



RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

MUNICIPAL YEAR 2019-20

OVERVIEW AND SCRUTINY - CRIME & DISORDER COMMITTEE

16TH MARCH 2020

VIOLENCE AGAINST WOMEN, DOMESTIC ABUSE AND SEXUAL VIOLENCE

REPORT OF THE DIRECTOR PUBLIC HEALTH , PROTECTION & COMMUNITY SERVICES

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1. PURPOSE OF THE REPORT

To update Elected Members on the current provision and performance in relation to the Violence Against Women, Domestic Abuse and Sexual Violence Strategy.

2. RECOMMENDATIONS

It is recommended that members:

- 2.1 Scrutinise the content of the report and express their views on the current provision and performance in relation to the Violence Against Women, Domestic Abuse and Sexual Violence Strategy.
- 2.2 Scrutinise the contents of the Auditor General for Wales' report 'Progress in Implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act'.

3. BACKGROUND

- 3.1 In 2015, the Welsh Government passed the Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) – VAWDASV. The purpose of this Act is to improve:
 - a) arrangements for the prevention of gender-based violence, domestic abuse and sexual violence;
 - b) arrangements for the protection of victims of gender-based violence, domestic abuse and sexual violence;

c) support for people affected by gender-based violence, domestic abuse and sexual violence.

3.2 The Act specifies that Local Authorities and Local Health Boards (plus relevant Authorities) are required to develop a joint local VAWDASV Strategy. In Cwm Taf, the responsibility for developing and monitoring the VAWDASV strategy was delegated to the Cwm Taf VAWDASV Steering Group. The six aims contained within the strategy are designed to meet the local needs and are as follows:

- Increase awareness of violence against women, domestic abuse and sexual violence across the Cwm Taf population;
- Enhance education provision in relation to healthy relationships and gender equality;
- Hold perpetrators to account for their actions and support them to change their behaviour;
- Enable professionals to provide effective, timely and appropriate responses to victims and survivors;
- Increase the number of specialist services that are of high quality across the Cwm Taf region;
- Strengthen collaborative working across the sector to understand and meet the needs of our communities, increasing the sustainability and capacity of the sector.

4. **MONITORING OF STRATEGY AND CURRENT PERFORMANCE**

4.1 A Cwm Taf VAWDASV Strategy Annual Report 2018 – 2019 has been produced and can be found on the following link:

<http://www.ourcwmtaf.wales/SharedFiles/Download.aspx?pageid=286&mid=613&fileid=566>

4.2 For ease of internal monitoring in Cwm Taf, the objectives, actions and timescales have been incorporated into a Cwm Taf VAWDASV Delivery Plan.

4.3 This Delivery Plan is reported upon on a quarterly basis. Any issues or risks that are raised in relation to the delivery of the plan are elevated to the Cwm Taf Community Safety Partnership Board. The Partnership Board is responsible for VAWDASV at a strategic level and provides leadership to the Cwm Taf VAWDASV Steering Group on the delivery of the plan.

4.4 Priority 1 of the Cwm Taf Morgannwg Safeguarding Board Annual Plan 2019/20 is:

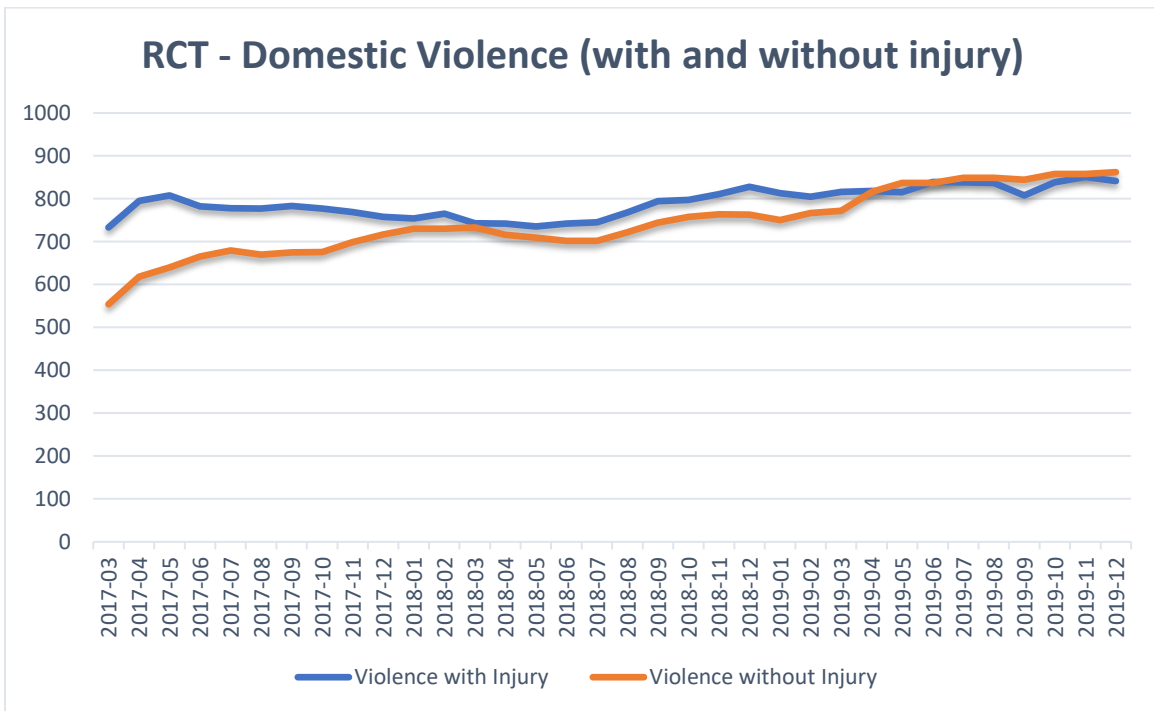
Safeguard children, young people and adults at risk from the impact of domestic abuse

There are a number of actions and outcome indicators outlined within the plan, which will enable us to achieve this priority. The plan can be found on the below link

<http://cwmtafmorgannwgsafeguardingboard.co.uk/En/AboutUs/RelatedDocuments/AnnualPlans/CwmTafMorgannwgAnnualPlan20192020.pdf>

The annual report, to accompany the plan, will be produced by 31st July 2020. The annual report will contain evidence of how we have performed against identified priorities and actions.

4.5 The below graph illustrates the number of police recorded incidents of domestic violence within Rhondda Cynon Taf. The chart is fairly reflective of the overall violence against the person trends for the South Wales Police Force area.



4.6 Excellent collaboration with partner agencies has resulted in a marked increase in conviction rates at Merthyr Magistrates Court. The conviction rate for December 2019 was 83.3%, the highest percentage in South Wales and Gwent. The national average for domestic violence conviction rates is 78%.

4.7 There has also been an increase in the use of Domestic Violence Protection Notices. An explanation of a Domestic Violence Protection Notice is:

- A Domestic Violence Protection Notice prevents a person released from police custody from attending the address of the alleged victim or from contacting them in any way.
- A Domestic Violence Protection Notice may be issued if a police superintendent has reasonable grounds for believing that:
 - i. The individual has used/threatened violence toward the alleged victim; and
 - ii. A Domestic Violence Protection Notice is necessary to protect the alleged victim from further violence/threats of violence.

- Authorised Domestic Violence Protection Notice Comparison for the past 12 months is:
Northern (RCT and Merthyr) – 39
Eastern (Cardiff) – 21
Central (Bridgend) – 18
Western (Swansea) – 23

Chief Inspector Sarah Lewis, South Wales Police, will attend on the night of the committee meeting and provide an overview of performance, and her role as lead officer for domestic violence within Northern BCU.

5. INTERVENTIONS AND SUPPORT SERVICES

- 5.1 Due to the complexity of issues involved in the VAWDASV arena, there are a number of different services available within Cwm Taf to support both victims and perpetrators. A full list of the VAWDASV services available across Cwm Taf is attached as Appendix (i).
- 5.2 As can be seen in the list of services, whilst Rhondda Cynon Taf County Borough Council provide their own in-house services for victims and perpetrators, due to the scale of the issues around VAWDASV, it is essential we collaborate with other organisations to provide the best possible service. Examples of four of the services on the attached list, where we collaborate effectively to deliver services for both victims and perpetrators are:

Independent Domestic Violence Advisor Service

The Rhondda Cynon Taf Independent Domestic Violence Advisor Service operates from the Pontypridd Safety Unit and supports high risk victims of domestic abuse.

The role of the Independent Domestic Violence Advisor is:

- Provide support to victims attending Court and obtain legal remedies ie. Restraining Order/Non-Molestation Order / Occupation Order;
- Provide evidence to assist in obtaining legal remedies i.e restraining order, non-molestation order, occupation order;
- Targeted one to one emotional and practical support for victims and their children experiencing high risk domestic abuse;
- Property Target Hardening – improvements to increase the safety of the home;
- Victims supported to access a Clare’s Law disclosure via Police – to identify whether their partner has a history of domestic abuse;
- Support to access a place of safety ie. refuge accommodation or support to move home to an address not known by perpetrator;
- Provide personal alarms & safety packs to victims to keep themselves safe;
- Referrals to Family Law Service to resolve child contact issues;
- Support to maintain positive reporting to Police, submit evidence and attend Court thus enabling appropriate Criminal Justice;



- Referrals to Children's support groups for children who have witnessed domestic abuse;
- Referrals to Freedom Programme/SAFE programme/Recovery Toolkit to support victims to recover from abuse.

The key performance indicator for the Rhondda Cynon Taf Independent Domestic Violence Advisor Service is:

% of domestic violence clients reporting feeling safer as a result of IDVA (Independent Domestic Violence Advisor) intervention

At the end of December 2019, our performance for 2019/20 in relation to the above performance indicator was 84%. Sixty five out of seventy four high risk victims reported feeling safer as a result of IDVA intervention.

Domestic Violence Perpetrator Programme

The Domestic Violence Perpetrator Programme, provided by the Pontypridd Safety Unit is a flexible service that provides one to one support as well as group sessions lasting one year. The aim of the Service is to support perpetrators to recognise their abusive behaviour and encourage them to make positive changes to prevent them perpetrating abuse in future, improving safety and reducing risk for victims and children.

An evaluation of the programme is attached as Appendix (ii)

Women's Aid RCT

Women's Aid RCT provides crisis accommodation for women and children fleeing domestic abuse across RCT along with a range of group programmes and community based support for male and female victims. In June 2019, they launched the Safer Rhondda centre that provides a drop in centre, one to one support, group programmes and a specialist children and young people's service that includes the ACE's toolkit for young people. The range of group programmes include the ACE's toolkit, confidence building, domestic abuse awareness programmes, health and nutrition and want to work programmes in partnership with Communities 4 Work.

In January 2020, Women's Aid RCT launched the Cynon Safety centre in Aberdare. This provision mirrors the services available at the Safer Rhondda Centre based in Tonypany.

In 2018-19, Women's Aid RCT supported 3298 clients across their range of projects and services. They are also commissioned to provide a specialist mental health support service and deliver the IRIS project which enables them to provide training to GP's and other health care professionals across Cwm Taf.

Women's Aid RCT have been awarded the tender to deliver domestic abuse awareness training, under the Ask and Act National Training Framework, to approximately 450 education staff across secondary schools in RCT. This training commenced at the end of February 2020.

Women's Aid are now able to provide drop in, outreach and life skills programmes through each of their three sites, situated in each of the three valleys, to ensure all services are accessible to all residents of Rhondda Cynon Taf.

DRIVE Project

Drive is an intensive intervention that works with high-harm and serial perpetrators to challenge behaviour and prevent abuse.

Drive employs a whole-system approach using an intensive case management system alongside a co-ordinated multi agency response. The intervention is individually tailored and can be composed of support work, behaviour change and disruption actions.

The Drive Project was launched in 2016 and was piloted in three areas across England and Wales (Essex, West Sussex and South Wales). Cwm Taf was fortunate to be chosen as the pilot area for South Wales and the project has been delivered by Safer Merthyr Tydfil, with funding provided by the South Wales Police Crime and Commissioner's Office.

The University of Bristol conducted a 3 year evaluation of the project and the main findings indicated that there was a substantial reduction in the use of abuse. The number of Drive service users perpetrating abuse types reduced as follows:

- Physical abuse reduced by 82%;
- Sexual abuse reduced by 88%;
- Harassment and stalking behaviours reduced by 75%;
- Jealous and controlling behaviours reduced by 73%;

The executive summary of the 3 year evaluation can be found on the below link:

<http://driveproject.org.uk/wp-content/uploads/2020/02/ExecutiveSummaryFinal2020.pdf>

6. DOMESTIC HOMICIDE REVIEWS

- 6.1 A Domestic Homicide Review (DHR) is a multi-agency review of the circumstances in which the death of a person aged 16 years or over has, or appears to have resulted from violence, abuse or neglect by a person to whom they were related, with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. Since 13th April 2011, there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria.

6.2 An example of a Domestic Homicide Review recently published by the Cwm Taf Community Safety Partnership Board can be viewed on the following link:

<http://cwmtafmorgannwgsafeguardingboard.co.uk/En/Professionals/DomesticHomicideReviews/DhrExecutiveSummaryFinalForPublication29052019.pdf>

7. GOING FORWARD

7.1 As a Local Authority, we are well aware of the complexities and scale of VAWDASV issues nationally. Whilst we have a high number of services coming together to work on the VAWDASV agenda, we are constantly reflecting on our performance to ensure we have the most effective strategy and model in place for Cwm Taf.

7.2 We recently commissioned a report to look at our current landscape and scope out the possibility of a service redesign to meet identified VAWDASV needs. Following on from the report, we are committed to develop a new regional service model and statement of intent.

7.3 The Cwm Taf VAWDASV Steering group have tasked a small group of representatives from the commissioning bodies to take this forward and a meeting has been held where the following principles were agreed;

- Wherever possible the approach should support equity of service provision across the region;
- Move away from risk based approach to a needs based, trauma informed approach;
- rebalance existing provision between reactive/high risk service and preventative/early intervention;
- A single point of access/triage arrangement;
- Multi-disciplinary teams located in each region;
- Psychologically informed.

Actions were agreed regarding the development of the statement of intent and service model required to move this agenda forward and the task and finish group will meet again at the end of March 2020.

7.4 In November 2019 the Auditor General for Wales published their report “Progress in Implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act”. The full report is re-produced at Appendix (iii) for information. The report makes a number of recommendations. These concern how victims can find it difficult to navigate a complex system; the balance between reactive and preventative services and the complex funding arrangements currently in place. The report also highlights some examples of good practice such as the development of the Resilient Families Programme in Rhondda Cynon Taf which has drawn together a range of work streams to provide a single pathways for early intervention service for families (page 29,



paragraph 2.22). The recommendations arising from the WAO report are already reflected in the priorities identified in the local delivery plan for Cwm Taf Morgannwg.

8. CONCLUSION

- 8.1 The report highlights the extensive work that is carried out in Cwm Taf in relation to the Violence Against Women, Domestic Abuse and Sexual Violence agenda. The agenda is a priority for a number of Partnership Boards and this ensures there is effective scrutiny of performance in place.
- 8.2 The Welsh Government have recently conducted a consultation around proposals for VAWDASV national indicators, with the aim of producing a final set of national indicators by Summer 2020.



LOCAL GOVERNMENT ACT 1972

AS AMENDED BY

THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE CRIME AND DISORDER

16th MARCH 2020

REPORT OF THE DIRECTOR OF PUBLIC HEALTH, PROTECTION & COMMUNITY SERVICES

Violence Against Women, Domestic Abuse and Sexual Violence

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Service Mapping / VAWDASV - Services

Cwm Taf 2019-20

Please note - Some services provided cover a number of service categories, where possible the major service category is ✓ in bold

Agency	Service	Description of Service	Service Category				
			Prevention and education	Support to victims	Support to Families	Support to perpetrators	Strategy co-ordination and administration
WA-RCT	Refuge	22 units of crisis accommodation for women and children . 4 facilities providing a 24 hour staffed intake and assessment centre also deals with complex needs a single women refuge, family refuge and a move on refuge		✓	✓		
WA-RCT	Floating support	25 units of tenancy support for women experiencing domestic abuse		✓	✓		
WA-RCT	Mental Health Support	Direct specialist support to women accessing domestic abuse services in refuge to improve welll being and develop coping strategies to overcome the impact of DA on mental health.		✓			
WA-RCT	SAFE	Under the SAFE umbrella Women's Aid provide a number of different services including follow up contact and support for standard/medium risk PPN's including a drop in service ,the freedom programme ,recovery toolkit and low level outreach support	✓	✓			
WA-RCT	IRIS	Cwm Taf Programme delivered jointly by SMT and WA-RCT. Employs Advocate Educators to deliver training to primary care professionals to 'ask and act' and refer victims onto relevant support services	✓	✓	✓		
WA-RCT	CYP RISE	Direct one to one support and early intervention for children and young people affected by domestic abuse or sexual violence livin in the communities of RCT.	✓	✓			
WA-RCT	Safer Rhondda Centre	Drop in centre,one to one support and early intervention for any gender person experiencing DA or SV.Diect support programmes for children and young people	✓	✓			
WA-RCT	CYP Refuge	Direct one to one support for children and young people affected by domestic abuse or sexual violence residing in refuge.		✓			
RCT CBC	target hardening	safety measures for victims homes		✓	✓		
RCT CBC	IDVA	The IDVA supports high risk victims of domestic abuse with safety planning to rapidly reduce risk		✓	✓		

Agency	Service	Description of Service	Prevention and education	Support to victims	Support to Families	Support to perpetrators	Strategy co-ordination and administration
RCT CBC	DVPP +	The Domestic Violence Perpetrator Programme accepts both self-referrals and referrals from partner agencies.				✓	
RCT CBC	IDVAS & Drop In=+	IDVA's including Court IDVA supporting high risk victims of domestic abuse with safety planning to rapidly reduce risk. The drop in service is an open door service for any male or female victim experiencing domestic abuse who attends the Oasis Centre.		✓	✓		
Llamau	Refuge	Direct access refuge 1 facility offering accommodation and support for 7 families. Staffed 24 /7		✓	✓		
BAWSO	Floating support	Tenancy support to women experiencing domestic abuse		✓	✓		
SMT	Cwm Taf Regional Adviser	The role of the Regional Advisor is to support agencies across Cwm Taf in the implementation and delivery of the key strategic priorities of the Welsh Government aimed at ending gender-based violence, domestic abuse and sexual violence	✓				✓
SMT	Teulu DART	DART provides information advocacy and support to male and female victims of domestic abuse over the age of 16		✓	✓		
SMT	IDVA service Teulu	The IDVA supports high risk victims of domestic abuse with safety planning to rapidly reduce risk		✓	✓		
SMT and WA	IRIS	Cwm Taf Programme delivered jointly by SMT and WA-RCT. Employs Advocate Educators to deliver training to primary care professionals to 'ask and act' and refer victims onto relevant support services	✓	✓	✓		
SMT	Court IDVA	IDVA service for victims going through the court process.		✓	✓		
SMT	Strategic Lead function	SMT have an SLA with MTCBC to undertake the strategic lead for VAWDASV					✓
SMT	Early Family Intervention	EFIP - Family Programme works with families experiencing domestic abuse where they wish to stay together - Cwm Taf Project	✓	✓	✓	✓	
SMT	Comets and Rockets	Comets and rockets offers group work sessions for those aged 3-15, also play therapy sessions and child parent mentoring.			✓		

Agency	Service	Description of Service	Prevention and education	Support to victims	Support to Families	Support to perpetrators	Strategy co-ordination and administration
SMT	DRIVE	Drive provides a case coordinator service for perpetrators of domestic abuse who have been discussed through the MARAC (high risk) - process - Cwm Taf wide project.				✓	
SMT	DART	DCEO, Project Support and Running Cost Contribution		✓	✓		
SMT	Families First	Healthy Relationships, Family Therapy	✓	✓	✓		
New Pathways	SV adults	Counselling services		✓			
New Pathways	SV adults/CYP/SARC	support to males and females who have experienced sexual violence		✓			
New Pathways	SARC	MT SARC		✓			
New Pathways	SARC	MT SARC		✓			
New Pathways	SV Adults/CYP	rent and core costs					✓
New Pathways	MT SARC/CSE	CSE		✓			
New Pathways	training	Training	✓				
New Pathways	counselling services	victims of abuse in Parc prison		✓			
New Pathways	counselling services	art psychotherapy		✓			

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Insights Report Pontypridd Safety Unit:

Those Perpetrating Abuse

12 months to April 2019



SafeLives

**Ending
domestic
abuse**

South Wales at a Glance

3,652

victims supported at Marac¹

68

Marac cases per 10,000 adult female population¹

15

domestic homicides between March 2015 – March 2017²

15,635

DA-related incidents and crimes recorded by the police²



6.7% of people in South Wales reported experiencing domestic abuse in the past year

8.4% of the female population and **4.9%** of the male population³

1. SafeLives Marac data October 2017 to September 2018
2. Office of National Statistics, Domestic Abuse in England and Wales year ending March 2018 – Appendix Tables – table 6a, table 14.
3. Office of National Statistics, Domestic Abuse in England and Wales year ending March 2016 - Appendix Tables - table 1

Pontypridd Safety Unit Impact 2018/2019



24

perpetrators
accessed support



64%

of service users
understood that **their
behaviour was
unacceptable** after
support

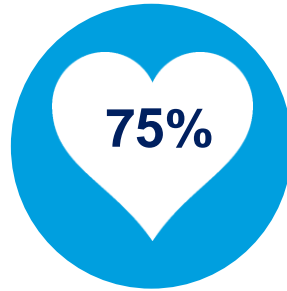


50%

of those supported
with **parenting** said
the support had a
positive impact



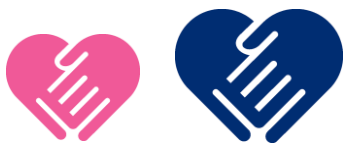
In half of cases the
caseworker felt the
service user was **taking
responsibility for their
actions** by exit



of service users
supported with **safety**,
showed improvements
in their **wellbeing**



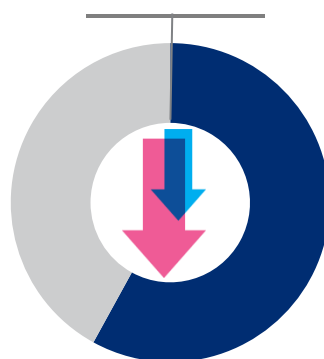
Average number of
direct contacts that
service users received



53%

of service users who
accessed the service
voluntarily, reported
they had a **desire for
healthier
relationships**

58%



reduction in **high risk
service users** from
intake to exit



Support with **mental
health** had a positive
impact on the safety
and wellbeing of

80%

service users
supported

Service Summary

The Domestic Violence Perpetrator Programme provided by the Pontypridd Safety Unit is a flexible service that provides one to one support as well as group sessions lasting one year. The aim of the Service is to support perpetrators to recognise their abusive behaviour and encourage them to make positive changes to prevent them perpetrating abuse in future, improving safety and reducing risk for victims and children. Many of those accessing the service are no longer perpetrating abuse and are seeking support to have access to contact with their children or to improve new relationships.

Service Reach

Pontypridd Safety Unit (PSU) provided support to 24 perpetrators of domestic abuse in the 12 months to April 2019. Most service-users (71%) were new to the service, with four repeat service-users and three continuing cases. Most service-users were male (96%), although one female service-user was supported.

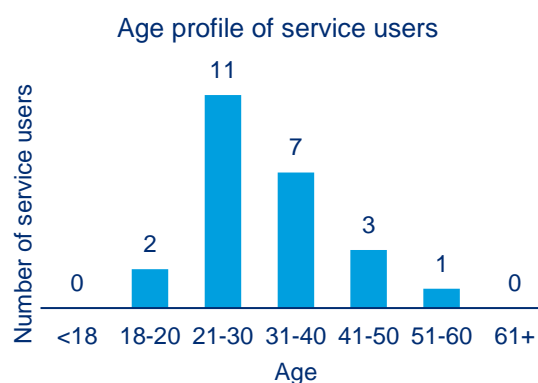
Three quarters of service-users were aged 21-40 (75%) and there were two service-users under the age of 20 and one service-user over the age of 50. None of the service-users identified as being from a Black or Minority Ethnic (BME) background which is a smaller proportion than in the local area population (3.5% BME).⁴

The service supported two service-users (8%) who identified as LGB which is in line with the national LGBT estimates in the United Kingdom, which vary from 1.4% to 7%.⁵ As highlighted by SafeLives' Spotlight Report on *LGBT+ people experiencing domestic abuse*, LGBT+ people face a range of additional barriers to accessing support⁶.

Two service-users (9%) were identified as having a disability which is a smaller percentage than the national population estimates for working age adults (19%).⁷ Of the two service-users with a disability, one had a physical disability and one had a mental health impairment. The relatively small proportion of service-users with a disability could reflect that the service is not fully engaging with a breadth of service-users or because caseworkers are not confident in discussing disability with someone if it is not immediately apparent.

Nearly half (46%) of service-users were unemployed on entry to the service and one-third (33%) were in full-time employment.

There were 12 service users who chose not to access support. Information for those service users was captured in the "Other Contact" form. In most cases (58%), the client chose not to access the service. A total of 16 hours was spent on support including five hours on direct support and 11 hours on indirect support. Half of the service users were referred from Children's social care. For all but one service user, the indirect support included information sharing, primarily with Children's social care (seven service users).



Service-User Journey

A quarter of service-users (25%) were referred to the perpetrator programme at PSU by Children's Social Services and a quarter of service-users self-referred. Other routes into the service included referrals from external DVA/SV services (21%) and probation (17%). There was one referral from specialist services and one from mental health. The spread of referral routes suggests that the service has good links with external agencies.

In most cases (80%), the service-user accessed the service voluntarily. The reasons given for accessing the services included improved relationships with children (58%), a desire to stop abusive behaviours

⁴ Census, 2011

⁵ 1.4%: 2010 Office of National Statistics test survey; 5-7% 2000 National Survey of Sexual Attitudes and Lifestyles, NATSAL

⁶ SafeLives Spotlights #6, Free To Be Safe: LGBT+ people experiencing domestic abuse.

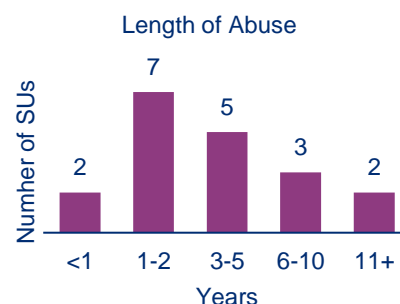
⁷ Department for Work and Pensions; Family Resources Survey 2016/17.

(53%), improved relationship with their partner or ex-partner (53%) and/or a desire for healthier relationships (47%). For one service-user, the reason for accessing the service was for assistance with accessing services. For those with a mandatory requirement to access the service, this was due to the requirements of a child protection plan in four cases and in one case because of the requirements of child contact arrangements.

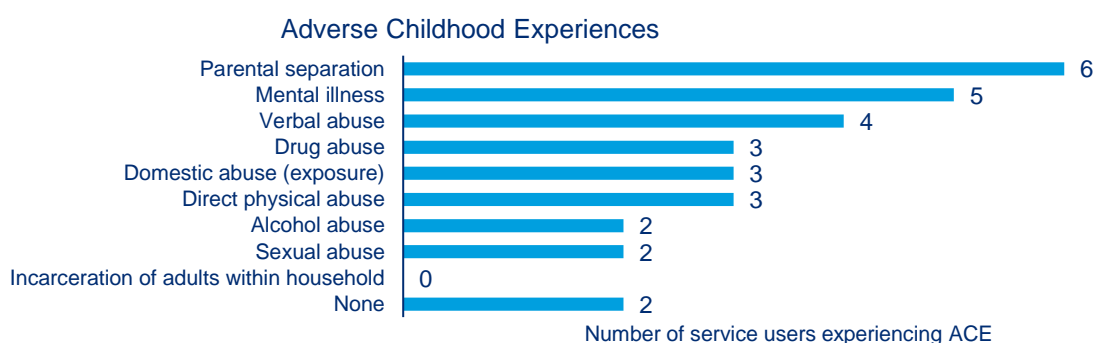
More than half of the service-users were supported with direct 1-1 work only (58%) and 42% were supported with a combination of a group programme and 1-1 sessions.

Children or young people (CYP) were involved in 83% of cases, with, on average, two children involved in each case.

The time that the abuse had occurred varied from under a year for two service users to more than 1 years for two service users. The victim was a current intimate partner in 46% of cases and an ex-intimate partner in 50% cases. In one case, the victim was the service-user's stepmother. In eleven cases (33%) there were additional victims of abuse.



Where a response was given, most service-users (92%) reported having experienced at least one adverse childhood experience (ACE), most commonly parental separation (25%), verbal abuse (17%), exposure to domestic abuse (12%), drug abuse (12%) and/or direct physical abuse (12%). For those experiencing at least one ACE, the average number experienced was 2.7 and two service-users reported having experienced four or more ACEs.



In research conducted by Public Health Wales⁸, findings showed that ACEs have a major impact on the development of health-harming behaviours in children and adults. Associations were found between exposure to ACEs and alcohol misuse, chronic ill health and violent behaviours. Therefore, it is important to consider adverse childhood experiences (ACEs) when responding to domestic abuse⁹, with caseworkers being encouraged and supported to ask about service-user's exposure to stressful experiences during childhood.

More than half of service-users (58%) had mental health needs. For service-users reporting mental health needs, the most common issues identified were anxiety (86%), self-harm (71%) and depression (50%). Two service-users recorded diagnosed mental health conditions, one with an anxiety disorder and one with depression.

More than half of service-users (54%) reported needs around children and parenting. Other needs identified at intake were employment, education and training (21%), housing (21%) and/or drug and alcohol misuse (both 17%).

Risk assessments had been conducted in around 58% of cases. Nine service-users (38%) were considered to be at high risk of causing serious harm or murder. For three service-users this was an actuarial assessment and for two service-users this was based on professional judgment.

⁸ Public Health Wales – Adverse Childhood Experiences

⁹ SafeLives Practice Blog, Living with domestic abuse as an ACE (adverse childhood experience).

Around half of service-users had perpetrated jealous and controlling behaviour (50%) and/or physical abuse (54%). A smaller percentage of service-users had perpetrated harassment and stalking (17%) and/or sexual abuse (8%). Two in five service-users (42%) had perpetrated multiple types of abuse and/or were perpetrating at least one type of high severity abuse.

Review forms were completed for five service-users. Two service users who were perpetrating physical abuse at intake were no longer perpetrating abuse at the review point. For one service user who was perpetrating high severity jealous and controlling behaviour at intake, the severity of abuse had decreased to medium at the review point.

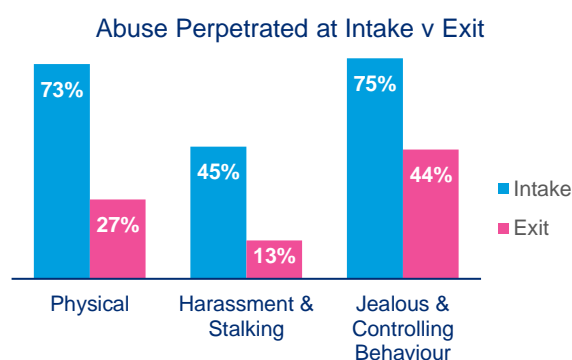
Support Provided

Of the 18 service-users who exited the PSU perpetrator programme between 1st April 2018 and 31st March 2019, just under half (44%) were planned case closures. Of the ten unplanned closures (56%), the most common reason was that the service-user disengaged (80%). One service-user was in prison. On average, service-users were supported for two months and received an average of ten direct contacts and three group sessions through that time.

In 39% cases, safety measures were put in place for victim(s) associated with the service user. Of those identified with needs at intake, half (50%) were supported with drug or alcohol misuse and/or mental health issues and 38% were supported with children and parenting.

The Impact of Support

There were substantial reductions in the number of service-users perpetrating each abuse type at exit compared to intake, with a 63% reduction in physical abuse, 71% reduction in harassment and stalking, and 41% reduction in jealous and controlling behaviours. None of the service-users exiting the service in the year to April 2019 were perpetrating sexual abuse at intake.



At exit from service, the reported level of risk that service-users posed to victims had changed significantly. After support from caseworkers, 25% of service-users posed a high risk to current or potential victims compared to 60% at intake. In parallel, the percentage of medium and standard risk service-users increased from intake (40%) to exit (75%). The change from high to medium/standard risk reflects the impact of support on behaviour of the service-user. At exit, only one service user was perpetrating multiple types of abuse compared to seven service-users at intake. Similarly, at exit, only two service users were perpetrating at least one type of high severity abuse compared to seven service-users at intake.

On exit from service, there was ongoing contact with the victim in six cases, due to either an ongoing relationship (five cases), or because of children (three cases). Three service-users reported ongoing conflicts around child contact arrangements.

Of the seven service-users who received safety interventions, there was a positive impact on a service users' potential to continue perpetrating abuse in three cases and a positive impact on the service-users' wellbeing in three cases. Around one-quarter (28%) of service-users received support around mental health which is half of those identified with a need at intake. This support had a positive impact on four of five service-users, both in terms of helping them reduce abusive behaviours, and on their personal wellbeing. There were improvements in the service users' well-being and their potential to continue perpetrating abuse for both service users supported with drug and alcohol misuse issues.

Caseworkers were asked to reflect on the service user's attitude following support. Where a response was given, caseworkers considered that service users were aware of the impact of their actions and understood that their behaviour was unacceptable in two thirds of cases (64%). In half of cases (50%), the caseworker felt the service user was taking responsibility for their actions and felt that they were able to control and curb their behaviour.

Where service users answered the self-reported outcomes questions¹⁰, all reported understanding the impact of their behaviour, that their relationship and/or quality of life had improved, their negative behaviour had reduced and that their relationship with their children had improved.

Appendix: About the Data

The data in this report is from service-users engaging with PSU Domestic Violence Perpetrator Programme during the period from 1st April 2018 to 31st March 2019 and who consented to having their data used for research and monitoring purposes. The data comprises 24 intake forms and 12 exit forms.

¹⁰ There was significant missing data for the service-user reported outcomes: Four service users answered the question on improvement in relationship with children. Six service users answered each of the other four questions.

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Archwilydd Cyffredinol Cymru
Auditor General for Wales

Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



This report has been prepared for presentation to the National Assembly under the Public Audit (Wales) Act 2004

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary

Victims and survivors of domestic abuse and sexual violence are often let down by an inconsistent, complex and fragmented system

- 1 Domestic violence occurs in all social classes and is equally prevalent in both rural and urban Wales. In the majority of incidences, the attacker is not a stranger but is known to the victim and is likely to have, or have had, an intimate relationship with them. Whether it be sexual assault, rape, physical assault or emotional abuse, women are at greater risk from husbands, boyfriends, male relatives and acquaintances than from strangers. Violent attacks of this nature are rarely one-off occurrences but are likely to be persistent and frequent with the objective of perpetuating power and control over victims. Victims can be from across the whole spectrum of society, including older people, all ethnicities, religions and beliefs, people with disabilities and people from the Lesbian Gay Bisexual and Transgender (LGBT) community.

Exhibit 1: defining domestic violence and abuse

The Welsh Government definition of domestic violence and abuse is: 'any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be psychological; physical; sexual; financial; and emotional.'

The other components of VAWDASV are:

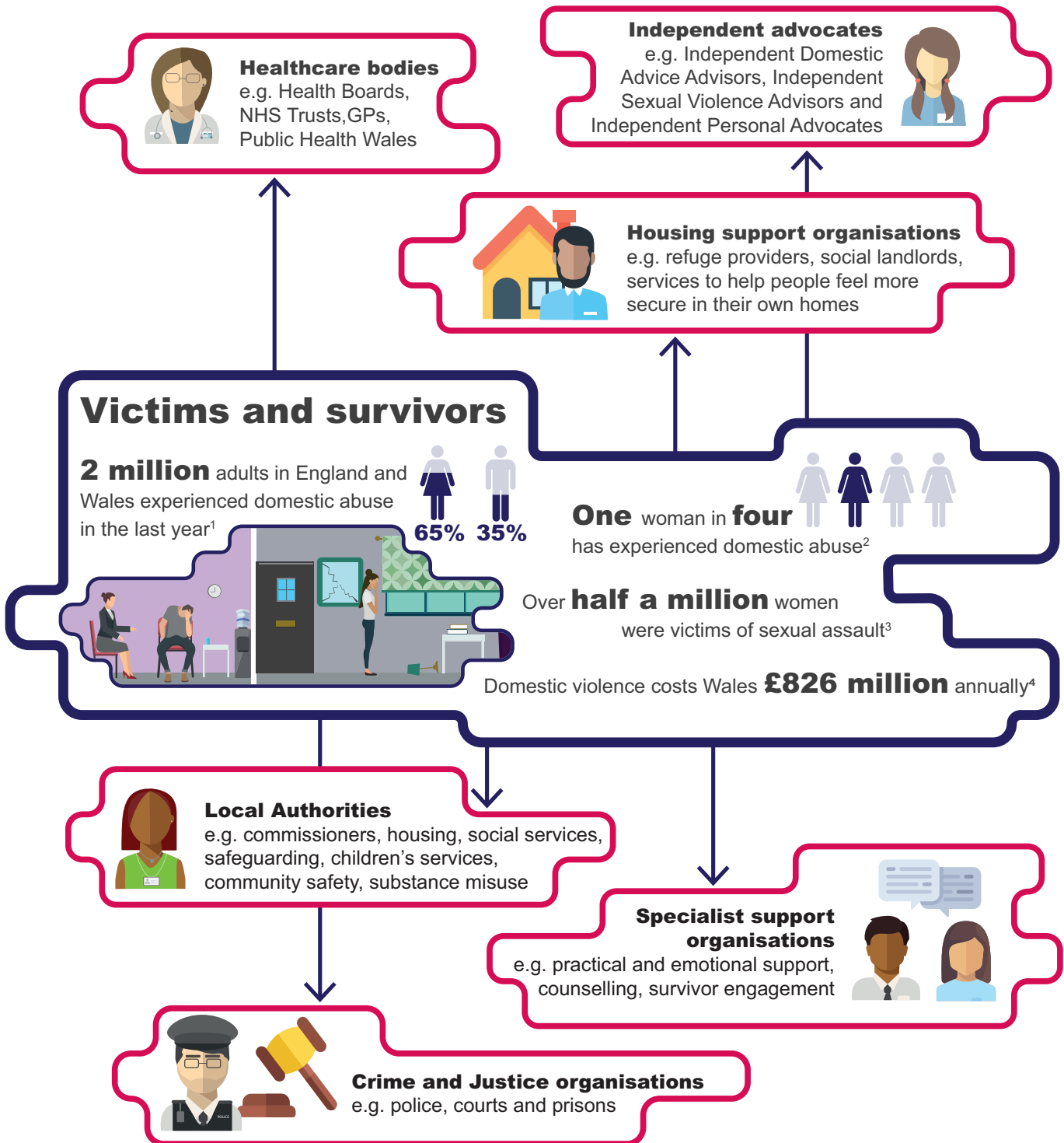
- Rape and sexual violence
- Forced marriage
- Sexual harassment
- Female genital mutilation (FGM)
- So-called 'honour-based violence'
- Sexual exploitation through the sex industry/prostitution
- Stalking
- Trafficking

- 2 Information on the prevalence of violence against women, domestic abuse and sexual violence in Wales is not collated consistently or centrally and there is no clear picture of its extent. Similarly, there is also a gap in data about the extent to which victims, survivors and perpetrators use public services and what services are made available. One of the best sources of Welsh specific information on demand for domestic abuse and violence services come from Welsh Women's Aid members' data returns¹ which show that 12,166 survivors were supported by specialist services during the year. However, 431 survivors referred to refuges were unable to be supported because of resources and capacity limitations, and at the end of March 2018 there was a waiting list of roughly 300 survivors of sexual violence waiting for help in dealing with their experience(s) of sexual violence and abuse. Research estimates that domestic violence costs Wales £826 million annually: £202.6 million in service costs, £100.9 million to lost economic output and £522.9 million in human and emotional costs².
- 3 There are numerous bodies with responsibilities for helping victims and survivors of domestic abuse and violence. These include local authorities, the police, local health and NHS bodies and housing organisations. In addition, there is a strong and long history of third sector organisations working with and supporting victims and survivors. Effective collaboration and joint working are therefore essential to ensure services are efficient and as effective as possible, particularly given the multiple routes into services across and within public bodies. This is not easy because no single agency has responsibility for all aspects of services to victims and survivors.

1 [Welsh Women's Aid overview report on specialist VAWDASV services in Wales in 2018.](#)

2 [Welsh Women's Aid overview report on specialist VAWDASV services in Wales in 2017.](#)

Exhibit 2 – there are a wide range of public bodies with responsibilities to victims and survivors



Notes:

- 1 Source: Domestic Abuse in England and Wales, 2018, ONS.
- 2 Source: VAWDASV National Advisors' Report 2018.
- 3 Source: Sexual offences in England and Wales: year ending March 2017, ONS.
- 4 Source: Welsh Women's Aid State of the Sector 2017.

Source: Wales Audit Office.

- 4 Given these challenges, the National Assembly for Wales passed the [Violence against Women, Domestic Abuse and Sexual Violence \(Wales\) Act](#) (the 'Act') in April 2015. The overarching objectives of the Act are to: improve the public sector response to violence against women, domestic abuse and sexual violence; provide a strategic focus on these issues; and ensure consistent consideration of preventative, protective and supportive mechanisms in the delivery of services. Although the prevalence and severity of gender-based violence, domestic abuse and sexual violence disproportionately affects women, the Act recognises men and children can also be affected.
- 5 On behalf of the Auditor General for Wales, we have examined how the new duties and responsibilities of the Act are being rolled out and delivered. [**Appendix 1**](#) sets out our audit methods. Overall, we have concluded that **victims and survivors of domestic abuse and sexual violence are often let down by an inconsistent, complex and fragmented system.**
- 6 In [**Part One**](#) of the report, we look at how public sector bodies work together to understand which services are needed in their local area to prevent VAWDASV and protect and support victims and survivors. We found that local authorities and their partners do not have a complete picture of VAWDASV services, nor of the demand for these services, despite being directed in guidance to undertake a comprehensive mapping of services. Support provided by the Welsh Government to these public bodies has not always been helpful and timely. Overall, services provided to victims and survivors of VAWDASV are fragmented, with some areas of overlap but also many gaps in provision.
- 7 [**Part Two**](#) focuses on public bodies' prevention of VAWDASV. We found that roll-out of training under the National Training Framework is having some success in improving public sector workers' awareness of the issues around VAWDASV. In general, social housing landlords are working well to support victims and survivors. The Act is helping to drive the transformation of VAWDASV services. Collaboration is working well in some parts of the country; however, too many barriers such as data-sharing require further work. Work with perpetrators remains the most challenging and weakest area of prevention activity.
- 8 Finally, in [**Part Three**](#) we consider how public bodies fund and commission VAWDASV services. Funding of VAWDASV services is generally fragmented, complex and short term, and commissioning is too inconsistent to ensure public bodies are always getting value for money. Many public bodies find it difficult to evaluate performance and judge the impact of their VAWDASV services because of weaknesses in their performance management arrangements.

Recommendations

Our recommendations are intended to help bodies who support and have responsibility to assist victims and survivors.

Recommendations	
R1	Part 1 of the report highlights that despite public bodies having an increasing understanding of, and demand for, VAWDASV services, significant gaps remain and engagement with survivors and victims in reviewing and developing services is inconsistent. To address this, we recommend that needs assessment and mapping of service provision by public bodies are revisited and involvement widened and enhanced to include all relevant stakeholders to build a more accurate picture of current service provision and identify gaps.
R2	Part 1 of the report describes how victims and survivors of VAWDASV often find it difficult to navigate a fragmented system of service delivery. To support victims and survivors to access and use services we recommend that public bodies: <ul style="list-style-type: none">• produce comprehensive and relevant information in a variety of media on the full range of services available to protect and support victims and survivors; and• create a joint pathway to access services and support for both victims and professionals and advertise access arrangements widely.
R3	Part 2 of the report notes that whilst it is important that organisations comply with relevant data protection legislation, they also need to share data with partners to better meet the needs of victims and survivors. We recommend that authorities: <ul style="list-style-type: none">• ensure staff who are likely to come into contact with victims and survivors have appropriate VAWDASV training;• provide refresher training to service managers to ensure they know when and what data they can and cannot share; and• review and update data sharing protocols to ensure they support services to deliver their data sharing responsibilities.
R4	Part 2 of the report highlights that while some good progress has been made with regional working, there are not always appropriate levers in place to support service transformation in line with VAWDASV legislation. To ensure the benefits of regionalisation are realised, we recommend that delivery agencies (local authorities, health bodies, the police, fire and rescue authorities and the third sector) review their approach to regional working to better integrate services and maximise the positive impact they can make on victims and survivors.

Recommendations

- R5 Part 3 of the report highlights that the complex and short-term funding mechanisms, lack of data and insufficient consultation with stakeholders, are not supporting sustainable commissioning of VAWDASV services.** To address this, we recommend that local authorities review their commissioning arrangements to:
- remove duplication and overlap between different approaches within the authority and with partners;
 - rationalise administration arrangements to improve efficiency and value for money;
 - streamline and standardise commissioning arrangements to reduce the burden of administration on all parties; and
 - set appropriate performance measures, targets and benchmarks to judge the impact and outcome of commissioned services.

Part 1

Because no single agency has responsibility, victims of VAWDASV find it difficult to navigate the fragmented system



- 1.1 In this part of the report we look at how well public bodies are working to identify the services that are available and also needed to help victims and survivors. We look at the overlap and gaps in information and responsibilities and consider the support provided by the Welsh Government.

What we would expect to see

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and the VAWDASV National Strategy (2016) set out a vision of how to improve prevention, protection, and provision of support for those experiencing, or who have experienced, VAWDASV.

Statutory partners are required to produce local strategies which demonstrate how partnership working and collaboration will improve services for victims and survivors. To support this, they are expected to assess the needs of their local population, understand the services already in place and identify gaps to inform commissioning plans and improve sustainability. Meaningful and inclusive involvement of survivors should underpin all this.

Due to the multi-faceted nature of VAWDASV, those who experience it require a multi-disciplinary, holistic response, necessitating the effective collaboration of many different agencies including local authorities, the police, GPs, mental health professionals and voluntary sector support organisations.

Planning should be supported by clear, evidence-based guidance from the Welsh Government, provided on a timely basis.

Local authorities and their partners do not always have a complete picture of VAWDASV services in their area, nor the demand they need to meet

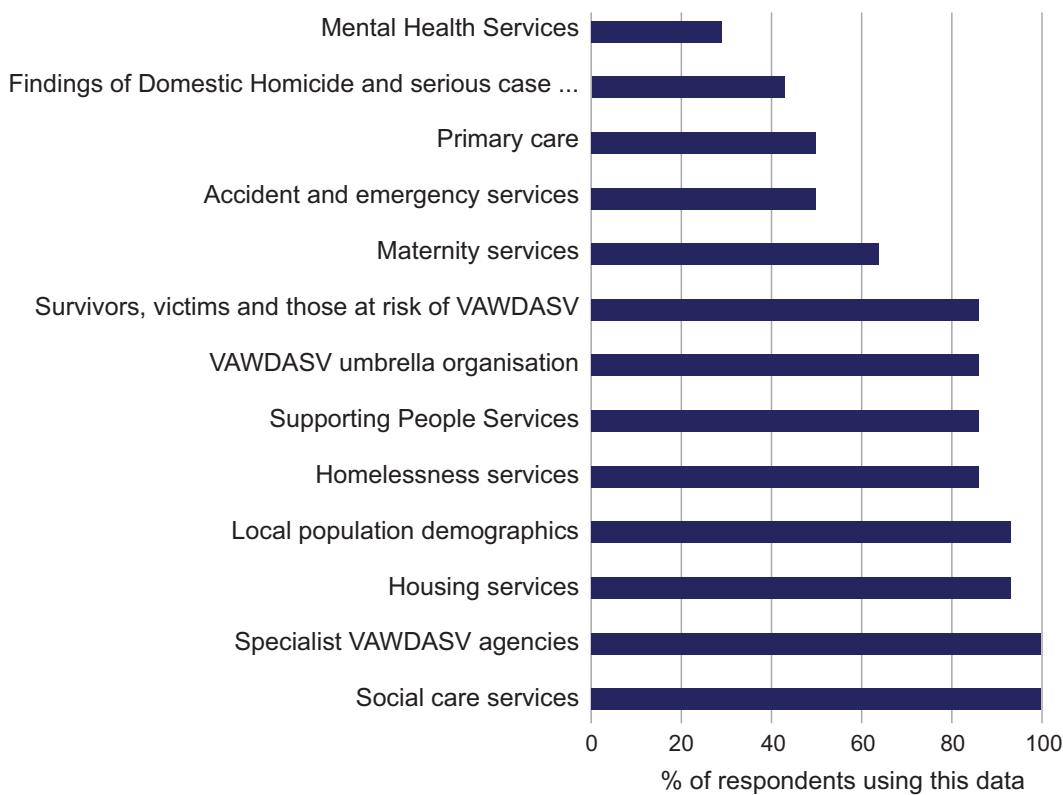
- 1.2 As noted above, establishing a comprehensive picture of the extent and impact of domestic abuse and violence remains a challenge. It is often a hidden issue and criminologists³ now estimate that domestic abuse statistics are 140% higher than those stated in the official data and the [British Crime Survey](#). Despite this, getting a good understanding of needs is essential if public bodies are to develop informed responses that underpin service choices to both protect and safeguard victims and survivors, but also prevent future domestic abuse and violence occurring.

3 [Loughborough University research on the prevalence of victims of crime being subject to repeat incidences.](#)

- 1.3 Responses to our survey indicate that, while public bodies have sought to map out and assess need and demand for VAWDASV services, there is significant variation in the range, scope and coverage of the data used. Almost all organisations (95%) mapped VAWDASV services in the course of preparing their local strategies. However, only 5% of organisations responding to our survey stated that their mapping provided a complete picture of services with no gaps; all other respondents acknowledged that there are some limitations in their assessments.
- 1.4 **Exhibit 3** below highlights that whilst all draw on social care data and information from specialist VAWDASV providers, other key sources of evidence are often overlooked and not used, particularly data collated by health bodies. This is important because VAWDASV is such a cross cutting issue; it is linked to many different services and organisations and consequently requires a multi-agency and cross service response.

Exhibit 3: survey responses on the source of data used to complete VAWDASV needs assessments and commissioning plans

Public bodies are not always drawing on a comprehensive evidence base when assessing needs and deciding on priorities.

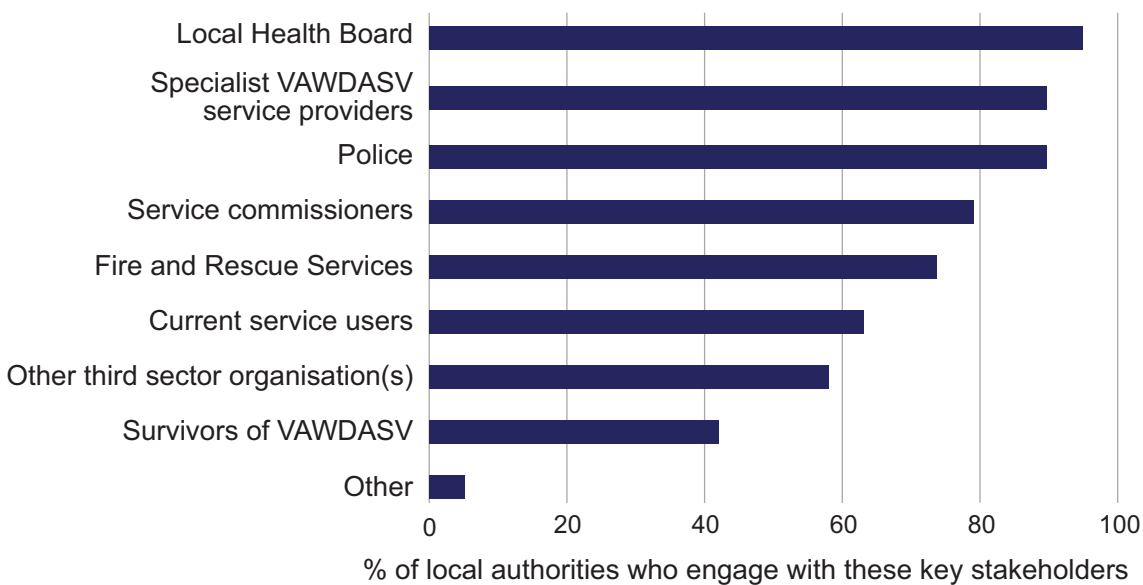


Source: Wales Audit Office Survey of Public Bodies Commissioning VAWDASV services, May 2019.

1.5 How statutory partners engage with and involve key stakeholders – survivors, victims and specialist service providers – remains an ongoing challenge. When asked who they consulted while developing their strategy, only 42% of organisations responded that they consulted survivors of VAWDASV, while 37% of organisations did not consult current users of their VAWDASV services – **Exhibit 4**.

Exhibit 4: survey responses on which organisations local authorities involved in the development of their VAWDASV Strategy

Local authorities are not always engaging with and drawing on relevant expertise from the full range of key stakeholders when developing their plans.



Source: Wales Audit Office Survey of Public Bodies providing VAWDASV services, May 2019.

1.6 Whilst some organisations draw on the experiences of victims and survivors in the review and design of their services, there is scope for strengthening this involvement. For example, our interviews with specialist support organisations and VAWDASV survivors themselves overwhelmingly flagged concerns with the effectiveness and impact of current activity, especially in reviewing and designing services. One survivor we spoke to told us ‘Every time we inform, we ask ourselves, why are we giving up our time if nothing is taken on board?’

Services to victims and survivors of VAWDASV can overlap, but there are also gaps in provision and information

- 1.7 There are a wide range of agencies and organisations who are responsible for identifying need, planning services and providing support to survivors of VAWDASV. And, while some good progress has been made against the objectives of the 2015 Act and the 2016 National Strategy, our evidence paints a picture of a fragmented system of services with pockets of good practice but also gaps. Our research found considerable confusion on the part of those interviewed as to exactly which organisation is providing what support, to whom and where. The participants in the study, even amongst the professionals, said that there is considerable overlap in terms of support for survivors, but simultaneously very apparent gaps in service provision and victim support.
- 1.8 Many of the VAWDASV survivors we spoke to felt 'overwhelmed' by the myriad of agencies and support organisations they need to engage with or are referred to. In addition, some survivors reported being given conflicting advice by different agencies. Those identified at high risk, through the Multi Agency Risk Assessment Conference (MARAC) process, are able to access a range of support from statutory providers and third-sector providers, but those assessed as medium or standard risk do not have the same opportunities available to them. There is also a post-code lottery of provision as to exactly which organisation is providing what support, to whom and where. In particular, gaps in suitable VAWDASV services for men and members of the LGBT community.
- 1.9 Feedback to us also frequently flagged concerns about the lack of clear information on services across some parts of Wales, and confusion between public bodies as to what is actually available and where. Professionals we interviewed were often vague or unsure about exactly what each organisation was providing, and what support was available in their area or in the wider region in general. Most of our study participants discussed a lack of clear information about what services are available in their area and a lack of information-sharing between organisations. Often, victims and survivors felt that information was ad hoc and based on feedback from survivors themselves, or on hearsay and rumour rather than on clear knowledge and information.

- 1.10 The highest risk victims are often supported by Independent Domestic Violence Advisors (IDVAs)⁴, whose role is to ‘support and work over the short- to medium-term to put [the highest risk victims] on the path to long-term safety.’⁵ However the survivors we spoke to commented on both good and bad experiences of IDVA services. In addition, many victims described receiving some positive support from specialist support agencies, with many having completed the Freedom Programme⁶ or equivalent. However, some victims report feeling ‘a bit lost, and unsure what to do next’ after such assistance. The majority of survivors told us that access to NHS mental health support was particularly poor with long waiting lists and often inaccessible or unsuitable services. For example, the sessions offered did not fit with working hours or allow for childcare provision.
- 1.11 Perpetrators of VAWDASV can have a significant impact on many different aspects of a victim’s life. Survivors we spoke to told us that children can be used as a ‘weapon’ by perpetrators of domestic abuse. For example, more than one person we spoke to told us that the perpetrator threatened that if the victim left him, social services would take the children away. Some survivors described how perpetrators controlled all the finances in their relationship, meaning they lost the ability to flee from the abusive household, nor could they continue to live in the home. Ongoing financial disputes post-separation are often used by perpetrators to continue their abuse and control of victims. Public bodies therefore need to join up their work to ensure they provide a safety net to support and protect victims and survivors in such circumstances.

Public bodies do not always find support and guidance from the Welsh Government to be helpful and timely

- 1.12 All organisations which responded to our survey state that they have seen some of the Welsh Government VAWDASV guidance. However, whilst many believe that the guidance is easy to understand, evidence based, comprehensive and relevant, 55% of respondents noted that it was produced too late to be of use to them. For example, the guidance on development of local strategies, originally due in May 2016, was delayed and eventually published almost two years late in March 2018. A small number of respondents (15%) also felt it was not based on effective consultation with relevant stakeholders and did not provide a sufficiently long-term direction of travel.

4 IDVAs help to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. IDVAs normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

5 [Explanation of what an Independent Domestic Violence Advisor does.](#)

6 The ‘Freedom Programme’ is an 11 or 12-week domestic violence programme primarily designed for women as victims of domestic violence. The Programme examines the roles played by attitudes and beliefs on the actions of abusers and the responses of victims and survivors.

- 1.13 Many local authorities also commented that they receive limited support from the Welsh Government, partly because the Welsh Government VAWDASV team is small and has experienced significant turnover. One interviewee emphasised this point, that ‘due to the nuanced and complex nature of VAWDASV, it takes time to get people up to speed with the issues. Hence the Welsh Government team has not yet been well-placed to offer support’. Another interviewee noted that ‘Support and guidance has been ‘patchy’ from Welsh Government. Lots of scope for different interpretations within the Act on implementation, so it means unpicking all of this on a regional level whereas national guidance could have sorted it and saved a lot of time and effort’. Indeed, one interviewee concluded that whilst the ‘Welsh Government feel they are delivering against the act as they publish guidance..... they haven’t yet achieved cohesive thinking in terms of what they could do.’
- 1.14 Those delivering services to victims and survivors recognise that the Act is also one of a recent number of pieces of legislation that shapes how they respond to meeting people’s needs. Since 2014, the National Assembly for Wales has passed four other major pieces of legislation in addition to the Act, all of which complement the new specific VAWDASV duties – **Exhibit 5.**

Exhibit 5: Recent National Assembly for Wales legislation which impacts on public bodies providing services to victims and survivors



Source: Wales Audit Office.

1.15 Taken together these five pieces of legislation have created new responsibilities and duties for public bodies which are stretching capacity. A number of people we interviewed highlighted that public bodies often duplicate activity by, for example, completing separate needs analyses and plans or strategies. And often the requirements of the different pieces of legislation are not aligned which is limiting the potential for integration and collaboration of services and is helping to perpetuate the fragmented nature of delivery. One interviewee concluded that the 'biggest challenge is the demands placed on public bodies to deliver the expectations of different pieces of legislation and their core responsibility. The lack of co-terminus between guidance, policy and legislation is creating operational challenges with separate and disjointed groups to plan and deliver services. All have different focus but often cover the same territory with the same persons servicing all these fora. This is neither efficient or effective. Too often the same people are dealing with this work and are not doing the day job.'

Part 2

Public bodies have not fully shifted from reactive services to a preventative model which balances the short and long-term needs of victims and survivors



2.1 In Part Two of this report, we examine how public bodies are shifting services from acute to preventative approaches in line with the expectations of the Act. We look at the roll-out of training and how organisations are working together to integrate service responses. Finally, we consider the effectiveness of data sharing arrangements.

What we would expect to see

Prevention of VAWDASV is one of the key principles of both the 2015 Act, and the 2016 National Strategy. Public bodies are required to shift the emphasis of their response to VAWDASV from an acute, reactive service to one that is preventative. They are expected to understand and mitigate any risks associated with this shift, balancing the needs of the short term with consideration of sustainability in the long term.

To support prevention, the 2016 Strategy set out how the Welsh Government would fully implement the National Training Framework (NTF) ensuring that professionals across all relevant authorities (including health, local government, NHS Trusts and Fire and Rescue Services) are supported to increase their understanding and knowledge of VAWDASV to raise general awareness, to better identify potential perpetrators and signpost victims to relevant services. Under the NTF, 100% of employees in the relevant authorities are expected to receive a basic level of training.

Given the central role of social housing landlords in supporting victims of VAWDASV and using their powers to help tackle perpetrators, we would expect to see positive work in identifying victims of VAWDASV within their properties and taking appropriate steps to keep them safe. We would also expect to see Social Housing Landlords identifying perpetrators within their properties and taking steps to remove them and/or support their rehabilitation.

Agencies are expected to collaborate to provide integrated VAWDASV services with clear pathways and eliminate any duplication. This requires effective information and data sharing within and between partners, and local and regional leadership which understands the benefits of joint working and drives collaboration accordingly.

We would also expect to see local authorities and their partners identifying and targeting work on perpetrators of VAWDASV, including those who have not been prosecuted. These perpetrators should be encouraged to take part in evidence-based rehabilitation programmes.

Roll-out of training is beginning to increase awareness

- 2.2 It is essential that identifying and responding to VAWDASV issues becomes ‘everyone’s business’ and to do this requires frontline workers, in as wide a range of services as possible, to be able to identify and respond to cues and clues that the person they are speaking to is being abused or is a perpetrator of abuse. Training should equip workers to be able to provide some useful guidance themselves, signpost to sources of information or refer to people or organisations with more specialist expertise. Therefore, ensuring relevant officers are trained and confident in dealing with potential issues is an essential element of the Act. Consequently, the Welsh Government has set a mandatory requirement, through the National Training Framework, for all professionals working within Welsh public services to undertake training⁷.
- 2.3 Overall, we found that there has been a significant roll-out with increasing numbers provided with training. Data provided by the Welsh Government notes that at July 2019, 158,500 people working in the public sector have accessed training under the National Training Framework, and this training is having some success in making VAWDASV ‘everyone’s business’. For example, through ‘Home Safety’ visits, South Wales Fire and Rescue Authority have equipped their staff to identify the early warning signs of domestic violence. Similarly, housing officers who regularly visit tenants and families in their home are better able to identify abuse and violence within the home. Embedding training is being reinforced through national campaigns such as the White Ribbon UK campaign⁸ which helps to raise awareness to make domestic abuse and violence everyone’s business.

7 The Framework is made up of six levels ranging from e-learning to training for public service leaders with a minimum training requirement per group. For local authorities the target was for e-learning training to be completed by March 2018.

8 White Ribbon provides a framework for organisations to marshal their resources to challenge gender-based violence and make a difference – whiteribbon.org.uk. A growing number of Welsh public bodies have signed up to the campaign and become accredited bodies, including Carmarthenshire County Council, Cardiff Council, the Police and Crime Commissioner’s Office for North Wales, South Wales Fire and Rescue Authority, and the Vale of Glamorgan Council.

- 2.4 Our fieldwork and survey findings also indicate a number of shortcomings with training. Whilst training is largely viewed positively, people we interviewed and survey respondents frequently note opportunities to improve coverage, take up and impact. These include, for instance, training being too prescriptive and not aligned or integrated with core learning and development within different services, in particular training rolled out under the Social Services and Well-being Act, safeguarding and Protection of Vulnerable Adults. Feedback from third sector staff on their experience of the effectiveness of public bodies' training programmes also raises concerns that too often it is a 'tick box' exercise and is not effective at equipping frontline staff with the confidence and skills to identify and respond to potential cases of harm or abuse. A number of survey respondents also flagged poor promotion as a major problem with the initial roll-out of training as well as the ongoing management and co-ordination challenge of ensuring all relevant frontline workers are provided with relevant training and refresher information.
- 2.5 Many organisations also recognise that public bodies alone cannot prevent VAWDASV, and it is communities themselves that have to take a leading role in making it socially unacceptable. Welsh Women's Aid's Change That Lasts programme⁹ aims to create change in communities, services and systems across Wales for survivors of all forms of violence against women, domestic abuse and sexual violence and deliver earlier intervention with perpetrators. For example, the Welsh Women's Aid 'Ask Me' scheme encourages people to become Community Ambassadors who, through training sessions, are equipped with an understanding of domestic abuse and sexual violence, and how to respond to and help survivors. By promoting and demonstrating how to access help and support for survivors of VAWDASV, survivors can be reassured that communities understand about abuse and that organisations are taking their responsibilities seriously.
- 2.6 From our survey of public bodies, 95% of organisations stated that they are good at signposting people who are experiencing VAWDASV to services that can help them. However, whilst 85% of organisations stated that they encourage people to report VAWDASV issues, only 20% felt that they are good at promoting awareness of VAWDASV amongst key partners and acknowledge there is still more to do.

⁹ [Change that Lasts is a strengths-based, needs-led approach that supports survivors of all forms of violence against women, and their children, to build resilience, and leads to independence provided by Welsh Women's Aid.](#)

The Act is helping to drive the transformation of VAWDASV services

2.7 We found that many local authorities recognise they need to improve services to victims and survivors, with buy-in from senior leaders to transform services. And the Act is seen as having been critical in driving change, with three-quarters of survey respondents noting that it has driven substantial improvements in services to prevent, protect and support those experiencing VAWDASV. Positively, all respondents have a VAWDASV workplace policy and a local strategy to address VAWDASV that is either adopted (95%) or in draft (5%), with most strategies adopted within the Welsh Government's target date. The majority (95%) also have a delivery plan focused on addressing areas of underperformance. Three-quarters of respondents have also set strategic equality objectives for addressing VAWDASV in line with the public sector equality duty. Our review of local strategies found that most public bodies have set a clear strategic direction for VAWDASV focussing on awareness raising, prevention and regionalisation.

Collaboration is well established in some parts of Wales, but integration lags behind

2.8 VAWDASV is a cross cutting issue and effective management is reliant on maintaining a strong partnership approach because people experiencing VAWDASV often have complex needs and require assistance from a wide range of services to help manage and address their problems. Survivors and victims can be homeless or living in insecure and unsafe accommodation, be involved in the Criminal Justice system, are often under the threat or risk of violence and physical harm and can experience substance misuse and mental health problems.

2.9 There is historically strong collaboration on VAWDASV in many areas of Wales; most notably in Cwm Taf, North Wales and Gwent where joint working and regional planning are well established. We found that overwhelmingly organisations believe that they have positive and effective working relationships amongst themselves and with key partners such as housing associations and the third sector. For instance, 90% of public bodies responding to our survey believe they and their partners are effectively collaborating to deliver services and 70% that they effectively integrate their work.

- 2.10 However, we also identified some significant barriers to integrating services. In particular a lack of funding; limitations in sharing and using data; poor and inconsistent leadership; insufficient capacity; and a lack of time. In particular, local authorities cited difficulties engaging with operational health workers and especially GPs whose knowledge and willingness to work constructively with other public bodies to tackle VAWDASV was at best 'hit or miss'. Even where local authorities work well together, the progress made on collaborating and integrating services can still be limited. For example, the five local authorities in Gwent have produced a joint VAWDASV strategy but do not yet jointly fund and commission VAWDASV services. And this is despite Gwent being a regional pilot for strategic co-ordination of VAWDASV services.
- 2.11 Given the importance of ensuring wide engagement and coverage from regional, local and community level organisations in identifying and helping to support victims and survivors, partnership and collaboration work needs to be broad and all encompassing. However, we found that the range of organisations covered by regional partnerships varies widely, and key community level organisations are often not effectively involved – [Exhibit 6](#).

Exhibit 6: survey responses on which organisations are members of regional partnerships

Regional partnerships do not include all relevant partners who support planning and delivery of VAWDASV services.

Body	Included (%)	Not included (%)	Do not know/Not considered applicable (%)
Local authority housing	83	6	11
Local authority education	59	35	6
Local authority social services	100	0	0
Local authority leisure	0	31	69
Other local authority services	87	0	13
Health board	100	0	0
Local housing association(s)	65	24	11
Fire and rescue authority	100	0	0
Police	100	0	0
County voluntary council	0	53	47
Third sector organisation(s)	100	0	0
National park authorities	0	53	47
Town and community council	7	73	20

Source: Wales Audit Office Survey of Public Bodies providing VAWDASV services, May 2019.

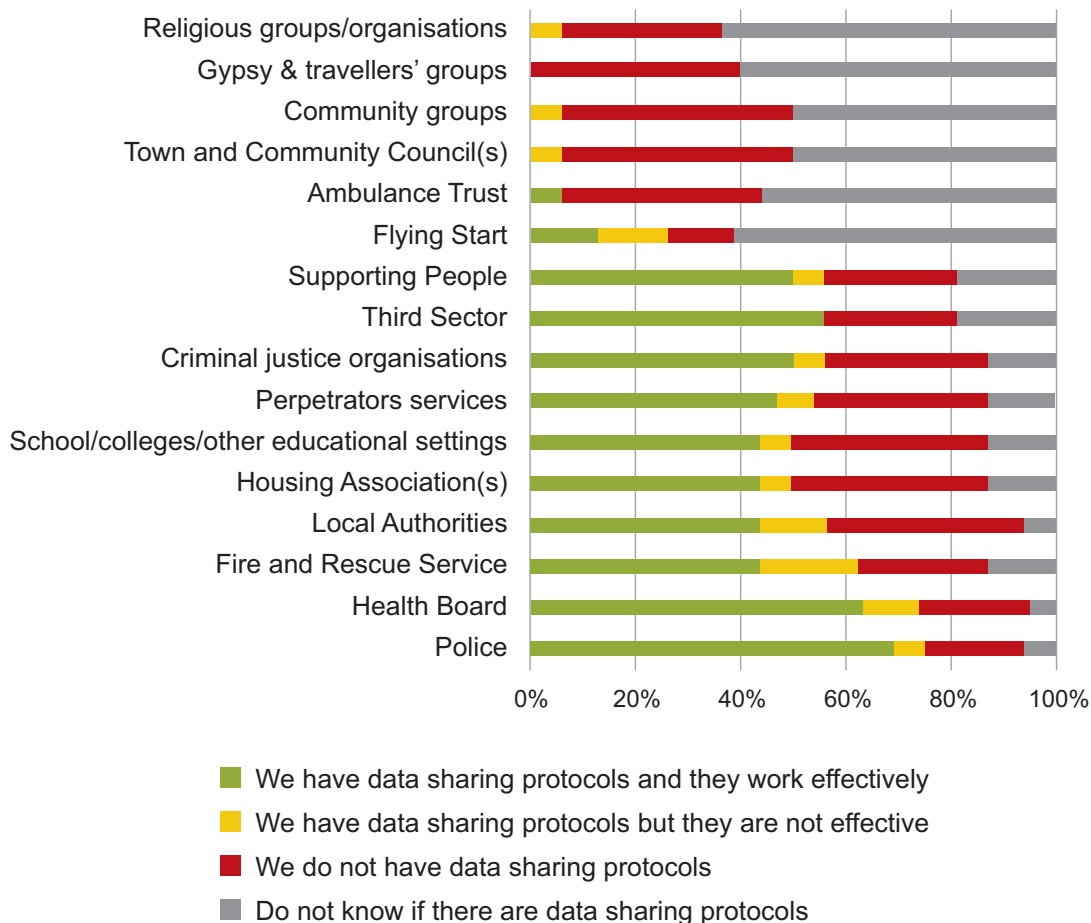
- 2.12 Third sector staff we interviewed consistently flag concerns over the shift to regional working centralising planning, commissioning and service delivery to the detriment of work at very local and community levels. Whilst regional working supports public bodies to pool resources and reduce duplication, it needs effective co-ordination and leadership if it is to be successful. This can be challenging because drive and leadership at a regional level can often be missing.
- 2.13 For instance, we found that co-ordinating and progressing the regional VAWDASV agenda often fall to Regional Advisors, simply because there is no one else to take on this role. As one third sector interviewee summed it up, 'Regional advisors [are] doing amazingly, but they are team manager level, they haven't got the authority to lead.' This was echoed in our interviews with a number of Regional Advisors who flagged their lack of influence to drive the regional agenda forward.
- 2.14 We recognise that regionalisation is relatively new and partnerships need time to mature. Developing regional solutions is also challenging in the current period of prolonged austerity, because organisations are having to balance budgets, reduce staff and reorganise to sustain services. The findings of our fieldwork interviews and surveys point to a reduction in capacity in recent years and difficulties in maintaining and developing services in line with the expectations of the Act.

Weaknesses in data sharing remain a barrier

- 2.15 Public bodies often hold very personal and very sensitive information that can help them ensure services to victims and survivors are focussed on addressing and meeting need. However, using data in the public sector is a delicate balancing act. Personal information must be protected from data misuse, but in a way that maximises its usefulness and does not suffocate innovation. As a result, many public sector organisations wrestle with the benefits and risks of sharing information with partners.
- 2.16 Our evidence suggests that, currently, sharing information remains a barrier to improving local and regional collaboration. In particular, the introduction of the General Data Protection Regulation (GDPR) in May 2018 has brought these tensions into even greater focus and is seen by some as a barrier to planning, integration and collaboration. One commentator noted that staff 'are scared to share information because of GDPR and this is a big issue. Cross departmental sharing is not happening – social workers refuse to share phone numbers for domestic abuse victims internally.' Consequently, the establishment and effectiveness of data sharing protocols vary widely, and key agencies are often not party to agreements, as identified in our surveys – [Exhibit 7](#).

Exhibit 7: survey responses on which organisations have data sharing protocols for VAWDASV services

There are limitations in data sharing protocols between some public bodies and partners.



Source: Wales Audit Office Survey of Public Bodies providing VAWDASV services, May 2019.

2.17 Despite these challenges, there are some positive examples of how public bodies work collectively together to share and use data to protect victims and survivors. A Multi Agency Risk Assessment Conference (MARAC¹⁰) is a victim focused, information-sharing and risk management meeting attended by all key agencies, where high risk cases are identified and discussed. Despite being overwhelmingly positive on the value of MARAC meetings, some of the organisations commented that it can be very resource-intensive, particularly when capacity is stretched. Nonetheless, MARAC meetings are recognised as critical to enabling partners to share data and manage high risk cases.

¹⁰ The MARAC combines up to date risk information with a timely assessment of a victim's needs and links those directly to the provision of appropriate services for all those involved in a domestic abuse case: victim, children and perpetrator.

Services are slowly shifting to focus on prevention

- 2.18 Shifting services from responding to problems, to preventing them from occurring, has become a growing focus for public services, particularly as funding has reduced and demand continues to rise. Implicit within this is the recognition that VAWDASV services, in their current configuration, are unsustainable and focussing on prevention will help reduce demand for high-intensity, high-cost services as well as providing a better outcome for victims and survivors.
- 2.19 We found that despite public bodies recognising the importance of developing preventative services, they have not yet made an effective shift from an acute, reactive service. Front-line staff we interviewed across all bodies recognise the importance of prevention but acknowledge that they lack the time and resources to make this shift in focus and emphasis a reality because transitioning services needs to be resourced and public bodies do not have the funds available to support this shift. People we interviewed told us that there is no designated money for prevention and in order to free up money they would have to cut existing services, something they do not feel they can justify at this time.
- 2.20 For example, one interviewee noted that ‘historic domestic abuse cases are increasing, which are often more difficult and complex, and take longer to deal with than new acute cases. Prevention work is seen as important, but the reality is that we cannot rebalance work away from dealing with historical and new cases to focus on preventative services.’ Similarly, another commented that ‘We want to be able to spend more time on awareness and preventative work but unless more funding is made available, we cannot see that happening.’
- 2.21 Despite resourcing challenges, and the ongoing impact of austerity, preventative work is progressing in key areas and making a real difference for victims and survivors. The positive partnership approach of Swansea’s Domestic Abuse Hub¹¹ (set up and funded by the city council and the South Wales Police and Crime Commissioner) brings together Swansea Council services with health, police and the third sector to help children and families experiencing domestic abuse or escalating relationship problems. A range of specialist services is available, and the co-location of services has enabled public bodies to co-ordinate and integrate activity as a single gateway for VAWDASV services.

¹¹ [The Swansea Domestic Abuse Hub brings together Swansea Council and its partners in health, police and the third sector to help children and families experiencing domestic abuse or escalating relationship problems.](#)

- 2.22 Likewise, Rhondda Cynon Taf County Borough Council's 'Resilient Families' programme draws together a range of strategic work streams and priorities to provide a single pathway for early intervention services for families. It takes the form of a 'short, sharp' six-week programme of interventions which can be extended up to 12 weeks if there is a need. The Council is developing 'Vulnerability Profiling' to identify families at risk of crisis and pre-empt the risk escalating to the point that requires statutory intervention.
- 2.23 Local authorities recognise the importance of perpetrator rehabilitation, but the provision of evidence-based programmes across Wales is highly variable. For instance, perpetrator work is often focussed on short-term interventions, is restricted to specific geographical areas, has limited capacity, and tends to focus on men only without recognising that women can be perpetrators. One commentator noted that 'there is a strong need for a (national) perpetrator programme' given the variability of current provision. From our survey of public bodies, we found that whilst 75% of organisations felt that they identify potential perpetrators, only 20% are able to provide appropriate services for perpetrators and only 20% that they are effectively promoting and encouraging the awareness and importance of services for perpetrators.

Social housing landlords are supporting victims of VAWDASV and acting against perpetrators

- 2.24 Findings from our national interviews and surveys show that social housing landlords are well placed to identify victims and perpetrators of VAWDASV, and to protect and support victims who live in their property. For instance, all landlords responding to our survey provide enhanced security measures in and around the home to support and safeguard victims¹² and this positive work is well established and working effectively across the country. Just under two-thirds of survey respondents also support people experiencing VAWDASV with rent arrears to transfer to alternative housing. Importantly, landlords shape their response and solution on discussions with victims and wherever possible they seek to agree their action with them.

¹² 'Target Hardening' allows landlords to strengthen the security of a home to protect occupants in the event of attack from perpetrators of domestic violence.

- 2.25 In addition, three-quarters of survey respondents also identify and act against perpetrators of VAWDASV living in their homes. Recent legislation is seen as having equipped landlords be able to terminate joint tenancies and provide victims with a new sole tenancy in the existing home; and support victims to apply for an occupation order¹³, protection order or another form of injunction to maintain the tenancy. The vast majority of landlords also offer victims and survivors alternative housing from within their own stock and terminate the existing tenancy, and just under 60% refer the victim to another landlord for housing and terminate the existing tenancy once they have been rehoused.
- 2.26 However, we also identified options for improvement. Less than half of survey respondents felt they had a good understanding on the extent of VAWDASV issues amongst tenants. Less than half of respondents stated that they have a VAWDASV policy for employees and only 22% of landlords note that they had provided training to all their staff to support them to recognise the signs of VAWDASV among tenants. Whilst 44% stated that most staff had been provided with training, 35% noted that only front-line staff who regularly come into contact with tenants such as support workers, housing officers or building surveyors receive training.

¹³ Occupation and protection orders are made by the court and protect someone who is being abused by their partner or another close relative, requires orders them to do, or not to do, something.

Part 3

The complexities of VAWDASV funding do not allow public bodies to assess value for money in service provision and transform services



3.1 In this part of the report, we examine how services are commissioned and consider the complexities of the different grant regimes and impact of the changes in the allocation and award of grants on commissioning approaches. We summarise how partners are overseeing and monitoring performance and use data to help make smart commissioning choices and judge the impact of services on victims and survivors.

What we would expect to see

We would expect local authorities and their partners to have taken steps to understand the demand for VAWDASV services in their area; to have a clear picture of existing services in their local/regional area(s) and to have consulted appropriately, including with survivors and specialist service providers, when formulating their local and regional VAWDASV strategies.

Based on this, local authorities and their partners should have a good understanding of what they spend on VAWDASV services and should be able to assess the value for money they are getting from this expenditure. Local authorities and their partners should also regularly assess survivors' experiences of VAWDASV services and use this information to drive improvements in quality.

We would also expect that local authorities and their partners are able to effectively manage the performance of their VAWDASV services and use this information to drive improvements in commissioning. Commissioners should drive improvements in service delivery by setting out comprehensive and relevant criteria for awarding funding and by setting appropriate performance measures in contracts with providers and have rigorous systems to evaluate performance and judge impact.

Funding of VAWDASV services is generally fragmented, complex and short term

- 3.2 VAWDASV funding is fragmented, with services resourced from an array of non-devolved and devolved budgets and grants, with changing levels and considerable uncertainty over future income. For instance, both the Home Office and the Welsh Government fund Independent Domestic Abuse Advisors (IDVAs) and Sexual Abuse Referral Centres (SARCS¹⁴), are funded by the police, health boards, the third sector or a combination of all three. The Welsh Government also funds a variety of VAWDASV services under different programmes, including refuge accommodation via Supporting People, the regional Domestic Abuse Services Grants as well as directly funding local authorities to commission other services for victims and survivors.
- 3.3 We found that the amount spent on VAWDASV services varies widely. From our survey, we found that in 2018-19 each of the six authorities in the North Wales contributes to a regional budget of roughly £420,000. The largest regional budget was in Cwm Taf (excluding Bridgend County Borough Council) with a combined budget of approximately £2.2 million, and Cardiff Council has the largest individual local authority budget of £1.726 million. However, we did not receive detailed breakdowns from all local authorities, mainly because respondents noted that they had not created separate budgets for VAWDASV projects and were unable to accurately identify how much they were spending on services.
- 3.4 The money spent on VAWDASV by local authorities is a mix of core revenue funding and grants. For instance, in 2018-19 Swansea Council identified 18 different VAWDASV projects funded by five different sources of funding. Project awards ranged from £4,000 to £469,000 with the overall budget for VAWDASV services totalling £1.696 million – [Exhibit 8](#).

14 SARCS are specialist medical and forensic services for anyone who has been raped or sexually assaulted. SARCS provide services to victims/survivors of rape or sexual assault regardless of whether the survivor/victim chooses to report the offence to the police or not. They are multi-functional, providing private space for interviews and forensic examinations, and some also offer sexual health and counselling services.

Exhibit 8: Swansea Council analysis of VAWDASV funded services

Range of funding	Number of grants	Organisations funded	Source of funding
£0 – £25,000	4	Swansea Women’s Aid, BAWSO and Safety and Security Scheme	Swansea Council Core, Funds Swansea Council Compact Funds and Supporting People
£25,000 – £50,000	4	BAWSO, Women’s Aid and Response Alarms	Swansea Council Core Funds and Supporting People
£50,000 – £75,000	4	Hafan Cymru, Women’s Aid and BAWSO Domestic Abuse Hub	Supporting People and Welsh Government Families First
£75,000 – £100,000	1	Cross Borders	Supporting People
£100,000 – £150,000	2	IDVA Service and BAWSO	Welsh Government Domestic Abuse Service Grant and Supporting People
£150,000 – £200,000	0	–	–
£200,000 – £250,000	2	Hafan Cymru and Women’s Aid	Supporting People
£250,000+	1	Domestic Abuse Hub	Swansea Council Core Funds

Source: Swansea Council, November 2018.

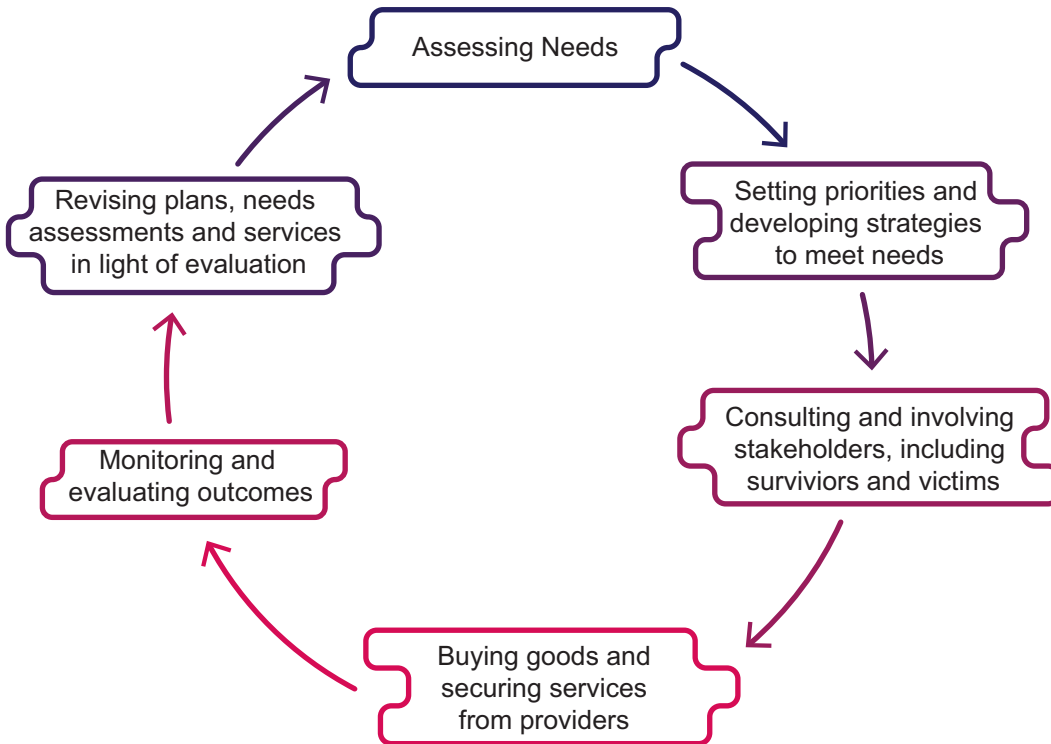
3.5 We also found that funding of VAWDASV services is not consistent or always effective because projects are often funded and co-ordinated separately between organisations, and by different teams within a single public body. For instance, whilst services are often bespoke, there can be overlap between projects. As well as local authority funding, 10% of bodies we surveyed also receive funding from their police and crime commissioner, often for similar or the same projects. And, because services are funded under different grants programmes, they can operate on different timeframes, with separate agreements, targets and monitoring requirements.

3.6 In particular, the short-term nature of VAWDASV funding limits planning for the long term and can create a variety of problems for third sector organisations. Annual funding can result in bodies having to spend disproportionate time on developing and submitting applications for funds rather than delivering services, and difficulties in optimising performance when there is a great degree of uncertainty. Sustainable funding is essential to third sector organisations to ensure they can develop and retain suitably qualified and experienced staff, but current arrangements are not always supporting this. For instance, 70% of organisations we surveyed stated that the current range of grants for funding VAWDASV services is ineffective and at the time of our survey less than half of respondents (47%) knew their budget for 2019-20.

The quality of commissioning of VAWDASV services is too inconsistent to ensure public bodies are getting value for money

3.7 Whilst commissioning models vary, most definitions of commissioning identify some core inter-connected stages and involve putting the individual at the centre of the process of identifying needs and helping them make choices about how they are supported to live their lives – **Exhibit 9.**

Exhibit 9: the ‘Commissioning Cycle’

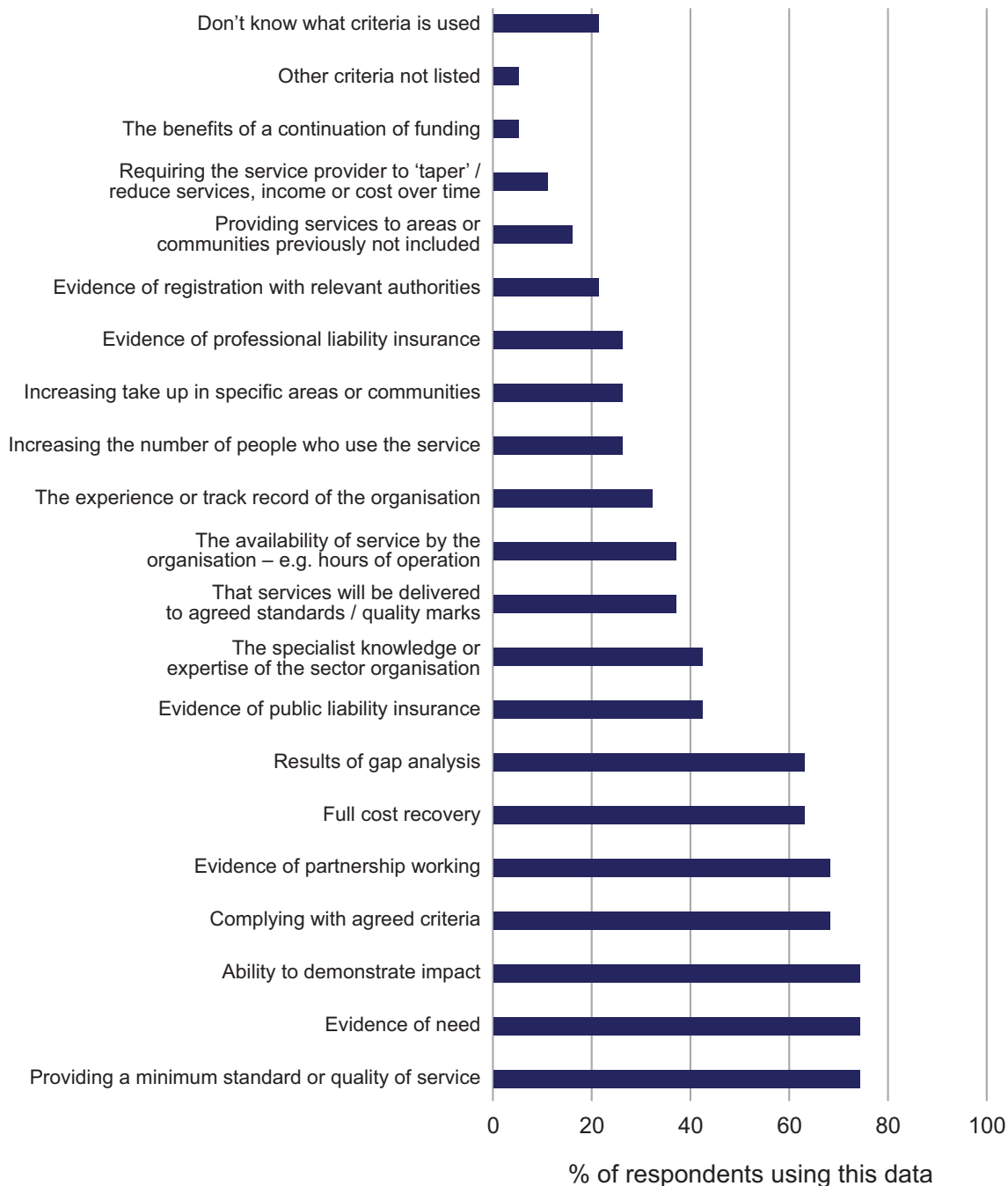


Source: Wales Audit Office.

- 3.8 People we interviewed highlighted concerns that some commissioners are not using good quality information to understand demand for VAWDASV services. Whilst 95% of those who responded to our survey stated that they had mapped existing services provided to people experiencing domestic or sexual violence to help prepare their local strategy, just over half of respondents acknowledged that this exercise only provided them with a partial picture of services and there were many gaps in their data. Even where authorities have completed needs assessments, they are often very broad and lack data at a community level, which is often the critical information for effective commissioning. These survey findings were echoed by third sector bodies we interviewed who noted discrepancies and weaknesses from their experience in the data used by commissioners to drive activity.
- 3.9 Generally, 70% of local authorities believe they are commissioning effectively and are helping to improve the quality of life of VAWDASV survivors and victims. In addition, 65% of respondents have confidence that they have adequate measures in place to be able to judge the value for money of commissioned services. Whilst 55% stated that they work effectively with partners to commission services, they did flag concerns with the complexity and short-term nature of funding and poor data sharing as key blockages to improvement. Whilst just over half also felt the commissioning guidance provided by the Welsh Government was helpful, many commented that it duplicated other commissioning guidance and fell short in key areas.
- 3.10 Whilst a focus on delivering outcomes is becoming more important in strategic funding decisions, the cost effectiveness of services remains the key driver and price comparisons – usually unit costs – are often used as the main basis to determine who to award contracts to. This is drawn out in our survey of third sector bodies set out in [Exhibit 10](#).

Exhibit 10: key issues considered by public bodies in awarding funds to third sector organisations to run VAWDASV services

Public bodies are not using a comprehensive list of criteria to judge and award VAWDASV services.



Source: Wales Audit Office Survey of Third Sector organisations providing VAWDASV services, May 2019.

- 3.11 **Exhibit 10** lists the potential criteria that local authorities can use to award funding to third sector organisations. Taken together, these represent key drivers for local authorities to use in balancing cost, risk, impact, quality and support to organisations. For all options, very few third sector bodies believe that local authorities use a sufficiently wide range of criteria to decide on funding awards and these findings suggest that local authorities need to undertake further work to develop their basis for awarding monies. Whilst cost is undoubtedly an important consideration, local authorities also need to ensure this is balanced with, and does not outweigh, other considerations if they are to deliver value for money from their strategic funding decisions.
- 3.12 It is also important that local authorities' arrangements for funding third sector organisations are efficient and effective, as the choices made by authorities are crucial to the achievement of value for money. Done badly, the funding processes can impose heavy burdens on the third sector with organisations having to invest resources to comply with systems which can often be onerous. Poor funding arrangements can also increase the risk of third sector organisations being unable to deliver what they are being paid to do and consequently result in public monies being wasted or a service failing.
- 3.13 From our review, we consider a single comprehensive approach bringing all VAWDASV funding together into a single budget to commission services to be the most effective. A single approach to commissioning VAWDASV services helps to ensure third sector organisations and public bodies have familiarity and understanding on arrangements, and when consistently used this can help streamline and reduce the burden of administration for all parties. This is the approach recently introduced by Cardiff Council and we highlight this as good practice.

Cardiff Council Commissioning of VAWDASV Services

Cardiff rationalised its funding of VAWDASV services to increase project sustainability and create a medium-term programme of funding. Prior to recommissioning, the Authority had 11 grant agreements covering 16 different services provided by four different third sector bodies on annual contracts. The Authority identified that they had also created six different monitoring and reporting mechanisms to evaluate these projects with no consistency between them. Following discussions between commissioners, service providers and survivors, the Authority has brought all sources of funding together, and created a single central commissioning process which has enabled the Authority to procure a single 'front-door' one-stop shop service on a fixed three-year term with the option to extend for up to a further four years. This approach allows the Authority to clearly specify its requirements and reduces the duplication inherent in the previous system of different services commissioning independently of each other.

- 3.14 As well as seeing single commissioning systems within organisations, public bodies in some areas of Wales are also developing regional commissioning of VAWDASV services, in line with Welsh Government guidance¹⁵. The roll-out of regional funding under the Welsh Government's VAWDASV Services Grant began in April 2018, although 2018-19 was a transitional year as public bodies developed their new approaches. While regional funding ostensibly began on 1 April 2018, many organisations are still dividing up grants between local authorities with each following their own commissioning strategy.

¹⁵ The March 2018 guidance for local strategies states that 'it is anticipated that a move to a regional approach will improve the alignment of funding with policy direction, including the Act; ensure greater focus on the delivery of services; and facilitate greater value for money and flexibility of regionally funded services to meet local need'.

- 3.15 Despite this, some organisations believe that the move to regional funding has been hugely beneficial, particularly in supporting operational and academic research in the area of VAWDASV. Dyfed Powys Police have worked with the regional VAWDASV board and have jointly commissioned two research projects which they anticipate will have local, regional, national and international benefits. The research projects are being undertaken on a collaborative basis with Swansea University and Cardiff University respectively and have also been co-funded by the European Social Fund (European Union). The research projects focus on two key areas; 1. The effectiveness of DASH in practice – Quality and effectiveness of Police Risk assessments relating to Domestic Abuse, and 2. Identification of commonality between psychopathy and serial domestic abuse perpetrators. This research project will also have an equal focus on the urban and rural challenges of tackling domestic abuse within Welsh communities and the challenges in providing support to both victims and perpetrators.
- 3.16 A single or regional approach can also present some risks. For example, Welsh Women's Aid highlighted that in some cases contracts can often be awarded to generic service providers rather than specialist providers because of lower competitive-tender prices, commissioners' lack of understanding about what 'VAWDASV specialist services' are or because they do not always apply national quality service standards for domestic and sexual abuse services when commissioning services. One survey respondent noted that Their 'service which had a really good reputation in [county] for the work it does in high risk and holistic support for Domestic Abuse was devastated via regional funding. We lost three of our main trained workers'. Whilst it is legitimate for local authorities to secure the best price for a service, it should not be the only driver. Quality, impact, coverage and take-up are also important, particularly in specialist services which, by their very nature, often provide better value for money even though they may be more expensive.

Evaluating performance and impact of VAWDASV services is difficult because of weaknesses in arrangements

- 3.17 To get the best from funding decisions and strategic choices, local authorities need to ensure they have the right arrangements and systems in place to manage, evaluate, measure and scrutinise performance. Effectively assessing performance will also help all parties to improve management of third sector funding, wider accountability for performance and expenditure, and policy development. Setting poor indicators makes it difficult to therefore judge the true value of VAWDASV services. Key to the effective scrutiny of performance is having robust but streamlined processes that strike the right balance between collecting ‘everything’ and ‘nothing’.
- 3.18 From our fieldwork we found that organisations find it difficult to measure performance effectively, particularly with respect to long-term outcomes that help judge the positive impact of services on victims and survivors. For instance, only 60% of organisations responding to our survey believe that they have put in place appropriate performance measures, targets and benchmarks for VAWDASV. Whilst just over half of respondents (55%) believe that these cover all VAWDASV services, only 25% of respondents stated that their performance management system allows them to assess the value for money of services.
- 3.19 In terms of services making a positive impact on victims and survivors, only 70% of respondents stated that they measure performance against appropriate outcomes and slightly fewer (65%) assess victims and survivor’s satisfaction with the services they access and use. However, less than a third have set baselines which enable them to judge change and improvement over time. Likewise, only a third note that their evaluation systems are effective in identifying and addressing gaps in provision. Self-reflection and learning is similarly variable with just over half of public bodies responding to our survey stating that they have created arrangements to learn from case reviews. However, only 45% stated that they use these processes to shape service priorities and inform their future strategy and planning.

3.20 Survey respondents identified the main blockages to creating an effective framework to evaluate performance as limitations in the data they collect; poor leadership at all levels; weaknesses in data management – for instance, difficulties in interrogating information and integrating data – and the quality and timeliness of Welsh Government guidance. Whilst this latter point has partly been addressed with the recent publication of the [National Indicators for Wales](#), a number of interviewees expressed concerns about the slow progress to date in drafting the measures¹⁶ and their limited coverage as not enabling public bodies to measure what difference services are making to victims and survivors. At present, weaknesses in current arrangements mean that it is difficult for public bodies to consistently know what is working and why.

¹⁶ The June 2019 VAWDASV National Indicators are the second set of National Indicators published by the Welsh Government following the first consultation published in December 2017. The Welsh Government aims to produce the final set by mid-2020.

Appendix 1 – Review methodology

Review of literature and web-based information

We reviewed a range of documents including Welsh Government guidance and codes of practice, local authority and other public bodies service plans, strategies and monitoring information.

Data and statistical analysis

We analysed authorities' performance using data submitted to the Welsh Government and published on [StatsWales](#) and the [Local Government Data Unit Benchmarking Hub](#). We also used national data provided by [Office of National Statistics](#).

Local and national fieldwork

We undertook detailed fieldwork in Conwy County Borough Council, Flintshire Council, Rhondda Cynon Taf County Borough Council, Swansea Council, South Wales Fire and Rescue Authority and Dyfed Powys Police. This involved interviewing officers and elected members, partners and focus groups with third sector frontline workers. We interviewed representatives from Welsh Women's Aid, Welsh Government, the Welsh Local Government Association, the Welsh Government appointed VAWDASV National Advisors (current and former), Independent Domestic Violence Advisors and chief executives of third sector organisations. We augmented our outlook and understanding by interviewing elected members and officers in Newcastle City Council.

Interviews with survivors

We interviewed a number of survivors who provided us with detailed information on their experiences on how public bodies have responded to their needs.

Surveys

We surveyed local authorities, health boards, fire and rescue authorities, the police and police and crime commissioners on their strategic approach to VAWDASV and the effectiveness of current operational arrangements. We also surveyed all major social housing providers in Wales and third sector providers of specialist VAWDASV services.

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