

To: Scrutiny Coordination Committee

Date: 3rd April 2019

Subject: Modernising Domestic Abuse and Sexual Violence Services

1 Purpose of the Note

- 1.1 To brief Scrutiny Co-ordination Committee on the progress made against the domestic abuse action plan and on the commissioning process. To outline the services that will be provided under the new contracts and to update on the proposed key performance indicators and contract monitoring arrangements.

2 Recommendations

- 2.1 Scrutiny Co-ordination Committee are recommended to:
- 1) Note the content of this briefing.
 - 2) Identify any further recommendations for the Cabinet Member

3 Information/Background

- 3.1 On 26th Sept. 2018 a cabinet report, title “Modernising Domestic Abuse Services and Sexual Violence and Abuse Services” was presented to Scrutiny Coordination Committee and then presented to Cabinet on 2nd October. The report set out our commissioning intentions based on the Domestic Abuse Strategy 2018 – 2023 and our Strategic Statement on Sexual Violence.
- 3.2 Over the past 6 months Public Health, assisted by colleagues in procurement, progressed through the commissioning process. There were 4 lots, divided as follows:
- Lot 1: Victim and Child Services for information, advice and community based support.
- Lot 2: Victim Supported Accommodation,
- Lot 3: Domestic Abuse Perpetrator Service
- Lot 4: Sexual Violence Support Service.
- 3.3 Each lot will be let on the basis of a 5 year contract, with 2, two year extensions (if required) meaning that providers could potentially be in place for a total of 9 years.

	Service	New providers	Start date
1	Community-based victim support (adults and children)	Coventry Haven, Panahghar & Relate (consortium bid)	1 st July 2019
2	Victim accommodation	Valley House	1 st July 2019
3	Perpetrator service	Coventry Haven, Panahghar & Relate (consortium bid)	1 st July 2019
4	Counselling support for victims of sexual violence	CRASAC	1 st July 2019

4 Domestic Abuse Services

4.1 The key differences between the existing and new domestic abuse services include:

- A “No Wrong Door” approach between all providers replacing the previous single point of contact
- Better evaluation and data collection
- Longer contract with a greater focus on continuous service improvement
- Greater focus on access for under-represented groups
- Greater focus on prevention
- Greater focus on a family approach – supporting improved relationships between the non-abusing parent and affected children

4.2 There are close interdependencies between all three of the domestic abuse contracts. It is intended that a monthly allocation meeting will be held between the City Council (incl. public health and children’s social care), police and providers of the 3 contracts. The purpose of this panel will be to manage access to children’s counselling and ensure parallel support is provided to victims of people accessing the perpetrator service and ensure appropriate links are in place with police and social care.

4.3 The domestic abuse contracts will be managed using 3 sets of data:

- Outcomes data: high level indicators demonstrating that the service is achieving outcomes. This includes, for example measures demonstrating victims and children feeling safer, have an increased awareness of domestic abuse, and are better equipped to manage risks
- Performance data: measures demonstrating the service is functioning and responsive to client need. This includes, for example, response times to referrals, completions of risk assessment and safety plans and completion of reviews of safety plans.
- Activity data: data relating activity, demographic and client need. Providers will submit anonymised raw data who will be used to understand need and trends, demonstrate collaboration between each of the 3 services.

5 Update on the domestic abuse strategy 2018-2023

http://www.coventry.gov.uk/downloads/file/27376/domestic_abuse_strategy_2018-2023

5.1 The domestic abuse strategy was launched in Summer 2018. The strategy has a supporting action plan which has made significant progress under the four themes: Prepare, Prevent, Protect, and Pursue.

5.2 A core competency framework has been developed which sets out the training levels for all members of staff in the Council and the elected members. The training packages, which will be based on-line, through the Councils e-learning platform “me-learning” are currently being developed. There are 4 competency levels, Level 1 Mandatory (all council employees (and it is suggested elected members) will be required to complete this, along with other mandatory packages e.g. GDPR, Health and Safety). Level 2 will be aimed at front line practitioners who **may** come into contact with families where DA is an issue. Levels 1 & 2 (are currently under development by Public Health). Level 3 written by LSCB and is already in existence and is aimed at frontline professionals who **will** come into contact with families where DA is present. Level 4 is a selection of specialist training packages. Individual staff will be required to complete a specific number of hours across these packages in order to be “level 4” competent. Staff in specialist roles e.g. an independent domestic violence advisor, will be required to be level 4 competent.

5.3 The level 1 training package will be made available to key partners and stakeholders for use with their staff. The training will be capable of being uploaded to partner’s e-learning platforms and branded accordingly. We are also considered whether level 1 should be made available to the general public on the safetotalk website. Level 1 is all about awareness raising of domestic abuse and its impact on those who experience it.

- 5.4 Work is taking place on refreshing our domestic abuse web portal www.safetotalk.org.uk. The website has now been taken in house and will be revised by the public health team ready for re-launch when the new contracts go live. We know that the “contact” button on the existing website is well used and this service will continue with the new provider.
- 5.5 Coventry City Council workplace policy on domestic abuse has been revised and is currently with human resources going through the necessary internal processes with the unions to ensure that it is acceptable. Once approved it will help employees to know what they should do if they are subject to DA, what to do if a colleague discloses that they are subject to DA and what support is available to employees who are experiencing DA.
- 5.6 Between the 25th November to the 10th December 2018 the council led a campaign raising awareness of domestic abuse in the city. Staff were asked to wear orange to support the campaign. There is a presentation showing the type of activities that went on in the city both by the council and its partners over the course of the 16 days including turning Lady Godiva and Broadgate orange.
- 5.7 The Increasing Referrals to Improve Safety (IRIS) programme went live in the Summer 2018, since then between 25 and 27 GP practices have signed up to the programme, all of which have received part of the training package. Since September; following the delivery of the first round of training IRIS has received over 60 referrals. The capacity of the advocate educator is 25-30 and so the programme has quickly exceeded this. As a result the IRIS steering group are looking at the cost of employing a second, part-time advocate educator to support the demand. This is currently being costed. The IRIS programme is primarily funded by Coventry and Rugby Clinical Commissioning Group with a small contribution from Public Health.

6 Sexual Violence Counselling Service

- 6.1 The key differences between the existing and new contract for sexual violence counselling are:
- Using technology to increase access to service and provide other options for service users who are unable or unwillingly to travel
 - Greater focus on prevention
 - More use of befriending/mentoring and support groups to assist victims/survivors to continue their recovery journey
 - Greater emphasis on assessing the service user journey to recovery moving them on to less intensive support as soon as they are ready to maximise the available resource.
- 6.2 The former service model has worked well and we have been very pleased with the outcomes. All services have seen increasing demand but there are no extra resources available from the City Council. It will not be possible to predict how demand will change over the life of the contract. Therefore, the commissioners will be discussing this issue on a regular basis with the provider. The provider works hard to attract other funding streams and is reviewing its service model to ensure its efficiency without compromising effectiveness.
- 6.3 The other difference with the newly awarded contracts is their duration (5 years with two optional 2 year extensions). This was a deliberate choice; market engagement with a number of providers revealed there were difficulties experienced with short term contracts and grants. Innovation and new ways of working are challenging if staff and resources are only available for a short window. Due to the length of the contracts there will be a two yearly service improvement cycle. A series of break clauses have been included to coincide with production of the service improvement plan. The commissioners wanted to commit to services over the long term so that providers have the stability to design services, recruit staff and undertake preventative (rather than purely reactive) services.

- 6.4 Key to the success of any contract is the ongoing relationship between commissioner and provider, we are confident that our providers can work with us in a collaborative way to ensure we provide a range of services that are universally accessible to all that require them.
- 6.5 Key Performance Indicators for the sexual violence service are based upon a framework redeveloped alongside the service specifications. There will be a focus on the following areas:
- Maximising the number of available one to one counselling slots which are utilised
 - Higher levels of prevention/education/awareness activity
 - Demonstrable improvements in emotional/mental wellbeing of clients using the counselling service
 - Minimising the time that clients have to wait before they receive one to one counselling (if they are assessed as needing one to one support)
 - Provision of groups that can offer informal, peer support
- 6.6 There will be a number of indicators which report on activity (reported quarterly), this will cover the main services provided including individual counselling for adults and young people, group counselling for adults, the telephone helpline, the independent sexual violence advisor service (ISVA) and prevention activity.

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