**Schedule A3**

**SERVICE SPECIFICATION**

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| **Service Specification No.** | **LOT 3 – South Nottinghamshire Service Specification**  **Ashfield, Gedling, Broxtowe and Rushcliffe Districts** |
| **Service** | Nottinghamshire Specialist Domestic Violence and Abuse Services for Adults and Children and Young People. |
| **Authority Lead** | Nottinghamshire County Council on behalf of the Council and the Office of the Police and Crime Commissioner |
| **Provider Lead** |  |
| **Period** | 1st October 2015 – 30th September 2018 |
| **Date of Review** | 1st October 2016 |

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| **1. Population Needs** |
| **1.1 Introduction**  This document provides a specification for the delivery of outcome focussed, high quality and person centred Specialist Domestic Violence and Abuse (DVA) services for adults, children & young people across Nottinghamshire.  Specialist DVA services are being jointly commissioned by Nottinghamshire County Council (NCC) and the Police and Crime Commissioner (PCC) for Nottinghamshire. The Council will act as the lead on behalf of the PCC. Our aim is to have a range of evidence based interventions driven by local need and incorporating best practice available across Nottinghamshire County.  This specification has a clear focus on outcomes for all Service Users rather than a detailed description of the mechanisms for service provision - it seeks to empower the Provider to use the best evidence of what works, to innovate and develop staff and services to deliver outcomes that are meaningful for Service Users, families and communities. In addition to this we recognise that the need and demand for services does fluctuate over time and varies from place to place. Consequently, it is expected that the service will be sensitive to this and develop effective and timely responses. Any specific requirements and characteristics are specified where appropriate.  The Commissioners and the Provider will recognise the spirit and intent underlying the Contract and that the process is essentially an on-going and dynamic one. There will be numerous challenges to address through the delivery of this specification, some are known and some will emerge. The Commissioners and the Provider will be committed to working together to continually improve the Service (Supplier Relationship Management - SRM).  **1.2 Definitions**  Domestic Violence and Abuse  Since 2013 the government has defined DVA as;  “Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional”.  Which is inclusive of:  Controlling and coercive behaviour  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.  This definition of DVA is also inclusive of 'Honour’ Based Violence (HBV), Female Genital Mutilation (FGM) and forced marriage, and is clear that survivors are not confined to one gender or ethnic group.  **1.3 Strategic context**  Domestic Violence and Abuse has been identified as a key strategic priority nationally and locally:  Nationally:  A Call to End Violence against Women and Girls <https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97905/vawg-paper.pdf>  In Nottinghamshire:  Nottinghamshire Health and Wellbeing Strategy <https://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/strategy/>  Refreshed Nottinghamshire Police and Crime Plan 2014-2018  <http://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Police-and-Crime-Plan/Refreshed-Plan/Draft-Refreshed-Police-and-Crime-Plan-2014.pdf>  Nottinghamshire Victim’s Strategy 2014-17  [http://www.nottinghamshire.pcc.police.uk/Document-Library/Our-Work/Survivors/Nottinghamshire-Survivors-Strategy.pdf](http://www.nottinghamshire.pcc.police.uk/Document-Library/Our-Work/Victims/Nottinghamshire-Victims-Strategy.pdf)  Nottinghamshire Children, Young People and Families Plan 2014-2016  <http://www.nottinghamshire.gov.uk/caring/childrenstrust/childrenyoungpeopleandfamiliesplan2014to2016/>  **1.4 Understanding local need**  Prevalence data relating to DVA is compiled from cross sectional surveys resulting in estimates of the numbers of people who experience DVA whether this is calculated in any given year or over the lifetime of a population. Such figures are largely believed to be an underestimate owing to the nature and risk of reporting DVA to authorities[[1]](#endnote-1). The most reliable national estimates of DVA come from the Crime Survey of England and Wales (CSEW).  The CSEW[[2]](#endnote-2) estimates of domestic abuse are based on a relatively broad definition covering male and female survivors of partner or family non-physical abuse, threats, force, sexual assault or stalking. The latest statistics show that:  **1.4.1 Adults**  Some 7% of women and 5% of men were estimated to have experienced domestic abuse in England in 2011/12, equivalent to an estimated 1.2 million female and 800,000 male survivors.  Overall, 31% of women and 18% of men had experienced any domestic abuse since the age of 16. These figures were equivalent to an estimated 5 million female survivors of domestic abuse and 2.9 million male survivors between the ages of 16 and 59.  Lesbian and bisexual women experience domestic violence and abuse at a similar rate to women in general (1 in 4), although a third of this is associated with male perpetrators[[3]](#endnote-3).  Compared with men in general, 49% of gay and bisexual men have experienced at least one incident of domestic violence and abuse since the age of 16. This includes domestic violence and abuse within same-sex relationships[[4]](#endnote-4). Although according to NICE placing a focus on specific incidents and episodes is of limited value in understanding the experience of domestic abuse[[5]](#endnote-5).  Based on very similar prevalence the Nottinghamshire DVA Joint Strategic Needs Assessment <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Adults-and-vulnerable-adults-chapter/Domestic-violence-and-abuse-2014.aspx> indicates that one in three women (30%) and one in six men (16%) between the age of 16 and 59 experiences DVA in their lifetime. For Nottinghamshire this equates to 157,464 persons, 101,438 of whom are female and 56,026 are male who have experienced domestic abuse over their lifetime. This is an underestimate of the total number of people who have experienced domestic abuse as it does not include those aged 60+ years. It is important to note that women are more likely to experience repeated and severe forms of domestic abuse, including sexual violence and are also more likely to have sustained psychological or emotional impact or result in injury or death[[6]](#endnote-6). Estimates of the prevalence of those experiencing DVA in the past 12 months equates to 27,431 persons or 16,344 females and 11,087 males in Nottinghamshire.  **1.4.2 Children and young people**  In addition to young people experiencing DVA in their own relationship DVA between parents is the most frequently reported form of trauma for children. In the UK, 24.8% of those aged 18 to 24 reported that they experienced domestic abuse during their childhood. In Nottinghamshire this equates to around 15,800 young people. Around 3% of those aged under 17 reported exposure to DVA in the past 12 months rising to 12% for 18-24 year olds[[7]](#endnote-7) which is approximately 8,000 young people across the county. Approximately 75% of children living in households where DVA occurs are exposed to actual incidents[[8]](#endnote-8). These children have an increased risk of developing acute and long term physical and emotional health problems[[9]](#endnote-9). Many will be traumatised by what they witness, whether it is the violence itself or the emotional and physical effects the behaviour has on someone in the household. It is also associated with an increased risk of physical abuse, death and serious injury for children and young people[[10]](#endnote-10).  **1.5 Service demand**  There is a recognised difference between those who ‘need’ services and those who ‘demand’ services. Need has been covered in 1.4 above and within the relevant part of the JSNA <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Adults-and-vulnerable-adults-chapter/Domestic-violence-and-abuse-2014.aspx>. The following activity planning assumption for ‘demand’ should be used to cost and plan a suitable service response for year 1 of the contract. During year 1 commissioners and Providers will work together to establish a service ‘demand’ baseline to inform the terms of subsequent years of the contract.  The activity planning assumption is segmented by adult, teenage and child cohort and also by level of risk where applicable.  In absence of a comprehensive data set comprising of all those accessing DVA services across Nottinghamshire a demand estimate has been compiled from the single largest data set available to Commissioners in Nottinghamshire. The following estimated demand is based on Police records of DASH risk assessment from 2011/12 – 2013/14 and adjusted to allow for the fact that not all those risk assessed will access or engage with support services.  **Adults (over 18 years)**  The anticipated demand for DVA services, for a 12 month period, for adults who have experienced or are experiencing DVA is: **1,247** individual adults. Level of risk is as identified by DASH/RIC assessment.  Table 1 showing the anticipated demand for DVA services for adults by risk level and gender   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Risk Level** | **%** | **Number of adults** | **% Males** | **% Females** | | High risk | 39% | 487 | 10% | 90% | | Medium  (medium risk plus\*) | 45% | 560  (52) | 25% | 75% | | Standard risk | 16% | 200 | 30% | 70% |   \*Within the medium risk group of survivors Medium Risk Plus refers to a specific cohort of adult survivors of DVA who are repeat survivors (four or more times in a 12 month period) with additional complexities including drug or alcohol dependency, mental health issues and safeguarding concerns or a combination of these factors. The Provider shall work with Nottinghamshire Police to identify this cohort of adults and provide sustained longer term support in order to reduce repeat victimisation and improve outcomes for survivors. **52** medium risk plus cases to be identified and provided with longer term support each year. Medium Risk Plus work in Nottinghamshire is currently being evaluated by the University of Leicester The interim findings demonstrate the need for this group to receive longer term support from a consistent key worker. When the findings of this report are published the Provider shall implement the recommendations.  **Children and young people**  Children and young people here refers to those under 18 who have witnessed or are currently living with the experience of someone perpetrating DVA or living with the experience of someone being a survivor of DVA and as a consequence the abuse is having an impact on the child. The anticipated demand is based on actual data from current service providers of the numbers of children accessing and waiting to access specialist DVA services in Nottinghamshire.  The anticipated demand for DVA services, for a 12 month period, for children and young people affected by DVA is **286** individual children.  **Teenagers (under 18 years)**  In addition to having been affected by living with VA, some teenagers experience DVA in their own intimate relationships. The anticipated demand for DVA services, for a 12 month period, for young people experiencing DVA in their own intimate relationship or in a family context is **64** individual teenagers of whom 70%(45) are female and 30% (19) are male.  Teenagers in this cohort are direct survivors of DVA i.e. they are or have been experiencing DVA in their own relationship. This group of young people should be supported by a SafeLives/ CAADA accredited Young People Violence Advocate and be risk assessed using the young people DASH/RIC. |
| **2. Key Service Outcomes** |
| **2.1 Service User outcomes**  The Provider shall achieve the following outcomes for survivors of DVA, these are structured under 4 domain headings which are Safety, Children and Young People, Health and Stability, Resilienceand Autonomy. The measurement of outcomes will be applicable to all Service Users regardless of the level of risk. It will be for the Provider to assess individual need and from that deliver survivor centred support that will manage risk and achieve the required outcomes.  **Table 2 Outcome description by domain and length of support**  **Key**   |  | | --- | | **Length and example of the type of support** | | **One-off support**  **e.g. telephone, advice, drop-in** | | **Short-term support (under 12 weeks)**  **e.g. IDVA, Outreach, Children’s work** (inclusive of one off support performance measures) | | **Long-term support (12 weeks or more)**  **e.g. Support or key worker providing longer term interventions** (inclusive of one off and short-term support performance measures) |  |  |  | | --- | --- | | **Domain** | **Outcome** | | 1. **Safety** | Survivors know more about their support options | | Survivors understand more about domestic abuse | | Survivors have increased access to other services | | Survivors are safer | | Child survivors are safer | | Survivors have increased access to civil and criminal justice | | Survivors have stable accommodation | | 1. **Children and Young people** | Child survivors have increased access to support | | Child survivors have improved understanding of DA | | Child survivors have improved emotional health | | 1. **Health** | Survivors have improved coping strategies | | Survivors have improved mental health and wellbeing | | 1. **Stability, Resilience & Autonomy** | Survivors gain or maintain a sense of autonomy and control | | Survivors understand more about healthy relationships | | Survivors have increased access to Education, Employment or Training (EET) |  In addition, all of the above Service Outcomes will lead to a positive impact on the following indicators relating to adult domestic abuse within the Public Health Outcomes Framework[[11]](#endnote-11): Domain 1: Improving the wider determinants of health   * Rate of domestic abuse incidents recorded by the police per 1,000 population   The Service Outcomes will also contribute towards the PCC plan 2014-18 strategic priority to protect, support and respond to survivors, witnesses and vulnerable people   * A reduction in the number of repeat survivors of domestic violence |
| **3. Scope** |

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| **3.1 Service aim**  To reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.  **3.1.2 Objectives**  This aim will be achieved by the Provider:   * Providing inclusive and culturally appropriate high quality domestic violence and abuse support services across Nottinghamshire that survivors can easily and safely access in their local district * Co-ordinating and delivering a personalised package of support for all people entering the system and ensure continuity of support on entry, during and on leaving * Delivering evidence based interventions identified in section 3.8 and are inclusive of risk management, secure information sharing, and safety planning * Providing support that builds capacity and resilience in the lives of survivors and their children * Provide support to survivors in highest need * Providing services to support children to recover from the impact of domestic abuse * Ensuring teenage survivors are given appropriate safeguards and support * Provide training to ensure that practitioners are aware of the risks posed by DVA and are able to identify cases and respond effectively to incidents and disclosures * Evaluate and report to Commissioners on performance about service users and their outcomes   **3.2 Service description/pathway**  Provision is expected to continually develop based on best practice and evidenced interventions, giving consideration of future guidance and local policy developing robust assessment and management protocols. This specification should be read in conjunction with latest NICE guidance. The service will be reviewed regularly by the Council and the Provider will be expected to make amendments/adaptations based on evaluation as well as new and emerging published evidence and local needs, whilst following this Service Specification.  **3.3 Population covered**  The Provider shall work with residents from Ashfield, Gedling, Broxtowe and Rushcliffe districts of south Nottinghamshire.  Where the individual is an out of area resident, the Provider may wish to have in place arrangements with neighbouring providers to either a) signpost the individual to the provision in their locality or b) work with the individual with the agreement of the provider in their resident locality. The Provider shall be responsible for all aspects of agreeing this approach, including agreeing all associated costs. The Council shall not provide additional funding for out of area residents (this would not apply to refuge were the refuge contract to subsequently come under this contract see 3.4.3 below).  **3.4 Any acceptance and exclusion criteria**  **3.4.1 Acceptance criteria**  The Provider shall deliver services to adults, teenagers and children, who have experienced or are experiencing DVA or been affected by DVA, who are resident in Ashfield, Gedling, Broxtowe and Rushcliffe districts of south Nottinghamshire. The service will also support those who wish to increase their awareness and understanding of what DVA is.  The Provider shall deliver DVA training and workforce development to a range of agencies working in and supporting the population of south Nottinghamshire (see section 3.14 about training and workforce development).  **3.4.2 Exclusion criteria / what is outside of the scope**  The following are considered to be outside of the scope of what is being commissioned in this contract at the point of commissioning. The provision of the following services are either subject to other commissioning arrangements or there is insufficient evidence to support implementation.   * **A comprehensive primary prevention programme** - aiming to reach large numbers of children and young adults in order to prevent DVA from happening in the future. Although it is recognised that the Provider shall deploy sufficient resources to reaching out and working with children and young people in various settings, this commissioning process is not seeking to establish an extensive education and prevention programme in for example schools or youth settings. * **Support for perpetrators** and the delivery of programmes that seek to rehabilitate perpetrators of DVA. * **Psychological therapies** as these continue to be commissioned by our local NHS   **3.4.3 Future variations**  Refuge and emergency accommodation for those escaping DVA. 4 Refuges currently exist within Nottinghamshire. This contract does not include the provision of refuge accommodation. However, there may be an option to vary this contract in the future to include refuge provision. The value of the refuge and emergency accommodation contract is approximately £200,000 per year.  **3.5 Interdependencies with other services**  In delivering the Service the Provider shall establish excellent working relationships with:   * Adult and Children’s Social Care Services * Nottinghamshire Safeguarding Children’s Board * Nottinghamshire Safeguarding Adults Board * Nottinghamshire Children’s Trust * Nottinghamshire Multi Agency Safeguarding Hub (MASH) * WAIS 24 hour Freephone domestic and sexual abuse Helpline 0808 800 0340 * Refuge providers locally and nationally * MARAC partner agencies * Housing organisations and registered social landlords * Nottinghamshire Police * Housing and homeless services * Solicitors / legal services * Translation services * Local perpetrator programme providers * Substance misuse services (alcohol and drugs) * Adult Mental Health services * Child and Adolescent Mental Health Services (CAMHS) * Public Health Nursing (Health Visiting, School Nursing and Family Nurse Partnership) * Maternity services * Children Centres * Schools * Early Help Unit for Children and Families * The new Integrated Family Support Service * Team Around the Child (TAC) meetings/groups * Youth Justice team * General Practices * Nottinghamshire County Council * Nottinghamshire District Councils * Nottingham City Council * Fire and Rescue service * Equation * Sexual abuse services including the Sexual Assault Referral Centre (SARC) * Voluntary Sector partners such as other DVA services, Victim Support, CAB * Home Office * Local employers * Supporting Families (nationally referred to as Trouble Families) * Crown Prosecution Service * Her Majesty Courts Service * Nottinghamshire Domestic and Sexual Violence and Abuse Executive Group * Accident and emergency * Probation   **3.6 Information reporting requirements**  The Provider shall utilise an information or case management system that operates a unique service user identifiable number, is capable of reporting on an agreed minimum data set containing information such as risk assessment level, baseline assessment information, length of service use, repeat service use, service inputs, outputs, service user outcomes along with demographic information. The system shall be compatible with MARAC co-ordination and administration. The Provider must have access to secure electronic communications such as secure e mail.  **3.7 Risk Assessment, stratification and prioritisation**  The Provider shall undertake assessment of risk in relation to domestic abuse, stalking and harassment and honour based violence should be undertaken using the Nottinghamshire DASH risk assessment check list and form. Nottingham and Nottinghamshire DASH/RIC January 2015 version is available in the appendices.  In relation to teenage relationship abuse then the SafeLives/CAADA DASH risk identification checklist for young people should be the adopted assessment tool.  Risk assessment using the latest DASH/RIC form should inform baseline assessment for all Service Users. Where the risk level is high then each case should be processed in line with the MARAC procedures and allocated appropriate IDVA support.  In addition to the assessment of risk the Provider shall comply with any new coercive control legislation and not focus solely on the outcome of the DASH RIC when looking at the needs of the survivors and prioritising which survivors to work with.  **3.8 Evidence base**  The Provider must deliver services which are based on best practice. The following list of evidence based interventions has been compiled from a literature search of what works to support survivors and prevent and reduce domestic abuse. Where the intervention is also identified in the new NICE Public Health Guidance on domestic abuse (NICE PH50) this is acknowledged.  **Independent Domestic Violence Advocates (IDVAs)** are specialist case workers who focus on working with survivors who have been assessed as high risk i.e. those at most risk of harm and or homicide. IDVAs work in partnership with other agencies to secure the safety of the survivor and their children providing emotional and practical support to reduce further risk. In 2009, a large scale multi-site evaluation[[12]](#endnote-12) of the IDVA services across England and Wales reported that of the 2,500 women studied over a 2 year period domestic abuse stopped completely in over two thirds of cases where there was intensive support from an IDVA and for those where abuse continued levels were considerably reduced. The report recommends that the number of IDVAs needs to double to achieve national coverage and that the cost of providing an IDVA to a high risk survivor per successful outcome is cost effective. SafeLives/ CAADA recommend a ratio of 4 IDVAs per 100,000 adult female population[[13]](#endnote-13). IDVAs are included in NICE PH50.  **Multi-Agency Risk Assessment Conference (MARAC)** - following disclosure of domestic abuse a risk assessment (RIC / DASH form) is undertaken and all those who are deemed high risk are referred to MARAC. A 2011 review[[14]](#endnote-14) of existing literature on the effectiveness of MARACs found emerging evidence that MARACs have the potential to improve survivor safety and reduce re-victimisation and therefore may be a highly cost-effective measure. The three areas perceived as core to MARACs effectiveness are - enhanced information sharing; appropriate agency representation and the role of the Independent Domestic Violence Advocate (IDVA) in representing and engaging the survivor in the process. Factors which were seen as supporting effective practice included: strong partnership links (including a commitment from agencies to tackle domestic abuse in general); strong leadership (through the MARAC chair); good co-ordination (through a MARAC co-ordinator); and the availability of training and induction to the MARAC process. MARACs are included in NICE PH50.  **Advocacy and liaison services** - involves the provision of information, practical advice, safety planning, support, information and liaison between survivors and organisations to negotiate access to and the use of community resources (such as police, health, social care, criminal justice, housing and legal services). Evidence from a review[[15]](#endnote-15) of randomised controlled trials concluded that intensive advocacy (12 hours or more duration) can help reduce physical abuse one to two years after the intervention and that brief advocacy (less than 12 hours duration) increased the use of safety behaviours both up to and beyond one year after the intervention. NICE PH50 recommends advocacy is provided tailored to the level of risk and specific needs of the individual.  **Support for children and young people –** NICE PH50 states that emotional, psychological and physical harms arise from a child or young person being affected by domestic violence and abuse, as well as their safety. NICE recommends a coordinated package of care and support that takes individual preferences and needs into account which should be aligned to the child's developmental stage (infant, preadolescent or adolescent). Interventions should be timely and should continue over a long enough period to achieve lasting effects recognising that longer-term interventions are likely to be more effective. Interventions that aim to strengthen the relationship between the child or young person and their non-abusive parent or carer may be provided on an individual or group basis, or both. Support should address the impact DVA has on the child. Sessions should be delivered to children and their non-abusive parent or carer in parallel, or together. Support and services should be provided for young people experiencing DVA in their own intimate relationships.  **Accredited therapeutic programmes and group support -** A US[[16]](#endnote-16) based 12-week, 90-minute community-based psycho-educational and support group session for children and caregivers found that children and mothers who completed the group were rated as more improved on coping skills, and there were significant improvements in children’s internalizing and externalizing behaviours and mental health. Mothers also reported significant improvements in parenting skills. A US based RCT[[17]](#endnote-17) evaluated a strengths based intervention for children and caregivers in a community setting. Mothers experienced decrease in depression, increased self-esteem and self-reported quality of life. Children reported increased self-confidence and physical abilities.  Findings from a number of evaluations[[18]](#endnote-18) of the Freedom Programme, a 12 week community based group education and support programme, show   * a positive impact on women e.g. empowerment and goal setting * Improved confidence * Increased awareness of controlling behaviours / signs of abuse * A more positive outlook for the future   NICE PH50 recommends the development of community based prevention programmes that aim to improve parents' understanding of how domestic violence and abuse affects children and how to protect them stating that most of the interventions found to be effective focus on non-abusive mothers and on strengthening the mother–child bond. 3.9 Safeguarding children and vulnerable adults The Providers shall ensure that safeguarding children and vulnerable adults will be embedded within all service delivery in line with clear and agreed local protocols. Safeguarding will be embedded following all Nottinghamshire Safeguarding Board policies <http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/>.   * Nottinghamshire Safeguarding Adults Board Policies <http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/procedure-and-guidance/> * Nottinghamshire Safeguarding Children Board Policies <http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/>   The Provider shall instigate an Early Help Assessment Form (E-HAF) and refer as appropriate to the Nottinghamshire Early Help Unit[[19]](#footnote-1) where a child or young person is at risk of a range of poor outcomes and a referral to the Multi-Agency Safeguarding Hub (MASH)[[20]](#footnote-2) where safeguarding issues are identified.  All interventions will be delivered in accordance with the statutory guidance “Working Together to Safeguard Children 2010” – where a child is suffering or is likely to suffer significant harm, professionals must act promptly to ensure the child is safe. Where Service Users have parental roles or responsibilities, the focus will be on building parenting capacity. The Provider shall also follow The Department of Health’s ‘No Secrets’ Guidance relating to protecting vulnerable adults from abuse.  The Nottinghamshire Safeguarding Children’s Board (NSCB) provides additional guidance and training for Nottinghamshire services and those working with children, young people and families in Nottinghamshire.  The Provider will demonstrate to the Council a clear, robust and effective governance structure in relation to all safeguarding issues.  **3.10   Specialist Domestic and Sexual Violence and Abuse Helpline**  The Provider shall provide a helpline service in accordance with the specification contained in Appendix 1 to this schedule.  **3.11 Access**  The Provider shall ensure it operates an integrated system. Service Users will therefore experience one system and there will be no transitions between Providers. The Provider is required to deliver equity of service in terms of accessibility, quality and outcomes. The Provider shall provide a balance of provision based on evidence of need, focusing on those with highest risk to themselves, risk to others or risk to the wider community.  The Provider will deliver relevant and accessible services across the south of Nottinghamshire for a minimum of five days a week with sufficient flexibility so as to include work on Saturdays. It is expected that at least one site during this period will be available from 8am-8pm and that outside of this time the Provider works in conjunction with the Nottinghamshire DV and SV Freephone Helpline.  The service will operate 52 weeks of the year. Services should be made available at times and places where there is demand. This may need to be flexible as the local needs/demands change. Delivery in various geographical locations and a variety of settings will also take into account the wider service delivery systems of key partner agencies. The Provider will be required to work closely with the Council to develop services that are tailored to the local population.  The services delivered must be gender appropriate and culturally appropriate and inclusive to all survivors including those with protected characteristics. Providers must demonstrate their understanding of the needs of survivors with protected characteristics. 3.12 Staff Competence The service will require a highly motivated and competent workforce. The Provider is required to have:   * A service provided by appropriately qualified/ experienced workers and volunteers who have a detailed insight and understanding of the diverse range of needs of DVA survivors. * Where additional training needs are identified for staff and volunteers, the Provider shall arrange training and supervision to help staff to develop the necessary skills and competence to provide effective support. * A system which will adhere to the Safeguarding Vulnerable Groups Act 2006 and any subsequent changes that are implemented. All staff and volunteers delivering any element of the contract will have an enhanced Disclosure and Barring and Right to Work check. Any staff using Nottinghamshire Police systems will be vetted by Nottinghamshire Police to management level. * A Provider will collaborate with other local services and agencies. This will enable the sharing of capacity and skills and to maximise successful outcomes. * A Provider will undertake regular training and development with their staff and volunteers. * Supervision for all staff and volunteers must be provided on a regular basis in line with best practice. * A Provider shall not employ any individual as a member of staff or a volunteer who has been included in a Government held barred list for the purpose of providing any Service directly to a vulnerable adult or the provision of a Service which is likely to involve contact with a vulnerable adult. * A Provider will ensure that an appropriate level of Disclosing and Barring check is made for all employees and volunteers who will be working with vulnerable adults and children. Employees and volunteers must not be allowed to work with vulnerable people until the Disclosure and Barring check has been received. * A Provider will ensure that they follow safe recruitment practice as exemplified in ‘Recruiting Safely – safer recruitment guidance helping to keep children and young people safe’, (Children’s Workforce Development Council, 2009).   **3.13 Communication and marketing**  The Provider shall:   * Provide innovative ways of engaging with survivors from all demographic groups, maximising opportunities for marketing and recruitment into DVA services * Market the service providing supporting information in accessible formats. * The service should be consistent with and reinforce national and local messages relating to DVA e.g. white ribbon campaign locally as appropriate. * Ensure that any use of the PCC/Council’s logo is approved by the PCC/Council’s Communications and Marketing team. * Obtain the PCC/Council’s logo from the PCC/Council’s Communications and Marketing team. Commissioners will grant the Provider a licence without charge to use PCC/Council’s logo. * Not undertake any activity which will bring the reputation of the PCC/Council into disrepute. * Follow pre-agreed branding in relation to any marketing and communications activity * Not engage in any promotional or marketing activity without the PCC/Council’s consent. * Work with the PCC/Council to agree how information will be communicated via digital channels.   **3.14 DVA training of the wider workforce**  The purpose of the training is to ensure that public sector workers have a good understanding of DVA, are aware of local DVA services, other relevant services and can refer appropriately to ensure that survivors get the support they need, children and adults are safeguarded appropriately and that crimes are reported to the police.  The Provider shall:   * Provide free training for frontline staff (in partner agencies) who are working with survivors of DVA or individuals who are at risk of DVA in order to increase awareness of what constitutes DVA, to enable early identification of DVA, responding to disclosures of DVA, referral to and liaison with specialist DVA services, risk assessment procedures and MARAC training. * Provide training to ensure a consistent and universal response by frontline staff recognising different groups of professional will warrant differing levels of training. * Provide training in line with Levels 1-4 of NICE Public Health Guidance on DVA NICE PH50 (page 20) see <http://www.nice.org.uk/guidance/ph50> * Work with partner organisations in Nottingham to ensure a consistent approach to workforce development across Nottingham and Nottinghamshire * Be responsible for working with partner agencies so as to develop an annual training needs assessment and workforce training plan which has to be agreed with the Commissioners and supported by wider strategic partnerships. The Provider will be held responsible for delivery against the plan.   **3.15 Resources for Professionals**  The Provider will keep partners up to date with the latest research and best practice from elsewhere as well as up to date information about local resources, guidance and referral pathways. The Provider will supply partner agencies with suitable materials to give to survivors to support them to access support and improve safety.  **3.16 Multi Agency Risk Assessment Conference (MARAC) co-ordination**  The Provider shall fulfil all MARAC functions in line with SafeLives / CAADA MARAC guidelines [www.safelives.org.uk/practice-support/resources-marac-meetings](http://www.safelives.org.uk/practice-support/resources-marac-meetings) ensuring an effective and functional Nottinghamshire MARAC.  MARAC functions   * Organise bi-weekly MARAC conferences in the south of Nottinghamshire * Co-ordinate bi-weekly MARAC conferences including case logs, action logs and communications with Nottinghamshire Police and MARAC partner agencies * Co-ordinate sensitive information securely through provision of a secure e mail system. * Ensure effective governance overseeing performance, sustainability, accountability and best practice of MARAC through organising, co-ordinating and minute taking of 4 MARAC Steering Group meetings a year. The MARAC steering group will report to the Domestic and Sexual Abuse Executive Group * Ensure an IDVA attempts to make contact with all high risk cases within two working days of referral * Ensure all high risk cases are supported and represented by having an IDVA involved in every MARAC meeting * In consultation with MARAC chairs, lead on consulting, updating and revising all MARAC documentation including DASH RIC assessment forms, MARAC protocol and Information Sharing Agreements. Updates will align with and be conducted in conjunction with Nottingham City MARAC, Nottinghamshire Police and Partner agencies. * MARAC documentation should be updated at least bi annually   **3.17 Further information relating to support to survivors of DVA**  The Provider shall ensure:  IDVA contact with high risk survivors   * High risk survivors should be contacted by an IDVA to ensure safety planning and support regardless of whether their case is subject to being discussed at a MARAC within 2 working days   Court IDVAs   * Specialist domestic violence courts exist in Nottingham and Mansfield. Court IDVAs support cases through the specialist DV courts and although are named as IDVAS should be proactive at supporting survivors irrespective of risk level i.e. not solely high risk.   Support for Male survivors   * Male survivors of DVA should be provided with a separate service response provided in a different location to services for female survivors. * In order to aid identification of male survivors should a survivor/perpetrator behaviour screening tool has been developed locally. This screening tool along with other resources such as the toolkit <http://www.mensadviceline.org.uk/pages/toolkit.html> should be used to establish male survivors. * High risk male survivors must be supported by a SafeLives/CAADA accredited male IDVA   **3.18 Compliance with the Code of Practice for Victims of Crime 2013**  The Provider shall deliver the Service in accordance with and in the spirit of the Victims’ Code, which means services shall be free of charge, confidential, available whether reported as a crime or not, non-discriminatory and able to support the victim (survivor) before, during and after any court proceedings in order to aid coping and assist with recovery.  **3.19 Social value**  The Provider shall contribute towards improving the economic, environmental and social wellbeing of the local area. Many parts of this service specification will support the Provider to do this however the Provider shall also support the wider determinants of health and enhance important public health principles. This may include but not be limited to:   * Living and working conditions including access to and opportunities to education, training and employment for local communities * Supporting and enhancing key public health principles such as tobacco control, provision that promotes healthy sustainable food, breast feeding policies, active travel plans, workplace health initiatives and employment opportunities for local people. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards**  The Provider shall demonstrate it:   * meets the all service delivery quality standards sections 1-6 set out in Women’s Aid Federation of England National Quality Standards (section 7.1 and 7.2 shall not apply to this contract). <http://www.womensaid.org.uk/page.asp?section=0001000100350002> * contributes towards delivering the recommendations set out in NICE Public Health guidance PH50 <http://www.nice.org.uk/guidance/ph50> * can evidence that the support provided to Service Users meets SafeLives / CAADA Leading Lights Standards. The SafeLives / CAADA Leading Lights Programme is available to all community based domestic violence and abuse services i.e. not solely IDVA workers [www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights](http://www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights) * provides services that include a sufficient number of IDVAs to meet the SafeLives / CAADA suggested ratio of 4 IDVA to every 100,000 adult females in the population served. In Nottinghamshire this equates to 13 IDVAs 6 in the north of the county and 7 in the south. In addition to this there are to be at least 2 court IDVAs one to support each Specialist Domestic Violence Court located in Mansfield and Nottingham and access to a male IDVA for high risk male survivors. * provides MARAC co-ordination and delivery in line with SafeLives / CAADA best practice guidelines [www.safelives.org.uk/practice-support/resources-marac-meetings](http://www.safelives.org.uk/practice-support/resources-marac-meetings)   **4.2 Applicable local standards**  Nottinghamshire Safeguarding Children procedures  <http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/>  Nottinghamshire Safeguarding Vulnerable Adults procedures  <http://www.nottinghamshire.gov.uk/caring/adultsocialcare/backgroundsupport/safeguardingadults/>  Nottingham and Nottinghamshire Multi-Agency Risk Assessment Conference (MARAC) Operating Protocol. |
| **5. Location of Provider Premises** |
| The Provider shall base its Service in Nottinghamshire and anchored in diverse local communities across the south of the county; either through co-located local bases and/or use of locally based staff and/or volunteers.  The Provider shall provide the Council with details of proposed locations for delivery of the Services and component interventions.  The Provider shall be responsible for securing and developing any fixed site premises and shall be responsible for any rent, maintenance, running costs, safety and upkeep of any premises used for the provision of the Service.  The Provider fixed sites shall be suitable to accommodate open access, as well as scheduled one-to-one appointments and group activities and may act as the central base for multi-disciplinary teams. The venues shall be accessible and convenient and be in an appropriate setting that does not stigmatise Service Users. Premises shall be fully compliant with all requirements of the Disability Discrimination Act in respect of accessibility.  The Provider shall provide and operate all required premises within the Contract Price. It is the responsibility of the Provider to ensure that all Provider premises (including vehicles) being used for the Service are fit for the purpose of providing the Service, including compliance with any respective standards. The Provider shall conduct regular risk assessments on all premises utilised. |

**Appendix 1 HELPLINE SERVICE SPECIFICATION**

**1 SERVICE DESCRIPTION**

Domestic and Sexual Violence and Abuse (DSVA) advice, signposting and referrals service operated via a 24 hr telephone advice line to survivors of DSVA and local statutory and third sector agencies.

**2** **SERVICE AIMS**

The service will promote the safety, health and wellbeing of people whose lives are affected by domestic violence and abuse, through safety planning, advice on housing related options, and providing a route to accessing support for service users and their children in Nottinghamshire. The service in particular will deliver the following:

* The service must relate to obtaining and successfully sustaining accommodation and/or preventing statutory homelessness
* The service will contribute to improving physical health and mental wellbeing outcomes for service users and their children through assessment of risk and safety planning and enabling them to access timely, appropriate support for their individual needs. The Helpline will provide a brief intervention and crisis response to enable services users to cope with the effects of domestic abuse and provide a gateway to access other services.
* The service will provide an access point and triage service for service users into sexual violence support services
* The service must support the aims of and priorities of the Public Health Outcomes Framework (see annex 1)
* The service shall provide telephone consultation and advice to staff working across Nottinghamshire about matters relating to domestic and sexual violence and abuse

**3 CORE VALUES**

The Provider will ensure that the service is delivered in accordance with the following Core Values:

* The service needs to proactively work to enable Nottinghamshire’s diverse groups to use the service
* The service must meet the requirements of the Equality Act and be provided in an anti-discriminatory manner taking into account, for example gender, race, age, culture, religion, belief, language spoken, sexual orientation or disability
* The service must promote and encourage the independence and well-being of the individual service user and their children, taking account of his/her particular circumstances and chosen lifestyle
* The service must maintain the service user’s right to privacy, dignity and confidentiality, unless required to disclose information for safeguarding or public protection purposes
* The service must ensure the health and safety of service users, staff and others, and the protection of vulnerable people from abuse
* The service must ensure the health, wellbeing and safety of children and young people affected by DSVA.
* Service users have the right to participate in decisions about the service provided to them and should be regularly consulted about whether the service meets their needs
* The service must be provided reliably and consistently
* The service must be delivered in accordance with relevant legislation and best practice relating to the client group

1. **SERVICE COMPONENTS**

Provision will be a freephone 24 hour 7 days a week domestic and sexual violence helpline service with language line and text relay service for deaf and hearing impaired callers available from 10am-4pm Monday-Friday.

The service will use a woman centred approach and adhere to the good practice guidelines of Women’s Aid England. An initial signposting service will be offered to males who contact the advice line.

The service will provide free information, support, advice, advocacy, assistance and referral. The helpline will be widely advertised to all communities in Nottinghamshire, including Black and Minority Ethnic groups, Refugees and Asylum seekers, lesbian, bisexual and transgender women, and women experiencing same sex abuse. Advice will also be offered through Language Line in over 100 languages. The Helpline information card will be available in a variety of languages relevant to the population of Nottinghamshire and will be promoted and advertised through various media directly to the public and via other organisations working with people experiencing domestic violence.

The service will:

* provide crisis intervention that will enable service users to access appropriate and safe supported accommodation;
* provide support to service users and children remaining in their homes where this is safe for them to do so. Assessment of safety will include the risk of continued violence;
* advise service users on personal security measures that may be available to them as well as supporting them to plan their safety;
* enable service users to pursue their property rights by providing advice and support;
* offer support, advice and information to service users, in relation to domestic violence (on issues such as housing, welfare rights and benefits, criminal and civil legal procedures, protection for themselves and their children and health and pregnancy concerns) and refer on to other agencies as appropriate;
* arrange refuge accommodation for service users, liaise with statutory and voluntary organisations on their behalf, and arrange for support for service users through the court process;
* ensure that service users are aware of the range of alternatives to temporary accommodation including civil and criminal remedies, management recommended transfers and homeless from home;
* support service users to pursue alternative options where it is appropriate and safe for them to do so;
* enable service users to sustain tenancies / accommodation by referring and signposting to other agencies, or to other support services to provide longer term support;
* widen access to supported accommodation for service users by providing support to staff, including raising awareness of the needs of people experiencing domestic abuse through training;
* enable service users and their children to access appropriate health care services and health care programmes as appropriate
* offer additional and direct support to the service user whilst in accommodation and advice and support to the workers in the accommodation;
* raise awareness among service users of the availability of safe, emergency accommodation and other options such as civil and criminal remedies and signposting/referring to relevant agencies;
* offer information support and advice to service users in relation to sexual abuse support services;
* refer sexual abuse survivors onto commissioned support services including the Topaz Centre and other support agencies.

The Helpline will contact all refuges in Nottingham, Nottinghamshire and the East Midlands on a daily basis to identify vacancies. The Helpline will access Refuges Online for national vacancies.

The Helpline will be staffed by female Helpline Advisors and Volunteers. Volunteers will receive a comprehensive 8 day training programme arranged by the Provider. The training will ensure specialist telephone helpline skills and a good quality high level of service. Issues of safety and confidentiality will be considered a priority; all workers and volunteers will sign confidentiality agreements.

The service will also be delivered in accordance with Women’s Aid England National Service Standards and the Helpline Partnership Helplines Standards. Meeting these standards will be inclusive of the following areas: causes and effects of domestic violence on women and children, issues affecting different groups of women (including cases of forced marriage), anti-discriminatory practice, civil and criminal remedies, housing and homelessness, child protection, telephone counselling skills, taking difficult calls, referrals to Refuge.

The Provider will, in delivering the service, implement an approach that empowers service users providing advice on available options. Service users’ decide which course of action, if any that they want to follow. The Provider will support service users to achieve their chosen aims as long as this does not affect the safety of any children or young person.

1. **KEY SERVICE OUTCOMES**

**Service users and their children are safer**

The helpline will assess risk; refer to MARAC/MASH and directly to Specialist DSVA services as appropriate in order to support safety and forward planning.

**Service users experiencing domestic violence are better supported and informed regarding their rights, options and other available services**

The service will offer advice and assistance to ensure that service users:

* understand the options available to them, their rights and responsibilities.
* are aware of the range of the support and accommodation services available to them and know how to access them;
* are aware of the range of alternatives available to them including any relevant civil and criminal remedies and are signposted to relevant agencies as appropriate.
* build service users’ confidence so as to enact changes they have identified.

**Service users are able to easily access refuge and other suitable accommodation**

The service will enable service users to access refuge and other suitable accommodation by arranging referrals to (emergency) accommodation and providing advice on remaining safely within the home, referrals will be made to the Sanctuary Scheme, IDVA (court team) and MARAC (multi agency risk assessment conference), SARC (sexual assault referral centre)  where appropriate. The service will signpost / refer onto other agencies where necessary. It will work to ensure that individuals experiencing domestic violence are offered support at the point of need and are able to pursue the accommodation options available to them.

**Service users that have experienced sexual abuse are better able to access local support services**

The service will offer information and advice to ensure that service users:

* are aware of the support options available to them and know how to access them;
* build service users’ confidence so as to access other support services.

**Service users and their children have improved health and wellbeing as a result of contact with the helpline and through the services they can access**

Advice and support from the helpline will aim to increase wellbeing for service users and their children, through for example, decreased anxiety, increased confidence, increased life satisfaction. The helpline will identify a way of capturing wellbeing outcomes based on an appropriate measure. The service will also support service users and their children to identify appropriate health services to access, including primary care and appropriate specialist support services (e.g. for substance misuse, alcohol, smoking cessation)

**Staff in public sector and third sector roles are better able to support people who disclose domestic violence**

The helpline will offer advice, support and information to workers across Nottinghamshire who are supporting women and their children who are experiencing domestic violence.

**Volunteers are appropriately trained and supported to deliver domestic violence advice**

The service will be responsible for identifying suitable volunteers, assessing training needs and either directly offering or signposting to appropriate training and support.Volunteers will receive one to one supervision on a regular basis and group supervision sessions will be held quarterly.Volunteers will attend ongoing training and be able to develop their skills and knowledge through training and support.

1. **STAFF DEVELOP TRANSFERABLE SKILLS AND EXPERIENCE THROUGH VOLUNTEERING**

Training and volunteering opportunities will provide opportunities to learn and develop self confidence and key work-based transferable skills. It will also aim to enable volunteers to progress into other more structured volunteering, education or employment opportunities.

**Intended Impact** :

**Service Users**

Service users and their children are safer (e.g. risk assessments completed, MARAC/MASH referrals, safety planning, referrals to Sanctuary scheme, support for legal remedies etc)

Service users and their children are appropriately housed (e.g. Access to Refuge, access to range of housing options, Sanctuary scheme)

Service users and their children have improved health and wellbeing (e.g. decreased anxiety, greater satisfaction with life, increased optimism /confidence)

Male survivors are appropriately signposted to access support

**Wider workforce**

Staff working across a range of organisations are better equipped to support people who disclose domestic and sexual violence and abuse.

**Annex 1**

**Relevant aspects of Public Health Outcomes Framework** [**http://www.phoutcomes.info/**](http://www.phoutcomes.info/)

Most relevant

* domestic abuse
* violent crime ( including sexual violence)
* statutory homelessness
* self-reported wellbeing
* mortality rate from preventable causes

Other Public Health Outcomes that may be relevant

* Low birth weight
* Child development
* Child poverty
* Pupil absence
* Hospital admissions for avoidable injuries for under 18s
* Self-harm admissions
* Infant mortality
* Suicide rate
* Social connectedness
* Completion of drug treatment
* Alcohol related admissions to hospital

**Annex 2 Monitoring of Service Reach**

Each quarter, the Provider shall monitor and report on:

**Service users:**

* The number of calls to Helpline broken down by answered and unanswered calls
* The number of unique callers and the number of calls made
* The demographics of callers to Helpline – age, ethnicity, district of residence, disability, sexual orientation
* The primary reason for calling by either domestic violence/abuse, sexual abuse/violence or other
* Number of DASH RIC assessments complete
* Number of MARAC referrals
* Number of child safeguarding referrals
* Number of referrals split by internal and external service referrals (external referrals shall be split into themes e.g. legal, health services etc
* Number of male callers

**Staff and professionals:**

* Number of calls
* Professional group
* District working in – state district or countywide worker

**Volunteers**

* Number of volunteers completing training
* Number volunteers working on the Helpline

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