




# Domestic Abuse Quality and performance framework 2021-2024



This document details the performance management information that is required to provide a comprehensive understanding of domestic abuse in Doncaster. It also contains the quality assurance framework which facilitates scrutiny of data, case files and survivor feedback to ensure that the domestic abuse strategy and coordinated community response is embedded and is successful in Doncaster.





This information is vital to ensuring that domestic abuse remains high on the agenda and that we are all working together towards achieving the same vision.




## Performance framework





As seen from this table there is no one piece of data that will provide the partnership with a definitive answer about whether the strategy is working. Quantitative information must be balanced with qualitative evidence and especially with the voice of the victim and survivors. All data to be provided quarterly unless stated otherwise.

Ref	Relates to action plan ref:	Agency	Data	What is it telling us?	Direction of travel needed	Comments
PM1	P1.5 P1.6 P1.7 P1.8 P4.5	Doncaster Council	Number of domestic abuse hub referrals	Whether there is an increase or decrease in reporting Whether the domestic abuse protocol is embedded Whether the referral pathway works Whether the domestic abuse campaigns are working		Initially we would expect an increase in referrals, particularly from partner agencies and self-referrals. This should plateau and then reduce (but this is not expected until after a few years)
PM2	P.15 P1.6 P1.7 P1.8 P2.9 P2.10 P2.11 P4.5		Breakdown of DA Hub referrals by agency	Whether the domestic abuse protocol is embedded Whether the referral pathway works	 	We want to see a reduction in police referrals but an increase in partner agency and self-referrals (as long as this is not indicative as a lack of trust in Police reporting or a system failure). This should indicate that agencies have trained practitioners that can identify DA and intervene at

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						the earliest opportunity. Self-referrals and third party referrals indicate that campaigns are working and that there could be a cultural change
PM3	P1.8 P2.2 P4.5		Number of domestic abuse hub repeat referrals	That there has been a further incident involving the same victim		Ideally we want to see a reduction in the number of repeat referrals. However, further analysis is needed to ensure that there isn't a system failure or a reluctance from victims to use the service again
PM4	P1.5 P1.6 P.17 P1.8		Location of victim	Where victims are reporting	N/A	Need to be careful with this one – we need to take action in areas of high and low reporting (low reporting can be just as worrying as high)
PM5	P1.5 P1.6 P.17 P1.8		Age of victim	When people are reporting/being referred	N/A	If we have age groups where there is low reporting it could help target campaign work/partnership work. High reporting might influence campaigns/service delivery/training/partnership working etc.
PM6	P1.5 P1.8		Number of children in household	The cohort of children and young people that are affected by domestic abuse		Tells us the demand for trauma informed services for children and young people to support commissioning/service delivery
PM7	P1.5 P1.8		Gender of victim and perpetrator	The gender of the people involved	N/A	It is predicted that there will be more female victims and male perpetrators. Need to analyse any change in this. We also need to link this to the analysis of the




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						relationship between victim and perpetrator e.g. familial abuse
PM8	P1.5 P1.8		Relationship between victim and perpetrator	Whether the domestic abuse is inter-relational or familial abuse	N/A	The management of familial abuse can be very different to the support offered to those in intimate relationships. We are seeing a rise in familial abuse and we need to understand the type of abuse and why it is increasing
PM9	P2.1		Number of people supported by the Domestic Abuse Caseworkers	How many people have been supported by the Domestic abuse caseworkers		Quarterly data about numbers supported and waiting lists is needed together with an end of year report detailing the outcomes for victims (Outcomes Stars)
PM10	P2.1		% of Outcomes stars completed by DACs	Whether outcomes are being monitored		A more detailed report about outcomes will identify which areas have improved
PM11	P2.1		% of people where outcomes stars have been completed that demonstrate improved outcomes	Whether the domestic abuse support received has had a positive impact		
PM12	P2.1		Number of support groups established and number of survivors in each group.  Number of survivors supported by the Survivor Liaison Worker	Demand for ongoing support from survivors	Baseline information needed	Satisfaction surveys following consent from DAC's/IDVAs  Ongoing survivor consultation/surveys  End of year evaluation report about the impact of the survivor work to be produced including how the voice of the survivor has been used to improve services
PM13	P4.5 P4.7		Number of IDVA/MARAC referrals	This indicator tells us how many people have been risk assessed by		We want to see a significant reduction in high risk referrals as this

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			Number of people referred (i.e. people not referrals – this will give us an indication of caseloads)	agencies and deemed to be at high risk of serious harm or death		should indicate that individuals, communities and agencies are identifying and intervening earlier to support victims. It could also indicate some cultural change. However, further analysis is needed to ensure that there isn't a system failure
PM14	P4.7		Number of repeat IDVA/MARAC referrals	This tells us that there has been a further incident of domestic abuse against the same high risk victim		Increase in referrals can sometimes be positive in cases where victims have previously not reported the abuse. Although ideally we want to see a reduction in the number of repeat referrals. Further analysis is needed to ensure that there isn't a system failure or a reluctance from victims to report the abuse. Further analysis about the type of repeat is needed to make this a more meaningful performance indicator – see below
PM15	P2.9 P4.7 P2.10 P2.11 P4.5		Breakdown of referrals to MARAC by agency	This will tell us whether the training, the DA protocol, the referral pathways and campaigns are having a positive affect		We would like to see an increase in partner agency and self referrals
PM16	P4.7 P4.5		Number of repeat referrals for information sharing Number of repeat referrals where there has been further harm despite being heard at MARAC	This more detailed analysis of repeat referrals helps us understand how successful the MARAC model is.		Needs to be considered as part of a review about MARACs in Doncaster




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PM17	P2.2 P2.3	Riverside	Number of people supported  Move on data for people in refuge/dispersed	Number of people supported by the Outreach workers via DA Hub referrals	Contracted to support 300 people per year	Quarterly data about numbers supported and waiting lists is needed together with an end of year report about outcomes for victims (Outcomes Stars)
PM18	P2.2 P2.3		% of people supported with completed Outcome stars (refuge and outreach)	Whether outcomes are being monitored		A more detailed report about outcomes will identify which areas have improved
PM19	P2.2 P2.3		% of people with completed Outcomes Stars reporting improvements	Whether the domestic abuse support received has had a positive impact		
PM20	P1.5 P1.6 P1.7 P1.8 P2.7 P3.2 P4.5	South Yorkshire Police	Number of crimes and non crimes reported to South Yorkshire Police – broken down into district	Whether there is an increase or decrease in reporting Whether there is confidence and trust in the Police Whether the domestic abuse campaigns are working Whether the trend in Doncaster is comparable with other parts of South Yorkshire How many incidents are classed as crime and non crime		This should increase with campaigns and then plateau and in time reduce (but this is not expected until after a few years) If Doncaster is out of sync with other parts of South Yorkshire/the Country further analysis is needed
PM21	P1.2 P1.5 P1.6 P.17 P1.8 P2.7 P3.2 P4.5		Crime type / Prosecution rates	The types of crimes being committed that are flagged as DA		We want to monitor how many are No Further Action to see whether perpetrators are being held to account We want to see a reduction in the severity of abuse
PM22	P2.7 P3.2 P3.3		Number of Domestic Abuse Protection Notices and	That DAPN and DAPOs are being used as part of the response to hold abusers to account		A full annual evaluation of the DAPN/DAPOs would be useful in

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	P3.4 P4.5		orders applied BY SYP and awarded by the Courts	Whether the Courts are awarded the Orders to protect victims		understanding the impact and outcomes for victims/survivors of DA
PM23	P2.7 P3.2 P3.3 P4.5		Number of Domestic Abuse Disclosures made (Clare's Law): Right to Ask Right to Know Referring agency for right to know	How well DADS is embedded in Doncaster. The referring agency information will tell us whether DADS is embedded within the wider partnership and not seen as the sole responsibility of SYP to refer	↑	This should be compared with South Yorkshire wide disclosures. Doncaster is currently making more DADS than in other areas.
PM24	P2.7 P3.2 P3.5		Re-offending rate of perpetrators managed through SmartWater	How successful SmartWater is at reducing re-offending rates for victims of DA	↓	We want to see a reduction in re-offending as a result of SmartWater
PM25	P2.7 P3.2 P3.5		Impact on the survivor as a result of SmartWater	How well SmartWater protects victims and how victims feel about the initiative	↑	We want to see an increase in the positive impact on the survivor i.e. improved safety, reduction in fear, reduction in offences by the perpetrator and improved health and wellbeing
PM26	P2.2 P2.3 P4.5		St. Leger Housing	Homeless applications due to domestic abuse	The number of people fleeing their home as a result of domestic abuse	↓
PM27	P2.2 P2.3	How many were resident in Doncaster at the time they fled DA and how many were from another area (which areas)		Tells us about migration and helps with needs assessment, commissioning and service planning	N/A	Need baseline data
PM28	P2.2 P2.3	Outcome of the homeless application		How many are considered intentionally homeless? How many accepted?	N/A	We shouldn't have any domestic abuse victims that are considered as intentionally homeless

Ref	Relates to action plan ref:	Agency	Data	What is it telling us?	Direction of travel needed	Comments
				The onward journey from temporary accommodation e.g. how many return to the perpetrator, how many return home with the perpetrator removed, how many go into refuge, how many private, how many move out of area, how many go to family etc.		This information would help with needs assessment for safe accommodation and planning for service providers
PM29	P2.2 P2.3 P4.5		How many homeless applications are single and how many are for families	The type of emergency temporary accommodation that is needed	N/A	This will help with commissioning
PM30	P2.10 P4.5	Doncaster, Bassetlaw, Teaching Hospitals	Number of A&E attendances as a result of DA: Type of injury Outcome of attendance at A&E re: domestic abuse e.g. MARAC referral, Hub referral, information provided, Police intervention etc. Demographic information about those attending A&E due to domestic abuse	That DA is being identified at A&E The type of injuries that result in hospital attendance Demographic information about people attending hospital due to A&E Outcomes/onward referral for victims (and perpetrators) of DA	Baseline to be obtained	There are currently low referral rates from A&E into domestic abuse services. An increase would indicate that health professionals are trained, aware of referral pathway and are asking the right questions to the right people
PM31	P2.10 P4.5		Number of disclosures of domestic abuse made to midwives during pregnancy: <ul style="list-style-type: none"> <li>Number that report current abuse from current partner</li> </ul>	That midwives are trained in domestic abuse, aware of referral pathway and are asking the right questions to the right people	Baseline data needed	There are currently low referral rates from A&E into domestic abuse services. An increase would indicate that health professionals are trained, aware of referral pathway and are asking the right questions to the right people

Ref	Relates to action plan ref:	Agency	Data	What is it telling us?	Direction of travel needed	Comments
			<ul style="list-style-type: none"> <li>Number that report historic abuse from current partner</li> <li>Number that report historic abuse from previous partner</li> <li>Outcomes of the disclosures</li> </ul>			
PM32	P3.2 P3.6 P3.7 P4.5	Probation and SYP	Re-offending rates following completion of Building Better Relationships	The impact of BBR of perpetrators and their offending		The BBR re-offending figures are really useful but we would need them from SYP so this could be a joint effort. It might be about police contact rather than re-offending.
PM33	P3.3 P4.5	MATAAC/South Yorkshire Police	Re-offending rate and reports of incidents against the perpetrators managed through MATAAC	The success of MATAAC at preventing further domestic abuse	Baseline data needed	We want to see a reduction in re-offending as a result of MATAAC We want to see a reduction in incidents reported against the MATAAC perpetrator
PM34	P3.3 P4.5		Number of MATAAC individuals that have taken up support  Type of support accepted	Tells us that we are moving towards a trauma informed approach and dealing with the cause of the issue		We want to see an increase in the number of domestic abuse perpetrators accessing support
PM35	P2.11 P2.12 P4.5	Adult social care/Safeguarding	Number of referrals/queries regarding domestic abuse into adult services  Outcome of queries/referrals	We would need to look at this data to see if referrals into adult services is positive because practitioners and members of the public recognise that DA is can also be a safeguarding concern, or whether there is confusion about referral pathways for DA and adult services		Need to obtain baseline data and conduct some case reviews



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			Number of referrals into the Doncaster Domestic Abuse Hub from adult services	That staff are trained, aware of referral pathways and making appropriate referrals to DA service		If the DA Protocol is embedded in adult services we would expect to see an increase in referrals to the Hub
PM36	P2.1 P2.5 P2.6 P4.5 P4.8	DCST	Number of contacts and referrals where domestic abuse is a factor  Number of children subject to plans where domestic abuse is a factor Number of repeat referrals due to DA  Number of Looked After Children as a result of DA	This tells us how well DA is identified in DSCT and how well the intervention is working, particularly in relation to repeat referrals and escalation		Initially we might expect to continue to see an increase in contacts and referrals. This should plateau and then reduce, especially if there is an increase in support around families with DA
PM37	P3.1 P4.5	Cranstoun - provider of voluntary perpetrator programme 'Inspire to Change'	Number of referrals Referring agency details Number of Self referrals Number of people accepted on the programme Number refused and reason why Number completing the programme Number of victims contacted to assess risk and provide support	The uptake of the programme and where referrals are coming from. This will tell us how well agencies people who are being abusive and intervene to support the abusive person  The completion rate will help demonstrate how effective the project is coupled with a full end of year outcomes report		An end of year evaluation report is also needed showing outcomes for people who have been abusive
PM38	P2.8	Doncaster Council, Public Health	Suspected suicides that were known to DA Services	Trends/variation in the number of suicides linked to domestic abuse		

## Quality assurance framework

Ref	Relates to action plan ref:	Agency/Partnership	What	How	What does it tell us
QA1	P2.2 P2.3 P2.4	Doncaster Council contract management of Riverside	Contract management	Completion of workbook Contract management meetings Annual audit	Whether Riverside is delivering the services as agreed in the contract
QA2	P4.7	MARAC Steering Group	Action Plan based on 10 SafeLives MARAC Principles	Action plan produced and monitored by MSG with updates and assurance given the DACOG	That the MARAC is working to the national SafeLives best practice guidance
QA3	P4.7		Develop a process measuring outcomes of MARAC cases i.e. what happens after they are heard at MARAC? Is the initiative effective?	Multi agency case file audit  Survivor feedback via referral to Survivor Liaison Worker	Outcomes for victims  Perceptions of victims/survivors about how well agencies responded
QA4	P4.7		MARAC Observations	MARAC steering group members to observe MARAC meetings to ensure that the MARAC Operating Protocol is being adhered to. A standardised observation form to be used to ensure consistency of observations	It tells us whether the MARAC Operating Protocol is being adhered to and whether any changes are needed to the system. It doesn't look at outcomes.
QA5	P4.7		Steering group to provide assurance that all agencies are sharing information	Case file audit	Assurance that information sharing is happening
QA6	P1.4	Domestic abuse partnership strategic board	DHR actions	Quarterly special meeting to obtain reassurance and review evidence that the recommendations in the DHRs have been fully completed and embedded	It provides reassurance that the recommendations have been fully completed and can be officially signed off
QA7	All		Assurance from the operational board re: completion of the performance framework and action plan	DA Partnership Operational Board to provide bi-monthly updates to the strategic board about progress made on the action plan and a summary of the	It provides reassurance that work is progressing on the action plan and that we have an up to date picture of domestic abuse in Doncaster with any changing/emerging trends

Ref	Relates to action plan ref:	Agency/Partnership	What	How	What does it tell us
				findings from the performance framework	and themes that require further investigation and action
QA8	P4.2 P4.5 P4.9 P4.10 P4.11 P4.12		All members of the strategic board to provide evidence of adherence to the strategy and progress towards the action plan referenced in individual agency service delivery plans	Highlighted areas of organisation/service delivery plans to be sent to the DA strategic lead evidencing what work is being done by them that contributes to the DA strategy and action plan	It tells us that each organisations represented on the DA strategic board has translated the strategy across into their own service and are working towards the agreed vision and objectives. This will provide evidence that 'domestic abuse is everyone's responsibility' is not just a slogan.
QA9	P4.3	Domestic abuse partnership operational board	Quarterly completion of the performance framework	All agencies to submit quarterly data to update the performance framework	That all agencies are working together towards the shared vision in the domestic abuse strategy and that domestic abuse training, referral pathways and the DA protocol is embedded in practice
QA10	P4.3		Quarterly update of the domestic abuse action plan	All agencies to submit updates for their actions	Progress made against identified issues. The Doncaster DA Action plan should include the recommendations from DHRs, the process mapping work, the assessment against the 'In Search of Excellence' recommendations and issues identified as part of the strategy consultation and ongoing survivor consultation
QA11	All actions		Annual review and refresh of the needs assessment	Update all data contained in the 2021 needs assessment and identify changes in trends and emerging issues	Changes and emerging issues
QA12	P4.11		Progress made towards the National Statement of Expectations	Mapping of local activity against national statement of expectations	How well we are performing against nationally recognised best practice

Ref	Relates to action plan ref:	Agency/Partnership	What	How	What does it tell us
QA13	All actions		Annual report	<p>MHCLG requires the DA partnership to produce an annual report within 3 months following the end of the financial year.</p> <p>Data and information to be collected includes:</p> <ul style="list-style-type: none"> <li>a. Whether a Local Partnership Board has been established, setting out the members of the Board and how often they convene.</li> <li>b. Evidence that adequate needs assessments have been undertaken by detailing when and how they undertook the assessment as well as providing a clear breakdown of the needs identified within the local area.</li> <li>c. Evidence that local strategies are in place and working effectively.</li> <li>d. Evidence that local commissioning decisions have been informed by local needs assessments and strategies.</li> <li>e. A clear breakdown of how allocated funding has been spent against the delivery approaches set out in local strategies and demonstrates value for money</li> </ul>	As detailed
QA14	P2.1	Doncaster Council	Domestic abuse caseworkers outcomes	6 monthly report detailing results from the completion of Outcomes stars and survivor feedback	The effectiveness of the DAC service and outcomes for the victim Survivor satisfaction
QA15	P2.1 P2.6 P4.8	DCST	6 monthly domestic abuse audit and report	6 monthly themed audit of contacts, referrals and plans for children where DA is a factor. Performance framework	Quality of responses to domestic abuse for the whole family and the outcomes for children

Ref	Relates to action plan ref:	Agency/Partnership	What	How	What does it tell us
			Domestic abuse navigator service data analysis	in relation to the DANs team is developed and reported on	Assurance that agencies are sharing information Effectiveness of the additional roles within the DANs team
QA16	P3.2 P3.3 P3.4 P3.5 P3.6 P3.7	Probation/SYP/DCST and Doncaster Council DA Services	6 monthly management of perpetrators evaluation report/report about the Doncaster Perpetrator Strategy (to be developed).	Multi agency dip sample of perpetrators that have been managed following identification as: <ul style="list-style-type: none"> <li>Serial perpetrators</li> <li>High risk perpetrators</li> <li>MATAC nominal</li> <li>MAPPA, or</li> <li>Accepted onto the voluntary perpetrator programme</li> </ul>	How well we are managing perpetrators of domestic abuse in Doncaster  Whether there have been any repeat incidents, any new victims  The MAPPA one would require some negotiation with the local MAPPA members
QA17	P2.10	Health agencies DBTH, CCG/ICS, RDaSH	Update on progress made against the Pathfinder action plan	Evidence provided against all actions in the Pathfinder action plan	Performance measures to be agreed if Pathfinder is embedded
QA18	All actions	Safeguarding Boards	Annual action plan to be shared with the safeguarding boards for oversight and identifying any joint working opportunities	A detailed look by the quality and performance sub group High level summary report to the Board and opportunities for joint working	This identifies opportunities for collaboration and avoidance of duplication. It also ensures that the Safeguarding boards have oversight of domestic abuse work
QA19			Annual report to be shared with Safeguarding Boards	Annual report submitted to the Boards in June each year in line with submission to MHCLG	This ensures that domestic abuse remains on the Safeguarding Boards agenda and that they have oversight of progress made against the action plan
QA20	P2.8	Suicide prevention Board/DMBC Public Health	Review of suspected suicides where there is a link with DA services	Sarah Smith to review all suspected suicides and check with the DA Hub for DA links. Cases to be reviewed, checks made to see whether a DHR is needed and any findings produced in an annual report with lessons to be learned.	Prevalence of suicides linked to DA. Lessons that we can learn to prevent future suicides.

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