuse⁵
- Nearly 50% of female clients at St Mungos have experienced domestic violence, and one third said domestic violence had contributed to their homelessness⁶
- Almost two thirds of women involved with domestic violence agencies reported that their problematic substance use began following their experiences of domestic violence⁷

⁴ In Plain Sight: Effective help for children exposed to domestic abuse, CAADA 2014

⁵ (Corston, Jean (2007) *The Corston Report: A review of women with particular vulnerabilities in the criminal justice system* (London: Home Office); Hooper, C. (2003) *Abuse, interventions and women in prison: A literature review* (London: Home Office)

⁶ (Rebuilding Shattered Lives, St Mungos 2014)

⁷ Mayor of London, Domestic violence and substance misuse: overlapping issues in separate services? 2005

- 137,000 girls and women are living with the consequences of FGM in the UK and 60,000 girls under the age of 15 are at risk of FGM⁸.
- 82% of cases dealt with by the Forced Marriage Unit involve female victims; 18% involved male victims.
- Approximately **85,000 women and 12,000 men are raped in England and Wales alone every year**⁹
- Nearly half a million adults are sexually assaulted in England and Wales each year¹⁰
- 1 in 5 women aged 16 - 59 has experienced some form of sexual violence since the age of 16¹¹
- Only around 15% of those who experience sexual violence choose to report to the police¹²
- Approximately 90% of those who are raped know the perpetrator prior to the offence¹³
- Around 21% of girls and 11% of boys experience some form of child sexual abuse, including rape.¹⁴
- 31% of young women aged 18-24 report having experienced sexual abuse in childhood (NSPCC, 2011)
- In 2012-13, 22,654 sexual offences against under-18s were reported to police in England and Wales with four out of five cases involving girls (NSPCC, 2014)
- People with a history of extensive childhood sexual and physical abuse are 15 times more likely to have 3 or more common mental health disorders; 15 times more likely to commit suicide, 12 times more likely to be admitted to an in-patient unit¹⁵
- According to the 2012/13 Crime Survey for England and Wales, after the age of 16, stalking affects 4% of women and 2% of men a year.
- Both women and men with a long-term illness or disability were more likely to be victims of any domestic abuse in the last year (12.8% and 7.3% respectively), compared with those without a long-term illness or disability (4.6% and 6.1%).
- Similarly, women with a long-term illness or disability were more likely to be victims of stalking (6.5%) than those without (3.7%).¹⁶
- It is estimated that there are 1,250 cases of sexual assault against adults with a learning disability in England and Wales every year. This is very likely to be an under-estimate, because some people with disabilities have difficulty communicating.

⁸ <http://www.forwarduk.org.uk/key-issues/fgm>

⁹ An Overview of Sexual Offending in England and Wales, the first ever joint official statistics bulletin on sexual violence released by the Ministry of Justice (MoJ), Office for National Statistics (ONS) and Home Office in January 2013.

¹⁰ *ibid*

¹¹ *ibid*

¹² *ibid*

¹³ *ibid*

¹⁴ 'Partner exploitation and violence in teenage intimate relationships' NSPCC Sept 2009

¹⁵ Scott et al 2013

¹⁶ Crime Survey England and Wales 2011/12

Perpetrators

The NSE and the VAWG strategy are clear that it is important to consider the need to work with perpetrators more effectively. For example, most men that perpetrate sexual and domestic violence within a relationship will still have contact with a mother and children after a relationship ends and most will move onto a new relationship, potentially creating more victims. Perpetrator programmes can assist with helping perpetrators to end their abusive behaviour and also help fathers to address the impacts of their abusive behaviour on their children.

Perpetrators may often target victims from vulnerable groups, even if they don't belong to those groups themselves. BME women with insecure immigration status and no recourse to public funds, for example, can be vulnerable to perpetrators who know they fear engagement with statutory services and lack information about their rights. People living with disabilities, or older women, may also experience abuse from those outside of the family network, for example the perpetrator could be a carer or personal assistant. It will be important to ensure good local links between agencies working with people with disabilities and domestic violence services to promote disclosures and referrals. The Disability Discrimination Act 1995 obliges service providers to ensure that people with disabilities can use their services.

Victimisation also includes abuse in same-sex relationships. LGBT people can experience specific forms of abuse that may also act as barriers to seeking help, such as threats to reveal sexuality to family or colleagues. The perpetrators of the abuse may be current or ex-partners (these may be either a same sex partner or, particularly for women, a former heterosexual male partner or family members).

LGBT people require the same services as the rest of the community, but it is important to consider that there may be differences in how they choose to access them. In some cases they may also have had negative experiences when accessing services. For example, there is a common experience of heterosexism (the assumption that everyone is heterosexual) and homo/bi/transphobia (discrimination on the basis of sexual orientation and gender identity).

2.4 The EU Directive

The EU Directive on the rights, support and protection of victims of crime sets minimum standards of service provision to support victims. Article 8 outlines duties to establish specialist support services in addition to, or as part of, the more general victim support services. As with general support services, access to specialist support should not depend on whether the crime has been reported.

The objective of the rules is that all victims of crime and their family members are recognised and treated in a respectful and non-discriminatory manner based on an individual approach tailored to the victim's needs.

The rights include:

Rights of victims' family members

Family members of deceased victims will enjoy the same rights as direct victims, including the right to information, support and compensation. Family members of surviving victims also have the right to support and protection.

Right to understand and to be understood

All communication with victims must be given in a simple and accessible language. The form of communication must be adapted to the specific needs of every victim, including for example needs related to age, language or any disability.

Right to information

The national authorities must give victims a range of information concerning their rights, their case and the services and assistance available to them. The information must be given from the first contact by a competent authority and without delay.

Right to support

Member States must guarantee that victims have access to support services and the authorities must facilitate the referral to such services. Support must be free of charge and confidential and available also to victims who do not officially report the crime. Both general support services – which are open to all victims of crime – and specialist support services must be available. Specialist support includes shelters, trauma support and counselling adapted to different types of victims.

Right to participate in criminal proceedings

Victims will get a more active role in criminal proceedings. They will have the right to be heard and be informed about the different steps of the proceedings. If victims do not agree with the decision not to prosecute, they have the right to challenge the decision. Victims also have the right to compensation and if restorative justice proceedings are used in the national system, there are now rules that ensure the safe participation of victims.

Rights to protection

Victims must be protected from the offender throughout the criminal proceedings. In order to determine their protection needs, all victims must receive an individual assessment to see whether they are vulnerable to further harm that may arise during the criminal proceedings. If so, special protection measures must be put in place to protect them during the proceedings and against any possible threat from the offender. Special attention is given to the protection of children.

Part B: The Commissioning Cycle

Section 3: Analyse

- 3.1 Introduction
- 3.2 Needs assessment
- 3.3 Mapping provision
- 3.4 Mapping spend
- 3.5 Opportunities for joint commissioning
- 3.6 Pooled budgets
- 3.7 Grant-based funding
- 3.8 Co-production of services
- 3.9 The procurement process
- 3.10 Practice points
- 3.11 Case study: London's Tri-borough



3.1 Introduction

This first section of the toolkit describes the initial approach to commissioning and includes some important aspects: mapping provision, mapping expenditure, opportunities for joint commissioning, pooled budgets and grant-based funding. It provides an overview of some of the activities that underpin a successful collaborative commissioning approach.

At the beginning of the commissioning process, service users, service providers and your local community should have their needs considered in the decision-making process, through the development of a needs assessment and formation of a specification for service delivery models. This means that **all groups, particularly the most vulnerable, have opportunities to participate in the process through wide and meaningful consultation**, which can include taking an active role in the marking of tender documents and interviewing prospective service providers. Consultation should involve all those affected by violence and abuse and child sexual abuse, no matter which services they may or may not access. The approach to commissioning should be strongly framed in an equalities-based approach, across each aspect of the commissioning cycle to ensure an equalities-informed consultation.

Wider stakeholders are critical to this stage of the commissioning cycle, including partners in the police, health sector, charities, community organisations and schools. Ensuring **adequate time and resources are allocated** for this consultation is particularly important when engaging with smaller, specialist services. Engagement of service users should include covering their travel, childcare and interpreting costs, considering the accessibility of venues and the timing of consultations to take account of factors such as school hours and religious and community festivals.

3.2 Needs Assessment

While Joint Strategic Needs Assessments can help to identify some needs, they typically focus on health and social care needs. Similarly, Strategic Assessments compiled by Community Safety Partnerships, Police and Crime Commissioners (PCCs) and Police Forces tend to focus on recorded crime data, which doesn't represent the true picture of violence and abuse.

Prevalence data shows only one side of the problem in terms of how widespread it is in our societies.

"We need to challenge the preconceptions of need"

Service provider, 2015

Most cases of VAWG are unreported to statutory agencies. Many victims and survivors will not tell anyone about what has happened. For example, the Crime Survey England and Wales 2007/2008 showed that only 11% of victims of sexual assault say they told the police and 40% of women had not told anyone about a serious sexual assault since the age of 16. Only around 15% of those who experience sexual violence choose to report to the police¹⁷.

Those that do make a disclosure may not approach state services for support and may rely on a specialist agency. A number of victims and survivors may also not wish to disclose their attack to the police. Conducting a specific VAWG needs assessment, which seeks to identify the specific elements of VAWG, highlights what work is required to meet these needs, including those of the most vulnerable groups. It will enable gaps to be identified and all information to be gathered about the services that are available to those who need to access them.

The needs assessment helps ensure the specific needs of survivors and service users are fully understood so individuals are not shoe-horned into a generic service response which may otherwise lead to an escalation of needs and require a more intensive response. It highlights the overarching view of need and informs strategy development and commissioning intentions – see Section 4.

"They're trying to fit us 'circles' into 'square holes', but we're circles, not squares"

Service provider, 2015

A needs assessment is also a great opportunity to **involve current or potential service users in the planning process**. Their knowledge and experience will build on what is already known about their journeys towards recovery, gaps and missed opportunities and should be supplemented by data from all sources. By doing this, a responsive approach can be taken to the commissioning of services. **Equalities-proofing and sense checking** your needs assessment and resulting recommendations is a critical part of the process to ensure that the data is not misinterpreted or analysed in ways that could cause harm. Equalities proofing means applying a substantive equality model approach not a

¹⁷ ONS 2013

formal equality model approach – i.e. not treating everyone's need as the same, and acknowledging difference.

An effective needs assessment will include the following:

- Survivor experience at different points in their journey.
- Local specialist service experience of, and data around need and gaps – many women and girls do not report experiences of violence to statutory agencies so information from women's organisations is critical to building understanding.
- Qualitative and quantitative data from public sector services – in particular children's social care, adult social care, housing and homelessness services.
- Where available, evidence of need taken from the health sector to include A&E, maternity services, mental health and GPs.
- Demographics of the population and thus estimated demographic levels of need.
- Evidence of need taken from Domestic Homicide Reviews, serious case reviews, HMIC reports on rape attrition and on detection/prosecution of 'honour based violence', and the widely reported child sexual exploitation reports.

However data collection is undertaken, at the conclusion, all commissioners should be able to answer 4 questions:

- What do individuals who are part of the community identify as their needs?
- What needs are not being met by service providers?
- Does the identified need fit with your existing strategy?
- Do commissioners have the knowledge, skills and experience to consult with service users affected by violence and abuse?

If there is a gap in this knowledge, commissioners should **seek expert advice and support from the specialist sector**. If commissioners want to consult in a meaningful and effective way with service users, consideration should be made to how this would be best achieved – one option might be to commission the skills of a specialist sector expert – see Appendix II.

3.3 Mapping provision

Following the needs assessment, existing services need to be mapped locally.

Understanding existing provision is an integral part of the commissioning cycle. It helps commissioners to identify gaps in service, understand what is needed, by who and when. The mapping exercise should inform future service planning processes. It is important to include all public sector services in the mapping exercise.

Through the mapping exercise, commissioners need to ascertain:

- What are the typical pathways for victims and survivors and what are the different levels of need – including crisis point through to long term support and recovery?
- What are the current criteria – and gaps?
- How are services meeting the needs of service users and prioritising their safety, security and dignity?
- Which services are well aligned to the needs of the population?
- Which services need to change to ensure diversity and fair access?
- Is there any duplication and/or gaps in the system? Are there services where quality is not of a high enough standard?
- What are the costs of services and how effective are they? Are they good value for money?
- Do they meet the criteria of minimum standards in terms of the Victims Directive?

Through the mapping exercise, commissioners should have a **thorough understanding of strengths and weaknesses of existing provision** and the skills, competencies and capabilities of the workforce needed to deliver this – (see National Shared Core Standards in Appendix II). The process should also help to identify any potential for innovation and development, through an examination of the evidence base for change and improvement. This will allow commissioners to explore how services might be developed or reconfigured, grounded in an understanding of service users' experiences of available provisions.

3.4 Mapping Spend

Alongside the process of mapping services, current spend on specialist provision and on responding to VAWG across public services should also be analysed. It is likely that service providers are funded from a variety of different funding streams and commissioners, from PCCs, health and local authorities as well as from grant making trusts and private foundations. Gathering data from commissioners and service providers will help create a picture of whose budgets pay for existing service provision, the length of provision for different funded services and the total sum of money available to fund services in an area. This analysis is critical in identifying opportunities for joint commissioning and pooling budgets. It will also support the opportunity to offer stability and opportunities for development in the specialist sector by providing longer-term funding. **Where available, commissioners should use the Home Office 'ready reckoner tool'** which used findings from the British Crime Survey to estimate the need for some local services for domestic violence, sexual violence and stalking in their local area.¹⁸

¹⁸ <http://crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm>

It's important to remember, however, that these estimates are not suitable for all service provision. For example, **most women accessing refuges come from different local areas** so estimates for refuge provision cannot be made using this data.

Evidence shows that the majority of those accommodated in refuge will be from out of area (Women's Aid Annual Survey, 2015) - for many survivors fleeing domestic abuse, their immediate safety from harm will be dependent on access to a safe, secret space outside of the local authority where they are usually resident. Local refuges need to be linked into a national network of provision, as well as being repositories of local knowledge and expertise. Limiting access to refuge based on locality compromises the ability of this national network to function effectively and provide support to all those who need it.

Locality caps or restrictions should not be written into tenders. It is also worth considering that where a specialist refuge is in the local area (for example, serving BME women, women with particular support needs or women from a particular ethnic group), this provision may well be one of a kind nationally, meaning that the implications for cuts or closure are potentially of national significance.

Victims and survivors of sexual violence may also need a place of immediate safety from harm outside of the local authority where they are usually resident.

The use of public services to identify and respond to VAWG has a significant impact on budgets. Adopting an **'invest to save'** approach to commissioning can be achieved through the provision of early intervention and prevention services – see the Women's Aid Federation of England and Welsh Women's Aid 'Change that lasts'¹⁹ and SafeLives 'One Front Door' approaches.²⁰ Investment in BME-led specialist organisations has been shown to deliver significant financial savings as well as a range of social benefits and outcomes for service users. For example, Ashiana Network delivers a crisis-based, early intervention, prevention response to BME women affected by domestic violence, forced marriage and so called 'honour-based' violence as well as providing training and national/local policy advice. An SROI analysis shows that for every £1 invested in Ashiana Network, £8 of social value is generated to clients over five years,²¹ while the 'Value of the Women's Voluntary and Community Sector Delivering Health Services' report states - cost saving calculations were conducted for one year of service delivery in 2014- 2015 show that Rape Crisis Centres service delivery saved the NHS £75 million.²²

3.5 Opportunities for joint commissioning

Identifying opportunities for joint commissioning across PCC, public health and local authority for example can lead to more joined-up services. Establishing a VAWG joint commissioning group is good practice. This group should have a named lead locally and succession planning should be in place to ensure ongoing leadership and accountability. If this isn't feasible, talking to other commissioning groups, such as drug and alcohol and

¹⁹ <https://www.womensaid.org.uk/our-approach-change-that-lasts/>

²⁰ <http://www.safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

²¹ http://thewomensresourcecentre.org.uk/wp-content/uploads/WRC-Ashiana-SROI-report_2011.pdf

²² Women's Health and Equality Consortium, November 2016

public health for example can yield opportunities for future joint working. In most areas, PCCs will host events to identify priorities for their Police and Crime Plan and this could be an opportunity to start the discussion in relation to joint commissioning of services. PCCs are ideally placed to bring all local commissioners together, including those from health and local authorities, to develop collaborative and joined up commissioning. As noted in the VAWG strategy PCCs are already required to widely publish details of victim services funded via Ministry of Justice grants. Their commitment to supporting victims of VAWG is evidenced by over 65% of funding from the PCC competed fund in 2014/15 supporting VAWG-related services. PCCs are also, as local elected representatives, ideally placed to monitor and hold to account the provision of services locally, notwithstanding the fact that they too will be a commissioner of VAWG services. Commissioning services doesn't just mean procurement and commissioners should seek to identify the most appropriate method – for example, grant based funding, co-production and preferred provider partnerships.

3.6 Pooled budgets

3.6.1 What are pooled budgets?

Pooling budgets combines funds from different departments or organisations to tender for services and achieve shared outcomes. It can help to promote integrated services and enable organisations to develop and build on joint working. This is important because funding for VAWG services can often be fragmented, to the detriment of survivor experiences.

There is a trend towards larger geographical areas as commissioning groups come together to look for greater consistency of provision and to make the most of pooled budgets. While these are desirable outcomes, commissioners need **to make sure that a larger tender hasn't accidentally skewed the playing field for bidders** by indirectly (or indeed directly) favouring bids from large, generic providers. For example, tenders where there is a specific request for a single, large provider, insufficient time for the delicate work of consortia/partnership forming, or a small number of extremely high-value lots requiring bidders to be in a very strong financial position will limit the ability of local specialist services to put in a bid.

“Building a consortium requires a huge resource”

Service provider, 2015

These local services will likely have developed as a response to the particular needs of the area and contain within them years of specialist knowledge and expertise relevant to the communities they serve. This issue is particularly relevant for specialist organisations (e.g. for BME, adult survivors of child sexual abuse, people who define themselves as lesbian, gay, bisexual and/or transgender, queer, questioning or intersex - LGBT) embedded in marginalised communities, which can engage with survivors who may be reluctant to make

contact with statutory services/non-specialist organisations and are often at highest risk of domestic homicide.

Consistency and value does not have to come at the price of accessibility, however. Simple steps to prevent this from happening include:

- Levelling the playing field by cutting down the lot sizes
- Slowing the pace of the process
- Weighting scoring to favour consortia and/or local experience and social value
- Setting a suitable cost/quality ratio that prioritises excellence of practice

This will provide all suitable-bidders with an opportunity to compete on a more equal footing, widening the number of good quality bids and increasing the odds of identifying best value locally.

3.6.2 Why jointly fund or pool budgets?

The biggest advantage to commissioners and service providers of a pooled budget is the ability to align services against a common set of outcomes. In addition, commissioners can mainstream VAWG outcomes into generic commissioning processes. This should support an improvement in the quality and consistency of support to service users, reduce any duplication and in turn, represent better value for the community. It is important to align the quality of services with the National Shared Core Standards – see Section 6: ‘Review’.

Instead of having to deliver highly specified services targeting narrow outcomes against fragmented budget codes, service providers can tailor interventions according to the needs of service users and also respond much faster when their needs change. By **focusing on a shared set of goals**, commissioners can improve services.

Creating pooled budgets has many benefits:

- **Innovation** – funds can pay for integrated models of service delivery. This could result in improved confidence and continuity of support for the survivors. It offers the opportunity to create multi-disciplinary teams, rather than separate services so that survivors and their children can be offered holistic support.
- **Improved responses** – as there are fewer steps in a process to identify survivors’ needs, an offer of the most appropriate service can be much swifter.
- **Flexibility** – for service providers to invest in bespoke support to meet survivors’ complex needs such as safety, mental health, access to benefits and support through their recovery
- **Enabling use of capitation** – to fund service providers to look at holistic needs and achieve shared outcomes, rather than focusing on a specific activity or task.
- **Joined-up working** – collaboration as funding is shared and decisions are made together.

“Flexibility of response is crucial when providing services”

Service user, 2015

3.7 Grant-based funding

The rules on grants and contracts are complicated and nuanced and it would always be sensible to seek legal, financial and procurement advice on which one is more suitable to achieve the intended outcomes and which is likely to provide the best value for money. The National Audit Office's Successful Commissioning Toolkit provides information on the appropriateness of using grants or contracts²³ and can help commissioners to think through the most appropriate approach.

Within this framework, it is vital to recognise that grant giving is a legitimate commissioning technique. **Grant regimes are typically more responsive and allow greater flexibility in meeting complex outcomes.** OJEU guidance²⁴ provides details about cut-off points for grant funding and information about whether commissioners are obliged to tender. **In many cases, the use of grants is an appropriate and proportionate approach** and helps to avoid many of the challenges associated with commissioning. It is particularly well suited to work with local, specialist services. Further advantages of grant based funding include **simplicity of transaction** and a more efficient process, whilst still able to be discerning and ensuring only the best organisations are funded. Grant based funding is **particularly appropriate when commissioning specialist organisations** that are difficult to replicate and cannot simply be relocated to another provider e.g. BME-led provision, LGBT provision, women's provision and organisations working on substance misuse or mental health. If there are time or resource limitations, grant based funding is a more viable option to consider. The Public Contracts Regulations (January 2016)²⁵ provides notification of the new threshold levels to apply for the purposes of the procurement Regulations, as below.

3.7.1 Thresholds in the Public Contracts Regulations

Supplies & Services

(except subsidised services contracts)

Schedule 1 bodies	£106,047
Others	£164,176

Subsidised services and contracts

All bodies	£164,176
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Works

All bodies	£4,104,394
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Light Touch Regime for Services

All bodies	£589,148
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²³ <http://www.nao.org.uk/successful-commissioning/successful-commissioning-home/sourcing-providers/>

²⁴ <http://eur-lex.europa.eu/oj/direct-access.html>

²⁵ <https://www.gov.uk/government/publications/procurement-policy-note-1815-new-threshold-levels-2016>

Small lots

Supplies and services	£62,842
Works	£785,530

Other benefits arise due to the significant resource requirements imposed on commissioners and service providers if the full tendering process is followed, which can undermine the perceived cost-benefit of tendering in the first place. Analysis of the various options and the market for providers should form part of this phase in the commissioning cycle.

3.8 Co-production of services

Good commissioning should begin with an understanding that VAWG survivors are experts in their own lives and are integral to the design of services. Equally, specialist service providers have a breadth of expert knowledge and experience to draw on. Involving survivors and specialist service providers in the whole commissioning process by way of co-production brings a range of benefits for all of those involved:

- Survivors with lived experience can contribute in a meaningful and empowering way
- Commissioners feel more confident that they will get future services right for survivors
- Service providers find there are more opportunities to recognise the skills and assets they have and an opportunity to work in equal partnership with statutory services.

3.9 The procurement process

Where a procurement process is followed, public sector contracts for VAWG services can involve a range of approaches, specifically:

- **The open procedure:** services are expected to return a tender by a specified date, when all tenders are evaluated prior to a contract being awarded.

If using this approach:

- ✓ **Commissioners should consider what support and time VAWG service providers may need to enable them to fully engage in the process, as they could be put at a distinct disadvantage to large organisations which have specific bid writing functions.**
- **The restricted procedure:** a two-stage process where interested suppliers complete a questionnaire and a shortlist is drawn up. In the second stage, the shortlisted suppliers are invited to respond to an invitation to tender (ITT). The tenders are then evaluated and the contract awarded.

If using this approach:

- ✓ **Commissioners should hold pre-procurement engagement events with the market so that the questionnaire is designed to draw out what is important to victims and survivors and specialist services including specialist BME-led service providers, whilst being mindful of commercial sensitivity.**
- **Innovation partnerships:** a focus on innovation partnerships has recently been introduced by the Public Contract Directive. They will enable commissioners looking to redesign services to invite potential partners to apply to join them in an innovation partnership. This partnership has responsibility for jointly redesigning services and one of the partners will become the delivery agent once the redesign is commissioned, with no further competitive tendering required.²⁶

If using this approach:

- ✓ **Preliminary market consultations between contracting authorities and suppliers are encouraged, which should facilitate better specifications, better outcomes and shorter procurement times.**
- ✓ **There is more freedom to negotiate. Constraints on using the competitive procedure with negotiation have been relaxed, so that the procedure will generally be available for any requirements that go beyond ‘off the shelf’ purchasing**
- ✓ **The distinction between Part A and Part B Services has been removed, and a new light-touch regime introduced for social and health and some other services. There is an OJEU advertising requirement and other specific obligations for this new light-touch regime, but a much higher threshold has been agreed (€750,000) – see Section 3.7.1.**
- **Framework agreements:** a process to use where commissioners know they are likely to need particular services, but are unsure about exactly what they’ll need or when. If using this approach, commissioners establish a group of approved suppliers that they can use when necessary.

3.10 Analyse: Practice points

- ✓ Establishing a **commissioning task and finish group** with VAWG experts i.e. specialist providers and other commissioners can help to identify sources of and gaps in data as well as providing strategic oversight over the process. Broadly speaking, having access to a **critical friend** from another area or second tier domestic abuse/ sexual violence /specialist VAWG organisation and national/local specialists²⁷ with good understanding of VAWG within an equalities context can be particularly helpful.

²⁶

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472985/A_Brief_Guide_to_the_EU_Public_Contract_Directive_2014_-_Oct_2015_1_.pdf

²⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

- ✓ It's important to **thoroughly map all points of service access in the region**, whether commissioned or not - this will include data gathering from smaller and/or more generic community/voluntary sector organisations that women may access for support around welfare, legal, financial, immigration/asylum and/or housing issues even where it's not specifically a domestic abuse, sexual abuse or VAWG activity. These services are usually key access points for reaching women who experience specific vulnerabilities/marginalisation across all of the protected equality characteristics.
- ✓ Engagement should always be done by those with the skills, knowledge and experience of supporting survivors of domestic abuse, sexual violence and child sexual abuse and of how to communicate with people at risk. **Better, richer quality data can be obtained when the individuals/organisations commissioned to undertake these exercises are specialist organisations with direct experience of VAWG and service user engagement.**
- ✓ Considering the needs of participants can help to **secure engagement** e.g.
 - providing childcare facilities
 - resources for interpreting
 - holding sessions in accessible and 'safe' places
 - running dedicated sessions for different groups in community-based settings
 - thinking about different methods of participation.
- ✓ Service users themselves can advise on the best way to engage.
- ✓ Building appropriate costs into budgets can ensure BME and other specialist domestic abuse and sexual violence organisations are **adequately resourced** for the time and knowledge they need to commit to secure engagement and ensure equitable, non-discriminatory and inclusive services are provided. In Birmingham, for example, commissioners were supported by an Urdu speaking support worker from a BME-led specialist organisation to take part in a consultation exercise to determine the needs of the local Pakistani women. This enabled the women to have equal access to the consultation and also provided a rich body of evidence to the local commissioner.
- ✓ In addition to local specialist VAWG services, there will also be other commissioning functions, such as drug and alcohol where pockets of good practice will be available. This will provide opportunities to share data and look for ways to introduce **horizontal commissioning** for example. Triangulation of data across different departments and functions provides a much more robust picture of need.
- ✓ A meaningful needs assessment has to consider **intersecting identities and intersecting experiences of violence and abuse**. This includes understanding the different ways in which women across a range of protected characteristics prefer to access support. For example, does the assessment fully consider the distinct needs and experiences of older women or young women and BME, LGBT women and

girls with disabilities and women and girls who have experienced domestic abuse, child sexual abuse and sexual violence?

- ✓ Accessibility of provision across all of the protected characteristics, the nature of service and the outcomes should be a key result of the needs assessment, specifically in relation to what's required. Data will be available to support this from a variety of sources e.g. the police in relation to peak locations and times. Current service providers will also be able to provide data in relation to current capacity, gaps and needs. For example, evidence from service providers has shown that BME women often prefer to develop a relationship with a BME specialist and continue to access that service over longer periods or time for a range of support needs²⁸, while women and girls who have experienced sexual violence prefer to access specialist women's services.
- ✓ Needs assessments should **take overlapping issues into consideration** e.g. the rates and nature of domestic violence, homicide and child protection case conferences where domestic and sexual abuse has been flagged up. Needs assessments have to be holistic and multi-agency in their approach and allocation of resources should match this. It can be achieved by talking to other commissioners, safeguarding board teams, health and wellbeing boards and community safety partnerships.
- ✓ It is important to **collate and cross reference data** from multiple sources, to try and establish levels of need even amongst individuals who do not report to statutory agencies e.g. through independent rape crisis centres and other BME, VAWG and LBGTQQI advice and support organisations.
- ✓ Where information can't be accessed through local specialist services, an external researcher with sufficient knowledge and experience may be able to help fill any gaps (see Appendix II).

"In areas of unmet need, e.g. sexual exploitation within BME communities, of course there's a lack of data!"

Commissioner, 2015

3.11 Case study:

London's Tri-borough

London's Tri-borough has used a thorough engagement and consultation process to develop domestic abuse services. In 2010 three London councils merged, combining services to tackle common problems, improve people's lives and make public money go further through the Tri-borough. Two services were commissioned through it in 2015:

²⁸ Imkaan (2013) Beyond the Labels: Women and girls' views on the 2013 mayoral strategy on violence against women and girls. London: MOPAC.

- Co-ordination Services, including of the Multi Agency Risk Assessment Conference (MARAC) and Dedicated and Specialist Domestic Violence Court (DSDVC);
- VAWG Integrated Support Services (ISS) that includes a range of specialist frontline services to support adults (including older people), young people, children and families who are victims or affected by gender-based violence.

The Councils identified gaps in service provision through **widespread consultation** and **worked with specialist services to map current provision and projected spend**. A VAWG Procurement Project Group included representatives from each authority, a procurement specialist and a VAWG specialist. The Imkaan and Women's Aid Capacity Building Partnership provided support in developing a specification and through the consultation process with survivors and service providers.

The key components of the VAWG service model included:

- Women experiencing domestic abuse and sexual violence and assault
- Women experiencing stalking and harassment
- Women who have been subjected to or at risk of female genital mutilation (FGM), forced marriage (FM), and honour-based violence (HBV)
- Young women and girls aged 13-21 who are experiencing or are at risk of a range of issues including domestic abuse, sexual exploitation, gang related abuse and female genital mutilation, forced marriage and honour based violence
- Women with children aged 0-5 and also those with older children
- Women experiencing intersectional violence
- Any of the above women can be from BME communities, women with complex needs, women with no recourse to public funds and women with disabilities for example.

The approach enabled the councils to move into a more integrated and sustainable VAWG service system delivering efficiencies and savings that have been re-invested into frontline service provision. It has also provided an improved coordinated response and better services for victims/survivors.

The transition from 13 separate specialist domestic abuse contractual arrangements across the Tri-borough area into one provided a more streamlined approach to contract management for the councils and the specialist service providers. It works with the Angelou Partnership which consists of nine organisations and brings together the specialisms from across the partnership to deliver a streamlined and holistic approach to tackling issues of violence and abuse.

In developing this approach, key learning outcomes need to be built into future processes, primarily:

- Allowing more time for the tender process - due to time constraints and delays, organisations only had 4 weeks to submit their tenders, whereas 6-8 weeks would have been more appropriate.
- Awarding a longer contract – the contract is for 21 months initially with a break clause and provision to extend by another three years depending on funding. A longer contract would put organisations on a more stable footing in the long term.

Sample needs assessment

Local plans and monitoring frameworks	
Data sources	Data
✓ Local Safeguarding Children Board	Number of children subject to a Child Protection Plan and/or number of contacts to children's social care or MASH, due to domestic abuse and child sexual abuse and exploitation
✓ Local Safeguarding Adult Board	Serious Case Review; breakdown of client groups e.g. learning disability, older people, BME etc.
✓ Health and Wellbeing Board	Care and Health Improvement Programme (CHIP) data tools and resources ²⁹
✓ Joint strategic needs assessment	MOSAIC data or similar
✓ Police and Crime Plan	Crime data / specialist VAWG services data
✓ Drug and Alcohol Service	Number of victims and perpetrators accessing domestic abuse/substance misuse issues Number of sexual violence victims including adult child sexual abuse survivors accessing drug and alcohol services
✓ Mental Health Service ✓ Acute Hospital Trust - A&E ✓ Acute Hospital Trust - Midwifery/Women's Unit/Maternity ✓ GP safeguarding	See NICE Guidance ³⁰
✓ MARAC data	See SafeLives website ³¹
✓ SARC data	Number of people accessing SARC and onward referrals made to Rape Crisis Centres
✓ CJS data – CPS and SDVC	Number of non-molestation orders, occupation orders, successful convictions. Number of successful rape convictions
✓ Domestic Homicide Review	Outcomes and recommendations
✓ Housing and homelessness	Number of homeless presentations and/or management moves, due to domestic and sexual abuse
Specialist services	

²⁹ www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6010137/ARTICLE

³⁰ www.nice.org.uk/guidance/ph50

³¹ <http://www.safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

✓ Service user forums	Qualitative data and case studies
✓ All VAWG Helplines	Number of calls, peak times, type of help required, profile of calls, onward referrals
✓ Service level data evidencing needs and outcomes	Need, service use, demand, numbers and types of referrals barriers to access, types of specialist services accessed and why, outcomes and impact
✓ Service data from smaller specialist community based/voluntary sector self-help groups/welfare organisations e.g. BME, travellers, young people, older people, LGBT, disability, refugees/asylum seeking populations etc	Experience of specific vulnerabilities and marginalisation across all of the protected characteristics and barriers to access
✓ Equalities Impact Assessment related to protected characteristics of gender, race, disability, sexual orientation and gender reassignment	
Information/evidence from national sources and academic research	
✓ Crime Survey England and Wales	
✓ Home Office VAWG Strategy 2016-2020	
✓ Office for National Statistics	Age profile, demographic profile and trends
✓ Universities	Academic research with well-established perspectives on domestic abuse and sexual violence e.g. University of Bristol, London Metropolitan University Child and Women Abuse Studies Unit (CWASU), University of Warwick (SWELL), UCLAN, Durham University Centre for Research into Violence and Abuse
Gaps in data collection	

Section 4: Plan

- 4.1 Introduction
- 4.2 Developing a strategy
- 4.3 Conducting an Equality Impact Assessment
- 4.4 Design of a (service) specification
- 4.5 Plan: Practice points
- 4.6 Case study: Hertfordshire
- 4.7 Case study: Essex
- 4.8 Resources



4.1 Introduction

This section of the toolkit outlines the next steps in the commissioning cycle and includes:

- Developing a strategy
- Conducting an Equality Impact Assessment
- Design of a (service) specification

All elements of the decision-making process (development of the strategy) **need to be clearly articulated**, available in a range of formats, in plain language and communicated widely. Service users can be part of the decision-making process through services they access, by taking part in service user focus groups or inviting services users onto decision-making panels, with support if required.

“BME service providers need a strategic voice at a policy level”

Commissioner, 2015

4.2 Developing a strategy

Fundamentally, a strategy is a document used to communicate the vision, aims and priorities for a response to VAWG - usually over a period of years. The VAWG strategy needs to establish what resources are required and the roles and responsibilities of key stakeholders. Prior to the production of a strategy, it is important to do a reality-check, ascertain feedback and meet survivors, service providers, community members and other stakeholders. Commissioners and strategic leads should be confident that the strategy will **meet the needs of the local community both in the short and longer term**. This will include the need of some local survivors to access safety in other parts of the country and the provision of reciprocal services for survivors fleeing other areas into the local community. In addition, there should be a clear governance framework and lines of accountability to support the development and implementation of the strategy.

During the development of a strategy, there are a few considerations:

- **The vision:** what needs to be achieved? Setting a vision that is future proof is critical. How will the strategy prevent violence against women and girls and challenge attitudes towards violence and abuse?
- **The nature and context of VAWG:** what is the scale of the issues and what are the root causes? How will survivors of violence and abuse be identified and what levels of support will be provided?
- **The impact of VAWG:** all stakeholders need to understand the impact of VAWG for individuals, families and for services. How will services work in partnership to achieve the best outcomes for victims and survivors and their families? How will local services contribute to, and secure access for survivors to, the national network of VAWG services?
- **The perpetrators:** a proactive and robust approach needs to be taken towards perpetrators. How will perpetrators be brought to justice? Is work underway to increase knowledge and understanding of who is doing what to whom and why?

VAWG strategies can also include defined local commissioning priorities and principles. When developing commissioning arrangements, some useful considerations include:

- **Consulting** with key stakeholders to inform decision-making and establish a fair and equitable approach to commissioning services that meet the needs of those affected
- Underpinning the commissioning strategy with a commitment to **multi-agency working**, including how different commissioners of VAWG services will operate across the landscape
- Developing **proportionate approaches** to contract monitoring and quality assurance e.g. developing a balanced scorecard, with reference to and use of national outcomes data collection and quality standards generated by the VAWG sector
- Developing and communicating both practitioner and survivor referral and support pathways so that navigation of support is based on choice and flexibility
- Developing and implementing a **communications strategy** to assist in the recognition of VAWG and “**make it everybody’s business**”, referral routes to services and an understanding of what support is available to meet need
- Ensuring that practitioners and managers have appropriate workforce development opportunities that are underpinned by VAWG national standards

Some risk factors might impact on the delivery of a commissioning strategy. They include:

- A lack of **meaningful engagement** about the challenges of commissioning VAWG services and collaborating with specialist services to find solutions.

Mitigating the risk:

- ✓ **Allocating time and resources for regular and meaningful engagement**

- Insecure and insufficient **funding arrangements** that de-stabilise the expertise harnessed within VAWG services.

Mitigating the risk:

- ✓ **Allocating longer term funding**
- Commissioning decisions being made outside of a joint commissioning approach that undermine confidence across the VAWG sector.

“We assess people’s needs to identify the support they require, then don’t have the staff to meet their needs”

Service provider, 2015

Mitigating the risk:

- ✓ **Using a more joined-up approach**

- Inconsistent or overburden on application of contract management from different commissioners – particularly for the VAWG services who are small, community-based and service user-led.

“Good practice of clinical supervision is monitored in the specification but not recognised in the resource allocation”

Service provider, 2015

Mitigating the risk:

- ✓ **Taking a proportionate approach**

4.2.1 Developing the strategy: Practice points

- ✓ Pulling together a diverse, yet appropriate group of survivors, practitioners and others is essential to help plan the approach - **diversity leads to a better strategy.**
- ✓ A commitment is needed from all key stakeholders. Service providers and survivors need to be involved to understand their perception of the future.
- ✓ Thinking about execution before the process begins is important – it doesn’t matter how good the strategy is if it isn’t executed. Implementation is the phase that turns strategies and plans into action. It’s vital to think about measures of success – how is capacity within the VAWG sector being built and how are the national VAWG outcomes being used?
- ✓ Making the strategy actionable is key – it must contain clearly articulated goals, action steps, responsibilities, accountabilities, resources and deadlines. Everyone must understand the plan and their role in delivering it.
- ✓ The strategy shouldn’t be written as a finished article – good strategies are fluid and are shaped over time.
- ✓ Communicating the plan is essential to the future success of implementation. There should be opportunities for a wide audience to be involved in the communication, from local authority Councillors, service providers, representatives from all partner

agencies, service users and the wider community. Communicating the plan in an accessible format and through different media will help to ensure maximum engagement.

4.3 Conducting an Equality Impact Assessment (EIA)

Section 149 of the Equality Act 2010 stipulates that Authorities should 'encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low in order to 'tackle prejudice' and 'promote understanding', actively encouraging individuals to engage with the commissioning.

EIAs should not be seen as a separate exercise in the commissioning cycle. They should be built in as an essential part of a continuous process. Assessing for equality impact is an aspect of delivering service improvement.

4.3.1 Conducting an EIA: Practice points

- ✓ The Public Sector Equality Duty and EIA should be used together to establish clear and open equality and diversity intentions and aims, which are integrated across commissioning processes, policy approaches and different decision-making structures of a local authority e.g. Cabinet, Scrutiny Committee, VAWG working group/lead, Health & Wellbeing Board. This ensures that any changes or decisions during the commissioning process are based on and reviewed against clear policy intentions and aims but also that local authorities establish a whole-system organisational approach to equality.
- ✓ Time should be spent in **securing sufficient specialist equality and diversity capacity** to support commissioning effectively at a local level. Establishing an equalities sub-group helps to involve key stakeholders from the voluntary/community sector (as well as linked departments within the Council) ensuring that community voices are central to the assessment and decision-making processes from the outset.
- ✓ Up-to-date data should be drawn from a **range of sources** to consider as far as possible the impact on diverse groups across the protected characteristics. Evidence (both qualitative and quantitative) from service user consultations should be supplemented with monitoring data from local service providers; demographic information, external research (published and unpublished), national and local datasets.

"More needs to be done to reach the 'quietest' most excluded voices"

Service provider, 2015

- ✓ Disaggregating the data across different protected characteristics³² establishes a more detailed understanding of any potential equalities and human rights impacts of any policy, programming decisions or changes. It can highlight how **some groups experience deeper and inter-connected forms of inequality and discrimination** due to various social, environmental, political and economic factors, for example, services for young women will overlook the needs of young women with disabilities or a young, woman with disabilities from a BME community. Assessments also need to consider spatial inequalities that create barriers in access e.g. rural vs. urban populations, a lack of specialist support services for BME women and girls and adult survivors of child sexual abuse. When looking at ‘ethnicity’ it is important to avoid undertaking assessments framed around a single category of ‘BME’, as it can result in a homogenous understanding that renders it more difficult to assess any emerging differences/issues between different minority groups.
- ✓ Commissioning external research or **engaging with relevant national/local specialist equalities-based organisations** can assist with the evidence-gathering process, particularly when capturing the nuanced ways in which people experience inequality. There should be a clear public record of the EIA which includes the specific methods of consultation, the organisations/numbers and types of survivor groups that were consulted, detail on how different areas of equality were considered and what actions will minimise negative impacts and promote positive impacts.
- ✓ A key consideration of an EIA should be to assess the extent to which survivors are actively and meaningfully assisted to participate in the social, economic, cultural and political fabric of the local community, and how changes in policy could potentially negatively or positively impact in their participation in public life.

4.4 Design of a (service) specification

Following the publication of the domestic abuse commissioning intentions, one of the key documents is the specification detailed within the contract. Some of the important features of a domestic abuse specification are set out below.

4.4.1 Introduction

A service specification should start with a brief description of the nature and scope of the service required, the user group for whom the service will be provided and the overall purpose and aims of the service. This should include a breakdown of victims and survivors of VAWG who also have additional needs, such as:

- mental ill-health
- substance misuse
- disability
- language barriers

³² www.homeoffice.gov.uk/equalities

- insecure immigration status
- no recourse to public funds.

Locally agreed principles or values underpinning the service are normally included at this point as well as relevant information about partnership working in this area. It may also be useful to include an explanation/definition of any technical terms used in the document as well as the recent background of the service or client group, for example is it a new service or existing one?

It should be made clear at the outset if the service specification is based on any national standards and related targets, or other national or local guidance as appropriate or a local analysis of needs.

4.4.2 Description of service to be provided

This section should give a fuller description of the size and nature of the service required and should be focused on the needs assessment (Section 3: Analyse), including information about:

- The different client groups requiring services e.g. women with complex needs, BME women, children, older women, LGBT and perpetrators
- The geographical location and spread of services – to respond to accessibility issues and support needs
- How it is intended that survivors and other service users will be referred or will access the service e.g. during peak incident times such as evenings and weekends
- Any eligibility criteria for the service that will operate e.g. refuges with an upper age limit for boys.

4.4.3 Specific standards and targets for the service

This section should detail the specific outcome and output targets to be achieved. It is necessary to differentiate between those that are requirements and those where the provider has some flexibility. It is good practice to get a balance between outcomes, outputs and inputs. Outcomes need to be restricted to three or four vital issues, which are meaningful, measurable and linked to national outcomes frameworks.

To help the domestic abuse service provider understand how these factors fit with the overall service requirements, it may be possible to include model care pathways for the different client groups e.g. survivors with complex needs, BME survivors, etc.

Services should be commissioned based on relevant national standards for that service. Examples of minimum practices and policy requirements in a specification should relate specifically to the National Shared Core Standards.

4.4.4. Monitoring arrangements

Monitoring arrangements should closely link with Section 3: Analyse and provide the means by which commissioners can satisfy themselves that service delivery meets the agreed levels and standards.

The specification should make clear the expectations of the commissioner in terms of the service provider attending meetings and sharing information. Including a schedule of meetings and the main agenda items as an appendix of the specification can be helpful.

As well as the performance indicators that the provider will be expected to report on, any other monitoring arrangements need to be outlined such as monitoring visits, complaints or the possibility of spot checks.

Failure to comply with service quality and other matters is normally contained in the contract or schedule detailing the agreement conditions and should not be contained in the service specification.

4.5 Design of a (service) specification: Practice points

- ✓ Commissioned services shouldn't undermine the VAWG sector or specific areas of expertise such as **BME provision and specialist women's sexual abuse provision** e.g. commissioning a single mixed service for men and women or not requiring BME 'by and for' or the women's sector 'by and for' provision or proven track record of BME led and women's sector led work in the local area/community.
- ✓ The VAWG sector has developed **innovative solutions** over a number of decades to complex issues and should be given the freedom to **nurture and grow** their service offer during the lifetime of the contract.
- ✓ The length and size of the contract should **preserve the specialism within the sector** and their presence within the community.
- ✓ Services should be monitored and evaluated using a recommended Outcomes Framework – see section 6.

4.6 Case Study: Hertfordshire

In Hertfordshire, after an independent review of domestic abuse services by SafeLives paid for by the Police and Crime Commissioner, the County Council put a new planning procedure in place to lead a domestic abuse partnership improvement programme consisting of eleven projects:

- A new governance structure was put into place, with a member of the Senior Management Board sponsoring the programme supported by a dedicated senior programme lead and business support
- A dedicated Domestic Abuse Commissioning Manager post was established in recognition of the largest work area

- A national specialist was brought in to help bridge gaps in expertise and knowledge.

The County Community Safety Unit built on the findings of the review and produced an extensive Joint Strategic Needs Assessment. The assessment included a set of strategic recommendations which provided a good foundation for **understanding the local picture** and setting strategy for domestic abuse in the future.

The Domestic Abuse Executive Board and Commissioning Sub Group **consulted extensively with stakeholders, service providers and service users** in preparation for the development of a partnership Domestic Abuse Strategy. A new strategic framework was developed including a clear vision, three key aims, and, most importantly, an agreed set of outcomes that the partnership could sign up to.

Engagement with service providers was a critical part of the process, particularly the voluntary and community sector who reported positively on the new approach to domestic abuse in Hertfordshire. The local Safeguarding Boards, Health and Wellbeing Board and Criminal Justice Board were kept informed of progress and continue to provide senior oversight and scrutiny.

The strategy incorporates the pan-Hertfordshire commissioning priorities and is supported by an overarching Equality Impact Assessment covering the various work streams across the programme. A clear commissioning timetable was put into place with a series of major commissioning projects taking place over a three-year period including accommodation options, the Domestic Violence Advocacy Service, and services for perpetrators.

Hertfordshire has pooled funding from the County Council, Clinical Commissioning Groups, and the Police and Crime Commissioner to redesign and expand the County Domestic Advocacy Service, and additional funding is being sought to support the expansion of other services.

The programme successfully delivered a new infrastructure for managing domestic abuse across the many partners and stakeholders, and created real momentum for all agencies to work more effectively together to tackle the issue. Service users are now able to access good quality services that meet a diverse range of needs.

4.7 Case Study: Essex

In January 2016, the Police and Crime Commissioner for Essex awarded a contract of up to 5 years, at an overall value of £3.4m to a consortium of local rape crisis centres to provide specialist support to adult and child victims and survivors of rape and sexual abuse across the County.

South Essex Rape and Incest Crisis Centre (SERICC), Southend-on-Sea Rape Crisis (SOS Rape Crisis Centre) and CARA (Centre for Action on Rape and Abuse) are independent charities that have joined together to form the Essex Rape Crisis Partnership (ERCP) to provide specialist support services to adults and children affected by sexual

abuse, including rape and sexual assault, and to adult victims and survivors of child sexual abuse.

The genesis of this work was a needs assessment undertaken by the OPCC in 2014 which identified a gap of specialist sexual abuse support in the West of Essex, and recognition of the need to provide a consistent, accessible and transparent pathway of support for all victims and survivors. In order to attain this, the PCC provided grant-funding for one year, with an extension of current services to cover the gap in the west of the county whilst a service specification was developed and a formal tender process launched for the whole of Essex. The PCC was keen to address the risks associated with piece-meal, annual funding rounds that created uncertainty, and meant support organisations spent valuable resources seeking-out funding rather than delivering support.

Following an unsuccessful tender exercise for the Sexual Assault Referral Centre (SARC) in Essex the decision was taken by the PCC to remove the ISVA lot from the SARC specification and incorporate it into the specialist longer-term support for victims and survivors of sexual abuse whilst also restricting the tender to Essex rather than the Eastern region. It was felt that this had the potential to make services more locally relevant and responsive, and attract more bidders than the previous model of requiring ISVA providers to also deliver forensic medical, and SARC management services across the Eastern region.

There were significant challenges in seeking to establish a consistent, predictable, and sustainable service. These include recognising the size and scale of the required service, both geographically and in terms of our ambition to make the service generic and therefore available to all victims, including young people and males. Given the complex public sector infrastructure in Essex, with 3 upper tier local authorities, 6 safeguarding boards and 7 CCGs there are inevitably issues in relation to consistency of partner buy-in and support. This new support contract complements arrangements in place via the Essex SARC i.e. Pathways of Care from the SARC are now funded, which was not the case before the Essex Rape Crisis Partnership tender.

Section 5: Do

- 5.1 Introduction
- 5.2 Market development
- 5.3 Capacity building
- 5.4 Commissioning for market diversity
- 5.5 Do: Practice points
- 5.6 Case study: The Ascent Partnership



5.1 Introduction

This section of the toolkit identifies some of the key aspects of the implementation phase of commissioning, to include:

- Market development
- Capacity building
- Co-production
- Commissioning for market diversity.

5.2 Market development

The Care Act 2014 introduces new duties on local authorities in England to facilitate a vibrant, diverse and sustainable market for high quality care and support in their area, for the benefit of their whole population, regardless of how the services are funded. Although this primarily relates to regulated and registered activity, the same principles can be applied to the provision of VAWG services. In the main, commissioners should seek to identify what existing skills and sector expertise exists within their area. These relationships should be nurtured on an ongoing basis not simply at the point of commissioning.

It is important that there is **local agreement on what good looks like** and how this will be achieved. Soft market testing or pre-market engagement – an informal conversation with stakeholders - is particularly helpful in gauging interest in a proposed service and helping to shape it to ensure that it would be deliverable once commissioned. It may be that the VAWG sector, including smaller/marginalised organisations, needs some support with infrastructure and understanding procurement. **Co-production with a diverse range of providers from the sector is essential.** It is critical for commissioners to recognise that the sector itself includes larger, smaller and more marginalised providers, many of whom are least resourced and heard yet who provide high quality services to individuals affected by VAWG. Co-production which recognises and engages across this diversity will make provision more effective, by working in partnership with the people who use their services.

5.3 Capacity building

Whether grant making or putting services out to competitive tender, getting the best possible value for money means **giving all potential providers an equal chance** to show how they compare, and how they can do a good job of meeting requirements. This will most likely include bids from local, well-established services with a strong track record, as well as newly formed or innovative organisations that have come together to fill a void locally. A competitive tender process will in many cases also draw in bids from larger or national organisations, which may be brand new to the area and looking to extend their reach. A fair and equitable process should work for all of these players, allowing a choice of a diverse range of well-considered bids.

As a rule, the more complex the tender process, the more resource-intensive it can be for bidders. This is less of a problem for larger organisations, which may well have a dedicated bid-writing team.

Regional and national organisations may have more experience of the tender process itself – something that can be difficult for local organisations to accrue if they have not lived through repeated local cycles of commissioning. Part of creating a more equal playing field for competitive tenders includes the structure of the tender itself and the processes for scoring bids (for example creating smaller lots, and having a suitable cost/value ratio).

“They won the tender because they’re good at writing bids”

Service provider, 2015

VAWG interconnects with many other sectors and survivors draw on other services (mental health, substance misuse, children’s services, legal, housing, etc). Positive established relationships in this web of services is better for service users and more cost effective for commissioners than a new provider needing time to become established and this should be valued and scored accordingly.

The pace and structure of the tender process itself is also important to consider to avoid accidentally ruling out specialist providers who could be best placed to deliver good value locally – smaller organisations with fewer resources will need time to respond to bids as they will not have specialist teams dedicated to bid writing as and when they are published.

5.4 Commissioning for market diversity

When developing an inclusive commissioning approach, it is important to understand the current service offer and how this meets the needs of diverse groups. All service users or potential service users should have **meaningful choice**, which can be provided through a diverse market. Co-production is a good way of understanding what service users and service providers need from the market and by having those conversations, commissioners can work towards a more diverse offer. This will enable commissioners to gain a better understanding of the different specialisms that can be delivered and the

difference these make to those accessing services. Commissioners should be upfront about what is being offered through the development of a market position statement, the publication of what services are available, in addition to identifying and addressing barriers to market entry for niche providers.

5.5 Do: Practice points

- ✓ The pace of a process is a big factor in levelling the playing field. Providing **wide and early notice of all procurement opportunities**, and making sure that the procurement timetable is long enough to encourage bids from smaller providers (either individually or in consortia) is vital. The proposed mobilisation timescale may also have an impact on the ability of smaller providers or consortia to bid.
- ✓ Allowing enough **space to answer questions** is also key. This includes running provider briefings, 'Meet the Buyer' events and publishing a named contact for enquiries from potential providers. Answering questions and holding open events is in keeping with providing an open and fair process.
- ✓ **Transparency** is important, in addition to being clear about evaluation criteria at the start of the process.
- ✓ Providing **helpful feedback** about unsuccessful bids is a useful learning experience for some providers, as tenders come around relatively rarely.
- ✓ Gagging orders for unsuccessful applicants go against the Compact and ought not to be used.
- ✓ Making sure all documentation is concise, free of jargon and includes a clear overview of the relevant objectives and timescales will help ensure quality and relevant bids.
- ✓ Considering investing in support from an independent organisation to develop the capacity building and skills of local providers e.g. bid-writing workshops - if there are opportunities for consortia or subcontracting, this can be invaluable, since developing strong consortia and partnership arrangements can be time and resource intensive.

5.6 Case Study: The Ascent Partnership

Ascent is a project delivered by the London Violence Against Women and Girls (VAWG) Consortium, which demonstrates how a number of specialist organisations can be supported to work together to deliver a range of services to individuals affected by domestic abuse. The partnership comprises 22 organisations, delivering a range of services for survivors of domestic and sexual violence, under six themes and funded by London Councils. It has been able to improve service provision for those affected by sexual and domestic violence in London through front-line services as well as support to voluntary and statutory organisations.

The six themes of Ascent are:

- Prevention
- Advice, counselling, outreach, drop-in and support for access to services
- Domestic and sexual violence helplines
- Specialist refuge
- Women against harmful practices
- Support services to organisations

The partnership is committed to good quality design and service provision for women, and improves quality through sharing expertise, resources and capacity and identifying any promising practises that effectively meet the needs of women and girls affected by VAWG. Through it, all communities of interest are represented with a further commitment to identifying and meeting gaps in need. Such partnership working has enabled a referral pathway to be developed for targeted services. It negotiates around the needs of targeted organisations and services and commits to maintaining and sustaining specialist and targeted provision.

To ensure smaller organisations, which may often be limited in their capacity to develop consortia, are not disadvantaged, the partnership has agreed minimum participation in the consortium taking into account smaller members' needs and ensuring that they are supported to participate. Proportionality is key to this; avoiding excessive expectations and ensuring proportionate expectations are clearly set out.

Section 6: Review

- 6.1 Introduction
- 6.2 National Shared Core Standards
- 6.3 Outcome measurement
- 6.4 Review: Practice points
- 6.5 Case Study: Nottinghamshire
- 6.6 Resources



6.1 Introduction

This final section of the toolkit focuses on reviewing the impact of services, which should be part of a continuous cycle of measuring outcomes for service users. It includes an outline of service standards and the commonality between them.

It is good practice to review and reflect on all aspects of service provision, but a good indicator of successful outcomes is measuring the service user journey.

6.2 National Shared Core Standards

A set of National Shared Core Standards have been developed by members of a VAWG Sustainability Working Group: Imkaan, Rape Crisis England and Wales, Respect, SafeLives and Women's Aid Federation of England (see link in Appendix II). Each of these organisations has a set of quality service standards designed to address their unique specialist work, namely:

- Imkaan: Work with BME women and girl survivors of violence
- Rape Crisis England & Wales: Work with women and girl survivors of rape, sexual violence, child sexual abuse and child sexual exploitation (some Rape Crisis Centres provide services to men and boys)
- Respect: Work with male survivors of violence and work with perpetrators
- SafeLives: Work to end domestic abuse and make families safe
- Women's Aid: Work to end domestic abuse against women and children

Individually, such standards drive forward quality improvements (NICE, 2014)³³ and provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available, who should provide them, and the principles and practice base from which they should operate (Kelly & Dubois, 2007).

³³ National Institute for Health and Care Excellence (2014) *Quality standards process guide*, Manchester: NICE Health and Social Care Directorate.

The shared standards support commissioners to ensure the independent standards can be used both nationally and locally for joint commissioning purposes. They are not intended to 'stand alone' but have been agreed as designated shared core standards, namely the minimum standards common to all five member organisations.

In Wales, Welsh Government has supported the development of Welsh Women's Aid National Quality Service Standards for specialist services.

6.3 Outcome measurement

Outcomes are the results, benefits and changes arising from the work that has been commissioned and might include outcomes for survivors, their children and the local community. It is imperative for commissioners to measure outcomes effectively because:

- They allow commissioners to establish the extent to which service providers are effective in delivering desired changes and in contributing to the overall strategy locally – this learning is vital in supporting the continuous improvement of services. Some outcomes from service delivery may be unexpected, surprising, or even negative.
- A robust evaluation of outcomes allows providers to feed-back on what didn't work, in addition to describing their progress against the outcomes agreed at the start of the contract or grant
- It can enable useful comparison and benchmarking service performance if an outcome measurement framework that stretches across all VAWG services is developed with service providers.

6.4 Review: Practice points

- ✓ The perfect should not be the enemy of the good. VAWG services are challenging environments in which to collect detailed data on outcomes, as there are issues around confidentiality, managing clients in crisis, time, resource and skills pressures and being able to follow-up safely to understand if outcomes were sustained over time. Consulting with providers to co-create a robust, workable and proportionate approach that will deliver useful data without absorbing too much resource or interfering with service provision is essential.
- ✓ Consulting with service providers about relevant outcomes and practical ways of measuring progress should be done early on in the process. These service-specific outcomes ought to link up logically with the wider strategic objectives in the local strategy.
- ✓ Collating data that is relevant to understanding the types of providers that service users prefer to access informs service design e.g. for a number of BME or other VAWG providers working across different communities of interest/identity, they are likely to provide services that demonstrate broader outcomes linked to increasing resilience, independence, social inclusion and justice.

- ✓ Less is sometimes more when it comes to data quality. The amount of data required and the frequency of reporting ought to be proportionate to the size and strategic importance of the contract or grant. Even when it comes to larger grants and contracts, asking frontline services to collect a smaller, more tightly focused basket of outcome metrics will deliver better data than large swathes of data, not all of which may be essential to decision making.
- ✓ Agreeing on the specific outcomes and metrics to be achieved in consultation with service providers and service users allows better understanding of what metrics are most valuable in terms of holding particular services to account. Unrealistic or poorly defined outcomes will yield confusing and unhelpful data.
- ✓ There is no point in reinventing the wheel when it comes to outcome measurement. Rape Crisis England & Wales, Imkaan, Women's Aid Federation of England, Welsh Women's Aid, SafeLives and Respect have all developed national outcome frameworks and data collection tools specifically tailored to the needs of domestic abuse and sexual violence providers in a range of settings (see Appendix II). Applying these tried and tested systems locally will save time and effort. Some of these frameworks are linked to national 'shared measurement' programmes, which will allow the comparison of local data regionally and nationally.
- ✓ Including a narrative learning section in the monitoring return can allow providers space to feed-back about what didn't work so well. Completing lots of workbooks with similar, but slightly different sets of data is time consuming for providers and limiting for commissioners. If jointly commissioning services, there needs to be a standardised reporting procedure. This will allow all commissioning bodies to collect the data they need as simply as possible, as well as allowing for useful comparison.

6.5 Case Study: Nottinghamshire

In Nottinghamshire, Public Health and the Office of the PCC have jointly commissioned domestic abuse services, with a clear focus on outcomes and systems to support measurement. Specialist services have been commissioned to meet agreed outcomes rather than prescribing description mechanisms for service delivery. The outcomes were chosen following consultation with stakeholders and reflect a selection of outcomes from the Imkaan and Women's Aid National Outcomes Framework. Providers are given time to establish monitoring and reporting processes, so that they then begin to report on these outcomes from year two.

This approach has empowered service providers to use the best evidence of what works, to innovate and to deliver meaningful services to all service users, their families and communities. Requiring services to be evidence based and working to agreed quality standards secure quality. Proportionate reporting requirements, focused on service user outcomes, also enable the impact of services to be recorded without it becoming too

burdensome on the provider. It is hoped that this will produce quality data that can contribute to better decision-making and improved services.

Appendix 1: Key to vocabulary and acronyms used in this document

BME: Black and minority ethnic. Sometimes referred to as BAMER (Black, Asian, minority ethnic (which includes travellers) and refugee which can also be used to include people seeking asylum). We are using the term to reflect a very wide variety of backgrounds and those who are minoritised in the UK on the basis of skin colour and / or ethnicity.

CSP: Community Safety Partnership

EIA: Equality Impact Assessment

HMIC: Her Majesty's Inspectorate of Constabulary

Intersectionality: The interconnected nature of social categories such as race, class, and gender as they apply to an individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

ITT: Invitation to tender

LAs: Local Authorities

LGBT: People who would define themselves as lesbian, gay, bisexual and/or transgender, queer, questioning or intersex.

MARAC: Multi Agency Risk Assessment Conference

MASH: Multi Agency Safeguarding Hub

SARC: Sexual Assault Referral Centre

Specialist service: A service which is specifically designed and whose *primary purpose* is to support someone who is, or has been affected by domestic abuse, sexual violence and/or any other form of violence against women.

SROI: Social return on investment is a principles-based method for measuring extra-financial value relative to resources invested. It can be used by any entity to evaluate impact on stakeholders, identify ways to improve performance, and enhance the performance of investments

VAWG: Violence against women and girls

Appendix 2: Resources available

The following links are useful for further reading and contain resources that are derived from national research and reviews. They provide expectations, standards and recommendations for the VAWG sector:

Shared Core Standards

Developed on behalf of Imkaan, Rape Crisis England & Wales, Respect, SafeLives and Women's Aid by the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University.

<https://www.womensaid.org.uk/wp-content/uploads/2016/11/Shared-Standards-Whole-Document-Final-30.11.2016.pdf>

NICE guidance: Domestic violence and abuse – multi-agency working

Aimed at health and social care commissioners and all those working with people affected by domestic abuse, the guidance sets out how multi-agency working is the most effective way to work at both an operational and strategic level:

www.nice.org.uk/guidance/ph50

The Stern Review

An independent review into how rape complaints are handled by public authorities in England and Wales:

www.webarchive.nationalarchives.gov.uk/20110608160754/http://www.equalities.gov.uk/pdf/stern_review_acc_final.pdf

Everyone's business: Improving the police response to domestic abuse

An HMIC review into the police response to domestic abuse:

www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf

European expectations for victims

Standards and expectations for EU members to meet when citizens are victims of crime:

www.ec.europa.eu/justice/criminal/victims/index_en.htm

National Occupational Standards for Commissioning in the Public Sector

The Academy for Justice Commissioning has some helpful information, which includes 9 National Occupational Standards:

www.academyforjusticecommissioning.org.uk/wp-content/uploads/2014/11/9-NOS-for-Commissioning-in-the-Public-Sector.pdf

Tackling Violence Against Women, Domestic Abuse and Sexual Violence: A collaborative commissioning toolkit for services in Wales

Those involved in commissioning services in Wales should see this Welsh version of the

toolkit which takes into account the different context for commissioning in Wales
www.lloydsbankfoundation.org.uk/VAWDASV%20Toolkit_Wales_web.pdf

Social Value Act

<https://www.gov.uk/government/publications/social-value-act-information-and-resources/social-value-act-information-and-resources>

Public Sector Equality Duty in Wales

An overview of the public sector equality duty

<http://www.equalityhumanrights.com/about-us/devolved-authorities/the-commission-in-wales/equality-impact-assessments>

Successful commissioning guide

A resource developed by Women's Aid Federation of England and Imkaan

<https://www.womensaid.org.uk/what-we-do/sustainability-partnership/commissioners/>

Commissioning Framework Guidance and Good Practice

A guide to social care commissioning in Wales

<http://gov.wales/docs/dhss/publications/100810commissioningguidanceen.pdf>

How to ensure a five star public sector commissioning process

KnowHow Non-profit's guidance on effective commissioning

<https://knowhownonprofit.org/how-to/how-to-ensure-a-five-star-public-sector-commissioning-process>

Securing Excellence in commissioning sexual assault services for people who experience sexual violence

http://www.sericc.org.uk/user_items_show.php?type=print&cat_id=5&hash=85d053f511e7eaa180d2f53c7855b0c16e030866d45

Commissioning Framework for Adult and Paediatric Sexual Assault Referral Centres (SARC) Services

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/SARCs-service-spec-contract-template-and-paed-framework.pdf>

The Art of the Possible in Public Procurement

<http://www.bwbllp.com/file/the-art-of-the-possible-in-public-procurement-pdf>

The Ascent Partnership Briefings

The partnership promotes good practice and has a range of briefings available in support of this:

www.thelondonvawgconsortium.org.uk

Women's Aid Federation of England and Imkaan Sustainability Partnership

Information about support available to commissioners and specialist domestic abuse

services

www.womensaid.org.uk/what-we-do/sustainability-partnership/

Home Office multi agency practice guidelines on FGM:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333067/FGMmulti-agencyPracticeGuidelines.pdf

UKGoldBookOnline

An online resource which lists domestic abuse services across England

www.cih.org/resources/PDF/Event%20pdfs/Presentations/Housing%20Advice%202014/Hillary%20doc%201.pdf

Rape Crisis Centres England and Wales

An online resource which lists Rape Crisis services in England and Wales

<http://rapecrisis.org.uk/centres.php>

Sector experts

A range of specialists can support commissioners with the needs assessment, including: Sexual violence and sexual abuse Inc. child sexual abuse.

Rape Crisis England and Wales www.rapecrisis.org.uk

BME - Imkaan: www.imkaan.org.uk

Domestic violence - SafeLives: www.safelives.org.uk

Violence against women - Welsh Women's Aid: www.welshwomensaid.org.uk

Domestic violence Women's Aid Federation of England: www.womensaid.org.uk

On Track

Information about Women's Aid federation of England's national outcomes framework and database

www.womensaid.org.uk/what-we-do/ontrack/

Rape Crisis England and Wales Accredited Sexual Violence Service Standards

<http://rapecrisis.org.uk/userfiles/PDFs/RCNSS.pdf>

Imkaan Accredited Quality Standards

Specialist standards for working with black and minority ethnic (BME) women and girls and harmful practices including forced marriage, female genital mutilation and honour-based violence

www.imkaan.org.uk/iaqs

Insights for Domestic Abuse Services

Information about SafeLives' outcomes measurement programme, specifically designed for specialist domestic abuse services supporting adults and/or children who have experienced domestic abuse

www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/insights

A Briefing for Service Providers and Commissioners. Measuring outcomes for survivors of violence and abuse

https://www.natcen.ac.uk/media/1057984/REVA_Brief-5_Guidance-for-service-providers-and-commissioners_FINAL_071015.pdf

Men's experiences often differ from that of women and a one size fits all approach to service provision is rarely helpful. Male victims have differing needs to women and require different kinds of services. It will be important to consider the evidence base when deciding on the levels of support required in your area for male victims.

More information on male victims and services can be found in this briefing from Welsh Women's Aid: <http://www.ccrm.org.uk/images/docs/2.4bmalevictimwelshwomensaid.pdf>

The charity Respect have developed a toolkit for working with male victims of domestic violence which can be found here: <http://www.mensadvice.org.uk/pages/toolkit-for-work-with-male-victims-of-domestic-violence.html>

Male victim's services

Survivors UK - <https://www.survivorsuk.org>

Survivors Manchester – www.survivorsmanchester.org.uk

Many rape crisis Centres provide services to men and boys

A number of organisations have provided guidance and tools on engagement:

LGBT Domestic Abuse Forum, 2012

Say it Loud Say it Proud

Practical guide to engaging and involving lesbian, gay, bisexual and trans (LGBT) survivors of domestic abuse in the development of services.

<http://lgbtdaf.org>

Stonewall - How to Engage Gay people in your work

A guide for public bodies on how to engage lesbian, gay and bisexual people in their work.

http://www.stonewall.org.uk/at_home/5399.asp

Women's Resource Centre, 2010

LBT women facing domestic and sexual violence

Considers existing research which highlights LBT women's experiences of domestic and sexual violence. Also gives information on organisations which provide support and why this is necessary.

thewomensresourcecentre.org.uk/wp-content/uploads/IAOC.pdf

Other useful docs

Forward. Placing Girls and Young Women at the heart of health

<http://www.whec.org.uk/wordpress/wp-content/uploads/2016/09/Forward-report-final-14-July-2016.pdf>

Between a rock and a hard place: how parents deal with children who use substances and perpetrate abuse

[http://www.avaproject.org.uk/our-resources/reports--publications/between-a-rock-and-a-hard-place-\(2012\).aspx](http://www.avaproject.org.uk/our-resources/reports--publications/between-a-rock-and-a-hard-place-(2012).aspx)

The Home Office has produced a leaflet, in partnership with Southall Black Sisters, called 3 Steps to Escaping Abuse. The leaflet is for women whose first language is not English. It is available in multiple languages via the Home Office website.

<https://www.gov.uk/government/publications/three-steps-to-escaping-domestic-violence>
[Drinking is not a crime. Rape is. \(PDF 195kB\)](#)

Schools Safe for Girls

<http://www.endviolenceagainstwomen.org.uk/education>
<http://notever.co.uk/>
<http://www.sericc.org.uk/campaigns/teenage-rape-prevention>

Sexting in Schools

http://www.sericc.org.uk/pdfs/0537_1-sexting-booklet-v1112mch13.pdf

The Needs of women discharged from secure mental health services

http://www.sericc.org.uk/pdfs/5105_steppingout201205.pdf

Hidden Hurt. The Alliance for women and girls at Risk

http://rapecrisis.org.uk/pdfs/4155_hidden-hurt-full-report.pdf

A campaign to get people thinking about healthy relationships

http://rapecrisis.org.uk/pdfs/3711_13119-vinspired-healthyrelationships.pdf

Women's experiences of sexual harassment

<http://imkaan.org.uk/post/140655834154/befree>

Women and mental health

Imkaan, Positively UK and Rape Crisis England and Wales (2016) Women's Mental Health and Wellbeing: Access to and quality of mental health services. London: Women's Health and Equality Consortium

Imkaan, Positively UK and Rape Crisis England and Wales (2014) 'I Am More Than One Thing': A guiding paper by Imkaan, Positively UK and Rape Crisis England and Wales on women and mental health. London: Women's Health and Equality Consortium
Responding to forced marriage

Imkaan and Rights of Women (2016) Creating a Clear Pathway for Practice. London:
Imkaan and Rights of Women

<http://imkaan.org.uk/resources>