

Health and Wellbeing Board – 8 January 2014

Title of paper:	Safe from Harm Strategic Commissioning Review Recommendations	
Director(s)/ Corporate Director(s):	Colin Monckton– Acting Director of Quality and Commissioning	Wards affected: All
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Relevant Council Plan Strategic Priority: (you must mark X in the relevant boxes below)

World Class Nottingham	
Work in Nottingham	
Safer Nottingham	x
Neighbourhood Nottingham	x
Family Nottingham	x
Healthy Nottingham	x
Leading Nottingham	

Summary of issues (including benefits to citizens/service users):

This report makes recommendations relating to the conclusions of the Safe from Harm (SFH) Strategic Commissioning Review and to the commissioning of Domestic and Sexual Violence and Abuse (DSVA) services that are intended to respond to the needs of people who are experiencing or fleeing DSVA.

The recommendations have been developed collaboratively through the Safe from Harm (SFH) Strategic Commissioning Review process and aim to maximise outcomes for citizens.

Appendix 1 to this report is exempt from publication under paragraph 3 of Schedule 12A to the Local Government Act 1972. It contains information relating to financial values of existing contracts and, having regard to all the circumstances, the public interest in maintaining the exemption outweighs the public interest in disclosing the information. It is not in the public interest to disclose this information because it is held in commercial confidence.

Recommendation(s):

1	Board notes that the analysis conducted as part of the SFH strategic commissioning review as summarised in paragraph 1.4
2	Board supports the recommendation that the current level of investment into the

	commissioning of specialist DSVAs be maintained by partners as detailed in exempt Appendix 1 . This will require all partners to continue funding the specialist services (£2,543,492) as well as looking at ways of resolving the £297,000 annual funding gap.
3	Board notes that the partner decision making bodies will agree recommendations regarding ongoing commissioning of current service provision.
4	Board supports the joint commissioning approach be taken by NCC, National Health Service (NHS) Clinical Commissioning Group, Crime and Drugs Partnership and the Police Crime Commissioner's Office in the commissioning of all services in Nottingham and recommends aligning commissioning arrangements with Nottinghamshire County Council and NHS England where this is appropriate. The Board is asked to consider where lead responsibility for this work should lie.
5	Board notes that the Child Development Strategic Commissioning Review will take forward work to investigate ways of releasing resources to invest in Early Intervention measures as detailed in Appendix 2 .
6	Board supports the refresh of a Nottingham DSVAs strategy and action plan being developed by the Crime and Drugs Partnership.
7	The Health and Wellbeing Board will identify how to champion addressing DSVAs at a strategic level in Nottingham.

1. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

- 1.1 The Health & Wellbeing Board agreed on the 29th of August 2012 that it would support the Council by governing the SFH Strategic Commissioning Review.

The SFH Strategic Commissioning Review aimed to understand fully the links and overlaps between DSVAs, anti-social behaviour, youth offending and adult offending. As the review progressed it became clear to the project team that the review needed to shift its focus to understanding the impact of DSVAs on our citizens, communities and young people. There were several reasons for the refocus. This included national changes to the Probation Service. It did not seem sensible to include adult offending and the transition of young offenders as services will soon no longer exist in their current form. It was not possible to review the Community Protection Service due to the other priorities of that service.

- 1.2 The review has therefore focused on:

- identification of the extent of DSVAs;
- reviewing the range of current specialist services being commissioned including for children and young people;
- consulting with survivors;
- a wide ranging literature review, including perpetrators;
- understanding emerging issues;
- understanding characteristics of people discussed at Multi Agency Risk Assessment Conference (MARAC);
- understanding learning from the Domestic Abuse Referral Team (DART);
- Identifying an evidence base to tackle and prevent DSVAs.

1.3 Key findings of the analysis are:

- that there are estimated to be at least 13,000 survivors/citizens in Nottingham per year (1:10), 400 per ward. There are probably greater numbers in some wards (1:5) given the link to deprivation;
- the first year of the DART in Nottingham has included cases involving 3010 victims and 4236 children, 3000 of whom are under 10 years of age;
- DSVAs account for 33% of violent crime in Nottingham year to date, this can fluctuate between 30-40% over the year;
- there are between 11-12,000 police reports each year for domestic incidents;
- a high proportion of victims and perpetrators are aged 18-34;
- areas of high need and deprivation have higher reporting levels than average;
- 35% of children's social care caseloads had reported DV incidents in the last year (2012-2013);
- 80% of High Risk perpetrators going to MARAC had other convictions in addition to the DSVAs incident which resulted in the referral to MARAC. The majority were violent offences such as GBH, ABH etc.;
- the research has identified that early intervention measures are recommended as good practice as they not only have longer term cost benefits for public sector partners but benefits survivors in terms of improving life outcomes and preventing and stopping the escalation of domestic and sexual abuse. It also minimises the negative intergenerational impact further down the line for families and communities;
- there is compelling evidence that experiencing domestic violence as a child leads to a range of vulnerabilities i.e. mental health issues, poor attendance / behaviour at school, drug and alcohol issues, becoming a perpetrator etc.
- 75% of MARAC cases had children in the household, over half of whom were aged unborn to 5;
- DSVAs can have a lasting impact on physical and mental health, as well as prompting coping mechanisms which are harmful to health.

1.4 The Co-ordinated Action Against Domestic Abuse (CAADA) has estimated (using the national tool; based on Professor Walby's work in 2009) the cost of DV to Nottingham's public services as £38m per year broken down as follows:

- £11.4m Physical and mental healthcare costs.
- £8.3m Criminal Justice costs.
- £1.9m Social care costs.
- £1.3m Housing and refuges.
- £2.5m Civil and legal costs.
- £12.6m lost economic output.

Due to higher deprivation levels in Nottingham the costs are likely to be much higher especially in relation to social care costs.

1.5 The review found the following in relation to commissioning of specialist DSVAs services:

- The current system of specialist DSVAs provision is effective and needs to be maintained.
- There is a need to invest further in early intervention evidence based services in order for Nottingham to respond in a timelier manner.

- The Nottingham Crime and Drugs Partnership key outcome is to increase reporting and reduce repeat incidents and risk. It is possible that the broader partnership could be more sophisticated when evaluating the success of services commissioned to support the victims of DSVAs and prevent DSVAs occurring. This will require a refreshed strategy (which is being led by Crime and Drugs Partnership).
- Performance management of commissioned services needs to be better aligned with strategic outcomes.
- There is limited joint commissioning and there are no governance arrangements in place to enable an overview of the decision making regarding commissioning.
- Specialist expertise and knowledge in the third sector has been built up over the years.
- The specialist third sector supports public sector staff to enable them to manage survivors, children and perpetrators more effectively.
- The review has benchmarked our specialist commissioned services against national best practice and shown that what we are doing is good but we need to do more in order to effectively support survivors of DSVAs.
- The Partnership currently invests £2,543,492 million annually in specialist services. It is recommended that partners continue this investment (for detail refer to Appendix 1)
- Due to the ending of non recurrent funding there is an annual funding gap of £297,000 in relation to current provision.

1.6 The review has highlighted issues that affect Nottingham and are increasingly becoming a greater area of concern both locally and nationally. However Nottingham currently has very little in terms of specialist services to respond to citizens who are faced with the following issues:

- Abuse between young people in intimate relationships.
- Issues faced by our black, minority ethnic and refugee communities (honour based violence, forced marriage, female genital mutilation, trafficking).
- Organised sexual exploitation.

2. REASONS FOR RECOMMENDATIONS

2.1 Significant analysis has been undertaken to understand the whole system of provision around domestic DSVAs in the City.

2.2 Analysis has identified that Nottingham is managing its resources effectively in terms of commissioning of specialist statutory services. The services being commissioned are based on evidence of national best practice. Nottingham's crisis pathway for survivors of DSVAs is good, this does not require reshaping. However Nottingham faces pressures on current services due to the scale of DSVAs, its impact on services and the complicated nature of some of the emerging issues. It is therefore recommended that the current level of investment be maintained by partner decision making bodies (as identified in appendix 1).

2.3 Individual partner decision making boards will make formal decision on the commissioning of DSVAs services guided by HWBB recommendations.

2.4 The cost of DSVAs on statutory and third sector crisis and response services is set to rise due to the numbers of DSVAs cases that are being picked up through social care,

police call out incidents, local area panels and the priority families work. It is therefore recommended that in order to manage resources more effectively the Crime and Drug Partnership will co-ordinate the development and management of a joint commissioning approach between the partners where appropriate. This will help ensure that resources are effectively deployed and compliment each other.

- 2.5 There is a need to respond much earlier and more holistically in order to manage our resources more effectively. This should lead to better outcomes for survivors and their children as we offer help and assistance in a more timely fashion offering it when it is needed rather than waiting for the DSVAs to escalate into a crisis before responding. Appendix 2 sets out in detail the measures that can be taken in managing of DSVAs more effectively (these have been RAG rated in terms of evidence base). The Quality and Commissioning directorate will investigate how resources can be released or deployed differently as part of the Child Development Strategic Commissioning Review.
- 2.6 There is a need to have a robust performance structure that all partners delivers against and therefore it is recommended that the Board supports the Crime and Drugs Partnership to refresh the current strategy.
- 2.7 The analysis found that it is important to ensure that DSVAs is being championed at a strategic level to ensure a joint up approach at all levels and therefore it is recommended that the Board look at identifying how best to champion DSVAs at a strategic level.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

Four other options were considered by the multi-agency project team and were presented to the Executive Leadership Group. These were rejected as there was recognition that if Nottingham was going to deliver better outcomes for survivors and children it needs to operate a system that intervenes much earlier. The following four options were considered and rejected:

Option one:

Cut DV provision by 25% in line with the comprehensive spending review. This was rejected as the research clearly showed that there is not currently enough investment in this sector and greater investment is needed if we are to deliver better outcomes for our citizens. Costs to the public sector would be greater without effective specialist response.

Option two:

Continue recurrent funded services only and cease the non-recurrent funded services. This was rejected for the same reason as above.

Option three:

Maintain current investment plus inflation? This rejected as it was not deemed to be an adequate response to this area of increasing need and rising public sector costs. The analysis showed that our interventions are effective but struggling to meet demand and too focused towards crisis management. In order to get better outcomes for our vulnerable citizens it was recognised that we need to do more early intervention activity than we currently are.

Option four:

Maintain current investment. Embed a proactive and confident approach/culture with staff working in the statutory sector in dealing with cases of DV and sexual violence. This was accepted but was developed further to look at how a model more strongly focussed on Early Intervention could be implemented into the current DSVA structure.

4. **FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)**

5. **RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)**

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)

No

Yes – Equality Impact Assessment attached as Appendix 3

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

None

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

Appendix 1 – see separate document

NCC Safe from Harm Strategic Commissioning Review 2013: Domestic Violence Literature Review effective recommendations RAG rating.

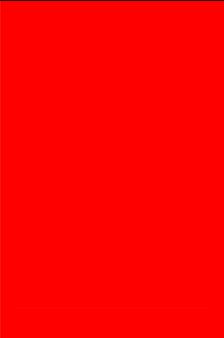
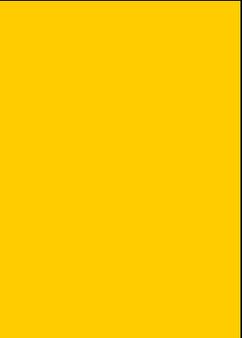
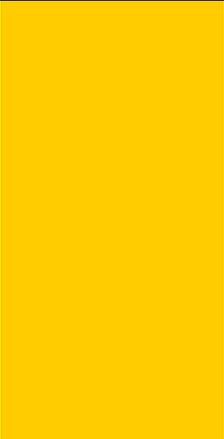
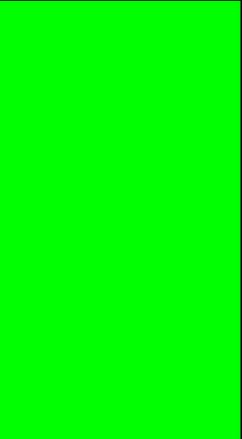
The below table details the actions/ interventions derived from the literature review, along with a RAG rating of the strength of evidence or peer recommendation for each. It is important to bear in mind that this is a new and emerging area of research and in turn there isn't a great deal of really strong evidence based interventions that have been rigorously tested as yet. As such some recommendations may not appear to have a strong evidence base, when it may be that there is not the research in the field as yet to prove the effectiveness of the recommendation.

Key	Green: Good evidence base/ minimum of three different bodies recommending this action.
	Amber: Some evidence base/ At least two recommendations.
	Red: No evidence base/ One or no recommendations.

Early intervention

What Works/ Recommendations	Evidence based*?	Peer recommended **?	Are we doing this?
Parent training e.g. Triple P, Incredible Years & FNP			FNP is delivered currently in Nottingham City to young mothers, working with them, their partners and family to support and educate on parenting. Restrictions are that it is only delivered to 16-18 year olds and to those having their first child (regardless of if they still have care for their first child). Whilst it is positive that we deliver the programme, the most common age for DV to occur is 16-24 yrs, as such there is a cohort of citizens who are at an age where they are more "at risk" of DV who are excluded from this service due to age restrictions. Recent research has shown that some children centre workers are trained in "Webster Stratton" which is an "incredible years" style parenting course. However, it appears delivery within the city is inconsistent, with reports that those trained to deliver this may not have capacity as it is usually level 3 caseholders. There is also "123" maguc" which use to be delivered however no longer being run and the reasons are are not clear. Triple P does not seem to be being delivered within the city. Children centre managers expressed concern around training costs and lack of budget for training costs and lack of budget for training workers as it was estimated to be around £3000 per trained worker.
Pre-school enrichment programmes			NDVF deliver the GREAT programme in schools. This is currently being delivered in 58 primary schools in the city (we have 74) and targets children in years 5 & 6. It discusses healthy relationships, what to do if experiencing DV, who to go to for help etc. Teachers are trained in identification and how to respond to disclosure. The program is offered to <i>some</i> schools for free, not all, and not all schools are willing to commit money to this. CDP part fund this so schools which commit money pay less than half and often use pupil premium, at present almost three quarters (74%) of our primary schools are engaging with the program.
Social development programmes			Programmes can be delivered by NDVF in secondary schools exploring healthy relationships and domestic violence using the whole school approach. The pilot "Whole School Approach" was implemented in 8 Nottingham schools (some of these in county) and funded by Comic Relief. This pilot is not yet evaluated. NDVF intend to do some secondary school work in the next year however the schools they shall work with have not been identified. Other work NDVF deliver in schools includes personal space sessions, sexting, healthy relationships, impact sessions, media campaigns an domestic violence specific sessions. These all have to be purchased by schools,

			however we do not know to what extent schools are purchasing these as yet, or if they intend to in the future. There are only two of the sessions in which teachers can be trained to deliver in future; these are healthy relationship sessions and media campaign.
School based programmes addressing gender norms and attitudes			What information schools are delivering regarding gender norms and attitudes is unknown apart from the 8 schools taking part in the "whole school approach" pilot (there are 14 state funded secondary schools in Nottingham city). Schools are not bound by any legislation to teach sexual education, however it is good practice. Our healthy schools program encourages schools to teach sex education and explore consent, however this is not mandatory and there are currently no definite numbers to quantify which schools do and don't teach sex education. Even those that do teach this do not necessarily address gender norms and attitudes in these sessions. Also we are not aware if any schools deliver "safe dates" style healthy relationship sessions.
Activities geared towards changing social norms and promoting gender equality			All young offenders now receive healthy relationships learning delivered by YOT (after being trained by NDVF). This is classed as "first tier" education. Further education for young offenders who are already showing signs of low level perpetration and abusive attitudes towards women can be delivered by DV specialists from NDVF. This work is only in its first phase and will be evaluated after May 2013. There should be some extension of this provision this year; however there are no details as yet. The only school activities geared towards this are those delivered by NDVF in some schools through whole school approach (less than half).
Schools should teach about sexual consent in the curriculum and show pupil's acceptable attitudes and behaviours re-enforced over time.			The "Girls affected by Gangs" project does address the concepts of sexual exploitation amongst girls in gangs who are thought to be a vulnerable group. This, however, was only delivered to two groups during March and plans for future delivery are unknown as this was pilot funded by Ending Gang & Youth Violence. If the programme continues depends on the success of NDVF fundraising. This is not delivered by school but in school due to the environment allowing a "captive audience". How much schools educate pupils about sexual consent is currently unknown, healthy schools advise "most" teach some sex education which normally covers consent, however no definite numbers are available currently.
Domestic violence disclosure pilot			This is something that we have been piloting in Nottingham since September 2012 for one year. Victims can ask police for information about their partner under "right to ask" and any request will be processed within 35 days. Police can inform citizens they feel are at risk of their partner's previous convictions and other intelligence under "right to know". The effectiveness of this scheme is not yet known.

<p>Routine enquiry in health care settings</p>			<p>Training does not automatically mean routine enquiry is happening in our healthcare settings, however, it may be assumed if staff is trained they are more likely to perform routine enquiry. CDP identify that 54% of citicare staff are trained in domestic violence however there was some concern over the prevalence of training amongst NUH staff. Within healthcare there are 5 specialists in domestic violence who should be involved in policy development and training; we do not currently know the consistency or regularity of training delivered. These 5 posts are the specialist nurse (emergency department), specialist health visitor in citicare, specialist midwife, specialist healthcare trust nurse (mental health) and a newly appointed NUH specialist nurse based at City Hospital whose post is charity funded.</p>
<p>Training for universal staff (including health professionals) on identification of DV (to enable disclosure).</p>			<p>NDVF have trained staff in PRU's about domestic abuse awareness, around 80 staff members, however there are no plans to do this in future so new staff may not be trained in this. CDP identified that only 5% of LA staff are trained in recognising DV. There were some concerns from CDP regarding the numbers of NUH staff trained in DV; however numbers have not been confirmed. Nottingham IRIS project is being delivered amongst some GP surgeries in the city. This was initiated in May 2012 and is delivered by WAIS, with the aim of training GP clinicians and other staff in recognising and responding to DV. The training is delivered in two separate sessions. May's progress update showed that of the 26 practices in the Robin Hood Cluster who were approached, 16 practices have been fully trained. 8 practices are still due to undergo training, indicating two practices cannot commit to the IRIS project at this time. IRIS is funded by the Robin Hood Cluster and is the first project of its kind to be funded in this way. Recently funding for an additional year has been agreed.</p>

*Evidence based: These recommendations have science and rigour behind their evaluation

**Peer recommended: These recommendations are advised in policy documents and/ or thought of as best practice

Crisis Response

What Works/ Recommendations	Evidence based?	Peer recommended?	Are we doing this?
<p>Police and specialist DV agencies working in a joined-up way, with referrals to specialist services made at point of incident.</p>			<p>The Domestic Abuse Support Unit (DASU) based at Oxclose Lane is formed of specialist domestic violence trained police officers and IDVA's. They work jointly to risk assess each incident of domestic violence and refer on to the appropriate agency. It may be appropriate to refer to DART (domestic abuse referral team), which is set up to safeguard vulnerable adults and children. The DASU also decide which cases go to CDAP and MARAC as appropriate. The police make referrals at the point of incident to either DART or DASU where appropriate, and for those cases not suitable for these referrals as a minimum they give NDVF information cards. Currently police and specialist services are working together on high and medium risk cases through CDAP and MARAC, however MARAC and CDAP are only for cases meeting certain criteria. Further work may be necessary to establish what happens to those cases not referred to DART, CDAP or MARAC and if they do access support via the helpline.</p>
<p>It is important to make sure that survivors are aware of what CJS and civil proceedings they can use to make themselves safe.</p>			<p>Information cards (produced by NDVF) are given out at point of incident to victims by police. The victims can call the helpline who will talk them through their options, explain CJS and civil options, refer them to legal advice where appropriate and give them up to date information on the help and support available.</p>
<p>Advocacy support for victims (including IDVA's).</p>			<p>We have a team of both court IDVA's and MARAC IDVA's, who support victims in safety planning and help, navigate the system of support available. Women's Aid has a 24 hour helpline providing advice and support to victims. Victim support is available to victims (particularly male victims) of DV. It is worth noting that there does not appear to be an IDVA support service for those women experiencing domestic violence who are neither going through the MARAC or through CJS proceedings, the support they would receive is from the helpline, drop-in's at WAIS as one-off's or Shine Floating Support, providing they actively accessed this support.</p>
<p>Ensuring the right first response and making sure more universal practitioners are trained</p>			<p>As referred to above, we have trained some of our universal staff in domestic violence, e.g. PRU's , some children's centres and some health care staff, however this could be extended further and in a co-ordinated way to ensure the same training is delivered to all so that the first response is the same no matter which practitioner is disclosed to.</p>

as appropriate and challenge a culture of disbelief.			
NYPD employ a proactive approach of keeping in touch with families that have recently had an experience of DV in the home.			Unknown if we employ this approach in the city. No evidence to suggest Nottingham City Police use this approach.
Children's workers in refuges			Nottingham City has three commissioned refuges, and all of these refuges currently have children's centre workers. These workers are, however, unsustainably funded and only funded until March 2014, jointly by the NHS, CDP and NCC. All children's centre workers in refuges are part time.
Continuity in delivering support and ensuring a safe space away from the public when talking about DV can help victims feel more comfortable with disclosure and engaging with services.			More continuity of support could be given through having the same IDVA to help victims who have gone to MARAC and are also going through the criminal justice system, rather than changing IDVA's as is the current situation.
Information packs for survivors on DV, what it is and help that is available.			Currently domestic violence cards with helpline numbers are available at housing offices, and are given out by police at point of incident and where appropriate, however no "pack" as such exists as far as we are aware, detailing different options such as injunctions, housing, cjs proceedings, civil options and floating support etc. Making these available to women more universally may give the information they need to feel comfortable to flee or leave their abusive relationship and know what to expect from city support mechanisms. It is worth noting that women may put themselves at more risk when taking information about help available into their home, hence current information cards are small and so easily hidden. It may be only appropriate to give information "packs" to women who can keep these with friends or relatives. Also problems noted with information "packs" is that support available can be constantly changing so packs can go out of date. Other sources of information are currently available for victims of DV, including NDVF, WAIS and

			Rape Crisis.
Ensuring a consistent response across the partnership is important, particularly in regards to first response. Universal practitioners (where appropriate) should be trained in appropriate first response.			Work has been completed in some children's centres in Nottingham to help train staff in recognising the signs of domestic violence and enabling safe disclosure and appropriate first response (NDVF). This project is in its first year so far, funded by the CDP and Home Office. It is currently only delivered in "priority areas" where there are either high levels of DV or under-reported DV. The project is yet to be evaluated and it may be appropriate to extend to other children's centres, however funding for this has completed and there are no plans to continue this. As referred to previously NHS Domestic Abuse Liaison Nurse supports emergency department staff to identify DV, signpost to services and refer to MARAC where appropriate (JSNA), along with other specialists placed in health care settings (as detailed previously).
Co-ordinated community response to domestic violence.			The "Aspley pilot" whole community approach was delivered in 2012-13; outcomes include a reduction in medium risk repeat, reduction in high risk victims and increase in the number of women from Aspley accessing intensive interventions. Home Office funding for this has completed, however NDVF intend to continue with a mini-WCA this financial year and propose a mini-WCA in another area. No further details of this as yet.

Breaking the cycle

What Works/ Recommendations	Evidence based?	Peer recommended?	Are we doing this?
Treatment of perpetrators			The only perpetrator treatment programme we have in Nottingham is IDAP. This programme is mandated and is run by probation. There is currently no programme for perpetrators who may voluntarily wish to seek treatment.
Perpetrator treatment programmes must have linked in support for victims of perpetrators.			Nottingham City has probation IDAP programmes (as above) for male perpetrators with a linked women's support service (CDP, JSNA).
Family Intervention Projects			We do have a Family Intervention Project in Nottingham, providing support to families with adult offenders to reduce the risk of their children offending and entering the criminal justice system. Support of at least six months is provided, however currently the caseload and whether provision is meeting demand is not confirmed, it is estimated FIP are currently working intensively with around 12 cases.
Combining parenting training with advocacy for women leaving domestically abusive relationships.			The Stronger families programme helps parents and children build stronger relationships after experiencing domestic abuse, on average the programme helps 50 mothers and 65 children per year and operates a waiting list. Advocacy is not necessarily part of the programme but this could be accessed through either floating support or IDVA's, providing the victim is made aware of these services and/ or is referred.
Floating support was identified as important in continuing support past the point of crisis.			Shine provide specialist floating support to victims of domestic violence. The length of support provided and how many women are provided with support is currently unknown.
Empower victims with the knowledge to recognise what they are going through is abuse.			The Freedom Programme (delivered by WAIS) is a 12 week programme provided free to survivors of domestic violence and women who are in abusive relationships. It helps women recognise the signs of abuse, learn about healthy relationships, build self esteem and share their experiences. The NDVF information cards given out by police and partner agencies also briefly outline what domestic violence is.

IDVA's			As above, we have a team of both court IDVA's and MARAC IDVA's, who support victims in safety planning and help navigate the system of support available. It is worth noting, however, that there does not appear to be an IDVA support service for those women experiencing domestic violence who are not going through the MARAC or are not going through CJS proceedings, it is unclear what support they would receive apart from the Women's Aid helpline or drop-in service at WAIS. This <i>may</i> be a possible gap in provision.
More information for women about practical support when leaving abusive relationships may help women flee earlier.			Many of the leaflets about domestic violence detail helpline numbers or support services, however, perhaps more could be done to detail practical support such as housing options, financial help etc.
MARAC's			Nottingham City MARAC meets fortnightly to discuss the 18 most high risk DV cases in the last two weeks. Meetings are multi-agency and quite well-attended. Actions are distributed and followed up by the MARAC administrator. MARAC could be even more effective if agencies allocated a set worker (or workers) from each organisation to increase attendance and accountability. Most agencies do currently allocate a set worker, however allocating more than one identifiable contact from an agency would help cover attendance during busy periods for that organisation, sick absence etc. Also increased communication between the CDAP and MARAC would be helpful in working out which interventions have already been tried through CDAP.
Alcohol Treatment			The Oxford Corner Alcohol Team provides structured treatment for problem drinkers through a variety of methods, including group sessions, CBT, psychosocial interventions and controlled drinking programmes. APAS provide a range of support and treatment from problem alcohol users, including structured counselling, CBT, advice lines, psychosocial psychotherapy and peer-led self help groups. Last Orders offers differing levels of treatment specific to differing levels of alcohol dependency. They provide both brief and extended advice sessions in GP surgeries for low risk drinkers, a structured day care service for dependent drinkers using the abstinence model, a recovery service using structured psychosocial interventions for dependent drinkers with other associated problems, crisis detox and the Oxford Corner service (as referred to previously). These services have also been trained via NDVF and carry out direct enquiry. What is not known however is whether enough citizens affected by alcohol can access these services? MARAC case analysis highlighted only a very small percentage of people with alcohol issues accessed treatment.

Criminal justice system

What Works/ Recommendations	Evidence based?	Peer recommended?	Are we doing this?
Mandated programs for treatment of perpetrators	Yes	Yes	Nottingham City probation has an integrated domestic abuse perpetrator programme run by probation that is mandated. It may be appropriate to carry out further work to establish if this is being delivered to enough people across the city.
Violence against women scrutiny panels	No	No	These are taking place on a regional rather than local basis. The VAWG scrutiny panel for the east midlands covers 5 counties. This is organised through the CPS and the panels meet three times per year.
Domestic violence protection orders	No	No	Domestic violence protection orders were piloted for a year in 3 other authorities, now that the pilot is over all 3 are continuing using these orders whilst the government decides if a change in the law is required. DVPO's bridge the gap between incident and CJS proceedings or injunctions, as these can take time. DVPO's give police and magistrates the powers to protect a victim immediately after the incident, by not allowing the perpetrator to contact the victim for 28 days, regardless of living arrangements. These are not something we are currently using in Nottingham.
IDVA support through the criminal justice system and civil measures	No	Yes	Nottingham City has a court IDVA service provided by WAIS. Women do not have to be classed as high risk to use the court IDVA service but must be going through the criminal justice system.
Close joint working with DV projects and the police	No	No	Specialist domestic violence courts and court IDVA's work together with the police to help keep victims informed as much as possible throughout the process. The MARAC and CDAP also facilitate joint working with the police.
Victim impact statements	No	No	Victim Impact Statements are used generally across the CPS; however qualitative insight shows not all victims are aware they can make these. Further exploration into the use of these in domestic violence cases could give an indication of how prevalently they are used and if victims need to be made more aware of this option. These have been credited as giving victims a voice in CJS proceedings. The Local Criminal Justice Board is currently reviewing the "victim journey".

EQUALITY IMPACT ASSESSMENT

Name and brief description of proposal / policy / service being assessed

Safe from Harm Strategic Commissioning Review

An investigation into the effectiveness of services for victims and survivors of domestic violence (DV) in Nottingham City.

Information used to analyse the effects on equality

Information has been gathered as part of a Strategic Commissioning Review as set out above. This has included consultation with service providers, service users, a literature review and gathering data from multiple agencies.

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
People from different ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	People from different ethnic groups	The issues outlined to the left will be further investigated as part of the second stage of the Safe from Harm Strategic Commissioning Review. Consideration will be given as to how to embed knowledge gained through analysis into service design and development of mainstream service delivery to meet the needs of all citizens experiencing or fleeing domestic violence.
Men, women (including maternity/pregnancy impact), transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DV has specific consequences and issues in relation to all of the communities of interest set out to the left.	
Disabled people or carers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	People from different ethnic groups / people from different faith groups	
People from different faith groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In some communities DV can be more hidden as survivors may have additional vulnerabilities such as limited knowledge of English, uncertain immigration status, lower awareness of/confidence in local services. Extended family structures may make disclosure of DSVVA to external services difficult.	
Lesbian, gay or bisexual people	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Older or younger people	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In some communities there are issues around Female Genital Mutilation and Honour Based Violence.	

Men, women (including maternity/pregnancy impact), transgender people

Men can be subject to domestic violence but it is much more common for the victim of domestic violence to be a woman. Times of stress can increase the likelihood of violence and as such, pregnancy can be a trigger for commencement of or increased incidence of domestic violence in a relationship.

Disabled people or carers

With 20.1% of Nottingham's population registered as having a limiting long term illness or disability, it can be assumed that at least 2,000 of those will be living with domestic violence. This number may be greater as the British Crime Survey indicates that people with disabilities (and women under 25) are more at risk of domestic abuse than other groups. Research indicates that disabled women are twice as likely to experience domestic violence

Lesbian, gay or bisexual people

Domestic violence occurs within same-sex relationships with the same statistical frequency as in heterosexual relationships, approximately 25 - 33% of relationships.

Nottingham has a Lesbian, Gay, Bisexual and Transgender (LGBT) population of between 6% and 10%, it is expected that there are between 1,200 and 2,000 people from the LGBT community to be experiencing domestic violence or abuse.

			<p>Older or younger people</p> <p>Women under 25 are more likely to report domestic violence. It is hypothesised that domestic violence in older relationships can remain hidden due to generational attitudes to relationships. (Can more be said about this?)</p> <p>Other (e.g. marriage/civil partnership, looked after children, cohesion/good relations, vulnerable children/adults)</p> <p>Domestic violence is reported as a contributing factor in a significant proportion of cases where a child is removed from a family and looked after by the state as a Looked After Child. (More detail required here)</p>	
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Outcome(s) of equality impact assessment:

No major change needed Adjust the policy/proposal Adverse impact but continue Stop and remove the policy/proposal

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of.

Approved by (manager signature): The assessment must be approved by the manager responsible for the service/proposal (this does not need to be an actual signature). Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk