



# Specification

Provision of support in Safe  
Accommodation for Women with  
multiple vulnerabilities and  
complex needs escaping  
Domestic Abuse

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Communities and Public Protection Service

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## 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 support provision 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.

#### **"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 individual engaging in abuse 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.

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### **“Standard risk”**

means: no significant current indicators of risk of harm.

### **“ Multiple Vulnerabilities and complex needs”**

For the purpose of this service specification multiple vulnerabilities and complex needs means where an individual has multiple needs, vulnerability, disadvantages or co-existing problems and includes:

- Homelessness
- Mental and physical ill health
- Alcohol and drug misuse or dependency
- Domestic Abuse and Sexual Violence

### **“Think Family Approach”**

Means: a coordinated response that identifies families at risk of poor outcomes, actively meets the needs of the family and individuals in the context of their relationships at the earliest opportunity and responds effectively to avoid escalation and build on the family’s strengths and capacity.

### **“Signs Of Safety”**

Means: is a relationship-grounded, safety-organised approach to child protection practice, created by researching what works for professionals and families in building meaningful safety for vulnerable and at-risk children.

### **“Trauma Informed Approach”**

Means: an approach grounded in the understanding that trauma can affect individuals, groups and communities, recognises the signs, symptoms and widespread impact and seeks to prevent [retraumatisation](#)~~traumatisation~~.

**Domestic Abuse and Sexual Violence Definitions – see Appendix 1**

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## 2. Introduction

### 2.1 Purpose

This document specifies the requirements, standards and expectations of the **Provision of support in Safe Accommodation for women with multiple vulnerabilities and Complex Needs escaping Domestic Abuse**.

This specification is written, and should be read, in conjunction with the Terms and Conditions. The terms are the same throughout both documents. Compliance with the Contract will take place through contract monitoring meetings.

The aim of the provision is to provide support within accommodation in a safe and protective environment to women who have experienced domestic abuse who require additional support in relation to other multiple vulnerabilities. The service should consider referrals for transgender women or individuals that self-identify as non-binary based on circumstances and appropriate risk assessment. The services will also provide culturally sensitive related support and accommodation to women from ethnic minority backgrounds. This service can be delivered through single, dedicated buildings of multiple occupancy and/or through dispersed units.

This specification is for an initial period of four years, 2024-2028 with the option to extend for a further six years. Cornwall Council will be commissioner for these services on behalf of the Safer Cornwall Partnership. The Safer Cornwall Partnership (Community Safety Partnership) is made up of 6 Responsible Authorities 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 have been identified as a high priority for the partnership for 2022-2025. This is described in more detail in the Safer Cornwall Partnership Plan <https://safercornwall.co.uk/?s=partnership+plan>

#### The key objectives of the service:

- to provide a place of safety for individuals who may have multiple vulnerabilities and complex needs who are escaping domestic abuse with specialist support
- timely, pro-active support which is non-judgemental and flexible to meet service users' needs
- promoting self-help, empowerment and inclusion, to enable service users to take control of their lives, maintain independence and acknowledge their strengths
- promoting service users' rights to respect, dignity, independence, choice and control, where this does not conflict with safety
- providing support for service users to live without abuse, to fulfil their potential and to make informed positive choices for themselves and their children
- enabling adults to support and protect their children
- Access services to support safety and recovery, including support groups, specialist services such as drug and alcohol services, housing, health care, legal services and social care.
- Access culturally specific support and community groups.
- Maximise income through benefits and other sources.
- Engagement in employment, education and/or training where appropriate.

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**The key outcomes of the service are:**

- Develop trusting relationships to support people to build their self-esteem, confidence and self-worth
- Prevent and reduce rough sleeping and homelessness in Cornwall for those impacted by domestic abuse
- Reduce the re-telling of stories and re-traumatisation by bringing services together to provide holistic support
- Improved safety and recovery from domestic abuse, with a focus on securing settled accommodation
- Enhance the quality of life for people impacted by domestic abuse
- Increased emotional wellbeing and quality of life
- Reduced revictimization
- Increased social inclusion

**The services must:**

- deliver a 'Think Family' and Signs of Safety approach.
- operate from a gendered informed perspective.
- operate from a trauma informed perspective.
- place service users at its core and embed a culture of active and innovative methods of service user involvement and co-production 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 or guidance, identification of changing local need through local needs assessments, changes in best practice and changes to financial allocations of funding. 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. Where there is a change to funding the service provider and commissioning team will seek to agree minimal core service standards in relation to the available funding.

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 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 strive to meet the intersecting needs of all sectors of the community in Cornwall and the Isles of Scilly, particularly people with protected characteristics and multiple vulnerabilities that may find it harder to access and engage with services and support.

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## 2.2 Background – see Appendix

### 3. Scope

#### 3.1 Area and anticipated demand

Cornwall comprises a population of approximately 573,300. It is the second largest local authority area in the Southwest 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 can be found in Safer Cornwall's Partnership plan <https://safercornwall.co.uk/?s=partnership+plan> and detailed information can be found in the Safer Cornwall Domestic Abuse and Sexual Violence Needs Assessment [https://safercornwall.co.uk/wp-content/uploads/dlm\\_uploads/2022/11/DASV-Needs-Assessment-FINAL-v230822.pdf](https://safercornwall.co.uk/wp-content/uploads/dlm_uploads/2022/11/DASV-Needs-Assessment-FINAL-v230822.pdf)

#### **Safe accommodation domestic abuse & sexual violence needs assessment 2021/22**

The Crime Survey for England and Wales (CSEW) estimates that 7.3% of women and 3.6% of men experienced some form of domestic abuse in the 12-month period to 31st March 2020. This equates to 5.5% of the population, or 1 in 20 people. For Cornwall and Isles of Scilly this provides an estimate of 21,5008 people having experienced domestic abuse – 14,740 women and 6,760 men. The 2020/21 snapshot of data from our commissioned DASV services indicates that 18% of this number received support from our Community Service and refuge provision.

Based on the recommendation by the Council of Europe, Cornwall should provide 57 refuge places for women. There are currently 58 places of safe accommodation in total available across Cornwall, predominantly refuge accommodation with some dispersed units. Excluding the 5 places specifically for men, there is a small shortfall of 4 places or 7%. Nationally the shortfall is 30%, as reported by Women Aid. There is regional variation in this shortfall and although refuge space shortfall in England has reduced slightly overall, some regions have seen it increase.

Numbers demand for housing support amongst those reporting domestic abuse have increased, and people are presenting for help with more complex needs and disclosing higher levels of harm. Increased vulnerabilities include financial abuse, significant mental health related vulnerabilities, problem use of drugs and alcohol, previous trauma relating to childhood sexual abuse and suicide risk.

In 2020/21 469 households were assessed as homeless or at immediate risk of homelessness and owed a duty as a direct result of domestic abuse, a rise of 72% (197 additional households).

**231 people were referred to safe accommodation in refuge or dispersed units** in 2020/21, with **63 people** going on to be accommodated and **53 people were**



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**referred into the Vulnerable Women's Unit project** with **19 people** going on to be successfully accommodated.

Data from providers for the yearly return to the Department for Levelling Up, Housing and Communities indicates that in 2021-22 **50 women, 10 men** and **36 children** were accommodated across Domestic Abuse Safe Accommodation in Cornwall.

The Covid-19 pandemic and the housing crisis have impacted on demand as both restricted movement and access to services. The anticipated demand is challenging to predict but as we know that domestic abuse is under-reported and as awareness increases of services available, we anticipate that referrals will increase.

### 3.2 Service description

The services will provide person-centred and trauma informed support within safe accommodation, providing a minimum of 12 units of furnished accommodation to women with multiple vulnerabilities and complex needs who are escaping domestic abuse. It must be able to offer support across a mix of high, medium, and low tolerance environments that can cater for different types of drug and/or alcohol use including those who are abstinent. Support may be delivered across a variety of shared or self-contained accommodation according to individual need and risk assessment. The service must be able to offer at least one unit of accommodation that is adapted for disabilities and provides wheelchair access. This short-term support will be focused on addressing immediate needs; facilitating the person experiencing abuse to move on to settled accommodation and enable focus on domestic abuse support and recovery once crisis needs have been met.

Services users will be accommodated on a license agreement. The optimal stay will be up to 12 months, although it is recognised that there will be some flexibility in length of stay, influenced by individual service user needs and availability of move on accommodation. All stays 12 months plus will be reported to the Commissioner on an exception basis through the Contract Management process, with a rationale for their length and resettlement plans/obstacles.

There must be an elastic tolerance approach with clear evidence of harm reduction policies and procedures around the following presentations:

- Substance use, dependency, and addiction related to drugs and/or alcohol whereby clear risk management of drug and alcohol use on-site can be demonstrated and harm-reduction tools such as the housing opiate overdose risk assessment tool (HOORAT) are used to determine the best possible housing solution within the 12 units for those being referred for support.
- Mental health issues which may include suicide ideation, self-harm, personality disorder, anxiety/depression and other diagnosed or undiagnosed conditions that impact upon daily functioning.
- Continuation of the abusive relationship/difficulty abstaining from it; tendency to form new abusive relationships and/or engage in sex-work.
- health and mobility issues that may require adult social care needs assessment.
- Ownership of dogs and other small pets. Providers will work in partnership with existing pet fostering services or create new sources for fostering to reduce the barrier of leaving pets that cannot be accommodated with their owners for reasons of risk or capacity. .



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- Criminal history and/or a known tendency to exhibit criminal behaviour.

The services must have appropriate security to maintain the safety of services users including monitored CCTV of communal areas and accommodation perimeter. The services will have arrangements in place to provide 24 hour access to in-person or on call support. The service providers will ensure there are sufficient numbers of staff available to deliver the services throughout the year, including managers and out of hours/overnight cover. The number of FTE staff will be agreed with commissioners on successful letting of the contract but must be at least a ratio of 0.5 FTE specialist support staff per unit of accommodation.

Support must be tailored and flexible to meet the gender specific needs of women, who are in or fleeing domestic abuse situations, who have additional vulnerabilities and will be provided based on an assessment of risk and need.

This will include but not be limited to:

- Support for standard, medium and high-risk individuals
- All high-risk referrals into Refuge must trigger a referral to the local Multi Agency Risk Assessment Conference (MARAC) in line with the MARAC Operating Protocol<sup>1</sup> and within 48 hours of arrival in the refuge.
- Risk assessments, including DASH (Domestic Abuse assessment Stalking and Harassment and Honour Based Violence) to be completed at the following points:
  1. Within 48 hours of arrival
  2. 10-12 week midpoint,
  3. Prior to a planned exit from the refuge – where this is not possible and resettlement support is provided then within 1 week of move on
  4. At least 1 week prior the end of resettlement support
  5. After any incident/change of risk.

Where DASH indicates (actuarial or professional judgement) high risk or potential for imminent escalation to high risk, a MARAC referral will be made, within 48 hours.

Where other risks of harm to self, children, or others are identified, support will be given to the service user to maintain safety and wellbeing which may include referrals to specialist services and appropriate Safeguarding alerts must be made, according to the level of risk.
- An allocated key worker and delivery of support sessions where risk and need assessment and support plans are co-produced, including Safety planning. Support planning will take a strength-based approach, holistically considering the individuals needs in the context of their skills, ambitions and priorities, and setting agreed goals and actions that promote well-being, safety and independence.
- Support disclosure of sexual violence and abuse and “hold” the person through referral pathways to forensic, specialist ISVA and therapeutic services.
- Deliver or make referrals to, specialist domestic abuse and or sexual violence recovery programmes to support recovery.
- Advising Service Users on housing rights and responsibilities, with support to access housing and homelessness services. The service must work in partnership with the local authority housing options services and according to the Cornwall Council DASV Housing Pathway and Safe Accommodation Protocol to ensure that the service user is enabled to make an application for assistance under the Homelessness Reduction Act to secure settled accommodation.

<sup>1</sup> <https://safecornwall.co.uk/domestic-abuse-professionals/>

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- Assisting Service Users with any housing related support, including tenancy sustainment and housing benefits claims, where there is an identified need, to enable them to maintain their rights to accommodation by adhering to the terms of their tenancy or licence agreement and payment of rent and service charges.
- Assisting Service Users to source and secure suitable accommodation for move-on from the service within the optimal 12 months of stay, or sooner at the request of the individual. This may be into alternative longer term supported accommodation or into a longer-term tenancy in the private rented or social housing sector.
- Assisting Service Users to access civil legal advice and support to enable them to return to their own homes where appropriate, protected by civil legal remedies if they choose to do so, including accompanying to appointments and court where appropriate.
- Access to positive, therapeutic, and diversionary activities that complement the goals co-produced in support work sessions and assist service users to develop and improve life skills and recovery.
- Assisting service users with budgeting/debt management and advocacy, to achieve financial stability, especially where debt has occurred through financial abuse. This may be provided through referral to specialist debt advice services.
- Assisting service users in accessing health services, including drug and alcohol and mental health services and those that are able to identify conditions prevalent in this client group, to enable them to improve or maintain their health and well-being.
- Assisting service users to access peer support and local community-based resources to build relationships and networks that increase their skills and confidence to live independently.
- Assisting service users to access training, education to increase skills and gain employment, towards increased financial independence.
- Assisting service users who are identified as having no recourse to public funds or of insecure immigration status, to make applications for financial support through the DDVC (Destitute Domestic Violence Concession) and other schemes, depending on their individual circumstances, and to establish their settlement through the necessary legal routes.
- Provide resettlement support to women moving on from the service. This is expected to be short-term support, between 3-6 months and to be supported, where appropriate by local DASV service provider programmes and workers.
- Work in partnership with commissioners, the DASV Local Partnership Board (LPB) and other voluntary and community sector partners. This may involve representation at the LPB and other multi-agency forums and active participation in events and communications that raise awareness of domestic abuse and services available.

The services will offer cross county support according to need. Accommodation and support will also be offered to people fleeing abuse from outside of the County. This will require services to be able to work with and liaise with organisation and services across and outside of the county.

There will be a holistic, 'Think Family' and gendered approach to the assessment of need for the delivery of ongoing support, accommodation and other services.

Support will be provided to service users to find safe, alternative accommodation where required or it has been identified that the accommodation is not suitable for the

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individual. Equally, support will be given to service users who wish to return home; ensuring an agreed and specified safety plan, updated risk assessment and referrals, including to the Sanctuary Scheme and Healthy Relationships and Behaviour Change programmes where this is an identified need and consent is given by the parties involved. Ongoing support in these situations may need to be via phone or at a neutral location to safeguard individuals and staff.

The service will also provide a resettlement support service to the women moving on from the service. This will include training and education around tenancy skills, support to identify move on options, support to access appropriate funds and secure items and services for their new home. Ongoing outreach support will be provided, which is expected to be short-term between 3-6 months, assessed according to need, to promote independence and to be supported, where appropriate by local DASV service provider programmes and workers.

The services will be provided by trained and experienced workers who have a high level of understanding of the specific needs of those experiencing domestic abuse who have multiple vulnerabilities and complex needs. Staff will be trained in identifying risk and need and know referral routes to other agencies. Where staff require training to carry out their role effectively, the service providers will provide or facilitate access to training and supervision to develop the necessary skills. Training frameworks will be agreed with the commissioning team. All staff and volunteers must be DBS checked.

The service providers will be inclusive, striving to meet the needs of service users from all ages, ethnic and social backgrounds. This will include recognising and understanding cultural and religious differences and flexing provision to meet needs. Where necessary, the service provider will arrange access to interpreting services. There is an expectation that the provider will seek to secure additional external funding for these services through charitable or other funds, but where they are unable to meet the cost of interpretation, they may apply to the commissioner for grant funding on a case-by-case basis. This funding is subject to availability and at the discretion of the commissioning team.

Every service user will have an agreed support plan, ideally within two to four weeks of entering the service, depending on the client and allowing for a trauma informed approach which requires building of relationships and stabilisation of the client in relation to their additional complex needs. This timescale will ensure that the immediate needs of the client can be identified and maximise the support available. The minimum requirements will be for an assessment and strength-based support plan that will focus on the practical, legal, income, family and support needs identified by the service user. This will include identifying other agencies that may need to be involved or signposted to in order to meet needs. The support plan should be reviewed at regular intervals, led by the level of need for each service user, but no less than 10 weeks into stay and prior to move on from refuge if receiving resettlement support from the service. Service users should be made aware that they can request a review of their support plan at any time during their engagement in the service. Where the service user is not engaging with support planning there should be a clear plan that details the steps that will be taken to reduce barriers to participation and the service will record all contact and any support provided. The service will work in partnership with commissioners and service users to pilot and develop appropriate support planning and outcome measurement tools.

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The service will also be required to deliver a programme of Domestic Abuse recovery and behaviour change options that are inclusive and appropriate for people with complex needs. This will include Group work and 1-1 sessions led by appropriately trained and experienced facilitators and psycho-social activities that encourage empowerment and increase confidence and independence, across a range of topics that complex needs clients may struggle to achieve without support.

### 3.3 Service users

The services are for women who are fleeing domestic abuse who have additional vulnerability, have a need for housing related support, and are willing to engage with the support provision. The minimum age of a service user will be 18 years.

Service providers need to ensure that they are able to support women with multiple co-existing problems and needs including:

- mental health problems
- alcohol problems
- drug –related problems
- learning disabilities
- physical disabilities
- behavioural problems
- Offender issues

The services will be expected to work with all appropriate and involved agencies in meeting the needs of service users through multiagency approaches.

Where services are unable to meet the support or accommodation needs of the individual, (e.g., where there is a high level of complex needs that exceeds the current capacity of the service), they will provide support in accessing a service which can. This may take the form of signposting or of a direct referral to another appropriate service, depending on the circumstances.

The service must not refuse to provide a service to people for the following reasons:

- Not being in employment
- Not having benefit arrangements in place
- No entitlement to housing benefit due to level of income or savings
- Not having any form of identification when first accessing the service
- Having no recourse to public funds or insecure immigration status

## 4. Statement of Requirements

### Detailed requirements

#### 4.1 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.

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

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

### 4.2 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 with a trauma focused approach and work in partnership to respond to complex needs.
- Be able to carry out routine enquiry for ACEs in the approach agreed locally with commissioners.
- Have a system for flagging service users identified with ACEs.
- Provide trauma informed support.

### 4.3 Mental health

The Provider will:

- Have a clear policy for working with women with mental health issues.
- Have a designated service lead for mental health who attends strategic meetings, steering groups and boards as appropriate to the role.
- Actively support individuals with common mental health problems, such as anxiety management, depression and sleep problems and 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.

### 4.4 Drug and alcohol

The provider will:

- Work to the DAAT/DASV protocol for working with women who are using alcohol and other drugs
- Have a designated service lead for drugs and alcohol who attends strategic



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- meetings, strategic groups and boards as appropriate to the role.
- Be familiar with the comfort provided by the Substance Misuse on the Premises protocol, supported by Devon and Cornwall Police and be part of any multi-agency approach to dealing with alcohol, other drugs, dual diagnoses and complex needs.
  - Ensure that the agreed, Cornwall-wide assessment and brief intervention tools are utilised (AUDIT, DUDIT) identify where service users are drug and/or alcohol users.
  - Actively support individuals experiencing problematic use to engage with drug and alcohol services and, where desired, participate in multiagency support plans.
  - 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, screening and identification.
  - Ensure Naloxone is stored safely on site and all staff are trained in the administration of Naloxone

#### **4.5 Children Young People and families**

The service will link with dedicated children's and young person's worker(s) from specialist DASV providers who will provide additional support to women who have children who are not living with them, but who they have contact with or are planning to resume contact. This support will be for the purpose of strengthening and rebuilding relationships between mother and child/ren which violence, abuse and/or other factors such as substance or alcohol misuse may have significantly disrupted. The contracted service will develop a pathway agreement with the specialist provider to access this support and also establish good relationships and work in partnership with Children's and Family Services in Cornwall, to ensure that appropriate outcomes are achieved for each family, giving consideration to individual circumstances and safeguarding.

The provider will:

- Be part of any multi-agency approach to children, young people and families with a view to collaborative working with specialist providers and statutory agencies towards a 'think family' approach.
- Actively support individuals to engage with a range of early help services if required.

The provider will balance the needs of parents with active safeguarding and will:

- Make an active contribution to core groups relating to their service users
- Make an active contribution to Child Protection
- Engage in ongoing and protocol led communication with Children's Social Care

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The provider will comply with Council Standards for Safeguarding<sup>2</sup> 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 (OSCP) Multi-Agency Quality Assurance procedures<sup>3</sup>.

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 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.
- 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).

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.

#### **4.6 Resettlement and In Reach Support**

The provider will be required to support service users to move on from supported accommodation into safe and appropriate settled accommodation. They will also be required to provide transitional support to those waiting to come into the service.

<sup>2</sup> <https://www.cornwall.gov.uk/health-and-social-care/childrens-services/child-protection-and-safeguarding/>

<sup>3</sup> <https://ciossafeguarding.org.uk/scp>



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This will include but is not limited to:

- Dedicated resettlement support workers who will work with the individual once it has been identified and agreed that they are ready to move on from safe accommodation.
- Providing appropriate 'in reach' support to individuals who have been identified as being suitable to receive a service but are awaiting a suitable vacancy whilst in temporary accommodation, so decreasing the risk of people disengaging while waiting, increasing their safety and providing a smooth transition into the service. This may include working in partnership with other specialist Outreach services, with recognition of who the client has the best relationship with and minimising the retelling of their story and overwhelm.
- Move on plans that are asset based and co-produced with the service user with an ethos of exploration of their needs and wants, navigating and negotiating choices that are realistic and sustainable
- Support to develop individuals' skills to sustain a tenancy such as budgeting, understanding costs of running a home, rights and responsibilities as a tenant, and home safety.
- Support to identify move on accommodation in the private rented or social housing sector that is appropriate for the service users' individual or family needs
- Advocacy or support of the individual to liaise with relevant housing professionals and landlords as required; this includes cross boundary in any area in which the individual wishes to resettle.
- Support to access appropriate funding as required for deposits, rent in advance, furnishings and any other items or services that are essential for tenancy sustainment. This may include the pilot of personal budgets which will form a percentage of the total budget for this element of the service and negotiated with the commissioner.
- Support to set up utilities and rent payments, and maximise their income through budgeting and appropriate benefit entitlement
- Support to ensure that move on accommodation has appropriate safety measures in place, through appropriate risk assessment and referrals to MARAC, Sanctuary Scheme and/or landlord negotiation
- Support to return to the individuals home address with appropriate safety measures if that is their wish. If the individual returns to a relationship where there is an ongoing risk, the service will make appropriate referrals, including to Behaviour Change programmes for the person engaging in abusive behaviours with their consent, and Safeguarding referrals in relation to children or other dependents.
- Support and referrals to access appropriate new services and/or support to transfer areas/teams in existing services such as mental health, drug and alcohol services to enable timely transitions and transfer of information
- Signposting to appropriate out of hours support services that can provide additional emotional support when the resettlement provider is not available
- Support to orientate in their new local area in order that they can access transport, shops and services
- Support to engage in and contribute to the local community at a level that the service user is comfortable with and maintains their safety

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- The ability to provide support and advocacy across Cornwall, for a period of up to 6 months according to the needs of the individual, through a flexible model that provides a range of access such as in-person visits where geographically practical, phone or video appointments or transfer to another safe accommodation provider who has resettlement capacity, with service user agreement.
- Creation of an exit plan that supports, enables and empowers the individual to live independently once the resettlement service ends, with or without the support of other appropriate services according to need, leaving the service user with confidence that they know how to access help should they need it.
- Seeking the feedback of the service user around their experience and using co-production to support future development of services
- Facilitation of peer-to-peer support that will empower individuals to create their own support networks
- Service representation and engagement at DASV Housing Pathway Operational Group meetings
- Building relationships with local housing providers and private landlords to support the wider provision of move on accommodation for those leaving safe accommodation.

#### **4.7 Recovery Support**

The provider will be required to develop, deliver and evaluate a programme of recovery support options that are trauma-informed and appropriate for people with complex needs who have experienced domestic abuse, sexual violence and historic childhood sexual abuse. The priority will be to deliver this targeted and tailored support to those living in safe accommodation, however this is not limited to the providers own service and if there is capacity can be delivered to those accessing other services.

This will include:

- Dedicated Recovery Workers who have appropriate skills and experience of supporting those who have experienced abuse and multiple disadvantages. The service may choose to recruit their own worker(s) or may contract a specialist service to deliver this work on their behalf.
- Co-production with those with lived experience and relevant specialist services to create session plans and resources. Consideration should be given to evidence led research and recognised good practice in the field of DASV recovery.
- A range of flexible options that service users can access according to their needs and preference. This may include but is not limited to; one to one or group recovery sessions, counselling that is specific to their experience of abuse, self-help resources, peer support models and therapeutic activities which build confidence, self-worth and independence.
- Creation of safe spaces and opportunities where service users feel enabled to talk openly about and explore their experiences with their peers with support from skilled facilitators.
- Pathways for additional support where identified.
- A flexible and tolerant trauma-informed approach that recognises that service users with complex needs engagement may fluctuate and be impacted by

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substance or alcohol use or mental health and how these intersecting factors impact on recovery from abuse.

- A focus on exploring and promoting healthy relationships and communication skills that will enable and empower service users to live lives free from abuse and conflict.
- Support for those who are engaging in abusive behaviour to acknowledge and receive support to change their behaviour, including referrals to specialist services where appropriate.
- Gathering feedback from service users that informs development of the programme through a variety of means that suit the service users
- Monitoring of progress and outcomes of individuals engaging in recovery work including their own and worker's perceptions. This will include a pilot of the ORS/SRS (Outcome and Session Rating) tool.
- A post pilot evaluation of the programme.
- Sharing learning with other specialist providers/commissioners and the wider DASV System
- Supporting reflective practice and provision of appropriate supervision for workers facilitating recovery work to minimise vicarious and secondary trauma

#### **4.8 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.

#### **4.9 Service user network**

- The provider will work with existing survivor forums and develop a service user network to be fully embedded within the service, to support service users in the community after exit from the service.
- The provider will ensure that co-production, service user voice, involvement and collaboration are integral components in the development of the service.
- 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.

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#### **4.10 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 local Multi Agency Risk Assessment Conferences (MARACs) to represent the victim, where the victim is a resident or ex-resident.
- Ensure management representation at all relevant Groups/Forums and Boards as agreed with the commissioner.
- Support the Domestic Abuse Commissioning Team to develop the service in line with requirements of the Domestic Abuse Act 2021 Part 4 Duty and associated guidance and standards, and to implement the Cornwall DA Strategy

#### **4.11 Support through court procedures**

The service will support service users through any court proceedings; criminal and civil and provide advice on the prosecution process and/or support to access appropriate legal representation, in collaboration with the local community DASV provider.

#### **4.12 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 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.

#### **4.13 Ending Support Provision**

Support will be withdrawn from a service user when:

- A risk to staff/other residents 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.

Service providers will work to keep evictions to an absolute minimum, striving to deliver an inclusive service. Decisions will be consistent, with a clear decision-making process in place. Where an eviction is likely, staff will work with the Homelessness services, and follow the DASV Housing Pathway & Safe Accommodation Provision protocol, to ensure appropriate accommodation is found and discharge is made safely.

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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. The provider will communicate the reasons for the withdrawal of service clearly to the service user. The provider will have a clear process for appeals and complaints that is communicated to and accessible for 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 programs.

## **5. Accessibility:**

### **5.1 Referrals**

Referrals to the service will be accepted from all agencies, statutory and non-statutory, and self-referrals. This will include agencies from outside of CIOS.

### **5.2 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.

### **5.3 Length of stay**

The length of stay will vary according to appropriate needs assessments with the maximum stay normally being 12 months. In cases where a longer stay is necessary, services will inform the commissioning team, with an agreed exit plan and a timetable for review.

The service providers will work with service users to identify and access suitable move-on accommodation and support, where required. The service providers will share information with other support agencies to aid referrals, and to ensure the continuity of assessment and support planning.

### **5.4 Premises**

Premises may be owned by the provider or leased and will be fully compliant with all requirements of the Equality Act in respect to accessibility. Wherever possible and practical the service provider will ensure that appropriate adaptations are made to accommodation to meet the needs of those with disabilities. A minimum of one building must be able to deliver wheelchair friendly provision.

Premises will provide Psychologically Informed Environments (PIE) which are designed in a way that takes into account the emotional and psychological needs of the individuals using them.

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.

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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.

### **5.5 Response times**

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

- All referrals should be responded to within 24 hours of receipt and where possible and appropriate, accommodation provided within 48 hrs of referral
- All service users will receive a risk assessment at the point of referral.
- A comprehensive assessment in which individual details and a demographic and risk profile are recorded, safety planning, referrals (if appropriate) or advice and information is achieved. This will take place no longer than 2 weeks after entering the service.
- Communication from partner agencies should be responded to within 2 working days.

### **5.6 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 and receive initial online referrals from the DASV system using the agreed Electronic Case Management System.
- 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.

## **6. 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



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- 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.

## **7. 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.



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## 8. Contract Management

### Real time feedback

The service provider will be expected to use real time feedback to support, engage and improve service provision for service users. This includes the use of Outcome Rating Scales (ORS) and Session Rating Scales (SRS) to get real time feedback from service users and improve the service.

The service provider will ensure ORS and SRS are recorded in a way that can be monitored and reported quarterly to commissioners. This should include staff use, impact on service delivery and learning/changes to practise that has been implemented. Please note – this is to inform learning not performance monitoring.

### Individual goals/outcomes

The service provider will be expected to work with commissioners and partners to develop an approach to evidencing whether goals set have been progressed/achieved. This will be individual and set by services users and staff collaboratively at service entry.

The service provider shall provide data, statistics and information to the commissioner, on a quarterly basis to inform the learning, development and progress of the service, using an agreed framework. The service provider will be expected to demonstrate how the service supports service users to progress towards achieving their desired outcomes. This will include monitoring the number of service users progressing towards achievement of individual outcomes as well as case study examples, including but not limited to written stories and/or vlogs. The service provider will use agreed tools to record and monitor progress towards achieving individual outcomes at point of access, at regular intervals during service delivery and at point of exit, to include any resettlement support. Outcomes are expected to be person centred based on the needs of the individual and therefore the outcomes below may not apply to everyone.

Some examples of goals related to this service are included below:

| INDIVIDUAL OUTCOMES                   |  |
|---------------------------------------|--|
| Outcome Domain                        | Individual Outcome                           |
| Improved access to safe accommodation | Accessing safe and appropriate accommodation |
| Increased recovery                    | Increased feelings of safety                 |
|                                       | Increased feelings of empowerment            |
|                                       | Managing risk of harm from self/others       |
|                                       | Increased social inclusion                   |
|                                       | Improved emotional wellbeing                 |

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|   |   |
|---|---|
| Improved emotional well-being and quality of life | Improved quality of life                        |
|   | Accessing education, employment and/or training |
|   | Developing healthy lifestyle skills             |
|   | Managing mental health                          |
|   | Managing behaviour/lifestyle                    |
|   | Increased hope and aspiration                   |

### Monitoring

Quarterly output monitoring information will be submitted by the Service Provider via the services Electronic Case Management System or, in the absence of, a workbook provided by the Council.

The Service Provider will be expected to demonstrate the delivery of the following output measures.

| OUTPUTS                                   |   |
|---|---|
| Output Domain                             | Output  |
| Numbers of referrals and people supported | Number of accepted referrals and referral source  |
|   | Number of rejected referrals and reasons for refusals   |
|   | Number of people supported:<br>1) within safe accommodation<br>2) with resettlement support following exit from safe accommodation  |
|   | Number of people supported split by protected and other specialist characteristics: <ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Ethnicity</li> <li>• Disability</li> <li>• Sexuality</li> </ul> |
|   | Number of people with primary and secondary needs related to:<br>1) mental health.<br>2) alcohol and drugs.   |

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|                            |   |
|----------------------------|---|
|                            | 3) offending behaviour<br>4) other complex needs.                     |
| Number of support hours    | Number of paid support hours delivered                                |
|                            | Number of unpaid support hours delivered                              |
| Types of support provided  | Number of services, facilities, resources accessed by type            |
|                            | Number of people who made progress towards personal goals             |
|                            | Number of safeguarding concerns raised – split by children and adults |
|                            | Number of referrals to the High-Risk Behaviour Panel                  |
|                            | Number of referrals to MARAC  |
|                            | Number of people supported for less than 1 month to 6 months          |
| Length of Service delivery | Number of people supported for less than 1 month                      |
|                            | Number of people supported between 1-3 months                         |
|                            | Number of people supported between 3-6 months                         |
|                            | Number of people supported for 6+ months                              |
|                            | Planned exits and move-on type  |
| Exists from the Service    | Unplanned exits, reasons and move-on type                             |

This information will be developed in partnership between the provider and the commissioners following contract award. Reports will be sent to commissioners no later than 1 week prior to the contract review meetings.

The Authority reserves the right to request additional information at any point in the year during the contract. The content, structure, frequency and tools used for the monitoring and assessment of this contract may be changed at any time by the Council in consultation with the Service Provider. However, any such change will not constitute a variation to the Contract and therefore the service provider will implement any such change of procedure at its own risk and cost.

Reports will be sent to commissioners no later than 1 week prior to the contract review meetings.

The service provider will attend quarterly learning review meetings with representatives from the Authority and other strategic partners where appropriate. during the period of the Contract. These Review Meetings will take place between the Council, the Service Provider and other strategic partners where appropriate. This will present opportunities to discuss any issues and evidence of good working practice in relation to:

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- Learning review and outputs data
- Staff recruitment, workforce development and wellbeing
- Fair access and exit
- Complaints and compliments, including satisfaction of those using the service
- Partnership working
- Improvement plans.
- Serious incidents
- Finance including income and expenditure relating to the funding allocated for this contract.
- Case studies
- Service development
- Risk escalations
- Safeguarding activity (as per standardised reporting template)
- External reviews and accreditations

In addition

**Safeguarding Bi-annual narrative report to include:**

- Evidence that the service has systems in place to identify and act on the risks that have potential to become safeguarding adults and children concerns
- Evidence that the service provides supervision and support for staff involved in safeguarding adults and children procedures
- Evidence that safeguarding adults/children competencies are built into appraisal and supervision processes
- Evidence to show the service has systems in place for person centred care to meet the needs of service users at particular risk of neglect, harm or abuse
- Evidence that the service safeguards adults/children by addressing staff performance concerns

**Prevent**

Information **required bi-annually** (October & April) to evidence compliance with Prevent and the Prevent guidance toolkit. To include the following as a minimum:

- Comprehensive Policy complying with the principles contained within Prevent and the Prevent Guidance toolkit – updated to reflect national guidance
- WRAP training compliance for identified staff and volunteers delivered by accredited trainers
- Prevent Lead within the organisation
- [Notification to commissioning body if a change to the prevent lead](#)

**Workforce Information – information required bi-annually**

| Indicator  | Method of Measure  |
|--|--|
| Workforce level and Vacancy Rate - All Staff       | Number of current posts, number of staff leaving in quarter, number of new recruitments and number of current vacant posts |
| Evidence of supporting staff health and well-being | Narrative response based on local health and wellbeing initiatives and mitigation of vicarious trauma                      |

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|   |   |
|---|---|
| Staff sickness (exceptions) with evidence of identification of themes such as stress or trauma related sickness and action planning to address high sickness levels   | Reporting on staff sickness absence over 4 weeks for the month (FTE days lost / FTE days available)   |
| Workforce planning  | Workforce strategy, training matrix and narrative report on staff development and succession planning |
| Mandatory training - % all staff compliant in the following training (this should include all volunteers and mentors): <ol style="list-style-type: none"> <li>1. Domestic Abuse, Stalking and Honour Based Abuse Risk Assessment</li> <li>2. Mental Health First Aid</li> <li>3. ASIST</li> <li>4. Basic Drug Awareness</li> <li>5. Alcohol Identification and Brief Advice</li> <li>6. WRAP</li> <li>7. Motivational Interviewing</li> <li>8. Safeguarding</li> <li>9. Adverse Childhood experience routine enquiry</li> <li>10. Trauma Informed Approaches and Practice</li> <li>11. Naloxone administration</li> <li>12. Basic First Aid and life support</li> </ol> | % Of all staff compliant with mandatory training requirements   |

## Quality assurance

A quality assessment will be undertaken on an annual basis in accordance with the standards set out in this Specification. This may include a self-assessment and/or a Service visit

Any areas of concern will be progressed through more frequent partnership meetings with the commissioner and may require an agreed action plan to support improvements.

Evidence of health and safety, insurance and service user consultation is required to be provided annually.

## 9. Security, technology systems and management techniques

### 9.1 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 be kept in a secure location and be compliant with general data protection regulation (GDPR), Data Protection Act 2018, consent requirements, and the Common Law Duty of Confidentiality.

The provider will be expected to record service user information and case notes at a standard to ensure the relevant areas of the Safer Cornwall DASV Outcome Framework and contract requirements can be met.

Electronic case notes are the most secure reliable and efficient method to record, store and share information. Written notes are not in line with the expectation of the

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data controller (Cornwall Council) and do not fulfil the contract of the data processor. Due to the nature of the work and the risk of harm that is being managed, on a daily basis, it is imperative that all case notes are thorough (fit for purpose) and contemporaneous.

It is essential that providers are able to evidence the work carried out, document the interaction and contact they have had with service users, throughout the service user's engagement with the service. Contemporaneous case notes allow for audit trails and evidential support in the event of a complaint, accident or incident resulting in harm and also assist in the day to day safeguarding of all staff and partner agency professionals.

The provider will also be expected to comply with the NHS Code of Practice on Confidentiality, Protecting and Using Patient Information (A Manual for Caldecott 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 to 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 provide, in the event that said records exist outside of the ECMS.

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 general data protection regulation (GDPR), the Data Protection act 2018 and other UK or EU data protection legislation and Human Rights Act 1998 apply at all times. 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 Cornwall Council's information governance processes, the general data protection regulation (GDPR) and the Data Protection act 2018 and all other relevant UK or EU data protection legislation at all times. 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 electronic case management system for both case management and reporting purposes. This ECMS will be the single authoritative record of information for an individual, throughout their engagement with the service as such records must be maintained and up to date with all relevant service user information and contact.

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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 a comprehensive impact assessment which will be supplied to the commissioner to support Needs Assessment and Service Planning processes and updated annually.

The Commissioners will carry out a visit at least once during the Agreement Period. The 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 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.

## **9.2 Intellectual property rights**

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.



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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.

## 10. 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 2004
- Human Rights Act 1998
- United Nations Convention on the Rights of the Child (UNCRC)
- Homelessness Reduction Act 2017
- The Care Act 2014

The service will ensure that all staff and volunteers conform to all safeguarding children and child protection legislation, adult safeguarding legislation, national Working Together guidelines, and any future amendments/additions to such legislation and/or guidelines.

The provider will comply with Council Standards for Safeguarding and contribute to the CIOs Safeguarding Children's Partnership (SCP) Multi-Agency Quality Assurance procedures, in instances where there are concerns about a child's care, development or welfare, to enable proper assessment of the child's circumstances, balancing the needs of parents with active safeguarding. They will make an active contribution to core groups, Child In Need and Child Protection Plans, engaging in ongoing and protocol led communication with Children's Social Care.

The provider will have a Safeguarding Policy with robust procedures on how to deal with alleged or suspected cases of abuse, regarding both the person experiencing the abuse and the person engaging in abusive behaviour.

The provider will include, in their Safeguarding Policy,

- an adherence to the CIOs Safeguarding Adults Multi Agency Policy and procedure.
- that any incidence of alleged or suspected abuse by a professional must be reported to the Local Authority Designated Officer (LADO) and the commissioner
- evidence of steps which protect those individuals from exploitation online or in person (Visitor policy, IT policy and appropriate filtering, audits of IT use etc

The provider will also include in its Safeguarding Policy, or a standalone policy, Modern slavery, human trafficking and sexual exploitation, including:

- the organisation's structure, its business and its supply chains
- due diligence processes in relation to slavery and human trafficking in its business and supply chains
- the parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk
- its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains
- the training/awareness about slavery and human trafficking available to its staff

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- Its openness to disclose worker salary & fees (Fair payment/living wage etc )
- If the annual turnover of the organisation exceeds £36M, a modern slavery statement as prescribed under section 54 Modern Slavery Act 2015.

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 are adequately trained and ensure that workforce development plans include regular Safeguarding (adult and child) and Child Protection Training for all, relevant to staff roles.

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.

## **11. Training and staff management, support and wellbeing**

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.
- 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 all frontline staff have access to 6 weekly line management 1:1 supervision as part of the service provider's commitment to staff development and well-being. All those with supervisory responsibility will have access to monthly external supervision.
- The service provider will be required to ensure that all staff have access to reflective practice supervision or external supervision appropriate to their role within the service and level of exposure to clients and that following incidents of a traumatic nature that all staff are able to access appropriate after care and support.
- 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 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 access to independent supervision to all staff working with

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service users, and be able to address the situation where employees are victims or engaging in abusive behaviours.

The provider will undertake an annual training, support and wellbeing 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.

Prepared by:

Domestic Abuse and Sexual Violence Commissioning Team

Neighbourhoods

January 2023

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## APPENDIX 1

### **The Domestic Abuse Act 2020 confirms the revised cross-government statutory definition of domestic abuse as:**

The behaviour of a person towards another person is domestic abuse if a) the two people are each aged 16 or over and are personally connected to each other, and b) the behaviour is abusive. This can include behaviour directed at the child of the person experiencing abuse.

The definition is in two parts. The first part deals with the relationship between the abuser and the abused. The second part defines what constitutes abusive behaviour. The full definition can be found:

<https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>

### **For the purpose of this service specification domestic abuse includes:**

- Domestic abuse,
- Forced Marriage (FM),
- Honour-Based Abuse (HBA),
- Stalking and harassment in the context of domestic abuse,
- Modern slavery in the context of domestic abuse,
- Human trafficking and sexual exploitation in the context of domestic abuse,
- Adverse Childhood Experiences (ACEs) in the context of domestic abuse.

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**

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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<sup>4</sup> 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, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **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.

<sup>4</sup> HM Government (2015), Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2015)

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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).<sup>5</sup>

### **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 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

<sup>5</sup> Hackett, S (2014). *Children and young people with harmful sexual behaviours*. London: Research in Practice.

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- 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>

**Violence against Women and Girls (VAWG)** refers to acts of violence or abuse that we know disproportionately affect women and girls. Crimes and behaviour covered by this term include rape and other sexual offences, domestic abuse, stalking, 'honour'-based abuse (including female genital mutilation forced marriage, and 'honour' killings), as well as many others, including offences committed online.



## APPENDIX 2

### Background

#### **National Context**

Services should have robust awareness and understanding of the national context in relation to Domestic Abuse and Sexual Violence and its impact on an individual and societal level.

#### **National strategy**

##### **National Ending Violence against Women and Girls Strategy<sup>6</sup>**

In 2021, the Home Office published its cross-government strategy for tackling violence against women and girls (including domestic abuse), **Tackling Violence Against Women and Girls**. Following the enactment of the Domestic Abuse Act 2021, this Strategy set out the Government's approach and ambitions to:

- **Increase support for victims and survivors**, through ensuring they have access to quality support appropriate to their needs (as measured through increased funded support services)
- **increase in the number of perpetrators brought to justice** (including for rape and other sexual offences, domestic abuse, stalking and harassment, and 'honour'-based abuse including female genital mutilation and forced marriage)
- **increase in reporting to the police** (as measured by Crime Survey for England and Wales and police recorded crime)
- **increase victim engagement** with the police and wider public service response
- **reduce the prevalence** of violence against women and girls

##### **National Tackling Domestic Abuse Plan 2022<sup>7</sup>**

In 2022, the Home Office published its Domestic Abuse Plan which seeks to build on the Tackling Violence Against Women and Girls Strategy and sets out how various aspects of the Domestic Abuse Act 2021 will be delivered, through:

- A whole pillar dedicated to preventing domestic abuse from ever happening in the first place. This includes further actions to enhance the delivery of the new Relationship, Sex and Health Education curriculum so young people have greater awareness and understanding of abusive behaviours.
- More support for victims and survivors. This Plan will set out a multi-year funding package to deliver community-based support services, how the duty for accommodation-based support will be delivered, and a commitment to review whether the current statutory leave provision for employees does enough to support victims and survivors.
- Tougher, more robust actions which deal with domestic abusers. These include

<sup>6</sup> <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

<sup>7</sup> <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

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next steps in the delivery of DAPNs and DAPOs, a commitment to consider options for more robust management of domestic abusers, including the option of creating a register of domestic abusers, and provisions for electronic monitoring of the most harmful perpetrators.

The Plan also details how the Government will respond to the recommendations in Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) reports to improve the response to domestic abuse. There will also be more information on the Domestic Abuse Commissioner's role, including her oversight on Domestic Homicide Review recommendations and Family Courts and a new victim engagement mechanism.

### **Violence against Women and Girls National Statement of Expectations (March 2022)<sup>8</sup>**

The National Statement of Expectations (NSE) sets out how local areas should commission effective services to ensure their whole system response to VAWG is as collaborative, robust and effective as it can be so that all victims and survivors, including children as victims in their own right, 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.

### **The Domestic Abuse Act 2021<sup>9</sup> (including Statutory Guidance Under Part 4)**

The Domestic Abuse Bill passed both Houses of Parliament and was signed into law on 29 April 2021. The Domestic Abuse Act is set to provide further protections to the millions of people who experience domestic abuse, as well as strengthen measures to tackle perpetrators.

Part 4 of the Act places a statutory duty on tier one local authorities relating to the provision of support to victims of domestic abuse and their children residing within 'relevant' safe accommodation. The legislation requires local authorities to ensure that all victims of domestic abuse have access to the right support within safe accommodation, provides guidance as to what they should do to fulfil their statutory responsibilities and further clarity on how the new duty should be delivered on the ground.

The Government recognises that victims and their children may need to live in a variety of different forms of safe accommodation. 'Relevant accommodation' [also referred to as 'safe accommodation' throughout the guidance] is specified by the Secretary of State in regulations as:

- Refuge accommodation

<sup>8</sup> <https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

<sup>9</sup> <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

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- Specialist safe accommodation
- Dispersed Accommodation
- Sanctuary Schemes
- Move-on and/or second stage accommodation
- Other forms of domestic abuse emergency accommodation (i.e. a safe accommodation place with support)

### **National guidance, programmes and best practice**

The following represent nationally recognised strategies, programmes and best practice that provide guidance and standards for the delivery of services:

- Violence Against Women and Girls Services Commissioning Toolkit 2022
- HMIC inspection 2014 "Everyone's business: Improving the police response to domestic abuse" (Updates 2015, 2017, 2019 and Review of policing domestic abuse during the pandemic 2021)
- HM Government 2018 "Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children" – Updated Dec 2020.
- All Party Parliamentary Group (APPG) 2015 "Conception to age 2: First 1001 days".
- HM Government 2022 "The right to choose – multi-agency statutory guidance for dealing with forced marriage and multi-agency practice guidelines".
- National Security Strategy and response to Serious and Organised Crime Local Profiles.
- The Supporting Families Programme Guidance 2021-22
- The Code of Practice for Victims of Crime (Updated April 2021).
- The Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention, May 2011).
- Multi-Agency Practice Guidelines: Female Genital Mutilation (Updated July 2020).
- Department for Levelling Up, Housing & Communities Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services Statutory Guidance Oct 2021 – ANNEX B DLUHC Quality Standards
- NICE quality standards and referrals guidance<sup>10</sup>

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

<sup>10</sup> <https://www.nice.org.uk/guidance/qs116>

<https://pathways.nice.org.uk/pathways/domestic-violence-and-abuse>

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## **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<sup>11</sup> 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:

|             |   |
|-------------|---|
| <b>1.11</b> | Domestic abuse                            |
| <b>1.12</b> | 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**

|             |                                 |
|-------------|---------------------------------|
| <b>1.01</b> | Children in low income families |
|-------------|---------------------------------|

<sup>11</sup> [Public Health Outcomes Framework 2016-2019](#), Department of Health (August 2016)

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|  |   |
|--|---|
| <b>1.02</b>  | School readiness  |
| <b>1.03</b>  | Pupil absence   |
| <b>1.04</b>  | First time entrants to the youth justice system   |
| <b>1.05</b>  | 16-18 year olds not in education, employment or training  |
| <b>1.07</b>  | Proportion of people in prison aged 18 or over who have a mental illness  |
| <b>1.08</b>  | Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services |
| <b>1.09</b>  | Sickness absence rate   |
| <b>1.11</b>  | Domestic abuse  |
| <b>1.12</b>  | Violent crime (including sexual violence)   |
| <b>1.13</b>  | Levels of offending and re-offending  |
| <b>1.15</b>  | Statutory homelessness  |
| <b>1.18</b>  | Social isolation  |
| <b>Domain 2: Health improvement</b>  |   |
| <b>2.01</b>  | Low birth weight of term babies   |
| <b>2.04</b>  | Under 18 conceptions  |
| <b>2.05</b>  | Child development at 2 – 21/2 years   |
| <b>2.07</b>  | Hospital admissions caused by unintentional and deliberate injuries in under 25s  |
| <b>2.08</b>  | Emotional well-being of looked after children   |
| <b>2.10</b>  | Self-harm   |
| <b>2.23</b>  | Self-reported well-being  |
| <b>Domain 4: Healthcare public health &amp; preventing premature mortality</b> |   |
| <b>4.01</b>  | Infant mortality  |
| <b>4.03</b>  | Mortality rate from causes considered preventable   |
| <b>4.09</b>  | Excess under 75 mortality rate in adults with serious mental illness  |
| <b>4.10</b>  | Suicide rate  |
| <b>4.11</b>  | Emergency readmissions within 30 days of discharge from hospital  |
| <b>4.13</b>  | Health-related quality of life for older people   |

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### **Additional legislation influencing this service:**

(All relevant updates and amendments to the following legislation to be considered and adhered to for the lifetime of the contract)

- Crime and Disorder Act 1998
- Serious Violence Duty: Police, Crime Sentencing and Courts Act 2022
- Welfare Reform Act 2012
- Domestic Violence Disclosure Scheme (DVDS)– “Clare’s Law”
- Domestic Violence, Crime and Victims Act 2004 and the (AMENDMENT) Act 2012
- Children’s Act 2004
- Children and Families Act 2014
- 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 (Updated 2015)
- Department of Health, 2007 “The Mental Health Act as amended from the 1983 Act”
- Department of Health, 2005 “The Mental Capacity 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
- Domestic Violence, Crime and Victim Act 2004
- Code of Practice for Victims of Crime November 2020
- Equality Act 2010
- Data Protection Act 2018 in accordance with GDPR
- Family Law Act 1996
- Counter-Terrorism and Border Security Act 2019
- Stalking Protection Act 2019
- Domestic Abuse Act 2021
- Human Rights Act 1998
- Housing Act 1996 Part VII (as amended by Homelessness Reduction Act 2017)
- Homelessness Act 2002
- Homelessness Reduction Act 2017
- Gender Recognition Act 2004

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

### **Local context**

#### **Local needs analysis**

The Domestic Abuse Act 2021 introduced a statutory duty on local authorities to assess the need for domestic abuse support for victims and their children in safe accommodation, including those who come from outside their area and prepare and publish a strategy for the support.



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The Safer Cornwall Safe Accommodation Needs Assessment informed the Safer Cornwall Domestic Abuse Safe Accommodation and Housing Strategy 2022. This also forms part of the wider Safer Cornwall Domestic Abuse and Sexual Violence Strategy and sets out how Cornwall Council will respond to the duty. The needs assessments and strategies are available on the Safer Cornwall website

<https://safercornwall.co.uk/domestic-abuse-sexual-violence/>

### **Safer Cornwall Domestic Abuse Safe Accommodation and Housing Strategy**

The Safer Cornwall Domestic Abuse Safe Accommodation and Housing Strategy 2022 aims are:

- We will ensure services are easier to access by identifying and removing barriers and creating clearer pathways to support for those living in safe accommodation
- We will ensure survivors and children and young people are supported to stay in their own homes/accommodation where appropriate
- We will increase awareness of domestic abuse and routes to support across housing providers to support early identification of domestic abuse and access to safe accommodation
- We will work in partnership to establish a clearer and more coordinated county wider pathway to help victims leave safe accommodation and establish independent living
- We will incorporate the views of children and young people impacted by domestic abuse
- We will ensure accommodation is safe and appropriate
- We will continue to ensure support for victims/survivors and children will enable recovery and aim to prevent those living in safe accommodation from experiencing domestic abuse again in the future.

### **Cornwall Domestic Abuse Strategy<sup>12</sup>**

#### **Our Domestic Abuse Strategy 2023-2028, priorities are:**

1. Strengthening prevention and early identification
2. Increasing access and breaking down barriers
3. Behaviour change, justice and protection
4. Greater support for victims and survivors
5. Working together

#### **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, policies 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 Strategy and Business Plan
- Cornwall Public Health Annual Report
- Cornwall & IoS Health and Wellbeing Strategy
- One Vision for Cornwall
- NHS Kernow Futures In Mind Adult Mental Health Strategy 2020-2025
- Safeguarding Adults Board Strategic Plan and working practices

<sup>12</sup> [Cornwall-Domestic-Abuse-Strategy-2023-2028.pdf \(safercornwall.co.uk\)](#)

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- Safeguarding Children Partnership business plan and working practices
- Cornwall and the Isles of Scilly Drug and Alcohol Strategies and joint DAAT/DASV protocol
- Cornwall Council DASV Housing Pathway and Safe Accommodation 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
- Complex Needs Strategy

## Local Outcomes

### Cornwall Council Priority Outcomes

The following areas are the named priorities for Cornwall Council. It is expected the service will contribute to the 4 priority outcomes:

- **A brilliant place to be a child and grow up**
- **A thriving, sustainable Cornwall** that offers a secure home, a decent income and a great environment for all
- **Vibrant, safe, supportive communities** where people help each other to live well
- All supported by an **empowering and enterprising Council** that offers a consistently excellent customer experience and great value for money

### Safer Cornwall Priorities

Safer Cornwall have identified the following 4 priority outcomes for 2022-2025. The service is expected to contribute to all 4 outcomes:

- **Communities are supported to take positive action** to reduce crime and anti-social behaviour and improve the local environment
- Our specialist services **protect and support the most vulnerable** and reduce harm
- We have **greater awareness of the effects of trauma** on people's lives and behaviours, and our workforce provides the **right support at the right time**
- We **communicate and share information** in ways that are proactive and inclusive; we listen and act on what we hear