

Tackling Violence Against Women, Domestic Abuse and Sexual Violence:

A COLLABORATIVE COMMISSIONING TOOLKIT FOR SERVICES IN WALES

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Developed by:

LLOYDS BANK FOUNDATION
England & Wales 

imkaan


Cymorth i Ferched Cymru
Welsh Women's Aid

women's aid
until women & children are safe


Safe Lives
Ending domestic abuse

Foreword

Rhian Bowen-Davies **National Adviser for Violence** **against Women, Domestic** **Abuse and Sexual Violence**

“Tackling violence against women, domestic abuse and sexual violence demands a coordinated response across Wales. This resource uses key principles and helpful tips to support commissioners in fully understanding local needs and the services that are best placed to meet them. It comes at a really important time as we implement the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015. Developed in collaboration with commissioners, service users, service providers and second tier organisations, the resource helps all those involved in securing services for people affected by violence against women, domestic abuse and sexual violence to lead the way in making an important impact in such a vital sector.”

Acknowledgements

Our thanks go to everyone who has contributed to this toolkit’s development, including all those who have participated in the consultation and development process, and the team who advised on the process and content of the report.

Most importantly we would like to thank the survivors who gave up their time to take part in regional workshops, who spoke honestly and with strength about what were often difficult and very personal experiences, and shared with us their ideas and recommendations for how the commissioning of local services could be improved.

Introduction

Paul Streets (OBE) **Chief Executive** **Lloyds Bank Foundation** **England & Wales**

“Lloyds Bank Foundation for England & Wales is one of the leading community grant makers, supporting small and medium-sized charities over 30 years to help people facing multiple disadvantages. Supporting charities which work with survivors of abuse has been a key priority throughout this time and we know that many of the organisations we support also receive statutory funding for part of their work.

Getting this statutory funding right is essential for the charities we fund so that effective services are available for the people who need them. That is why we have come together with Imkaan, SafeLives, Welsh Women’s Aid and Women’s Aid Federation England to develop this resource. We know from the many charities we work with that they face great challenges in terms of commissioning and that this can lead to significant pressures in running services. Together, we have been meeting with commissioners, service providers and survivors across England and Wales, looking for examples of best practice and gaining a better understanding of the challenges faced and the services needed.

We have produced this Wales-specific resource in recognition of the specific circumstances and changes to violence against women, domestic abuse and sexual violence responses that are happening in Wales. We hope that it will support commissioners and providers to work together to ensure the needs of survivors are met effectively across the country.”

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This toolkit has been developed for Lloyds Bank Foundation for England & Wales with Imkaan, SafeLives, Welsh Women's Aid and Women's Aid Federation of England with consultancy support from Andrea Baines and Karen Morton.

Quotes from survivors, service providers and commissioners are used anonymously throughout. These are taken from focus groups held in 2015 to inform the development of this work.

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Part A: Context

Section 1: About this resource

1.1 Introduction

This toolkit has been produced by Lloyds Bank Foundation for England & Wales in association with specialist UK violence against women charities. It aims to help agencies in Wales to work together to provide an effective commissioning approach to ensure the future well-being of all those affected by violence against women, domestic abuse and sexual violence.¹

The toolkit is therefore intended for:

- Current and future commissioners
- Providers of services
- Welsh Government, to help support local action that will deliver impactful solutions
- Others with a stake in the safety and well-being of local people.

We recommend reading the document as a whole to achieve a full understanding of a whole system approach to commissioning services. This toolkit is intended to be an aid to focus multi-agency discussions and planning, and to help build a business case for the development of local services.

The toolkit is structured in two parts.

- Part A provides the context for commissioning services to address violence against women, domestic abuse and sexual violence in Wales.
- Part B sets out the steps to commissioning in a way that reflects the commissioning cycle (Figure 1).

A summary checklist is available in Section 8 of this toolkit which can help commissioners ensure they have accounted for each stage of the commissioning cycle.

Appendix 1 provides a key to terms commonly used in this document.



Figure 1:
The commissioning cycle

This toolkit will evolve. Comments and contributions are welcomed and should be forwarded to: policy@lloydsbankfoundation.org.uk

¹ The legislative, policy and commissioning framework in Wales aims to address all forms of violence against women, domestic abuse and sexual violence, as set out in the Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 and accompanying statutory guidance.

1.2 Why there is a need for specific guidance for those commissioning services to address violence against women, domestic abuse and sexual violence

The impact and costs associated with violence and abuse are enormous, and working to make a difference must involve many partners. Particular care is therefore needed to ensure that the nature and style of future commissioning meets agreed and shared outcomes².

- Violence against women, domestic abuse and sexual violence can happen to people of all ages, sexualities, abilities, cultural, social and ethnic backgrounds. Experiences can be very different; there is no one size fits all, which is why **services need to be designed to meet diverse needs**.
- Protected characteristics and other equalities considerations need to be specifically addressed because these factors create further barriers to protection, help-seeking and take up of services.
- Violence against women, domestic abuse and sexual violence are complex issues which can involve a number of public, private and voluntary sector agencies within health, criminal justice, social care, and other arenas. This diversity of stakeholders means that **there must be active and meaningful partnership working** within any framework designed to commission services to address these needs. It is essential that commissioners are fully aware of what is currently being delivered, and of the different remits, responsibilities and aims of the various bodies concerned.
- Different public bodies have different legislative and regulatory considerations in their responses to violence against women, domestic abuse and sexual violence. For example, legislation affecting police and other criminal justice services in Wales comes from the Home Office; legislation affecting social care/housing/health/education and community safety comes from the Welsh Government. Commissioning **must take into account this diversity of requirements**.
- Prevention and early intervention, including community education and work with children, can have a significant impact on reducing the harm caused by violence against women, domestic abuse and sexual violence. However as budgets become tighter there is a risk that this focus is lost, resulting in greater, potentially preventable, calls on public services in the future.
- Those affected by violence and abuse - either currently, or in the past - may have no contact at all with public services. Any commissioning must therefore recognise that provision must anticipate and address the needs of those who are not actually demanding services. It is very important that commissioners **consult those who have personal experience** of violence against women, domestic abuse and/or sexual violence when planning provision.
- Local specialist services have developed over time as a response to particular needs and contain within them decades of knowledge and expertise relevant to the communities they serve. They may, in many cases, be engaging with those survivors who may be most reluctant to make contact with statutory services but are often at the greatest risk.

² National outcomes and indicators for violence against women, domestic abuse and sexual violence are being developed in Wales, which will align with those produced for the Well-being of Future Generations (Wales) Act 2015, Social Services and Well-being (Wales) Act 2014 performance framework, Public Health Wales, Mental Health indicators and Supporting People Outcomes Framework.

It is therefore crucial that commissioners take into account the need to understand patterns of local demand, the importance both of public/universal services and specialist services in supporting victims, and ensure that commissioning creates and sustains suitable pathways between these services, so that needs are met in a holistic way.

Commissioners should consider the best forms of commissioning services to address violence against women, domestic abuse and sexual violence - for now and for the future. This may include consideration of safeguarding existing valued services, as well as co-production of innovative options. Commissioners should therefore seek to identify the method most likely to deliver the services that are needed – for example, through grant based funding or preferred provider partnerships. Procurement through competitive tendering is not the only commissioning option. Any commissioning needs to recognise that there are systemic barriers to survivors accessing appropriate services.

At a global, European and national level it is acknowledged that violence against women, including domestic abuse and sexual violence, operates as a means of social control that maintains unequal power relations between women and men and reinforces women's subordinate status. It is explicitly linked to systematic discrimination against women and girls. Failing to make the connections between the different violence women and girls experience, and how this is explicitly linked to the unequal position of women and girls in society, can hinder the effectiveness of interventions and prevention work. It is also important to recognise that different groups of women experience multiple inequalities which can intersect in ways that lead to further marginalisation. In addition, commissioners should also recognise the needs of women in same sex relationships who may also be affected by abuse.

It is vital that commissioning plans are designed to prevent, protect and support those affected by violence against women, domestic abuse and sexual violence. This means ensuring that strategies focus not only on service provision but on a range of measures to eliminate discrimination, promote substantive equality, and to empower women and girls, within a comprehensive framework to protect and provide assistance to all victims.

Section 2: Definition, policy and legislative framework for violence against women, domestic abuse and sexual violence

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2.1 Introduction

In recent years tackling violence against women and girls has become part of the political agenda and it is now a key priority for both the Welsh and the UK governments. This includes recognition of the complexity of these crimes, the breadth of need and the importance of ensuring joined-up collaborative working to stop the ongoing harm.

In 2016 the Home Office published a new Violence Against Women and Girls cross-departmental strategy³ that sets out the importance of joined-up commissioning, and in Wales the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aims to *'improve the public sector response in Wales to violence against women, domestic abuse and sexual violence. It provides a strategic focus and ensures consistent consideration of preventive, protective and supportive mechanisms in the delivery of services'*.⁴

In Wales, a national strategy is required to be published by November 2016, as legislated under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

2.1.1 Definitions of violence against women, domestic abuse and sexual violence

The Home Office cross-government definition of domestic violence and abuse is:

*'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional. 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.'*⁵

³ Ending Violence Against Women and Girl Strategy 2016-2020 HM Government www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

⁴ Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015. www.gov.wales/legislation/programme/assemblybills/domestic-abuse/?lang=en

⁵ Serious Crime Act 2015. www.legislation.gov.uk/ukpga/2015/9/section/76/enacted

The Welsh Government's Right to be Safe Strategy 2010-2016 defines violence against women as:

*'a form of discrimination against women and a violation of human rights and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological, or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'*⁶

"FGM, forced marriage and honor based violence are all part of the continuum of abuse"

Service provider, 2015

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 includes the definition for violence against women and girls as:

'Gender-based violence, domestic abuse and sexual violence where the victim is female.'

It defines sexual violence as:

'sexual exploitation, sexual harassment, or threats of violence of a sexual nature.'

The Welsh Government's Strategy definition is supported by the current internationally accepted definition of 'violence against women' used by the United Nations, World Health Organisation, Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Crown Prosecution Service, UK Government and other international governments. These contextualise violence against women as

'violence that is directed against a woman because she is a woman, or that affects women disproportionately'

and further define this as:

'Violence against women shall be understood to encompass, but not be limited to, the following:

- a) *Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation*
- b) *Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution*
- c) *Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.'*⁷

⁶ UN Declaration on the Elimination of Violence Against Women, 1993

⁷ UN Declaration on the Elimination of Violence Against Women, 1993, www.un.org/documents/ga/res/48/a48r104.htm

The Crown Prosecution Service defines violence against women within the crime types it covers, some of which can also be suffered by men.⁸ This includes:

- Domestic violence/abuse
- Forced marriage
- So called 'honour' based violence
- Female genital mutilation
- Rape and sexual offences
- Stalking and harassment
- Prostitution
- Human trafficking/slavery, with a focus on trafficking for sexual exploitation
- Child abuse
- Pornography.

Rape Crisis, England and Wales, defines sexual violence as:

*'Any unwanted sexual act or activity. There are many different kinds of sexual violence, including but not restricted to: rape, sexual assault, child sexual abuse, sexual harassment, rape within marriage/relationships, forced marriage, so-called 'honour' based violence, female genital mutilation, trafficking, sexual exploitation, and ritual abuse.'*⁹

The Welsh Government has also said:

*'If a person is pressured to do something sexual against their will, it is a form of sexual abuse, whether or not it takes place within marriage or a relationship. Sexual assault, sex with children under the age of 16, incest, rape by a stranger or inside marriage, are all crimes and matters for the Police. Sex without a person's consent due to drugs, alcohol or unconsciousness is rape.'*¹⁰

2.1.2 The gendered nature of violence against women, domestic abuse and sexual violence

There are significant differences in the frequency and nature of abuse experienced by men and that experienced by women. The gender of both victim and perpetrator influences behaviour, risk and the severity of harm caused. Abuse perpetrated by men against women is a quantitatively and qualitatively distinct phenomenon. Women and girls experience violence and abuse in their every day lives at higher rates:

- **Women are far more likely than men to be killed by partners/ex-partners.** In 2013/14, 46% of female homicide victims were killed by a partner or ex-partner, compared with 7% of male victims.¹¹ 149 UK women were suspected to have been killed by men in 2014.¹²

⁸ CPS Violence Against Women Crime Report 2014-15

www.cps.gov.uk/publications/docs/cps_vawg_report_2015_amended_september_2015_v2.pdf

⁹ Rape Crisis England and Wales <http://www.rapecrisis.org.uk/sexualviolenceoverview.php>

¹⁰ Welsh Government (2011), Live Fear Free campaign website <http://www.livefearfree.org.uk/living-with-abuse/?lang=en>

¹¹ Office for National Statistics, *Crime Statistics, Focus on Violent Crime and Sexual Offences, 2013/14 Chapter 2: Violent Crime and Sexual Offences – Homicide* (Published online: Office for National Statistics, 2015), p. 1

¹² K Ingala Smith - Count dead women website: www.kareningalasmith.com/counting-dead-women

- **Men are significantly more likely to be repeat perpetrators and significantly more likely than women to use physical violence, threats, and harassment.** Men's violence tends to create a context of fear and control; which a study found was not the case when women are perpetrators.¹³
- **Women may experience different and multiple forms of abuse in their lives.** For example, some BME women may be experiencing forced marriage, domestic abuse and sexual violence simultaneously.
- **Lesbian and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4);** a third of this is associated with male perpetrators and the rest with female perpetrators.¹⁴

Violence against women, domestic abuse and sexual violence as a cause and consequence of inequality between men and women, causes harm, vulnerability and disadvantage in a number of overlapping ways. It impacts on physical and mental health, damages self-esteem and confidence, and can cause isolation, homelessness, and reduced economic prospects.

Not all women have equal access to safety and freedom or the means or ability to leave a context of violence. For many women and girls, their experience of violence and abuse can be **compounded by multiple, intersecting inequalities and a broader context of social exclusion and marginalisation**¹⁵ which are more conducive to violence, and in which empowerment routes may be more restricted.

Women and men, children and young people, can all experience and perpetrate domestic abuse and sexual violence. Clearly any form of violence is unacceptable. Every case must be taken seriously and each individual given access to the appropriate support they need.

2.1.3 The scale of violence against women, domestic abuse and sexual violence

There is now a substantial body of evidence about the far-reaching nature and impact of violence against women and girls, domestic abuse and sexual violence.

Violence against women, domestic abuse and sexual violence includes different types of abusive and controlling behaviours which are often used together intentionally, to control another person or to have power over them. Incidents are rarely one-off and usually get worse over time. Perpetrators are most likely to be known to the survivor.

Violence against women, domestic abuse and sexual violence can happen to people of all ages, sexualities, gender, abilities, cultural, social and ethnic backgrounds.

Intersecting inequalities increase barriers to protection and help-seeking. It is essential that services are designed with this awareness. For example, research has found that:

'BME women are disproportionately affected by different forms of abuse e.g. forced marriage, "honour-based" violence, female genital mutilation, sexual exploitation in the form of commercial sex work, trafficking etc. The multiple vulnerabilities arising from these overlapping

¹³ Hester, M, *Who Does What to Whom? Gender and Domestic Violence Perpetrators in English Police Records* (European Journal of Criminology, 2013 10: 623- 637), pp. 627 - 628.)

¹⁴ Hunt, R. & Fish, J. (2008) *Prescription for change: Lesbian and bisexual women's health check*; Stonewall

¹⁵ McNeish & Scott (2014) *Women and girls at risk: Evidence Across the Life Course*. Lankelly Chase - 'Women who are also subject to inequalities of race, class, poverty and/ or being part of a particular minority group (such as a Traveller or migrant community) face multiple risks. In other words, when thinking about women and girls at risk, understanding gender inequality is absolutely essential – but alone it is not enough'

contexts make it harder for women to flee violence.’¹⁶

Disabled people experience disproportionately higher rates of domestic abuse, and also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people. Disabled women are twice as likely to experience domestic violence as non-disabled women (1995 British Crime Survey, also confirmed by data from other countries). They are also likely to experience abuse over a longer period of time and to suffer more severe abuse and injuries as a result of the violence, than disabled men.¹⁷

NICE (National Institute for Health and Care Excellence) guidance on how services can respond effectively to domestic abuse states:

‘Domestic violence and abuse is a significant public health problem. People of all ages, from all sectors of society, may experience it. The effects can last a long time after the final incident. For example, childhood exposure can disrupt social, emotional and cognitive development. This can lead to the adoption of risky behaviours such as alcohol misuse or illicit drug use which, in turn, can cause poor health, disease, disability and early death.’¹⁸

Evidence shows that **women disproportionately experience repeat incidents of domestic abuse, all forms of sexual violence and other forms of violence and abuse such as forced marriage and female genital mutilation**. All governments have a responsibility to work to eliminate such gender-based violence under international directives upheld by the United Nations. This is of utmost importance in part due to the sheer scale of the problem:

- In 2014-2015, the Crime Survey for England and Wales estimated that 1.3 million women and 600,000 men (aged 16-59) experienced any type of domestic abuse in that year; with **over 1 in 4 women** (4.5 million women) reporting having experienced domestic abuse since the age of 16.¹⁹
- Walby et al, 2015, has shown that **violent crime against women is in fact rising**, and most violent crime against men is falling; domestic violent crime has a different trajectory from other forms of violent crime and has been rising since 2009.²⁰ This is often not shown by statistics such as the Crime Survey for England and Wales, which cap the number of incidents which can be recorded.
- 137,000 girls and women in the UK are living with consequences of FGM and 60,000 girls in the UK, under the age of 15, are at risk of FGM. It is estimated there are 140 victims of FGM a year in Wales.²¹
- Nearly one in three (31%) pregnant teenagers at intake to one targeted early intervention programme had experienced domestic violence and abuse.²²

¹⁶ Roy S. and Ravi T. (2012) Vital Statistics 2: Key finding report on black, minority ethnic and refugee women’s and children’s experiences of gender-based violence London: Imkaan

¹⁷ Welsh Women’s Aid, Disability Wales and University of Glamorgan (2011) Domestic Abuse of Disabled Women in Wales www.disabilitywales.org/wordpress/wp-content/uploads/Domestic_Abuse_2E_2.pdf. Also see Colleen Dockerty, Dr Justin Varney, Rachel Jay-Webster (2015) Disability and domestic abuse; risk, impacts, responses, Public Health England www.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

¹⁸ Domestic violence and abuse: how services can respond effectively NICE advice [LGB20] June 2014 www.nice.org.uk/advice/lgb20/chapter/introduction

¹⁹ ONS (2015) Crime in England and Wales

²⁰ Mainstreaming domestic and gender-based violence into sociology and the criminology of violence *Sylvia Walby, Jude Towers and Brian Francis* www.eprints.lancs.ac.uk/72273/1/Walby_Towers_Francis_Soc_Review.pdf

²¹ Forward: Safeguarding Rights and Dignity, FGM. www.forwarduk.org.uk/key-issues/fgm

²² Family Nurse Partnership, unpublished intake data, cited in Early Intervention in Domestic Violence and Abuse/ www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf

- 82% of cases dealt with by the Forced Marriage Unit involved female victims; 18% involved male victims. It is estimated there are up to 100 victims of forced marriage a year in Wales.²³
- **In a workplace with 4,000 employees, between 800 and 1,000 of the staff will have directly experienced domestic abuse at some point in their lives.**
- In a street made up of 100 houses, 20 of the women residing there will have been the victim of a sexual offence²⁴.
- Approximately 124,000 women, men, boys and girls over the age of 16 in Wales, have been the victim of a sexual offence²⁵.
- In November 2009, Sylvia Walby estimated the **total costs of domestic violence to the UK economy to be £15.7 billion a year**. This is broken down as follows:
 - The cost to services (Criminal Justice System, health, social services, housing, civil legal) is estimated at over £3.8 billion per year
 - The loss to the economy – where women take time off work due to injuries – equates to more than £1.9 billion per year
 - Domestic violence also leads to pain and suffering that is not counted in the cost of services. The human and emotional costs of domestic violence amounts to almost £10 billion per year.
- In Wales, the cost of domestic abuse is estimated to be £303.5m annually: £202.6m in service costs and £100.9m in lost economic output. These figures do not include any element of human and emotional costs, which research estimates costs Wales an additional £522.9m; taking the costs of sexual violence and other forms of abuse into account would increase this amount even more.

2.2 Legislation, regulations and guidance

There are specific legal and regulatory requirements on devolved public services in Wales with regard to the provision of services for those impacted by abuse and violence.

Health, social care, education and training, fire and rescue services, housing and local government are amongst the areas of public services and policy which are devolved to the Welsh Government. Welfare benefits, immigration, criminal justice services, including police, probation and courts, are amongst the areas not devolved, and are therefore governed by the UK Parliament.

Welsh Government legislation includes:

- **The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015** which puts a duty on devolved public services to make arrangements for the prevention of violence against women, domestic abuse and sexual violence and the protection and support of those affected. A suite of statutory guidance will be issued under this Act, which sets out how relevant authorities should exercise their functions in relation to implementation. This is expected to include guidance on a whole education approach, the national training framework, 'Ask and Act', multi-agency working, commissioning, working with perpetrators and information sharing.

²³ Home Office and Foreign and Commonwealth Office – Forced Marriage Units statistics Jan-Dec 2013.

²⁴ Based on ONS Violent Crime/Sexual Offences 2011/12

²⁵ Based on data from the Overview of Sexual Offending Report 2013.

- **The Well-Being of Future Generations (Wales) Act 2015** which sets out seven well-being goals all relevant to prevention of violence against women, domestic abuse and sexual violence and support of survivors, including an equal Wales, a resilient Wales and a healthy Wales that public sector bodies have to take action to achieve.
- **The Housing (Wales) Act 2014** enshrines in legislation, amongst other matters, a reform of homelessness law and strengthens duties on the local authorities to prevent and alleviate homelessness.
- **The Social Services and Well-being (Wales) Act 2014** provides a '*legal framework for improving the well-being of people (adults and children) who need care and support, carers who need support, and for transforming social services in Wales.*' This requires local 'population needs assessments' to inform the development of local strategies (with the first due no later than 1 April 2017).
- **The Renting Homes (Wales) Act 2016** aims to make it simpler and easier to rent a home, replacing various and complex pieces of existing legislation with one clear legal framework. This includes, for example, setting out a new approach to joint 'occupation contracts' which replaces tenancies and licenses with two contracts and will help survivors by enabling perpetrators to be targeted for eviction.

In 2010 the Welsh Government published its 6-year national strategy on violence against women: '**Right to be Safe**'. This Wales strategy recognises that violence against women constitutes a serious violation of the human rights of women and girls and is a major obstacle to the achievement of equality between women and men:

'We want Wales to be a self-confident, prosperous, healthy nation and society which is fair to all. To achieve this we must not tolerate the enduring social problems of domestic abuse, sexual harassment, rape, forced marriage, trafficking, honour crimes and female genital mutilation.'

Carl Sargeant, Minister, Welsh Government, 2010.

This 2010-2016 Wales strategy recommends that national and local priorities to address all forms of violence against women include:

- Prevention and raising awareness
- Providing support for victims and children
- Improving the response of criminal justice agencies and public authorities including councils, health services and others.

This strategy will be succeeded by the National Strategy legislated under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015.

A National Training Framework has been established by Welsh Government to create a consistent standard of care for those who experience violence against women, domestic abuse and sexual violence. The intent is to formalise the requirements of those offering specialist and universal services, and raise awareness and understanding of violence and abuse²⁶.

²⁶ **The National Training Framework on violence against women, domestic abuse and sexual violence:** Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006 www.assembly.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf

Welsh Government is also introducing a policy framework on '**Ask and Act**' which aims to increase identification of, and improve responses to those experiencing violence against women, domestic abuse and sexual violence. The primary objective of Ask and Act will be to encourage relevant professionals to 'ask' potential victims about the possibility of gender-based violence, domestic abuse and sexual violence where such abuse is suspected and to 'act' so suffering and harm as a result of the violence and abuse is prevented or reduced.

There will be expectations on local authorities in relation to a whole education approach, encouraging working across the school community – with students, staff, parents and the wider community, integrating a focus on violence against women and girls across schools and promoting the role of Champions. It will build on the Whole Education Approach Good Practice Guide developed by Welsh Women's Aid for the Welsh Government.²⁷

Further statutory guidance with regard to responding to perpetrators, and on the commissioning of specialist services, is due to be issued in 2016/17 and work is currently underway to develop a framework for sustainable funding models for regional service provision. The Welsh Government has stated it will seek to provide further clarity around funding for specialist workers as part of the development of subsequent future guidance and complementary policy activity related to commissioning and regional service provision.

As required by the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, the Welsh Government has appointed a National Adviser, the first role of its kind in the UK. The role of the National Adviser for Violence against Women, other forms of Gender-Based Violence, Domestic Abuse and Sexual Violence is to:

- Review national, regional and local statutory funding arrangements and advise on a sustainable funding model that maximises resources, avoids duplication and delivers outcomes for individuals and families
- Inform and monitor commissioning arrangements for Violence against Women, Domestic Abuse and Sexual Violence Services ensuring legislative and regulatory compliance.

2.2.2 NICE domestic abuse guidance and quality standards

The Welsh Government has an agreement in place with the National Institute for Clinical Excellence (NICE) covering the Institute's guidelines, and there is an expectation that NHS bodies in Wales take full account of the recommendations made by the Institute when commissioning and delivering services to patients.

In 2014, NICE issued '*Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively.*' This guidance, which applies across England and Wales, highlights that domestic abuse is a complex issue that needs sensitive handling by a range of health and social care professionals. The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective. In 2016 NICE issued further Domestic Abuse Quality Standards for healthcare providers. The guidance is for everyone working in health and social care whose work brings them into contact with people who experience or perpetrate domestic violence and abuse. This includes:

²⁷ Good Practice Guide: A Whole Education Approach to Violence Against Women, Sexual Abuse and Domestic Violence in Wales www.gov.wales/docs/dsjlg/publications/commsafety/151020-whole-education-approach-good-practice-guide-en.pdf

- People working in criminal justice settings and detention centres
- Health and social care commissioners, including clinical commissioning groups and local authorities
- Staff working for specialist domestic violence and abuse services.

The latter could be working in local authorities, the NHS and other organisations in the public, private, voluntary and community sectors. The guidance is also aimed at local strategic partnerships and health boards.

There is currently no equivalent NICE standard for sexual violence.

2.2.3 EU Directives and conventions

The “Directive of the European Parliament and of the Council establishing minimum standards on the rights, support and protection of victims of crime” establishes minimum standards of service provision to support victims. Article 8 outlines duties to establish specialist support services in addition to, or as part of, the more general victim support services. As with general support services, access to specialist support should not depend on whether the crime has been reported.

The objective of the rules is that all victims of crime and their family members are recognised and treated in a respectful and non-discriminatory manner based on an individual approach tailored to the victim's needs.

The rights include:

- *Rights of victims’ family members* - family members of deceased victims will enjoy the same rights as direct victims, including the right to information, support and compensation. Family members of surviving victims also have the right to support and protection.
- *Right to understand and to be understood* - **all communication with victims must be given in a simple and accessible language**. The form of communication must be adapted to the specific needs of every victim, including for example needs related to age, language or any disability.
- *Right to information* - the national authorities must give victims a range of information concerning their rights, their case and the services and assistance available to them. The information must be given from the first contact by a competent authority and without delay.
- *Right to support* - member states must guarantee that victims have access to support services and the authorities must facilitate the referral to such services. **Support must be free of charge** and confidential and available also to victims who do not officially report the crime. **Both general support services – which are open to all victims of crime – and specialist support services must be available**. Specialist support includes shelters, trauma support and counselling adapted to different types of victims.
- *Right to participate in criminal proceedings* - victims will get a more active role in criminal proceedings. They will have the right to be heard and be informed about the different steps of the proceedings. If victims do not agree with the decision not to prosecute, they have the right to challenge the decision. Victims also have the right to compensation and if restorative justice proceedings are used in the national system, there are now rules that ensure the safe participation of victims.

- *Rights to protection* - victims must be protected from the offender and throughout the criminal proceedings. In order to determine their protection needs, all victims must receive an individual assessment to see whether they are vulnerable to further harm that may arise during the criminal proceedings. If so, special protection measures must be put in place to protect them during the proceedings and against any possible threat from the offender. Special attention is given to the protection of children.

The Council of Europe Convention on Preventing and Combating Violence against Women, and Domestic Violence (the Istanbul Convention), which came into force in 2014 and to which the UK is a signatory (but which has not yet been ratified), also contains detailed measures on how to prevent violence, including a chapter on the protection and support of victims of domestic abuse, sexual violence and other forms of violence against women.²⁸ This is the first legally binding instrument to cover all forms of violence against women: physical, sexual, psychological, economic, as well as sexual harassment and stalking. It contains detailed measures in areas of Policy, Prevention, Protection, Provision and Prosecution, and states, for example:

- **Article 22** requires that ‘immediate, short- and long-term specialist support services’ be accessible to ‘any victim subjected to any of the acts of violence covered by the scope of [the] Convention’ in an ‘adequate geographical distribution’ and that ‘all women victims and their children’ be provided with specialist women’s support services.
- **Articles 23-25** of the Convention subsequently introduces required specialised support services for women survivors of violence and their children, and criteria for service provision.
- **Article 23 – Shelters [refuges]:** ‘Parties shall take the necessary legislative or other measures to provide for the setting-up of appropriate, easily accessible shelters in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims, especially women and their children.’
- **Article 25 – Support for victims of sexual violence:** ‘Parties shall take the necessary legislative or other measures to provide for the setting up of appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling for victims.’

The full implications of the recent EU referendum will become clearer over the coming years. At the time of publication of this document, it is not clear if all of the above legislation will be retained or replaced. Until this becomes clearer, the above still stands.

2.2.4 UN Sustainable Development Goals

In the context of the ‘Transforming our World: the 2030 Agenda for Sustainable Development’, 17 sustainable development goals were agreed in September 2015.

Sustainable development goal 5 is to ‘Achieve gender equality and empower all women and girls’ and one of the targets within this goal is ‘Eliminating all forms of violence against women and girls in the public and private sphere.’²⁹

²⁸ Council of Europe Convention on Preventing and Combating Violence against Women, and Domestic Violence. www.coe.int/en/web/istanbul-convention

²⁹ www.un.org/sustainabledevelopment/gender-equality/

Following agreement of the 17 sustainable development goals a set of indicators to monitor the progress of the goals are expected in 2016 including measurements to eliminate all forms of violence against women.

The National Indicators for Wales, as required by the Well-Being of Future Generations (Wales) Act 2015, include an indicator requiring partnerships to report on progress towards the UN Sustainable Development Goals (Indicator 46).³⁰

2.3 Legal Checklist

Does the strategy, and the governance arrangements attached to it, meet all the necessary legislative requirements? Have future guidance and regulation which will follow recent legislation been anticipated? Do actions respond to good practice guidelines? This should include consideration of the standards below.

- ✓ **The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015**
 - ✓ Duty on local authorities and local health boards to jointly prepare strategies to meet local needs and to prevent violence against women, domestic abuse and sexual violence
 - ✓ Requirement to make arrangements for the prevention of violence against women, domestic abuse and sexual violence and the protection and support of those affected
 - ✓ *Secondary guidance issued under the Act will include a whole education approach and the need to report on education initiatives, training, 'Ask and Act', multi-agency working, commissioning, working with perpetrators, information sharing*
 - ✓ Duty to undertake a needs assessment
- ✓ **The Well-Being of Future Generations (Wales) Act 2015**
 - ✓ Action includes a requirement to achieve a more equal Wales, a resilient Wales and a healthier Wales
 - ✓ Duty on public service boards to prepare and publish a local well-being plan
- ✓ **The Housing (Wales) Act 2014**
 - ✓ Duty to prevent homelessness
- ✓ **The Social Services and Well-being (Wales) Act 2014**
 - ✓ Proactive responsibility for improving the well-being of people (adults and children) who need care and support
 - ✓ Requirement to produce a population needs assessment to inform local strategies. Linked to this is a requirement to ensure provision of preventative services, including preventing people from suffering abuse and reducing the need for care proceedings. Pay attention to existing services and which make the best use of resources available
- ✓ **The Renting Homes (Wales) Act 2016**
 - ✓ Local implementation of new approach to joint contracts

³⁰ www.gov.wales/docs/desh/publications/160316-national-indicators-to-be-laid-before-nafw-en.pdf

- ✓ **National Institute for Clinical Excellence (NICE) Guidelines**
 - ✓ Expectation that NHS bodies in Wales take full account of the recommendations made by the Institute when commissioning and delivering services to patients

- ✓ **EU Victims' Rights Directive**
 - ✓ Includes: communication with survivors in straightforward language; ensuring survivors are given accessible information; availability of refuge, trauma support, counselling, free of charge. Right to be heard, informed and protected through any criminal justice proceedings

- ✓ **Istanbul Convention**
 - ✓ Immediate, accessible short- and long-term specialist support services with adequate geographical provision; specialist women's support services; accessible 'shelters' in sufficient numbers to provide safe accommodation for and to reach out pro-actively to victims; appropriate, easily accessible rape crisis or sexual violence referral centres for victims in sufficient numbers to provide for medical and forensic examination, trauma support and counselling

- ✓ **Equality Act 2010**
 - ✓ Encourage persons who share a relevant protected characteristic to participate in areas of public life where participation by is disproportionately low

- ✓ **Police Reform and Social Responsibility Act 2011**
 - ✓ Police and Crime Commissioners must bring together community safety and criminal justice partners and make sure local priorities are joined up

- ✓ **Domestic Violence, Crime and Victims Act (2004)**
 - ✓ Responsibility to conduct Domestic Homicide Reviews

2.4 Resources and further reading

- The Nice guidelines set out responsibilities - Domestic violence and abuse: Multi-agency working [PH50], February 2014: www.nice.org.uk/guidance/ph50
- Public Health Wales published two resources of relevance to commissioners: "Welsh Adverse Childhood experiences (ACE) Study" and "Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales". This recognises violence as a key health challenge for Wales and recommends evidence based solutions, including domestic abuse primary care programmes and implementing national guidance: www.wales.nhs.uk/sitesplus/888/news/40000
www.wales.nhs.uk/sitesplus/documents/888/PHW%20Making%20a%20difference%20ES%28E%29.pdf
- Details of the EU Rights of the Victim (via the EU Justice website): www.ec.europa.eu/justice/criminal/victims/index_en.htm
- Full details of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 can be found on the legislation.gov.uk website: www.legislation.gov.uk/anaw/2015/3/contents/enacted
- Explanatory Memorandum from Welsh Government: www.gov.wales/docs/dsjlg/publications/commsafety/150501-explanatory-memorandum-vawdasv-en.pdf

- The End Violence Against Women Coalition has produced a briefing paper updating most recent UK legal responsibilities - Survivors' Rights: The UK's new legal responsibilities to provide specialist support for women and girls who have experienced violence EAWC Coalition Briefing Paper September 2015: www.endviolenceagainstwomen.org.uk/data/files/resources/72/Survivors-Rights-EVAWC-Coalition-September-2015.pdf
- Welsh Women's Aid has worked with Women's Aid in England to develop 'Change that Lasts', a model of prevention and early intervention, developed with support of Welsh Government, to improve the way communities, specialist services and Public Authorities work together to deliver improved outcomes for families and communities and to prevent violence against women from happening in Wales: www.welshwomensaid.org.uk
- The Early Intervention Foundation has set out the case for early intervention in domestic violence and abuse: www.eif.org.uk/wp-content/uploads/2014/03/Early-Intervention-in-Domestic-Violence-and-Abuse-Full-Report.pdf
- Public Health Wales has produced a Welsh Adverse Childhood Experiences (ACE) study: Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population: www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf
- Whole Education Approach Good Practice Guide - setting out the key elements of a whole education approach to violence against women, domestic abuse and sexual violence; recognising the importance of education settings as environments where positive attitudes towards gender equality and healthy respectful relationships can be fostered through a rights based approach: www.gov.wales/docs/dsjlg/publications/commsafety/151020-whole-education-approach-good-practice-guide-en.pdf
- The National Training Framework on violence against women, domestic abuse and sexual violence: Statutory guidance under section 15 of the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 and section 60 of the Government of Wales Act 2006: www.assembly.wales/laid%20documents/sub-ld10514/sub-ld10514-e.pdf
- Ending Violence Against Women and Girl Strategy 2016-2020 HM Government: www.gov.uk/government/uploads/system/uploads/attachment_data/file/505961/VAWG_Strategy_2016-2020.pdf

PART B: The Commissioning Cycle

Section 3: Context and trends in commissioning and procurement

3.1 Introduction

Public procurement is governed by the EU Procurement Directives which have been transposed into UK law and implemented through The Public Contract Regulations 2015.

The public sector landscape within Wales has changed significantly in recent years. Budget cuts create an even greater need for collaboration, and maximisation of public sector spending, to deliver greater value for money whilst reducing cost and generating opportunities.

Value Wales leads on the development of procurement policy, guidance and tools to strengthen best practice procurement in Wales.³¹ It is a part of the Welsh Government which seeks to improve public procurement output and is responsible for shaping procurement policy, monitoring procurement practice, supporting and advising procurement professionals, developing the procurement profession and compliance with EU Regulations. The body also oversees the Welsh Government's procurement through the Corporate Procurement Service (CPS). However, currently neither of these bodies have specialists working on the nature of procurement of social care services.

The Welsh Government has produced a Wales Procurement Policy Statement³² which sets out the principles by which all public sector procurement will be delivered within Wales. The Procurement Route Planners, which host all Value Wales' guidance documents and tools have been updated to reflect the changes in The Public Contract Regulations 2015.

There are a number of conversations taking place in Wales to consider how best public sector commissioning can ensure value and improved services. Much of this is centering on ways to 'level the playing field' to ensure smaller providers are able to compete effectively with larger players. This includes encouragement for consortium bids, and consideration of developing smaller 'lots' when designing procurement processes. Welsh Government, the Wales Cooperative Agency and others have produced the 'Joint Bidding Guide'³³ to aid this process.

Despite the number of models and approaches used in commissioning, there is general agreement that it is a cyclical process consisting of four phases. The exact terminology may differ across different models but the four phases are: **analyse**, **plan**, **do** and **review** (Figure 2).

Within each phase, there are key activities but in reality each phase in the cycle is not a discrete entity with a beginning and an end. For example,



Figure 2:
The commissioning cycle

³¹Value Wales www.gov.wales/topics/improvingservices/better/vfm/?lang=en

³² Wales Procurement Policy Welsh Government 2015; www.gov.wales/docs/prp/toolkit/june15walesprocurementpolicystatement2015v1.pdf

³³ Welsh Government: Joint Bidding. Includes the Joint Bidding Guide. www.gov.wales/topics/improvingservices/better/vfm/publications/jointbidding/?lang=en

consultation will need to be undertaken during each of the four phases of the cycle, but the nature and focus on that consultation will change to reflect the stage reached in the cycle.

It is important to be aware that current provider organisations can, and should be, involved at all stages of the commissioning cycle. This is in terms of information, resources, skills, decision-making, and consultation.

Section 4: Analyse

This section of the toolkit describes the initial approach to commissioning and provides an overview of some of the activities that underpin a successful collaborative commissioning approach.

- 4.1 Collaboration, partnership and governance
- 4.2 Needs assessment and mapping
- 4.3 Mapping current provision
- 4.4 Mapping spend
- 4.5 Needs assessments
- 4.6 Equality Impact Assessments
- 4.7 Example template for data collection
- 4.8 Thinking forward
- 4.9 Template for a PEST review of trends to inform planning for the future
- 4.10 Resources and further reading



Figure 3:
The commissioning cycle

4.1 Collaboration, partnership and governance

A coordinated multi-agency approach, informed by the lived experience of survivors, is essential to ensure effective services going forward. There are many reasons why this is important:

- Violence against women, domestic abuse and sexual violence is an arena in which a wide range of agencies are engaged in order to deliver criminal justice or support survivors. For some agencies this is their primary purpose; for others it may be part of their wider responsibilities.
- Those affected by violence against women, domestic abuse or sexual violence may come into contact with a range of agencies - or with none.
- Violence against women, domestic abuse and sexual violence, is **highly complex**, involving large numbers and a wide demographic, impacting on many areas of public services.
- The world is changing rapidly, and different agencies will have different perspectives on the impact of external change, providing broader intelligence which can be pooled.

“Engaging with others and working in partnership is an essential part of delivering public services in Wales. Far more can be achieved, and public resources used to best effect, through joint working.”³⁴

³⁴ Managing Welsh Public Money, February 2016 www.gov.wales/funding/managing-welsh-public-money/?lang=en

Ensuring effective multi-agency working is not only good practice, it is a legal requirement. The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 places a duty on local authorities and Health Boards in Wales to jointly prepare strategies to meet local needs and to prevent violence against women, domestic abuse and sexual violence in all they do.

Those who need to **work together** in this regard include, for example:

- Criminal justice - local police with the appropriate remit as well as those with more strategic roles, representatives from courts, crown prosecution services, community rehabilitation companies and probation services
- Representatives of different local authority departments, including community safety, safeguarding, housing, supporting people, and education
- Practitioners and strategists from health trusts, including mental health services
- Front-line voluntary organisations whose primary remit is to work in this arena
- Other voluntary organisations whose work brings them into contact with survivors, such as those working with drug and alcohol users.

It is essential that all parties understand each others' remit and responsibilities and the ways in which they are able to contribute to the funding, development and design of services. There must also be clarity, from the beginning of working together, about governance, accountability, leadership, and powers.

Partners are likely to share an overarching belief in the need to stop, or at least reduce the harm from violence against women, domestic abuse and sexual violence. However, they should be mindful that within that overarching aim they may have different priorities, practice and values, and there may be instances where partners and stakeholders may not be in accord. Those leading the partnership should **consider ways of encouraging greater understanding and awareness**, beyond the usual board meeting style of decision-making. This will bring benefits in terms of better joint planning, but is also likely to bear fruit in terms of more coherent pathways through services into the future.

Consideration should be given as to how wider stakeholders are consulted, and their opinions and ideas included, at every stage of the commissioning process. It is particularly important that all commissioning is informed by the experience of survivors, and that consultation is mindful of the breadth of equalities issues that impact on survivor experience.

Effective engagement and consultation will impact on the timescale for analysis, planning and commissioning. It is therefore essential that this is carefully considered when commissioners are developing their project plan and timescales.

4.1.2 Collaboration checklist – who should be involved?

The purpose of engagement will vary. For example, the overarching project board will need senior representatives who are able to making commissioning decisions. For pooling practical intelligence such as survivor journeys, and reviewing proposals for future services, those more engaged at the front-line might be appropriate.

All organisations which provide:

- ✓ Refuges, resettlement and floating support
 - ✓ Move-on and other supported accommodation
 - ✓ Specialist support to BME communities and individuals
 - ✓ Support to children and young people affected by violence and abuse
 - ✓ Preventative and educational work with children or adults
 - ✓ Domestic abuse and sexual violence programmes
 - ✓ Outreach and/or one-stop shops, drop-ins and women's centres
 - ✓ IDVAs and ISVAs
 - ✓ 'Sanctuary schemes' and other target hardening measures
 - ✓ Counselling and therapeutic support
 - ✓ Advocacy, legal, benefits and housing advice services
 - ✓ Training for professionals
 - ✓ Violence against women, domestic abuse and sexual violence champions in public authorities
 - ✓ Helplines
 - ✓ Refugee/asylum seeker support
 - ✓ Mental health support/advocacy
 - ✓ Support with problematic drug or alcohol use
 - ✓ Disability support/ advocacy
 - ✓ LGBTQQI support/advocacy
 - ✓ Campaigning
 - ✓ Legal services
 - ✓ Perpetrator programmes
- ✓ Other partnerships and strategy groups already operating in this arena will also need to be consulted

This will include:

- ✓ Voluntary organisations (front-line, membership and infrastructure)
- ✓ Housing Associations
- ✓ Police (local operational, regional strategic, office of the PCC)
- ✓ Fire services
- ✓ Local authority (social care, Supporting People, housing, community safety, education)
- ✓ Health boards, trusts and GPs (including mental health, A&E, safeguarding, health visitors)
- ✓ Offender management services, through National Probation and community rehabilitation companies (including victim liaison, perpetrator work)
- ✓ Courts and magistracy
- ✓ Solicitors

In most areas, the Police and Crime Commissioners will host events to identify priorities for their Police and Crime Plan and this could be an opportunity to start the discussion in relation to joint commissioning of services.

4.2 Needs Assessment and Mapping

An early stage for the commissioning process is to collate intelligence and data that informs the nature and scale of local needs with regard to violence against women, domestic abuse and sexual violence, and the services currently being offered, locally, regionally and nationally. This will then enable commissioners to compare existing services to regulatory requirements, national and local needs data and best practice information. It also allows commissioners and their partners to identify gaps, understand what is likely to be needed, by whom and when, and what will inform future service planning.

The mapping and needs assessment process should not be a desktop exercise but should proactively involve the wider stakeholder and partner groups to underpin and substantiate; check, validate and confirm the data and information available.

Establishing a **commissioning task and finish group** with appropriate experts/strategic leads and other commissioners is a useful approach to the identification of sources of and gaps in data and information as well as providing strategic oversight over the process. It is important to clarify the role and remit of any task and finish group and to manage performance and outcomes effectively. This group can help establish the process of mapping existing resources, and conducting a needs assessment. This might include consideration of which bodies will be expected to provide information, and safeguards on data sharing.

Whilst much of the necessary information should be available to commissioners already, there will be supplementary data held by specialist services which is not routinely passed on to public services. This can include numbers making contact, the nature of the need, information about complex requirements, the impact on children and so on. Additionally, this is an arena in which needs are not identified by calls on services: many survivors do not report to or seek help from statutory agencies. Involving specialist third sector services is therefore critical to understand local need.

“In areas of unmet need, e.g. sexual exploitation within BME communities, of course there’s a lack of data!”

Commissioner, 2015

4.3 Mapping current provision

Understanding provision is an integral part of the commissioning cycle. Mapping should include all services that are available to local survivors and to challenge and change perpetrator behaviour, whether delivered on a national footprint or by a locally based organisation, and should also identify pathways of support, accessibility and, where possible, quality of provision. For example, mapping might identify:

- A nationally available service, such as the Live Fear Free Helpline, for every local area in Wales for survivors of sexual violence, domestic abuse and all forms of violence against women - delivered by Welsh Women’s Aid and funded by Welsh Government
- BAWSO, as the current lead specialist service for survivors of violence against women, domestic abuse and sexual violence from BME communities in Wales providing information, support and advice from offices in Cardiff, Merthyr Tydfil, Newport, Swansea, Wrexham and Caerphilly
- A locally delivered provision could be a rape crisis or sexual violence counselling service, or a service for children affected by violence against women,

domestic abuse or sexual violence that is based in a particular local authority area

- Regional IDVA (Independent Domestic Violence Adviser) services, as a result of regional commissioning such as that being developed by Gwent which is moving towards the regional commissioning and delivery of IDVA services
- Refuges which, whilst commissioned locally or regionally, form part of a national (and UK) network of accommodation and support for survivors of domestic abuse and their children - access to this provision is coordinated through the UK Refuges Online system (managed by Welsh Women's Aid in Wales).

It is important to thoroughly map how services are currently accessed, whether commissioned or not. This will include data from smaller and/or more generic community/voluntary sector organisations that may provide support around welfare, legal, financial, immigration and/or housing issues. These services can be key access points for reaching those who experience specific vulnerabilities/marginalisation across protected equality characteristics.

Provision to be mapped should include **services provided by all sectors**, both those aiming to protect and support, and those designed for early intervention, education and prevention. Provision should also consider services provided to manage and challenge the behaviour of perpetrators.

Commissioners need to be aware of national approaches to ensure that they are **considering intersectionality, and barriers to access to services**. For example, BME survivors may fall through the net of current mainstream models of provision without access to specialist BME 'by and for' service pathways. This is important to ensure that pathways of care are developed and able to be delivered by specialists (of whatever size), even if it is out of area, and using or buying excess capacity in another area. This helps address the current postcode lottery of services.

4.3.1 Mapping checklist

Mapping the nature of provision:

- ✓ Acute and prevention provision such as refuges, drop-in support, support for children and young people, counselling, practical help, therapeutic interventions, advocacy, IDVA, ISVA, legal provision
- ✓ Early intervention or preventative work, such as work in schools, perpetrator programmes, domestic abuse prevention programmes, confidence and skills building opportunities, target hardening schemes delivered as part of a coordinated response, community engagement
- ✓ Training for agencies, champions
- ✓ Support for complex needs such as mental health, drug and alcohol support
- ✓ Specialist services such as organisations run by and for BME survivors, LGBTQI groups, young people's groups, disability organisations and advocacy groups
- ✓ Examples of pathways for survivors at different stages and different levels of need – from crisis to recovery
- ✓ Quality standards such as that provided by Welsh Women's Aid National Quality Service Standards (supported by Welsh Government), Imkaan BME VAWG Accredited Quality Standards (IAQS) and Safe Minimum Practice Standards

(SMPS), Rape Crisis National Service Standards and SafeLives' Leading Lights Quality Assurance Accreditation

- ✓ Multi agency partnerships such as domestic abuse forums
- ✓ Multi Agency Risk Assessment Conferences (MARACs) and Multi Agency Safeguarding Hubs (MASHs)

This needs to be cross-mapped against:

- ✓ Geography: in what areas are these services available?
- ✓ Quality standards: are the services evidencing quality through use of any particular professional standards?
- ✓ Access: who can access these services? Can survivors self-refer?
- ✓ Numbers where relevant: e.g. how many refuge bed spaces are available?
- ✓ Nature of the organisation: e.g. charity, public sector, social enterprise
- ✓ Broad funding base: how are these services currently paid for?

4.4 Mapping Spend

Mapping can also help determine how organisations are funded and for what period.

An analysis of spend should capture all resources contributing to reducing violence against women, domestic abuse and sexual violence, on what basis services are funded, and for what period. It is likely that existing services are funded from a variety of sources such as:

- **Contractual funding** - for example this might be from the Government, Police and Crime Commissioner, or Health Boards
- **Statutory grant funding** - for example this might be from the local authority
- **Charitable grant funding** - for example from a local trust or larger charitable foundations e.g. Big Lottery Fund

There may be challenges in accurately assessing exactly how existing provision is paid for. Some funding may follow the individual (such as housing benefit), other funding may pay for a blanket provision for survivors who are also receiving services from other agencies. A grant to a particular agency may also help them to deliver services to people whose needs do not fall into the priorities for the commissioner. Early intervention or preventative projects may also have a broader brief than specifically preventing violence against women, domestic abuse or sexual violence.

There is a need to give consideration to where the money to pay for the commissioning may originate; if this is itself a grant, or a funding scheme, then the commissioners will need to pay due attention to any terms and conditions of that funding.

One of the challenges in assessing costs in this arena is the necessity for many to access services out of their home area; and the fact that services will need to be provided for people without an immediate local connection. The main reasons for this are:

- a) **Safety** - it may not be an exaggeration for it to be a life or death matter whether someone can easily be located by an abuser. Many survivors therefore need to relocate some distance from their home area. This works both ways, and there has historically been a beneficial reciprocal arrangement between local authorities, who recognise that by providing emergency accommodation and associated support for women fleeing violence from elsewhere, local residents will receive similar services in other areas. Safety may also be an issue if someone is being stalked, or will be a key witness in a court case.
- b) **Provision** - there are two main reasons here. The first is that either the necessary provision doesn't currently exist in the area (for example a specialist service), or that it is available but unable to provide the necessary support at the time it is required. For example, women's refuges that serve those fleeing violence and abuse often do not have sufficient bedspaces to cater for demand, even if the need to leave the area is not paramount for the survivor. Women may also need particular specialist support, for example some BME women may have a strong preference (and practical needs) for support from a BME specialist service. Or someone may have a combination of needs (for example mental illness and sexual exploitation) that mean that they are better served by a specialist complex needs service.

For all these reasons, whilst it is useful for commissioners to be able to identify the broad level of resource currently paying for services to those affected by violence against women, domestic abuse and sexual violence, it may be wise to be satisfied with a broad brush result, rather than attempting to untangle the minutiae of financial arrangements. Proper mapping can be transformational for an area in helping understand how to address gaps, reduce duplication and achieve more, even with constrained budgets.

4.5 Needs Assessments

The needs assessment process aims to provide a comprehensive understanding of current and future needs of local people. A needs assessment that has been completed in collaboration with partners and stakeholders will help to ensure a practical understanding of the specific and varying needs of those affected by violence against women, domestic abuse and sexual violence to inform strategy development and commissioning to improve outcomes and reduce inequalities.

“We need to challenge the preconceptions of need”

Service provider, 2015

There are now also specific requirements to undertake needs assessments:

- The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 aligns with section 14 of the Social Services and Well-being (Wales) Act 2014. This also requires a 'population needs assessment' to inform the development of local strategies. The first population assessment is due no later than 1 April 2017.
- When a local authority and Local Health Board is exercising functions in relation to children under this Act, they must also have regard to Part 1 of the United Nations Convention on the Rights of the Child.
- The Well-being of Future Generations (Wales) Act 2015 states that a public services board must prepare and publish a local well-being plan setting out its local objectives and the steps it proposes to take to meet them.

4.5.1 The needs assessment process

An important starting point is to **consult** with partner agencies, organisations and internal departments to establish whether any needs assessments have already been undertaken, and with what remit, scope and timescale. This activity could be incorporated within the remit of a task and finish/project group.

When looking at existing data, it is important to note that references to violence and abuse may be very limited in existing strategies, or they may only reflect a narrow or single perspective. For example, strategic assessments compiled by Community Safety Partnerships, Police and Crime Commissioners and police forces, tend to focus on recorded crime data. This is unlikely to represent the true picture of violence and abuse, because cases that are reported to the police represent only a small proportion of instances of violence against women, domestic abuse and sexual violence - a high proportion remain unreported.

Data collected by different bodies are also likely to use different formats, and may not easily be collated. For example, in the field of domestic abuse there are important safeguards on confidentiality, but this might make it difficult to know whether the same individual seeking help is being counted several times by different organisations. There are rarely existing clear pathways through services that might demonstrate the experience of a particular individual. Existing assessments may also not fulfill the requirements of new legislation.

An effective needs assessment should **gather together local data, evidence from professionals and survivors** and **review research and best practice**. Sources could include:

- Qualitative and quantitative data from public services – in particular social care, housing and homelessness
- Data from specialist agencies about what is leading survivors to make contact, and any reasons why they have not been able to provide a service to an individual or family
- Evidence of need from the health sector to include A&E, maternity services, primary care and mental health
- Demographics of the population together with needs data from elsewhere to help extrapolate local levels of need
- Findings from Domestic Homicide Reviews (DHRs) and serious case reviews
- Qualitative data from survivors of violence against women, domestic abuse and sexual violence.³⁶

Specialist sexual violence and domestic violence services also support women who for many reasons feel unable to, or choose not to, report the abuse they have experienced to the police ... 85% of survivors of sexual violence (and Rape Crisis service users) never report to the police³⁵.

³⁵ The Changing Landscape of Domestic and Sexual Violence Services . All-Party Parliamentary Group on Domestic and Sexual Violence Inquiry www.rapecrisis.org.uk/pdfs/2308_appg-changing-landscape-report-2015.pdf

³⁶ See Welsh Women's Aid (2016) 'Are you listening and am I being heard?', a report to Welsh Government on the recommendations from survivors consulted across Wales on their priorities for services and strategies

There may also be other commissioning functions, such as drug and alcohol misuse and mental health services which provide opportunities to share data; triangulation of data across different departments and functions can provide a more robust picture of need.

A meaningful needs assessment should consider the different ways in which those across a range of protected characteristics prefer to access support. For example, fully considering the distinct needs and experiences of older or young women and LGBTQI, BME and disabled women.

Needs assessments should take into consideration overlapping issues e.g. the rates and nature of domestic violence homicides, learning from child and adult practice reviews and child protection case conferences where violence against women, domestic abuse or sexual violence has been flagged up. It is important to collate and cross reference data from multiple sources, to try and establish levels of need that are not reflected in reporting to statutory agencies. This can include considering intelligence from smaller and/or community and voluntary sector organisations, such as independent rape crisis centres and other BME and LGBTQI advice and support organisations.

4.5.2 Consultation with survivors

Understanding how survivors of violence against women, domestic abuse and sexual violence use and experience public services (or don't use them) is key to improving the effectiveness of prevention, protection and support services and systems.

Consulting current or previous service users can draw on their experience of journeys towards recovery, including gaps in provision, and missed opportunities for intervention, support or action.

Commissioners should seek advice from specialist organisations with expertise in violence against women, domestic abuse and sexual violence and experience of working directly with survivors. The sector expert must be able to demonstrate a clear understanding of the protected characteristics as well as the wider context of violence against women and girls.

“They’re trying to fit us ‘circles’ into ‘square holes’, but we’re circles, not squares”

Service provider, 2015

Collaborations/consultations must be meaningful, sensitive and effective, and in the context of recognising that each survivor will have had a different journey, and different needs. All involved must be clear about the purpose and the required outcomes of the exercise.

When planning to engage with survivors and service users it is important to consider practicalities for participants. This might include, for example, providing childcare, resources for interpreting, holding sessions in accessible and ‘safe’ places, running dedicated sessions for different groups in community-based settings and thinking about different methods of participation.

Some of the organisations working most closely with survivors, particularly those with a very specialist remit, may not have the infrastructure or resources to cover the costs of engagement with such an exercise. It is important that in the planning stage such costs are considered.

Where information can't be accessed through local specialist services, an external researcher, or national body, with sufficient knowledge and experience may be able to help fill any gaps.

Case study

Between January and March 2016, survivors of violence and abuse were invited to attend focus groups across Wales, organised by Welsh Women's Aid, run by an independent facilitator and attended by the National Adviser, to help inform national and local priorities. 66 survivors attended focus groups in every region of Wales. They had experienced a range of violence and abuse including domestic abuse, sexual violence, forced marriage, FGM, 'honour'-based violence, sexual exploitation, trafficking and child sexual abuse. A report on the findings and recommendations has been provided to Welsh Government and is available from Welsh Women's Aid and the Wales National Adviser.

Survivors were asked about their experience of using services and for their recommendations and priorities for action. They all *strongly recommended that ongoing survivor engagement and involvement be prioritised by commissioners.*

Survivors also collectively identified 10 key recommendations for action by national government and local commissioners:

1. Dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, FGM, forced marriage, sexual exploitation or harassment, available in every area.
2. Specialist domestic abuse and sexual violence services for survivors that are accessible and resourced to meet the needs of specific survivor groups.
3. Improved awareness of and response to violence against women, domestic abuse and sexual violence by professionals involved in the family justice system (CAFCASS Cymru, judges and court personnel, contact centres), and safe child contact with parents/carers following separation, in cases of domestic abuse and sexual violence.
4. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options for survivors of abuse to provide flexibility, choice and meet survivors' needs.
5. Women's groups and peer support that reduce isolation and maximise independent spaces to increase confidence, esteem, and empowerment.
6. Protection and support for all survivors who have no recourse to public funds, to ensure equal access to safety, support, protection and justice, and finances to live independently, irrespective of survivors' immigration and residency status.
7. Counselling and therapeutic services for survivors that is available when needed and is age-appropriate, and helps build resilience and recovery from abuse.

8. Greater focus on stopping perpetrators' behaviour and holding them to account by public services and, where violence and abuse includes coercive control, action by public services to ensure perpetrators leave and end abusive relationships.
9. Improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences.
10. Preventing violence against women from happening in the first place, through compulsory prevention education in all schools and increasing awareness of the issues and help available in local schools and colleges, increasing awareness of the issues and the help available in local communities across Wales.

4.6 Equality Impact Assessments

In order to ensure that needs data and information is not misinterpreted or analysed in ways that may be misrepresentative, it is important to undertake an equalities proofing exercise. Disaggregating the data across different protected characteristics³⁷ establishes a more detailed understanding of any potential equalities and human rights implications, both in terms of the breadth and accuracy of information received, and in terms of resulting future planning.

Such an exercise can highlight how **some groups experience deeper and interconnected forms of inequality and discrimination** due to various social, environmental, political and economic factors. For example, services for young women may overlook the needs of a young, disabled woman from a minoritised BME community. Assessments should also consider geographical inequalities that create barriers to access.

“More needs to be done to reach the ‘quietest’ most excluded voices”

Service provider, 2015

This could include the differences needed to be accessible in a rural or an urban area, or a lack of specialist support services for BME or LGBTQQI women and girls. When looking at ‘ethnicity’ it is important to **avoid undertaking assessments framed around a single category** of ‘BME’, as it can result in a homogenous understanding that renders it more difficult to assess any emerging differences/issues between different minority groups.

Ensuring accessibility of provision across all of the protected characteristics should be a key outcome of the needs assessment. For example, it is often found that BME women prefer to develop a relationship with a BME service and will continue to access that service over longer periods or time for a range of support needs.³⁸

³⁷ Home Office Equality www.homeoffice.gov.uk/equalities

³⁸ Imkaan (2013) Beyond the Labels: Women and girls' views on the 2013 mayoral strategy on violence against women and girls on don: MOPAC.

Equality Impact Assessments should not be seen as a separate exercise in the commissioning cycle. They should be built in as an essential part of a continuous process.

4.7 Example template for data collection

Local plans and monitoring frameworks	
Data sources	Data available
✓ Local Safeguarding Children Board	Number of children subject to a CP Plan and/or number of contacts to children’s social care or MASH, due to violence against women, domestic abuse or sexual violence; Child Practice Reviews
✓ Social Services	
✓ Local Safeguarding Adult Board	Serious Case Review; breakdown of client groups e.g. learning disability, older people, BME etc.
✓ Older people	
✓ Disability teams	
✓ Police and Crime Plan	Crime data; DVPNs/DVPOs
✓ Drug and Alcohol Service	Number of victims and perpetrators accessing with violence against women, domestic abuse, sexual violence issues
✓ Mental Health Service	See NICE guidance
✓ Acute Hospital Trust ✓ A&E ✓ Midwifery/Women’s Unit/ Maternity	See NICE guidance
✓ GP safeguarding	See NICE guidance
✓ MARAC data	See SafeLives website
✓ SARC data	Number of people accessing SARC for forensic services following a recent sexual assault
✓ CJS data – CPS and SDVC	Number of non-molestation orders, occupation orders, successful convictions
✓ Housing and homelessness	Number of homeless presentations and/or management moves, due to violence against women, domestic abuse or sexual violence
✓ Supporting People	
✓ Safer Communities Partnerships	Local figures; outcomes and recommendations from any domestic violence homicide review
✓ Equalities teams or officers	Equality impact assessments related to protected characteristics of gender, race, disability, sexual orientation, age and gender reassignment.
✓ Welsh Women’s Aid	UK Refugees Online (UKROL) data in Wales, Live Fear Free Helpline data and national quarterly data reports from domestic abuse services
Those delivering services to people affected by violence against women, domestic abuse and sexual violence services	
✓ Service user forums	Qualitative data and case studies; cross agency analysis of pathways through services
✓ Helpline	Number of calls, peak times, type of help required, profile of calls

✓ Specialist organisations delivering specific services	Current capacity; numbers unable to access services; complex needs requirements, such as learning disability, barriers to access
✓ Focus groups	Survivor experience and knowledge
✓ Services such as welfare and housing organisations, and those working in the fields of LGBTQOI, disability, refugee support, self-help groups, young people's services and groups and forums	Issues that may be related to violence against women, domestic abuse and sexual violence; data as above, reasons for accessing services; views and demand; service numbers
Information/evidence from national sources and academic research	
✓ Crime Survey England and Wales	
✓ Home Office VAWG Strategy	
✓ Office for National Statistics	Age profile, demographic profile and trends
✓ Welsh Government	
✓ Universities	Academic research on impact, prevalence, outcomes and interventions on aspects of violence against women, domestic abuse and sexual violence. This might include analysis of early intervention and prevention activities
Gaps in data collection	

4.8 Thinking forward

Any gathering of information is likely to create a snapshot of the present time, whereas planning for commissioning is about the future. An assessment therefore needs to draw on best intelligence of future demographics, and any forward planning activity already being undertaken by partner agencies. It is likely that there will already be a clear steer on the shape of future financial options. However, partners could also benefit from working together to consider broad trends that may affect future services.

A PEST exercise (see overleaf) undertaken by partners can be useful in this regard. As well as considering the impact of change on partner agencies and potential providers it can be helpful to combine this with case studies of survivors, to help assess the impact of change on individuals which may inform the nature of future services or priorities.

4.9 Template for a PEST review of trends to inform planning for the future

These headings can be helpful as a focus for considering trends and their implications.

<p>Political</p> <p>Include party politics and the implications of a change of government, change of leadership at a local level, new legislation (e.g. Ask and Act and requirement for well-being boards) and regulations such as housing benefit caps.</p>	<p>Economic</p> <p>Include financial trends (e.g. austerity) and changes in financial behaviours (e.g. enthusiasm for social investment). What are the implications of cuts in services such as rural transport, legal aid? What are the impacts on business and the voluntary sector?</p>
<p>Social/cultural</p> <p>Consider changing demographics (e.g. ageing population, increase in refugee numbers), changes in behaviour and attitudes (e.g. greater consideration of the needs of transsexual people)</p>	<p>Environmental</p> <p>Include consideration of housing availability, development priorities, implications of increase in flooding and any impulse towards greener behaviour and policies.</p>
<p>Technological</p> <p>Consider implications of the rapid rise in internet use and mobile devices, changes in communications media in terms of increased harm and risk (e.g. electronic stalking), increased opportunities for information and support and technology as a tool for improving processes, information sharing, rapid responses.</p>	<p>Other – cross-cutting</p> <p>It can also be useful to identify sub-headings which may cut across all these areas that are particularly pertinent to work on violence against women, domestic abuse and sexual violence e.g. health and social care, criminal justice, safeguarding.</p>

4.10 Resources and further reading

- Access to Justice Evaluation Report - A project aiming to enable older, vulnerable victims of domestic abuse to access criminal or civil justice processes in seeking protection from further abuse: www.gov.wales/statistics-and-research/evaluation-access-to-justice-pilot/?lang=en
- Domestic Abuse of Older People: A hidden problem – a report by Steve Bartley, Older People’s Commissioner for Wales: www.safelives.org.uk/sites/default/files/resources/Domestic%20abuse%20of%20older%20people%20a%20hidden%20problem.pdf
- Equality and Human Rights Commission Wales: www.equalityhumanrights.com/en/commission-wales
- Report into Domestic Abuse of Disabled Women in Wales: [www.disabilitywales.org/wordpress/wp-content/uploads/Domestic Abuse 2E 2.pdf](http://www.disabilitywales.org/wordpress/wp-content/uploads/Domestic%20Abuse%202E%202.pdf)
- SafeLives’ All Welcome leaflet, outlining areas of unmet need: [www.safelives.org.uk/sites/default/files/resources/SAF4195 Conference brochure 02.16 V5 WEB.pdf](http://www.safelives.org.uk/sites/default/files/resources/SAF4195%20Conference%20brochure%2002.16%20V5%20WEB.pdf)
- Welsh Women’s Aid ‘Change that Lasts’ service model briefings to achieve prevention and early intervention, quarterly data reports and survivors’ engagement reports (‘Are You Listening and Am I Being Heard?’): www.welshwomensaid.org.uk

- The Nice Guidelines which set out responsibilities - Domestic violence and abuse: multi-agency working [PH50], February 2014: www.nice.org.uk/guidance/ph50
- The Academy for Justice Commissioning has some helpful information on Commissioning in the Public Sector, including a 'guide to user involvement' and 'the 6 C's of Commissioning': www.academyforjusticecommissioning.org.uk/category/documents/commissioning-information
- Welsh Women's Aid National Quality Service Standards: www.welshwomensaid.org.uk
- Imkaan BME VAWG Accredited Quality Standards (IAQS) and Safe Minimum Practice Standards (SMPS): www.imkaan.org.uk
- Rape Crisis National Service Standards: www.rapecrisis.org.uk
- SafeLives' Leading Lights Quality Assurance Accreditation: www.safelives.org.uk

Section 5: Plan

This section of the toolkit outlines the next steps in the commissioning cycle and focuses on the development of the overarching strategy. It also considers the requirements of The Public Contract Regulations 2015 in terms of procurement.

- 5.1 Creating a strategy
- 5.2 Considering different procurement and commissioning models
- 5.3 Resources and further reading

5.1 Creating a strategy

There is now a duty on Local Authorities and Local Health Boards in Wales to jointly prepare strategies to meet local needs and to prevent violence against women, domestic abuse and sexual violence in all that they do.

The Violence against Women Domestic Abuse and Sexual Violence (Wales) Act 2015 states:

A local authority and a Local Health Board, any part of whose area lies within the area of the local authority, must jointly prepare a strategy (“a local strategy”) for the local authority’s area. A local strategy must:

- a) *Specify objectives which the local authority and the Local Health Board consider will, if achieved, contribute to the pursuit of the purpose of this Act*
- b) *Specify the periods of time within which the local authority and the Local Health Board propose to achieve the specified objectives*
- c) *Identify the actions the local authority and the Local Health Board propose to take to achieve the specified objectives.*

Fundamentally, the strategy will be the primary document to communicate the vision, aims and priorities for responding to violence against women, domestic abuse and sexual violence. The strategy should cover the actions and targets for the next 3 – 5 years, and should be reviewed annually. This will enable commissioners to **co-produce a service and service specification** that meets their specific needs and prevent an escalation of need requiring a more intensive response.

The document needs to determine what resources are required in order to achieve the key deliverables of the strategy as well as clarifying the roles and responsibilities of stakeholders. Commissioners and strategic leads should be confident that the strategy will **meet the needs of the local community both in the short and longer term**. In addition, there should be a clear governance framework and lines of accountability to support the development and implementation of the strategy.

The strategy must be supported at the highest level of the relevant bodies to ensure that delivery is a corporate priority and is appropriately resourced. It is therefore essential that the aims, objectives, key deliverables, associated cost implications and risks are articulated to the appropriate leadership. This will also ensure that



Figure 4:
The commissioning cycle

“BME service providers need a strategic voice at a policy level”

Commissioner, 2015

the strategy is considered when determining corporate and organisational policy and priorities, and is referenced across the broader agendas of commissioners.

The Act further specifies that in preparing and reviewing a local strategy, a local authority and Local Health Board must have regard to:

- a) *The most recently published national strategy*
- b) *The most recent assessment for the local authority's area under section 14 of the Social Services and Well-being (Wales) Act 2014 (assessment of needs for care and support, support for carers and preventative services)*
- c) *The most recent strategic assessment prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998 (c.37) relating to reducing crime and disorder in the local authority area*
- d) *The most recent strategic assessment prepared in accordance with regulations under that section relating to combating substance misuse in the local authority area*
- e) *Regulations under that section relating to the reduction of re-offending in the local authority area.*

There are a number of other considerations, embedded within the Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act that would be expected to be referenced in a local strategy. This includes provision for training relevant staff, under the requirements of The National Training Framework.

5.1.2 Drafting a strategy

When beginning to create the strategy there are critical questions for the wider stakeholder group to consider, such as:

- Vision – what must be achieved? What specific outcomes should be delivered?
- How will the strategy prevent violence and abuse and challenge attitudes?
- How will stakeholders know if the objectives are being delivered/have been met?
- How will services work in partnership to achieve the best outcomes for survivors and their families?
- How does early intervention or prevention work dovetail with more reactive services?

The process will draw on the information generated through the mapping and needs assessments described above. Discussions with partners should consider whether there are sufficient services currently available to meet likely future needs, and the statutory responsibilities of the commissioners.

A key discussion will be whether the shape of future services remains similar to those currently provided, or whether the services might need to be developed or reconfigured to better meet needs, and work to prevent violence against women, domestic abuse and sexual violence. Learning from **consultation with survivors will be critical** in this regard.

A strategy should be actionable with clearly articulated goals, action steps, responsibilities, accountabilities, resources and deadlines, and all stakeholder agencies must understand the plan and their role in delivering it. The strategy needs to consider

external trends that might impact on partner agencies and the experience of survivors. This might include new legislation, technological innovation, cultural and demographic changes, and environmental impact. Examples might include the impact of changes in mental health services or housing availability.

A critical friend from another geographical area or second tier voluntary sector organisation and national/local specialists with good understanding of the relevant issues within an equalities context can be particularly helpful in developing the strategy.

When considering learning about current provision it is important to note that, on occasion it may appear that there has been duplication of services for certain clients. However, this may actually be a reflection of diverse services that have been developed to meet specific needs, with specialist staff. For example, a sexual violence or domestic abuse service might have the specific expertise necessary to provide holistic support for an individual survivor regarding safety, recovery and resilience, or help with accessing other 'generic' services. Similarly, a BME survivor would be more likely to access a wider range of holistic support services from a specialist, dedicated BME 'by and for' organisation because they are designed to respond to the continuum of violence against BME women and girls whilst also being adept at identifying indicators and experiences of specific forms of violence against women and girls that may be missed within a mainstream domestic violence organisation. These individuals might not receive the same benefits from an agency which wasn't set up to meet their specific needs. Care therefore needs to be taken to ensure that the nature of specialist needs are recognised and that a particular specialist service is not considered as duplication of a more generic service, or the cost associated with this to be double funding. There is a need to look at all provision, and the links between services being provided, to understand whether or not services are being duplicated.

The strategy will determine outcomes to be delivered i.e. the difference the partners want to make.

Example of model outcomes

- ✓ Communities are free from violence against women, domestic abuse and sexual violence
- ✓ Individuals feel their needs have been met, they feel safer and are better resourced to remain safer
- ✓ Individuals feel improved health, well-being and resilience
- ✓ Improved responses to individuals affected by violence against women, domestic abuse and sexual violence
- ✓ Engaged, skilled workforce who are confident in identifying individuals affected by violence against women, domestic abuse and sexual violence
- ✓ Improved access to high quality, needs led, gender responsive services
- ✓ Improved access to specialist services and interventions for BME, disabled and LGBTQI survivors

It should be noted that Welsh Government will be publishing outcomes relating to the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 by the end of 2016. It may also be useful for commissioners to have regard to the Supporting People national outcomes³⁹, Well-being of Future Generations Act national indicators⁴⁰, and the 'national outcomes framework for people who need care and support'.⁴¹

Communicating and consulting on the strategy is essential to the future success of implementation. The plan should be articulated in accessible formats and through a range of different media to ensure **maximum engagement**.

5.1.3 Equality considerations

Assessing for equality impact is an aspect of delivering service improvement.

The recently published Equality and Human Rights Commission's Report 'Is Wales Fairer? The state of equality and human rights 2015'⁴² identifies the elimination of violence, abuse and harassment in the community as a key equality and human rights challenge for Wales. The report aims to inform the priorities of the Welsh Government and devolved public authorities when setting Equality Objectives for 2016-20 in line with the Public Sector Equality Duty. The Welsh Language Commissioner published a strategic Equalities Plan in 2015 reflecting the relevance to the equalities discussions.

The Public Sector Equality Duty (PSED) and EIA (equality impact assessment) should be used together to establish clear and open equality and diversity intentions and aims, which are integrated across commissioning processes, policy approaches and different decision-making structures of a local authority. This ensures that any changes or decisions during the commissioning process are based on and reviewed against clear policy intentions and aims and that local authorities establish a whole-system organisational approach to equality.

For effectiveness, it would be critical to include specialist equality and diversity capacity to support this aspect of commissioning effectively at a local level. Establishing an equalities sub-group would help to involve key stakeholders from the voluntary/community sector (as well as linked departments within the Council) ensuring that **community voices are central to the assessment and decision-making processes** from the outset.

The Equality Act is clear that achieving equality does not mean treating all groups the same, but treating specific groups in specific ways to create equality of opportunity and outcome.... Single sex services are permitted where it can be shown to be the most effective way of providing those services or where the service is needed by one sex only.

The Equality Act was passed in 2010 and came into force through the Public Sector Equality Duty on 5 April 2011... The Act requires commissioners (and therefore service providers) to have due regard of the need to eliminate discrimination, advance equality of opportunity, and foster good relations in the course of delivering services. Schedule 3, Part 7 of the Act states:

³⁹ Supporting People Outcomes; www.gov.wales/topics/housing-and-regeneration/services-and-support/supporting-people/publications/outcomesframework-old/?lang=en

⁴⁰ Welsh Government. How do you measure a nation's progress? National Indicators. www.gov.wales/statistics-and-research/how-do-you-measure-nations-progress-national-indicators/?lang=en

⁴¹ Welsh Government. Measuring Well-being. www.gov.wales/topics/health/socialcare/well-being/?lang=en

⁴² Is Wales Fairer? www.equalityhumanrights.com/en/publication-download/wales-fairer-report

“The Equality Act should not be interpreted to mean that both sexes should be treated the same. Single sex services are permitted where it can be shown to be the most effective way of providing those services or where the service is needed by one sex only.”⁴³

Commissioning external research or engaging with relevant national/local specialist equalities-based organisations can assist with the evidence-gathering process, particularly when capturing the nuanced ways in which people experience inequality. There should be a clear public record of the EIA which includes the specific methods of consultation, the organisation’s/numbers and types of survivor groups that were consulted, detail on how different areas of equality were considered and what actions will minimise negative impacts and promote positive impacts.

A key consideration of an EIA should be to assess the extent to which survivors are actively and meaningfully assisted to participate in the social, economic, cultural and political fabric of the local community, and how changes in policy could potentially impact negatively or positively on their participation in public life.

“The importance of inclusive, women-led organisations is clear, yet recognition of this is in decline. The inquiry highlighted the negative impact of funding cuts, devolved commissioning and competitive commissioning processes on the provision and accessibility of specialist services to women and children. These challenges are compounded by a basic misunderstanding of the Public Sector Equality Duty and neglect of the UK’s international obligations on equality.”⁴⁴

5.2 Considering different procurement and commissioning models

There is considerable flexibility in how commissioners can purchase the services that are required to meet needs. The starting point is to be absolutely clear about what is needed and the shape of potential provision. Commissioners may need to be prepared to challenge the procurement habits of their organisation to ensure that the procurement regulations and any standing orders within their own organisations can work to deliver what is needed in a way in which is open fair and transparent.

Commissioning involves all the tasks associated with establishing the strategy, defining the outcomes and identifying the resources required to achieve the outcomes.

Procurement is the purchase or transaction and involves identifying the preferred delivery option and ensuring the services are delivered in the right place at the right time, at the right quality and for the right cost.

The decision about how best to commission should include consideration of:

- Innovation - does there need to be a different model of service provision? This might allow better continuity of support for survivors and swifter assessment and referral, by reducing the number of service assessments and signposting

“Flexibility of response is crucial when providing services”

Service user, 2015

⁴³ The Changing Landscape of Domestic and Sexual Violence Services, All-Party Parliamentary Group on Domestic and Sexual Violence Inquiry www.rapecrisis.org.uk/pdfs/2308_appg-changing-landscape-report-2015.pdf

⁴⁴ The Changing Landscape of Domestic and Sexual Violence Services, All-Party Parliamentary Group on Domestic and Sexual Violence Inquiry www.rapecrisis.org.uk/pdfs/2308_appg-changing-landscape-report-2015.pdf

- Flexibility – for service providers to invest in bespoke support to meet the survivors’ complex needs such as safety, mental health, access to benefits and support through their recovery.
- Enabling use of capitation – to fund service providers to look at the holistic needs and achieve shared outcomes, rather than focusing on a specific activity or task
- Joined-up working – collaboration as funding is shared and decisions are made together. This might include considering collaboration across local authority areas
- Analysis of the various options and the market for providers.

5.2.1 Paying for services

There are various ways in which services to address violence against women, domestic abuse and sexual violence are, and can be paid for. This includes:

- Grants
- Commissioning of individual services
- Joint commissioning with pooled budgets.

There have been a number of discussions in Wales about how to ensure that any commissioning allows a level playing field, enabling the widest spread of providers to have the opportunity to be involved in delivery. Adopting the ‘**simplest by default**’⁴⁵ can help and this is supported by the EU’s light touch regime (see section 5.2.5).

The threshold for the new light touch regime is €750,000 (approximately **£560,000**), which is higher than previously. This means that contracts under this size **do not need to go through a competitive tendering process** and commissioners can be creative in their approaches, including using **grant funding**. The new directives clearly state that member states are free to secure the types of services outlined above in ways other than contracts, for example through grant funding.

According to Welsh Government guidance:

*The new rules are aimed to help strategic commissioners strengthen quality of service provision. Contracting authorities may take important elements into account through award criteria (not just price) such as quality, continuity, accessibility, affordability, availability and comprehensiveness of the services; the specific needs of different categories of users, including disadvantaged and vulnerable groups; the involvement and empowerment of users; and innovation. This should help authorities secure services according to local needs and ensure sustainability of service which is critical, with potential contract performance conditions including economic, innovation-related, environmental, social or employment-related considerations (Reg. 70).*⁴⁶

⁴⁵ VCSE Health Review, 2016, www.gov.uk/government/publications/review-of-partnerships-and-investment-in-the-voluntary-sector

⁴⁶ Public contracts regulations 2015 - overview and key changes, www.prp.gov.wales/docs/prp/toolkit/150226publiccontractsregulations2015.pdf

5.2.2 Opportunities for joint planning and commissioning

Identifying opportunities for joint commissioning across agencies such as Police and Crime Commissioners, local health boards and local authorities can lead to more joined-up services. Working together to commission can help align services against a common set of desired outcomes, as set out in the strategy, to improve the quality and consistency of support to survivors, reduce any duplication and in turn, represent better value for the community.

Pooling budgets combines funds from different commissioning departments or organisations enabling them to tender for services and achieve shared outcomes and achieve greater value for money. It can help to promote integrated services and enable organisations to develop joint working.

There are significant benefits in adopting an 'invest to save' approach to commissioning through the provision of early intervention and prevention services – see for example Welsh Women's Aid 'Change that lasts' service model which has been developed with support from the Welsh Government.

5.2.3 Grant based funding

There are significant resource requirements for commissioners and service providers if the full tendering process is followed, particularly if the costs to potential bidders are considered, which can undermine the cost-benefit of tendering in the first place.

Funding services through providing grants can be a simpler and more straightforward process than working through a complex procurement process. This may also be an important way of ensuring a critical local service is able to continue.

Smaller or more specialised organisations may be delivering excellent services but may not have the infrastructure to equip them to enter a competitive tendering arena, for example the specialist bid writers which may be employed by more commercially focused bodies.

Welsh Government groups and other public bodies may find they can deliver their objectives effectively through relationships with third sector bodies: that is, charities, social, voluntary or community institutions, mutual organisations, social enterprises and other not-for-profit organisations.

*Welsh Government groups and other public bodies may find they can deliver their objectives effectively through relationships with third sector bodies: that is, charities, social, voluntary or community institutions, mutual organisations, social enterprises and other not-for-profit organisations. Such partnerships can achieve more than either the public or the third sector can deliver alone, e.g., using a third sector body can provide better insight into demand for, and suitable means of delivery of public services. In this kind of relationship a public sector organisation may fund activities, make grants, lend assets, or arrange other transfers to a third sector body performing or facilitating delivery of services.*⁴⁷

⁴⁷ Managing Welsh Public Money, February 2016, www.gov.wales/funding/managing-welsh-public-money/?lang=en

5.2.4 The Third Sector Scheme

The Welsh Government's Code of Practice for Funding the Third Sector has been fully revised and sets out the processes for allocating funding to the voluntary sector in Wales. It governs how the Welsh Government and its agents should approach funding of the sector, the types of funding the Welsh Government provides, the principles upon which funding decisions should be based, and the terms and arrangements under which funding should be offered. Local authorities are encouraged to develop their own codes of practice on funding the sector.

The Third Sector Scheme is designed to deliver a partnership intended to help develop and support processes which will ultimately lead to:

- *Stronger communities – the way most people make a voluntary contribution to the vibrancy and regeneration of their communities, provide care and help build people's confidence and skills; and the opportunities the third sector creates for employment and local enterprise*
- *Better policy – the knowledge and expertise the third sector offers through its front-line experience to help shape policies, procedures and services*
- *Better public services – the innovative and transforming role the third sector can play in making public services reach more people and become more sensitive to their needs.*

The Third Sector Scheme sets out how the relationship between Welsh Government (and its delivery agencies) and the third sector will work in terms of:

- *The sharing of views and information, through early identification and consultation processes, on the impact on the third sector of policy and future implementation and the contribution the third sector can make*
- *Joint planning, design, monitoring and evaluation of programmes and schemes where there is third sector involvement*
- *Funding across a wide variety of policy areas, directly and indirectly*
- *A shared interest in the way wider public services interact with the Third Sector.*⁴⁸

OJEU guidance provides detail about cut-off points for grant funding and obligations regarding competitive tendering. The Public Contracts Regulations (January 2016)⁴⁹ provides notification of the new threshold levels to apply for the purposes of the procurement Regulations.

Welsh Government are currently consulting on procurement regulations in Wales.⁵⁰

⁴⁸ Welsh Government Third Sector Scheme. Annual Report 2014-15 www.assembly.wales/laid%20documents/gen-ld10627/gen-ld10627-e.pdf

⁴⁹ Procurement Policy Note 18/15: New Threshold Levels www.gov.uk/government/publications/procurement-policy-note-1815-new-threshold-levels-2016

⁵⁰ Consultation on procurement regulation in Wales www.gov.wales/docs/finance/consultation/160405-procurement-consultation-eng.pdf

5.2.5 Going to market

There is often more flexibility in the procurement options than may be assumed and there are some important procedural changes in the new regulations which include:

- Greater flexibility for contracting authorities in running procurement procedures
- Introduction of shorter timescales
- A requirement that all procurement documents must be available to tenderers from the time the contract is advertised
- Provisions to encourage small and medium enterprises' (SME) participation – such as breaking larger contracts into smaller lots
- Changes to the definition of Most Economically Advantageous Tender (MEAT)
- Clarification on grounds for exclusion, including consideration of a supplier's poor prior performance.

Effective public sector spend is critical in delivering the cash savings that can be re-invested in front line services, to reduce bureaucracy for suppliers, run all procurements in a timely manner, in line with EU procurement law, based on a LEAN methodology and operate in a transparent manner, ensuring fair and open competition.

A contracting authority is only obliged to go to the market (enter into a competitive tendering situation according to the requirements and regulation contained within The Public Contract Regulations 2015) if it is seeking offers in respect of goods or services to a value that will equal or exceed the relevant financial threshold.⁵¹

The Regulations refer to a light touch regime (LTR) which is a new regime that will apply to the award of certain types of services contracts (generally for “services to the person”) where the value of those services equals or exceeds the financial threshold of €750,000 (see section 5.2.1).

The new light touch regime and the wider directive changes should help to strengthen service provision by providing improved flexibility enabling procurement teams **to select service providers that best suit local need**. It takes over in part from where the Part B services regime left off.

Light touch services are likely to be fairly flexible as the requirements associated with running a tender process for these services are minimal:

- A contract notice must be published or a prior information notice used as a call for competition (the circumstances for doing so are prescribed)
- The award procedure must comply with principles of equal treatment and transparency
- The contract must be awarded in line with the advertised procedure
- Time limits must be reasonable and proportionate.

⁵¹ Procurement Policy Note 18/15: New Threshold Levels www.gov.uk/government/publications/procurement-policy-note-1815-new-threshold-levels-2016

Flexibility and limited regulation could potentially create uncertainty or lead to situations where authorities base tender processes on more fully regulated procedures (e.g. a restricted procedure).

There is also an entirely new provision in the 2015 regulations which enables authorities to limit competition for certain types of contracts to “mutual-type” organisations, on the condition that the contracts are for no more than three years. In this case a contracting authority must still go to market but it can restrict competition to these types of organisations only.

If a commissioner intends to go to the market and follow a competitive tendering process, they will do so using one of the five following procedures:

Open Procedure (Regulation 27): This is where an opportunity (including all tender documents) is advertised inviting providers to bid directly for a contract. All interested parties then submit a tender. Scoring takes place and the successful organisation is awarded the contract. All tenders must be evaluated before the tender is awarded. This procedure is frequently used by local authority commissioners.

Restricted Procedure (Regulation 28): This is a two stage process which involves the opportunity being advertised in the relevant media. Organisations will then submit an expression of interest and complete a Pre-Qualification Questionnaire (PQQ). Successful organisations will go on to a select list and be given an Invitation To Tender (ITT).

Tender documents are completed and submitted, from which scoring takes place and the successful organisation is awarded the contract. The select list may be used for a period of up to eight years. There must be a minimum of five bidders. This procedure works best when a commissioning body is clear at the start of the process what it wants to buy in terms of pricing and other award criteria.

Competitive with Negotiation (Regulation 29): Organisations submit a “request to participate” in response to the commissioners’ prior notice/advert. Commissioners need to provide the information for the qualitative selection required. Only those invited to participate by commissioners can submit an initial tender, which will then be used as the basis for future negotiations. Initial and subsequent tenders will be subject to negotiation to improve the final content. The final tender will not, and it is on this basis that the tender will be evaluated.

Competitive Dialogue (Regulation 30): This procedure should only be used in the case of particularly complex contracts. An opportunity is advertised and organisations can submit an expression of interest and fill in a PQQ (the specification is not established at the start of the process). Commissioners discuss the form of the contract and technical specifications with the bidders before the tender documents are issued. The discussion ends when the procuring body can identify a solution to meet its needs. Bidders then submit a tender based on the solution resulting from the discussion. Scoring takes place and the successful organisation is awarded the contract. There must be a minimum of three bidders.

Innovation Partnership (regulation 31): This will enable commissioners to select partners on a competitive basis, and have them develop an innovative solution tailored to their requirements:

- The competitive phase will take place at the very beginning of the procedure, when the most suitable partner(s) are selected on the basis of their skills, abilities and price
- The partner(s) will develop the new solution, as required, in collaboration with the contracting authority. This research and development phase can be divided into several stages, during which the number of partners may be gradually reduced, depending on whether they meet certain predetermined criteria

- The partner will then provide the final solution (commercial phase).

As under the Public Contracts Regulations 2006, it also remains possible, albeit in very limited circumstances and ideally following robust legal advice only, to use a negotiated procedure without a notice (see Regulation 32).

Innovation Partnerships may be of particular interest to commissioners wishing to work with potential providers to design a new configuration of services.

The Dynamic Purchasing System (DPS)

This is a procedure available for contracts for works, services and goods commonly available on the market. As a procurement tool, it has some aspects that are similar to an electronic framework agreement, but where new suppliers can join at any time. However, it has its own specific set of requirements. It must be run as a completely electronic process, and should be set up using the restricted procedure and some other conditions (as set out in Regulation 34 of the Public Contracts Regulations 2015) - see Appendix 3 for more details of the DPS.

As with a framework, the award criteria to be used for the award of individual contracts are to be set out in the original contract notice. Furthermore, preliminary market consultations between contracting authorities and suppliers are encouraged, which should facilitate better specifications, better outcomes and shorter procurement times, and more freedom to negotiate. Constraints on using the competitive procedure with negotiation have been relaxed, so that the procedure will generally be available for any requirements that go beyond “off the shelf” purchasing.

The changes that are most relevant for commissioning violence against women services are the light touch regime for social, health and community services (basically defined as services to the person or to the community). This regime is less stringent than for other types of procurement because it recognises the special characteristics of these types of services. The services covered by this regime are fully outlined in Schedule 3 of the directives. Those mentioned of particular relevance here are:

- Health, social and related services
- Administrative social, educational, healthcare and cultural services
- Benefit services
- Other community, social and personal services
- Provision of services to the community.

The higher threshold for light touch services means that contracts that are below threshold are largely exempt from public procurement requirements, contracts with a value over £25,000 will be subject to the following requirements:

- Publication on the Government’s Contracts Finder portal
- Subject to minimum selection criteria to encourage greater SME participation
- The banning of the use of a pre-qualification stage
- Subject to (further) guidance issued by the Cabinet Office.

The regulations also describe what needs to be done to prevent competition being distorted. Specific safeguards are built in to help counter fraud and corruption.

The regulations allow 'preliminary market consultations' to be carried out before procurement is started. This can be done with a view to preparing the procurement and informing the economic operators of the contracting authority's procurement plans and requirements.

Reserved participation

Participation for some service contracts in the light touch regime can be reserved to certain organisations under Regulation 77. Procurement teams can identify opportunities where reserved participation may be appropriate (for instance specialist services) and set criteria for organisations to qualify to participate in the tendering process. There are conditions to this clause which are:

- Any contracts from this type of procurement process would be limited to 3 years maximum in length
- To be awarded the contract the organisation must not have been awarded previously for the same services concerned by the lead authority within the past 3 years.

This does limit the types of services that may be procured through this process, but also offers opportunities for innovation and piloting new provision.

Division into lots

Another relevant area of the directives are new regulations regarding 'tendering lots'. Under Regulation 46 procurers need to give an explanation if they do not divide the tenders in to smaller lots. This regulation is a drive to **encourage and enable smaller suppliers to be able to participate** within procurement of services. An explanation can be asked of procurement teams if they are procuring for large generic services and are not splitting the tendering into specific and specialist lots. If you do split the tendering into several lots, the procurement team can limit the number of lots any single organisation can tender for. This should be indicated in their procurement documents.

Framework agreements

If a public sector commissioner knows that they are likely to need particular services, but are unsure about exactly what they'll need or when, they may decide to set up a group of approved suppliers that they can use when necessary. This is called a 'framework agreement'.

Before awarding a framework agreement, a contracting authority is required to publish a contract notice in the OJEU, including some additional information specific to framework agreements, including:

- Disclosure of the fact that the contracting authority is setting up a framework
- The planned duration of the framework agreement
- The estimated value of the products to be supplied over the duration of the agreement
- The proposed number of suppliers to whom a framework agreement will be awarded.

5.3 Resources and further reading

- Procurement Best Practice Academy, University of South Wales:
www.cscope.southwales.ac.uk/procurement-academy
- UK Public Contract Regulations 2015:
www.legislation.gov.uk/uksi/2015/102/pdfs/uksi_20150102_en.pdf
- UK Government procurement policy notes:
www.gov.uk/government/collections/procurement-policy-notes
- Welsh Government State Aid unit: www.gov.wales/funding/state-aid/?lang=en
- Information about public procurement in England and Wales:
www.iclg.co.uk/practice-areas/public-procurement/public-procurement-2016/england-and-wales
- The Changing Landscape of Domestic and Sexual Violence Services - All-Party Parliamentary Group on Domestic and Sexual Violence Inquiry:
www.rapecrisis.org.uk/pdfs/2308_appg-changing-landscape-report-2015.pdf
- Managing Welsh Public Money, February 2016:
www.gov.wales/funding/managing-welsh-public-money/?lang=en
- Welsh Government Third Sector Scheme. Annual Report 2014-15:
www.assembly.wales/laid%20documents/gen-ld10627/gen-ld10627-e.pdf

Section 6: Do

This section of the toolkit identifies some of the key aspects of the implementation phase of commissioning, including designing service specifications.

- 6.1 Design of a service specification or tender document
- 6.2 Elements within the specification
- 6.3 Monitoring arrangements
- 6.4 Ensuring fairness and market diversity
- 6.5 Value for money and social value
- 6.6 Co-production of services
- 6.7 Resources and further reading



Once it is clear what is to be commissioned and in what way, the timetable for this should be set out and consulted on.

Figure 5:
The commissioning cycle

Before embarking on any form of competitive procurement process, it is important to have carefully considered whether **there would be greater benefit in grant funding existing service providers, or using more direct methods such as agreeing an award**, as described earlier. This may be particularly relevant when an organisation, usually a voluntary organisation, was specifically developed to meet particular needs. In this event, the ethos of the organisation may be closely interconnected with the nature of the delivery, for example, delivering woman-centred services that have been shown to benefit survivors. Being delivered **'by and for'**, for example by BME women, for BME women, will impact closely on the outcomes for survivors, who may be much more likely to feel the trust and confidence to self-refer for support. Specialist organisations often draw on the survivor experience, and survivors may become involved in the organisation as trustees or volunteers. There can be a high level of expertise developed in conjunction with the growth of a very specialist organisation, that might be lost completely if the organisation bids for a tender and does not win it.

6.1 Design of a service specification or tender document

Great care is needed to ensure that commissioners actually design specifications that will enable them to meet the outcomes within their overarching strategy.

A service specification should include:

- ✓ A brief description of the nature and scope of the service required
- ✓ The user group/beneficiaries for whom the service will be provided
- ✓ The overall purpose and aims of the service
- ✓ Consideration of meeting specific needs, such as mental ill-health, substance misuse, disability, language support, immigration/asylum etc.
- ✓ Compliance with the Public Sector Equality Duty

- ✓ Locally agreed principles or values underpinning the service
- ✓ Relevant information about partnership working
- ✓ Explanation/definition of any technical terms used in the document
- ✓ Social value/community benefit requirements.

Where provision is focused on specific groups within protected characteristics, the specification should clearly identify a 'by and for' approach to service delivery.

It should be made clear from the outset if the service specification is based on any national standards and related targets, or other national or local guidance as appropriate or a local analysis of needs.

National bodies such as Imkaan, Welsh Women's Aid and SafeLives can assist with national evidence-based quality standards and outcomes frameworks, as well as with assessing the costs of addressing violence against women, domestic abuse and sexual violence.

6.2 Elements within the specification

Description of service to be provided

This section should give a fuller description of the size and nature of the service required and should be focused on the needs assessment (section 3), including information about:

- ✓ The different client groups requiring services e.g. women with complex needs, BME women, children, older women, people from LGBTQQI groups and perpetrators
- ✓ The geographical location and spread of services – to respond to accessibility issues and support needs
- ✓ How it is intended that survivors and other service users will access the service. This might include expectations with regard to drop-in or phone line services, including hours available.

Standards, outcomes and targets for the service

This section should detail the specific outcome and output targets to be achieved. It will be necessary to differentiate between those that are requirements and those that offer some flexibility for the provider.

To help the potential provider understand how these factors fit with the overall service requirements, it may be possible to include model pathways for the different client groups e.g. survivors with complex needs, BME survivors etc.

Specifications should be linked with relevant quality standards. In Wales, Welsh Government has supported the development of Welsh Women's Aid National Quality Service Standards for specialist services, and there have also been shared core standards developed across accreditation systems delivered by Imkaan, Rape Crisis England and Wales, Respect, SafeLives and Women's Aid. These align Welsh Women's Aid National Quality Service Standards, Imkaan Accredited Quality Standards, Rape Crisis National Service Standards and SafeLives' Leading Lights Quality Assurance Accreditation as well as the key and critical outcomes for commissioners. See Appendix 5 for more details.

6.3 Monitoring arrangements

This is the means by which commissioners can satisfy themselves that service delivery accords with the agreed levels and standards, and is covered in more detail in the next section. When working to commission specialist services for people who are vulnerable or at risk, there may need to be different monitoring arrangements negotiated from those commonly used for other services. For example, spot checks would not be appropriate in a refuge service.

The specification should also **make clear the expectations** of the commissioner in terms of the service provider attending meetings and the sharing of information. A schedule of meetings and the main agenda items might be included as an appendix of the specification.

As well as the performance indicators that the provider will be expected to report on, any other monitoring arrangements need to be outlined such as monitoring visits or how complaints are handled.

Failure to comply with service quality and other matters is normally contained in the contract or schedule detailing the agreement conditions and should not be contained in the service specification.

6.4 Ensuring fairness and market diversity

A fair and equitable process should work for all potential bidders, providing a choice of a diverse range of well-considered bids, which may include local, well-established services with a strong track record, as well as newly formed or innovative organisations that have come together to fill a void locally. **Getting the best possible value for money means giving all potential providers an equal chance to demonstrate how they compare, and how they would meet the requirements.**

There is a trend to aggregate local provision into larger geographical areas as commissioning groups come together to look for greater consistency and to make the most of pooled budgets. Whilst this may bring some benefits, it is important to ensure that procuring on a larger footprint does not skew the playing field by indirectly (or indeed directly) favouring bids from large, generic providers, to the detriment of the very specialist services that have been developed to meet local needs. Requirements in a tender process such as bidders being able to demonstrate substantial financial history may cause problems for smaller - or newer - organisations.

As a rule, the more complex the tender process, the more resource-intensive this can be for bidders. This is less of a problem for larger organisations, who may well have a dedicated bid-writing team. Regional and national organisations may also have more experience of the process itself – something that can be difficult for local organisations to accrue if they have not lived through repeated local cycles of commissioning.

“They won the tender because they’re good at writing bids”

Service provider, 2015

Part of **creating a more equal playing field for competitive tenders includes the structure of the tender itself and the processes for scoring bids.**

Consistency and value does not have to come at the price of accessibility. It is **important to provide all suitable contenders with an opportunity to compete on an equal footing, which potentially increases the number of good quality bids and chances of locating best value locally.**

Options to ensure all providers are able to bid might include:

- ✓ Helping provide the expertise, time and resource to enable smaller providers to form a consortium to bid together
- ✓ Other capacity building support, such as consultancy for bid writing
- ✓ Reducing the sizes of lots, or including elements of development
- ✓ Ensuring that the pace of the process is reasonable: Providing wide and early notice of all procurement opportunities, and making sure that the procurement timetable is long enough to encourage bids from smaller providers (either individually or in consortia)
- ✓ Allowing enough space to answer questions, running provider briefings, Meet the Buyer events and publishing a named contact for enquiries from potential providers
- ✓ Being clear about evaluation criteria at the start of the process
- ✓ Ensuring concise documentation, free of jargon and include a clear overview of the relevant objectives and timescales.

Providing helpful feedback about unsuccessful bids is also important.

Commissioners must take care not to inadvertently raise barriers which can preclude established organisations from bidding to deliver the services for which they have the expertise - for example, if a tender specifies a form of services that undermines the principles under which specialist organisations have developed their services, such as expecting a women-only survivor service to bid to deliver perpetrator work.

'Invest to save' budgets have been used to help develop collaborative commissioning. For example, Cwm Taff Community Health Board received 'invest to save' investment to establish a joint Health Board and Local Authorities Framework Agreement (legal-contractual documentation) with external providers of publicly funded care to ensure the provision of "effective services for vulnerable groups.

6.5 Value for money and social value

Social value is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract to consider the collective benefit to a community through the awarded contract. Social value asks the question: 'If £1 is spent on the delivery of services, can that same £1 be used to also produce a wider benefit to the community?' ⁵²

Value for money is defined as the optimum combination of whole-life costs and quality to meet the user's requirement – this definition allows relevant social and environmental issues to be taken into account in procurement decisions. ⁵³

⁵²Public services (Social Value) Act 2012 Guide.

www.socialenterprise.org.uk/uploads/files/2012/03/public_services_act_2012_a_brief_guide_web_version_final.pdf

⁵³Welsh Government. Measuring Well-being. www.gov.wales/topics/health/socialcare/well-being/?lang=en

Community benefit has been part of the dialogue of commissioning in Wales for some time, but has been particularly focussed on ways of building greater layers of value through spending public money, for example through encouraging training schemes in successful contractors.

However, many organisations bring a range of broader benefits to the community as a whole, and to survivors specifically that are often not well quantified by commissioners or by the organisations themselves. For example, organisations that involve volunteers are not only able to draw on the breadth of experience and support of those individuals; the volunteers themselves may accrue significant benefits from their involvement, such as purpose, social connection, mental health improvements and increased chances of work.

Many organisations that have developed to meet particular needs have high levels of specialist expertise that may not be easily replicated. Their experience of working closely with survivors can help articulate unspoken needs, and help formulate policy and advise decision makers.

Organisations may routinely offer training to other agencies, or be involved in preventative campaigning, or education work in schools. Failure to recognise these added benefits can lead to them not being included in tender design, with the risk that those secondary benefits can be lost.

Care needs to be taken to ensure that **any tendering process gives weight to the added value that can be offered**, and, if it is actually an essential part of the service, ensures it is clearly spelled out as a requirement.

Some commissioners may recognise the fact that a bidding organisation is a charity or social enterprise as evidence enough that they will be delivering social benefit.

Specialist sexual violence and domestic violence organisations provide a huge amount of added value through the expertise and commitment they bring to support women and girls recovering from violence and abuse.

They create vital social capital for the community in various ways; for example, advising the development of local VAWG strategies, providing training to local professionals and carrying out prevention workshops in schools.

A local connection and specific, dedicated focus of specialist services provides value for money for the funder and high social return on investment.⁵⁴

⁵⁴ The Changing Landscape of Domestic and Sexual Violence Services . All-Party Parliamentary Group on Domestic and Sexual Violence Inquiry www.rapecrisis.org.uk/pdfs/2308_appg-changing-landscape-report-2015.pdf

6.6 Co-production of services

Co-production is a relationship where commissioners, providers and beneficiaries can design and plan together, recognising that all have vital contributions to make.

As described above, a strength of working jointly is that it can bring a breadth of intelligence that is essential when facing the task of delivering more with less. It is particularly important that smaller and more specialised providers are encouraged to be part of such a process, to ensure strength of diversity.

Survivors of abuse are experts in their own lives and are integral to the design of services. Specialist service providers have expert knowledge and experience. Therefore, involving survivors and service providers in the commissioning process by way of co-production brings a range of benefits for all of those involved:

- Survivors with lived experience can contribute in a meaningful and empowering way
- Commissioners feel more confident that they will get future services right for survivors
- Service providers find there are more opportunities to recognise the skills and assets they have and an opportunity to work in equal partnership with statutory services.

There is evidence of the value of this engagement in the Good Practice Wales web resource:

“We (4Cs) are a consortium of Welsh local authorities who collaborate in relation to commissioning placements for looked-after children.

We usually involve young people with care experience in all our work, but this project has taken us one step further towards genuine co-production: the young people we work with have undertaken accredited ‘Young Commissioner’ training. They now participate in regional and national commissioning activities such as asset mapping as part of needs analysis, developing outcomes and surveys, contributing to quality assurance, and evaluating providers for inclusion on the All Wales Placement Framework.

“This involvement has given them considerable influence over how and what placement services are commissioned in Wales”⁵⁶

This involvement has given them considerable influence over how and what placement services are commissioned in Wales”⁵⁵

6.7 Resources and further reading

- Through the Sustainability Partnership, Women’s Aid and Imkaan created a guide designed to support public sector staff responsible for commissioning services for women and children experiencing and fleeing domestic violence: www.womensaid.org.uk/what-we-do/sustainability-partnership/commissioners
- Expert Yet Undervalued and on the Front Line - the views and voices of small and medium-sized charities, Lloyds Bank Foundation for England and Wales, 2015: www.lloydsbankfoundation.org.uk/assets/uploads/Expert_Yet_Undervalued_-_Grantee_Opinion_Survey_2015_WEB.PDF

⁵⁵ Good practice Wales web resource www.goodpractice.wales/casestudy-9533

⁵⁶ Good practice Wales web resource www.goodpractice.wales/casestudy-9533

- All Together Now – Whole Systems Commissioning for councils and the voluntary sector, New Local Government Network, 2016: www.nlgn.org.uk/public/wp-content/uploads/All-Together-Now_-PDF-FINAL.pdf
- How to ensure a five star public sector commissioning process, KnowHow Nonprofit: www.knowhownonprofit.org/how-to/how-to-ensure-a-five-star-public-sector-commissioning-process
- Good Practice Wales: www.goodpractice.wales
- Jones, C. “Women-centred Working: Defining an approach”:
www.womencentredworking.com/wp-content/uploads/2014/08/WCW-defining-an-approach-document.pdf

Section 7: Review

This final section of the toolkit focuses on reviewing the impact of services, which should be part of a continuous cycle of measuring outcomes for service users. It is good practice to review and reflect on all aspects of service provision. A particularly useful indicator of successful outcomes is the service user journey.

- 7.1 Outcome measurement
- 7.2 Contract management
- 7.3 Resources and further reading

7.1 Outcome measurement

Outcomes are the results, benefits and changes arising from the work that has been commissioned. This might include outcomes for survivors, their children and the local community.

Measuring outcomes enables commissioners to establish the extent to which service providers are effective in delivering desired changes and in contributing to the overall strategy locally, through describing their progress against the outcomes agreed at the start of the contract or grant.

A robust evaluation of outcomes will allow providers to feed back learning about what worked well and anything that worked less well, which is particularly important when innovative approaches are being commissioned. The specialist sector has developed innovative solutions to complex issues and should be given the freedom to **nurture and grow their service** offer during the lifetime of the contract.

Working with successful providers to create an outcome measurement framework that stretches across all services will provide the opportunity to compare and benchmark service performance. The best way to achieve this is to consult early on with providers about relevant outcomes and practical ways of measuring progress. These service specific outcomes should connect with the wider strategic objectives in the local strategy.

Violence against women, domestic abuse and sexual violence services are challenging environments in which to collect detailed data on outcomes, as there are issues around confidentiality, managing clients in crisis, time, resource and skills pressures and being able to follow-up safely to understand if outcomes were sustained over time. Outcomes frameworks need to capture the different ways in which organisations work with survivors of sexual violence and domestic violence. For instance, ISVAs have distinct forms of knowledge and tailored approaches to fit the needs of survivors of sexual violence that differ significantly from the practice of IDVAs. It can be very helpful to **consult with providers to co-create a robust, workable and proportionate approach** that will deliver useful data without absorbing too much resource or interfering with service provision.

There is an opportunity in good commissioning and contract management to be able to collate data that is relevant to understanding the types of providers service users prefer to access. For example, BME or other providers working across different communities of interest/identity are likely to provide services that demonstrate broader outcomes linked to increasing resilience, independence, social inclusion and justice. Whilst there may be some overlap, outcome models should capture the distinct and different ways in



Figure 6:
The commissioning cycle

which survivors access support from specialist sexual violence and domestic abuse services.

If services are being jointly commissioned, it is important to develop a standardised reporting procedure. This will allow all commissioning authorities to collect the data they need as simply as possible, as well as allowing for useful comparison.

Inconsistent or unwieldy contract management from different commissioners can cause difficulties, particularly for those services who are small, community-based and service user-led.

As part of the review, commissioners should bring together the wider stakeholder group to consider future joint working arrangements and ensure that the correct forums are in place to support the ongoing delivery of the overarching strategy.

It is important to ensure proportionate approaches to contract monitoring and quality assurance, with reference to and use of national outcomes data collection and quality standards generated by infrastructure organisations working in this field.

7.2 Contract management

Robust and sensitive contract management is key to the success of this final stage of commissioning. Those appointed to work with the successful provider should have a clear understanding of their purpose, and ideally have been part of the commissioning process, and therefore gained a clear overview of the intentions of the commissioning and the outcomes desired.

7.3 Resources and further reading

- Hidden Value, demonstrating the extraordinary value of women's voluntary and community organisations: www.thewomensresourcecentre.org.uk/wp-content/uploads/hidden_value_wrc_sroi_report_2011_22.pdf
- Measuring Well-being, Welsh Government: www.gov.wales/topics/health/socialcare/well-being/?lang=en

Part C

Section 8: Summary checklist for collaborative commissioning

1. Planning

Before you start:

- ✓ Review this checklist and assess the time it will take to achieve effective collaborative commissioning.
- ✓ Consider the resource requirement bearing in mind the time and expenses of all those involved. Make sure this fits the timescales and resource available to you. If not, you may need to consider postponing any major commissioning exercise, maintaining the status quo whilst putting together the requisite elements for collaborative commissioning.

2. Timescale

Think about:

- ✓ Over what period will you be undertaking the collaborative commissioning exercise - from first meeting of a commissioning board or equivalent, to services being delivered and monitored?
- ✓ Does this timescale allow sufficient time for planning, mapping, needs assessment, decision-making and full consultation with all stakeholders (including survivors)?
- ✓ There are regulatory requirements for certain timescales with regard to aspects of procurement.

3. Context

- ✓ Are you clear about your various legal responsibilities with regard to:
 - ✓ provision of services and support to those affected by violence against women, domestic abuse and sexual violence - in terms of ensuring safety, enabling recovery, and also prevention and early intervention?
 - ✓ partnership and collaborative working?

4. Partnership

Whether or not you plan to co-commission provision, the commissioning process involves collaboration and consultation at every stage.

- ✓ Have you assessed who else will be at the table in this process? This may not be the same as those already engaged in multi-agency working on violence against women, domestic abuse and sexual violence, but this is a good place to start.
- ✓ Which organisations must be involved to ensure:
 - ✓ the broadest possible intelligence
 - ✓ effective and safe access to the knowledge and views of survivors
 - ✓ that the process and outcomes are robust in terms of equalities and diversity
 - ✓ that the right people in partner agencies are brought into and are supporting the process and that there is senior support at the highest level
 - ✓ that the commissioning process does not inadvertently reduce access to specialist services for survivors?

5. Vision

- ✓ Are you agreed on your vision for the commissioning?
- ✓ What difference do you want to make? How would you know if future commissioning delivers this vision?

6. Mapping

Do not underestimate the time it can take to establish an accurate picture.

- ✓ How will you capture all the current activity aiming to prevent violence against women, domestic abuse or sexual violence, or offer support or early intervention?
- ✓ Have you considered issues of confidentiality and information sharing?
- ✓ What level of detail will you seek? E.g. number of refuge bedspaces, ISVA hours available?
- ✓ What method will you use to assess the journeys through services?

7. Needs assessment

- ✓ Have you identified all the existing sources to date and existing needs assessments that may be relevant?
- ✓ How are you going to assess needs of those who are not currently accessing public services?
- ✓ How are you going to ensure that the needs assessment captures specific requirements of individuals with complex needs or whose needs might best be met by very specialised services?
- ✓ How are you going to consult survivors?

8. Pulling together the findings

- ✓ What will your process be for analysing the findings and bringing together the mapping and needs assessment?
- ✓ How will this enable you to identify whether needs are already being met, or whether there could be a different configuration of services that might be more effective in enabling you to commission the outcomes you want?

9. Deciding on a process

There is considerable flexibility in how commissioners can purchase the services that are required to meet needs.

- ✓ If your research has identified that you already have good services being delivered, then it will be important to consider processes that will enable you to continue to purchase services from those providers.
- ✓ If you want to redesign or reconfigure services, then how can you do this whilst keeping current providers on board? Or if you want to see a change of emphasis or improvement, how can this be negotiated and agreed (and paid for)?
- ✓ Talk to the procurement experts in your organisation about the options for going forward and make sure that the process you use will deliver what you need.
- ✓ Consider the pros and cons of different forms of procurement. Make sure you include the costs to your organisation, your partners and those who may be bidding.
- ✓ What are the consequences of a competitive process and the long term implications?

10. Designing the tender

- ✓ How will you make sure that any tender document will really deliver what you need?
- ✓ How will you capture community benefit/social value?
- ✓ How will you ensure any requirements on suppliers are proportionate?
- ✓ If using a competitive process, what are you doing that will level the playing field to ensure that smaller or more specialised organisations are equally able to bid and compete?
- ✓ What is your process for selection? How have you weighted the points?
- ✓ How will you advertise the opportunity?
- ✓ How will you make sure everyone is fully informed?

11. Contract management

- ✓ Once a contract is awarded who will be managing it? Are they someone already familiar with the field, able to work collaboratively with providers to develop benefits and share learning?
- ✓ How will you make sure any learning is captured and the opportunities for growth and change are covered within a flexible monitoring system?

12. Next phase

- ✓ Have you reviewed your commissioning experience, and discussed lessons learned to be taken forward for the future? Who needs to hear this?

Section 9: Appendices

Appendix 1: Key to vocabulary and acronyms used in this document

VAWDASV: Violence against women, domestic abuse and sexual violence. Within this, 'violence against women' is used to describe many forms of violence against women and girls, including female genital mutilation (FGM), stalking, 'honour' based violence, trafficking, sexual exploitation, harassment and online sexual abuse.

Survivor: Someone who is or has been affected by domestic abuse, sexual violence and/or any other form of violence against women. We choose to use the term 'survivor' rather than 'victim'. We recognise that not everyone who has been a survivor would themselves use the term, and not everyone who has experienced these forms of violence will survive.

Specialist service: A service which is specifically designed to support someone who is, or has been affected by domestic abuse, sexual violence and/or any other form of violence against women.

Intersectionality: The interconnected nature of social categories such as race, class, and gender as they apply to an individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

BME: Black and minority ethnic. Sometimes referred to as BAMER (Black, Asian, minority ethnic and refugee which can also be used to include people seeking asylum). We are using the term to reflect a very wide variety of backgrounds and those who are minoritised in the UK on the basis of skin colour and/or ethnicity.

LGBTQQI: People who would define themselves as lesbian, gay, bisexual and/or transgender, queer, questioning or intersex.

Appendix 2: Notes on trends in public service commissioning in Wales

There are a number of drivers informing discussions about public service commissioning in Wales, and various bodies involved in those discussions within the public and voluntary sector. These include the Welsh Government's procurement service (NPS) which has offices around Wales and is currently responsible for managing a quarter of the spend, Wales Council for Voluntary Action, Cardiff Business School, the Wales Cooperative Centre, a number of local authorities, and Value Wales which aims to create best practice for procurement.

Drivers include recent legislation, particularly the Social Services and Well-being Act, the Well-being and Future Generations Act and Social Value Act, plus commitments to Open Government and open contracting, and principles around delivering public services to meet the needs of people (people at the centre).

A key priority is tackling poverty in Wales.

'The Wales we Want'⁵⁷ is an ongoing 'national conversation' which has helped determine the Well-being and Future Generations Act.

The guiding principles of this all have implications for commissioners:

- ✓ **Long Term** - *The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs*
- ✓ **Prevention** - *How acting to prevent problems occurring or getting worse may help public bodies meet their objectives*
- ✓ **Integration** - *Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies*
- ✓ **Collaboration** - *Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives*
- ✓ **Involvement** - *The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves*

Practical action, currently, seems to be largely around encouraging the creation of bidding consortia, to enable smaller players to work together to bid for larger contracts (and recognising that consortia may represent a higher risk to commissioners). There is consideration of breaking down big contracts into 'lots' to enable smaller providers to remain in the picture, and ways in which tender scoring can encourage collaboration. Examples include using 'lots' as development funding, which might help build consortia. There is also increased emphasis on co-commissioning, and commissioners working more collectively, consideration of co-production, recognition of the value of new approaches and an interest in looking at different models, particularly those that have been shown to work. An example is Cardiff City Council procuring domiciliary care in a way that doesn't exclude local companies.

Another discussion is how to ensure community benefit through procurement; that public spend contributes to the Welsh economy. This has been a particular consideration with regard to more commercial suppliers, particularly SMEs. Community benefits policies need to demonstrate that some of the money being spent has wider benefits particularly to disadvantaged people, but there is no clear measurement tool. In a more commercial setting this might include consideration of supplies providing training opportunities or even sponsoring a local football team.

⁵⁷ <http://thewaleswewant.co.uk/about>

There appears to be little evidence of community benefit provisions being used particularly effectively. Cardiff business school is currently doing an international study on community benefit, government intervention and government effort. This involves a PHD student going through OJEU notices scanning for evidence of community benefit. This is seen as early days generally, and a learning time for looking at impactful commissioning, and whilst there are commissioners keen to learn from others and share best practice, there are also those with little understanding of 'the market'.

All of the above is, of course, in the context of public cutbacks that impact on supporting providers and business growth. A key output to date has been the Joint Bidding Guide (2013), a product of Welsh Government, the Wales Co-operative Centre and the Wales Council for Voluntary Action (WCVA). This comprises the guide itself⁵⁸, which won a GO award, plus a lessons learned paper⁵⁹ supported by an ongoing joint bidding steering group chaired by Jane Lynch from the Cardiff Business School, which meets every two months. The 'lessons learned' found that 6 consortia have been successful in joint bidding (not just third sector). This included Families First. The introduction says:-*The challenge was to ensure that smaller organisations, which can often deliver high quality products and services, could more readily form consortia to win and successfully deliver contracts. The Guide is a handbook for the public sector, its procurement specialists, service owners/leaders and the bidding community.* Families First was a successful demonstration project.

All Welsh Government contracts are now written in a way that does not exclude consortia and Wales Cooperative Centre have produced some model documentation around consortia.

There is the potential to locate more information about what is actually happening in Wales, currently, with regard to more creative approaches to public service commissioning.

- GAVO (Gwent Association of Voluntary Organisations) are currently undertaking work linked with the PCC around consortium bidding.
- DACW - is a consortium (SPV) of drug and alcohol charities who are working together and bidding for contracts jointly: www.dacw.co.uk
- Cym Taf University Health Board has worked with WCVA to develop a 'Well-being Bond' to finance health initiatives.

⁵⁸ www.gov.wales/topics/improving-services/better/vfm/publications/jointbidding/?lang=en

⁵⁹ www.gov.wales/docs/dpsp/publications/valuewales/151119-lessons-learned-en.pdf

Appendix 3: Code of Practice for Funding from Welsh Government

- A7.4.8 The Welsh Government recognises that its Third Sector policy framework must include measures for assistance for the sector as set out in sub-section (4) (a) of Section 74 of the Government of Wales Act 2006.
- A7.4.9 The level of financial resources available will determine the extent of such assistance which is provided by way of grants etc., and funds will need to be targeted according to Welsh Government priorities. The Welsh Government also recognises its role in seeking to ensure that the Third Sector has fair and reasonable access to public funds.
- A7.4.10 Across the range of its functions, the Welsh Government is committed to establishing and maintaining procedures to ensure accepted best practice in the administration of its grant schemes and those of agencies which administer funds on its behalf.
- A7.4.11 The Welsh Government will maintain, use and promote the Code of Practice for Funding the Third Sector which now forms part of the Third Sector Scheme at Annex A (See link above which, sets out the key principles that will underpin Welsh Government funding for the Third Sector as well as what the Government expects from the Third Sector in return.

The key principles are:

- i. Delivery of strategic policy objectives.
 - ii. Respect for the sector's independence.
 - iii. Early and constructive dialogue.
 - iv. Timely decisions.
 - v. Security of funding.
 - vi. Fair funding levels.
 - vii. Value for Money.
 - viii. Full Cost Recovery.
 - ix. Commissioning Principles.
 - x. Payments.
 - xi. Fair and Reasonable Treatment.
 - xii. Joint Approach to Monitoring, Evaluation and Audit.
 - xiii. Identifying Expertise and Developing Capability to Deliver.
 - xiv. Diversity.
 - xv. Innovation.
 - xvi. Good Governance and Due Diligence.
 - xvii. Monitoring the Code of Practice for Funding the Third Sector.
- A7.4.12 The Code of Practice for Funding the Third Sector and the terms and conditions issued at the time a grant is made provide the mechanism by which the Welsh Government will monitor the use made of any assistance provided by it to relevant organisations.
- A7.4.13 The Code of Practice for Funding the Third Sector is monitored by the Funding and Compliance Sub-Committee of the Third Sector Partnership Council.
- A7.4.14 All Welsh Government Departments must comply with this Code. Welsh Government Sponsored Bodies (WGSBs) will be required to comply through their funding agreements.

All other public bodies (including NHS bodies and local authorities) must comply with this Code in cases where Welsh Government has awarded them hypothecated funding. It is also expected that Welsh local authorities' and where relevant local health boards' adherence to these principles (as indicated above) will be reflected in local Third Sector Compacts.

Appendix 4: The Dynamic Purchasing System (DPS)

The Dynamic Purchasing System (DPS) is a procedure available for contracts for works, services and goods commonly available on the market. As a procurement tool, it has some aspects that are similar to an electronic framework agreement, but where new suppliers can join at any time. However, it has its own specific set of requirements. It must be run as a completely electronic process, and should be set up using the restricted procedure and some other conditions (as set out in Regulation 34 of the Public Contracts Regulations 2015).

The DPS is a two-stage process. First, in the initial setup stage, all suppliers who meet the selection criteria and are not excluded must be admitted to the DPS. Contracting authorities must not impose any limit on the number of suppliers that may join a DPS.

Unlike framework agreements, suppliers can also apply to join the DPS at any point during its lifetime. Individual contracts are awarded during the second stage. In this stage, the authority invites all providers on the DPS (or the relevant category within the DPS) to bid for the specific contract.

The DPS can streamline procurement for both providers and authorities; providers don't have to demonstrate suitability and capability every time they wish to compete for a public sector contract, and the award of individual tenders can be quicker than under some other procedures. The DPS is more flexible in some respects than frameworks, particularly as providers may join it at any time during its period of validity, meaning that providers are not locked out for the duration as they are with traditional frameworks.

Providers do not have to submit an "indicative tender" with their request to join the DPS. The old obligation for authorities to publish a further simplified advertisement in the OJEU each time they wish to award a contract under a DPS no longer applies.

Regulation 34 of the PCR 2015 sets out the rules on Dynamic Purchasing Systems. Regulation 34(5) states that in order to procure under a DPS, contracting authorities should follow the rules of the restricted procedure, and subject to the provisions of clause 34.

Therefore, regulations that apply to the Restricted Procedure, and to procedures generally, apply to the DPS, except where regulation 34 specifically alters or dis-applies them.

Once the DPS is set up, an authority may award specific contracts using a DPS that they are entitled to use by inviting all providers admitted to the relevant category to bid, in accordance with regulation 54.

As with a framework, the award criteria to be used for the award of individual contracts are to be set out in the original contract notice.

Appendix 5: Shared Core Standards

In 2013, Imkaan, Rape Crisis England and Wales, Respect, Safe Lives and Women's Aid Federation of England formed the VAWG Sustainability Working Group (SWG) to promote the sustainability of specialist independent, local organisations within the sector, with the aim of aligning a core set of shared standards and articulating the unique specialisms.

Sector specialisms

Within the VAWG sector in the UK the following areas of specialist expertise have developed and are recognised:

- **Imkaan:** Work with BME women and girl survivors of violence
- **Rape Crisis England & Wales:** Work with women and girl survivors of rape and sexual violence
- **Respect:** Work with male survivors of violence and work with perpetrators
- **Safe Lives:** Work to end domestic abuse and make families safe
- **Women's Aid Federation of England:** Work to end domestic abuse against women and children
- **Welsh Women's Aid:** Work to end domestic abuse and all forms of violence against women

What are standards?

Each of the above organisations has a set of quality service standards designed to address their unique specialist work and drive forward quality improvements (NICE, 2014)⁶⁰.

Standards provide benchmarks for service providers, funders and commissioners about the extent and mix of services that should be available, who should provide them, and the principles and practice base from which they should operate (Kelly & Dubois, 2007).

In order to ensure a combination of service standards can be used by commissioners in joint commissioning, a set of shared core standards have been developed and agreed which can be used for joint commissioning purposes.

It was agreed that the shared core standards would be reviewed periodically to take account of updating of each individual organisation's standards documentation. At the time these shared core standards were collated, the five organisations were at different points in their review cycles, but it was agreed that all would be reviewed within the coming year and updated to reflect the shared core standards, where applicable, for example in respect of the aspirational standards.

How these shared core standards for VAWG services should be used

The purpose of these standards is to enable joint commissioning across specialist services in the VAWG sector.

These shared core standards are available to services offering specialist support in relation to VAWG that are affiliated to/members of the following national organisations: Imkaan, Rape Crisis England and Wales (and Scotland), Respect (specifically, Integrated

⁶⁰ National Institute for Health and Care Excellence (2014) *Quality standards process guide*, Manchester: NICE Health and Social Care Directorate.

Support Services working with female current and ex-partners) and Women’s Aid in England and Wales. These standards are not intended to ‘stand alone’. They have been agreed as designated shared core standards, namely the minimum standards common to all five member organisations.

In Wales, Welsh Government has supported Welsh Women’s Aid to deliver National Quality Service Standards amongst specialist domestic abuse/violence against women services in Wales; the complete set of standards is available from Welsh Women’s Aid.

Overarching principle	Core shared standard	Core shared indicators
1. Understanding how violence and abuse are gender based	1.1 The service has an understanding of the ways in which violence and abuse are gender based	<p>1.1.1 Clear statement of organisational values containing gendered understanding of VAWG which appears in agency documentation (e.g. website, mission statement, business plan, promotional materials, where relevant).</p> <p>1.1.2 Training provided (e.g. to staff, volunteers, board members) reflects these core values.</p>
	1.2 The service provides a response that is sensitive to the gendered nature of violence	<p>1.2.1 A safe women-only space is provided for female survivors to access services.</p> <p>1.2.2 A separate safe space is provided for male survivors (if applicable) in which they can access services.</p> <p>1.2.3 All survivors are offered the opportunity to access a female practitioner.</p>
2. Intersectional approach	2.1 The service recognises the impact of multiple, intersecting oppressions and works to ensure that a non-discriminatory service is available and accessible to all who may need it	<p>2.1.1 Mission statement and values reflect multiple, intersecting system of oppression and subjugation of women and girls including patriarchy, racism and homophobia.</p> <p>2.1.2 Policy and service plans are embedded in a robust equalities framework. In some cases, this may be focused on specific population(s).</p> <p>2.1.3 Engagement and utilisation rates are monitored and a strategy is in place to address low engagement across equality strands.</p> <p>2.1.4 Language and practice is anti-oppressive and robust complaints procedures exist to challenge racism and other forms of discrimination.</p> <p>2.1.5 Work is undertaken with other agencies to increase understanding of and responsiveness to survivors' needs and to address discriminatory practices.</p>

Overarching principle	Core shared standard	Core shared indicators
		2.1.6 Resources and expertise are allocated to cover the costs involved in delivering these (e.g. interpreting, translations, adaptations to cater for disability).
3. Diversity and equality	3.1 The organisation monitors and responds to diversity of need within the population	3.1.1 Regular monitoring is conducted of the profile and needs of service users and the wider population across all equality strands. 3.1.2 The service can demonstrate how it has responded to diversity of need in service planning and delivery.
4. Enhancing safety of service users and staff, and promoting safe practices	4.1 The service seeks to expand the safety of all women (and children, where applicable) and develops models of practice which facilitate this	4.1.1 There is a protocol outlining how to recognise and respond to safety concerns 4.1.2 A procedure is in place for systematically assessing and periodically reviewing the safety of survivors and their children (if applicable)
	4.2 The service offers a safe space for service users, linked to intersectional gender analysis	4.2.1 Services are delivered in a women-only space that is safe and appropriate. 4.2.2 Where the service is a helpline, this will mean a female helpline worker/volunteer. 4.2.3 Male survivors (where relevant) can access services in a separate safe and appropriate space.
	4.3 The service ensures a safe working environment for staff	4.3.1 A policy or procedure is in place to assess and manage the safety of staff both in the workplace and when working outside the site of normal service delivery.
	4.4 The service ensures the safe and reflective practice of its staff through systems for recruitment, training and skills, and appropriate staff support and supervision	4.4.1 The service takes steps to ensuring staff are suitably skilled and equipped to work with VAWG survivors before beginning work with them. 4.4.2 Staff have regular supervision sessions at which safety issues can also be raised.

Overarching principle	Core shared standard	Core shared indicators
	4.5 The service works to enhance practices in other agencies to more consistently prioritise the safety and well-being of women and girls	4.5.1 The service can evidence its contribution to integrative working with other agencies (through referral protocols, service level agreements etc). 4.5.2 Partnership agreements reflect the specific needs of the service's own users.
	4.6 The service has a confidentiality policy that protects service users' safety and security	4.6.1 A policy is in place that outlines how the confidentiality and security of service users' personal data will be protected in accordance with the Data Protection Act. 4.6.2 Hard copies of case files are stored in secure filing cabinets. 4.6.3 Online service user records are stored securely (e.g. on password protected devices). 4.6.4 Where information is shared between collaborating agencies, this is relevant and proportionate and is governed by a protocol that protects the interests and privacy rights of service users.
5. Dignity and respect	5.1 Service users are treated by staff with dignity and respect within a culture of belief	5.1.1 Staff code of conduct prioritises a respectful and believing response to service users. 5.1.2 Staff language and practice is anti-oppressive. 5.1.3 Service user feedback demonstrates that service users feel listened to and believed.
6. Undoing the harms of violence, enhancing women and girls' freedoms and well-being	6.1 The organisation empowers the service user to re-establish control and direction in their own lives	6.1.1 Service provision is targeted to meet the survivor's specific needs. 6.1.2 Individual support plans are in place for all service users. 6.1.3 Service users are enabled to make their own choices about the support or intervention they receive. 6.1.4 Service user feedback indicates an enhanced awareness of their rights to lives free of violence and discrimination. 6.1.5 Outcome measurements include indicators on well-being and regaining control.

Overarching principle	Core shared standard	Core shared indicators
7. Integrative partnerships between specialised services	7.1 The organisation has a clear, written statement of its purpose and values. Service users are informed about the scope, limitations and independence of the services being provided	7.1.1 Positive partnerships between specialist VAWG services preserve and promote specialisms within agencies around particular forms of VAWG and intersectionality. VAWG services respect what they can learn from each other. 7.1.2 Policies, plans and promotional materials clearly state the independence of the specialist service, and define whom the service is for and the scope of the service provided.
	7.2 The service is actively involved in productive partnerships with other agencies and engages in joint working on VAWG	7.2.1 The diverse and varied needs of the population(s) served are represented and articulated within multi-agency forums. 7.2.2 Up-to-date information about the specialist service is shared with others. 7.2.3 Partnerships are formalised in a written protocol or Service Level Agreement (SLA) and are reviewed regularly. 7.2.4 Service user groups, autonomous survivor forums and individual service users who have moved on to independence are supported to engage in strategic consultations and discussion.
	7.3 The organisation has a protocol for signposting or referring to appropriate organisations	7.3.1 Service users are sign posted or referred to other services when their needs fall outside the remit or where they have additional needs. 7.3.2 Appropriate multi-agency responses to the needs of the population(s) served are facilitated on a case-by-case basis through integrative partnership working and collaboration. 7.3.3 Up-to-date information is held about the safety and suitability of other relevant services. 7.3.4 Concerns about other services are recorded and addressed. 7.3.5 Work is undertaken with other agencies to promote, support and improve their response to victims of VAWG accessing those agencies.

Overarching principle	Core shared standard	Core shared indicators
		7.3.6 There is a clear pathway into and out of the organisation.
8. Prevention	8.1 The organisation promotes and engages in preventative work to end violence against women and girls	<p>8.1.1 There is a service commitment to using mechanisms that highlight the need to prevent specific forms of violence against women and targets those that are under-represented in services.</p> <p>8.1.2 There is evidence of the service's engagement in local preventative work, including: via websites and social media; in school, college and other youth-based settings; in community and agency settings; and through the creation of space for survivors to speak out (such as peer projects).</p>
9. Service user participation and engagement	9.1 The organisation empowers women and girls to actively engage in the evaluation and strategic development of the service; and informs them of changes made as a result	<p>9.1.1 A strategy is in place to involve women and girls in the evaluation and strategic development of the service.</p> <p>9.1.2 A range of mechanisms exist through which women and girls can do this.</p> <p>9.1.3 A structure is in place for collating and analysing feedback; complaints are fed through the relevant system.</p> <p>9.1.4 A process is in place to feed back to women and girls the outcome of their participation.</p>
	9.2 The service supports women and girls to be active participants in wider social issues affecting their lives	<p>9.2.1 Women and girls are empowered to build their skills and knowledge of democratic and social change processes (e.g. through group work).</p> <p>9.2.2 Women and girls are invited to take part in policy consultations and campaigning.</p>
10.Outcomes	10.1 The organisation monitors the outcomes and relevance of services, ensuring that they are accessible to all sections of the community	<p>10.1.1 Services routinely collect outcome data and can evidence how they use it to develop service provision and address gaps/unmet needs for the population(s) they work with.</p> <p>10.1.2 Actions are assigned to address gaps identified.</p> <p>10.1.3 Staff members are trained to understand the importance of monitoring progress towards outcomes, the methods and skills for doing so.</p>

Overarching principle	Core shared standard	Core shared indicators
	10.2 Monitoring methods are meaningful for service users and they are able to express themselves	10.2.1 Outcome measures are survivor-identified. 10.2.2 The methods used to engage women and girls provide them with the opportunity to share their own narratives of change.
	10.3 Outcomes contribute to local and national evidence gathering on VAWG	10.3.1 Outcomes measurement is recognised as a mechanism through which the service can contribute to the knowledge and evidence base on violence against women and girls. 10.3.2 Services participate in the efforts of second-tier organisations to build the evidence base.
11. Governance and leadership	11.1 Specialist services model a positive use of power across their structures	11.1.1 Mechanisms are in place to allow service users, volunteers and staff at all levels to communicate directly with the board and contribute to decision-making processes. 11.1.2 Robust complaints, grievance and whistleblowing policies are in place. 11.1.3 Service users and staff are informed of their rights to have a voice in the service and the mechanisms available to them to exercise those rights.
	11.2 Key positions of responsibility are held by women and staff reflect the diversity of service users	11.2.1 Specialist services are led and governed by women who represent the diversity of the women and girls who access the service. 11.2.2 Strategies are in place to address under-representation.

This toolkit was developed by Lloyds Bank Foundation for England & Wales in partnership with Imkaan, SafeLives, Welsh Women's Aid and Women's Aid Federation of England.

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Registered office:
Pentagon House
52-54 Southwark Street
London SE1 1UN

Telephone: 0870 411 1223
Minicom: 0870 411 1225

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