



Sexual and Domestic Violence Commissioning in Leicester

2015-2018

Consultation Findings Report 2015

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1. Executive Summary

“Why wouldn’t you want something like this when it makes such a difference?” Jenkins Centre group 18/2/15

- 1.1. This report covers consultation into the joint commissioning of adult sexual and domestic violence support services across Leicester, Leicestershire & Rutland 2015-2018 and the re-commissioning of children, young people and family, perpetrator interventions and safe home services (all for those affected by sexual or domestic violence) within Leicester for the same date period.
- 1.2. The report gives the background to the specific consultation carried out between January and March 2015, and provides an overview of the methodology, responses and outcomes of that consultation. Different reports will be available; all based on the same response data, to cover the perspectives and background context of the three distinct administrative areas (Leicester, Leicestershire & Rutland). This is the responsibility of the different lead partners (see appendix A).
- 1.3. Leicester, Leicestershire and Rutland Councils and the Office of the Police and Crime Commissioner (OPCC) have an ongoing commitment to improving the partnership response to sexual and domestic violence, and see engagement with service users and providers as routine and essential.
- 1.4. Service user and partner agency feedback, together with changing funding structures in the region brought the partners together for this specific piece of consultation; and it is the first time the local authorities and the Office of the Police and Crime Commissioner (OPCC) have worked together in this manner.
- 1.5. Local and national partners and specialist providers were consulted for six weeks; from 22/1/15 – 4/3/15. This was through an online survey, the questions of which are listed in appendix B. Responses were invited from each member of local delivery or strategic boards working on the issues across Rutland, Leicester and Leicestershire. The Joint Commissioning Task Group also identified some national specialists. Sexual and Domestic Violence Delivery Group members were invited to add to this list of local and national invitees. Service users were also asked for general feedback on the proposals through focus groups sessions during this six week period.

- 1.6. This was a targeted consultation rather than an open consultation as core activities and services were being re-commissioned, but being delivered in a different way; and also because provider input on the feasibility of the different options was central; whether there was a better alternative option and whether there were practical ways risk could be mitigated.
- 1.7. The three options for a joint commission across Leicester, Leicestershire & Rutland were as follows:
- A single sexual and domestic violence service incorporating helpline, crisis, emotional, practical and therapeutic support
 - Two services: A single domestic violence service and a single sexual violence service, each incorporating helpline, crisis, emotional, practical and therapeutic support
 - Two services: A single crisis, emotional and practical support service for both sexual and domestic violence, and a single therapeutic support service for both sexual and domestic violence
- 1.8. Alongside the proposals for the joint commission, the online survey also asked about the additional commissioning intentions of the County Council and the City Council in relation to sexual and domestic violence. The OPCC and Rutland Council did not intend to commission any further service related to sexual or domestic violence support specifically at this point in time.
- 1.9. 53 organisations were approached for an organisational response to the consultation document and questions. 29 responses were received representing 27 organisations. Two organisations provided two responses and subsequently were asked to withdraw one. This reflected a loose 'response rate' of 51% from those invited via email. 10 organisations who responded considered themselves in the scope of the review. Eight stated that they were currently delivering domestic violence specialist services and five that they were delivering sexual violence specialist services.
- 1.10. 13 service user engagement sessions were held, nine of which were in the city. 47 service users attended the sessions in total. 29 service users attended the city engagement sessions.

Main online survey findings¹

- 24 (86%) of organisations supported the general direction of travel outlined
- 13 (50%) of organisational respondents preferred option 1
- The next most preferred option was option 2, which 8 organisational respondents preferred (31%)
- 20 (74%) of organisations supported the city proposal regarding the safe home service
- 21 (78%) organisations supported the city proposal regarding the children, young people and family service
- 20 (74%) of responding organisations supported the city proposal regarding domestic violence perpetrator interventions service

1.11. The preferred option coming out of the consultation was for option 1; which is for one joint commission for a single engagement and response (helpline and face to face through to therapeutic) service for those affected by sexual and/or domestic violence.

1.12. A significant amount of concern was expressed relating to this option; particularly from the sexual violence specific sector, but mitigating actions were also given. No viable alternative option was proposed. Those who did request 'another option' detailed that this would be to commission per District area, but the Joint Commissioning Task Group agreed that this was not financially or strategically desirable. The concerns relating to option 1 relate in the main to:

- Over shadowing of sexual violence by domestic violence
- The large contract value
- The time and willingness amongst local providers to work collaboratively

1.12 Within the consultation findings section each concern is listed and possible mitigating actions identified. In the absence of a viable alternative option, the recommendation of this report is to:

- I. Undertake a joint commission on behalf of Leicester, Leicestershire & Rutland following Option 1, with mitigating actions embedded to reduce the risk it presents

¹ Percentages are taken from those that answered the question and are rounded up to 0 decimal points.

- II. Commission as intended (i) children, young people and families, (ii) safe home and (iii) perpetrator interventions service for Leicester
- III. Continue to work with and support the local specialist sector and local partners to maximise the impact from the commissions
- IV. Feed in learning from the consultation (from service user engagement sessions) to partner agencies.

2. Introduction

Background and Context

- 2.1 Leicester City Council Cabinet agreed the second Leicester Inter-Agency Domestic Violence Strategy in March 2010. When the strategy was agreed, it was on the basis that a single commissioning exercise would be carried out to pool the monies spent on domestic violence across the council and to review and re-commission in light of the strategic priorities, and known gaps in provision and areas for improvement.
- 2.2 A review of domestic violence within the city was undertaken in 2011. Around 100 stakeholders took part in the first stage of the review process, including over 70 existing service users. In the second, public consultation, stage 214 responses were received. Of these, 30% stated that they were currently affected by domestic violence and 69% stated they had been affected in the past by domestic violence. 60% of respondents identified as White British; 13% as male; 89% as heterosexual and 9% as disabled.
- 2.3 The areas for improvement outlined in the 'Leicester City Council Domestic Violence Services Single Commissioning Review Report 2011' identified that the new service portfolio needed to include:
- Better joined up services / with a specialist single access point for domestic violence support
 - More capacity for early intervention and preventative work with children
 - Work with perpetrators, non-court mandated
 - More, and centralised, recovery / personal development and move-on programmes for survivors of domestic violence
- 2.4 Consultation respondents commented that a free phone number would make the most difference in ease of access and access to emergency temporary accommodation with opportunity to access domestic violence specific support was the most important in terms of securing safe accommodation. The new specifications built upon these comments and the Integrated Domestic Violence Service contracts began September 2012.
- 2.5 In April 2013, funds used by the local authority to pay for sexual violence provision were also pooled into the Community Safety budget. This was a significantly smaller budget which was enhanced by a contribution from the

public health team, savings from domestic violence contract management, and funding from the Safer Leicester Partnership.

2.6 In 2013 the sexual violence specialist services were reviewed in consultation with partners. The areas of consensus were:

- Inconsistent commitment across area (Leicester, Leicestershire and Rutland)
- Regional and national developments need to be taken into account
- Important to retain micro areas of specialism
- Clear and consistent outcomes framework, and quality assurance needed
- More resource would be needed to fully meet need
- Strategic approach required
- Need for more consistent assessment language
- Need for better joining up and partnership to reflect needs of individuals
- The local evidence base is not robust at present in terms of prevalence, need or impact

The areas where there were clear differences of opinion included:

- Need for separate Black, Minority Ethnic and Refugee provision (some services reflecting local population; some not)
- Need for separate family orientated provision
- Need for Lesbian, Gay, Bisexual & Transgender specific provision
- Need to retain men only; women only provision
- Promotion of a single access pathway (even if to multiple services)
- Inclusion of more traditionally Children and Young People safeguarding related services (Child Sexual Exploitation for example)
- Whether prevention work is essential when there is no increase in resources
- Duplication of services
- Alignment and differences to domestic violence and abuse work

2.7 A public consultation on the sexual violence commissioning model took place in 2013. There were 22 respondents to this consultation. The lower volume of response could reflect the smaller (in terms of financial investment) sector; the lack of current inter-agency strategy or smaller general profile. Seven (32%) respondents stated that they had experienced

sexual violence. 16 respondents (73%) identified as White British; 18 (82%) as female and 14 (64%) as heterosexual.

- 2.8 The new Integrated Sexual Violence Service contracts started in November 2013. These contracts were to end at the same time as the Integrated Domestic Violence Service contracts to allow for further review and alignment in the next commissioning cycle. This was to be in place by 2015.
- 2.9 A partner audit of sexual and domestic violence in Leicester was out for eight weeks April to June 2014. Every local partner agency was invited to input based on their understanding of the impact, issues and what is on the horizon relating to these areas and for individual organisations that might impact on their work on sexual and domestic violence. Following this, and building on the 360 degree reviews of existing local authority funded sexual and domestic violence specific services, two further workshops followed; focusing in on developing the next inter-agency strategy and refining the next monitoring and recording systems for new commissions (the workshops took place in September 2014). Data has been challenging to collect and collate and the review report is still in draft form (latest draft produced 13/1/15).

Finance

- 2.10 The local authority (Leicester City Council) funding for domestic violence and sexual violence over this time has been protected outside of budget savings that were agreed prior to the pooling of funds (related to what had been available for accommodation related support through the Supporting People Fund). These budget savings, year on year, and some 'one off' partnership funding which was secured for the first year, was pooled over the commissioning period to lessen the impact of the year on year reduction. This has meant that the commissioning budget for 2015-2019 (with a possibility for an extension up to 24 months) appears to be reduced when it has in effect been sustained by the local authority as far as possible. Any savings resulting from the commissioning process, from only paying against spend and from general contract management and performance related contracts have also been protected for city work on sexual and domestic violence.

Learning

- 2.11 The eight local authority (Leicester City Council) sexual and domestic violence specific contracts have been managed by the Community Safety Team since 2012/2013 and this has allowed for greater consistency and understanding regarding need and outcomes. Performance headlines are shared regularly with the local delivery groups for domestic and sexual violence, safeguarding boards and key departments across the local authority.
- 2.12 Some of the performance information from these contracts features within the Draft Sexual and Domestic Violence Review Report (January 2015). Further detail is held by the contract managers. There has been significant impact made by these provisions and learning.
- 2.13 As part of each of the six main contracts for direct service provision, part of the monitoring requirements includes 360 degree reviews. Each provider has been through this process, whereby stakeholders, staff, volunteers and service users are engaged for feedback by the contract monitoring officer and domestic violence co-ordinator. This learning has also informed the commissioning options for 2015.

Leicester, Leicestershire & Rutland Joint Work

- 2.14 Joint commissioning for sexual violence provision across Leicester, Leicestershire & Rutland, was explored in 2012 and 2013 but County and Rutland Council colleagues concluded that they were not in a position to commit.
- 2.15 The Office of the Police and Crime Commissioner, Leicestershire County Council, Rutland County Council and Leicester City Council have been working together with Leicestershire Police since mid-2014 to assess the feasibility of a joint commission of specialist sexual and domestic violence services across the region. The OPCC have led this work. The main aims behind joint commissioning are the attainment of greater equality, consistency, simplicity and co-ordination of provision.
- 2.16 From the outset additional funding partners such as NHS England and the Clinical Commissioning Groups, who also have a role in commissioning these

types of services, have been considered and efforts to engage those bodies in the joint commission continue.

- 2.17 In December 2014 the Joint Commissioning Task Group agreed that due to budget restrictions, partners would initially focus on the provision of helpline and support services for adults affected by sexual or domestic violence. A number of options regarding the joint commissioning arrangements and service model options were identified by the task group, each with different risks and opportunities. The findings from the city partner survey from September 2014 also factored in these discussions, as members had been asked to comment on what could and would not work in relation to a joint commission across the sub-region.
- 2.18 In January 2015 the joint commissioning group members jointly approved (within their individual organisations and collectively) an outline approach to undertaking the joint commissioning and agreed a refined set of options to consult upon.

Strategy Development

- 2.19 Interim City strategies for sexual and domestic violence were drafted in 2013 to cover 2014-15 (domestic violence) and 2013-15 (sexual violence).
- 2.20 Another review of sexual and domestic violence in Leicester took place in 2014 (see Draft Review Report January 2015), involving key partners, with a specific remit to inform the next five year inter-agency strategy and to use learning from across the two areas and achieve greater parity and integration where desired. There was an acknowledgment throughout the review process that public services were under increasing budget pressures and that whilst protected, the local authority (city) budget for commissioning specialist services would appear significantly reduced going forwards, due to the factors covered in 2.10. Repeatedly mentioned was the confusing picture of provision across Leicester, Leicestershire and Rutland and the management and need for better integration and parity across sexual and domestic violence work and service provision.

3. Method

- 3.1. The OPCC led the Joint Commissioning Task Group during 2014, to establish the feasibility of joint commissioning and agree a process to make best use of resource across Leicester, Leicestershire and Rutland for 2015 onwards.
- 3.2. Local partners informed this process through the different engagement events held by all potential joint commissioners (OPCC, Leicestershire County Council, Rutland County Council and Leicester City Council), individually and collectively (such as the briefing event held on 16th December 2014 and that on procurement on 20th January 2015) to share emerging thinking and maintain an ongoing dialogue with local partners.
- 3.3. The Joint Commissioning Task Group provisionally agreed in January 2015 that the City Council would lead on a consultation exercise, leading to a pooled fund joint commissioning exercise, and that the city council would then also contract manage the resulting contracts, within the structures of a Partnership Agreement involving a Partnership Board and Contract Management Board involving every partner. Work continued during this time to secure further partners for the joint commission(s); specifically the Clinical Commissioning Groups and NHS England, who also have a duty to commission sexual and domestic violence services.
- 3.4. The consultation on the proposals from the Joint Commissioning Task Group took place 22/1/15 – 4/3/15 (6 weeks) and covered the identified options on how to structure the services for the joint commission, and any proposals for additional commissions from each local authority independently.
- 3.5. The consultation was targeted at local partners and particularly at providers of sexual and domestic violence services. The consultation link went out through local partnership structures for domestic and sexual violence and reminders were sent at the halfway point and with one week remaining. Whilst the survey was online, copies were made available in pdf and word format to assist in formulating an organisational response.
- 3.6. The reason for the targeted consultation was two-fold: the complexity and level of detail and knowledge required to make an informed response, and the fact that the key activities and services being commissioned were not due to change; rather the format of those contracts or lots.

- 3.7. Key considerations were:
- Pathways (identification, navigation and experience of)
 - Parity of provision across the areas and subject matters (sexual and domestic violence)
 - Sustaining and developing local expertise/ the 'market'
 - Feasibility of what could be achieved within the budget
- 3.8 The three options for the joint adult-support service developed consultation were:
1. A single sexual and domestic violence service incorporating helpline, crisis, emotional, practical and therapeutic support
 2. Two services: A single domestic violence service and a single sexual violence service, each incorporating helpline, crisis, emotional, practical and therapeutic support
 3. Two services: A single crisis, emotional and practical support service for both sexual and domestic violence, and a single therapeutic support service for both sexual and domestic violence
- 3.9 Local partners were asked to identify if they felt any other specific organisations should be included in the survey, and one provider did do this; recommending Voluntary Action Leicester, who subsequently received the survey.
- 3.10 Around 10 other (outside of existing local membership structures) organisations were approached to take part in the survey; identified through their role in providing specialist sexual and domestic violence services. The provider survey was an online survey and directed to one response per organisation (See appendix C for list of invitees).
- 3.11 Alongside this, the Joint Commissioning Task Group undertook a series of service user engagement sessions to gain feedback on the main proposals. One service provider responded that their service users would not come together as a group, and so an individual session plan/ interview outline was developed for them to use with officer support. No responses were received through this route.
- 3.12 The notes from the service user engagement sessions were sent back to the user groups to check interpretation and to allow for further comment.

- 3.13 Service users were also asked how they would like to be kept informed of further developments and direct details taken where they wished. Consent forms were collated for all participants.
- 3.14 The outline followed for the service user engagement sessions differed from the City to the County. Provider staff delivered one of the City sessions (one of nine). Provider staff remained in the session for two of the County sessions and delivered an additional session by themselves (three of four).
- 3.15 The details of the consultation were also published on Source Leicestershire by the Procurement Team.

4 Key Areas of Consultation

- 4.1 Having considered the need to provide more joined up provision across Leicester, Leicestershire and Rutland, and discussed budget, outcomes desired, learning and options, the Joint Commissioning Task Group worked up three options for the joint commission, with allowance for providers to identify 'another option'. The advantages and risks that had been identified by the Joint Commissioning Task Group were included in the consultation survey and respondents asked to inform this, including risk mitigation possibilities.
- 4.2 Respondents were also asked to inform the equality and human rights impact assessment. Some of the initial work that had been undertaken on this was listed within the consultation document and online survey. Whilst service activities were not envisaged to change significantly, the structure of the services into a different number of contracts could potentially impact on people differently according to a protected characteristic or other 'vulnerability'.
- 4.3 In addition to the questions relating to the joint commissioning activity, respondents were asked to comment on any further commissioning intentions that the joint commissioning task group members had.
- 4.4 Unlike the 2012 consultation, where the online survey was a public exercise, this time as the request was for responses to be 'organisational', and an equalities monitoring form was not included in the survey. Respondents were asked about their specific business and other areas relating to their organisation.
- 4.5 Within the city service user engagement sessions, participants received a brief verbal overview of what was and wasn't intended to change within each proposal and were asked to comment based on their needs and experience. Service users were also asked to comment on how they would like to be kept informed by the commissioning group and contract managers going forwards.

5 Respondents

- 5.1 53 organisations were invited to submit a response to the online survey. 128 individuals were directly contacted about submitting an organisational response and 5 organisations were approached without a named contact.
- 5.2 29 responses were received, covering 27 organisations. The Police and Leicestershire County Council submitted two responses each. One was later removed for each organisation after we had asked that organisation which to remove.
- 5.3 This return rate reflects around 51%, which was considered as acceptable by the Joint Commissioning Task Group. The vast majority of local providers of sexual or domestic violence specific services responded, and there was a balance of respondents in terms of their expertise in sexual and/or domestic violence. Ten respondents identified as delivering a service in the scope of the consultation.
- 5.4 Women's Aid Federation England sent an email apologising for not being able to submit a response by the deadline.
- 5.5 National Rape Crisis England and Wales submitted a very detailed response via a word document two days after the consultation closed, and this has been included.
- 5.6 13 service user engagement sessions took place during the six week consultation period. Rutland County Council was unable to arrange a session within the six week consultation window.
- 5.7 47 service users attended the sessions in total. Three of these were children who attended a more informal feedback session right at the beginning of the consultation period.
- 5.8 Organisations facilitating service user engagement sessions:
- Living Without Abuse
 - Enable
 - FreeVA
 - Leicester Rape Crisis
 - Harborough Borough Council
 - Womens Aid Leicestershire Limited
- 5.9 The services the users were attending/ using:
- Family service (city)

- Recovery Toolkit
- Perpetrator Programme
- Refuge
- Partner support service
- Mum and Me group

5.10 Organisations submitting a response

- The New Futures Project
- The Quetzal Project
- Leicester Lesbian Gay Bisexual and Transgender Centre
- Leicester Safeguarding Adults Board
- Mencentric Limited
- Trade Sexual Health
- Blaby District Council
- Hinckley & Bosworth & Blaby Community Safety Partnership
- New Dawn New Day Ltd
- Lime Culture Community Interest Company
- Women's Aid Leicestershire Ltd
- Swanswell
- Harborough District Council
- North West Leicestershire District Council
- Derbyshire, Leicestershire, Nottinghamshire & Rutland CRC (Probation)
- FreeVA
- Living Without Abuse
- Charnwood Borough Council
- Police
- Leicestershire Partnership Trust
- Leicestershire County Council
- Enable: part of East Midlands Housing Group
- City Clinical Commissioning Group
- Office of the Police and Crime Commissioner for Leicestershire
- Crown Prosecution Service
- Leicester Rape Crisis
- Leicestershire police
- Rape Crisis England & Wales

6 Findings

6.1 This section outlines the responses received to the main areas of the consultation. Further detail is available in spreadsheets detailing responses in full.

6.2 General Direction of Travel

The first question in the consultation survey focused on the general direction of travel as outlined in the Consultation Document; namely the move to joint commissioning and the additional County and City intentions.

Table 1: Response to general direct of travel (27 respondents with one respondent marking both yes and no, giving 28 'responses')

Response	Number	Percentage
Yes	24	86%
No	3	11%
Don't Know	1	4%
No opinion	0	

6.3 Themes from response to reasons for answer

- With reservations
- Additional considerations noted
- Capacity concerns
- Additional support of proposals
- In part
- Need to secure commitment from health commissioners

“All of the above are important / essential aspects of a comprehensive service to support people affected by DV / SV service. I also welcome the ambition to join SV and DV services up.” Online response ANON-TSVA-3GF8-P

6.4 After being asked to contribute to the benefits, disadvantages and possible mitigations of each of the options outlined in the document, respondents were asked to give a 'Preferred Option'.

Table 2: Responses to preferred option (there were 26 responses to this question)

Response	Number	Percentage
Option 1	13	50%
Option 2	8	31%
Option 3	1	4%
Another Option	4	15%

6.5 Only three organisations chose an ‘alternative option’ and then outlined this option. Responses:

- To retain local commissioning of services as District Level to address local needs with LLR helpline. 3 limited options have been presented and it would be useful to understand how they have been arrived at. What were the consultation questions and were they closed or open questions?
- Option 1 may be the preferred option for the benefits of victims/agencies however commissioning as one lot carries too many risks and this could have an impact on how specialist provider’s bid. Another option would be to commission DV and SV helpline as one lot/ support services as a separate lot and therapeutic support as a separate lot or as part of the support services however the resources need to be considered to ensure the integration of these services and this could be achieved through commissioning co-location of services.
- A single LLR dv and sv helpline; with a joint dv and sv support service commissioned in each of the other nine areas (seven districts/boroughs, City and Rutland), commissioned with the same service specification and capacity appropriate to the population/demand.

6.6 Taking only the view of those ten organisations which identified themselves as in the scope of the review, the following preferred option was identified:

Table 3: Preferred option for services within the scope of review

Response	Number	Percentage ²
Option 1	2	25%
Option 2	5	63%
Option 3	3	38%
Another Option	0	

6.7 Taking only the view of those organisations which identified themselves as providing sexual (5) and/or domestic violence (8) services, the following preferred options was identified:

Table 4: Preferred option for specialist sexual and domestic services

Response	Number and % DV	Number and % SV
Option 1	4 (50%)	1 (20%)
Option 2	3 (38%)	4 (80%)
Option 3	0	0
Another Option	1 (13%)	0

6.8 The concerns listed for Option 2, which was the next most preferred option, and was distinctly the preferred model from the local specialist sexual violence providers were as follows:

- Therapeutic service expertise may not sit within the same organisations as other face to face work, this is a MAJOR potential issue as different organisations will have different cultures. Poor reception/approach by one reflects on other and client may disengage from primary as well as secondary
- We have concerns over capacity and how these contracts/ contract values would cover current need across LLR
- Lots of areas for overlap
- DV and SV services will not work as efficiently together
- Does not specifically outline the need for a women only or BME led support services
- Just feels a bit disjointed
- Closure of specialist providers and small voluntary sector organisations

² Rounded up

6.9 There were three city specific commissioning intentions outlined in the consultation document. The first question regarding this was whether the respondent supported the intention to commission a Safe Home Service again, this time including those fleeing sexual violence

Table 5: Safe Home Service – Leicester (27 respondents)

Response	Number	Percentage
Support	20	74%
Against	1	4%
Don't Know	6	22%

6.10 Some comment on the Safe Home Service intention:

- Young people often over looked
- Need to ensure as many victims remain in their own home as opposed to moving them out
- People traumatised through violence, whether affected by DV or SV, have very similar needs with regard to mental health, well-being and safety. It would be really great to see these services extended
- Clearly a need to expand this type of provision
- We would urge that this criteria include all forms of violence against women and girls

6.11 The comment from the organisation 'Against' this proposal was "Specialist refuge accommodation is still needed and Leicester victims will suffer if Leicester is not part of the national network of refuges. The current service will only support low needs, leaving victims with complex needs unable to access the service. Victims of sexual violence will have different housing needs. Accommodation will be diluted and there will still be a reliance on non-commissioned services."

6.12 The second are for city specific commissioning intentions regarded the commission of a Children, Young People and Family Service for those affected by sexual or domestic violence

Table 6: Children, Young People and Family Service – Leicester (27 respondents)

Response	Number	Percentage
Support	21	78%
Against	1	4%
Don't Know	5	19%

6.13 Some comment on the Children, Young People and Family Service intention:

- Support for children is key
- Parents experiencing dv and sv need an all-encompassing support package which is provided by a CYPFS
- Yes I think this is very important
- This needs to be located within specialist DV and SV services so that family work can be facilitated, where appropriate, and so that the children and young people's workers have a good understanding of the issues of DV and SV

The comment from the organisation 'Against' this proposal was "very different issues present. Will this service support historical victims of sexual abuse (e.g. Jimmy Saville enquiries)? Different skill sets are required."

6.14 The third city specific commissioning intention regarded a Perpetrator Interventions Service for those wishing to change their abusive behaviour (domestic violence)

Table 7: Perpetrator Service- Leicester (27 respondents)

Response	Number	Percentage
Support	20	74%
Against	0	
Don't Know	7	26%

6.15 Some comment on the Perpetrator Service intention:

- Yes because it exists....having a voluntary service is essential... on this annual budget I would expect 40-50 men per week to be in the service, through assessment, on to one, group work etc
- Work with perpetrators is a really important strand in reducing incidents and impact of DV
- A perpetrators service is useful but why only in the city

- Absolutely. There is a great need for this
- Yes, to hold perpetrators accountable and to protect victims and children – present and future – this is vital

6.16 Equality impact was directly addressed through a question in the consultation relating to any ‘Missed information relating to personal characteristic or vulnerability’. 13 organisations answered this question. The answers will inform the equality impact assessment (see attachment). In summary, six main ‘groups’ were identified as being potentially negatively impacted by the model options outlined:

- Young people
- Black and minority ethnic women
- Women
- Lesbian, Gay, Bisexual or Trans
- Those who have experienced sexual violence (as a vulnerable group)
- Geography (postcode) in general

6.16 Some comments on equality areas missed included:

- Postcode
- You have limited data related to gender reassignment and a sweeping overview of sexual orientation
- LGBT clients will need to feel organisation and practitioner understands etc. Publicity also needs to reflect all the issues. Re young people I would suggest that there is provision to deal with teen violence to parent(s) which is often but not exclusively gendered.
- Pregnancy and maternity
- Think you have covered all the characteristics
- Have you considered staff in the workplace
- Gender reassignment should be referred to as transgender

Service user engagement sessions

6.17 The service user engagement sessions followed a loose focus group outline. Some groups focussed more on their current experience and others more on the wider or future options.

Table 8: Service user comments in support of proposals

Proposal	Supportive comments
LLR	<ul style="list-style-type: none"> • One number to call is a good idea, but need more mainstream advertising to promote • same services to be available for all • Makes sense to pool resources - the bigger the area covered, the more people can get help • positive regarding counselling availability - and for it being free • Would like to be able to phone one place & them help me get the right support. I want them to connect me to others • helpline for both DVSV could work • one number would be easier • access to CYP ISVA is vital • need more mental health support/ counselling in the refuges • no concerns regarding this. There should be provision to signpost/refer to other services e.g. mental health
Safe Home Service - City	<ul style="list-style-type: none"> • options to stay in own home • options for large families • perception of refuge is not positive • would have been good to know about options for perpetrators • positive • Need help to stay in Leicester if you want/need to, or for family support. Moving house not always the best option - need family & community support • Emotional and practical support • Refuge space for SV is positive • Ensure enough spaces for women with & without children
CYPFS - City	<ul style="list-style-type: none"> • respite activities would be useful • Creche provision positive - but limited awareness • School work - positive. Around acceptable/non acceptable behaviour and healthy relationships • Ensure that older children are included • Generally positive about the support available: creche, schools; awareness • Positive: but need to ensure awareness in schools/colleges etc
DV Perpetrator - City	<ul style="list-style-type: none"> • early intervention is important • the impact is positive • Partner support is very helpful • Partner support services sits best with the perpetrator service • Definite value to the service being available to LLR residents • Perpetrator programme makes such a difference. It works. • Ease/speed of access to support • no awareness of perpetrator accommodation but thought this a good idea

Table 9: Service user comments against the proposals

Proposal	Comments Against
LLR	<ul style="list-style-type: none"> • don't shrink services down if across LLR • If combined, DV may be seen as less severe than SV • DVSV are too different • groups for DVSV together wouldn't work • different issues for DVSV
Safe Home Service - City	<ul style="list-style-type: none"> • are there adequate numbers of beds? • can a refuge meet the needs of DVSV together?
CYPFS - City	None
DV Perpetrator - City	None

Table 10: Service user ideas relating to the proposals

Proposal	Ideas
LLR	<ul style="list-style-type: none"> • group work for SV and DV should be kept distinct • importance of ongoing support whilst on group • more online resources to be available • offer support away from local area • 24hr crisis support and access to refuge if needed • run awareness raising courses • longer term support • counselling provision for family members (SV)
Safe Home Service - City	<ul style="list-style-type: none"> • needs to be in a nice place • importance of follow up after sanctuary • Breaking the cycle around alcohol/drugs • important to fill time positively; activities on site • Refuge needs to be able to help with family contacts • Specific support for mental health needs
CYPFS - City	<ul style="list-style-type: none"> • important to have activities • sibling session and individual • timing of school sessions • include sessions for those separated from their children - or in which they can take part • help in schools • to have own time & family time • to have direct contact from support worker • work on child to parent violence
DV Perpetrator - City	<ul style="list-style-type: none"> • promotion needs to be better • Longer programmes - up to 2 years • complex needs - include psychiatric input? Need to ensure mental health support is available

	<ul style="list-style-type: none"> • Promotion of the service with new families • support once the programme has finished - drop in sessions; text message check in; phone
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Table 11: Service user general comments relating to the proposals

Proposal	General comment
LLR	<ul style="list-style-type: none"> • don't have a 'press one for this' facility • can staff have the breadth of knowledge & experience to give advice on both? • promotion of counselling needs to be better • support/counselling to be available in the time between incident and court
Safe Home Service – City	None
CYPFS - City	<ul style="list-style-type: none"> • earlier work with CYP • Courses & groups to be used to promote the other services available • Need to link in with courts to promote crèche
DV Perpetrator - City	<ul style="list-style-type: none"> • be clear on how you measure the impact/outcomes of the programme • the importance of having agencies be 'the bridge' to accessing help

6.18 The service users that took part in the engagement sessions also highlighted the following themes

Table 12: Service user engagement session themes

Theme	Sub themes	Examples of comments
Key agencies	Police GPs Social Care Vol.Sector Prison Housing Commissioners Court	<ul style="list-style-type: none"> • felt unsupported, unheard and disbelieved • Months of waiting • do not take this seriously • left them feeling very isolated and at risk • the conversation can never start • Should come and observe activities to see value • should attend groups to get a deeper understanding of how it feels • the pressure this adds does not seem to be recognised and they feel more blamed and bullied through this process
Family working		<ul style="list-style-type: none"> • no help for child, had to go private • Ex-partner has the children to control now • Kids will have a lot of anger to deal with • children have a role in abusing mum sometimes • kids should have a safe person they can go to and talk to about domestic abuse who is going to know how to talk

		<p>about it</p> <ul style="list-style-type: none"> • grown up children could also benefit from support • specific circumstances when separated from children and workers understanding this • important to offer one to one and family time • both parent and child received support from the same worker and felt this was the ideal arrangement • Support for the wider family - how do I help my child/ren deal with this? • Groups for children to run in refuge • long waiting times for CYP/family support
Partnership working		<ul style="list-style-type: none"> • Lack of partnership working • Passed around too much • don't mind who provides services as long as they work together, so can help to our needs • Too many professionals - have to talk about your low points too much • Swapping over was difficult (refuge to outreach) • Can often feel worse discussing it with strangers • Agencies need to act as 'a bridge' to support services
Services and activities	Groups Staying connected	<ul style="list-style-type: none"> • how essential the group work is • sessions need to be in plain language so can understand • groups need to be more frequent and in different locations. • really value a way of continuing the support network • option of more on line resources like blogs • follow on work/support when groups have finished - this would be useful • positive: group activities and the opportunity to 'give back'
Awareness		<ul style="list-style-type: none"> • Not enough is known about the service in the community. Consider the needs of those with literacy issues • accessing can be difficult - lack of awareness amongst agencies • Better advertising of services; hadn't seen anything about the services; • Police need to do more to tell perpetrators about this programme • Importance of community support • Better information needed at schools/colleges/youth groups on support services
Workforce		<ul style="list-style-type: none"> • staff knowledge and people skills need to be developed, met too many workers who don't seem to understand how everything is affecting them and their children and them as a family • professionals need to explain what is going on and why • having workers who had personal experience of domestic

		<p>abuse was of key importance to them</p> <ul style="list-style-type: none"> • important to match the staff member to the family and not just caseload numbers • people skills are lacking; it feels like a paper exercise & impersonal • Accountability of professionals • Raising the skills level in agencies; being aware of the signs and what to do • importance of staff training to understand the impact of trauma, panic & fear • Need staff who can advocate on your behalf & manage relationships with other professionals
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Summary

6.19 Some general themes in the supporting comments and ideas from both providers and service users:

- Co-location of services
- Workforce development outside of commissions
- Skilled staff essential for the commissions
- Better clarity for service users affected by both sexual and domestic violence
- Ease of monitoring by bringing commissioners together
- Brings consistency and equity across LLR
- Clear pathway
- Deals with cross over issues
- Economies of scale
- More joined up approach
- Reduces the need to work with multiple agencies
- Might increase collaboration between providers
- Consortia
- Longer lead in time to develop supply chains and partnerships
- Robust contract management required
- More frontline staff and less management and overhead costs

6.20 Some general themes in the comments 'against' or notes of concern from both providers and service users:

- Capacity to meet the need
- Dilution of specialism
- Don't want to lose good services

- Length and duration of therapy and services generally
- Integration (with SARC; with education; with Health; with non-commissioned services)
- Balance of face to face and telephone support
- Losing locality knowledge
- Timescales for combining provision
- Sexual violence becoming lost and domestic violence taking precedence
- Sexual violence and domestic violence service users having different needs
- Where services for young people sit
- Promoting the service(s) so that people identify it is for them
- Risk of 'one size fits all' to detriment of individuals and particularly those on the 'margins'
- Size of contract ruling out some local providers with expertise
- Size of contract leading to loss of responsivity
- Physical access to services

7 Response to feedback

7.1 Element 1: Introduce a joint commission(s) across Leicester, Leicestershire & Rutland

This element was how best to structure the support provision across Leicester, Leicestershire and Rutland. Option 1 was the most favoured option (50%), albeit with significant concerns. It is the option which appears to hold both the most potential benefit and the most potential risk. This option involved bringing together sexual and domestic violence information, support and counselling across all levels of need in one contract to cover Leicester, Leicestershire and Rutland.

Table 13: Concerns and possible mitigations for the preferred option

Concern	Proposed Mitigation
Sexual violence will get overshadowed by domestic violence	<ul style="list-style-type: none"> • Distinct monitoring for both • Assessment of capacity and deployment of resources • Robust monitoring • Target setting based on current provision • Distinct campaigning and promotional activity led by local delivery groups with specific action plans
Service users will not identify with the organisation/ service	<ul style="list-style-type: none"> • Specify targeted promotion of provision to SV or DV so not all in one • Also specify targeted promotion and promotional literature for LGBT (not as a homogenous group) and BMER , men and women separately and so on across vulnerable groups
Quality may drop	<ul style="list-style-type: none"> • Outcome targets • Performance related payment • Notice clauses in contract • Quality standards in specification • Workforce skills / supply chain questions in tender submission • Robust monitoring • Use of accreditation bodies • Lobby for regulatory body for ISVA and IDVA • Establish an independent service user scrutiny group • Make quality assessment 90% and finance 10% for tender assessment
Physical accessibility may diminish	<ul style="list-style-type: none"> • Offer office space (and support space; group space) in each locality and be clear on this requirement in the specifications

	<ul style="list-style-type: none"> • Monitor number of activities taking place in each locality • Assessment of tender 'capacity and deployment of resources • Assess submissions for provision for service user travel
May lose local knowledge	<ul style="list-style-type: none"> • Assessment of tender local knowledge – at locality level • Districts and each funding partner ensures a list of key individuals and organisations for their area • Monitor involvement at locality level – partnerships and other structures
Not enough time to develop	<ul style="list-style-type: none"> • Protect 9 week ITT out • Indication on options had been out for since September 2014 • Extend lead in time and start 1st December 15
May end up with telephone support more than face to face support	<ul style="list-style-type: none"> • Monitor telephone and face to face activity separately • Insert regular face to face and telephone contact in specification • Specify face to face risk assessments and need assessments where possible • Helpline accreditation to ensure quality of telephone communications
Practitioner and manager skills are different for sexual and domestic violence	<ul style="list-style-type: none"> • Be clear on the mandatory training for staff giving support and information and across the organisation • Be clear on the definitions of certain roles (not using term IDVA/ISVA until training completed successfully) • CPD registers • Tender submission assessment • Give specific attention to SV as distinct from DV • Specify minimum standards • Monitoring • Contract • Encourage partnerships and consortia
Third party support offer not clear	<ul style="list-style-type: none"> • Cover in specification • Distinct area in monitoring workbook and performance narrative • Require distinct marketing materials/assets
Call centre culture	<ul style="list-style-type: none"> • Involve service users in the assessment of this at tender/ interview type stage (10% weighting) • Mystery shopping in monitoring • Experience and knowledge assessments and weightings
Loss of specialism	<ul style="list-style-type: none"> • Weighting of specialist knowledge and experience and set a entrance minimum in ITT/specification

Waiting lists	<ul style="list-style-type: none"> • Be clear in the specification about requirements regarding response, assessment and start of response time targets • Cover in assessment of 'capacity and deployment of resources • Contract monitoring relationship • Monitoring workbook • Being clear on the role of each stakeholder
Black Minority Ethnic and Refugee service user needs will not be met – will not access	<ul style="list-style-type: none"> • Monitoring workbook • Client record system allows for tracking outcomes against individual characteristics such as ethnicity • Direct marketing/ promotional activity • Assessment of how will meet language and cultural needs in tender submission • Equality action plan • Engagement work activity – community events and partnerships • Community champions • Require 2 minimum specialist posts • Ensure a language skills register is generated and monitored • Diversity of staff and service user language • Monitor language needs • Mandatory training
LGB&T service user needs will not be met – will not be seen as individuals, staff will not be skilled	<ul style="list-style-type: none"> • Monitoring workbook • Performance narrative • Equality action plan – include as part of tender submission? • Direct specific promotional material that uses evidence base • Require a specific post • Mandatory training • Essential partner organisations – Leicester LGBT/ Trade
Service user need levels won't be met	<ul style="list-style-type: none"> • Mandatory training • Mental Health skill set for x members of staff • Specifications • Monitoring
Therapy quality drops	<ul style="list-style-type: none"> • Clarity in specification of what counselling is required (individual and group/ models appropriate and inappropriate) • Specify levels of training required • Specify experience in abuse work required/ training from LRC or other SV/DV/trauma training body • Quality standards and registrations - BACP BPS

Doesn't integrate with non-commissioned provision	<ul style="list-style-type: none"> • Set milestones for partnership protocols (ideally before contract start) within first three months connected to PRP • Be clear on local partners (use delivery groups) to work with • Referral monitoring • Outputs and outcomes
Budget attracts large organisations who do not have the knowledge	<ul style="list-style-type: none"> • Assessment process • Quality versus price ratio • Essential requirements
24 helpline will require too much resource	<ul style="list-style-type: none"> • Try to source additional financial contribution from NHS England • Specify as ideal not essential
Loss of local organisations	<ul style="list-style-type: none"> • Positively weight consortiums/ partnership working • Additional grant programme? • Many of the organisations are financially independent of the councils • Additional area specific commissions
Young people will not identify/ not access/ not be provided for	<ul style="list-style-type: none"> • Expand the age range to those aged 13 years and over • Require specialist posts for 13-25 years • Establish co-location with Early Help and targeted youth services • Ensure YP DASH training and knowledge is within the organisation • Monitoring • Partnerships • Require specific promotional and engagement activity and mechanisms - e.g. text/ online/ social media/ • Assess through tender submission • Equality impact action plan • Note Respect emerging practice/ pick up through tender submission the level of knowledge of young people using and suffering violence
There is not enough capacity so provision reduces	<ul style="list-style-type: none"> • There should be greater capacity due to pooling of funds and reduction in overheads • Funding partners to clarify what can be offered by each area such as office/support/group space free of charge or discounted • Savings possible through shared training, venues, supervision arrangements, volunteers • Build in ability to procure increase in provision
Provision is not equal across the area	<ul style="list-style-type: none"> • Area level targets set according to current levels for 'show-stopping' actions • Performance related payment

	<ul style="list-style-type: none"> • Monitoring according to district/rutland/city • Service user needs and outcome data is available by those geographical categories • Be clear on risk areas – county/rutland • Tender assessment process • Assessment of capacity and deployment of resources • Ability to buy in additional service if need outweighs projection
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7.2 Element 2: Commission a Safe Home Service open to those fleeing sexual violence and domestic violence – City

This element involved re-commissioning a Safe Home Service covering a range of housing support, including refuge provision, and opening the service up to those fleeing sexual and/or domestic violence. The specification will be refined to reflect comments and learning since the last commission in 2012.

7.3 Element 3: Commission a Children, Young People and Family Service for those affected by sexual or domestic violence- City

This element focussed on re-commissioning a Children, Young People and Family Service (previously called a Family Service) for those affected by domestic violence, and opening the service to those affected by sexual violence as well. This service primarily focusses on individual and group work with children and young people affected by ‘others’ (mostly parents) experience of domestic violence or sexual violence. In addition it offers parental and family support.

7.4 Element 4: Commission a domestic violence perpetrator service - City

This element involved re-commissioning a Perpetrator Interventions service for those wishing to change their abusive behaviour. This is for domestic violence within an intimate partner context. The future commission will include the integration of partner support and a remit around working with young people using violence in their close relationships.

8 Recommendation

8.1 The preferred option coming out of the survey was for option 1; which is for one joint commission for a single engagement and response (helpline and face to face) service for those affected by sexual or domestic violence. Whilst there was also significant support for option 2, particularly within the existing service providers, the concerns are more difficult to mitigate and the support is nearly 40% less than that for option 1.

8.2 The concerns regarding option 1 in the main relate to:

- Over shadowing of sexual violence by domestic violence
- The large contract value
- The time and willingness amongst local providers to work collaboratively

8.3 The preferred option contains a significant amount of risk, but is the most preferred option, and in the absence of a viable alternative option the recommendation of this report is to:

- Undertake a joint commission on behalf of Leicester, Leicestershire & Rutland following option 1, with mitigating actions embedded to reduce the risk it presents
- Commission as intended (i) children, young people and families, (ii) safe home and (iii) perpetrator interventions service for Leicester
- Continue to work with and support the local specialist sector and local partners to maximise the impact from the commissions
- Feed in learning from the consultation (from service user engagement sessions) to partner agencies

8.4 Each member of the joint commissioning task group to adapt and present this report (their individual versions of it) to their respective governance structures to secure commitment prior to opening procurement.

Appendices

Appendix A Joint Commissioning Task Group Membership

Appendix B Consultation Document and Questions

Appendix C Online Survey Invitees

Appendix D Equality and Human Rights Impact Assessment

Appendix A

Joint Commissioning Task Group Members 2014-2015

Name	Role	Organisation
Gillian Conway	Principal Consultant	Office of the Police and Crime Commissioner
Sue Haslett	Head of Partnerships and Commissioning	Office of the Police and Crime Commissioner
James Fox	Community Safety Manager	Leicestershire County Council
Daxa Pancholi	Head of Community Safety	Leicester City Council
Stephanie McBurney	Domestic Violence Co-ordinator	Leicester City Council
Hugh Crouch	Senior Community Safety Officer	Rutland County Council
Jonathan Brown	DCI Adult Safeguarding	Leicestershire Police



Appendix B

Changing Specialist Domestic Violence³ and Sexual Violence⁴ Services in Leicester, Leicestershire and Rutland

Consultation Document

January 2015

³ For consistency, the term domestic violence is used throughout this document. It is to be considered as the same as domestic abuse. It includes all forms of domestic violence as laid out in the Home Office definition, and is not restricted to physical acts of violence.

⁴ The definition used is from the World Health Organisation as there is no current government definition known.

1. Overview

Leicester, Leicestershire and Rutland Councils have been commissioning specialist domestic and/or sexual violence services for a number of years. Current provision comes to an end September 2015. The Office of the Police & Crime Commissioner for Leicestershire (OPCC) also has a commitment to commission support services for those affected by sexual and domestic violence across Leicester, Leicestershire & Rutland from October 2015.

This presents an opportunity to work together to make the most of the resource we collectively have available and to share our learning from previous contract management, stakeholder engagement and service user feedback. The respective organisations have made a commitment to work together to align shared interests and pool a degree of resource to better meet local need.

Each partner has reviewed their local information about sexual and domestic violence and is in the process of inter-agency strategy development. Please familiarise yourself with the attached need assessments for this information as not all can be included in this document.

Following the engagement of local stakeholders over the last ten months we believe that we have a proposal we would like to consult you on in more detail. We are asking for your organisational response to these proposals.

We will also be coming out to discuss these proposals with users of local services, with your support. These focus groups will be less structured and seek general feedback on the proposals.

2. Local context

As a geographical area we have managed to build and maintain an experienced and broad network of local specialist providers who offer a range of sexual and domestic violence provision, covering prevention, support and protection. There is gendered provision, crisis support and longer term therapeutic support and we want to build on this.

Providers have told us of the need to move towards a more stable sector, with longer contracts, more investment in the development of the sector and ongoing communication. Service users have told us of inconsistencies in the quality of response they have received when they have told official agencies of the sexual and domestic violence. Local partner organisations have highlighted the need to keep moving towards a clear and simple support pathway that works across Leicester,

Leicestershire & Rutland and of growing resource pressures. Many have told us of the overlap of experience of sexual and domestic violence and how fear and societal stigma, shame and collusion with perpetrators can be silencing.

There are people within our local population who don't seem to be reflected in our service user population as much as we would expect knowing what we do about the prevalence of sexual and domestic violence. Most marked are young people aged 13-18, those identifying as lesbian, gay or bisexual or women over 60 years of age.

We have considered the pressing need to ensure value for money and to continuously improve the impact we make. We want to build a high quality simple, co-ordinated and effective support pathway that meets people's individual needs as efficiently as possible and which continues to improve.

We still need any joint commission(s) to be delivered in our own specific geographical area; meet the needs of stakeholders from these areas and sustain and improve upon existing delivery and outcome targets.

We wish to work together to prevent sexual and domestic violence and to provide support and protection to anyone affected by sexual or domestic violence, through a commitment to equality, partnership working and evidence based practice. This aligns to the strategic vision outlined in the 2007 Leicester Inter-Agency Domestic Violence Strategy.

Leicester

There has been positive evaluation of the existing services and stakeholders have particularly mentioned the value of having a 'perpetrator service', a 'children, young people and families' service and a 'safe home service' that includes safety measures for people to stay in their own homes where it is safe to do so.

Leicester Council intends to re-commission all specialist service 'key activity' (see existing specifications) and considers this possible within a reduced budget (reduced annual budget due to the loss of other partnership funding which supported previous commissions) due to the opportunity to work together with the OPCC, Leicestershire and Rutland Councils, for the core support/entrance pathway.

Leicester City Council therefore intends to re-commission a 'perpetrator service', 'safe home service' and a 'children young people and families service' for the city alongside the joint commission with Leicestershire Council, Rutland Council and the Office of the Police & Crime Commissioner for Leicestershire.

The commitment to all specialist services being integrated and working together in a co-ordinated manner continues and will be reflected in the refreshed outcome based service specifications.

What would be different is the joint commission of information and support service(s) with Leicestershire and Rutland Councils and the OPCC (in Leicester this is currently delivered across one domestic violence contract and two sexual violence contracts), and expanding two of the 'Leicester'⁵ services to include those affected by sexual violence (Children, Young People and Families Service and the Safe Home Service).

Leicestershire

Current services are broadly in line with the types of needs identified through needs assessment work, though there is a gap with regard to community based perpetrator provision and a complex map of services supporting the same people.

Leicestershire County Council intends to re-commission domestic violence family services and refuge provision alongside the Leicester Leicestershire & Rutland support service(s). With current demand pressures on support services the Council does not intend to commission perpetrator provision at this time.

The joint commission would bring adult support into one place from across numerous services in different areas, bring more consistency to service across the County and prevent artificial boundaries of service provision based upon risk.

With changes to broader commissioning arrangements in the Children and Families service Leicestershire County Council intend that domestic violence family services will be commissioned centrally rather than on the current locality basis.

Rutland

Within Rutland, the County Council currently procures an Independent Domestic Violence Advisor (IDVA) service, an outreach worker and contributes towards accommodation related needs. These services and the current provider are very positively received in the area.

⁵ This is used to distinguish from the joint commission and reflects the core funding coming from Leicester City Council only. It does not rule out an ability to build in an option for Leicestershire County and Rutland County to 'buy in' at a future point for specific service user numbers.

Due to the expansion in the amount of people based within the armed forces base within the County; there is expected to be a significant population growth in the forthcoming years due to the increased military establishment and continued housing developments.

Rutland currently commission one off therapeutic support on a needs basis and have low reported levels of sexual violence.

Rutland County Council is keen to continue with a level of service currently delivered in the area with a small amount of growth as the population increases. No additional services would be commissioned outside of the joint commissioning process at this stage.

Office of the Police & Crime Commissioner

The provision of general support for victims and witnesses of crime has changed from a national model to predominantly local commissioning through Police and Crime Commissioners, and the existing national service contracted by the Ministry of Justice to Victim Support is being terminated with effect from 31st March. A new service, Victim First, is being developed by the OPCC for Leicestershire to be in place from October 2015. It will be independent from the Police and will act as a central hub to coordinate communications with victims, providing access to information, advice, practical support, restorative justice options, and cope and recover services. During the period from April to September 2015, Victim Support's service will be extended in Leicestershire (and Rutland) in order to facilitate the transition.

In addition to general support for victims and witnesses, the PCC's Commissioning Framework 2015-17 set out intentions to provide specialist support for victims of sexual and domestic violence. The PCC's responsibility extends across the whole of Leicester, Leicestershire, and Rutland, and there is a desire to achieve a greater degree of consistency of service user experience across the sub-region. It is the OPCC's stance that this may be best achieved by integrating services and co-commissioning with partner agencies, and that this approach would also represent best use of resources.

3. Elements for consultation

Having considered where we think we can work together to establish a common pathway across Leicester, Leicestershire & Rutland, we wish to consult you about:

- (1) Whether you are in general agreement with this proposal for Leicester, Leicestershire & Rutland Councils with the OPCC to work together on the core information and support service(s) for those affected by sexual and domestic violence;
- (2) How to divide the 'lots' for the joint commission(s);
- (3) How to reduce any risks inherent in the format of 'lots' for the joint commission(s);
- (4) Whether you are in agreement with other elements of Leicester, Leicestershire or Rutland specific commissioning plans

The division of 'lots' is about getting the balance right between simplicity and specialism; where sexual and domestic violence services (and general face to face support as distinct from therapeutic support) could and should be integrated and where they sit better apart, from the perspective of both service user and the sector itself, which has to be sustainable in order to continue to be of best use to service users.

We are asking you as an organisation with experience of working with these issues how we can improve the services we want to provide. There could be negative consequences to our proposals that we haven't considered, or ways in which we could strengthen the options we have identified.

4. The current situation

Table 1: 2013-14 Figures for Leicester, Leicestershire & Rutland Services

Please see the table on the next page

Area	Baseline of activity				Population	Police Reports	Adult female population (15+)	Ready Reckoner victim of DV in last year - minimum	Ready Reckoner victim of sexual assault in last year - minimum	Ready Reckoner victim of stalking in last year - minimum	Cost of DVSV in area this size – minimum (not including human and emotional costs)
	Helpline	IDVA/ISVA ⁶	Outreach	Counselling							
Leicester	1762 (third party and new service user only)	210 ⁷ /52	146	378 DV 1156 hours SV (5 months)	329,900	8342 DV 486 SV	57,900	10,395	4,785	15,774	£31,519,620
Leicestershire	640 (information & advice, referral or refuge) (this will be notably higher in 2014/15).	468*/122	791* (*921 individuals across both services)	330 SV sessions	650,500	7902 DV 557 SV	75,700	20,491	9,432	31,094	£62,131,858
Rutland	Unknown	81	136	Unknown	37,400		15,500	1,178	542	1,788	£3,572,224

⁶ Independent Domestic Violence Advisor or Independent Sexual Violence Advisor

⁷ CAADA forms completed – not all service users will consent to this – IDVA and outreach

Table 2: Basic outcome performance 2013-14 Leicester, Leicestershire & Rutland⁸

Area	Indicator	Performance
Leicester	Service user feels safer following intervention	89%
	Service user experiences a reduction in domestic violence	87%
	Service user experiences improved health & well-being	85%
Leicestershire	Service user feels safer following intervention	71%
	Service user experiences a reduction in domestic violence	70%
	Service user experiences improved health & well-being	69%
Rutland	Service users have not experienced domestic abuse whilst receiving the service	66%
	Service user feels safer following intervention	81%
	Service users receiving support through the sanctuary scheme are satisfied with the service ⁹	97.5%

Leicester

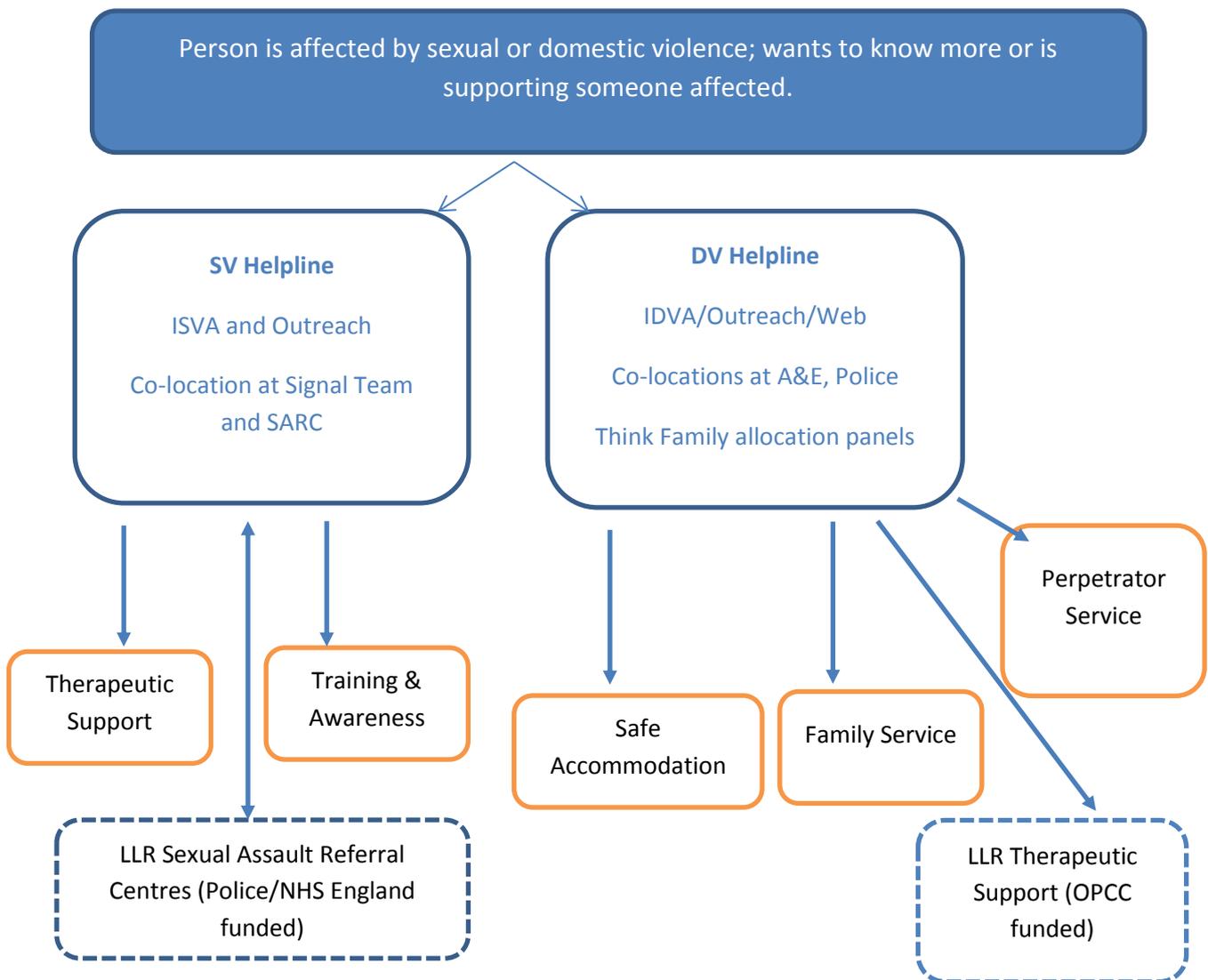
Leicester City Council currently contract seven local specialist services for sexual and domestic violence and one national contract for additional monitoring and benchmarking. Four organisations are the sole or lead provider of the local services. Some of these organisations also deliver services in Leicestershire and/or Rutland.

Additional funds go into specialist domestic violence and sexual violence services in Leicester via the Office of the Police and Crime Commissioner Competed Grants Programme, the Police who currently fund the Sexual Assault Referral Centres (adult and child), the Ministry of Justice (via the OPCC) and various other national grants, including Comic Relief (Young Women’s Service of New Dawn New Day) and the National Lottery (First Step for male survivors of sexual abuse).

⁸ Figures from IDVA and outreach services as these are in place across the region currently

⁹ This is a 2014-15 figure

Diagram 1 Leicester Support Pathways for those affected by sexual or domestic violence



Leicestershire

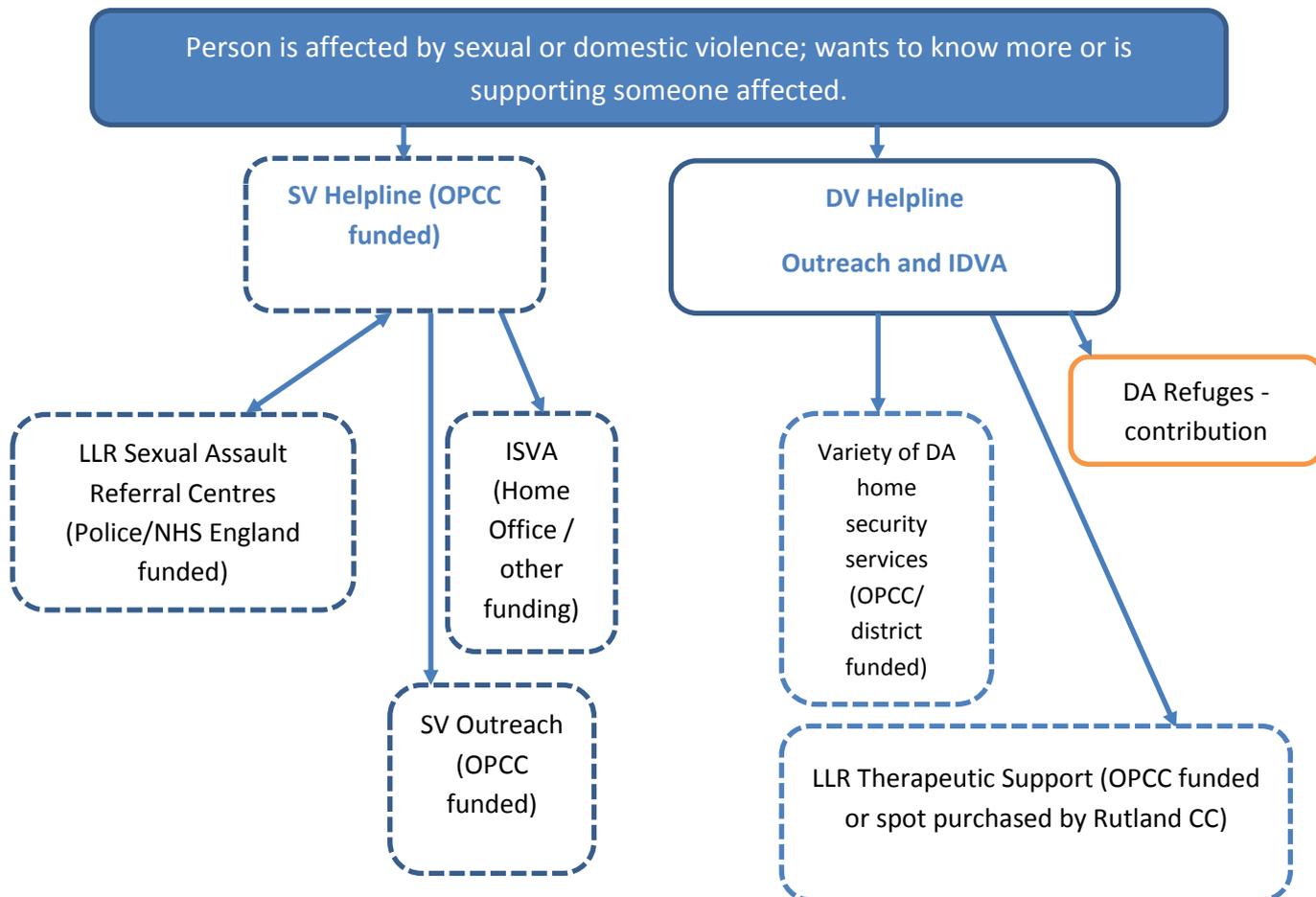
Funding and contracting arrangements for domestic and sexual violence support services in Leicestershire County are complex.

The County Council currently directly contract four local specialist services for domestic violence and provide grant funding to a specialist service for sexual violence. Leicestershire County Council also currently provides funding to District and Borough area partnership commissioning arrangements which support another ten specialist domestic violence services across the seven districts. Five organisations are the providers of all of these services, some of which also provide services in the City and Rutland.

Additional funds go into specialist domestic violence and sexual violence services in Leicestershire as outlined for Leicester, but in addition from District & Borough Councils and further National Lottery funding (Living Without Abuse).

One-to-one domestic violence support services in Leicestershire are split by CAADA DASH based risk thresholds, geographic areas and, in some areas, whether adults have children

Diagram 2 – Leicestershire County support pathways for domestic abuse and sexual violence

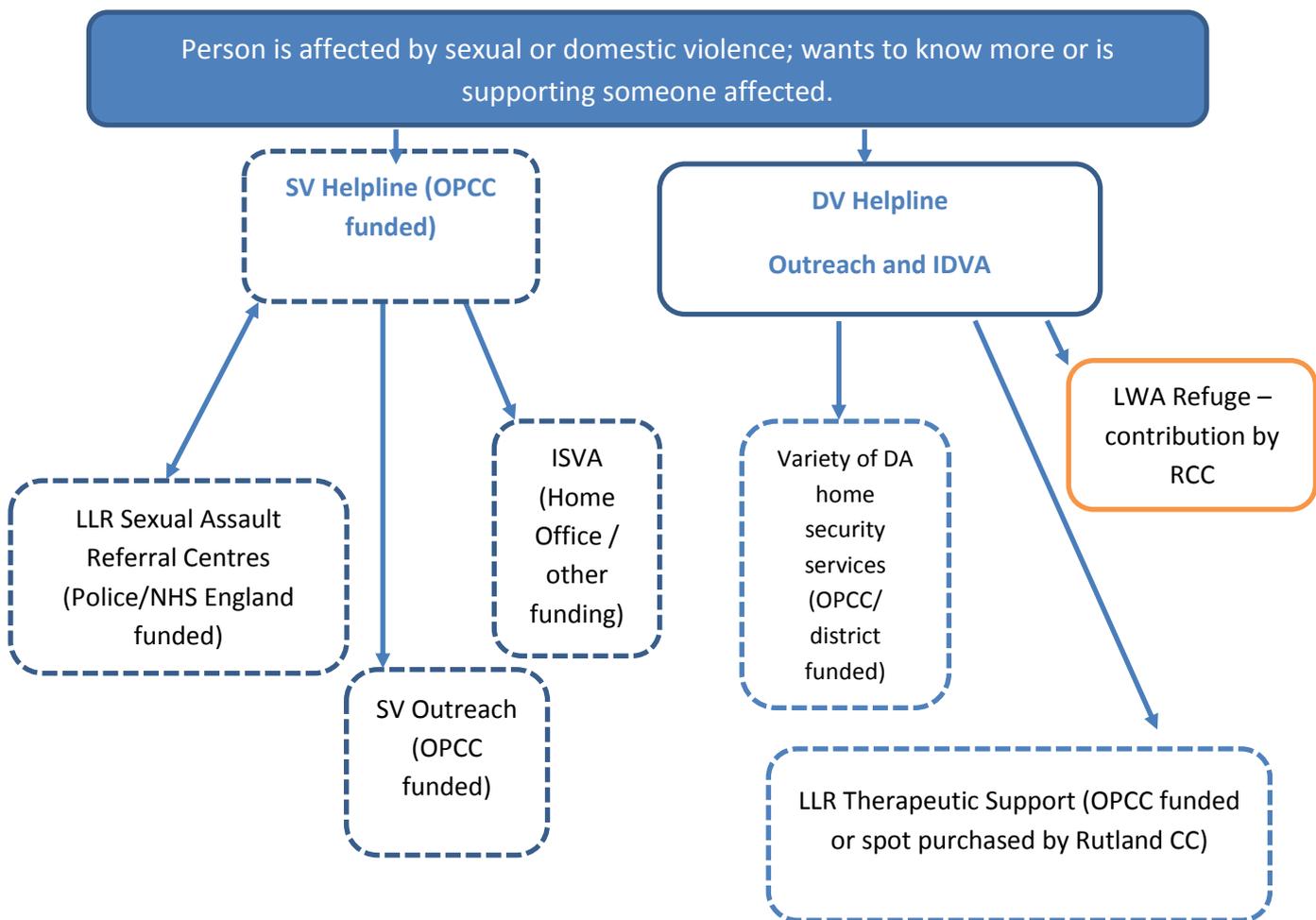


Rutland

The contracted services within Rutland are really quite straight forward, with one contracted service partner that deals with all the domestic abuse related activities including excellent working relationships within the MOD structures based inside the county.

For additional victim focused services, on a case by case basis, the council will contract services to ensure it meets the client’s needs. To ensure that the community members of Rutland can be assessed in a timely manner when a case of domestic abuse is reported, a number of key staff within the council have been trained in the CAADA DASH assessment tool; enabling the assessment of threat, risk and harm to be established at the earliest opportunity.

Diagram 3 – Rutland County Council support pathways for domestic abuse.



5. Reasons for our proposals

The new responsibilities and associated funding from the OPCC together with aligned contract review and end dates presented an opportunity and driver to look again at the service model for sexual and domestic violence across Leicester, Leicestershire & Rutland.

Leicester, Leicestershire and Rutland Domestic Violence partnership structures discuss emerging issues and strategy development on a regular basis. The OPCC has also undertaken a significant degree of engagement activity to refine their commissioning intentions. This has included work with service user groups, existing providers of relevant services and key stakeholders. The most recent event was held on the 16th December where local partners were invited to a briefing at County Hall to discuss the prospect of a joint commission of support services for those affected by sexual or domestic violence across Leicester, Leicestershire & Rutland.

In the County public consultation on the Early Intervention & Prevention approach and funding to the Voluntary & Community Sector has encompassed domestic abuse and sexual violence support services.

There are increasing resource pressures for many key stakeholders. It is an ongoing challenge to protect local authority budgets for specific commissions for those affected by sexual and domestic violence and there is a need to look to models which can provide improved economies of scale where this is possible.

The different people we have consulted about current sexual and domestic violence provision, including service users, expressed many positive aspects relating to the current services including:

- Having options for domestic violence perpetrators, and accountability
- Co-location pilots in the emergency department and at police stations and within specialist teams
- Flexibility of the providers/model to respond to accommodation needs of those fleeing honour based violence
- Family service and the general focus on early intervention
- Ability for victims to stay within their own homes where it is safe to do so
- Commitment to multi-agency working that is integrated and provides a hub type model
- Having the essentials covered (helpline; support; therapy)
- Wealth of local specialism across the sector
- Support of friends and family members specified
- Co-location with district services in local areas (County)
- Helpline as a referral point to all services (County)
- The importance and value of individual support (County)

At the same time there were some areas for improvement mooted, including:

- Inconsistency of awareness of the specialist services amongst some public services
- Training of local workforce outside of the specialist sector
- Trusting/ having professional confidence in the referral pathway
- General under-reporting and under identification of both sexual and domestic violence
- More investment in the strategic structure and general profile of sexual violence
- Co-ordinated and integrated working across the sector (across local authority commissioned and non-commissioned services)
- Potential lack of specialist supported accommodation places, but there is a lack of data around this
- Not enough capacity for the family service
- A query around the best delivery structure for specialist face to face and telephone counselling
- Access of the services by those aged 13-18
- Need to look at child to parent violence
- Quality of support around mental health and associated outcomes
- Legal support (connected to reduction in legal aid entitlement)
- Large data reporting burden (County)
- Complex and duplicative structures that can cause confusion for those affected by domestic abuse (County)
- Not enough capacity within one-to-one support services to meet demand (County)
- Need to look at support for young people subject to intimate personal violence (County)
- Greater use of volunteers (County)

We have taken into account the resources available across Leicester, Leicestershire & Rutland and what could realistically be considered core provision to commission across that geographical area in a fair and meaningful manner.

Some key considerations have been:

- What is possible and reasonable within the funding envelope agreed
- How to support and further develop local knowledge and experience (the market)
- How to sustain and improve the level of service and outcomes for service users and other key stakeholders across the area

6. Changes we are proposing

We are seeking views on the following proposals:

Leicester, Leicestershire & Rutland

- i. To commission information and support service(s) for those affected by sexual and domestic violence that works across Leicester, Leicestershire and Rutland. This would encompass the following core activities:
 - a 24 hour helpline service
 - Face to face support
 - Support for third parties (friends, family members, colleagues)
 - Information on options available, including for those concerned about own behaviour or local practitioners
 - Safety planning and risk assessment (CAADA DASH)
 - Support planning, key working and support co-ordination
 - Advocacy
 - Individual and group support
 - Appropriate therapeutic support
 - Attendance at MARAC, the Specialist Domestic Violence Court
 - Neighbourhood profile/ networking
 - Gendered provision
- ii. These sexual and domestic violence service activities could be provided within one 'lot' (contract) or be divided into different elements. It could be all inclusive for sexual violence and domestic violence or keep the two separate. It could include therapeutic support or again keep this separate. The anticipated budget for this work is anticipated to be maximum £828,500pa, and the more divisions or 'specialisms' retained, the less realistic the model may become both in terms of finance and positive service user experience of support across all needs.

Leicester

- iii. Proposal for the change to the Children, Young People and Families service (Leicester). This is to expand provision to make it available and relevant for those affected by sexual or domestic violence
- iv. Proposal for the change to the Safe Home Service (Leicester). This is to expand provision to make it available and relevant for those affected by sexual or domestic violence
- v. Proposal to re-commission a Perpetrator Interventions Service (Leicester)

In Leicester, we plan to integrate the responsibility to provide on-going training and briefing sessions for local practitioners and community members into each contract, (as currently happens within the domestic violence contracts), rather than having this sit separately as it does with the current sexual violence contracts. This is because of the positive outcomes evidenced by this way of working and the feasibility and economies of scale of providing this service within a wider specification rather than standing alone and is not out for consultation.

Leicestershire

- vi. Proposal to commission a single family support service linked to Early Help provision. This would prioritise families with 0-2 year olds, provide some direct delivery of support to families and prevention education, but also have a capacity building and consultancy role to integrate and embed domestic abuse support within early help provision.

The re-commissioning of refuge provision in the County is not included in this consultation as this has been specifically covered within previous consultation.

Rutland

This opportunity will enable Rutland to increase its service provision to those members within the county that experience domestic violence and with the additional benefit of having a resource that is accessible to those victims of sexual violence. Rutland would also be seeking to enhance local services with both a therapeutic support option and access to a perpetrator programme, although this needs further investigation on feasibility.

The refuge support solution that Rutland currently delivers in joint partnership will not be for consideration, as this operates extremely well.

7. Why we want to make these changes

We wish to provide resilient, high quality services that meet the needs of those affected by sexual and domestic violence and which complement the wider co-ordinated community response in Leicester, Leicestershire & Rutland so that our communities can be safe and thrive; so that we can invest in our children and so that we can improve our wellbeing and health.

8. What impact will these changes have on people affected by sexual or domestic violence?

The intention is that these changes make it easier for people affected by these issues to access the support they need when they need it, and for those services to be of consistently good quality helping them to realise positive outcomes around their safety and well-being. These changes are intended to bring greater parity and stability of provision across sexual and domestic violence and across Leicester, Leicestershire & Rutland.

9. Responding to this consultation

We request one response per organisation, and for this response to be delivered using the citizen's space online survey.

We are consulting on these proposals from **22nd January 2015 to 4th March 2015**. If you have any comments on the consultation process please contact Jay.Hardman@leicester.gov.uk

Consultation Questions 2015

We are asking that you complete this survey online. However as we would like one response per organisation we thought it would be useful to also provide it in word format. You need to read the consultation document before answering these questions and you might also wish to read the additional information available on the survey page (online).

This questionnaire will ask you for specific feedback on a number of proposals. It will then ask some questions about the position from which you are responding so that we can gain a sense of the views represented and any ways in which they might differ.

The proposals are structured as follows:

- Those affecting Leicester, Leicestershire & Rutland
- Those affecting a specific local authority area within that

Q1. Do you agree with the general direction set out in this proposal?

(Please tick the box that matches your view)

General Proposal	Yes	No	Don't know	No opinion
<p>With an annual budget of around £828,000 to commission a support service(s) for those affected by sexual and domestic violence that works across Leicester, Leicestershire and Rutland.</p> <p>This would include the following core activities:</p> <ul style="list-style-type: none"> • a 24 hour helpline service • Face to face support • Support for third parties (friends, family members, colleagues) • Information on options available, including for those concerned about own behaviour or local practitioners • Safety planning and risk assessment (CAADA DASH) • Support planning, key-working and support co-ordination • Advocacy • Individual and group support • Appropriate therapeutic support • Attendance at MARAC, the Specialist Domestic Violence Court • Neighbourhood profile/ networking • Gendered provision 				

- 1a. Please explain your answer making clear reference to elements of the proposal you are commenting on

Proposal for Leicester, Leicestershire & Rutland Joint Provision

Please read the information below which explains our proposals for delivering support and information services for those affected by sexual or domestic violence. We would then like you to consider the three options we are proposing, tell us if you think we have missed any benefits or risks and then tell us which option you prefer.

We have agreed in principle that Leicester City Council would procure and manage this provision. A legally binding agreement would sit behind this arrangement between the funders: Leicestershire County Council, Rutland County Council and the Office of the Police and Crime Commissioner for Leicestershire (OPCC), and the City Council. Specifications, all terms and conditions, monitoring formats and processes will be agreed between these parties.

The anticipated annual budget for this work is £828,500pa, and the more 'lots'/divisions created, the less realistic the model may become both in terms of finance and meaningful outcomes.

The Leicester, Leicestershire and Rutland information and support service(s) could be all inclusive for sexual violence and domestic violence (that is, one lot) or keep sexual and domestic violence separate. It could include therapeutic support or contract separately for this (so a maximum of three lots).

Some key considerations in refining the options to present to you for consultation have been:

- What is possible and reasonable within the funding envelope agreed
- Our experience of commissioning and contract managing in this sector
- How to support and further develop local knowledge and experience (the market)
- How to achieve the improvements we wish to realise and sustain positive outcomes

The three options are set out below and on the next three pages of this questionnaire. Please read them and tell us what you think are the benefits and risks of each one. After this we will ask you which is your preferred option.

The three options are:

- **OPTION 1** LLR single information and support service for those affected by sexual violence or domestic violence (with therapeutic service integral). This would be across all levels of risk and for anyone affected by either issue: from entrance to outcome/exit (helpline; face to face support and therapeutic support).

- **OPTION 2** LLR single information and support service for those affected by sexual violence (approximately £228,500) and a separate single support service for those affected by domestic violence (with therapeutic service integral to both) at approximately £600,000). This would be across all levels of risk and for anyone affected by either issue: from entrance to outcome/exit (helpline; face to face support and therapeutic support).
- **OPTION 3:** LLR single information and support service for those affected by sexual violence or domestic violence at approximately £680,000pa (with one joint sexual and domestic violence therapeutic service commissioned separately at approximately £148,500)

We have identified the following possible advantages and disadvantages for the refined options.

Option 1 LLR single information and support service for those affected by sexual violence or domestic violence (with therapeutic service integral). This would be across all levels of risk and for anyone affected by either issue: from entrance to outcome/exit (helpline; face to face support and therapeutic support).

For	<ul style="list-style-type: none"> • One service to communicate all messages regarding specialist interventions for these issues across LLR • Reduces chance of duplication or confusion if affected by both DV and SV • Could promote greater transfer of skills across the DV and SV sectors • All in one service allows greater resilience for staff cover • Single provider from intake to exit from specialist provision • Allows fluidity to meet demand across the area • May encourage a partnership/ consortia bid so specialist provision could be retained
Against	<ul style="list-style-type: none"> • Very large contract value • Risk to quality due to large number of specialisms required • Risk to market development as some providers may not be eligible/ feel able to deliver • Could get low number of submissions due to large scope of experience required

For Option 1, can you please identify:

Q2a. Benefits missed	
Q2b. Disadvantages missed	
Q2c. Ways in which risk could be mitigated	

Option 2 LLR single information and support service for those affected by sexual violence (approximately £228,500) and a separate single support service for those affected by domestic violence (with therapeutic service integral to both) at approximately £600,000).

This would be across all levels of risk and for anyone affected by either issue: from entrance to outcome/exit (helpline; face to face support and therapeutic support).

For	<ul style="list-style-type: none"> • Simple single numbers across LLR • Retains specialist areas/numbers for SV or DV • All in one service allows greater resilience for staff cover • Smaller contract values than option 1
Against	<ul style="list-style-type: none"> • Does not realise the potential savings from working with both issues where there is a known overlap (70% of DV victims will have experienced SV; 50% of known rapes are by intimate partners/ex-partners) • Large contract values, although not as large as option 1 • Therapeutic service expertise may not sit within the same organisations as other face to face work

For Option 2, can you please identify:

Q3a. Benefits missed	
Q3b. Disadvantages missed	
Q3c. Ways in which risk could be mitigated	

Option 3 LLR single information and support service for those affected by sexual violence or domestic violence at approximately £680,000pa (with one joint sexual and domestic violence therapeutic service commissioned separately at approximately £148,500)

For	<ul style="list-style-type: none"> • Single entry point across LLR • More likely to get providers as counselling is a specific skill set often not the same as other information and support elements • Reduces chance of duplication or confusion if affected by both DV and SV • Could promote greater transfer of skills across the DV and SV sectors • Lesser contract value than with therapeutic • Allows fluidity to meet demand across the area
Against	<ul style="list-style-type: none"> • Risks associated with transfer of personal data from this provider to therapeutic provider (compliance etc) • Are the specialism for domestic violence and sexual violence therapeutic work unlikely to sit within the same organisation?

For Option 3, can you please identify:

Q4a. Benefits missed	
Q4b. Disadvantages missed	
Q4c. Ways in which risk could be mitigated	

Q5a. What is your preferred option?

- Option 1
- Option 2
- Option 3
- Another option (please detail)

Q5b) Please tell us why you prefer this option

Leicester city council additional commissioning intentions

In addition to co-funding the main information and support service(s) for those affected by sexual or domestic violence, Leicester city council intends to commission a safe home service, a children young people and family service and a domestic violence perpetrator service. The following questions ask for your feedback on these proposals.

Proposal	In support	Against	Don't know
Q6a) Re-commission a Safe Home Service, expanding eligibility criteria so that it is open to those affected by sexual or domestic violence (approximately £130,000 pa)			
Q6b) please explain your answer			
Q7a) Re-commission a Children, Young People and Families Service, expanding eligibility criteria so that it is open to those affected by sexual or domestic violence (approximately £140,000 pa)			
Q7b) Please explain your answer			
Q8a) Re-commission a Domestic Violence Perpetrators Intervention Service for those using abusive behaviour (approximately £160,000pa)			
Q8b) Please explain your answer			

Leicestershire County Council additional commissioning intentions

In addition to co-funding the main information and support service(s) for those affected by sexual or domestic violence, Leicestershire County Council intends to commission a single family support service for the County linked to Early Help provision. This would prioritise families with 0-2 year olds, provide some direct delivery of support to families and prevention education, but also have a capacity building and consultancy role to integrate and embed domestic abuse support within early help provision. (approximately £100,000 pa)

General Proposal	In support	Against	Don't know
Q9) Commission a family support service linked to Early Help provision. This would prioritise families with 0-2 year olds, provide some direct delivery of support to families and prevention education, but also have a capacity building and consultancy role to integrate and embed domestic abuse support within early help provision (approximate £100,000 pa) Q10) Please explain your answer if possible.			

Sexual and domestic violence are predominantly issues of power and control and as such, inequalities are central to understanding, prevention, support and protection. Below is a table covering some considerations we have noted for sexual and domestic violence work by each personal characteristic.

Personal Characteristic	Consideration
Age	We know that domestic and sexual violence affects people of every age. In several studies, age appears to be a risk indicator for both prevalence and severity of abuse for those aged 13-25 (different age brackets used for different research/ papers). Current services show lower user numbers than would be expected from men and women over 60 years of age and of young people aged between 13 and 18 years (with the exception of the safe home service). The definition of domestic violence used by the Government changed in 2012 from between 'adults' to between 'those aged 16 years and above'. There is some evidence nationally that young people prefer to approach a 'young people specific' organisation.
Disability	There are thought to be high levels of prevalence of sexual and domestic violence amongst those identifying as disabled (upwards of 50%). These levels are not reflected in current service user information (although there is a higher proportion of people declaring a disability for the County IDVA service than in the general population). Disabilities can be in existence prior to the abuse experience, exacerbated or caused directly by the abuse. Men and women who have a diagnosed mental illness are general considered to be at higher risk of being victim of sexual or domestic violence. The CAADA data from the city domestic violence support service shows slightly higher levels of reported mental health difficulties against projects from other areas of the country. There is some information from local services (city) that including interventions focussing on a mental health and well-being lead to better safety outcomes, and the PATH model has shown some positive indications against a control group for such specialist support.
Gender Reassignment	Local and national information is small but growing in the area of gender re-assignment. The main focus at present appears to be an awareness of risk; ensuring that services are accessible and improving the data picture.
Marriage and civil partnership	Marriage comes across as a preventative factor in some research by the World Health Organisation. The changes in Family Law, and the drive to mediation for divorce proceedings, have a direct relevance for those who have experienced domestic violence from their wife/husband. Forced marriage figures appear to be higher in the city in terms of specialist services than some other similar projects across the country (CAADA data).
Pregnancy and maternity	Pregnancy has been known to be a risk factor for domestic violence for a number of years. Risks are present for mother and foetus/ unborn child. There has been an increasing amount of research into the effect of domestic violence on the developing brain whilst in utero. This has been considered in terms of co-location of specialist services in midwifery clinics and emergency departments (and developing support and information sharing pathways with health visitor and midwife services).
Race	Whilst prevalence of sexual and domestic violence is across the globe, the issues of racism and prejudice have a direct impact on experience of sexual or domestic violence and also on the accessibility of support/ intervention options. Immigration status and language can be a significant factor in accessing safety. Isolation and cultural perceptions of honour, duty and levels of acceptance of abuse/ entitlement within marriage and within families can also have a significant impact, and appear to be more prevalent in certain ethnic groups. The current services broadly reflect the local census groups in terms of ethnicity but less so for the sexual violence therapeutic service, where there still appears to be under access. Within the city we appear to have slightly higher numbers of honour based violence, multiple

	perpetrators and forced marriage and there has been some initial analysis of these cases and it could be a reflection of the ethnic diversity of our local population.
Religion and Belief	Those active against violence and abuse will note that no religion or Belief condones violence against a loved one, but others will use whatever excuses and rationale they can to condone abuse. Secrecy, shame and isolation can be a significant factor for those affected by sexual and domestic violence and religion and belief can be an integral positive or negative aspect of experience. Large scale abuses by people in powerful positions within their religion or belief are known to have taken place. Religion and belief can also be very positive elements of recovery and support.
Sex	A significant amount of research has shown that women and girls are disproportionately affected by sexual and domestic violence both in terms of likely prevalence and more markedly, impact. This is across all forms of sexual and domestic violence. There is a growing understanding that the issues are therefore 'gendered' and that gender specific services need to be provided to better meet the needs of both men and women using or experiencing sexual or domestic violence. Research into a gendered understanding on the experience of telling someone about the abuse; what support is wanted in terms of that abuse and what impacts upon the chance of positive outcome is still emerging, and there have been some significant developments through the Provide research in Bristol.
Sexual Orientation	Research from the last couple of years seems to show an increased risk of domestic violence for men who have sex with men. Previously studies have shown similar levels of domestic violence for those identifying as Gay or Lesbian as to those identifying as Heterosexual. Monitoring from local services does not reflect these levels of identification within or contact to specialist services (sexual violence, domestic violence or Lesbian, Gay, Bisexual). Reporting levels are similar to those from other areas of the country and in other urban areas (where generally there perhaps is more likelihood of specific organisations/ scene). The integrated working of some of domestic violence therapeutic service project partners (OPCC funded) has cited some case examples of sexual orientation 'disclosures' changing once specialist services are offered.

Q11. Considering the table above, if you think we have missed something please detail it here, identifying which personal characteristic you think it relates to and noting references for any evidence cited.

Q12. Do you have any further comments on our proposed new model or do you wish to suggest a different balance for the service or ways that it could be made more accessible?

Thank you for taking the time to complete these questions. They will help us decide upon the final service pathway, budget and service specifications. Please complete the next section so we know who has responded and so we can assess the potentially different impacts or views of different groups.

ABOUT YOU

Q13a) Name of organisation

Q13b) Contact details for your organisation regarding this response

Q13c) Please describe the nature of your business

Q13d) Do you work nationally, in the East Midlands, Leicester, Leicestershire & Rutland?

Q14a) Do you currently provide sexual or domestic violence specific services?

- Yes/No
- If Yes:
- Sexual violence
- Domestic violence
- Both

If yes:

Q14b If you said you do provide sexual/domestic services, Please tell us what these service activities are, and whether they are relate to sexual or domestic violence

Q15 Please tell us where you currently deliver these sexual or domestic violence services

Leicester yes/no

Leicestershire (please define if certain districts which districts) yes/no/part

Rutland yes/no

Q16) Please tell us in years and months how long you have been providing sexual or domestic violence specific services

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Q17) If you do not currently deliver specific sexual or domestic violence services, have you ever done so in the past?

- Yes, both specific sexual and domestic violence services
- Yes, specific sexual violence services only
- Yes, specific domestic violence services only
- No
- Not applicable

Q18 Are you a sexual or domestic violence specialist organisation (providing only sexual or domestic violence related services as your sole business)?

Yes – both sexual and domestic violence specific services

Yes – sexual or domestic violence specific services (please state which)

No

Q19 Are you delivering a service in the scope of this consultation?

Yes

No

Not sure

Q20 Are you a partner agency for whom specialist service provision for sexual and/or domestic violence is key?

Yes

No

If yes:

Q21 What is the focus of your service and organisation?

The deadline for all responses is **4th March 2015**

Appendix C

Recipients of the online survey

Organisation	Representatives
Action Homeless	Karen Purewal
	Margaret Liburd
Blaby District Council	Quin Quinney
	Teresa Neal
Charnwood Borough Council	Chris Traill
	Allison Fadesco
	Julie Robinson
Community Rehabilitation Company (DLNRCRC)	Bob Bearne
Crown Prosecution Service	Louise Cox
	Nigel Chapman
	Grace Moronfolu
DWP	Kelvin Irons
First Step	Cas Beckett
FreeVa	Su Karia
	Suki Kaur
	Caroline Freeman
Harborough District Council	Emma Andrew
	Tom Day
	Ann-Marie Hawkins
Hinckley & Bosworth Borough Council	Sharon Stacey
	Rachel Burgess
	Simon Jones
HM Courts & Tribunals Service	Emma Langham
LCiL	Laura Horton
Leicester City Council	Lesley Booth
	Daxa Pancholi
	Jackie Wilkinson
	Jasmine Nembhard
	Julie Voisey
	Karen Dawson
	Louise Lavelle
	Martin Clewlow
	Michelle Skinner
	Priti Raichura
	Sarah Taylor
	Sharon Bryan
	Stephanie McBurney
Tom Elkington	
Leicester LGBT Centre	Dennis Bradley
	Paul Fitzgerald
	Jane Avery
	Jasmine House

Leicester Rape Crisis	Lynda Yorke
	Simone Dawes
Leicestershire Citizens' Advice Bureau	Dawn Mason
Leicestershire County Council	James Fox
	Julia Young
	J Orson
	June Gregory
	Moira O Hagan
	Jane Moore
	Janet Gower Johnson
	Chris Nerini
	Debra Cunningham
	Heather Pick
	Julian Mallinson
	Gurjit Samra-Rai
	Amanda Price
	Caroline Walsh
	Chris Bolas
	Ian Mellor
	Michelle James
Graeme Swadling	
Jan Woodcock	
Kat Bouch	
Leicestershire Safeguarding Boards (Business Office)	Andy Hitchcock
Leicestershire Partnership NHS Trust	Emma Payne
	Sally Clare
	Tracey Alexander
	Lois Dugmore
Leicestershire Police	Claire Grewcock
	Luka Moscetano
	Ed Jones
	Sally Healy
	Chris Woodward
	Jonathan Brown
	Linda Slawson
	Lynn Sharman
	Mark Parish
	Joseph Massarella
Wayne Simmons	
Probation	Jeanne Smith
	Linda Heath
	Dawn Cooper

Living Without Abuse	Debbie Hughes
	Helen Perkins
	Kathleen Connell
Loughborough Inclusion Partnership	Adrian Stephenson
Melton Borough Council	Keith Aubrey
	Ronan Browne
New Dawn New Day	Glenys Powell
	Sara Swire
New Futures	Maggie Brown
NHS	Julie O'Boyle
	Janette Harrison
	Mina Bhavsar
	Patsy Richards
North West Leicestershire District Council	John Richardson
	Sarah Favell
	Karen Talbot
NSPCC	Anar Somani
	Rama Ramakrishnan
Oadby & Wigston Borough Council	Anita Pathak-Mould
	David Lingard
Office of the Police & Crime Commissioner	Sue Haslett
Respect	Neil Blacklock
Rutland County Council	Kevin Quinn
	David Brown
Rutland County Council – Visions	
Rutland CAB	Shelia Fletcher
Spire Homes	
Swanswell	Jen Thornton
Enable	Krishna Tailor
	Meena Kumari
	Sandra Green
	Alison Morley
The Bridge	Peter Davey
The Quetzal Project	Farah Hussein
Trade Sexual Health	Andrew Haughton
	Sal Khalifa
University Hospitals of Leicester (UHL)	Michael Clayton
Victim Support	Donna Watson
	Mick Studley
	Sue Dixon
Women's Aid Leicestershire Ltd	Pamela Richardson
	Mina Shah

	Claire Weddle
Standing Together	Nicole Jacobs
CAADA	Jo Silver
National Rape Crisis England & Wales	
Lime Culture	
Men Centric	Mark Coulter
The Survivors Trust	
Refuge	
VAL	
Women's Aid (WAFE)	Janet McDermott

Appendix D Equality Impact Assessment (EIA): Service Reviews/Service Changes

Title of spending review/service change	Sexual and Domestic Violence Service Commissioning 2015-2020
Name of division/service	City Development and Neighbourhoods
Name of lead officer completing this assessment	Stephanie McBurney
Date EIA assessment completed	13/1/15
Decision maker	City Mayor and Executive
Date decision taken	

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents, and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy, but must be complete.
- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome.

The commission of specialist sexual and domestic violence services for Leicester for 2015-2020. Intended changes:

- Commission some element of service across Leicester, Leicestershire and Rutland
- Commission accommodation related services for those affected by sexual or domestic violence (not only domestic violence) for Leicester City
- Commission children, young people and family services for those affected by sexual or domestic violence (not only domestic violence) for Leicester City
- Re-commission domestic violence perpetrator services for Leicester City, with associated partner and ex-partner support

Intended outcome:

- Maintain or improve outcome performance
- Maintain or improve numbers of people helped
- Improve identification of sexual violence and domestic violence
- Improve co-ordination of services
- Maximise impact of available resource

<p>2. Equality implications/obligations</p> <p>Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.</p>	
	<p>Is this a relevant consideration? What issues could arise?</p>
<p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the service ensure that there is no barrier to access for anyone with a particular protected characteristic (as set out in our PSED) with needs that could be addressed by that service?</p>	<p>Relevant consideration across all protected characteristics.</p> <p>There can be practical access issues related to language (such as not understanding materials depicting the service available; not being able to communicate needs in English).</p> <p>There can be specific aspects of abuse being experienced and the risks faced (such as being imprisoned; not allowed out unaccompanied; immigration status and financial resources being denied or manipulated; multiple perpetrators; isolation)</p> <p>There can be identification, minimisation and tolerance/acceptance issues.</p> <p>There can be fear of further stigma, judgement, blame and reprisal.</p> <p>There can be reduced options for safety if someone has no recourse to public funds.</p>
<p>Advance equality of opportunity between different groups</p> <p>How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced</p>	<p>Relevant consideration</p> <p>The monitoring and recording arrangements of all contracts include collation of all protected characteristics data from service</p>

<p>by those with specific protected characteristic(s).</p>	<p>users, staff and volunteers.</p> <p>Key outcomes can also be analysed for differences across the protected characteristics. Some analysis has already been done for the first two years of data from an existing commission; comparing safety outcomes between BME service users and white service users.</p> <p>Service users with a particular protected characteristic could be less likely to be identified, be less likely to be identified as high risk of homicide or serious injury, have more complex needs – and/or may not be engaged as well by the service, and may not achieve the same level of positive outcomes.</p> <p>To assess whether this is happening we need to be able to understand the service user data and the staff and volunteer data and hold the services to an informed understanding of equality and support them in their commitment to improve.</p>
<p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p>	<p>Relevant consideration</p> <p>Each new service provider will be expected to generate an equality action plan and progress will be monitored quarterly.</p> <p>Within the new specifications there is a commitment to training local staff and ‘community champions’ on a regular basis. These training sessions cover, to various degrees, the breadth of prevalence of sexual and domestic violence across all protected characteristics and the different aspects and particular needs this</p>

	<p>presents.</p> <p>There is also, within the specifications, notes on groups who are known to currently under use specialist services and potential providers are required to make consideration of that.</p> <p>Potential provider understanding and commitment to Equality will be specifically assessed as part of the procurement process.</p> <p>Specialist posts are also required within the specifications to ensure that a deeper level of knowledge and challenge is located within the organisation.</p>
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<p>3. Who is affected?</p> <p>Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.</p>
<p>Anyone can be affected by sexual or domestic violence. Research by national charity Refuge suggested 9 of every 10 people will know someone affected by domestic violence.</p> <p>The Home Office 'ready reckoner' estimates that in Leicester there will be a minimum 10,395 people victim of domestic violence in last year and a minimum 4785 people victim of sexual assault in the last year.</p> <p>Women are considered to be disproportionately affected in terms of both likelihood of experiencing abuse and the severity of impact of that abuse.</p> <p>People aged 13-19 years appear to be not accessing the service where they could benefit from the services, and the emerging picture of risk</p>

within this age group, from CAADA (now called Safe Lives) research is significant and severe.

Women with disabilities, and men and women with mental health problems, are known to be particularly vulnerable to sexual and domestic violence, and this is not currently reflected in service, or local police, data.

The proposed changes aim to simplify access to support across Leicester, Leicestershire and Rutland, as there is still seen to be inconsistent and patchy provision across the sub-region. This should be a positive change in access across the protected characteristics; particularly for those whose mobility is affected; or who require support in a language other than English. Pooling resource should enable new provider(s) to make better use of their range of specialist skills across the area, and reduce time spent on monitoring across four different contracts, or on different providers all approaching the same organisations to build links.

Current and new service users should benefit from greater resilience from the new provider(s), and transfer of staff skill.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc...

- Commissioned service data
- Partner data
- CAADA(Safe Lives) national data (insights data set)
- Relevant national research

The level of detail cannot be included here. There have been a number of review reports into sexual and domestic violence in Leicester. The most recent is draft 3 of a sexual and domestic violence review report for 2015.

Some themes from this review include:

- Domestic violence organisations are reaching more BME victims than the sexual violence organisations; and are just under the local census figures
- Identification of those identifying as lesbian, gay, bi-sexual or trans remains lower than expected but is in line with other similar projects across the country
- The safety outcomes of those BME service users of domestic violence provision are similar to those non-BME
- The predominant service user group is female and this reflects what is known about the prevalence and severity of sexual and domestic violence. There is an increasing number of men accessing support for sexual abuse.
- The needs profile for those who have experienced sexual or domestic violence features significant issues with mental health, including self-harm and suicide
- Young people aged 13-18 are not accessing specialist services in the numbers that would be expected, and do value a specific worker/service
- Many children appear not to be known to social care or early help services, despite being within families where there is domestic violence

Limitations

- We can't compare police data on domestic violence or sexual violence with city council commissioned data currently due to the police not using census categories for ethnicity. We cannot also compare age or disability because these figures are not available from the police.
- We think there are gaps in the current data on those perpetrating domestic and sexual violence outside of the commissioned

service; and that needs and profile data for perpetrators is a significant area of work

- No data is currently provided by some key local agencies, including drug and alcohol organisations, Leicestershire Partnership Trust, University Hospitals Leicester and some key voluntary sector agencies
- Data from within the local authority could also be improved as it is not routinely collated across divisions

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders? What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

There has been ongoing service user, partner agency and provider engagement. For these service changes there was specific consultation via a partner audit, partner survey, 360 degree service reviews, strategy development and monitoring and recording workshops in 2014. There was also a briefing session on current position regarding joint commissioning in December 2014. In January 2015 there was a session on procurement: a market briefing, and an online survey and further service user engagement that took place between 22/1/15 and 4/3/15. Within this consultation, respondents were specifically asked about equality and vulnerable groups to aid our understanding of the potential impact of the proposed changes. A consultation findings report has subsequently been produced.

The proposals covered in the 2015 consultation involved:

- A joint commissioning between Leicester City, Leicestershire County, Rutland County and the Office and of the Police and Crime Commissioner

- Expanding current city domestic violence commissions to those affected by sexual violence (safe home; children young people and families and perpetrator interventions)
- Not having any additional sexual or domestic violence specific commissions

The implications for the protected characteristics and other vulnerable groups are thought to be the same as with any commissioning of sexual or domestic violence provision. The main benefit is thought to be the equity of provision across Leicester, Leicestershire and Rutland and better use of resources. Those affected by sexual or domestic violence are to be considered a 'vulnerable group' in themselves and there has been a significant amount of work undertaken to protect the resource going in to these commissions.

Respondents to the consultation did aid the understanding of equalities but did not mention anything specific to the changes in this regard outside of the potential for those affected by sexual violence to be lost within a wider service. At the same time, the positive potential for those affected by sexual violence to have access to a wider level of resource was also noted within consultation responses.

One respondent to the consultation stated their conviction that only specialist BME and women only provision could meet service user needs, and that provision for men and for other women needed to sit separately.

6. Potential equality Impact

Based on any evidence and findings, use the table below to identify if any individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts?

This section also asks you to consider whether any particular vulnerable groups are likely to be affected by the proposal. List the relevant vulnerable groups that may be affected, along with likely impact, and mitigating actions to reduce or remove those negative impacts. These groups need not have protected characteristics.

Protected characteristics	Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs?	Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the action plan at the end of this EIA.
Age	<p>There are different impacts across each proposal.</p> <p><u>Proposal 1: the joint commission</u></p> <p>The LLR joint commission will bring together populations with different age profiles and is intended to provide equity of provision across the sub-region. The age of people accessing specialist services currently varies across the geographical area and this is likely to</p>	<p>It is possible that people of certain ages will be negatively impacted because of the decision to jointly commission one service across the region but there is no current way of knowing to what extent at this stage.</p> <p>Certain age groups may experience greater difficulties in travel than others due to physical or financial mobility issues.</p>	<p>Where there are thought to be under accessing groups this will be flagged in the service specifications for attention.</p> <p>The joint commission was intended to focus on adult victims/survivors due to the limited budget. Following on from consultation this will be amended to cover from age 13 upwards to allow for greater parity</p>

	<p>continue.</p> <p><u>Proposal 2: The City Safe Home Service</u></p> <p>It is intended that this service supports people aged 16 and over with housing related needs. The range of options is to take into account the different circumstances that people can be in and the individual needs they have, which will be related in part to their age (for example being an owner-occupier; requiring home adaptations; perceptions of refuge accommodation). There appears to be slightly different age profiles for those accessing different elements of the current safe home service and this is likely to continue.</p> <p><u>Proposal 3: The City Children, Young People and Family Service</u></p> <p>This service is for an age specific group, and the change intended is that it has specific and separate focus on young people to encourage greater access; with a dedicated worker.</p>		<p>of provision for the 13-16 age group across the sub-region (Rutland do not commission SVDV specific services for this age group and not all areas of the County will either going forwards). This group are considered to be particularly at risk of not being identified and yet potentially experiencing severe intimate/dating partner violence and abuse.</p> <p>The specifications will need to take into account how to provide an accessible service across a diverse geographical area where there can be significant concerns about confidentiality but also travel in accessibility of provision.</p> <p>There will be monitoring records for every single age group 0-19.</p> <p>To reduce the risk of confusion and duplication, providers will be asked to establish joint working protocols with key providers of children and family support alongside working in partnership with age specific partnerships and providers locally.</p> <p>The perpetrator service specification</p>
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	<p><u>Proposal 4: City Perpetrator Service</u></p> <p>This service is for those aged over 18 and no change was considered initially in this. Work with young people needs to remain separate from this adult group.</p> <p><u>General Note</u></p> <p>We know that domestic and sexual violence affects people of every age. In several studies, age appears to be a risk indicator for both prevalence and severity of abuse for those aged 13-25 (different age brackets used for different research/ papers). Current services show lower user numbers than would be expected from men and women over 60 years of age and of young people aged between 13 and 18 years (with the exception of the safe home service). The definition of domestic violence used by the Government changed in 2012 from between ‘adults’ to between ‘those aged 16 years and above’. There is some evidence nationally that young people prefer to approach a ‘young people specific’ organisation. Children of families where there is domestic or sexual violence present also need not to be forgotten due to the likelihood of emotional or physical harm.</p>		<p>will be amended to take into account those young people aged 13 and over who are using violence in their close relationships following exposure to domestic violence or sexual violence.</p>
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<p>Disability</p>	<p><u>Proposal 1: Joint Commissioning</u></p> <p>The challenge with the joint commission will be the breadth of geographical area the provider needs to cover, and this might have an impact on those with disabilities due to access issues. However the main issue known at present regarding disability in terms of specialist sexual and domestic violence is identification, and pooling resources through the joint commission will hopefully strengthen resource to look at this area in greater detail, and build the links required to make a better impact.</p> <p><u>Proposal 2: City Safe Home Service</u></p> <p>The range of support provided within this service and the change to include those experiencing sexual violence outside of domestic violence, is likely to be a positive impact.</p> <p><u>Proposal 3: City Children, Young People and Families Service</u></p> <p>The change envisaged here is to include those affected by parental/familial experience of sexual violence outside of domestic violence and it is thought this is likely to have a positive impact on those with disabilities.</p> <p><u>Proposal 4: City Perpetrator Service</u></p> <p>There is no envisaged change here from previous commission.</p>	<p>It is possible that people with disabilities will be negatively impacted due to the change to an LLR wide service but there is no current way of estimating this. The intention is that there is greater access for those with disabilities.</p> <p>The main risk would appear to be identification and physical access.</p>	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>
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	<p><u>General Note</u></p> <p>There are thought to be high levels of prevalence of sexual and domestic violence amongst those identifying as disabled (upwards of 50%), and particularly so for disabled women. These levels are not reflected in current service user information (although there is a higher proportion of people declaring a disability for the County IDVA service than in the general population).</p> <p>Disabilities can be in existence prior to the abuse experience, exacerbated or caused directly by the abuse.</p> <p>Men and women who have a diagnosed mental illness are generally considered to be at higher risk of being victim of sexual or domestic violence. The CAADA data from the city domestic violence support service shows slightly higher levels of reported mental health difficulties against projects from other areas of the country. There is some information from local services (city) that including interventions focussing on a mental health and well-being lead to better safety outcomes, and the PATH model has shown some positive indications against a control</p>		
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	<p>group for such specialist support.</p> <p>Referral sources do not reflect the likelihood of prevalence amongst disability user groups, so identification continues to be a challenge.</p> <p>The local MARAC does not reflect the levels of disability we would expect but this could be an issue of definition, which is being considered currently.</p> <p>RCEW note differences in age trend related to whether a woman is disabled or not; with risk increasing rather than decreasing with age.</p>		
<p>Gender Reassignment</p>	<p><u>Proposal 1: Joint Commissioning</u></p> <p>The impact of pooling resource through the joint commission is thought to have a positive impact on the service ability to meet the needs of those who identify as Trans. There is an ongoing debate nationally about access to women only space if Trans, and the needs of all service users need to be carefully considered and balanced in responding to this; and this would be expected of the provider.</p> <p>Across the other proposals there is no known potential impact related to the changes. The main challenge across the proposals will be identification, awareness and accessibility for Trans victims of sexual or domestic violence.</p>	<p>No negative impacts are currently envisaged related to these changes.</p>	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>

	<p><u>General Note</u></p> <p>Local and national information is small but growing in the area of gender re-assignment. The main focus at present appears to be an awareness of risk; ensuring that services are accessible and improving the data picture.</p>		
Marriage and Civil Partnership	<p>Across all proposals there is no identified impact relating to marriage and civil partnership.</p> <p>General Note: Marriage comes across as a preventative factor in some research by the World Health Organisation. The changes in Family Law, and the drive to mediation for divorce proceedings, have a direct relevance for those who have experienced domestic violence from their wife/husband. Forced marriage figures appear to be higher in the city in terms of specialist services than some other similar projects across the country (CAADA data).</p>	No negative impact is forecast related to these proposals but this could occur.	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>
Pregnancy and Maternity	<p>Across all proposals there is no identified impact relating to pregnancy and maternity.</p> <p>A positive impact is envisaged through ease of working arrangements with local hospital services; including midwifery and emergency</p>	No negative impacts are identified relating to pregnancy or maternity in relation to these proposals but this could occur.	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>

	<p>departments and units.</p> <p><u>General Note:</u> Pregnancy has been known to be a risk factor for domestic violence for a number of years. Risks are present for mother and foetus/ unborn child. There has been an increasing amount of research into the effect of domestic violence on the developing brain whilst in utero. This has been considered in terms of co-location of specialist services in midwifery clinics and emergency departments (and developing support and information sharing pathways with health visitor and midwife services).</p>		
<p>Race</p>	<p><u>Proposal 1: Joint Commissioning</u> LLR has different ethnicity profiles and the provider will need to be aware and ready to deploy resources effectively over this region. It is hoped that by pooling resources there will be greater capacity to meet different language and other needs relating to ethnicity, including specialist posts and knowledge around immigration law and BMER specific support services.</p> <p>For the city specific proposals there is thought to be no impact relating to race</p> <p><u>General Note:</u> Whilst prevalence of sexual and domestic</p>	<p>It is possible that provider expertise around race is lessened through the joint commission and the wider geographical coverage. This could lead to lesser access and poorer outcomes.</p>	

	<p>violence is across the globe, the issues of racism and prejudice have a direct impact on experience of sexual or domestic violence and also on the accessibility of support/ intervention options. Immigration status and language can be a significant factor in accessing safety. Isolation and cultural perceptions of honour, duty and levels of acceptance of abuse/ entitlement within marriage and within families can also have a significant impact, and appear to be more prevalent in certain ethnic groups. The current services broadly reflect the local census groups in terms of ethnicity but less so for the sexual violence therapeutic service, where there still appears to be under access. Within the city we appear to have slightly higher numbers of honour based violence, multiple perpetrators and forced marriage and there has been some initial analysis of these cases and it could be a reflection of the ethnic diversity of our local population.</p>		
<p>Religion or Belief</p>	<p>At this time no impacts have been identified directly related to these proposals and religion or belief.</p> <p><u>General Note:</u> Those active against violence and abuse will note that no religion or Belief condones violence against a loved one, but others will use whatever excuses and rationale they can to condone abuse. Secrecy, shame and</p>	<p>No negative impacts are envisaged as resulting from these proposals relating to religion or belief but this could occur. Local connections to religious centres could be negatively impacted through the wide geographical scope of the joint commission but this could equally be a positive impact through the use of joint working relationships becoming more effective across the</p>	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>

	<p>isolation can be a significant factor for those affected by sexual and domestic violence and religion and belief can be an integral positive or negative aspect of experience. Large scale abuses by people in powerful positions within their religion or belief are known to have taken place. Religion and belief can also be very positive elements of recovery and support.</p>	sub-region.	
Sex	<p>No specific impact is identified relating to sex and these four proposals outside of the following: one organisation has written to the local authority to warn of the impact of one joint commission/contract on the sustainability of the local specialist sector and one consultation respondent mentioned a potential negative impact relating to sex if women only provision is not protected and commissioned separately from mixed provision or provision for men.</p> <p><u>General Note:</u> A significant amount of research has shown that women and girls are disproportionately affected by sexual and domestic violence both in terms of likely prevalence and more markedly, impact. This is across all forms of sexual and domestic violence. There is a growing understanding that the issues are therefore 'gendered' and that gender specific services need to be provided to better meet</p>	No negative impacts are envisaged relating to sex and these specific proposals but this could occur.	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>

	<p>the needs of both men and women using or experiencing sexual or domestic violence. Research into a gendered understanding on the experience of telling someone about the abuse; what support is wanted in terms of that abuse and what impacts upon the chance of positive outcome is still emerging, and there have been some significant developments through the Provide research in Bristol.</p>		
<p>Sexual Orientation</p>	<p>No specific impact is identified relating to these proposals. One consultation respondent identified that a key risk was ‘enlightened denial’ where providers believe they are knowledgeable about needs of those across the range of sexual orientation but in effect are not.</p> <p><u>General Note</u> Research from the last couple of years seems to show an increased risk of domestic violence for men who have sex with men. Previously studies have shown similar levels of domestic violence for those identifying as Gay or Lesbian as to those identifying as Heterosexual. Monitoring from local services does not reflect these levels of identification within or contact to specialist services (sexual violence, domestic violence or Lesbian, Gay, Bisexual). Reporting levels are similar to those from other areas of the country and in other urban areas (where generally there perhaps is</p>	<p>No negative impacts are identified specifically related to these four proposals and sexual orientation but this could occur.</p>	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>

	more likelihood of specific organisations/ scene). The integrated working of some of domestic violence therapeutic service project partners (OPCC funded) has cited some case examples of sexual orientation 'disclosures' changing once specialist services are offered.		
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Vulnerable groups	Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other opportunities that meet their needs/address inequalities they face?	Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected?	Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA.
Children in poverty	<p>There is a significant amount of financial need identified within the existing domestic violence service user group, and many of these are adults with children.</p> <p>The specific changes covered in these four proposals should not have a negative impact. Needs should continue to be met and more positive outcomes achieved.</p>	None identified as a result of the current proposals.	<p>Monitoring</p> <p>Partnership requirements</p> <p>Joint working requirements</p> <p>Specification detail</p>

<p>Other vulnerable groups -</p> <p>Those with insecure immigration status</p> <p>Those in financial need</p> <p>Those identifying with mental health problems</p>	<p>No negative impact should arise from these four proposals relating to insecure immigration status but quality of provision will need to be continuously monitored.</p> <p>The new service specifications will all take greater attention of mental health needs of the service user group.</p> <p>The joint commission should increase the accessibility of provision and for counselling/ therapeutic support and consistency of outcome measures (and greater use of validated measures)</p>	<p>No particular negative impact is envisaged from these four proposals but services have not been brought together in this way before.</p>	<p>Monitoring Partnership requirements Joint working requirements Specification detail</p>
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7. Monitoring Impact

You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

- Procurement process
- Protected characteristics workbook
- Service user accountability requirements
- Performance narrative reports
- Performance related payment process
- Ongoing contract monitoring and general management
- Periodic analysis of need and outcomes across protected characteristics and other variables
- CAADA(Safe Lives) insights intake and exit forms and sexual violence equivalent
- Unique client reference systems that allow for analysis of needs and outcomes across protected characteristics
- Ongoing service user engagement activity from the contract management team
- 360 degree reviews of service
- Quarterly monitoring meetings and communications

8. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary).

These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Outcome	Action	Officer Responsible	Completion date
Informed potential providers	Update review report Specifications reflect equality knowledge and areas requiring specific attention	Stephanie McBurney	7/4/15
Knowledgeable and skilled providers	Update specifications to capture learning from consultation Procurement process reflects weighting on equality	Stephanie McBurney	31/3/15
Better data picture	Partner Agreement established within the domestic violence delivery group and sexual violence delivery group to include commitment to regular provision of data	Daxa Pancholi	31/5/15
Better understanding of need and outcome impact	Recruit 0.5 FTE additional post to provide further analysis into service data	Daxa Pancholi	30/11/15
Improvements in equality knowledge and outcome	Contract monitoring and management takes account of equality actions and can quantify and qualitatively identify progress made	Stephanie McBurney	31/3/19