Specification

Domestic Abuse and Sexual Violence Community Services

Date 13/09/17 version1

Neighbourhoods

Resilient Cornwall

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Contents

1. Definitions

Contract definitions

"Contact"
means: established contact with an individual by phone, face-to-face, or email response

"Contract"
means: the Contract for the provision of the Services, Supplies or Works, which will be awarded to a successful Supplier;

"Council"
means: Cornwall Council, County Hall, Treyew Road, Truro, Cornwall TR1 3AY;

"Planned exit"
means: a scheduled departure from service with a completed exit interview

"Referral"
means: any request for service

"Service User"
means: an individual who accesses services as a result of being impacted by domestic abuse and/or sexual violence

"Services"
means: the provision of Domestic Abuse and Sexual Violence services as described in this Specification.

"Supplier/Provider"
means: any person or persons, firm or firms or company or companies applying to tender for the Services, Supplies or Works, or, where there is more than one organisation applying, the lead organisation;

"Successful engagement"
means: advice, guidance and support given as a result of a completed assessment that requires 4 or more contacts

"The Council's Contract Manager"
means: the representative of Cornwall Council responsible for arranging and leading Contract Review Meetings

"The Supplier's Contract Manager"
means: the representative of the provider/supplier responsible for attending Contract Review Meetings and actioning any changes

"High Risk"
means: a person who has suffered – or potentially suffering – an event that is "life threatening and/or traumatic, and from which recovery whether physical or

psychological can be expected to be difficult or impossible ... the potential event could happen at any time and the impact would be serious.

"Medium risk"
means: there are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example, failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

"Standard risk"
means: no significant current indicators of risk of harm.

Domestic abuse and sexual violence
For the purpose of this service specification domestic abuse and sexual violence includes:

- Domestic abuse,
- Child Sexual Exploitation (CSE),
- Child Sexual Abuse (CSA),
- Forced Marriage (FM),
- Honour-Based Abuse (HBA),
- Rape and sexual assault,
- Harmful sexual behaviour,
- Female Genital Mutilation (FGM),
- Stalking and harassment in the context of domestic abuse and sexual violence,
- Modern slavery in the context of domestic abuse and sexual violence,
- Human trafficking and sexual exploitation in the context of domestic abuse and sexual violence,
- Adverse Childhood Experiences (ACEs) in the context of domestic abuse and sexual violence.

Domestic abuse
The cross-government definition of **domestic abuse** is:
"Any incident, or pattern of incidents, of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or are family members, regardless of gender or sexuality.

This includes:
Psychological, physical, sexual, financial and emotional abuse, stalking, So-called 'honour'-based or 'honour' violence and forced marriage and Female genital mutilation"

- **Controlling behaviour** is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.
- **Coercive behaviour** is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Stalking and harassment

Stalking is the repeated (i.e. on at least two occasions) harassment causing fear, alarm or distress. It can include threatening phone calls, texts, emails or letters, damaging property, spying on and following the victim.

Harassment is the act of systematic and/or continued unwanted and annoying actions of one party or a group, including threats and demands.

Forced marriage and honour based abuse

A forced marriage is where one or both people do not (or, in cases where a person lacks mental capacity, cannot) consent to the marriage and pressure or abuse is used.

'Honour' Based Abuse (HBA) is a form of domestic abuse which is perpetrated in the name of so called 'honour'. Women, especially young women, are the most common targets, often when they have acted outside community boundaries of perceived acceptable feminine/sexual behaviour.

Female Genital Mutilation (FGM)

Female genital mutilation (FGM) is any procedure that's designed to alter or injure a girl's (or woman's) genital organs for non-medical reasons.

Sexual violence

In 2008 the World Health Organisation (WHO) defined its understanding of sexual violence as
"*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic someone's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work*".

Child Sexual Abuse (CSA)

HM Government[1] describes **child sexual abuse**:
Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images,

1 HM Government (2015), Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2015)

watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Child Sexual Exploitation (CSE)

In February 2017, the Department for Education published a revised definition of Child Sexual Exploitation and updated the associated guidance.

"Child sexual exploitation is a form of child sexual abuse.

It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator.

The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology."

NB: The definition above applies also applies to those adults who may be more vulnerable to the risk of sexual exploitation due to their personal circumstances or additional needs, however, nationally the focus has been on widely reported cases of child sexual exploitation.

Modern slavery, human trafficking and sexual exploitation

Sexual exploitation is one of the forms of slavery that is covered by the new Modern Slavery Act. It is linked to UK human trafficking offences, also covered by the Act, that involve arranging or facilitating the movement of victims (into, out of or around the UK) with a view to exploiting them. Human trafficking is not the same as people smuggling, as the aim is not solely to enter a country illegally but the ongoing exploitation and control of a person when they have arrived.

Charity Stop the Traffik describes human trafficking as being "***deceived or taken against your will, bought, sold and exploited.***" Types of exploitation can include sexual exploitation, forced labour, street crime, domestic servitude or even the sale of organs and human sacrifice. Sex trafficking refers to the trafficking of men, women and children specifically for the purposes of sexual exploitation.

Harmful sexual behaviour

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult." (derived from Hackett, 2014).[2]

Adverse Childhood Experiences (ACEs)

ACEs are stressful or traumatic events that occur in childhood, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health

2 Hackett, S (2014). *Children and young people with harmful sexual behaviours*. London: Research in Practice.

problems throughout a person's lifespan, including those associated with substance misuse.

ACEs include:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Intimate partner violence
- Mother treated violently
- Substance misuse within household
- Household mental illness
- Parental separation or divorce
- Incarcerated household member

Domestic Homicide Reviews

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

2. Introduction

2.1 Purpose

This document specifies the requirements of the Cornwall & Isles of Scilly Community Domestic Abuse and Sexual Violence Services. It covers background information, objectives, outcomes, service details and performance measures. It sets out the standards and expectations required for the delivery of a specialist integrated service for people (adults and children) who have experienced or are experiencing domestic abuse and/or sexual violence.

This specification is written, and should be read, in conjunction with the Terms and Conditions and the rest of the tender documentation. The terms are the same throughout both documents. Compliance with the Contract will take place through contract monitoring meetings. It should also be read in conjunction with NHS England Service Specification No 30 for the provision of Sexual Assault Referral Centres. https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-30.pdf

This specification is for community-based services for victims, perpetrators and children and young people affected by domestic abuse and/or sexual violence. The service will deliver outcomes for 2018-2023, and will fulfil Cornwall Council and NHS Kernow's requirements to commission the therapeutic services for individuals who are on the Sexual Assault Referral Centre (SARC) pathway, as per the NHS England Service Specification No 30. It will provide performance management information of the highest quality that demonstrates achievement of these outcomes.

Cornwall Council will be lead commissioner for this service on behalf of the Safer Cornwall Partnership. The Safer Cornwall Partnership (Community Safety Partnership) is made up of 6 statutory members including Cornwall Council, Devon and Cornwall Police, NHS Kernow, Cornwall Fire and Rescue Service, National Probation Service and the Dorset, Devon and Cornwall Community Rehabilitation Company. NHS Kernow will be associate commissioners for the therapeutic pathway for sexual assault only. Domestic abuse and sexual violence has been identified as the top priority for the partnership for 2016-2019. This is described in more detail in the Safer Cornwall Partnership Plan. http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/. The funding for this service is a pooled budget from contributing members of the Safer Cornwall Partnership.

The service provision will include:
Critical services for domestic abuse:

- A single point of access for domestic abuse and sexual violence excluding the SARC, Independent Sexual Violence Advisor (ISVA) service and refuges;
- Independent Domestic Violence Advisor (IDVA) service.

Recovery and therapeutic interventions:

- Recovery programmes to meet the needs people who have experienced/witnessed and/or been impacted by domestic abuse and/or sexual violence;
- Therapeutic interventions to meet the needs of people who have experienced/witnessed and/or been impacted by domestic abuse and/or sexual violence, including those individuals who have received services from the SARC.

Early identification:

- Awareness raising and training in settings identified through lessons learnt by Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs), and Safeguarding Adult Reviews (SARs) and agreed with the commissioner. This will include E-learning and face-to-face packages.
- Developing/designing and delivering public awareness campaigns
- Programmes in educational settings.

This integrated service is new for Cornwall, and combines services previously commissioned separately through Cornwall Council and NHS Kernow in a joint commissioning model for victims, perpetrators and children.

The service must:

- deliver evidence based interventions that increase safety, and are recovery orientated;
- take into consideration the need for assertive engagement, transfer of support from crisis accommodation, SARCs, police, mental health services and the community;
- deliver a 'Think Family' approach;
- place service users at its core and embed a culture of active and innovative methods of service user involvement which influences and shapes service delivery;
- embody an ethos of ambition for individual and family progress and recovery. Demonstrating a proactive approach and entrepreneurship in developing opportunities for individual progress and sustainable recovery, particularly in partnership with other local services.

This specification will be reviewed regularly and may need to be amended dependent on changes in national policy, identification of changing local need, change in best practice and changes to financial allocations. The provider must be prepared to enter into negotiations with the commissioner if such changes are required and allow for variation of this specification as a result.

Unforeseen situations may emerge which have not been planned for or included within the service specification and the provider may need to work beyond the remit of this specification to ensure that a service user's needs are fully met. These incidences should be reported to the commissioner to inform future service specification development.

There is a requirement that the provider will actively work in partnership with any other specialist domestic abuse and sexual violence services, and other specialist services including mental health and drug and alcohol services, and will provide data (outputs and outcomes) and contextual information for the Safer Cornwall Domestic Abuse and Sexual Violence Outcomes Framework.

The service must be able to meet the needs of all sectors of the community in Cornwall and the Isles of Scilly, including people that may be harder to reach and engage. The service will be required to work with male and female victims, perpetrators and children and young people.

3. Background

3.1 National Context

3.1.1 National strategy

National Ending Violence against Women and Girls Strategy 2016-2020

In 2016, the Home Office published its cross-government strategy for tackling violence against women and girls (including domestic abuse); Call to End Violence Against Women and Girls (CEVAWG). The Home Office stated the four key areas of focus for the strategy were; the prevention of violence, the provision of services, working in partnership, and reducing risk by ensuring perpetrators are brought to justice. This included an accompanying action plan which focuses on the following areas:

- Primary prevention; educating and challenging young people about healthy relationships, abuse and consent;
- Protecting people online;
- Traditional harmful practices; including forced marriage and female genital mutilation;
- Earlier identification and intervention to prevent abuse; including moving to an integrated family model of support, strengthening the role of health services, supporting integration, and safeguarding those affected by or involved in gangs;
- Perpetrators: changing behaviours to prevent abuse and reduce offending; a sustainable approach is dependent on changing attitudes and behaviours of offenders;
- Building the evidence base; providing commissioners and service providers with the best available evidence of what works with early intervention and tackling perpetrators
- Support for commissioning in local areas;
- Effective multi-agency working;
- Improving the criminal justice response; including police, CPS, supporting victims and female offenders, prostitution and tackling online offending.

National violence against Women and Girls Statement of Expectations (December 2016)

The National statement of Expectations (NSE) sets out what local areas need to put in place to ensure their response to Violence Against Women and Girls (VAWG) issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. They expect to see local strategies and services that:

- Put the victim at the centre of the service;
- Have a clear focus on perpetrators in order to keep victims safe;
- Take a strategic, system-wide approach to commissioning, acknowledging the gendered nature of VAWG;
- Are locally-led and safeguard individuals at every point;
- Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

3.1.2 National guidance, programmes and best practice

- Women's Aid National Quality Standards for services supporting women and children survivors of domestic abuse;
- HMIC inspection 2014 "Everyone's business: Improving the police response to domestic abuse";
- DFID guidance 2015: Addressing violence against women and girls in health programming;
- WHO Resolution on Violence against Women 2014 - World Health Assembly;
- Department of Health "Commissioning services for women and children who experience domestic violence or abuse – a guide for health commissioners";
- Centre of Expertise on Child Sexual Exploitation 2017: key messages on the research of child sexual exploitation;
- Maribel Project;
- HM Government 2015 "Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children";
- All Party Parliamentary Group (APPG) 2015 "Conception to age 2: First 1001 days";
- Ofsted 2014: The sexual exploitation of children: It couldn't happen here, could it?;
- HM Government 2010 "The right to choose – multi-agency statutory guidance for dealing with forced marriage";
- NHS England 2013: Securing excellence in commissioning sexual assault services for people who experience sexual violence;
- Public Health functions to be exercised by NHS England – Service Specification No. 30 Sexual Assault Referral Centres
- NHS England 2015: Commissioning Framework for Adult and Paediatric Sexual Assault Referral Centres (SARC) Services;
- Report of the independent review into the investigation and prosecution of rape in London. Dame Elish Angionlini, April 2015;
- No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages (February 2011);
- The 5 Year Forward View for Mental Health (2016);
- Mental Health Crisis Care Concordat (2014);
- Closing the Gap: Priorities for essential change in mental health 2014;
- Guidance for commissioners of perinatal mental health services (2013);
- Sexual Assault Referral Centres Health Needs Assessment for the South West Region. NHSE 2017;
- Health care commission (2007). The pathway to recovery;
- National Security Strategy and response to Serious and Organised Crime Local Profiles;
- The Troubled Families Programme;
- Safe Lives–DASH MARAC Risk Indicator Checklist: for the identification of high risk cases of domestic abuse, stalking and 'honour'-based violence;
- Independent Domestic Violence Advisor (IDVA) – toolkit for MARAC;
- The Charter and Service Standards for IDVA Services (Safe Lives);
- The Code of Practice for Victims of Crime (October 2015);
- The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, May 2011);

- The Respect Accreditation Standard;
- Respect Safe Minimum Practice Standard;
- Respect Accreditation Standard Assessors' Manual;
- Multi-Agency Practice Guidelines: Female Genital Mutilation;
- Guidance on regulating childcare in women's refuges;
- Safe Learning;
- Southwest Grid for learning;
- Safe and sound: resource manual for working with children who have experienced domestic violence;
- PHSE and SRE curriculum;
- Sexual Harassment and Sexual Violence for Children in Schools and Colleges; Department of Health, December 2017;
- Statutory Sex and Relationship Education Guidance;
- Evidence based practice criteria for Sex and Relationships Education (Policy report 12, University of Bristol);
- BABCP minimum training standards;
- BCAP ethical framework for counselling professions;
- Standards of performance, conduct and ethics - BABCP;
- Standards of proficiency for cognitive behaviour therapy – BABCP;
- Standards of conduct, performance and ethics and standards of proficiencies – HCPC;
- Rape Crisis National Service Standards;
- Crown Prosecution Service (CPS) Provision of therapy for vulnerable or intimidated adult witnesses prior to a criminal trial - Practice guidance;
- Plymouth University & Safer Cornwall Domestic Abuse Typology Research;
- 2017 guidance from the Department for Education for practitioners, local leaders and decision makers working to protect children from child sexual exploitation.

NICE Guideline	
NG55	Harmful sexual behaviours among children and young people
NICE Quality Standards	
QS116	Domestic violence and abuse
QS128	Early years: promoting health and wellbeing in under 5s
QS115	Antenatal and postnatal mental health
QS37	Postnatal care
QS133	Children's attachment
QS53	Anxiety disorders
QS8	Depression in adults
NICE Public Health Guidance	
PH50	Domestic violence and abuse: multi agency working
PH40	Social and emotional wellbeing: early years
PH49	Behaviour change: individual approaches
NICE Clinical Guidance	
CG89	Child maltreatment: when to expect maltreatment in under 18s
CG110	Pregnancy and complex social factors: A model for service provision
CG123	Common mental health problems: identification and pathways to care
CG90	Depression in adults: recognition and management
CG91	Depression in adults with a chronic physical health problem: recognition

	and management
CG113	Generalised anxiety disorder and panic disorder in adults: management
CG31	Obsessive-compulsive disorder and body dysmorphic disorder: treatment
CG26	Post-traumatic stress disorder: management
CG159	Social anxiety disorder: recognition, assessment and treatment
CG192	Antenatal and postnatal mental health: clinical management and service guidance
CG37	Postnatal care up to 8 weeks after birth

Where there are no national standards, the service provider will be required to work in line with best practice guidance.

3.1.2 National outcomes

NHS Outcomes Framework Domains and Indicators

In addition to criminal justice outcomes, domestic abuse and sexual violence services are commissioned to deliver services in relation to all domains.

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

Public Health Outcomes Framework

The Public Health Outcomes Framework[3] focuses on the two high-level outcomes to achieve across the public health system and beyond. These two outcomes are:

Outcome 1: Increased healthy life expectancy. Taking account of the health quality as well as the length of life

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities. Through greater improvements in more disadvantaged communities.

Domestic abuse and sexual violence services form part of the set of supporting public health indicators that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above.

The 2 overarching indicators that the service will be responsible for delivering against are:

1.11	Domestic abuse

3 Public Health Outcomes Framework 2016-2019, Department of Health (August 2016)

1.12	Violent crime (including sexual violence)

The impact of domestic abuse and sexual violence is far reaching and contributes to 26 of the 70 indicators currently reported through the Public Health Outcomes Framework.

Domain 1: Improving the wider determinants of health	
1.01	Children in low income families
1.02	School readiness
1.03	Pupil absence
1.04	First time entrants to the youth justice system
1.05	16-18 year olds not in education, employment or training
1.07	Proportion of people in prison aged 18 or over who have a mental illness
1.08	Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services
1.09	Sickness absence rate
1.11	Domestic abuse
1.12	Violent crime (including sexual violence)
1.13	Levels of offending and re-offending
1.15	Statutory homelessness
1.18	Social isolation
Domain 2: Health improvement	
2.01	Low birth weight of term babies
2.04	Under 18 conceptions
2.05	Child development at 2 – 21/2 years
2.07	Hospital admissions caused by unintentional and deliberate injuries in under 25s
2.08	Emotional well-being of looked after children
2.10	Self-harm
2.23	Self-reported well-being
Domain 4: Healthcare public health & preventing premature mortality	
4.01	Infant mortality
4.03	Mortality rate from causes considered preventable
4.09	Excess under 75 mortality rate in adults with servious mental illness

4.10	Suicide rate
4.11	Emergency readmissions within 30 days of discharge from hospital
4.13	Health-related quality of life for older people

3.1.4 Additional legislation influencing this service

- Crime and Disorder Act 1998
- Welfare Reform Act 2012
- Domestic Violence Disclosure Scheme – "Clare's Law"
- Domestic Violence, Crime and Victims Act 2004
- Children's Act 2006
- Health and Social Care Act 2012
- Public Services (Social Value) Act 2012
- Modern Slavery Act 2015
- Sexual Offences Act 2003
- National Mental Health Crisis Care Concordat 2014
- Mental Health Act 1983 Code of Practice, Department of Health, 2008
- Department of Health, 2005 "The Mental Capacity Act". DoH
- Department of Health, 2007 "The Mental Health Act as amended from the 1983 Act"
- Protection from Harassment Act 1997 (as amended)
- Protection of Freedoms Act 2012 (Stalking)
- Forced Marriage Act 2007
- Anti-social Behaviour, Crime and Policing Act 2014
- Safety and Justice and Domestic Violence, Crime and Victim Act 2004
- The Victims Code of Practice 2004
- Equality Act 2010
- Data Protection Act 1998
- Family Law Act 2006
- Directive 2012/29/EU of the European Parliament establishing minimum standards on the rights, support and protection of victims of crime
- Counter-Terrorism and Security Act 2015
- Homelessness Reduction Act 2017
- Domestic Abuse Bill 2018 (details to be confirmed)

The provider will comply with all relevant guidance, regulations and statutory circulars that are applicable to the services provided.

3.2 Local context

Cornwall Council commissions a range of statutory and non-statutory provision, including domestic abuse and sexual violence and drug and alcohol services, on behalf of the Safer Cornwall Partnership. The Safer Cornwall Partnership (Community Safety Partnership) is made up of 6 statutory members including Cornwall Council, Devon and Cornwall Police, NHS Kernow, Cornwall Fire and Rescue Service, National Probation Service and the Dorset, Devon and Cornwall Community Rehabilitation Company. Domestic abuse and sexual violence has been identified as the top priority for the partnership for 2016-2019.

3.2.2 Local needs analysis

Local needs in Cornwall and the Isles of Scilly (CIoS) are demonstrated in the Domestic Abuse and Sexual Violence Needs Assessment 2015/16, the Review of Sexual Assault Services (2017) and Refuge Needs Assessment 2017/18. All are available on the Safer Cornwall Website – http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/

3.2.3 Current Domestic Abuse and Sexual Violence provision in Cornwall

Current provision for domestic abuse and sexual violence can be found on the Safer Cornwall website http://safercornwall.co.uk/what-we-do/dasv-hub/ and on page 104 of the DASV needs assessment.

3.2.4 CIoS Domestic Abuse and Sexual Violence Strategy

The CIoS strategy headlines work under the four national principles; prevent, provide, risk management and criminal justice, and partnership:

Prevent

- Early identification and help; promoting a culture of 'ask and tell' and enable an early response thereby reducing the risk of escalation and long term harm;
- Workforce development; responding to domestic abuse and sexual violence is recognised and embedded as core business for all organisations;
- Intelligence, quality assurance and performance management; having a strong evidence base and robust performance management to support the development of the highest quality services;

Provide

- Commissioning and service delivery; having service delivery from crisis support through a continuum of support to independent living for all impacted by domestic abuse and sexual violence;
- Funding and income generation; long term responses to long term issues are supported in a financial sustainable way;
- Adverse Childhood Experiences – ensuring an integrated response to complex needs where domestic abuse, sexual violence, drugs and alcohol use and mental health co-exist for individuals and/or households or 'family units' which requires transformational (system) change;

Risk management and criminal justice

- Processes; where specialist forums or processes exist, they are effective and provide measurable outcomes for victims, their families and perpetrators;
- Lesson learnt; learning is translated into operational reality, practice and policy;
- Perpetrator identification, management and support; identification of perpetrators shifts from a criminal justice only responsibility to core business, thereby enabling early intervention, co-monitoring and reducing risk;

Partnership

- Digital infrastructure and interoperability; services are enabled through technology and systems can communicate;
- Interfaces; breaking down barriers between systems and processes, to enable a coordinated and effective response to protect and support people with enduring complex issues;
- Community based intelligence and response; engaging with communities, use their offer and support development where gaps are identified to move towards independent living.

3.2.5 Local policy and protocol

In addition to the national programmes and priorities identified above, Safer Cornwall partnership is committed to commissioning a service which reflects local as well as national strategies, polices and guidance. The provider is expected support the delivery and principles of the following strategies, plans and protocols (not an exhaustive list):

- Safer Cornwall Domestic Abuse and Sexual Violence Strategy
- Safer Cornwall Partnership Plan and Delivery Plan
- Cornwall Council's Business Plan
- Cornwall Public Health's Annual Report
- The Cornwall Health and Wellbeing Strategy and Delivery Plan
- Shaping Our Future – Our local Sustainability and Transformation Plan (in development)
- One Vision for Cornwall
- NHS Kernow Mental Health Delivery Plan 2017-2020
- Safeguarding Adults Board business plan and working practices
- Safeguarding Children Partnership business plan and working practices
- Cornwall and the Isles of Scilly Drug and Alcohol Strategies and joint DAAT/DASV protocol
- Any recommendations arising through local domestic homicide reviews, Safeguarding Adult Reviews and/or serious case reviews
- Cornwall Reducing Reoffending Strategy
- Rough Sleeping Strategy
- Anti-Social Behaviour Strategy

3.2.6 Local Outcomes

Cornwall Council Cabinet priorities 2017

The following areas are the named priorities for Cornwall Council. It is expected the service will contribute to the highlighted priorities.

Health, Social Care and Families

- **Deliver better health outcomes for everyone, working with partners to shape our future health and care services**
- Ensure people are able to leave hospital, once they are well enough, with the right care in place
- **Protect and improve the lives of our vulnerable adults**
- Increase the aspirations of our young people
- **Protect children from the risk of harm**
- **Promote children's physical and mental health**
- Reduce child poverty

Homes

- Provide 1,000 council homes over 4 years
- Raise the standards of private rented homes
- Bring empty properties back into use
- Support the Cornwall Community Land Trust and registered providers to deliver homes in Cornwall
- Lobby to remove the bedroom tax
- Reduce the number of people who have to spend more than 10% of their income to heat their homes

Environment, Growth and Jobs

- Use Council land to create jobs, as part of our plan to secure 38,000 new jobs across Cornwall by 2030
- Ensure people in Cornwall are trained with the skills that our current and future employers need

- Use our contracts to ensure more people working in Cornwall are paid a genuine living wage
- Increase the number of apprenticeships for people in Cornwall
- Invest across Cornwall to create jobs, provide homes and improve lives
- Reduce waste and increase recycling
- Become a leader in environmental growth and renewable energy

Transport and Connectivity

- Further improve sea, road, rail and bus networks across Cornwall, working
- with our partners
- Build an integrated transport system, linking main line bus and rail timetables, ferries the airport.
- Give communities more influence over funding to improve roads
- Further enhance our broadband and mobile connectivity

Devolution and Localism

- Give residents and communities a greater say in decisions and make them at the most appropriate level
- Lobby Central Government for more powers and fairer funding for Cornwall, including a replacement European fund

Safer Cornwall Priorities

Safer Cornwall have identified the following 6 headline outcomes for the next 3 years. The service is expected to contribute directly to outcomes 1, 2 and 6 and indirectly support outcomes 3, 4 and 5.

1. Improve outcomes for local communities and increase public confidence, by working more effectively together,
2. Reduce the risk of serious harm through providing the right response to safeguard individuals and their families from violence and abuse,
3. Reduce the impact of alcohol-related harm on individuals, their families and the community and reduce the risks of violent crime,
4. Reduce drug-related harm for individuals, their families and the community and improve health and recovery outcomes for people in treatment,
5. Effectively resolve anti-social behaviour, including diverting perpetrators and supporting the most vulnerable individuals in our communities,
6. Reduce crime and prevent further victims, through achieving positive life changes for offenders and their families.

Police & Crime Plan Priorities 2016-2020

The Police & Crime Plan for Devon & Cornwall has been co-produced with the Chief Constable and sets out the strategic priorities for policing Devon, Cornwall and the Isles of Scilly for 2017-2020.
http://www.devonandcornwall-pcc.gov.uk/about-us/police-and-crime-plan/

This plan will focus on:

- Connecting our communities and the police – through a new Local Policing Promise to ensure policing in the local area is 'Accessible, Responsive, Informative and Supportive';
- Preventing and deterring crime – so we can stop people becoming victims of crime and help them move on with their lives;
- Protecting people at risk of abuse and those who are vulnerable – safeguarding the vulnerable and keeping them safe from harm;
- Providing high quality and timely support to victims of crime to help them recover and to get justice by improving the criminal justice system;

- Getting the best out of the police – making best use of our resources, supporting and developing our workforce and working well in partnership with others.

The plan recognises and reflects the important issues identified in the Peninsula Strategic Assessment. http://safercornwall.co.uk/download/7412/

The Peninsula Strategic Assessment provides a formal process that risk assesses crime, antisocial behaviour and disorder issues to identify emerging concerns and ongoing challenges. It highlights the main threats to Devon and Cornwall as domestic abuse, sexual offences, alcohol-related harm, providing an effective response to serious organised crime and the demand generated by mental health and troubled families.

3.2.7 The contract

The contract will be for one service to the value of 1.2million.

The provider will be required to offer a consistent service to best practice standards across CIoS according to the estimated local needs outlined in section 4.

Cornwall Council is the lead commissioning authority for this service. NHS Kernow will be associate commissioner for the therapeutic pathway in relation to the national SARC guidance service specification No 30 only.

Sub-contracting of any element of the service will need to be agreed with the commissioner in writing. The commissioner must agree:

- consenting to the appointment of the sub-contractor (such consent not to be unreasonably withheld or delayed); and

- approving the sub-contract arrangements (such approval not to be unreasonably withheld or delayed).

In the event that the provider enters into any sub-contract in connection with this service it shall:

- remain responsible to Cornwall Council for the performance of its obligations under this service specification and terms and conditions and be responsible for the acts omissions and neglect of the sub-contract(or);

- impose obligations on each subcontractor in the same terms as those imposed on it pursuant to this service specification and terms and conditions and shall use its best endeavours to procure that the subcontractor complies with such terms; and

- provide a copy, at no charge to Cornwall Council, of any such subcontract on receipt of a request for such by Cornwall Council's Authorised Representative.

4. **Scope**

4.1 Area and anticipated demand

CIoS comprises a population of approximately 550,000. It is the second largest local authority area in the South West region and is an area of many contrasts; with remote rural, coastal and environmentally sensitive areas, interspersed with villages and historic market towns; where affluence sits alongside some of the most disadvantaged. More information on CIoS can be found in Safer Cornwall's Partnership plan http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/ and detailed information can be found in CIOS DASV Needs Assessment http://safercornwall.co.uk/crime-in-your-area/documents-and-publications/

The following table show prevalence estimates and reports to the police for domestic abuse and sexual violence for 2016/17.

	Domestic abuse[4]			**Sexual violence[5] (rape and sexual assault)**	
	Estimated prevalence	Reports to the police		Estimated prevalence	Reports to the police
Gender	Victim in the last 12 months	Crimes	Non-crimes	Victim in the last 12 months	Crimes
Male	6,500	694	-	1,000	52
Female	14,400	2,321	-	4,800	422
CYP[6]	-	111	-	-	456
Unknown	-	100		-	25
Total	20,900	3,226	4,371	5,800	955

The table below shows throughput in domestic abuse and sexual violence services by type of service. It is important to note some service users may have utilised more than one service and therefore may have been counted twice.

	Refuge	**IDVA**	**SARC**	**Recovery programmes**	**Support groups**	**Therapeutic interventions**	**REACH helpline**
Female	99	558	208	398	872	2300	-
Male	18	62	23	-	-	218	-
CYP	88	-	90	-	-	586	-
Total	205	620	321	398	872	3104	2401

4 Domestic abuse ONS Domestic abuse datatool - Dec 2016 release
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtablesfocusonviolentcrimeandsexualoffences
Note that CYP for domestic abuse includes victims aged 16 and 17 only

5 Sexual violence Crime Survey for England and Wales, Focus on: Violent Crime and Sexual Offences, year ending March 2016
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/appendixtablesfocusonviolentcrimeandsexualoffences

6 NSPCC estimate 1 in 20 children - 2,290 (mid 2016 population)

4.2 Service scope

4.2.1 In scope

The service specification encompasses the full suite of community-based services for adults and children experiencing or who have experienced, and/or been impacted by domestic abuse and/or sexual violence, these are described in detail in the statement of requirements. This includes victims, perpetrators and children and young people. This service will:

- Provide a 'whole-system approach' and respond to individual and family risk and need with consistent standards and the service user at the centre;
- Provide service delivery from crisis response through a continuum of support to independent living for anyone impacted by domestic abuse and sexual violence;
- Risk assess (using evidence based assessment tools) all victims, perpetrators, children and young people and families across CIoS of the following:
    - Domestic abuse
    - Stalking and harassment
    - Rape and sexual assault
    - Childhood Sexual Abuse
    - Child Sexual Exploitation
    - Modern slavery in the context of domestic abuse and sexual violence
    - Human trafficking and sexual exploitation in the context of domestic abuse and sexual violence
    - Adverse childhood experiences in the context of domestic abuse and sexual violence
    - Subjected to or at risk of Female Genital Mutilation (FGM), Forced Marriage (FM), and Honour-Based Abuse (HBA)
- Provide effective and comprehensive safety and support planning, responding to risk and need, for all victims, perpetrators, children and young people and families of:
    - Domestic abuse
    - Stalking and harassment
    - Rape and sexual assault
    - Childhood sexual Assault/Exploitation
    - Those subjected to or at risk of Female Genital Mutilation (FGM), Forced Marriage (FM), and Honour-Based Abuse (HBA)
    - The service needs to meet additional needs which could include, but is not limited too; protected characteristics, complex needs, and those with no recourse to public funds.
- Services can be offered in the case of both recent and non-recent domestic abuse and sexual assault, and should be assessed on an individual basis with clear decision making documented.
- Ensure there are effective arrangements for transitions between interventions within the service, recognising dynamic nature of risk and need from referral to case closure. This should be quality assured through the regular case supervision and review processes.
- Ensure a tiered approach (appendix 1) is provided to ensure cost effective interventions are delivered without compromising client outcomes.
- Ensure the service works in accordance with the Equality and Diversity Act, responding to the population of CIoS, ensuring services are accessible to all, including those with multiple complex needs.

This Specification includes elements of Services which involve joint working arrangements with partner organisations, including but not restricted too:

- Health; General Practices and Primary Care, Royal Cornwall Hospitals Trust (RCHT), Plymouth Hospital NHS Trust, Community Hospitals, health visitors and midwifery, mental health services (primary and secondary), drug and alcohol services, mental health advocacy services;
- Cornwall Council and arm's length companies; Cornwall Housing Limited, children's and families services, including the Council's Adult and Children's Social Care and family hubs, Public Health, ASB team;
- Criminal justice; Devon and Cornwall Police, Probation (both the National Probation Service and Dorset, Devon and Cornwall Community Rehabilitation Company), courts;
- Registered Social Landlords including Supported Housing and Homelessness Services;
- JobCentre Plus, Department for Work and Pensions;
- The voluntary, community and social enterprise sector.

The provider is strongly encouraged to be creative and to deliver added value through:

- Utilising service user experience to motivate and engage others;
- Providing other evidence-based interventions to improve engagement;
- Providing evidence of working in partnership with local voluntary/third sector providers/businesses to build capacity and improve outcomes;
- Demonstrating innovation and entrepreneurship in building service user engagement to develop meaningful activities beyond formal interventions;
- Generating additional income streams to increase the resources available to support service users and develop innovation.

4.2.2 Out of scope

For the avoidance of doubt, the following services are outside the scope of this Service Specification:

- Refuge provision.
- Sexual Assault Referral Centres.
- Independent Sexual Violence Advisor provision.

5 Statement of Requirements

Service Aim(s)

The overall aim of this service is to reduce the risk of serious harm through providing the right response to safeguard individuals and their families from violence and abuse.

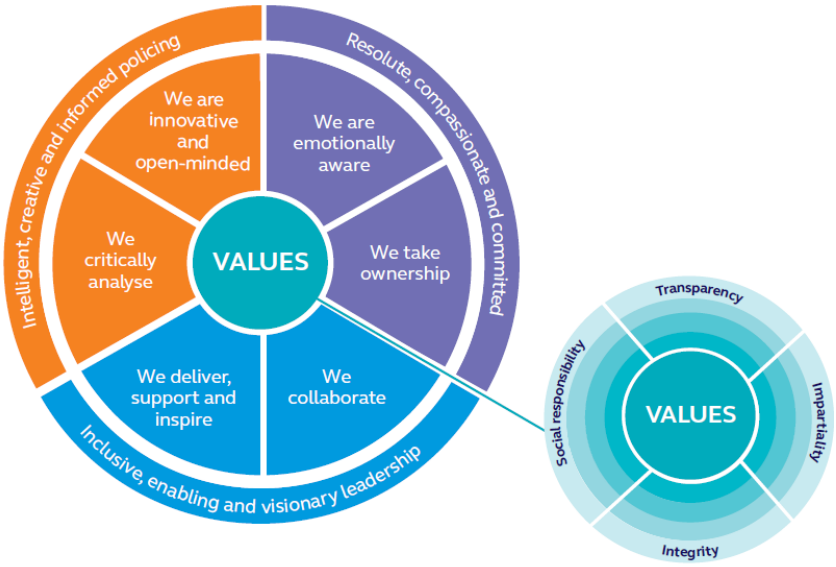
Service Objectives

The objectives of this service are:

- Promote a culture of 'ask and tell' and enable an early response, thereby, reducing the risk of escalation and long term harm;
- Ensure responding to DASV is recognised and embedded as core business for all organisations;
- Work against the strong evidence base and have robust performance and risk management to support development of the highest quality service;
- Have service delivery from early identification to crisis intervention through a continuum of support to independent living for all impacted and affected by DASV;
- Have long term responses to long term issues which are supported in a financially sustainable way;
- Have an integrated response to complex needs where DASV, drugs and alcohol and mental health conditions co-exist;
- To ensure specialist forums and/or processes, where they exist, are effective and provide measurable outcomes for victims, their families and perpetrators;
- To ensure that learning is translated into operational reality, practice and policy;
- That identification of perpetrators shift from a 'criminal justice only responsibility' to core business, thereby, enabling early intervention, co-monitoring and reducing risk;
- Services are enabled through technology and systems that can communicate;
- Barriers are broken down between systems and processes, to enable a coordinated and effective response to protect and support people with enduring complex issues;
- To engage with communities, use their offer and support development where gaps are identified to move towards independent living.

Values and beliefs.

We recognise the Competency and Values Framework for Policing to be a worthy set of values to work towards. The provider must demonstrate evidence of working to the Competency and Values Framework for Policing http://www.college.police.uk/What-we-do/Development/competency-and-values-framework/Documents/Values_and_Competencies_Overview.pdf . The core competencies are described in the diagram below:


Intelligent, creative and informed policing
Resolute, compassionate and committed
Inclusive, enabling and visionary leadership
We are innovative and open-minded
We are emotionally aware
We critically analyse
VALUES
We take ownership
We deliver, support and inspire
We collaborate
Transparency
Social responsibility
Impartiality
Integrity
VALUES

5.1 Detailed requirements
Note definitions on page 6

5.2.1 Critical services

Single point of access to all elements of the service
The Risk Evaluation And Coordination Hub (REACH) is a single point of access for anyone who has experiences domestic abuse and for the service as a whole. The provider will be required to take on the REACH branding and functions to improve accessibility to the service for both professionals and the public, including affected others.

The service provider will ensure that:

- REACH provides initial contact and risk assessment (using accredited tool) to all referrals within 72 hours of receiving referral.
- REACH will assess and determine the service users and whole families support needs and risks, in a 'think family' approach, jointly with other professionals involved with the family.
- REACH will facilitate multi-agency working where it does not already exist and is appropriate.
- REACH monitors all eligible service users' non-engagement (those unable to be contacted or decline support after contact).
- REACH will direct service users, following assessment, to appropriate elements of the service based on a tiered approach to need, risk and resource (appendix 1) taking into consideration other appropriate services the individual and families may need.
- REACH will refer to other services and provide advice and support to public/professionals, and affected others where appropriate.
- REACH has a mechanism to transfer all out of hours calls to the refuge helpline and a mechanism to retrieve resulting referrals.
- Following contact with REACH, a comprehensive assessment in which details and a demographic and risk profile are recorded, and safety planning, referrals (if appropriate) or advice and information is achieved. This will take place within the following timeframes:
    - 24 hours of the initial contact for high risk
    - 5 days of the initial contact for medium risk
    - 14 days of the initial contact for standard risk

Desirable:

- Expanding REACH to include extended opening hours, including a provision for out of hours, bank holidays and weekend support.

Independent Domestic Violence Advisors
The IDVA service will work in line with Safe Lives standards, guidance and best practice. http://www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/resources-domestic-abuse-service

The service will:

- Risk assess using accredited tools and provide comprehensive safety planning and support for any high risk victim of:
  - domestic abuse;
  - stalking and harassment;
  - forced marriage;
  - honour-based abuse;
  - modern slavery, human trafficking and child sexual exploitation in the context of domestic abuse and sexual violence;

- Risk assess and support victims where a Domestic Violence Protection Order (DVPO) or Notice (DVPN) has been issued;
- Risk assess and support victims where the Domestic Violence Disclosure Scheme is initiated;
- Offer a consistent support service to all eligible victims, including males and females aged 13+;
- Assist victims to identify their needs and to access the most appropriate service to promote recovery.

5.2.2 Early identification

Training
The purpose of this is to improve early identification and response to domestic abuse and sexual violence, through the training of professionals and other parties, as identified by the lessons learnt of Domestic Homicide Reviews, Serious Case Reviews, and Safeguarding Adult Reviews, and agreed with the commissioner. This will include e-learning and face-to-face delivery. The training will cover but is not limited to:

- Level 1 - domestic abuse, stalking and harassment, forced marriage and honour-based abuse and sexual violence awareness. This should include the impact on children and young people;
- Level 2 – domestic abuse, stalking and harassment and sexual violence routine enquiry;
- Level 3 – National risk assessments including Domestic Abuse, Stalking and Honour-based abuse (DASH) and Stalking and harassment. This should include perpetrator typologies;
- Child Sexual Exploitation awareness;
- Sexual Abuse awareness;
- Domestic abuse and sexual violence awareness and bystander training for identified areas of the community.

Training should include up-to-date information on local and national referral pathways.

Training should be based on best practice and standards and be kept up to date to reflect new guidance, best practice and legislation. Training information should be distributed to all attendees, past and present; this should include updated/new information.

The provider should be proactive in advertising and recruiting attendees for the training.

Education programmes

The main purpose of the programme will be to promote the concept of healthy and respectful relationships and provide the attendees with the skills to identify warning signs and make informed decisions on their relationships. The programme will build upon the awareness developed within Relationship and Sex and Education (RSE, formally SRE) and Personal, Social, Health and Economic (PHSE) Education curriculums.

The programme will need to cover as a minimum but is not restricted to;

- Positive and negative relationships
- Self-esteem and respect
- Pressures and expectations
- The meaning of 'freedom and capacity to consent' within sexual relationships
- Risky behaviour
- Grooming
- Safety on the internet
- Identifying warning signs
- Access for support
- Bystander intervention
- Child sexual exploitation.
- Actions and consequences

There is emerging evidence for crime and disorders issues, including the wider exploitation of young people which the provider will need to give due consideration too and/or be required to deliver against.

The programme will need to be adapted for delivery across the range of ages; primary, secondary and further education, to ensure the content is age appropriate. The package should be based on best practice and standards, including the PSHE and RSE (formally SRE) curriculum for Healthy Relationships when confirmed, and be kept up to date to reflect new guidance, best practice and legislation.

Delivery arrangements should consider specialist provider only delivery, mix between education and specialist provider delivery, and training schools for education delivery only.

The provider is expected to consider a range of mediums for delivery of the programme based on evidence, guidance and best practice. It should be driven by theory, be socio-culturally relevant and include an outcome evaluation.

The programme will include working with schools to develop the Safeguarding Lead role, training and resources for school staff and an awareness session for parents.

The provider should work in partnership with other school programmes, including the RSE curriculum, to ensure joint messages are consistent and duplication is minimised.

Public campaigns

The provider will be expected to develop and deliver a number of public social awareness campaigns that include, but are not limited to:

- Contributing to White Ribbon campaigns; Safer Cornwall aim to achieve white ribbon accreditation in all 10 Safer Towns; Liskeard, Penzance, Saltash, St Austell, Truro, Bodmin, Camborne and Redruth, Falmouth and Newquay;
- National awareness weeks:
    - Domestic abuse awareness week;
    - International Womens Day
    - Sexual violence awareness week;
    - CSE awareness day;
- Any other emerging relevant awareness needs, local or national.

5.2.5 Prevention and recovery

The service provider will deliver a range of evidence based trauma-informed interventions for male and female victims, survivors, perpetrators, children and young people and families and affected others, including couples/families who want to stay together. Interventions are expected to include, but are not limited to:

- Behaviour change (or similar) programmes;
- One-to-ones;
- Community drop-ins;
- Support groups;
- Structured programmes;
- Group work.

The expectation is that the service provider will work jointly with a range of partners and services to fully meet service users' needs and risks, including other domestic abuse and sexual violence services.

The service provider will:

- Undertake continual assessments of risk and need, including routine enquiry of adverse childhood experiences, to determine interventions to best suit service users.

- Assist service users in developing safety and recovery plans or equivalent in conjunction with other services involved with the family and be proactive in implementing service user's plans.

- Ensure a tiered approach to need and risk is embedded and followed.

- Ensure service users receive an appropriate, effective service from specialist and qualified therapists working in accordance to the relevant national framework and standards.

- Focus on Recovery*;* the process of recovery is the goal, which must enhance each individual's personal strengths, abilities and the support they receive from their family and peer networks. Each person's control of their life will be maximised by promoting availability of choice, including the type and intensity of service they require for successful living and supporting each person's ability to make choices.

- Promote community connectivity*,* the emphasis on community integration involves a broader focus than service outcomes, including life satisfaction, social networks, immediate housing and living problems, and assistance with benefits and finances. Preparatory work around further education and

employment opportunities, and identification of specific social exclusion factors which contribute to an individual's marginalisation should be integral elements of the approach.

The service will provide support for:

- Male and female victims and affected others of all ages;
- Male and female perpetrators aged 18 and above;
- Families, including those who want to stay in a relationship.

6. All elements of the service

Pathways and referral routes

We would expect the provider to work towards shared protocols with interdependencies. It is the duty of the provider to confirm local pathways to and from (but not limited too) Early Help, adult social care, police, mental health and drug and alcohol services, and housing.

Pathways should include timeframes, responsibilities and contact information and should be underpinned by formal agreements between agencies and mechanisms for feedback.

Priority should be given to those at high risk of DASV, DVPO/Ns, DVDS, suicide and self-harm. See section 1 for definitions.

Where regional pathways are relevant, these should be considered to ensure continuity and timeliness.

Outreach

The provider will deliver dedicated assertive outreach.

In delivering assertive outreach the provider will:

- Work flexibly to respond to individuals at risk and in need of support;
- Contribute to partnership responses to complex issues including responding to individuals who struggle to access services;
- Work with other agencies to aid targeted outreach activity.

The provider will ensure that home visits and/or meeting potential Service Users in other safe locations are used to engage individuals with support services where they have difficulty or there are barriers to accessing the services in the community; this will be part of the core offer of the service.

The provider will be expected to be flexible in working hours, during the evening and at weekends, to meet service user's needs.

The provider will work proactively to identify and remove barriers to accessing service and report significant issues and areas of concern to the commissioner.

A Trauma informed approach

Working more effectively with people who have multiple needs is an overarching priority. We have a large and apparently growing number of people who are experiencing domestic abuse and sexual violence along with alcohol and other drug dependence, homelessness, offending and poor mental health. Support for domestic abuse need to be addressed within the wider context of multiple problems, to deliver sustained recovery. Improved skills and confidence in the workforce to identify, assess and refer people with complex needs is required.

Furthermore, as these are most likely to be found in people with a significant number of Adverse Childhood Experiences (ACEs), a trauma informed approach is required to assist people striving to overcome early life trauma as part of their recovery.

The provider will:

- Ensure all staff and volunteers work in a trauma focused approach and work in

partnership to respond to complex needs;
- Be able to carry out routine enquiry for ACEs;
- Have a system for flagging service users identified with ACEs;
- Provide trauma informed support.

Mental health

The Provider will:

- Have a designated service lead for mental health who attends strategic meetings, steering groups and boards as appropriate to the role;
- Be part of any multi-agency approach to dealing with mental health including identifying local Multi-Disciplinary Team (MDT) and mental health hub meetings (both actual and virtual) with a view to collaborative working with a 'whole person' approach;
- Actively support individuals to engage with a range of mental health services if required;
- Have a system of flagging service users identified with mental health issues; formal diagnosis, keyworker identified mental health issues and mental health service involvement;
- Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;
- Ensure that workforce training includes mental health awareness.

Drug and alcohol

The provider will:

- Have a designated service lead for drugs and alcohol who attends strategic meetings, strategic groups and boards as appropriate to the role;
- Adopt the area-wide policy and procedures (appendix 5) and be part of any multi-agency approach to dealing with drugs and alcohol;
- Ensure that agreed assessment tools identify where service users are drug and/or alcohol users;
- Have a system of flagging service users with drug and alcohol issues; those identified through assessment tools and those involved with drug and alcohol services;
- Actively support individuals identified to engage with drug and alcohol services;
- Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;
- Ensure that workforce training includes drug and alcohol awareness and identification.

Children Young People and families

The provider will:

- Have a designated service lead for children, young people and families who attends strategic meetings, steering groups and boards as appropriate to the role;
- Be part of any multi-agency approach to children, young people and families with a view to collaborative working with a 'think family' approach;
- Provide resource within multi-disciplinary teams within MARU and Family Hubs
- Actively support individuals to engage with a range of early help services if

required;
- Adopt local referral pathways to support service users, identify gaps and work in partnership to develop pathways with existing providers, ensuring there is no duplication;

The provider will balance the needs of parents with active safeguarding and will:
- Make an active contribution to all core groups
- Make an active contribution to Child Protection
- Ongoing and protocol led communication with Children's Social Care

The provider will comply with Council Standards for Safeguarding and promoting the welfare of children and young people.

The provider will actively take part in and contribute to the CIoS Safeguarding Children's Partnership (SCP) Multi-Agency Quality Assurance procedures.

The provider will provide information to support reports to Social Care and criminal justice requirements or similar.

The provider will have a 'Think Family' approach to delivery which focus on the needs of family members, address inter-generational abuse, support the development of positive parenting techniques and address negative family dynamics.

In delivering a Think Family focused service the provider will ensure that consideration is given to the following questions during every service user contact:

- How are the needs and behaviour of the individual service user impacting on other members of the family?
- Are there any children in the family?
- What kind of contact does the service user have with them?
- If the service user is a parent, does he or she need support in their parenting role?
- Is a child a young carer?
- What kind of care are they providing?
- Is there a vulnerable adult?
- Have the other members of the family, including vulnerable adults and children, been offered an assessment/support?
- What can be done to help the whole family? Which other services are needed to support the family?

The family-focussed requirements are:
- To conduct assessments which identify service users who are parents or carers of children, or spend significant time with children;
- Young Carers will be offered a referral to the Young Carers Service for a Young Carers Assessment;
- Adult Carers will be offered a referral to the Carers Service for a Carers Assessment;
- To identify pregnancy and work with the dedicated midwife;
- To have robust partnership arrangements and referral pathways into Early Help,

Social Care and other children services;
- All staff to have received the required levels and updates to safeguarding training (to be monitored through Contract Review meetings, through the Workforce Plan);
- Lead and facilitate multi-agency meetings around the family in the absence of any and develop a 'Think Family' support plan.

The provider will develop and maintain a constructive working relationship with children and young people's services across Cornwall and the Isles of Scilly to ensure the needs of children are being adequately met.

DHRs

The provider will fully contribute to relevant Domestic Homicide Reviews (DHRs) under section 9 of the Domestic Violence, Crime and Victims Act 2004. Fully is defined as 'providing on request chronologies, completion of Individual Management Reports, attending DHR Panels and implementing recommendations'.
The provider will work with Safer Cornwall to deliver against any DHR recommendations.

Service user network

- The provider will work with existing survivor forums and develop a service user network to be fully embedded within the service;
- The provider will ensure that co-production, service user involvement and collaboration are integral components in the development of the Service;
- The provider will nominate a service lead for Service Users. These individuals will champion and support the work and also be proactive in working in partnership with the commissioner;
- The provider will deploy appropriate mechanisms to actively engage service users to provide peer support systems embedded throughout the delivery of the service;
- The provider will take every opportunity to engage Service Users, families and other stakeholders to enable them to contribute at all levels of the organisation within the development of the Service;
- The provider will have a process to demonstrate that service user feedback has been heard and changes have been made where possible and appropriate or if it has not been possible, that decisions are explained;
- The provider will deploy appropriate mechanisms to actively engage current and prior service users for wider consultation to inform the annual needs assessment process in partnership with the commissioner;
- Facilitate service user consultation for needs assessment.

Interdependencies with other services and multi-agency working

This service is part of a multi-agency response to domestic abuse and sexual violence. Partnership working and collaboration with a range of other health and social care services, education, employment support agencies, criminal justice agencies, well-being services (e.g. leisure services; health promotion) will be required. These partner agencies are likely to include a variety of statutory, voluntary and independent sector providers, where holistic support plans may be required.

Where necessary the service will develop shared working arrangements with other relevant services to ensure service users' needs are fully met, and all aspects of their support is co-ordinated.

The provider will:

- Attend all the local Multi Agency Risk Assessment Conferences (MARACs) to represent the victim. The service provider will contact all referrals to MARAC before the MARAC where the case is discussed to better inform its decisions and ensure actions arising are fit for purpose;
- Ensure all MARAC cases are included on the DASV ECMS;
- Ensure management representation at all relevant Groups/Forums and Boards as agreed with the commissioner;
- Support the Domestic Abuse Coordinator to develop the service and implement the DASV Strategy.

Support through court procedures

The service will support victims through any court proceedings; criminal and civil, and provide advice on the prosecution process.

Restorative Justice

Service providers are aware of victim entitlement to information about restorative justice under the Code of Practice for Victims and support their service user's access to information.

Service providers are expected to work collaboratively and in partnership with the PCC commissioned service for all victims of reported and non-reported crime in Devon and Cornwall. This means sharing information, working to agreed protocols around sensitive and complex cases and agreeing joint risk assessments.

Ending Support Provision

Through continual assessment of need and risk we would not expect an individual to be in receipt of services for longer than a year.

Support will be withdrawn from a service user when:

- A risk to staff is identified and all reasonable options to mitigate risks have been exhausted, or
- A structured review identifies that a different service or no further service is required.

When an individual disengages from the service the providers must make every attempt to re-engage with the individual, but when this is exhausted providers are permitted to formally discharge.

The decision making model for ending or extending support provision should be

included in a formal policy agreed with the commissioner. Support for high risk cases will only be ended where an agreement has been made that another more suitable agency will be managing the client.

The provider will communicate the reasons for the withdrawal of service clearly to the service user. The provider will produce a plan in conjunction with relevant agencies, to ensure all essential services are continued. This plan will include actions to re-engage the service user back into the appropriate programmes.

7. Accessibility:

7.1 Referral route

Referrals will be made through the single point of access (REACH). These can be made by telephone, face to face or in writing, by secure email or through online referral portals. The service can be accessed through self-referral, Police referral and professional referral. The provider will ensure the referral pathway is shared with all relevant agencies.

7.2 Days and hours of operation

The service should be accessible to all service users, both professionals and the public with hours and days of operation based on local need.

Desirable:

- Expanding days and hours of operation to include extended opening hours, including a provision for out of hours, bank holidays and weekend support.

7.3 Premises

The service will be delivered in range of environments appropriate to Service User need, geographical location, operational considerations and service effectiveness. These will include:

- Fixed-site multi-disciplinary premises
- Satellite sites
- Community Hubs
- Outreach

The head office has the option of being located at Helford House in Truro.

The service provider will co-locate frontline practitioners to create multi-skilled teams that respond to complex multiple needs, including but not restricted too; MARU, safeguarding adults, family hubs, hospitals, General Practices, police hubs, in accordance with best practice models.

The provider will ensure the safety of staff and services users when agreeing premises, giving consideration to the appropriateness of separating venues for perpetrators and victims.

The provider will be responsible for securing and developing the number of fixed-site premises. The fixed sites will be suitable to accommodate open-access, as well as scheduled one to one appointments and group activities; additionally they will act as the central bases for Multi-disciplinary Teams.

Premises will be fully compliant with all requirements of the Equality Act in respect to accessibility. Location of the fixed sites will give full consideration to the needs of the local population, relative levels of localised demand and public transport links.

The service provider is expected to provide and operate all required premises within the Contract Price.

It is the responsibility of the service provider to ensure that all premises (including vehicles) being used for the service are fit for the purpose of providing the Service.

The service provider will ensure safe working practices and conduct regular risk assessments on all premises utilised where they have sole occupancy and/or responsibility for the building.

7.4 Response times

The provider will need to demonstrate equity of access and outcomes across the protected characteristics established within the Equality Act.

- All referrals will be responded to with initial contact and risk assessment within 72 hours
- A comprehensive assessment in which individual details and a demographic and risk profile are recorded, a full risk assessment and safety planning, referrals (if appropriate) or advice and information is achieved. This will take place within the following timeframes:
    - 24 hours of the initial contact for high risk
    - 5 days of the initial contact for medium risk
    - 14 days of the initial contact for standard risk

7.5 Promotion, marketing and communications

- The provider is responsible for adopting and promoting local referral pathways to support service users, identifying gaps and working in partnership to develop pathways.
- The provider will enhance delivery using web based services, including promotional information and an electronic referral portal.
- The provider will be responsible for providing and maintaining a website, including contributing to the Safer Cornwall website, on which the public and other stakeholders can easily find information on the service.
- The provider will ensure that they implement a comprehensive communications strategy to support service design and delivery, detailing how they will respond to the full range of communication requirements including a response to general enquiries, on-going care management issues and the handling of high risk/crisis/emergency situations.

8.Health and safety requirements

- The provider will have, within the last twelve months, successfully completed a prequalification application undertaken by an assessment provider able to demonstrate that its information gathering process conforms to PAS 91.
- The provider will have, within the last twelve months, successfully met the assessment requirements of a scheme in registered membership of the Safety Schemes in Procurement (SSIP) forum
- The provider will hold a UKAS or equivalent, accredited independent third party certificate of compliance with BS OHSAS 18001.

If the above is not applicable:

- The provider will be expected to demonstrate and provide evidence of the arrangements for health and safety management that are relevant to the anticipated nature and scale of activity to be undertaken.
- The provider will be expected to demonstrate and provide evidence that your organisation has in place and implements, a system for monitoring health and safety procedures on an ongoing basis and for periodically reviewing and updating that system as necessary.

9.Governance

The service will have clarity of accountability between their executive and non-executive roles (trustees/board) with robust performance management, risk and financial management systems and a clear strategy, operating plan and budget. The service provider will provide the commissioner with copies of their quality assurance systems and operational procedures. The service provider must be able to demonstrate how these policies are implemented at an operational level, how and when they are monitored to ensure the quality of services.

The service provider will:

- Have a robust framework with clear lines of accountability between all staff and between the executive management and board;
- Have appropriate role descriptions for all staff in place;
- Be able to demonstrate resources are allocated according to risk and need, and this is reflected in the caseloads of frontline practitioners;
- Have a management structure that identifies and manages key legal, financial and operational risks and has a clear strategy for maintaining its activities within a sustainable organisation;
- Have a management structure that takes responsibility for ensuring the service meets its contractual requirements;
- Have a management structure that monitors appropriate data to ensure the performance and outcomes and regularly reviews practice to ensure continuous evidence led service development or corrective action when required.

The service provider will provide reliable and timely reporting of incidents, including domestic homicides and near misses, serious case reviews, safeguarding adult reviews, drug related deaths and serious and untoward incidents to the commissioner within 3 days of the incident. The service provider will have robust incident reporting procedures within the organisation. Those procedures will include investigation,

reporting of findings, learning to be gained (if any), and an action plan to implement that learning.

10.Quality requirements

- The service provider will be required to work towards the principles of the National Quality Framework (Imkaan/Womens Aid 2014), and provide evidence of this to the commissioner at least on an annual basis;
- The service provider will have achieved or be working towards Safe Lives Leading Lights accreditation status within 12 months of contract commencement;
- The service provider will be required to have achieved or working towards the standards of Respect's 'Safe Minimum Practice Assessment' or full accreditation for work with perpetrators, within 12 months of contract commencement.
- The service will be an accredited member of the BACP or UKCP or working towards accreditation within 12 months of contract commencement and adhere to the BACP, BABCP, HPCP or UKCP Ethical Frameworks.

11.Contract Management and KPIs

The service provider shall provide the specified data, statistics or information against the Key Performance Indicators (KPIs) to the commissioner, on a quarterly basis to feed into the Contract Management and Monitoring System. Reports will be sent to commissioners no later than 10 days after the end of the quarter.

Monitoring: The service provider will attend quarterly Contract Performance monitoring meetings per annum with representatives from the Authority during the period of the Contract. The Authority reserves the right to request additional monitoring meetings at any point in the year if deemed necessary. The monitoring will comprise of the service specifications being achieved and the Key Performance Indicators being at least met if not exceeded.

Financial Monitoring: The service provider will attend quarterly financial monitoring meetings per annum with representatives from the Authority and be required to confirm details of income and expenditure relating to the operation of this Agreement in relation to the funding allocated for the performance of this contract.

Any areas of concern will be progressed through more frequent service improvement meetings.

The following information should be provided by the Supplier at Contract Management reviews:

- Outcome reporting schedule (appendix 3)
- Quality reporting schedule (appendix 4)
- Finance including income and expenditure
- Case studies
- Service development
- Risk escalations

Evidence of health and safety, insurance and service user consultation should be provided annually.

Key Performance Indicators will be used to monitor the performance of the Contract. Both outputs and outcome indicators are included within the outcome reporting schedule.

12. Security, technology systems and management techniques

12.1 Minimum information and intelligence standards

The provider will have the capability to create, maintain, store and retain Service User Records, using the DASV team-procured Electronic Case Management System (ECMS). Any such records would need to be kept in a secure location and be compliant with the Data Protection Act, Access to Health Records Act 1990, consent requirements, and the Common Law Duty of Confidentiality. The provider will be expected to meet and record service user information at a standard to ensure the Safer Lives Insights data set (http://www.safelives.org.uk/commissioning-support/know-impact-local-services-have-insights), the relevant areas of the Safer Cornwall DASV Outcome Framework (appendix 2) and contract requirements can be met.

The provider will also be expected to comply with the NHS Code of Practice on Confidentiality, Protecting and Using Patient Information (A Manual for Caldicott Guardians), the NHS Information Governance Toolkit, and the security management standard BS 7799-2. Confidentiality and its limitations will be clearly explained to service users during the intake process. Service users will be provided with a confidentiality agreement to sign and say they have understood confidentiality and information sharing and to consent to support. The service provider will use the confidentiality statement agreed with the commissioner.

The provider will be data processor and the commissioner data controller for the lifetime of the contract in that they are responsible for the processing and storage of records pertaining service users in receipt of direct care and information used for reporting purposes. At cessation of the contract the provider will supply the commissioner with an electronic copy of service user records and performance relevant information to allow facilitated transfer of records to an incoming provider.

Information sharing is needed to assure continuity of support. It is important to ensure consistency in terms of what, when and how information is shared. The provider will collect sensitive and personal data through the assessment process and subsequent recovery journey; the Data Protection Act 1998 and Human Rights Act 1998 apply. The provider will sign and adhere to the relevant Information Governance Protocols (MARAC, MARU etc.) and any other local partnership Information Sharing Protocols (DASV Information Sharing Protocol, Electronic Case Management System Information Sharing Agreement etc.).

The provider will ensure that they have a policy and procedure for dealing with service user (or representative) requests to view their records ('subject access' requests) in accordance with Section 7 of the Data Protection Act 1998. The request does not have to contain the terms 'subject access request' or data protection to be considered a valid request.

The provider will deploy or adopt the DASV team-procured Electronic Case Management System which will be the single authoritative record of information for an individual as they progress through the entirety of the service provided, both within and across providers (as part of any sub-contracting arrangements).

The provider must be able to provide datasets to the commissioner and to analyse and produce reports on domestic abuse service information as determined by the Commissioner. All data and reports must meet Commissioner requirements and the system must be 'future-proofed'. The service provider will be responsible for ensuring staff are fully trained and able to use the case management system for both case management and reporting purposes.

There will be quarterly monitoring meetings of the service provider and the Commissioner. Monitoring arrangements will be further developed between the service provider and Commissioner following contract award.

The provider will submit accurate and true information to the relevant areas of the Safer Cornwall DASV Outcome framework on a quarterly basis. This information will be 100% complete and of high quality and it will reliably reflect the actual activity of the service. For assurance purposes the provider will provide a quarterly data quality exceptions report and remedial action plan to the commissioner.

The provider will ensure compliance with relevant outcomes profile requirements. The provider will ensure that the outcome tools agreed with the commissioner are integral to practice and will have processes to share outcome reports at all levels within the organisation to continually improve service standards and motivation of staff. The provider will use the information gathered through the outcome tools as the basis for reporting relevant outcomes to the commissioner.

The provider must assure the commissioner that they have the capability and robust mechanisms to routinely collect Service User level data regarding all the protected characteristics and to identify where extra needs arise due to protected characteristics; in particular referrals, access, service user experience and outcomes.

The provider will inform the Commissioner of any additional reporting mechanisms they place upon staff in addition to those required by the commissioner, so as to minimise the burden of recording and reporting placed upon staff and maximise face to face time with service users.

The provider will analyse and understand where there is inequality of access and where there is inequality of outcomes across the protected characteristics. The provider will undertake an annual comprehensive impact assessment which will be supplied to the commissioner to support Needs Assessment and Service Planning processes.

The Commissioners have a duty to monitor contract compliance and standard of the service provided to Service Users by the provider. This will be done by reviewing and monitoring the service as detailed in the Service Specification.

As part of the monitoring arrangements, the Successful provider will be required to meet agreed performance indicators based on evidencing progress on meeting the outcomes identified in the specification. The final set of local indicators will be developed and agreed between the Successful provider and Commissioner following the award of contract.

The Commissioners will carry out a monitoring visit at least once during the Agreement Period. The monitoring visit will include policies, procedures, written -plans and strategies within the service; staff files and Service User files; complaints log; adverse incident reports; clinical audits, staff training records; and other relevant matters as specified by the Commissioner. The monitoring visit may include informal talks with Service Users and/or staff. The Commissioner retains the right to visit the provider without prior notice.

The Service provider will use and make available appropriate secure email for all business, in particular the circulation of personal information and service user details.

12.2 Intellectual property rights

The provider will agree, by 25th April 2018, with the commissioner the name of the service that will be provided in CIOS. The Commissioner will own the name.

The provider shall not in connection with the performance of the Service, use, manufacture, supply or deliver any process, article, matter or thing, the use, manufacture, supply or delivery of which would be an infringement of any Intellectual Property Rights.

The provider must fully indemnify the Commissioner on demand against all losses, action, claims, proceedings, expenses, costs and damages of whatsoever nature arising out of the breach of the warranty in this Clause.

Any and all Intellectual Property Rights developed for the purpose of providing the Service under this Agreement or arising generally from the provision of the Service by the provider shall belong to the Commissioner and the provider agrees that it shall execute or cause to be executed (by its staff if necessary) all deeds, documents and acts required to vest such intellectual Property Rights in the Commissioner.

The provider shall keep strictly confidential, and shall ensure that it's staff keep strictly confidential, any and all information which is learnt or obtained by the provider and/or its staff in the provision of the Service and shall enter into a confidentiality agreement with the Council should this be required by the Council.

13. Safeguarding

The service will ensure that the welfare and rights of children, young people and adults remains paramount and that all children and young people are effectively safeguarded with due consideration but not exclusively to the:

- Children's Act 1989 2004
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (UNCRC)
- Homelessness Act 2002
- The Care Act 2014

The service will ensure that all staff and volunteers conform to all safeguarding children and child protection legislation, national Working Together guidelines, the South West Child Protection policy and procedures and Safeguarding Adults' policy and procedures and any future amendments/additions to such legislation and/or guidelines.

The provider will ensure that workforce development plans includes Safeguarding (adult and child) and Child Protection Training for all relevant to staff role.

The provider will follow local protocols in instances where there are concerns about a child's care, development or welfare, to enable proper assessment of the child's circumstances.

The provider will have a Policy on Abuse with robust procedures on how to deal with alleged or suspected cases of abuse, regarding both the person experiencing the abuse and the perpetrator.

The provider will include in their Policy on Abuse an adherence to the CIOS Safeguarding Adults Multi Agency Policy and procedure.

The provider will include in their Policy on Abuse that any incidence of alleged or suspected abuse by a professional must be reported to the Local Authority Designated Officer (LADO) and the commissioner.

The provider will ensure that all members of staff cover Protection from Abuse, Code of Conduct and Professional Boundaries and whistleblowing in their Induction programme.

The provider will ensure that members of staff involved with Care/Support/education delivery are adequately trained in Protection from Abuse and receive on-going training on a regular basis.

The provider will have a Recruitment and Selection Policy and procedure that aim to eliminate discrimination and ensure fair treatment for all applicants.

The provider will have procedures for ensuring all those working for the provider including volunteers' and mentors have a DBS check or enhanced DBS check before taking up a position working with vulnerable people. They will have procedures for ensuring that references for all successful applicants are sought before acceptance into the post.

The provider will have a Code of Conduct for the guidance of staff, and processes for eliminating personal gain through position.

14. Training and staff management

The service will have a strong policy framework which reflects the specific challenges of working with domestic abuse and sexual violence victims. They will employ qualified and well supported staff, recruit them in a safe and considered way and provide them with the opportunities for continuous professional development (CPD).

- The service provider will ensure all staff and volunteers are recruited, inducted, trained and supported appropriately for work with those who are experiencing or have experienced domestic abuse and sexual violence;

- The service provider will agree with the commissioner the qualifications and appropriateness of all staff intended to work on the delivery of this contract;

- The service provider will be required to ensure that all IDVAs have undertaken the Safe Lives (CAADA) IDVA training or will be willing to work towards this qualification within 12 months of start date. For additional staff, the Service Provider will agree with the Council the qualifications and appropriateness of all staff intended to work on the delivery of this contract;

- The service provider will be required to ensure that all therapy and counselling staff are qualified therapists/counsellors with an additional recognised qualification to work with children and young people. The Lead Counsellor or Therapist will hold the relevant qualification and be UKCP or BACP accredited or working towards the accreditation. Accreditation will be obtained within 12 months of the contract.

- The service provider will be required to ensure all frontline staff have access to monthly line management 1:1 supervision as part of the service provider's commitment to staff development and well-being policy in accordance to BACP ethical framework. All frontline staff and those with supervisory responsibility will have access to monthly external clinical supervision.

- The service provider will agree with the commissioner all recruitment documents (after contract is let) including the application (or not) of genuine occupational requirements.

- The service provider will ensure that staff with specialisms within the multi-disciplinary team are qualified to work both within the specialist field as well as with people experiencing domestic abuse.

- The service provider will provide opportunities for staff to develop specialisms by providing opportunities for training, CPD and secondments.

- The service provider will effectively manage the risks staff face through their work, provide regular independent supervision to all staff working with service users, and be able to address the situation where employees are victims or perpetrators.

The provider will undertake an annual Training Needs Analysis and produce an action plan to ensure:

- All workers and their line-managers have, or are working towards, evidence of their basic competence in the field

- All workers and their line-managers have completed, or are undertaking, Safeguarding Children and Adults training commensurate with role

- All line managers have completed, or are undertaking, a training course in line-management.

- All workers and their line-managers have the necessary levels of IT literacy

- All staff and volunteers will be required to be trained in Mental Health First Aid, Workshop to Raise Awareness of Prevent (WRAP), Motivational Interviewing, Adverse Childhood Experiences and Trauma-informed approaches, Drug Awareness, Alcohol Identification and Brief Advice, Applied Suicide Intervention Skills Training, (ASIST), and dual diagnosis.

15. Implementation timetable

Task	Date
Issue ITT	09/02/2018
Deadline for ITT submissions	09/03/2018
Evaluate Tenders	13/03/18 to 16/03/18
Presentations	16/03/18
Hold for Panel	20/03/18
Notify successful bidder	Week commencing 26/06/18
Standstill – 10 working days and contracts signing	26/03/2018 (start of standstill period)
Award contract/Contingency	11/04/2018
Start Mobilisation period/implementation period	11/04/2018
Go live	01/07/2018

16. Appendices

1. Tiered approach to domestic abuse and sexual violence
2. Outcome framework
3. Outcome reporting schedule
4. Quality reporting schedule

Specification for Domestic Abuse and Sexual Violence Community Services

Prepared by:

Laura Ball

Domestic Abuse Co-ordinator

Neighbourhoods

09/02/2018

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