

Application Form 14th Dec 2016

2016/18 Fund for refuges, specialist accommodation based support and service reform to help local areas meet the Priorities for Domestic Abuse Services.

Name, address & contact details of applicant lead local authority:

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Names of partners:

Nottingham Central Womens Aid, Womens Aid Integrated Services (WAIS – which includes Zola BMER refuge and RISE outreach service), NCHA Umuada Refuge, Mojatu FGM Foundation, Nottinghamshire Health Care Foundation NHS Trust, Nottingham City Care NHS Trust, Framework: Opportunity Nottingham, Nottinghamshire County Council and seven District Councils, Nottingham City Council Housing Aid and Public Health and Nottingham Crime and Drugs Partnership. The bid is also supported by the Nottinghamshire Office of the Police and Crime Commissioner and the Nottingham Clinical Commissioning Group.

Amount of grant sought: 100K

Profile of bid 2016/18:

	16/17	17/18
Support	2,000	8,000
Service reform costs	Matched funding – see body of the bid	
Staff costs	16,000	64,000
Other	2,000	8,000
Total	20,000	80,000

Adhering to the standards set out in Annex A, there will be between 116 – 155 complex survivors supported over a 15 month period. It is estimated that complex survivors cost approx £600 each

Summary of Bid:

Supporting Survivors with Complex Needs: ‘Response to Complexity’ Phase 2: Mental Health
The aims of the proposal are as follows:

The bid adheres to the DCLG Quality Standards and the Priorities for Domestic Abuse. These standards alongside the Womens Aid National Quality Standards form part of our Service Level Agreements with Commissioned DSVA services. Delegated Decision Making processes will ensure commissioned and independent partners receive funding identified for them in the bid.

1. Provide 4 additional refuge bed spaces for complex survivors (with mental ill health, alcohol and substance misuse) with or without children, support with risk and needs assessments, advice, support, safety planning and signposting by skilled refuge staff.
2. Extend the wrap around service from R2C phase 1 (substance misuse and health care services) to mental health services for survivors both in the complex needs refuge and receiving outreach.
3. Provide specialist Outreach Support for complex survivors moving into and out of the complex needs refuge to ensure support, resettlement and robust referral to drug treatment services and appropriate mental health services.
4. Provide 1 additional bed space in refuge (including for women with unsettled immigration status and no recourse to public funds (NRPF), supported financially by NCHA) to support provision for Black Minority Ethnic survivors, this additional refuge space will help create space in Zola BMER refuge which will be aimed at FGM survivors and those at risk of FGM.
5. Provide specialist outreach and support to survivors of FGM and deliver preventative work with communities and girls at risk across Nottingham, including signposting into the BMER refuge and other specialist services (Refugee Forum, Health Services, criminal justice etc). This work is aligned with the national FGM unit through the Nottinghamshire FGM strategy group and the national work on the statutory guidance, mandatory reporting and FGM protection orders. Mojatu work with other FGM community / voluntary sector groups across the UK including Forward.
6. To ensure an integrated approach across Nottinghamshire, Nottingham will deliver a service on behalf of the County to survivors with complex needs and survivors and girls at risk of FGM. Nottinghamshire services will continue to deliver refuge space (including for survivors from Nottingham) to ensure that all survivors will have access to good quality refuge provision.
7. To inform and educate the statutory and voluntary sector on the needs and risks for complex survivors of abuse through partnership with University of Nottingham (UoN). UoN will provide evaluation and dissemination of the learning through seminars, workforce development and academic papers to increase the UK evidence base on DSVA/ VAWG.

How will it achieve them?

- Nottingham Central Womens Aid will provide 4 refuge spaces for survivors with complex needs from within a 6 bed refuge. Central can extend the service to 6 beds when demand requires.
- Nottinghamshire Health Care Foundation NHS Trust (NHCT) will provide wrap around mental health services for survivors at Central refuge and being supported by the outreach service. This will be extended to survivors of FGM where appropriate.
- NHCT will also engage the Criminal Justice and Diversion Team based in the Police custody suite to identify and refer survivors with mental ill health into the service.
- NHCT Health Shop will provide direct support to survivors who use drugs and alcohol at Central Refuge and receiving outreach. This will be a single point of support, advice and treatment for substance users, and will enable access to Nottingham Recovery Network (the main community substance misuse treatment provider).
- Nottingham City Care Homeless Health Team (HHT) will deliver health care directly to complex needs survivors at Central Refuge (including smear tests, support to access GP's etc)
- The HHT will ensure that survivors are managed through the Multi Agency Case Management meetings where ever they are in the pathway (refuge, outreach, rehabilitation, street homeless).
- WAIS Rise R2C complex outreach and resettlement service will provide support in the community for survivors with complex needs moving into or out of refuge to enable them to access and then sustain their tenancies and receive co-ordinated specialist support from a range of agencies.
- Increased referral of survivors with complex needs into refuges by Housing Aid, NHCT, HHT and the WAIS 24 hour Freephone domestic and sexual violence helpline.
- Mojatu will support FGM survivors to cope and recover from the consequences of FGM through regular support meetings, group therapy, workshops and other events.
- Mojatu will raise awareness and challenge beliefs about FGM through printed/ social media and community events, to reach out to isolated survivors and practicing communities with the aim to help them identify their experiences, prevent FGM and to challenge stigma within communities.
- Mojatu will engage and work closely with different stakeholders to encourage multi-agency partnerships, awareness and confidence to manage FGM or concerns for girl children. Including with the Nottinghamshire FGM strategy group.
- Mojatu will support partners to deliver the Nottingham City Council Pledge to be a City with Zero Tolerance to FGM (signed off in 2016 by Full Council).
- NCHA Refuge will provide 1 additional refuge space (Umuada is commissioned for 12 bed spaces, but has more capacity). This will enable the Zola the specialist BMER refuge to receive referrals directly from Mojatu where girl children are at risk of FGM. These survivors will be supported by staff with a range of community languages and FGM specialist knowledge.
- The UoN School of Sociology and Social Policy will support the project, enabling good quality evaluation, review of the learning and dissemination to partners across Nottinghamshire and the UK through academic papers and events.

What resources are requested and for what?

- Phase 2 of Response to Complexity extends the wrap around service from support with substance misuse and health care to include Mental Health Care for complex survivors, this builds on the substances element previously funded through the DCLG which has become sustained and integrated into refuge and outreach, and will extend into our commissioned refuges this year.
- Aligned to this bid is a CCG/CDP review of Improving Access to Psychological Therapies (IAPT) to ensure that the services meet the needs of survivors of domestic abuse referred from specialist services.

NHCT (mental health services and substance misuse services), Nottingham City Care, University of Nottingham, Framework; Opportunity Nottingham and Nottingham Recovery Network, WAIS; Zola BMER refuge and 24 hour DSVA helpline are integrating the project into their existing service provision, redirecting resources to support the project. These redirected resources, will enable the project to be delivered and sustained with value for money funding from the DCLG.

The funding required for the project will pay for staffing and service costs for the following;

- Central Womens Aid refuge complex survivors 4 bed spaces £40,000
- Womens Aid Integrated Services Rise Complex Outreach and Resettlement Service £25,000
- Mojatu FGM Foundation project £25,000
- Nottinghamshire Community Housing Association Umuada Refuge 1 bed space £10,000

Supporting evidence

As part of the review and refresh of the Nottingham Domestic and Sexual Violence and Abuse Strategy in July 2014 the CDP analyst team estimated that between 36,355 and 48,525 male and female survivors over 16 lived in Nottingham (of this it is estimated that about 7,000 are men). This number includes those who have experienced domestic abuse once or repeatedly. It was also estimated that there were approximately 14,000 perpetrators in Nottingham, primarily males. These numbers are in line with the national estimates of prevalence.

Nottingham Police receive between 11,000 – 12,000 reports of domestic abuse and close between 7,000 – 8,000 calls as crimes or incidents of domestic abuse per year. Nottingham Homeless Section identified 63 survivors who were classified as homeless based on violent relationship breakdown between April and November 2016 (8 months).

Womens Aid Integrated Services 24 hour free phone domestic and sexual violence and abuse helpline receives approximately 10,000 calls per year from Nottingham and Nottinghamshire, the helpline have identified an increasing number of calls from survivors with complex needs and has increased difficulty in placing these survivors in refuge.

Nottingham has a BMER population of approximately 35%. It was estimated by the CDP in April 2009 that the total number of people living in households in Nottingham where women are at risk of or who have undergone FGM is 7,335, including 3,023 girls and young women of school age. This takes into account the population of nationals from countries /regions where FGM is practiced living locally. The Health and Social Care Information Centre recorded data from April 2015 – March 2016 that there were 85 recorded cases of FGM in Nottingham (this does not record all cases seen in Nottingham.) Mojatu have supported 20 survivors in the last year and have a membership of 70 and engaged people from 29 different relevant countries living in Nottingham.

WAIS are commissioned to provide a range of BMER specialist services, including Zola BMER refuge which was commissioned in 2011 to meet the needs of the diverse BMER communities of Nottingham and Nottinghamshire. Integrating Mojatu FGM community project into the DSVSA sector will provide a more seamless approach to survivors of FGM who are identified as needing support, and improve the prevention of FGM for girl children in Nottingham and Nottinghamshire.

The CDP partnership commissions £149, 291 of prevention work with children, adults and communities in Nottingham this is delivered by Equation our commissioned prevention service and has included training on FGM from Forward for a number of years before Mojatu emerged from the communities in Nottingham. Equation and Mojatu are now working together for a local perspective.

In 2011 Nottingham CDP worked with AVA on a multi-agency project to support the development of the Complicated Matters domestic abuse, substances and mental health toolkit. During that time it became clear that complex survivor's needs were not being met holistically and the numbers into the DSVSA services were increasing.

Phase 2 of R2C builds on the evaluation of Phase 1 undertaken by the University of Nottingham and the in-depth consultation with service users supported through the project. R2C identified that of the 48 service users supported 38 had mental ill health, 20 alcohol and 16 drugs issues. Nottingham CDP worked with Womens Aid England to pilot and then adopt as part of our performance framework the 'On Track' monitoring system. This has identified that in quarters 1&2 of this year, specialist DSVSA services have supported 268 survivors who have self-identified with mental ill health. It is important to note that this number is 'self identified' and agencies have identified greater numbers of survivors who are identified as having some mental health needs.

Partnership working and working across Local Authority boundaries

Which other organisations do you work in partnership with locally to tackle domestic abuse?

- Nottingham, Nottinghamshire and Districts recognise that there are no boundaries for survivors. We have sought to integrate our DCLG bids alongside our joint working.
- Nottingham Crime and Drugs Partnership (CDP) is the Nottingham Community Safety Partnership (CSP) and provide the reporting and governance structure for the DSVA strategy and commissioning groups. The board includes Nottingham City Council, Health (Clinical Commissioning Group), Nottinghamshire Police, Fire Service, Police and Crime Commissioner, University of Nottingham, Nottingham City Homes, Probation and the Community Rehabilitation Company.
- The CDP co-ordinates a DSVA strategy group, managing the strategy aligned with the national VAWG strategy and Nottinghamshire Framework. The group includes statutory and voluntary sector partners (including Womens Aid Integrated Services, Equation, Rape Crisis)
- The CDP also co-ordinates and supports a Joint Commissioning Group, which includes Nottingham City Council /Public Health, Clinical Commissioning Group (CCG), Office of the Police and Crime Commissioner (OPCC) and NHS England.
- Equation chair a Voluntary Sector DSVA group and Nottingham Womens Centre chair a Sexual Violence Action Network which connect to the DSVA strategy group.
- Nottingham and Nottinghamshire work jointly through the DSVA Criminal Justice Working Group (which includes the Specialist Domestic Violence Court)
- Nottingham and Nottinghamshire work jointly to deliver Change That Lasts with Womens Aid England (WAE). WAIS is on the WAE Steering Group for 'No Woman Turned Away'.
- The Nottingham and Nottinghamshire DSVA leads are invited to each other's strategy groups. The Safer Nottinghamshire Board DSVA strategy group is chaired by the Chief Executive at Mansfield District Council. Nottinghamshire CSPs from the seven District Councils are represented on this group.

What are your proposals for further developing partnership working and how will this funding help build those relationships?

- This bid includes an integrated approach to DSVA within our commitment to joint working across Nottinghamshire. This bid is integrated with the bid from the seven District Councils.
- The CDP is also a member of the East Midlands Regional DSVA working group which meets quarterly and ensures that DSVA colleagues from all the local authorities share practice and provide peer support to develop best practice across the region. This includes a planned conference for November 2017.

What accommodation based support do you provide to victims from other areas and what are the challenges in doing so?

- Nottingham commissions 3 refuges (Amber House, Umuada and Zola BMER refuge) with 31 bed spaces. We also commission a Sanctuary Scheme.
- Central Womens Aid refuge is an independent refuge funded through Housing Benefit, trusts and bids, including the DCLG bid. All our refuges accept survivors from across the UK through Refuges on Line and our 24 hour helpline.

What actions are you proposing to take to support victims across local authority boundaries and from areas other than your local authority?

- This is an integrated bid whereby Nottingham seeks funding for survivors with complex needs (drugs, alcohol and mental health) which will be available for survivors from Nottinghamshire and the UK. The bid also includes a service for FGM which will be available for communities in Nottinghamshire. Survivors from Nottingham and Nottinghamshire access both city and county refuges.

Inclusion of provision for BME victims and those from isolated/marginalised communities

What actions are you taking to ensure that smaller BME organisations are included in bid proposals?

- Mojatu is our local FGM Community service. Zola BMER refuge already provides services for survivors of HBV and FM and we identified FGM as our key gap in provision. Our voluntary sector partners engage with smaller BMER projects through the Voluntary Sector DSVA group; these include the Asian Womens Project, the Muslim Womens Network community group, Chaya (who work with girls affected by gangs) and the Refugee Forum.
- WAIS Zola refuge is working to develop a Modern Slavery policy with BMER services.

What is your proposal for assessing the needs of isolated and /or marginalised

communities in your area and coming into your area?

- The CDP with Public Health write the Joint Strategic Needs Assessment every 2 years. The CDP publishes a Strategic Assessment of crime annually, which supports the Police and Crime Commissioners Policing Plan. The CDP analyst team manage the DSVAs subgroup of the DSVAs strategy group, pulling together data and hypothesis testing with partnership analysts and the specialist DSVAs sector. This ensures a robust approach to data capture and analysis for the city, which we share with Nottinghamshire. The Nottinghamshire SNB analysts work closely with the CDP analysts.
- Survivor needs are assessed in a range of ways, including the VAWG community and voluntary sector network which meets quarterly, utilising knowledge and information gathered from the Community Cohesion and Neighbourhood Teams about the needs of our diverse communities, service user involvement events such as the Womens Aid Garden Party and Mojatu Farm visits and all the commissioned services exit questionnaires.

What actions are you taking to make provision for local specialist support and protect specialist services of importance beyond the local area?

- We are committed to contributing to the UK evidence base on domestic and sexual violence and abuse, which we believe supports local and national partners to commission effective DSVAs provision and services.
- We engage nationally with services such as Womens Aid England on Change that Lasts and also with AVA on the development of Complicated Matters to pilot approaches and share the learning and we have just started work with Respect to develop our local Integrated Offender Management approach to domestic abuse. We worked with Safe Lives on the development of our accredited Teen Advocacy service and our IDVA services.
- We work in partnership across the East Midlands with other strategic DSVAs leads
- We commission services such as NCHA Umuada refuge and MHT Amber House refuge, who have a regional or national footprint, which enables the sharing of good practice into and out of Nottingham and Nottinghamshire and the East Midlands region.
- The CDP works with Community Cohesion, Nottingham Womens Centre and Equation to deliver quarterly Violence Against Women and Girls Network Meetings for the voluntary and community sector. This links to similar networks in Nottinghamshire.
- We work in close partnership with Nottinghamshire Commissioners on DSVAs, including sharing the learning on IRIS with county CCGs, jointly commissioning the 24 hour helpline and Equation cross county domestic abuse training. We align our DSVAs Strategy and working groups where possible. WAIS are commissioned by Nottingham and Nottinghamshire which promotes a joined up approach.
- The University of Nottingham chair an Independent Research Group on Domestic and Sexual Violence and Abuse including colleagues from other Universities across the East Midlands and practitioners from Nottingham and Nottinghamshire. The aim of the group is to share learning and best practice from academic evaluations and research.

Value for money and additionality

How many victims do you support and what is the current cost per victim for general/specialist support?

- The total cost of the DVA system of services is £1,402,168 (Prevention Service £149,291 and Sexual Violence service £180,336). **Total to the whole DSVAs sector £1,551,975**
- 1893 survivors accessed services in the domestic abuse sector between April – Sept 2016. We would estimate 3,786 survivors are supported per year, at a cost of £315 per survivor.
- 91 survivors were accommodated in the three commissioned refuges between April - Sept 2016. In the same period there were 153 requests for refuge space via the WAIS 24 Hour DSVAs Helpline (this does not capture the search for bed space on Refuges on Line).
- Nottingham commissioned refuges receive between £10,000 and £15,000 per bed space pa.

What more will you be able to achieve with this additional funding?

- R2C phase 1 as a whole supported 48 complex survivors in a 6 month period. The Outreach Worker supports a caseload of approximately 25 survivors with complex needs to resettle into the community. Outreach support averages 3 - 6 months (although complex survivors can be 12 months) so between 60 - 100 survivors could be supported over 15 months in the phase 2 of the R2C complex refuge and outreach service.
- Central refuge housed 12 complex survivors as part of R2C phase 1 in one year. Depending on throughput this could increase to 16 complex survivors per year.

- Umuada refuge will provide 1 bed space in addition to their commissioned spaces, depending on length of stay, where survivors may have no recourse to public funds or have unsettled immigration status they may be able to support between 1 – 6 survivors a year.

How will you capture the outputs and benefits gained from this funding and how will this feed into local area strategies and longer term sustainable solutions for domestic abuse?

- R2C phase 2 aims to share the learning through the evaluation undertaken by the University of Nottingham through seminars, academic papers and workforce development. This will improve practice in partner agencies in Nottingham and Nottinghamshire and UK.
- The CDP performance manages the DSVAs sector through 'On Track' monitoring, quarterly service reviews and quarterly reporting to the DSVAs Joint Commissioning Group. This information is utilised for Strategic Assessments and the Policing Plan, which will inform commissioning intentions across the partnership.
- Understanding of R2C phase 1 has assisted us to realign the commissioned outreach service to be more sustainable and to work with partners to redirect wrap around substance misuse and health support to other refuges, extending the service to other survivors with complex needs. We hope to take the learning from Phase 2 forward in a similar way.
- Learning will be shared with the DSVAs strategy groups in Nottingham and Nottinghamshire and reported to the CDP and Safer Nottinghamshire Board. The outputs and benefits will inform the refresh of the strategy and framework and commissioning intentions.
- Phase 1 of R2C was included in the Housing Commissioned Service Review in 2016 and Phase 2 will be included in future commissioned service reviews.
- R2C phase 1 also informed the development of wrap around partners, NHCT services, HHT and Opportunity Nottingham (ON), leading to a change in policy for ON and for NHCT an extension of services in Phase 2 for survivors with mental ill health.

What estimate have you made of the costs incurred for example if staff are hired with the funding, the approximate annual cost per person and dates of employment?

- Phase 2 of R2C will provide continuity and development for the complex needs outreach service and Central refuge. The costs incurred will be for staffing and refuge costs.
- Umuada refuge will utilise the funding to fund support and refuge costs for 1 bed space. NCHA self-fund living expenses for survivors with no recourse to public funds.
- Mojatu will utilise the funds to capacity build their service, which is heavily reliant on volunteers, charitable trusts and sales of their magazine.
- CDP Commissioning team reviews services quarterly to ensure no over or underspend throughout the year and closely manage services actual spend against proposed budgets.

What assessment have you made of the level of resource and what measures are you putting into place to deliver the commitments set out in your bid beyond March 2018?

- The financial estimation for this project has been benchmarked against Phase 1 and the commissioning teams understanding of costs for outreach and refuge services.
- Needs Assessments are ongoing and have highlighted the increase in visibility of survivors with complex needs in statutory and voluntary sector services and the increase in demand.
- The DSVAs Joint Commissioning Group has contracts with all our services for 3 years plus 2 (2016 – 2019) with the option of extending these until 2021. To create stability in the sector.
- The DSVAs JCG will consider the evaluation of Phase 2 of R2C should we be successful and this will inform decision making regarding commissioning of services for March 2018.

Deliverability

What assessment have you made of the level of resource required to deliver the commitments set out in your bid?

- The CDP Commissioning Team has a clear understanding of the costs required for service delivery in outreach and refuge and the bid is based on that understanding
- R2C Phase 1 gave insight into the numbers being referred into the project and the cost of meeting demand. 'On Track' performance framework supports the CDP understanding of need.
- R2C Phase 1 also provided information to statutory services providing the wrap around service on pressures on resources and positive outcomes to their client group.
- The OPCC has previously funded Mojatu and this information has informed the FGM

element of the bid and the level of resource required to support survivors and outreach into communities.

How have you ensured these resources will be in place beyond March 2018?

- The DSVAs JCG will consider the evaluation of Phase 2 of R2C and elements that can be diverted into delivery will be considered by the statutory sector (substance misuse support, health care and mental health care) this will ensure sustainability for commissioned services.
- The JCG will also ensure that the evaluation provides insight for commissioning intentions for 2018/19 and these will include Central refuge, Umuada refuge, the WAIS complex needs outreach service and Mojatu. Where possible these elements will be mainstreamed or reconfigured. The R2C outreach service, sits within the Rise outreach service and this service will be reconfigured as a result of Phase 1.

Any other information which you wish to have taken into consideration

- Nottingham has assessed itself against the National Statement of Expectations and whilst all commissioners have got room for improvement, we feel that we largely meet the expectations through our DSVAs Joint Commissioning Group.
- Nottingham Commissioned Services are supported to mark the Day for Elimination of violence against women and the partnership participates in the 16 days of action.
- Nottingham Troubled Families (TF) contribute £54,000 to a voluntary sector specialist service (Stride) delivered jointly by WAIS and Equation which supports Children Services colleagues to improve their confidence and practice with both survivors and perpetrators. Domestic abuse is incorporated in the TF cohort and this project seeks to support the transformation of the workforce focussing on those service users with complex needs.
- In the first year Stride supported colleagues to work more effectively with 98 survivors and 70 perpetrators. The evaluation of this project was undertaken by University of Nottingham and Kings College London. TF includes the DSVAs lead on its Steering Group and TF reports to the CDP board.
- Nottingham commissions a male survivor service for high risk survivors and will be extending this to medium and standard risk survivors from March 2017 delivered by Equation.

Response to Complexity (R2C) Evaluation Report: Dr Lyndsey Harris: University of Nottingham: December 2016 Phase 1.

<https://www.researchgate.net/project/Response-to-Complexity-A-Service-Evaluation-of-DCLG-Funded-Project-Supporting-Survivors-of-Domestic-and-Sexual-Violence-with-Complex-Needs>

Stride Evaluation Report: Dr Julie McGarry University of Nottingham and Dr Kim Watts Kings College London: July 2016

<https://www.nottingham.ac.uk/research/groups/mhw/documents/stride-summary-2016.pdf>

Recommendations for recovery in Mental Health: Jennifer Holly: AVA: 2016

<https://avaproject.org.uk/wp/wp-content/uploads/2016/11/AVA-Promoting-recovery-in-mental-health-1-1.pdf>

Supporting documents include:

- letter of support from the Chief Executive of Nottingham City Council (with signature for the submission of the bid)
- letter of support from the Nottinghamshire Police and Crime Commissioner
- letter of support from the chair of the Safer Notts Board DSVAs strategy group and Chief Executive of Mansfield District Council
- letter of support from chair of the South Notts DSVAs strategy group and Chief Executive of Broxtowe Borough Council
- letter of support from Nottinghamshire County Council Public Health lead commissioners for DSVAs.
- DCLG bid Response to Complexity Phase 2 Project Plan

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Completed forms (including signature by Local Authority lead partner(s) to be submitted by 5pm 16 December 2016 to: DomesticAbuse.Fund@communities.gsi.gov.uk