

CAADA co-ordinated action against domestic abuse

Report to the Police and Crime Commissioner of South Wales

A Review of Services for Victims
of Domestic Abuse in South Wales

June 2014

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We would like to thank all service providers, local authority stakeholders, and the Police and Crime Commissioner and his team, who we spoke to and met during the course of producing this review. Their willingness to share information and expertise helped us shape this report. We would also like to include particular thanks to domestic abuse co-ordinators who supported us in the process. We hope that this report makes a real difference to the lives of families living with domestic abuse and helps to make them safe.

We undertook a comprehensive review of service provision in South Wales and the detailed findings used to inform our conclusions are contained in a supplementary report entitled "A Review of Services for Victims of Domestic Abuse in South Wales: Detailed Findings". We also delivered two additional reports: one looking at service provision and recommendations within Cardiff and one summarising the provision by local authority area.

Disclaimer¹:

The funding amounts, engaged referral numbers and other figures in the report have been derived from information provided to us by services, and funders. This data was not available on a consistent basis or time frame and in some cases we have had to impute the numbers from other sources or using MARAC and our Insights National Datasets and experience of the sector. We believe that these numbers should be used as 'best estimates' but not as exact figures.

¹ This report is provided under the terms of our contract with the South Wales Police and Crime Commissioner dated 7th April 2014. CAADA does not accept any liability for any use made of the report or any part of it by any third party.

Executive summary

We are pleased to provide this report to the Police and Crime Commissioner of South Wales and his team. Our approach has been to build our recommendations around the experience of the victim and children, aiming to offer as seamless a response as possible, so that your opportunities for intervention translate into safety and wellbeing for those at risk. Thus our report covers not only commissioned services but also a more effective system to identify, refer and support victims, children, and perpetrators, as well as to close some of the divisions between domestic abuse, mental health, and substance use issues. Some of these require better organisation and co-ordination rather than additional resources.

We believe that our recommendations will radically improve the experience of families impacted by domestic abuse, commissioners, practitioners, and partner agencies.

For victims and children, their friends and families:

- They will know what services are available and how to access them.
- They will receive a consistent, professional and reliable response that combines both specialist support and brings together the professional expertise of partner agencies in this complex area so that both risk and needs can be met.
- They will receive a service that is empowering and responsive with their personal situation.
- The response to victim, child, and perpetrator will be co-ordinated.
- Their experience will be captured systematically and used to inform future service development.

For commissioners:

- There will be much clearer provision, transparency, and lines of accountability.
- Resources will follow risk and be used to best effect.
- Opportunities to intervene early will be maximised.
- Creating a consistent care pathway from identification to case closure will help to reduce the risk of domestic homicide and child deaths.
- Consistent data will provide the opportunity to learn and develop provision.

For practitioners:

- Being part of a resilient team with the full breadth of expertise required to meet the needs of all clients.
- Manageable caseloads.
- Sufficient resource for management, clinical supervision, and administration.
- Career development opportunities.

For partner agencies:

- Clear referral pathways.
- Supportive training and 'lead professional' role in universal agencies to build confidence in asking victims, children or perpetrators about domestic abuse.
- Being part of an effective care pathway that respects the limits of each role.

There is a real contrast between the way that services are funded and delivered today, and how they might look given if they were reconfigured. Our visits revealed a highly fragmented response with the current budget of £9m being split among over 130 different 'pots' of funding going to 25 providers across the 7 local authorities. There is no doubt that local practitioners are often 'going the extra mile' in terms of trying to respond to their clients' needs, despite the constraints of current organisation size, funding and inter-agency relationships.

I. A model community-based response to domestic abuse

In order to achieve a model community-based response to domestic abuse in South Wales, there needs to be:

- A. **A single 'front door' for all referrals to identify the risk, needs and vulnerabilities of each member of the family as early as possible:** We recommend that ideally all cases involving children, all high risk (with or without children) and other cases who do not have children (with consent), are referred to a triage hub or Multi-Agency Safeguarding Hub (MASH). The MASH would have membership from police, children's services, Independent Domestic Violence Advisors (IDVAs), substance use, mental health, early years health, education and probation¹. This will give a safer immediate response to incidents of abuse and violence, create an opportunity for proactive early intervention with high, medium and standard risk victims and ensure that the right cases get the right support, including referral where needed to the Multi-Agency Risk Assessment Conference (MARAC) for fuller risk management and safety planning. To manage volume, this can be implemented in stages with more limited initial referral criteria.
- B. **Larger teams of 'IDVA-type' practitioners for high and medium risk cases:** We recommend commissioning around 60 IDVA-type practitioners in 3-4 large teams. They will offer specialist support for all medium and high risk cases. These teams need to include a range of practitioners, each leading in a particular area of expertise in relation to the full range of issues that victims face. We refer to these practitioners as 'lead IDVAs'. The areas of specialism would include criminal justice and the family courts, housing, substance use, mental health, perpetrator risk management, recovery, safeguarding, young people, Black and Minority Ethnic (B&ME), Lesbian, Gay, Bisexual, Transgender (LGBT) victims, and male victims. These teams would offer a high quality service to victims, be more resilient, and offer rational management to staff ratios. They need to be located in a range of settings (e.g. independent women's centre, police station, or hospital) to ensure that they are accessible to all victims. They would link in with, or could potentially include services such as IRIS and work closely with high risk victims in refuge.
- C. **A clear offer of longer term recovery and 'step down':** Domestic abuse has one of the highest rates of repeat victimisation of any crime and thus a solid recovery and 'step down' response is essential. This should be co-ordinated within the wider IDVA team by the recovery lead IDVA. Delivery of recovery and step down support would take the form of both group and one-to-one support as appropriate, linking in with local services and community networks to encourage victims to be integrated locally and reduce their isolation. Group work would involve peer support and offer both education sessions and life skills (e.g. Pattern Changing or the Recovery Toolkit). This can also include volunteer support for longer term 'keeping in touch'.
- D. **A clearly co-ordinated strategic plan across all key commissioners:** By agreeing common goals and a common vision for services, commissioners can achieve much more with their respective budgets. Domestic abuse and safeguarding issues clearly cut across different departments but the response needs to ensure that there is a clear and co-ordinated plan that

aligns the different budgets in the most effective way, either by pooling, or by agreeing the demarcation between commissioners. This requires planning at a senior level with absolute clarity about how different activities and services fit together in a way that meets the needs of victims and children. This plan also needs to stipulate the deliverables, standards across all services, performance management metrics, and outcome measurement. We believe that this is most effectively delivered through a lead provider, giving the benefits of scale and clarity of accountability, while ensuring that particular local needs are provided for.

- E. **Effective communication with victims and their families about the support on offer:** Although identification of domestic abuse victims is higher in South Wales than the national average, we know from research that many victims of domestic abuse either do not recognise their experience in this way, or do not have confidence to access services. This is particularly true in relation to women from minority communities, teenagers, and those from LGBT communities. Thus, constant communication and public awareness campaigns, including the use of social media, are needed to address this.

II. Our recommendations

We make three clear sets of immediate recommendations for change to help achieve the above.

- A. **For key statutory agencies:** They play a vital role in improving identification of victims, children and perpetrators, and transforming the ease of access to services. We recommend establishing clear referral pathways and the creation of multi-agency triage teams so that cases of both victims and children are referred to the right organisation in a speedy way. Commitment is needed from the senior leaders in key organisations (including police, children's social care, health, housing, substance use, mental health, probation, schools, and children's centres) to ensure that this is implemented effectively and reviewed as needed.
- B. **For the Police and Crime Commissioner, the Minister for Housing and Regeneration and the Welsh Assembly Government:** We recommend using the findings of this review in relation to need, provision and funding to create a much more strategic response to domestic abuse and sexual violence, with clear leadership and accountability. In practice, this means agreeing to resource specialist services for 'visible' high and medium risk victims who are actively help seeking by taking the £1.5m that is currently committed to high and medium risk services and re-configuring £1.5m of other provision from the Supporting People budget currently being spent principally on medium risk victims, giving £3m to reach more medium and high risk victims with a more effective service. It will also result in a more equitable distribution of funding which ranges today from 60p per local resident to £2.50 in different local authorities in the Force area.
- C. **For the Police and Crime Commissioner, Local Authority and Health Board Chief Executives:** We recommend commissioning much larger community-based teams who would provide specialist support for both medium and high risk victims of domestic abuse. This will require either a pooling of budgets or clearly co-ordinated delivery of a single strategy. Chief Executives will need to lead this implementation and assure its quality with their commissioning colleagues. These teams will be able to provide a better response with the full range of services that victims need and capacity for 'lead practitioner' roles within the teams for the full range of support needs that victims have. They will offer much more resilience, better ratios of management to frontline practitioners, and ultimately a more consistent response. They must meet national service standards and have embedded outcome measurement. In practice, we

recommend using a 'lead provider' approach to commissioning a small number of teams of IDVA-type practitioners (60 practitioners in total), plus appropriate administrative support, who would together cover the 7 local authority areas. We believe that this will allow the retention of relevant specialisms while gaining the advantages of greater scale. Standard risk referrals would be offered volunteer support and free national resources, such as the helpline and online advice.

III. Limitations to our recommendations

There is a number of limitations to our recommendations.

- A. **Victims who do not wish to separate:** The most important relates to those victims who do not want to separate from their partner. Our national dataset of over 25,000 victim cases shows that around 75% of those engaging with specialist support services have already separated from their partner or ex-partner. This suggests to us that those victims who want to stay in a relationship are either not contacting agencies for help, or feel that the services offered focus on separation and that the 'staying put' option is not available. This is a serious issue nationally and not one to which we have the answers today. It is something that we are working on actively and will share our findings and recommendations when these are developed.
- B. **Refuge provision:** We have discussed the need in the report for shorter term emergency accommodation (known locally as 'Intake and Assessment') which assumes an up to 8 week stay in refuge, and endorsed the approach taken by Cardiff Women's Aid and others to addressing this. We have also identified the specific support needed for those women who genuinely need longer term accommodation because of the complexity of their situation, including for example women who do not speak English, and those with serious mental health or substance use issues. However, we have not made overall recommendations for refuge capacity for two main reasons. Firstly, refuges provide a valuable service to women fleeing domestic abuse from all parts of the country and so the local demand figures only give a partial level of need. Secondly, many women in refuge remain there for longer than necessary from a risk perspective because of a lack of move on accommodation locally, which distorts the level of need and prevents women and children in crisis from accessing a refuge bed. Thus, we have left the refuge capacity unchanged in this report but recommended that this be reviewed in future to address these specific issues.
- C. **Services for children:** We have included our generic recommendations in relation to services for children but data was not available on the age, risk, and needs profiles of the children of service users is required to better understand the capacity required for support. An in-depth review would be required to evaluate the relative effectiveness of the various interventions, and whether they are best provided in house or in collaboration with universal or other statutory services. We refer to our recently published document "In plain sight: Effective help for children exposed to domestic abuse"², where we have made three recommendations regarding provision for children as follows:
 - a. To achieve early intervention at little or no cost, create a network of lead professionals across agencies with a shared understanding of risk.
 - b. To ensure children's safety, provide linked specialist domestic abuse services for the child and the parents.
 - c. To ensure children are protected and helped, Local Safeguarding Children's Boards and Care and Social Services Inspectorate Wales should monitor provision and outcomes for children exposed to domestic abuse.

- D. **Services for perpetrators:** They were not in the scope of the review. We have included some reference to perpetrators in our recommendations in the section on access to services, and also in the configuration of the IDVA teams, which if implemented will lead to better links with relevant statutory agencies. This should lead to opportunities for earlier intervention, for example with teenagers who use violence in their relationships, and better identification and management of the most prolific and serious perpetrators, including both diversionary and disruptive tactics.
- E. **Sexual violence services:** The review of these services is not included in this report.

IV. Longer term recommendations

In the longer term, we have also set out other areas that require consideration and potential reconfiguration, which will require engagement from other commissioners and government departments to achieve. This first set of recommendations will not address all the issues that we found, but they will mark an important step forward if implemented for adult victims living in the community. Areas for longer term work include the response to victims needing emergency accommodation, those with longer term complex needs and the embedding of services for children that address not only the domestic abuse, but also other issues including parental mental health and substance use.

Our recommendations are not without challenges to implement. It will take strong leadership from the Police and Crime Commissioner and other commissioners to create a co-ordinated system where resources are used in the most effective way. It will take commitment from partner agencies to engage in an improved triage approach. It will take courage from practitioners to work in new ways. We hope that these elements will transform the experience of victims of domestic abuse in South Wales and create a truly model response. Their views were put very clearly in a number of consultations, including with Supporting People in 2011 and by the KAFKA Brigade more recently. Our recommendations aim to meet their calls for change.

¹ Provided by either statutory or voluntary sector.

² Available at

http://www.caada.org.uk/documents/In_plain_sight_effective_help_for_children_exposed_to_domestic_abuse.pdf

Section 1: Background, context and current service provision

1.1 Prevalence of domestic abuse

We estimate that there are around 9,200 high and medium risk victims in South Wales. This includes those currently visible to agencies, primarily the police, and those who have not formally disclosed domestic abuse. These are broken down between 3,700 high risk victims and 5,500 medium risk victims.

We estimate that there are around 2,000 high risk and 2,000 medium risk victims of domestic abuse who may be both visible and at or near the point of help seeking. We used these numbers to plan capacity for support.

We arrive at this number using 'best estimates' as follows:

- Most needs analyses start with the Crime Survey for England and Wales estimates of prevalence applied to the South Wales population giving an estimate of 24,800 female and 16,200 male victims. We adjusted these numbers to account for higher prevalence in South Wales and to include those over 60 but these large estimates are not very useful for planning provision because they include any domestic abuse of any severity, with no indication of risk level, or propensity to engage with support services.
- We used proxies in the Crime Survey for England and Wales data, for example: 'moderate or severe force', 'moderate or severe injuries', or 'many times in the last year' to estimate that 26% of female victims in South Wales are high and medium risk victims, that is 9,200 victims. Within this, we estimated that there are over 600 victims from B&ME communities.
 - We did not have local data for the number of children living with domestic abuse, but using our Insights National Dataset we assume that two thirds of victims have approximately 2 children each. This would imply that about 12,000 children are living in high and medium risk households, half of whom are children of visible victims. Many more will be living in standard risk homes and we know from research that children living in standard risk homes can still be severely harmed, particularly psychologically.
- We used proxies of all three forms of abuse (domestic violence, sexual assault and stalking), and severe force in the last year to estimate that 40% of this group were high risk, that is 3,700, and the other 60% are medium risk, that is 5,500.
- Finally, to estimate how many victims might be at a point where they will seek or engage with support, including male victims, we used our MARAC and Insights datasets – we have called these victims 'visible' to agencies. We estimate that there may be around 2,000 high risk and another 2,000 medium risk victims who may be at or near the point of help seeking. We think there are many more victims that are visible but are not being identified, or are hard to reach and find it hard to engage.
- There were 27,537 police incidents reported in South Wales in the year to March 2013, including 11,594 (42%) repeats. These numbers have limited usefulness in planning capacity because:

- These are only incidents reported to police so anyone not reporting is not counted.
 - They are incidents and not people, and we don't know if the repeats are due to a few victims calling many times or many victims calling a few times.
 - The method of calculating changed last year and they show a big drop in numbers due to a change in definition.
 - Except for in Rhondda Cynon Taf, these incidents are not analysed by risk. South Wales Police is due to introduce this analysis next year.
- We do know that there were 2,289 cases referred to MARAC, and excluding repeats this translates to an estimated 1,800 individuals, not all of whom will have engaged with support.

1.2 Types of specialist service provision in South Wales for adult victims

The generally accepted pathway in South Wales for victims assessed as high risk, but without immediate accommodation needs, is to be referred to the IDVA, and possibly MARAC.

All other victims will usually be referred (or will self-refer) to the local refuge or floating support provider, or helpline. Standard risk victims will sometimes be referred to Victim Support.

- **Refuge** provides bed spaces (units) for victims with accommodation-based needs. Supporting People funding pays for the support given to victims in refuge and housing benefit pays for 'rent' which includes building-related expenses, such as utilities, maintenance, service charges, security etc. Refuge is an open access service and victims stay until they are ready to 'move on'.
- **Floating support** is an intense needs-led package (unit) of dedicated support provided either in conjunction with a self-contained unit of accommodation, or to victims in the community with other tenancies. It is very often provided as an extension to refuge users when they leave. Eligibility criteria apply, including accommodation needs, and the unit of support remains available to the victim until they have achieved the goals in their agreed support plans.

Some floating support is provided to victims in the community whether or not they have accommodation-based needs and we have called this **floating support extended to others**.

- **IDVA** services are an evidence-based innovation in the domestic abuse sector focusing on keeping victims safe in their own homes. The role of the IDVA is to mobilise an effective multi-agency risk-led response including MARAC.
- **Dyn** project provides IDVA support to high risk victims of domestic and sexual violence and abuse, and a helpline service for men in Wales.
- **Specialist B&ME**: A fully integrated domestic abuse service for B&ME victims is provided across South Wales by BAWSO.
- **Helpline**: victims and professionals can call either local helplines for advice or the All Wales Domestic Abuse and Sexual Violence Helpline. Where a high risk victim presents to a refuge with no available space, support workers will work to find a suitable alternative elsewhere, and this is very often done through the All Wales Domestic Abuse and Sexual Violence Helpline.

- **Victim Support:** support is offered by a Victim Support volunteer to mainly standard risk victims who called the police.
- **Sexual Assault Referral Centres (SARCs)** provide acute services including forensic examination and advocacy, as well as counselling and support for victims of sexual abuse including historic abuse.
- **Recovery and step down:** this includes both educational and life skills programmes, often delivered as group work, thus offering peer support, and should be an integrated part of the core services listed above.
- There are various other emerging services such as IRIS in GP surgeries, and work with families who do not wish to separate by Atal y Fro.
- **Support for children:** the main services currently provided are for children in refuge. More information on children's services is provided in a separate document entitled "A Review of Services for Victims of Domestic Abuse in South Wales: Details of Service Provision by Local Authority Area".

Please note: Throughout the report we have used **the estimated number of 'engaged' or accommodated victims** rather than the number of referrals. The number of referrals is always much higher than the number who engage with the service because some victims are not ready to accept help, sometimes there is not enough capacity to follow up all referrals, and some victims are offered only limited, unfunded support on ad hoc basis. This is not to deny the work done with victims who do not engage fully with support.

1.3 Current identification, triage and referral arrangements

We believe that the combination of inconsistent referral/triage systems and the fragmented provision leaves victims of abuse having to negotiate their way among multiple agencies and results in very high case attrition. There are clearer systems for high risk victims but not for other levels of risk. It is our understanding that there is currently no systematic review of risk to both victim and child and how these are related.

- The police identify the vast majority of victims of domestic abuse, who are visible to agencies. Referrals from the police to IDVAs work reasonably well for high risk victims, but referrals are made to the IDVA with little or no regard for the available capacities and relative caseloads, thus with the exception of Cardiff, high risk victims are currently being referred to acutely under resourced IDVA services.
- In most other places, referrals for medium risk victims are less effective and we could not find evidence that these referrals were tracked beyond sign-posting, or that they were offered material support. There is also less consistency about information sharing in relation to non-high risk cases.
- Other systems are evolving for high risk victims to enable potentially a more dynamic response from agencies. These include the daily conference call in Cardiff, and an imminent Multi-Agency Safeguarding Hub (MASH) in Merthyr Tydfil and Rhondda Cynon Taf.

- We were not made aware of any co-ordinated identification and referral system from non-police agencies. The vast majority of referrals to specialist services and to the MARACs come from the police. For MARACs, this ranges from 83% in Swansea to 52% in Merthyr. Combined referrals from children's services, primary and secondary care, education, mental health, housing, and substance use services amounted to just over 6% of all MARAC referrals across the region.
- Whilst the forwarding of PPD1s to other agencies by police is consistent with the need to share information particularly when children are involved, there were anecdotal reports of agencies being somewhat overwhelmed by the volume. In Swansea, for example, in order to manage the volume, children's social services funded a Domestic Abuse Referral Co-ordinator post to triage the PPD1 referrals because previously around 70-85% of PPD1 referrals were NFA'd (no further actioned).
- There are a number of One Stop Shops including in Merthyr, Neath Port Talbot, Rhondda Cynon Taf, the Women's Centre in Cardiff, and one shortly to be completed in Swansea. These offer the potential for more co-ordinated referral, triage and support. Unfortunately, a number of these centres have been commissioned without a clear plan or funding for joint working, resulting in a lack of engagement from statutory agencies. It appears that the Oasis Centre in Rhondda Cynon Taf addresses some of these issues effectively, but the lack of a fully integrated care pathway results in unnecessary complexity for both providers and victims.
- We were not able to get firm data on the use of the All Wales Domestic Abuse and Sexual Violence Helpline for victims or agencies in South Wales. Those services with local helplines (Cardiff Women's Aid, Calan DVS, Oasis Centre in Rhondda Cynon Taf, Atal y Fro, Bridgend Women's Aid, PT&AWA, and Swansea Women's Aid) argued strongly in favour of keeping these. A number of services - in particular the IDVA services - said that they received very few referrals from the All Wales Domestic Abuse and Sexual Violence Helpline.
- Referrals and use of the Victim Support service also varies, with Cardiff Victim Support being able to access police systems and thus contact both crime and non-crime cases, while other Victim Support teams can only contact victims where a crime has been committed.

1.4 Current leadership and governance in South Wales

Overall, we found that the highly fragmented funding and commissioning decisions detract from the effectiveness of the system to respond to domestic abuse, with too many small grants for individual projects or posts that do not form part of a wider strategic plan. Current funding constraints can distort the allocation of capacity, leading to serious and potentially dangerous gaps in provision for victims most at risk of serious harm or murder and inconsistent provision for medium risk victims.

There is currently almost no funding from health or children's social services for specialist services.

- No local authority area (or Single Integrated Plan) provided a comprehensive needs assessment, outlining the current prevalence by need and risk, translated into service provision planned appropriately and funded securely.

- We believe that consistent data regarding prevalence of domestic abuse or sexual violence within other statutory agencies, such as children's social services or health is neither collected and analysed nor shared routinely with any domestic abuse or sexual violence fora or other planning body. There can be no accountability within these agencies unless these statistics are routinely counted, scrutinised and translated into capacity for victim services.
- No one strategic group or funding organisation appears to have a clear understanding of current capacity to support victims relative to the overall need, by level of risk. The result is highly fragmented inconsistent provision and high levels of unmet need leaving too many victims having to negotiate their own way through the network of service providers. Only in Rhondda Cynon Taf there was data on need by risk level (as measured by PPD1 referrals from the police) being consistently collated and analysed, including information on unmet need. Elsewhere, we could not find any evidence that any one body or multi-agency fora had a clear understanding of current need by risk level, or how effectively it was being met on an ongoing basis.
- There is an expectation of local and regional 'multi-agency collaboration' at both the operational and strategic levels, despite there being little or no centralised collaboration in relation to governance, needs assessments, service provision, outcome monitoring, and crucially the pooling of departmental budgets.
- Funding from statutory agencies such as health and children's social services is disproportionately low compared to the extent to which the 'cost of failure' lands on these agencies.
- We were unable to find examples of consistent data collection, standards for services or outcome metrics across all services in an area.
- A detailed analysis of funding by local authority area shows that in terms of spend per head of population there is a very wide range. Of course, the amount of local refuge provision and the location of the SARCs influences this heavily. The £1.8m of funding for community-based domestic abuse services (excluding refuge and related floating support and SARCs) gives average expenditure per head of population of only £1.7 across the region, ranging from only 60p in Bridgend to £2.5 in Cardiff.

1.5 Current funding of provision in South Wales

- There are over 130 funding streams to around 25 providers in South Wales. We could not find examples of where this funding is widely co-ordinated, and there is little scrutiny of service standards, outcomes or value for money.
- Current funding of domestic abuse and sexual violence services, as outlined in the following tables, amounts to almost £9m¹. For historical reasons, the majority of funding £5.5m (63%) comes from the Department of Housing and Regeneration through Supporting People and the remaining £3.3m (37%) of funding is from various other sources, including the Department of Communities via Community Safety Partnerships, and these are mostly piecemeal, uncoordinated and insecure.
- The Supporting People funding is granted to providers delivering support to victims with a range of risk levels and vulnerabilities, where there are housing-related support needs. Funding is, therefore, disproportionately allocated to accommodation-based support, and contrary to

expectation, this is not due to building-related costs which amount to an additional £1.7m not included in the total.

- £1m (12%) is allocated for high risk victims to IDVAs (£0.9m) and MARAC (£0.1m for co-ordinators), the aim of which is to keep victims safe in their own homes. Our data shows that on average, 43% of this group have housing related needs but do not typically receive Supporting People funded support.
- Health funds 1% of all funding into domestic and sexual abuse service provision.

Table 1: Analysis of funding by source

Funding by source	Amount	% Total
Supporting People (support element only)	5.5m	63%
Welsh Government various	1.2m	14%
Local authorities	0.5m	6%
Police and Crime Commissioner/police	0.4m	5%
Grant making trusts	0.4m	4%
Home Office/Ministry of Justice	0.3m	3%
Welsh Government Children or Families First	0.2m	3%
Welsh Government Health/Health Boards	0.1m	1%
Total	£8.8m	100%

Table 2: Analysis of funding by service

Funding by service	Amount	% Total
IDVA and MARAC (high risk victims)	1.0m	12%
Refuge, floating support, complex needs, (support element only) and sanctuary schemes	5.5m	62%
SARC and other sexual violence	0.7m	7%
Domestic abuse co-ordinators	0.2m	2%
Children and young people	0.6m	7%
Other ²	0.8m	10%
Total	£8.8m	100%

Tables continue on the following page.

Table 3: Analysis of funding by local authority area

Funding by source by local authority	Bridgend	Cardiff	Merthyr	NPT ³	RCT ⁴	Swansea	VOG ⁵	Grand total
Supporting People	309	1,843	226	804	1,184	1,008	158	5,534
Other sources (Police and Crime Commissioner, Ministry of Justice, Home Office, local authority)	161	1,161	316	87	318	313	197	2,554
Welsh Government Families First	31	69	32	107	24	0	3	266
Grant making trust and other	0	0	64	168	32	70	75	409
	502	3,072	639	1,167	1,559	1,391	434	8,763
Funding £ per adult population	4.4	10.9	13.3	10.1	8.2	7.0	4.2	8.3
Dedicated community-based ⁶ high and medium risk funding £ per adult population	0.6	2.5	1.2	2.1	2.2	0.7	1.6	1.7

1.6 Service provision in South Wales

- 22 IDVAs support 2,000 high risk victims with funding of £0.9m or £460 per engaged victim.
- 14 support workers provide floating support 'extended to others' to 1,100 mainly medium risk victims, with funding of £0.6m or £540 per engaged victim.
- 40 support workers supported 740 victims in refuge with funding of £2.1m or £2,900 per engaged victim.
- 57 support workers provided floating support to 710 victims with funding of £2.0m or £2,980 per engaged victim.
- 13 support workers provided support for 90 others with complex needs with funding of £0.5m or £5,970 per engaged victim.
- There is likely to be considerable overlap between these services. For example, many victims are supported in refuge and then move on to floating support.

There is a complicated and fragmented range of provision in South Wales, and unsurprisingly, this leads to inconsistency and gaps in the capacity and quality of provision.

- There are serious and potentially dangerous gaps in provision for high risk victims resulting in unsafe caseloads, high levels of unmet need, high attrition rates, and limited access to step down and recovery for victims who are most at risk of serious harm or murder.
- Dedicated provision for medium risk is limited. Most services do provide some ad hoc support but seldom to best practice standards. Support is not consistently delivered on a risk-led basis, cases are not tracked and outcomes are not monitored. A few services offer formally funded support, for example, the Domestic Abuse Information, Support & Empowerment scheme (DAISE) in Swansea and the Reactive team in Cardiff Women's Aid.
- Accommodation-based services account for 75%⁷ of funding and 30% of the number of victims supported. Refuge and floating support services are provided by 110 practitioners across 14 different organisations. Caseloads for this group are frequently between 10-20% of those managed by the IDVAs. The concentration of provision in this area contrasts with high levels of unmet need elsewhere in the system.
- Caseloads for victims receiving accommodation-based support are markedly lower than those receiving IDVA or floating support extended to others.
 - Caseloads for IDVAs range from 70 to 150 per year.
 - Caseloads for floating support extended to others (mostly medium risk) range from 40 to 190.
 - Average caseloads for refuge (18), floating support (13) and complex needs providers (7), are all somewhat lower than the average caseloads for social workers in England and Wales (25-30).
- The fragmentation of services across multiple providers leads to inconsistent practice, a lack of resilience, and inhibits the development of the specialist skills necessary to address additional vulnerabilities, for example where significant drug, alcohol, or mental health issues are present.
- The fragmentation is most acute in relation to high risk victims where 10 providers employ 22 IDVAs across the region. In Bridgend and Neath Port Talbot, the IDVAs are working alone with no cover for sickness or holidays. In Swansea, two IDVAs work in the same building but are managed by different providers, have different policies and IT systems.

- Funding and provision (18%) for B&ME victims in South Wales is well above the percentage B&ME in the local population (7%) and the percentage of B&ME MARAC referrals (5%). Caseloads for BAWSO are generally lower than average, which we understand is due to the additional vulnerabilities of some service users.
- The percentage of funding and provision (<1%) for male victims of domestic abuse is well below the percentage of male MARAC victims (5%).

The table on the following page sets out the current aggregated service provision across South Wales.

Table 4: Service provision in South Wales

Service provision in South Wales	Number of engaged victims ⁸ supported	Number of providers	FTE ⁹ support workers (FLP ¹⁰)	Caseload/caseloads range	£ ('000) expenditure per capita shown in brackets
IDVA (high risk victims)	2,000	10	22	70-150	£0.9m (£460)
Floating support extended to others ¹¹	1,100	6	14	43-186	£0.6m (£540)
Short term crisis intervention high and medium risk victims	3,100 (possible overlap)		36		£1.5m
Refuge (support only) ¹²	740		40	18	£2.1m (£2,900)
Floating support outreach	710		57	13	£2.1m (£2,980)
Other vulnerable/complex needs	90		13	7	£0.5m (£5,970)
Total refuge and floating support including other vulnerable	unknown overlap ¹³	14	110		£4.8m
Total domestic abuse service provision	unknown overlap ¹⁴	>20 (overlap)	146		£6.3m
Domestic abuse and MARAC Co-ordinators					£0.3m
Other domestic abuse and sexual violence provision ¹⁵					£2.2m
Total		>25			£8.8m

All services record the number of referrals which is always much higher than the number who 'engage' with the service. Some victims are not ready to accept help, sometimes there is not enough capacity to follow up all referrals, and some victims are offered only limited, unfunded support on ad hoc basis. **In all our calculations we have used the estimated number of 'engaged' or accommodated victims and not referrals.**

¹ An additional £1.0m of funding, not included in this figure, is paid to Welsh Women's Aid for the All Wales Domestic Abuse Helpline, core funding, and Families First funding for Children's Star project (WWA accounts 2012/3). Another £0.35m is paid to Tascor for Forensic doctors to attend SARCs across South Wales.

² Funding for various other services including ad hoc support workers, support for males, core funding, OSS managers, early intervention programme, social enterprise funding.

³ Neath Port Talbot.

⁴ Rhondda Cynon Taf.

⁵ Vale of Glamorgan.

⁶ Includes IDVA funding, dedicated floating support extended to others (mostly medium risk), Domestic Abuse Co-ordinator and MARAC co-ordination funding.

⁷ This excludes rental income paid by housing benefit to cover the building and utilities.

⁸ The table shows only the engaged service users and does not indicate a far higher rate of referrals to all services. (E.g. There are over 2,300 referrals to IDVA services from the MARAC cases alone, including repeat referrals and those who don't engage.)

⁹ Full time equivalent.

¹⁰ Frontline professional.

¹¹ Most providers do extend their floating support funded services on an ad hoc basis. This data includes schemes where floating support has been extended to community-based support workers for all victims.

¹² Refuge costs are for support only and not the cost of buildings and maintenance which is funded by housing benefit in the form of rent (an additional £1.7m).

¹³ The total number of victims supported by all providers cannot be shown as a total because there is likely to be significant overlap across all services and individual cases are not consistently tracked between services.

¹⁴ The total number of victims supported by all providers cannot be shown as a total because there is likely to be significant overlap across all services and individual cases are not usually tracked between services.

¹⁵ We have only presented the numbers supported within domestic abuse services for IDVA, floating support, and refuge. Other services are provided such as support to children, helplines, sanctuary schemes, training and awareness, and SARCs, but referral numbers to these service were not provided consistently enough for this type of analysis.

Section 2: Recommendations

Our recommendations are presented in three broad themes reflecting the key elements of a model response to domestic abuse and sexual violence: access to services, leadership and governance, and effective service provision. They focus primarily on domestic abuse services, including where sexual violence occurs within an abusive relationship.

2.1 Steps towards improved access for South Wales

2.1.1 Model response

In a model response, effective access to domestic abuse services comprises:

1. Multiple routes to referral because all relevant agencies ensure their frontline practitioners have the appropriate level of skill to recognise domestic abuse and respond appropriately.
2. A single point of contact (e.g. a champion/helpdesk) for all domestic abuse referrals with clear referral procedures into triage (e.g. MASH/Domestic Abuse Referral Team) and risk-led referral criteria to ensure victims, and children are offered the appropriate response.

2.1.2 Recommendations

We recommend that key statutory agencies ensure:

- ✓ That clear unambiguous referral pathways for victims and their children, for all statutory agencies and specialist service providers (whether voluntary or statutory) via one central point of contact per region are established. We refer to this as triage.

These must include formal organised triage arrangements, in particular legal and technological arrangements for data sharing. Locally, the best example that we have seen of this is in Rhondda Cynon Taf. All cases involving children, all high risk (with or without children) and others who do not have children (with consent) should be referred to triage. To manage volume, this can be implemented in stages with more limited initial referral criteria. Implementing triage might need to be phased depending on local multi-agency support:

- a. At a minimum, triage must include input from at least children's services, police, and an IDVA. The referral arrangements must include a mechanism for self and other non-police referrals and a professional to professional advice service in advance of Ask and Act legislation.
 - b. Ideally, the agencies involved in the triage process would include police, children's services, IDVA, substance use, mental health, early years health, education, and probation. Effectively, this would represent a MASH approach and provide daily triage, immediate safety planning and case allocation to the appropriate professional. This has particular merits in relation to cases involving complex needs, where the domestic abuse may not be the primary risk.
- ✓ That standard risk victims are offered support both through the different helplines and websites available in South Wales and nationally, as well as universal services both in the voluntary and statutory sectors, including Victim Support.

- ✓ That non-police statutory agencies appoint a domestic abuse 'champion' responsible for establishing referral pathways, collating and analysing prevalence of domestic abuse in their agency and ensuring that any training leads to an effective 'ask and act' response from frontline practitioners as evidenced by improved access to support and outcomes for victims.
- ✓ That any training for frontline practitioners is provided in conjunction with clear, unambiguous referral pathways into a central point of contact for triage. We do not believe that there will be effective engagement of non-police statutory agencies such as housing, children's services or health merely through training programmes alone.
- ✓ That the function of (and interaction between) the various helplines is reviewed in advance of the 'Ask and Act' legislation. Where a clear pathway to triage is implemented locally, victims needing intervention beyond phone support might receive a more appropriate response if their calls are routed through to the central point of access and triage in each region, ensuring victims are referred to the appropriate service using locally understood criteria for the full range of services available. The same may be true for any professional to professional service.

2.2 Steps towards improved leadership and governance in South Wales

2.2.1 Model response

In a model response to domestic abuse, the governance, priority setting and strategic capability of 'participating agencies' are aligned, and structures are in place to implement:

1. Clear leadership at a senior level across the key funders, including shared ownership of common outcomes and agreed allocation of funding.
2. Co-ordinated strategic needs assessment and priority setting.
3. Strategic commissioning and pooled budgets with participating agencies contributing to budgets in the appropriate proportion.
4. Evidence-led decision making and outcomes based scrutiny.
5. An agreed model of service provision with standards of best practice, and governance, including risk-led support, multi-agency intervention, supervision and outcomes monitoring.

2.2.2 Recommendations

We recommend that the Police and Crime Commissioner, the Minister for Housing and Regeneration and the Lead at the Welsh Assembly Government ensure:

- ✓ That to avoid a 'postcode lottery' of service provision, a consistent standardised approach is implemented across South Wales, to include:
 1. Oversight and scrutiny by a suitably constituted strategic board in South Wales.
 2. Standardised needs assessments and capacity planning.
 3. Standardised outcome monitoring.
 4. Commissioning of evidence-based interventions to agreed standards of best practice.

- ✓ That where achievable, the various available funding streams are pooled and that one strategic body (group, postholder or commissioner) is given effective responsibility for the budgets in their region, and is held accountable for performance against agreed metrics. We have included the cost of three regional co-ordinators in the cost of co-ordination for this purpose. In practice, we recognise that it may not be possible to agree pooled budgets, but if common outcomes are agreed and services are planned according to need, then some of the same benefits can be realised.

The impact of strengthened leadership and governance will be greater if combined with the lever of adequate and sustainable funding, as well as clear accountability for performance against agreed metrics.

- ✓ In the longer term, we believe that there is a case to consider whether funding for domestic and sexual abuse provision should be centralised at Welsh Government level and comprise pooled departmental budgets. This may be achievable by top slicing relevant budgets prior to distribution to regional or local authority level.

2.3 Steps to effective commissioning of domestic abuse service provision in South Wales

2.3.1 Model response

In a model response to domestic abuse, effective commissioning will ensure that:

1. The comprehensive needs assessment is used to plan the full range of services to be commissioned, and commissioning decisions are based on consistently collected evidence of needs and outcomes.
2. All key funders agree the total budget to be spent, common priorities, and the apportionment of funding.
3. There is a clear streamlined care pathway both in and out of services.
4. There is sufficient service capacity, appropriately located, to meet the range of risk and needs of victims and children from crisis to recovery.
5. All practitioners and service managers work within a robust management framework with clear lines of supervision and accountability and providers implement evidence-based interventions to agreed standards of best practice, in particular, risk-led support with multi-agency engagement.
6. Innovation is fostered through funding of pilot programmes, including funding to track evidence of outcomes.

We advise a phased approach to commissioning services in South Wales and this will require significant change of management to implement effectively. Also, we did not have the full picture of provision and outcomes for all services, and so would require this before making solid recommendations.

We suggest prioritising the commissioning of domestic abuse support services for both high and medium risk victims in the first phase because this is where the most serious gaps in provision exist.

The IDVA model of community-based support works for both high and medium risk victims. In practice, the boundaries between high and medium risk are not perfectly defined, nor are they static, and both cohorts would benefit from the adoption of focused interventions that meet both risk and need, where the practitioners have manageable caseloads and work to agreed standards of best practice where outcomes are monitored and referral pathways are formalised.

In the next section we outline the steps required to achieve this. These steps would apply equally well to the commissioning of other services such as refuge, complex needs, and SARCs which we recommend is done in later phases.

2.3.2 Recommendations

2.3.2.1 Commissioning for high and medium risk victims

To offer effective safe support to 2,000 high risk and 2,000 medium risk victims, there needs to be 60 frontline practitioners in total, in the following configuration:

- 30 to 35 IDVAs for the high risk group.
- 25 to 30 frontline practitioners for the medium risk group.

The most effective configuration is to divide the 60 frontline practitioners into large multi-disciplinary teams of up to 20 each. The cost of providing this support is £3m (or £1m per team of 20).

We recommend that the Chief Executives of the local authorities, the Health Boards and the Police and Crime Commissioner ensure:

- ✓ That effective triage, MARAC co-ordination, and regional domestic abuse co-ordination is established to streamline access. The cost of providing this is another £0.6m.
- ✓ That commissioning domestic abuse support services for both high and medium risk victims are commissioned using the community-based IDVA intervention model of support for both these risk groups.
- ✓ That a total of 60 IDVAs and/or support workers are commissioned in South Wales, divided into large multi-disciplinary 'super' teams/regions of up to 20 frontline practitioners each. The total cost of providing these services is £3m.
- ✓ That either three or four of these large teams are commissioned in the most logical configuration. For example, one team for Merthyr Tydfil and Rhondda Cynon Taf, one for Swansea, Bridgend and Neath Port Talbot and another for Cardiff and the Vale of Glamorgan. An alternative arrangement might align provision with the four basic command units of the South Wales Police. In this report, our costs and model team sizes are based on three 'super teams' in three regions.
- ✓ That victims identified as being standard risk are offered support through volunteers, helplines and universal services.

2.3.2.2 Agreeing the budget, priorities and apportionment

Out of a total South Wales budget of £8.8m, £1.5m is currently designated for community-based support for high and medium risk victims and another £0.3m for co-ordination.

This level of current funding would need to double to cover the cost of providing the recommended support to £3m (or £1m per region) for services, plus another £0.6m for co-ordination and triage.

We recommend that the Chief Executives of the local authorities, the Health Boards and the Police and Crime Commissioner ensure:

- ✓ The £1.5m current funding (see table 4) for community-based risk led support for medium and high risk victims is aggregated and where possible made secure over a longer time frame.
- ✓ Negotiations are initiated to reconfigure or augment the existing funding with a view to securing a further £1.5m. We would suggest that the current £2m Supporting People funding for floating support could be reviewed for this purpose. We make this recommendation because our data shows that a large proportion of victims need housing-related support, and to ensure that ad hoc support, which many providers are stretching their remit to offer, is to agreed service standards with outcome monitoring.
- ✓ A further £0.3m is secured to augment the current funding of £0.3m (Table 4) for co-ordination and triage costing a total of £0.6m pa.

Table 5: Analysis of current funding for community-based risk led support (high and medium risk victims)

Current funding for community-based risk led support (high and medium risk victims)	£('000)	% total
Home Office	110	7%
Local authority	226	15%
Ministry of Justice	54	4%
Police and Crime Commissioner	118	8%
Other Welsh Government grants	326	21%
Supporting People (floating support for IDVA - high risk)	93	6%
Total spend on IDVA services	927	60%
Supporting People – floating support extended to others (mostly medium risk)	609	40%
Total	1,536	100%

Table 6: Analysis of current funding for MARAC and domestic abuse co-ordination

Current funding for MARAC and domestic abuse co-ordination	£('000)	% total
Home Office	45	15%
Local authority	25	9%
Police and Crime Commissioner or police	32	11%
Other Welsh Government grants	191	65%
Total	292	100%

2.3.2.3 Streamlining the care pathway both in and out of services

Note that identification and triage are addressed in the section on access to services.

Collaboration with the statutory agencies upon which much of the 'cost of failure' lands is often inconsistent and we believe these agencies should provide both funding and those elements of the care pathway that they are generally responsible for in universal services.

Opportunities exist to embed knowledge and experience of domestic abuse within the statutory services where it is most needed.

We further recommend:

- ✓ That clear service level agreements with partner agencies regarding referral, triage and longer term universal support are established.
- ✓ That priority referrals to appropriately specialised practitioners within partner agencies are negotiated and included in service level agreements to meet the needs of clients.
- ✓ That funded secondments and/or co-located posts with a view to formalising and securing ongoing funding for these arrangements are negotiated (or piloted).

For example, CAMHS or adult mental health services could provide seconded therapists or health visitors to domestic abuse services. Children's services could provide seconded social workers or other posts to deal with triage of referrals into children's services. Housing could provide housing officers to co-ordinate sanctuary schemes, and manage eligibility for housing related support.

2.3.2.4 Configuring service provision

Large multi-disciplinary teams of frontline practitioners:

- Provide a greater depth of service, allowing different practitioners to develop particular specialisms, enabling a more professional and rounded response to the full range of victim needs.
- Can co-locate practitioners in a greater range of settings where they can be most effective and identify and support victims earlier.
- Are more resilient and give development opportunities for frontline practitioners.
- Provide consistency of approach and high quality case management.
- Can be more responsive to changes in risk and need.
- Are more cost effective, in terms of administration, management and overhead costs, including costs of implementing outcome monitoring and quality standards.

Specialisms within multi-disciplinary teams:

- We know from our Insights National Dataset of over 25,000 victims, that the combination of large multi-disciplinary teams and more manageable caseloads enables IDVAs and other support workers to engage and support more victims more intensively including mobilising step down and recovery, and thus enhancing the safety and recovery of many more victims.
- Where specialisms within multi-disciplinary teams exist elsewhere in the country, we see a marked increase in engagement from partner agencies, both in terms of identifying new victims and providing integrated care pathways; a significant improvement on mere signposting.

We further recommend:

- ✓ That services for both high and medium risk victims are commissioned in units of up to 20 IDVAs and/or other support workers, potentially divided into smaller operational teams, but managed and supervised under one structure. For example, three or four such units could be established in South Wales.
- ✓ That in a unit of, say, 20 IDVAs and medium risk support workers, a multi-disciplinary team is established with each IDVA specialising in a particular area, such as criminal justice system, family courts, substance use, mental health, recovery support, young people, safeguarding, sexual violence, perpetrator risk management, housing, LGBT, B&ME, and male victims. We are calling these experts 'lead IDVAs'.
- ✓ That the various lead IDVAs within the large teams are responsible for both advising their colleagues and co-ordinating an effective response to their particular specialism. This means building effective links with partner organisations which might include co-location, secondments, working with partners to provide in-house support or priority referrals.
- ✓ That some of the IDVAs and medium risk support workers are located in a range of settings including police stations, community centres, A&E or maternity departments, or substance use or mental health teams, or children's centres for example.
- ✓ That a children's service is provided reflecting the full range of adverse experiences that children live with, encompassing not only domestic abuse but also parental substance use and mental ill health. It is likely that additional dedicated funding would be needed for this element.

2.3.2.5 Other service requirements specific to these community-based services

All practitioners and service managers should work within a robust management framework with clear lines of supervision and accountability and providers implement evidence-based interventions to agreed standards of best practice.

We further recommend:

- ✓ That all service providers implement an agreed model of provision to agreed best practice standards.
- ✓ That service providers collect referrals, profile of service users, and outcomes data on the same basis to enable comparison across services. Data to include monitoring of unmet need, that is referrals 'lost or not engaged'.
- ✓ That the IDVAs within these teams liaise closely with victims in need of temporary emergency safe accommodation, that is those most at risk of harm or in need of a safe place as a last resort, to provide support if they are re-settled in the community.
- ✓ That sanctuary schemes are integrated with other protective measures such as those mobilised from within the IDVA service.

2.3.2.6 Service innovation

We further recommend:

- ✓ That a grant programme is set up for 'innovation and evidence-led service development'. A grant programme must clearly outline the priorities for development and include requirements and funding for evaluation and clear criteria for awarding sustainable funding beyond any pilot phase.

For example, we recommend establishing a programme of supervised secondments and training posts from universal services to embed knowledge and experience of domestic abuse within the statutory services where it is most needed, to reinforce links with universal services and to ensure that all victims and children are offered a wide range of routes to safety and recovery.

2.3.2.7 Suggested commissioning approach

The precise configuration and the commissioning arrangements for each region was not within scope of the review but we would make the following suggestions:

- ✓ That the large multi-disciplinary teams in each region are commissioned using a lead provider approach, allowing some flexibility in the delivery of services. This gives the widest range of options for commissioners to choose from – ie, either a consortium of smaller local providers, and/or a larger single provider, without compromising the principle of consistency, quality and depth.
- ✓ That where consortia are commissioned, for example to provide specialisms such as B&ME or male victims, that all frontline practitioners work to agreed standards of best practice, within the same large multi-disciplinary team and management framework with the same clear lines of supervision and accountability.
- ✓ That careful consideration is given to the Vale of Glamorgan, to ensure that it is not subsumed within the Cardiff provision.
- ✓ That any re-commissioning arrangements must be compliant with the Public Services (Social Value) Act 2012, the Equality Act 2010, and the EU directive establishing minimum standards on the rights, support and protection of victims of crime.
- ✓ That future commissioning and implementation is achieved in phases for:
 - Services for children.
 - Residential services (emergency accommodation, complex needs residential).
 - Sexual violence services.

2.4 Cost of a model community-based adult service

This section sets out a possible approach to service provision for further discussion. We have based it on the assumption that services could be in each of three broadly similar regions, although we appreciate that this may require further refinement. Each of the three regions is broadly similar in terms of number of visible victims with potential to engage with services. That is around 700 high risk and 700 medium risk victims.

One service

The staff requirements for a risk-led intervention for both high and medium risk victims for one region are:

- 2 full-time equivalent staff in management and supervisory roles;
- 10-12 IDVAs with a caseload per frontline professional of 60-65 for high risk victims;
- A further 8-10 IDVAs or support workers with a caseload per frontline professional of 85 for medium risk victims; and
- 3 full-time equivalent administration staff.

The cost of providing 60 frontline practitioners with up to 20 practitioners, in three regions, including administration, management, and outcome data monitoring, is £3m (£1m in each of the three regions).

Co-ordination

The staff requirements for effective triage, MARAC co-ordination, and regional domestic abuse co-ordinators are:

- 6 full-time equivalent triage workers, 2 for each region;
- 6.5 MARAC co-ordinators, ~2 for each region; and
- 3 regional domestic abuse co-ordinators, 1 in each region.

The cost of providing cost of providing effective triage, MARAC co-ordination, and regional domestic abuse co-ordinators is £0.6m (£0.2m per region).

Estimated cost of community-based domestic abuse services in South Wales					
Estimated number of victims (high risk) to support				700	
Similar number of 'engageable' medium risk victims				700	
Estimated number IDVAs/support workers (for high and medium risk)				20	
NI and pension on cost rate				15%	
<u>Service in one region</u>					
<u>Staff costs services:</u>					
		Salaries	FTE		
IDVA / support workers	25,000		1.0	28,750	575,000
Administration	18,000		3.0	20,700	62,100
Management of domestic abuse services	35,000		3.0	40,250	120,750
Cost of domestic abuse service (region)					757,850
<u>Other costs</u>					
MARAC	2,500		2.0	5,000	5,000
Service accreditation	3,800		1.0	3,800	1,267
Data monitoring	9,500		2.0	19,000	19,000
% Admin / overhead / contingency			30%		234,935
Total cost of IDVA provision					1,018,052
Cost per FLP					£ 50,903
Cost per engaged service user (including governance)					£ 727
<u>Cost of all three regional services</u>					
					3,054,155
<u>Domestic abuse co-ordination (three regions)</u>					
Triage /MASH/ DART /helpline	20,000		6.0	138,000	138,000
MARAC co-ordinators	25,000		6.5	186,875	186,875
Domestic abuse/ sexual violence regional co-ordinator	40,000		3.0	138,000	138,000
% Admin / overhead / contingency			30%		138,863
Cost of co-ordination and governance (three regions)					601,738
Total cost of medium and high risk service provision for all South Wales, including co-ordination					
					3,655,893

2.5 Other provision to be addressed in later phases

2.5.1 Refuge

We believe there is a case for the partial reconfiguration of the use of refuge in line with the Task and Finish Groups Report (informing the Welsh Government's White Paper), whereby some existing refuge provision is designated for 'Intake and Assessment', as in the intake and assessment refuges in Rhondda Cynon Taf and Cardiff. Currently about one quarter of the 131 refuge bed spaces in South Wales are designated for this purpose. Our preliminary analysis indicates that this figure should double to half of all bed spaces. The support to victims within these refuges should be closely co-ordinated with the IDVA service, utilising their multi-disciplinary team to address the victims' needs and ensure a safe transfer back to the community. There should be clear procedures and protocols for moving on or into more intensely supported schemes.

For refuge, we recommend no immediate changes to capacity or configuration as a deeper understanding of the number, risk profiles and needs of potential refuge users is required before recommending a specific amount of capacity and related support provision.

2.5.2 Additional vulnerabilities and complexities

For victims with multiple additional complexities or vulnerabilities where domestic abuse is an identified issue but not the only one (e.g. where there are significant drug, alcohol, mental health or other vulnerabilities), we recommend no immediate changes to capacity or configuration as a deeper understanding of the prevalence, number, risk profiles and needs both within refuge and in the community. We also need to confirm appropriate caseloads before recommending a specific amount of capacity and related support provision. An in-depth review of the caseloads and processes in order to provide a recommended capacity and configuration of services for complex needs was outside the scope of this review.

2.5.3 Services for children

We make no specific recommendation for South Wales for provision for children affected by domestic abuse or sexual violence. A deeper understanding of the age, risk, and needs profiles of the children of service users is required to better understand the capacity required for support. An in-depth review would be required to evaluate the relative effectiveness of the various interventions, and whether they are best provided in house or in collaboration with universal or other statutory services. We refer to our recently published document "In plain sight: Effective help for children exposed to domestic abuse", where we have made three recommendations regarding provision for children as follows:

1. To achieve early intervention at little or no cost, create a network of lead professionals across agencies with a shared understanding of risk.
2. To ensure children's safety, provide linked specialist domestic abuse services for the child and the parents.
3. To ensure children are protected and helped, LSCBs and CSSIW should monitor provision and outcomes for children exposed to domestic abuse.

2.5.4 Sexual violence services

Due to insufficient information being available within the time frame of the review, the review team were unable to come to a view on provision of sexual violence services. A deeper understanding of the prevalence, number, risk profiles and needs of victims, and the processes and appropriate caseloads is required before recommending a specific amount of capacity and related support provision in a particular configuration.

Appendices

This section includes the following appendices which are presented as separate documents.

1. An analysis of accommodation-based support.
2. South Wales review of domestic abuse and sexual violence service provision 2014: sources of funding for all provision.
3. South Wales review of domestic abuse and sexual violence service provision 2014: funding for dedicated high and medium risk community provision including co-ordination.
4. Victim consultation summary for South Wales.

Appendix: Accommodation-based support

1. Supporting People

The Welsh Government has preserved funding to the domestic abuse sector through the Welsh Government Supporting People programme which has housing and preventing homelessness at its core.

Supporting People funding is linked to 'units' of refuge bed spaces, or 'units' of floating support attached to self-contained flats or other tenancies in the community. These units of support remain available to victims until their planned exit whether or not they are still needed, for example:

- A victim in refuge may be waiting for move on accommodation; or
- A victim in receipt of floating support may have moved into a self-contained unit and only need minimal input such as a weekly phone call.

Service providers do stretch their remit, but they are not funded to take on additional cases beyond the paid for units. The things that were said to us the most often were:

'We have a policy of not turning people away, even though we are not funded for this work.'
'We can offer this service because of our volunteers.'

For many, particularly high risk, victims the primary need is not housing but safety and the majority would prefer to be made safe whilst staying in their own homes. This tends to render them, if not ineligible, in a long queue for services funded by Supporting People.

Evidence-based innovation in the domestic abuse sector has focused on keeping victims safe in their own homes. 43% of high risk and 30% of medium risk domestic abuse victims require support with housing needs, or have potential threats to their tenancies because of the abuse and the Supporting People resource might usefully be focused on these victims' choices to remain in their own home.

Some local authority Supporting People commissioners have supported this innovation and in our analyses we refer to this dedicated resource as floating support extended to others. This is where the support element has been 'decoupled' from the units of accommodation or floating support, and provided to a wider cohort of victims. Some examples include Cardiff (£211,000), the Vale of Glamorgan (£67,900), and Swansea (£34,000).

These are welcome developments, which fit within the new Supporting People programme guidance and with the Welsh Government's aim: 'to focus existing resources on services that are more able to support victim choice. This choice is often to be kept safe in their own homes with the perpetrator having to leave not the victim and their children'¹. They are in line with the proposals in the Welsh Government's first Housing Bill to 'include greater emphasis on action to prevent homelessness by ensuring that people are given assistance earlier to help them find a solution'².

2. Floating support

Floating support, sometimes with a self-contained unit of accommodation, is provided in the community to victims with accommodation-based needs, meeting other eligibility criteria.

710 victims were supported with units of floating support in South Wales. Support was provided to these victims by 57 frontline practitioners, costing £2.0m.

In practice most providers offer ad hoc, time limited support by phone or if they drop in, to a wider cohort of victims than reported above. Victims receiving this ad hoc support are unlikely to be offered the full range of multi-agency responses on a risk-led basis, their cases are seldom tracked and there is no evidence of outcomes for these victims.

Floating support caseloads tend to be very low:

- Eligibility criteria for floating support would suggest that most of these victims have multiple complex needs, but we could not verify this. Some data was provided by Supporting People in Cardiff which indicated that 9% of victims receiving floating support had complex needs and a further 70% had serious needs.
- Floating support provides an intense needs-led intervention ending when agreed goals are achieved. This together with the provision of more 'step down' care and recovery programmes extends the duration of interventions.
- It was suggested by a number of providers, that the markedly lower caseloads evolved as a result of the historical Supporting People tariff system which funded very low staff to service user ratios between 1:8 and 1:10. This has shaped a labour intensive approach to service provision and these ratios persist today. We did find anecdotal evidence of intensive and protracted support provided to victims who made it into the system by virtue of their accommodation related needs which is not provided to others who are at high risk of harm. For example, accompanying service users on visits to move on accommodation or other community services.

It was beyond the scope of our review to audit the access criteria and processes of the various service providers so we are unable to confirm these observations.

One of our key recommendations is to formally commission community-based risk led support for medium and high risk victims, in multi-skilled teams with the specialisms necessary to address additional vulnerabilities.

We would suggest that the current £2m Supporting People funding for floating support could be reviewed for this purpose. We make this recommendation because our data show that a large proportion of victims need housing related support to help prevent homelessness, but also to ensure that ad hoc support is provided to agreed service standards with outcome monitoring.

3. Refuge

There is a distinction between victims needing emergency refuge accommodation and those who remain in refuge for longer because of multiple additional vulnerabilities (complex needs), many of whom are neither in crisis nor at the highest risk.

740 victims were accommodated within 129 units (bed spaces) of refuge provision across the area. Support to these victims was provided by 40 frontline practitioners. The cost of this

support is £2.1m, and a further £1.7m is paid by housing benefit in rent for building and services costs (see Table 4 in the main report and Table A in this appendix).

Data on risk for refuge victims is not consistently available in South Wales but our national Insights dataset on refuge provision³, indicates that around half (53%) of refuge provision is for genuine emergency accommodation. Only 35% meet the MARAC threshold. In South Wales, 53% of the 740 victims accommodated within refuge equates to around 400 victims⁴.

Data provided to us by Supporting People in Cardiff indicated that 30% of victims in refuge had complex needs and a further 30% had serious needs which may include safety needs.

The Welsh Government White Paper Task and Finish Group Recommendations paper states that:

'Refuge must be used as intended, as temporary, emergency, safe accommodation (for those most at risk of harm or in need of a safe place), for short periods and as the last resort, with more resources over time being directed to keeping victims safe in their own homes'⁵.

In South Wales, only about a quarter of available bed spaces (30 units out of a total of 131) of refuge are allocated for Intake and Assessment, specifically for 'temporary, emergency, safe accommodation, for those most at risk of harm or in need of a safe place, for short periods and as the last resort'. Caseloads for these units are higher than average. For example RCTWA, CWA, and Atal Y Fro all provide refuge on this basis, with caseloads above 30.

We did not review the processes and outcomes for accommodation-based services, and our data is an estimate only, therefore we recommend no immediate changes to overall capacity or configuration as a deeper understanding of the number, risk profiles and needs of victims supported is required.

We do however believe there is a case for the partial reconfiguration of the use of refuge in line with the Welsh Government White Paper Task and Finish review, whereby some existing refuge provision is designated for Intake and Assessment. Our preliminary analysis indicates that this figure should double to half of all bed spaces. The support to victims within these refuges should be closely co-ordinated with the IDVA service, utilising the multi-disciplinary teams with the specialisms necessary to address the victim's needs and ensuring a safe transfer back to the community. There should be clear procedures and protocols for moving on or into more intensely supported schemes.

4. Refuge funding by local authority area

Funding for refuge is provided from two sources for different purposes:

Housing benefit which pays for 'rent' includes building related expenses such as utilities, maintenance, service charges, security etc. In some cases, the amount negotiated with the local authority includes the cost of reception or warden staff salaries, which means that there is no standard rate per unit or bed. The average rent per unit per week is £260 but it ranges from £117 in Swansea to £351 in Bridgend.

Supporting People funding pays for the support given to accommodate victims. This too is a non-standard negotiated rate per unit; the average support cost per unit per week is £330 but it

ranges from £229 in Bridgend to £529 in Merthyr Tydfil, where the support is 24 hour.

Table A: Refuge providers in South Wales

Refuge providers ⁶ South Wales	Accommodated victims	Units of refuge	Of which I&A units	SP funding (£'000)	SP per unit / week£	Rent & service income (£'000)	Rent per unit / week £
Bridgend Women's Aid	68	8	-	95	229	146	351
BAWSO (Cardiff)	37	14	-	226	311	186	256
Cardiff Women's Aid	107	23	7	290	243	323	270
Llamau (Merthyr Tydfil)	24	5	7	137	529	na	na
Calan DVS (NPT)	84	13	-	243	360	226	334
PT&AWA	65	11	1	145	254	148	259
RCT Women's Aid	184	24	9	443	355	385	308
BAWSO (Swansea)	49	10	-	186	357	66	126
Swansea Women's Aid	84	16	1	288	346	98	117
Atal Y Fro (Vale of Glamorgan)	39	5	5	90	348	80	308
Total (weighted average)	741	129	30	2,145	(320)	1,658	(257)

The mechanism, by which housing benefit is paid to refuge providers to discourage voids, has the unintended consequence of providers not being able to retain vacancies in case of emergencies. In Swansea, Supporting People has underwritten the potential for void related claw-backs of housing benefit, in order for Swansea Women's Aid to keep one unit for emergencies. This is important, since it reflects a recognition that there is a danger that some women in an emergency might be unable to access a refuge bed because the funding structure limits the flexibility of capacity by not allowing refuge providers to have any voids in their properties.

5. Victims with additional vulnerabilities

Many victims have additional vulnerabilities (complex needs). These include cases where victims are presenting with the so called 'toxic trio' of domestic or sexual abuse, mental ill health and/or substance use, or those at risk for other reasons such as trafficking, young people leaving care,

or victims very isolated by culture. These victims often present with accommodation-related needs through self-referral or other agencies. Some will be supported in refuge, and others will receive floating support attached to 'units' of accommodation in the community.

Data on the profiles by level of risk or complexity of needs⁷ and outcomes for these individuals are not consistently available, and the multiplicity of needs and fragmented range of services add a layer of complexity.

We estimate that around 10% of victims have multiple complex needs. This is equivalent to about 200 victims in the high risk group, and another 200 in the medium risk group who will need more intensive support.

The Supporting People Programme Guidance requires a 'statement of criteria for admission to each Supporting People service and a process of assessing and prioritising potential service users against these criteria⁸'. In some areas (Merthyr Tydfil and RCT) Supporting People have a single point of contact (SPOC) for all accommodation-based services, and eligibility criteria apply when accessing this support. In other areas, this support is provided by refuge as an extension to an open access service.

Support to these individuals is provided by:

- Generic complex needs providers supporting individuals where domestic abuse is often a feature (e.g Llamau, Cross Borders). In South Wales, 13 frontline practitioners support 90 individuals with multiple complex needs costing £0.5m.
- Specialist domestic abuse providers supporting victims of domestic abuse who present with complex needs (e.g. Hafan Cymru, Gwalia, Women's Aid, BAWSO or other domestic abuse providers).

Some providers with funding for generic services have expertise in domestic abuse (Hafan), others have specialisms in engagement with young people (Llamau), and BAWSO has specialist experience in engaging with B&ME victims.

Complex needs provision is very expensive because the average duration of intervention is much longer, practitioners hold very low caseloads, and support is very often available 24 hours per day. The average of 7 -10 cases per support worker per year compares to the average caseload of social workers in England and Wales of between 25 to 30 per year.

An in-depth review of the eligibility criteria, victim profiles, caseloads and processes in order to provide a recommended capacity and configuration of services for complex needs was outside the scope of this review.

We would suggest that the fragmentation of service provision across multiple providers inhibits development of multi-skilled teams with the specialisms necessary to address additional vulnerabilities. For some services these victims are excluded from accessing support, for example where significant drug, alcohol, or mental health issues are present.

¹ Welsh Government. (2012) "White Paper. Consultation on legislation to end violence against women, domestic abuse and sexual violence (Wales)." Welsh Government. P.24

² Welsh Government. (2012) "White Paper. Consultation on legislation to end violence against women, domestic abuse and sexual violence (Wales)." Welsh Government. P.24

³ Insights data collected from August 2010 to March 2014 on 823 cases within refuge showed that 35% of cases were high risk meeting the MARAC threshold, another 18% were high risk, 37% medium risk, and 10% were standard risk victims.

⁴ CSEW data on victims of domestic abuse of any risk level who sought refuge on their first night after leaving shared accommodation, when applied to the South Wales estimates indicates a similar figure of around 400 victims.

⁵ Welsh Government (2012). "The Welsh Government's proposed 'Ending Violence Against Women and Domestic Abuse (Wales) Bill': Recommendations from the Task and Finish Group". Welsh Government. P.57

⁶ Some data were provided to CAADA during meetings or in templates by providers and others from funding organisations. In some cases the rent has been estimated or calculated using annual accounts for the year to March 2013, or other data sources.

⁷ BDO analysis year to 03/2013 showed that in Cardiff almost a fifth of service users had "complex needs", and around half had "serious needs", but there was no analysis of risk level at the point of intake.

⁸ Welsh Government (2013) "Supporting People Programme Grant (SPPG) Guidance – Wales". P.24

Review of services for domestic abuse and sexual violence in South Wales 2014: sources of funding for all provision

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
WG	Communities (Build Safer Communities)	247,000	IDVA	WSU IDVA service including overhead	WSU	Cardiff	Mar, 2014
WG FF	WG Families first	20,000	CYP	WSU specialist children's IDVA	WSU	Cardiff	Mar, 2017
WG	Communities (Build Safer Communities)	65,000	MALE	WSU Dyn helpline	WSU	Cardiff	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	WSU	Cardiff	Mar, 2015
PCC ¹	PCC ¹	20,000	IDVA	WSU Male IDVA Dyn	WSU	Cardiff	Mar, 2014
WG	Communities (Build Safer Communities)	147,000	Special	Streetlife project (sex workers)	WSU	Cardiff	Mar, 2014
WG	Communities (Build Safer Communities)	27,500	DAC	Domestic Abuse Coordinator (managed by CWA)	CWA	Cardiff	Mar, 2014
WG	Communities (Build Safer Communities)	10,000	IDVA	CWA IDVA post	CWA	Cardiff	Mar, 2014
SP	SP	290,311	Refuge	CWA refuge	CWA	Cardiff	Mar, 2014
SP	SP	23,600	IDVA	CWA Intake & Assessment (IDVA /key worker posts) (70,799 x 2/6)	CWA	Cardiff	Mar, 2014
SP	SP	47,199	FS ext	CWA Intake & Assessment (IDVA /key worker posts) (70,799 x 4/6)	CWA	Cardiff	Mar, 2014
SP	SP	69,822	IDVA	CWA Tenancy Support (IDVA/ key worker posts) (209,467 x 2/6)	CWA	Cardiff	Mar, 2014
SP	SP	139,645	FS ext	CWA Tenancy Support (IDVA/ key worker posts) (209,467 x 4/6)	CWA	Cardiff	Mar, 2014
SP	SP	226,331	Refuge	BAWSO refuge	BAWSO	Cardiff	Mar, 2014
SP	SP	328,969	FS	BAWSO FS	BAWSO	Cardiff	Mar, 2014
SP	SP	211,012	FS	BAWSO (Tenancy support)	BAWSO	Cardiff	Mar, 2014
SP	SP	211,012	FS - Hafan	Hafan Cymru (Tenancy support)	Hafan Cymru	Cardiff	Mar, 2014

¹Police and Crime Commissioner

Funding information has been determined from various sources; not all verified.

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
SP	SP	295,054	FS other vulnerable	Llamau (16-25) women	Llamau	Cardiff	Mar, 2014
PCC ¹	PCC ¹	15,000	MC	MARAC coordinator	CWA	Cardiff	Mar, 2014
HO	Home Office	15,000	MC	MARAC coordinator	CWA	Cardiff	Mar, 2014
PCC ¹	PCC ¹	40,000	IDVA	CWA IDVA x 2 posts	CWA	Cardiff	Mar, 2014
PCC ¹	PCC ¹	47,686	IDVA	BME IDVA x 1.5	BAWSO	Cardiff	Mar, 2014
PCC ¹	PCC ¹	15,000	special	IOM analyst	SW police	Cardiff	Mar, 2014
LA	CCC - CS	63,236	CYP	Children's key workers for Safe As project	CWA	Cardiff	unknown
WG FF	WG Children	5,800	CYP	CYP £29,000 for all BAWSO - 20% allocated to Cardiff refuge	BAWSO	Cardiff	ongoing
WG	WG	117,150	Core	Core funding BAWSO (55% allocated to Cardiff)	BAWSO	Cardiff	ongoing
Police	SW Police	50,000	SARC	SARC core funding	Yns Saff	Cardiff	ongoing
WG	WG Regional development	140,000	SARC	SARC core funding	Yns Saff	Cardiff	Mar, 2015
HB	Aneurin Bevan Health Board	35,000	SARC	SARC core funding	Yns Saff	Cardiff	ongoing
HB	Cardiff and Vale Health board	11,000	SARC	SARC funded shortfall (last yr 140,000)	Yns Saff	Cardiff	ongoing
HO	Home Office	20,000	SARC	SARC ISVA post	Yns Saff	Cardiff	Mar, 2015
WG Health	WG Dept of Health	43,000	SARC	SARC (Variable - last yr £24,000)	Yns Saff	Cardiff	ongoing
Police	Gwent Police	15,000	SARC	SARC - for child forensics	Yns Saff	Cardiff	ongoing
PCC ¹	PCC ¹	50,000	special	Health Liaison post seconded to PCC ¹	SW police	Cardiff	Unknown
SP	SP FS	67,893	FS ext	Atal Y Fro FS 14 units	Atal Y Fro	VOG	Mar, 2014
SP	SP - refuge	90,415	Refuge	Atal Y Fro Refuge 5 units	Atal Y Fro	VOG	Mar, 2014

¹Police and Crime Commissioner

Funding information has been determined from various sources; not all verified.

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
MOJ	Witness & victim fund	42,483	IDVA	High & Med Risk court advocate	Atal Y Fro	VOG	Sep. 2014
LA	Voluntary action scheme	23,000	SW IDAP	IDAP Womens Safety worker	Atal Y Fro	VOG	Mar, 2016
HO	HO	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015
WG	WG	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015
GMT	Tudor Trust	60,000	Special	EPIC programme	Atal Y Fro	VOG	Mar, 2015
GMT	Lloyds Foundation	15,000	Special	EPIC programme -IDAP	Atal Y Fro	VOG	Mar, 2014
MOJ	Probation	25,000	Special	EPIC programme -IDAP	Atal Y Fro	VOG	Mar, 2014
WG	DA service grant	49,132	Special	EPIC programme	Atal Y Fro	VOG	Mar, 2014
WG FF	WG via WA Children matter	3,263	CYP	Star programme	Atal Y Fro	VOG	Mar, 2014
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	Safer Vale	VOG	Mar, 2015
LA	RCTBC	195,992	IDVA	Oasis centre Pontypridd Safety Unit (mainstream funding)	PPSU	RCT	Ongoing
LA	RCTBC	24,900	MC	MARAC coordinator	PPSU	RCT	Ongoing
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	PPSU	RCT	Mar, 2015
WG	WG	10,000	IDVA	IDVA post	PPSU	RCT	Mar, 2015
HO	HO	20,000	IDVA	IDVA post	PPSU	RCT	Mar, 2015
PCC ¹	PCC ¹	25,000	Special	Oasis centre funding	PPSU	RCT	Mar, 2015
PCC ¹	PCC ¹	15,000	Sanctuary	Target hardening	PPSU	RCT	Mar, 2015
SP	SP	149,132	FS ext	Gwalia Oasis (drop in and medium risk)	Gwalia	RCT	Mar, 2015

¹Police and Crime Commissioner

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
SP	SP	263,143	FS	FS 25 units	RCT WA	RCT	Mar, 2014
SP	SP	443,411	Refuge	Refuge 24 units	RCT WA	RCT	Mar, 2014
GMT	Big lottery (People & Places)	32,000	CYP	SAFE project (1 FTE for 3 years)	RCT WA	RCT	Mar, 2015
WG FF	Frainwaith Childrens services	24,040	CYP	SLA CYP worker (2 posts 18 hours)	RCT WA	RCT	Ongoing
SP	SP	215,362	FS - Hafan	Generic vulnerable families FS 19 units	Hafan Cymru	RCT	Mar, 2014
SP	SP	113,349	FS - Hafan	Generic vulnerable families SC housing 10 units	Hafan Cymru	RCT	Mar, 2014
SP	SP	88,723	FS	BAWSO FS Merthyr	BAWSO	Merthyr	Mar, 2015
WG FF	WG Children	11,600	CYP	BAWSO CYP in Merthyr refuge 40% of £29,000	BAWSO	Merthyr	ongoing
WG	WG	10,650	Core	Core funding BAWSO (5% allocated to Merthyr)	BAWSO	Merthyr	ongoing
SP	SP	137,476	Refuge	Llamau refuge (24 hours)	Llamau	Merthyr	Mar, 2015
WG	WG via CSP	55,000	IDVA MR	2 DA support workers / contribution to IDVA post	Safer Merthyr Tydfil	Merthyr	Mar, 2015
WG	WG via CSP	10,000	IDVA	IDVA post	Safer Merthyr Tydfil	Merthyr	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	Safer Merthyr Tydfil	Merthyr	Mar, 2015
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	Safer Merthyr Tydfil	Merthyr	Mar, 2015
MOJ	MOJ: victims fund	11,296	IDVA	SDVC IDVA	Safer Merthyr Tydfil	Merthyr	Sep, 2014
GMT	Children in Need	27,395	CYP	Childrens programme	Safer Merthyr Tydfil	Merthyr	Aug, 2015
WG FF	WG Families First	20,000	CYP	Childrens programme	Safer Merthyr Tydfil	Merthyr	Mar, 2015
LA	MTCBC SLA 42,127 (CEO + DART SM)	41,000	Special	Teulu centre manager	Safer Merthyr Tydfil	Merthyr	Mar, 2014
WG	WG SARC Rent Merthyr	24,000	SARC	SARC (Merthyr rent)	New Pathways	Merthyr	Until end of the lease

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
WG	WG SARC (190k) est	12,167	SARC	SARC (Merthyr - WAG core)	New Pathways	Merthyr	Mar, 2015
WG	WG SARC (190k) est	12,167	SARC	SARC (Swansea - WAG core)	New Pathways	Swansea	Mar, 2015
Police	SW Police SARC (100K) est	50,000	SARC	SARC (Merthyr allocation core)	New Pathways	Merthyr	Mar, 2015
Police	SW Police SARC (100K) est	50,000	SARC	SARC (Swansea allocation core)	New Pathways	Swansea	Mar, 2015
HO	HO SARC (80K) est	20,000	SARC	ISVA(Merthyr allocation)	New Pathways	Merthyr	Mar, 2015
HO	HO SARC (80K) est	20,000	SARC	ISVA (Swansea allocation)	New Pathways	Swansea	Mar, 2015
MOJ	MOJ SARC (60K) est	17,500	SARC	SARC (Merthyr MOJ core)	New Pathways	Merthyr	Mar, 2016
MOJ	MOJ SARC (60K) est	17,500	SARC	SARC (Swansea MOJ core)	New Pathways	Swansea	Mar, 2016
HB	Cwm Taf Health Board	20,237	SARC	SARC (Merthyr counselling)	New Pathways	Merthyr	Mar, 2015
HB	ABMU Health Boards	6,914	SARC	SARC (Swansea counselling)	New Pathways	Swansea	Mar, 2016
LA	MTCBC (SARC) EED trainer	6,908	SARC	SARC EED trainer	New Pathways	Merthyr	Jan, 2015
GMT	BBC Children in Need	11,317	SARC	CYP Merthyr allocation	New Pathways	Merthyr	Mar, 2016
GMT	BBC Children in Need	11,317	SARC	CYP Swansea allocation	New Pathways	Swansea	Mar, 2016
GMT	Big Lottery	25,754	SARC	CYP Merthyr allocation	New Pathways	Merthyr	Oct, 2014
GMT	Big Lottery	25,754	SARC	CYP Swansea allocation	New Pathways	Swansea	Oct, 2014
PCC ¹	PCC ¹	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2014
WG	WG	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2015
WG	WG - CLG (VAWG team)	25,700	DAC	Domestic Abuse Coordinator	SW police	Bridgend	Mar, 2015

¹Police and Crime Commissioner

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
Police	Police BCU	16,752	MC	MARAC coordinator (shared with VOG)	SW police	Bridgend	ongoing
SP	SP	55,582	FS - Hafan	Hafan Fs for 5 units accom	Hafan Cymru	Bridgend	Mar-14
SP	SP	78,739	FS other vulnerable	Cross border - complex needs (1/3 share)	Cross Border Wallich	Bridgend	Mar-14
SP	SP	80,000	FS	Bridgend FS 20 units (split unknown)	BWA	Bridgend	Mar-14
SP	SP	95,158	Refuge	Bridgend refuge 8 units (split unknown)	BWA	Bridgend	Mar-14
WG FF	Cymorth (now Families First fund)	31,259	CYP	CYP scheme	BWA	Bridgend	Mar-14
LA	Bridgend CBC - LSA	89,040	CYP	Refuge service for children (LSA)	BWA	Bridgend	Mar-14
SP	SP refuge	219,373	Refuge	Swansea Refuges x 2	SWA	Swansea	Ongoing (SLA)
SP	SP refuge	68,358	Refuge	Swansea Safe houses x 3	SWA	Swansea	Ongoing (SLA)
SP	SP FS	34,856	FS ext	DAISE project	SWA	Swansea	Ongoing (SLA)
WG	Swansea Change Fund	25,000	CYP	CYP Scheme	SWA	Swansea	Apr, 2014
LA	SCC adult social services	15,000	IDVA	IDVA post	SWA	Swansea	Mar, 2015
LA	SCC adult social services	15,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
HO	HO - CSP	10,000	IDVA	IDVA post	SWA	Swansea	Mar, 2015
HO	HO - CSP	10,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
WG	WG	5,000	IDVA	IDVA post	SWA	Swansea	Mar, 2014
WG	WG	5,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
WG	Swansea Change Fund	4,500	IDVA	IDVA administration	SWA	Swansea	Mar, 2015
WG	Swansea Change Fund	4,500	IDVA	IDVA administration	BAWSO	Swansea	Mar, 2015

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
HO	HO	15,000	MC	MARAC coordinator (4/5)	SWA	Swansea	Mar, 2015
GMT	Big lottery	32,459	special	Your opinion matters (CYP scheme)	SWA	Swansea	unknown
SP	SP FS	77,310	FS	BAWSO FS	BAWSO	Swansea	Mar, 2014
SP	SP refuge	185,804	Refuge	BAWSO Refuge & safehouse	BAWSO	Swansea	Mar, 2014
SP	SP TH	6,000	Sanctuary	Target Hardening	SP	Swansea	unknown
SP	SP TH	50,177	Sanctuary	Target hardening (Alarms scheme)	SP	Swansea	unknown
SP	SP refuge	78,739	FS other vulnerable	Cross border - complex needs (1/3 share)	Cross Border Wallich	Swansea	Mar, 2015
SP	SP refuge	55,433	FS - Hafan	Hafan FS SC housing	Hafan Cymru	Swansea	Mar, 2015
SP	SP FS	232,233	FS - Hafan	Hafan FS SC housing	Hafan Cymru	Swansea	Mar, 2014
WG	WG	42,600	Core	Core funding BAWSO (20% allocated to Swansea)	BAWSO	Swansea	ongoing
WG	WG	27,500	DAC	Domestic Abuse Coordinator (4/5) (employed by LA)	SCC	Swansea	Mar, 2015
LA	Swansea CC mainstream	27,100	CYP	RAY CYP post (SCC CYP information Service)	Info-Nation	Swansea	unknown
HO	HO	15,000	MC	MARAC coordinator (4/5)	NPT CS	NPT	Mar, 2015
WG	WG CSP	27,500	DAC	Domestic Abuse Coordinator (3/5)	NPT CS	NPT	Mar, 2015
HO	HO	20,000	IDVA	IDVA	NPT CS	NPT	Mar, 2015
WG	WG CSP	10,000	IDVA	IDVA	NPT CS	NPT	Mar, 2015
SP	SP refuge	145,450	Refuge	PT&AWA Refuge	PT&AWA	NPT	Mar, 2014
SP	SP FS	43,165	FS ext	PT&AWA FS (plus ad hoc)	PT&AWA	NPT	Mar, 2014
WG FF	Families First	45,060	CYP	CYP project	PT&AWA	NPT	Mar, 2015

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
GMT	Lloyds TSB Coalfields Regeneration fund	7,400	special	Volunteer coordination	PT&AWA	NPT	Oct, 2014
GMT		8,500	special	Outreach in the Afan Valley	PT&AWA	NPT	Jul, 2014
WG	Collaborative communities	14,500	special	Social enterprise	PT&AWA	NPT	Feb, 2014
GMT	Comic relief	8,500	male	Boys and young men - Violence in the home	PT&AWA	NPT	May, 2014
GMT	Big lottery	83,492	CYP	Preventative work (schools and young men/couples)	PT&AWA	NPT	Mar, 2017
GMT	Children in need	29,985	CYP	Champions, male role models, children affected by DA	PT&AWA	NPT	Mar, 2015
SP	SP refuge	155,199	FS - Hafan	Hafan SC housing FS units	Hafan Cymru	NPT	Mar, 2014
SP	SP FS	11,100	FS - Hafan	Hafan FS units	Hafan Cymru	NPT	Mar, 2014
SP	SP refuge	243,317	Refuge	Calan DVS Refuge units	Calan	NPT	Mar, 2015
SP	SP FS	127,385	FS ext	Calan DVS FS units (plus crisis)	Calan	NPT	Mar, 2015
WG FF	Families First	62,084	CYP	CYP project	Calan	NPT	Mar, 2015
Other	OSS	24,000	special	OSS occupancy rent income	Calan	NPT	ongoing
GMT	Engagement gateway	6,249	CYP	Vulnerable women over 16.	Calan	NPT	Jun, 2014
SP	SP	78,739	FS other vulnerable	Cross border - complex needs (1/3 share)	Cross Border Wallich	NPT	Mar, 2015
		8,762,812					

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
Additional Unallocated funding							
LA	Housing benefit	1,722,017	Refuge	Housing Benefit- rent and service charges	Various	South Wales	ongoing
Police	SW Police (SARC) forensics	350,000	SARC	Forensic Doctors (Private contract) Estimate only	TASCOR	Cardiff	ongoing
WG	WG	367,901	Core	Core funding	WWA	All Wales	ongoing
WG	WG	229,862	CYP	Children's project (STAR support Trust respect)	WWA	All Wales	ongoing
WG	WG	446,369	Special	DA helpline (AWDASVHL)	WWA	All Wales	ongoing
		1,394,132			WWA		

Review of services for domestic abuse and sexual violence in South Wales 2014:
Funding for dedicated high and medium risk community provision including coordination.

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
WG	Communities (Build Safer Communities)	247,000	IDVA	WSU IDVA service including overhead	WSU	Cardiff	Mar, 2014
HO	HO	10,000	IDVA	IDVA post	WSU	Cardiff	Mar, 2015
PCC ¹	PCC ¹	20,000	IDVA	WSU Male IDVA Dyn	WSU	Cardiff	Mar, 2014
WG	Communities (Build Safer Communities)	27,500	DAC	Domestic Abuse Coordinator (managed by CWA)	CWA	Cardiff	Mar, 2014
WG	Communities (Build Safer Communities)	10,000	IDVA	CWA IDVA post	CWA	Cardiff	Mar, 2014
SP	SP	23,600	IDVA	CWA Intake & Assessment (IDVA /key worker posts) (70,799 x 2/6)	CWA	Cardiff	Mar, 2014
SP	SP	47,199	FS ext	CWA Intake & Assessment (IDVA /key worker posts) (70,799 x 4/6)	CWA	Cardiff	Mar, 2014
SP	SP	69,822	IDVA	CWA Tenancy Support (IDVA/ key worker posts) (209,467 x 2/6)	CWA	Cardiff	Mar, 2014
SP	SP	139,645	FS ext	CWA Tenancy Support (IDVA/ key worker posts) (209,467 x 4/6)	CWA	Cardiff	Mar, 2014
PCC ¹	PCC ¹	15,000	MC	MARAC coordinator	CWA	Cardiff	Mar, 2014
HO	Home Office	15,000	MC	MARAC coordinator	CWA	Cardiff	Mar, 2014
PCC ¹	PCC ¹	40,000	IDVA	CWA IDVA x 2 posts	CWA	Cardiff	Mar, 2014
PCC ¹	PCC ¹	47,686	IDVA	BME IDVA x 1.5	BAWSO	Cardiff	Mar, 2014
SP	SP FS	67,893	FS ext	Atal Y Fro FS 14 units	Atal Y Fro	VOG	Mar, 2014
MOJ	Witness & victim fund	42,483	IDVA	High & Med Risk court advocate	Atal Y Fro	VOG	Sep, 2014
HO	HO	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015

¹Police and Crime Commissioner

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
WG	WG	10,000	IDVA	IDVA post	Atal Y Fro	VOG	Mar, 2015
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	Safer Vale	VOG	Mar, 2015
LA	RCTBC	195,992	IDVA	Oasis centre Pontypridd Safety Unit (mainstream funding)	PPSU	RCT	Ongoing
LA	RCTBC	24,900	MC	MARAC coordinator	PPSU	RCT	Ongoing
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	PPSU	RCT	Mar, 2015
WG	WG	10,000	IDVA	IDVA post	PPSU	RCT	Mar, 2015
HO	HO	20,000	IDVA	IDVA post	PPSU	RCT	Mar, 2015
SP	SP	149,132	FS ext	Gwalia Oasis (drop in and medium risk)	Gwalia	RCT	Mar, 2015
WG	WG via CSP	10,000	IDVA	IDVA post	Safer Merthyr Tydfil	Merthyr	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	Safer Merthyr Tydfil	Merthyr	Mar, 2015
WG	WG via CSP	27,500	DAC	Domestic Abuse Coordinator	Safer Merthyr Tydfil	Merthyr	Mar, 2015
MOJ	MOJ: victims fund	11,296	IDVA	SDVC IDVA	Safer Merthyr Tydfil	Merthyr	Sep, 2014
PCC ¹	PCC ¹	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2014
WG	WG	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2015
HO	HO	10,000	IDVA	IDVA post	BWA	Bridgend	Mar, 2015
WG	WG - CLG (VAWG team)	25,700	DAC	Domestic Abuse Coordinator	SW police	Bridgend	Mar, 2015
Police	Police BCU	16,752	MC	MARAC coordinator (shared with VOG)	SW police	Bridgend	ongoing
SP	SP FS	34,856	FS ext	DAISE project	SWA	Swansea	Ongoing (SLA)
LA	SCC adult social services	15,000	IDVA	IDVA post	SWA	Swansea	Mar, 2015

¹Police and Crime Commissioner

Code	Source of funding	Funding Amount	Purpose	Description of scheme (E.g. Core/ Project/ Post etc.)	Recipient/ management	LA	End or review data
LA	SCC adult social services	15,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
HO	HO - CSP	10,000	IDVA	IDVA post	SWA	Swansea	Mar, 2015
HO	HO - CSP	10,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
WG	WG	5,000	IDVA	IDVA post	SWA	Swansea	Mar, 2014
WG	WG	5,000	IDVA	IDVA post	BAWSO	Swansea	Mar, 2015
WG	Swansea Change Fund	4,500	IDVA	IDVA administration	SWA	Swansea	Mar, 2015
WG	Swansea Change Fund	4,500	IDVA	IDVA administration	BAWSO	Swansea	Mar, 2015
HO	HO	15,000	MC	MARAC coordinator (4/5)	SWA	Swansea	Mar, 2015
WG	WG	27,500	DAC	Domestic Abuse Coordinator (4/5) (employed by LA)	SCC	Swansea	Mar, 2015
HO	HO	15,000	MC	MARAC coordinator (4/5)	NPT CS	NPT	Mar, 2015
WG	WG CSP	27,500	DAC	Domestic Abuse Coordinator (3/5)	NPT CS	NPT	Mar, 2015
HO	HO	20,000	IDVA	IDVA	NPT CS	NPT	Mar, 2015
WG	WG CSP	10,000	IDVA	IDVA	NPT CS	NPT	Mar, 2015
SP	SP FS	43,165	FS ext	PT&AWA FS (plus ad hoc)	PT&AWA	NPT	Mar, 2014
SP	SP FS	127,385	FS ext	Calan DVS FS units (plus crisis)	Calan	NPT	Mar, 2015
		1,828,506					

Appendix: Consultation summary for South Wales project

As agreed with the Police and Crime Commissioner, we used existing service user consultations to inform our recommendations. This appendix outlines the key priorities identified by victims of domestic abuse and service providers. This takes work from Wales as a whole as well as locally within South Wales.

The views of service users provide insight into the experiences of accessing services and what service provision actually feels like. Within South Wales influential and insightful research has been carried out by the KAFKA Brigade. This research initially looked at the local profile of identified victims of domestic abuse using police data to understand the characteristics of the victims and abuse within Rhonda Cynon Taf (2008). This proved useful to educate people about victims of domestic abuse but also to consider the service users in regards to service provision. KAFKA carried out further research in Rhonda Cynon Taf, Newport and Merthyr Tydfil, gathering the views and experiences of victims of domestic abuse using to understand the current response to domestic abuse and the services used (2009 – 2010).

The responses from victims were insightful and informative and able to provide an overview of the experience they have had in accessing services when experiencing domestic abuse. The following themes provide an overview of the issues raised within the KAFKA research:

- **Risk level:** The level of support received was dependent on risk level and the response was seen as limited when an incident was not considered high risk or serious.
- **Awareness:** Victims were not always seeking support from all services which could provide help. It was also identified that services which did not specialise in domestic abuse were missing opportunities to refer or support victims, meaning the victim was not being made safe at the earlier opportunities.
- **Victim focus:** Services were considered led by their own priorities and meaning the needs of the victim were not forefront of their actions, limiting preferable options for victims. It was also felt that the perpetrator is prioritised more than the victim, facing fewer challenges when accessing services.
- **Support:** Support was very well received when it was provided with an appreciation for it. There was a lack of support for children noted, with limited options available to support them. Victims did feel that the support they received could be inconsistent and dependent on the individual person within an organisation, rather than the support they could offer.

Research carried out by Supporting People in Gwent and North Wales (2011) reviewed statutory services for victims of domestic abuse by consulting those who have accessed them. This included housing, refuge, social services and police, as well as specific domestic abuse services. Responses indicated that they did not feel that their situation was always taken entirely seriously if it was not high risk, and that they were required to fit in with organisational targets rather than the service prioritising their needs, echoing the KAFKA findings (2009 – 10). The Supporting People users also felt that services had an absence of consideration for the abuse they were experiencing and this led to a lack of suitable service options to help improve their situation.

The work carried out within South Wales by the KAFKA Brigade has been utilised and built upon within the 10,000 Safer Lives report 2012 for Wales, focussing on the service providers views of service provision and priorities for change. Regional workshops with professionals with responsibilities for

domestic abuse across Wales were carried out during November 2011 – January 2012 to consider service quality and priorities for change and practice.

The following themes emerged from these workshops as areas which needed to be prioritised to improve the response to domestic abuse:

- **Strategic direction and leadership** was required to remove barriers to effective service delivery and improve the awareness and implementation of domestic abuse as a priority.
- **Improved multi-agency training** to improve the support and response for standard and medium risk victims.
- **Effective information-sharing** to enable victims of all risk levels to receive a good multi-agency response to domestic abuse. Information sharing should also include evidence on effective practice and service need.
- **Prevention** with an emphasis on early intervention and education for children and young people. Prevention of escalation of standard and medium risk by consistent, effective use of risk assessments and safety plans.
- **Consistent, high quality service**, to improve the response to medium and standard risk victims and using victim's experience of services to ensure changes are implemented effectively.

These themes were also reflected upon within the Welsh Government's proposed 'Ending Violence Against Women and Domestic Abuse (Wales) Bill': Recommendations from the Task and Finish Group, August 2012. This paper outlines the following themed recommendations:

- **Stronger leadership** across public services in Wales that is independent, can monitor and challenge, providing a strategic overview
- **Better education and awareness** across the lifetime, that includes the public and professionals
- **Strengthening and integrating services** that are timely, consistent, effective and of a quality standard. Alongside the issues of education and leadership, it was identified that current services for Wales are inconsistent and based on a postcode lottery.

One of the most integral themes which came out from service providers and stakeholders consultations was the need for leadership and commitment from senior and strategic levels. Within the regional workshops held to inform the 10,000 Safer Lives report in 2011 – 2012, it was felt that to make a significant improvement the effect of strategic support was essential to ensure that barriers to implementing and carrying out good services could be removed, and actions could be taken to make necessary changes. It was also recognised that to enable consistent messages to front line staff, they needed to come from senior and strategic leaders. Within the recommendations for the Task and Finish Group (2012) it was identified that leadership should be independent and with the authority to challenge and influence.

To work in a more preventative supportive way to victims it was felt that the awareness of domestic abuse was particularly key, for both the public, victims, perpetrators and service providers, especially on the front line. Within the Safer Lives workshops there was particular concern for victims of standard and medium risk not being supported as they were not high risk. Implementing consistent use of risk assessments and safety plans to support victims of non-high risk abuse was thought as particularly important to preventing escalation in abuse. These issues are reflected within views of victims of domestic abuse, reporting that it would not be until an incident considered high risk had taken place that support was offered and actions taken.

Practice around information sharing was discussed within regional workshops for 10,000 Safer Lives identifying that areas did practice this, but that it varied greatly within Wales. It was identified that information sharing is not just important to address high risk domestic abuse, but also non high risk abuse to ensure there is a strong response to all victims.

Within South Wales the priorities outlined in Single Integrated Plans and Community Strategies relating to domestic abuse vary. Within some of the local authorities there are relatively clear indications and commitments to understanding and reducing domestic abuse, however this did vary between the local authorities. Of the consultations carried out on the local priorities in Single Integrated Plans and Communities Strategies there was a very consistent consensus that the public were in agreement with any priorities relating to domestic abuse.

Consultation documents used in the process

- Reflections and learning points from domestic violence projects in Wales, KAFKA Brigade, 2009-10

Overview: KAFKA Brigade has worked with services in Rhondda Cynon Taf, Newport and Merthyr Tydfil to get an insight into service provision from victims of domestic abuse receiving support from services. This research gave an informative understanding of the victims experiences and provided

Identified themes: Awareness of domestic abuse support by services and service users, inconsistent quality of response by risk level, services lacking victim focus and support for children was not wide enough.

- Domestic Abuse in Rhondda Cynon Taf Explorative Research Report, Rhondda Cynon Taf Community Safety Partnership, 2008.

Overview: The KAFKA Brigade carried out research to outline the characteristics of victims of domestic abuse reporting to the police and the actual incidents of domestic abuse. This work informed areas of the general characteristics of the victims, and also the seasonal trends around incidents. A profile was made of 'Emma', which was to help inform areas of who the victims of domestic abuse in the area are, which could be used to inform decisions on the services provided.

- 10,000 Safer Lives, Final Report, Welsh Government, April 2012

Online

location: <http://wales.gov.uk/topics/improving-services/pslg/nwp/effects-services/10ksaferlivesreport/?lang=en>

Overview: Report by Welsh Government using insight from service providers and those responsible for domestic abuse across Wales. Regional workshops were held during 2011 – 2012 to understand the barriers to effective work around domestic abuse and how these can be removed. There were 225 delegates attending these workshops from a range of sectors, leaders from Public Service did not attend.

Identified themes: Strategic direction and leadership; Improved multi-agency training; Effective information-sharing; Prevention and Consistent, high quality service

- The Welsh Government's proposed 'Ending Violence Against Women and Domestic Abuse (Wales) Bill': Recommendations from the Task and Finish Group, August 2012

Online

location: <http://www.cardiff.ac.uk/socsi/resources/Robinson%20et%20al%20%282012%29%20Task%20and%20Finish%20Group%20Report.pdf>

Overview: A detailed report from the task and finish group set up to look at leadership and accountability, education and awareness and strengthening services. Each theme had the key issues identified, and the current responses available, recommendations were then made based on the evidence available. This paper takes into consideration the findings of KAFKA and the 10,000 Safer Livers project.

Identified themes: Stronger Leadership, Better education and awareness and Strengthening and integrating services

- The pathfinders and modernisation: Working towards a regional approach to delivering domestic abuse housing services, North Wales and Gwent Supporting People, 2011

Online location: <http://www.slidefinder.net/t/the-pathfinders-and-modernisation-ann-dann-and-julie-nicholas/32873996>

Overview: This research used 74 women's 'journeys' as well as interviews conducted with professionals from local services supporting domestic abuse victims, including housing, police, social workers, and specific domestic abuse workers, as well as specific refuge consultation. This research was used to identify the experiences of women accessing statutory services and how they felt about the service they received. Many of the experiences were quite negative where the individuals felt that the professionals in the service did not have compassion or understanding of the risks they were experiencing, and the response was inconsistent between different members of staff. The refuge consultation revealed that the prompt response and offer of a safe place was important, however the actual facilities were not always practical for the family needs, other issues such as complex needs and move on accommodation was not always appropriate or available for the users needs. The perception of refuges were reported as quite negative prior to using one, however valued once they had been used.

- The One Swansea Plan Consultation Findings Report, Swansea Local Service Board, April 2013

Online

location: http://www.swansea.gov.uk/media/pdfwithtranslation/4/j/OSP_Consultation_Findings_2013.pdf

Overview: Swansea ran a consultation on their One Swansea Plan from 29th November 2012 to 4th March 2013 and included individual responses from 221 people and 28 organisational responses.

Identified themes: Respondents strongly agreed that information sharing, working together and to some extent a thorough review was important to address domestic abuse and its impact upon children.

- Involving People, A Public Engagement Strategy for Rhondda Cynon Taf, Rhondda Cynon Taf Borough Council, March 2013

Online

location: <http://www.rctcbc.gov.uk/en/relateddocuments/publications/publicrelationsstrategy/single-integrated-plan-march-2013/involving-people.pdf>

Overview: Rhondda conducted analysis with regards to their SIP however there were very few respondents (10). The only comments with regards to domestic abuse identified that it was important to support both male and female victims of domestic abuse, and that there was agreement that the local priorities were correct.

- Bridgend County Together, Consultation Report, Bridgend County, 2013

Online location: <http://www.bridgendlsb.org.uk/media/2622/consultation-report.pdf>

Overview: The public consultation on the draft plan started on 7th January and lasted 12 weeks. The consultation closed on 31st March 2013 and there were 1,013 respondents. To achieve the outcome that

Bridgend County is a great place to live, work and visit respondents thought that the action of encouraging increased reporting of violent crime and domestic abuse through awareness raising campaigns was ranked as the most important action that would achieve this outcome.

Identified themes: There was a lot of support for encouraging reporting domestic abuse through awareness raising campaigns.

- Report on the Consultation for the Single Integrated Plan, Merthyr Tydfil Local Service Board, Merthyr Tydfil Council, March 2013

Online

location: <http://www.merthyr.gov.uk/English/CommunityAndLiving/CommunityAdvice/Documents/Report%20on%20the%20Consultation%20for%20the%20Single%20Integrated%20Plan.pdf>

Overview: This consultation had 177 respondents which were asked on their opinions of the proposed Single Integrated Plan priorities. There was overwhelming agreement that prioritising domestic abuse would have a positive impact on local people.

Identified themes: Strong support for prioritising domestic abuse.

