Evaluation of SaferPlaces' Independent Domestic Violence Advisor Services

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Executive Summary

This report by commissioned by the Chief Executive Officer of SaferPlaces in 2018. The purpose of the evaluation was for SaferPlaces to identify the value of their service to victim/survivors and understand the distance travelled as a result of Independent Domestic Violence Advisor (IDVA) support. The researchers used the framework of Realist Evaluation (Pawson and Tilley, 1997) to identify a series of outcomes achieved by the service, but more importantly, they identified what it was about the service that led to outcomes and in what contexts this occurred. As will be evidenced throughout the report, the IDVA service in Essex is successful in engaging victim/survivors early, addressing the safety of children, improving safety and reducing risk, improving health and well-being and ensuring victims have access to justice through the Criminal Justice System. The IDVA service achieves these outcomes by providing a service based on risk, need and choice, delivering the service alongside multi-agency partners in the community, being victim-focussed, independent and advocating for their service-users, providing a service that is managed effectively, and recruiting staff with the personal qualities necessary to deliver effective support. Finally, a number of contexts were identified that can be seen to have facilitated and constrained the service. Firstly, the integral role of the IDVA service in multi-agency fora in Essex and the organisational culture of SaferPlaces, where staff are valued and supported, were both found to have facilitated the outcomes achieved by IDVAs. In contrast, a lack of resources and the instability of funding were identified as constraining the outcomes achieved by IDVAs. This report concludes with several recommendations for SaferPlaces and their commissioners.

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CHAPTER ONE

Introduction

Background

SaferPlaces is an independent domestic abuse service with over 40 years of experience, and has been delivering services to adults and children affected by Domestic Abuse across Essex (including Southend and Thurrock) and Hertfordshire.

SaferPlaces contacted the University of Worcester to request an independent evaluation of their Independent Domestic Violence Advisor (IDVA) services.

More specifically, they wanted the evaluation to include:

- An overview of their mission statement and values
- Review of policy and procedure
- Qualifications of staff - IDVA, ISVA and ISAC
- Stakeholder, client and IDVA feedback
- Service outcomes which measure distance travelled.
- Pathway to wider SaferPlaces services

Independent Domestic Violence Advisors

In the UK, the concept of Independent Domestic Violence Advisors (IDVAs) was first formally advocated by the Labour Government in their 2005 National Action Plan (Home Office, 2005). The IDVA role was defined according to seven key principles: independence (from statutory services); professionalism achieved through intensive training; a focus on safety options and crisis intervention; supporting victims assessed as high risk; working in partnership with other voluntary and statutory services; and working to measurable outcomes in terms of reducing rates of victim withdrawal (Home Office, 2005, p.10).

The issue of how to identify and manage high risk cases (in relation to domestic violence) took on particular significance in the early years of the new century – leading to a further policy development around the same time- Multi-Agency Risk Assessment Conferences (MARACs). The idea of multi-agency conferences developed out of a pilot in Cardiff, where, under the leadership of the police, a group of statutory and voluntary agency representatives (including, social services, women's safety workers (later to be IDVAs), victim support, health representatives (midwives, health visitors, child protection nurses and hospital staff as appropriate), housing services, probation service and education) were brought together to share information in order to gain clearer understanding of victims' situations. In this way, the aim was to develop responses that would be better tailored to the needs and goals of individual victims and their children (as well as considering issues concerning management of the perpetrator). The key task of such MARACs was to construct and implement a risk management plan that would ensure professional support for all those at risk and that reduced the risk of harm (Home Office, 2009, p.32-33). From the initial pilot of MARACs, the IDVA role was seen as central to their success: 'In Cardiff, 80% of the actions agreed at MARACs are progressed by IDVAs. In the context of the meeting itself, their role is to keep victim safety and the safety of any children central to the process' (Home Office, 2006, 24).

Over a decade on, there have been a number of evaluations and studies investigating the contribution of IDVA services (Robinson, 2009, Howarth et al, 2009, Coy and Kelly, 2010, Granville and Bridge, 2010, Madoc-Jones and Roscoe, 2011, Taylor-Dunn, 2015). In addition, the organisation Safe Lives, who provide the nationally accredited training for IDVAs, regularly publish data regarding the work and impact of IDVAs.

Increased safety

All of the studies that have assessed the impact of IDVAs on victim/survivor safety have reported a positive relationship (Coy and Kelly, 2010, Grenville et al 2010, Howarth et al, 2009, Howarth and Robinson, 2016, Madoc-Jones et al, 2011, Robinson, 2009, Safe Lives, 2017). For example, Howarth et al (2009) reported that 57% of victim/survivors experienced complete or near cessation of abuse following 3-4 months of IDVA support, while Granville et al (2010) suggested that 92% of victim/survivors felt safer and less alone following IDVA support. In the most recent report published by Safe Lives, 84% of victim/survivors accessing IDVA services across England and Wales reported increased safety (Safe Lives, 2017).

Given the apparent link between IDVA support and victim safety, the question arises as to what it is about IDVAs that leads to this outcome. There are two common themes in the existing literature – independence and multi-agency working:

Independence

Research suggests the independence of IDVAs is critical to their success (Robinson, 2009, Coy and Kelly, 2010, Taylor-Dunn, 2015). In the first ever evaluation of IDVA services, Robinson (2009) concluded that not only was it the 'independence' of IDVAs that made them so effective, but that in order for their independence to be maintained, they should be located and managed by domestic violence projects (as opposed to being funded by or co-located with statutory services). Similarly, Coy and Kelly (2010) evaluated IDVA services across a range of settings and found that IDVAs located in statutory services (the police and A & E) were seen as creating barriers for women, whereas the IDVAs based in a women's organisation specialising in BME communities, reached some of the most marginalised women and received self-referrals as a result. Having said this, the IDVAs based in statutory settings received more credibility in a multi-agency environment than those in community based organisations (Coy and Kelly, 2010).

Multi-agency approach

The second theme to emerge from existing IDVA research concerns the importance of a coordinated multi-agency approach where IDVAs can support victim/survivors to navigate a range of statutory processes (such as the Criminal Justice System) and act as a point of contact (Howarth and Robinson, 2016, Howarth et al, 2009, Coy and Kelly, 2010, Taylor-Dunn, 2015). Some of the research suggests that safety is increased when victim/survivors are able to access multiple services in a relatively short time (Howarth and Robinson, 2016, Howarth et al, 2009). The role of IDVAs within the MARAC process is key to this, with research suggesting that violence is more likely to cease as a result of multi-agency intervention (Robinson, 2006, Robinson and Tregidga, 2007, McCoy et al, 2016).

CHAPTER TWO

Methodology

Theory-based evaluation

As the evidence-base regarding IDVA services is still relatively new, it is important that we seek to not only understand the impact of IDVAs on outcomes for victim/survivors, but more importantly that we try and understand how these outcomes are achieved – what is it about the support provided that helps people to feel safer? The literature suggests part of this is due to their independence and multi-agency working, but we need to understand more about how IDVAs work and the outcomes they help to achieve.

In addition, while IDVAs receive accredited training, they operate in a diverse range of organisations, with their own values, ethos and operating principles – the result being that we cannot assume that IDVAs provide a homogenous service – we need to understand the context of the organisation and local multi-agency working practices.

In order to address these questions, this evaluation followed the principles of Realist Evaluation (RE), as originally developed by Pawson and Tilley (1997). RE is a theory-based approach to evaluation and is less concerned with assessing overall 'success' or 'failure', and more about addressing questions of 'what works for whom, in what circumstances and in what respects?' In RE, the evaluator assesses which processes may enable a programme to operate. Programmes themselves do not bring about change, it is the resources that are made available which enable this change (known as programme mechanisms). For example, what is it about how IDVAs work and the support they provide that help victim/survivors feel safer?

Mechanisms therefore, "*describe what it is about programmes and interventions that bring about any effects*" (Pawson and Tilley, 2004, p. 6). In addition, context is essential to the realist evaluator: "*Context describes those features of the conditions on which programmes are introduced that are relevant to the operation of the programme mechanisms*" (Pawson and Tilley, 2004, p.7). In RE it is assumed that context will either help or hinder particular programme theories, and therefore the evaluator needs to be able to identify such contexts.

In applying this theoretical framework, an initial programme theory was developed to identify the types of outcomes that may be achieved (at the individual, project and service level) a series of hypothesised mechanisms that might explain how any such outcomes would be achieved, and a series of hypothesised contexts that may help or hinder the programme mechanisms.

The programme theory was developed following a review of the organisations' policies and procedures and in consultation with key members of staff.

Data Collection

The evaluation involved four stages:

Stage 1 – A review of organisation policy and procedure and information regarding the IDVA service (including staff qualifications). This provided valuable information regarding the context in which the IDVA service operates and was used to inform the initial programme theory.

Stage 2 – Analysis of 12 months of IDVA service data for 2017 taken from monthly monitoring reports and the case-management system. This stage helped to identify the outcomes achieved by the service. The data provided by SaferPlaces covered those referred to the IDVA service during 2017. During this time there were a total of 2252 records created for people who had been referred to the IDVA services at SaferPlaces.

Stage 3 – Analysis of a random sample of 20 cases where victims were supported by an IDVA. This involved a qualitative analysis of the individual support plan, risk and need assessment in order to understand the context of the referral and the type of support offered. This stage helped to identify the mechanisms that led to outcomes. While we were provided with a sample of 20 cases, one of the cases did not contain sufficient information to be analysed and so only 19 files were used for this stage.

Stage 4 – an online survey with IDVAs, victim/survivors and key stakeholders. This stage helped to identify outcomes, mechanisms and context. Response rates to the online surveys varied, with nine IDVAs, six stakeholders and one victim/survivor.

Data analysis

A quantitative analysis of the data provided by SaferPlaces was undertaken to determine the nature of the client group, and identify any changes in assessment outcome for those engaged with the service. Descriptive statistics (frequencies and percentages) and inferential statistics (Chi-squared tests, and analysis of variance (anova) tests) were used to explore the data and look at the variation in the assessment outcomes for clients attending the service. For each of the assessments, where the data is available, there is an analysis of the number of clients completing one or more of each measurement tool, and where an assessment measure has been repeated, the number of clients who have an improved score is analysed.

When analysing the qualitative survey responses and the case-file analysis, the researchers used Thematic Analysis (Braun and Clarke, 2015) to identify key themes within the data.

Ethics

This research was approved by the University of Worcester Ethics Committee. The ethics process ensures that a number of key principles are addressed:

1. Research must be justified
2. Participation in research must be voluntary
3. Informed consent must be given by participants
4. Confidentiality must be ensured
5. Participants and the researcher(s) should not come to any harm during the research

There are particular ethical issues associated with a project of this nature. The first issue relates to the use of information held by SaferPlaces. As SaferPlaces seek consent from their service-users for their data to be used for research purposes it was possible for us to have access to referral data and case files, however, it was of course necessary that all information provided to the research team had been anonymised.

The fourth stage of the research involved an online survey with staff, victim/survivors and stakeholders. For this part of the research we needed to ensure voluntary participation. We did this by providing information to potential participants which explained that it was entirely their choice to complete the survey (or not) and that they could withdraw from the study up to 7 days after completion (by quoting the reference number they receive at the end of the survey).

To ensure informed consent, participants were provided with information about the study prior to completing the survey and could contact the research team to ask questions. Before starting the survey, participants were asked to confirm that they consented to take part and understood their rights – including withdrawing from the study. In order to ensure confidentiality, participants were not asked to provide their name or other identifying details – instead, participants received an identification number which could be printed or recorded elsewhere and could be used to withdraw from the study (up to 7 days after completion).

The data captured in the online surveys was downloaded and stored on a password protected PC located on the University of Worcester server, with a copy being stored on an encrypted USB and kept in a locked cabinet in a locked office. This data will be stored for a maximum of ten years.

The final issue was the most important – that participants must come to no harm as a result of the research. As we hoped to ask victim/survivors about the service they received, we needed to ensure firstly, that we could contact people safely, and secondly, that if any issues arose for them as a result of completing the survey, that we could signpost to support. We were advised by SaferPlaces that an online survey was a suitable data collection method for victim/survivors within their organisation as many who have accessed the IDVA service were engaged with other parts of the organisation and so their safety and well-being could be addressed.

Table 1 Initial Programme Theory – SaferPlaces IDVA service

Mechanisms – what it is about the IDVA service in SP that leads to the positive outcomes in third column. (based on a review of all policies, procedures etc.)	**Contexts –** the possible contexts within and outside the organisation that enable the mechanisms to achieve the positive outcomes. The contexts F, G, H and I potentially prevent some of the positive outcomes being achieved)	**Outcomes –** possible outcomes for the IDVA service at different levels of the organisation and which contexts or mechanisms may enable them to occur. (Based on current monitoring data and service review)
Mechanism A - Risk, need and choice – the service is individually tailored to victims according to their level of risk, what they need and what they choose to do. This ensures the support addresses the range of issues faced by victims. **Mechanism B - Timely, flexible service** - IDVA referrals are contacted on the day the referral is received (unless received out of office hours). All referrals are contacted within 48 hours. IDVAs also work flexible hours to ensure people who work or have other commitments, can still access the service. This ensures equitable access to the service as well as providing support at the point of crisis – which then increases the chance of engagement. In addition – other services can be accessed 24 hours a day through the Gateway. **Mechanism C - Multi-agency, community based** – the service is delivered as part of existing multi-agency arrangements (MARAC/MARAT/MASH). This allows the IDVAs to liaise with key agencies such as the police and housing, thereby obtaining and sharing information about the client in order to increase	**Context A - DV is a community-wide issue** – the organisation views DA as an issue for the whole community and therefore works in the community and with community organisations to raise awareness and deliver services. This is enhanced through their 'coordinated community response policy', and their community champions. Working with the community increases the resources available to victims and promotes awareness of DA. **Context B - Integral role of IDVA service in MA forums** – the service works very closely with the police in a number of ways. Police MARAC referrals are sent directly to the IDVAs though an IT system. The IDVA service manager chairs the MARAC in Essex (on a rotating basis with other agencies) and IDVAs are present at every MARAC/MARAT/MASH in the areas. This close working relationship with both the police and other MARAC partners, allows IDVAs to advocate for victims and seek support in addressing their risk and needs. **Context C - Adaptable, flexible and innovative organisation** – the organisation is committed to improving the services available to all victims of domestic abuse in their area. They recognise the need for an	**Service level** • Effective partnerships are developed and maintained (Mechanisms C, E, D and contexts A, B, C, D) – to be measured through stakeholder survey and casefile analysis **Project level** • Service users are offered an equally accessible, non-discriminatory service (Mechanisms A, B, D and contexts A, C, D) – to be measured through monitoring data and casefile analysis • Children at risk are identified and referred appropriately (Mechanisms, A, C, D, E, F, and contexts B, D, E) – to be measured through monitoring data and casefile analysis • Provide a high quality service (Mechanisms D, E, F, and contexts C, D, E) – to be measured through monitoring data, casefile analysis and stakeholder surveys

their safety. Services are also provided in the community to meet the needs of victims. **Mechanism D - Victim focus, Independence and advocacy** – the service keeps the victim as their central focus. They work on the understanding that all interactions must be meaningful to the victim, otherwise it is a form of data collection. Similarly, they respect their client's choices and self-determination. This ensures that victims feel they have someone 'on their side' who is willing to stand up for them and sees them as a person capable of making their own decisions. The independence of the IDVAs allows them to challenge other services when needed. **Mechanism E - Staff investment** – the service is delivered by highly qualified staff who have been supported to access a range of education and training opportunities. This investment in front-line staff ensures that those delivering the service understand not only the issues of domestic abuse and the risks involved, but furthermore, they have a broader understanding of the wider context in which domestic abuse occurs and the role of other agencies in protecting victims and holding perpetrators to account. This understanding increases the ability of IDVAs to advocate for their service users. **Mechanism F - Effective management** – the service is underpinned by a range of policies and procedures. There are very clear procedural guidelines for staff to follow which ensure a	equitable service for all victims and so they re-structured their organisation to address this need (Gateway). They are aware of developments in the wider sector and have shown a commitment to working in new and different ways (Gateway, 24/7, DRIVE) **Context D - Effective governance** – the organisation has an exceptionally robust policy and procedure process that seeks to establish and maintain a high quality service to all victims of DA. Policies regarding safe recruitment, induction, code of conduct, whistleblowing, supervision etc set clear expectations for all members of the organisation and therefore create and maintain professional boundaries. **Context E - Culture of support for staff** – the organisation recognises the value of their staff, stating 'our team are our most important resource'. They have established systems to ensure staff feel supported and valued. The fact that IDVAs receive clinical supervision helps to address the potential impact of dealing with trauma on a regular basis. The provision of a free counselling service alongside policies that deal with stress, bullying and harassment and DA in the workplace – all serve to support front-line staff in their role which impacts on the service they provide to victims. In addition, the investment of the organisation in staff training and development, again evidence their commitment to their employees by valuing the work they do. **Context F - New projects, new problems** – some of the potential outcomes of the IDVA service may be hindered by operational issues with particular projects. The DRIVE project for example appears to be associated with	• Victims move from risk and crisis to recovery and resilience (Mechanisms A, B, C, D, E, F, and contexts A, B, C, D E) - to be measured through monitoring data, casefile analysis and stakeholder surveys **Individual level** • Victims report feeling safer (Mechanisms A, B, D, C, D, E, F, and contexts B, C, D E) – to be measured through monitoring data and stakeholder feedback • Victims report improved health, wellbeing and resilience (Mechanisms A, B, D, C, D, E, F, and contexts B, C, D E) - to be measured through monitoring data and stakeholder feedback • Victims have increased access to justice (A, B, C, D and contexts A, B) - to be measured through monitoring data, stakeholder feedback and case-file analysis • Victims secure or maintain accommodation (Mechanisms A, B, D, C, D, E, F, and contexts B, C, D E) - to be measured through monitoring data, stakeholder feedback and case-file analysis • Victims secure or maintain training/employment (Mechanisms

consistent service for victims. Cases are audited through AEGIS which seeks to ensure quality of service as well as minimising 'drift'.	a greater workload than the funding allows. This puts pressure on the wider IDVA service and may impact on outcomes for the service and individual victims. Similarly, issues in accessing the police IT system for IDVA referrals may impact on the resource available to provide direct support to victims. **Context G -Austerity and changes to HB** – the wider political and economic context may hinder the ability of the IDVA service in achieving its outcomes. This may be the result of reduced housing or benefit options for individual victims or broader issues such as changes to housing benefit that will impact on refuge provision. More directly, changes in Home Office funding mean that the organisation now has to fund IDVA training. **Context H - Underfunded contracts** – the disparity between contracts across the operational area of the organisation means that victims in some areas are denied a service they could access if living in a different authority. In changing the structure of the organisation to address this disparity, the service to victims improves, but at significant cost to the organisation which is unsustainable in the future. **Context I - Retender process and sector instability** – the vulnerability of organisations in this sector and the retender process may impact on the outcomes of the organisation and the service as they have to divert resource into preparing a tender application. Moreover, commissioners may tender for services in ways that do not best meet the needs of victims and subsequently impact on the ability of this organisation to achieve outcomes for its service users.	A, B, D, C, D, E, F, and contexts B, C, D E) - to be measured through monitoring data, stakeholder feedback and case-file analysis • Victims secure financial support (Mechanisms A, B, D, C, D, E, F, and contexts B, C, D E) - to be measured through monitoring data, stakeholder feedback and case-file analysis

CHAPTER THREE

SaferPlaces and the IDVA Service

As part of this evaluation, we reviewed several SaferPlaces' policies and procedures, annual reports and other relevant information about the organisation. The purpose of which was to understand what it was the organisation was trying to achieve through its IDVA service and how it intended to operationalise this. It was evident that SaferPlaces has a clear organisational ethos and value base:

Our Mission

To support those who use/need our services in their journey from risk and crisis to recovery and resilience. We are determined to promote recognition of Domestic Abuse and its impact, for individuals, families and communities.

We will respond to Domestic Abuse by providing a range of evidence-based specialist services on the basis of risk, need and choice.

We will work collaboratively with individuals, families and partner agencies to reduce risk of harm.

We are committed to using effective governance to provide an efficient, effective, flexible and innovative service making best use or our resources on behalf of our funders.

Our Vision

We want to see a society where all people are safe and can feel safe within their close relationships and for children to grow up free of Domestic Abuse in their lives:

A society with zero tolerance of Domestic Abuse.

We want to be certain that victims of Domestic Abuse have the confidence to report any abuse and to know how and where to get the support they need.

We want a society where perpetrators are enabled to recognise and address their abusive behaviours.

Our Values

Building on strengths and developing resilience. Respecting choice and self-determination.

Ensuring evidence-based assessment and interventions.

Collaborating with partner organisations, respecting the roles and specialisms of others.

Being passionate about the welfare of children.

Being committed to a community wide approach to recognising and responding to Domestic Abuse. Ensuring inclusiveness across diverse communities. Proactively reaching out to those experiencing hidden harm.

Taking a professional non-judgemental approach to all those we work with. Working towards zero tolerance of Domestic Abuse. Ensuring the right interventions which ensure we get it right first time.

These principles were interwoven throughout their policies and procedures, with a number of key themes emerging:

Equality of access on the basis of risk, need and choice

> Equality of access on the basis of risk, need and choice is fundamentally important to us and we have welcomed the opportunity to work in ever closer partnerships with others to reach and respond to everyone whose current life and future prospects are blighted by Domestic Abuse. (Jan Dalrymple, CEO, Annual Report 2015/16)

Culture of support and Investment in staff

> The primary aim of the policy is to ensure that its employees are kept safe and healthy at work and are not subjected to excessive workloads, onerous working practices or a detrimental working environment which might, if unchecked, cause the employee stress. The secondary aim is to identify and assist those employees who are suffering from stress, for whatever reason, and finding it difficult to cope by offering a confidential helpline ICAS and reasonably practicable alternatives and support mechanisms. (Stress Policy)
>
> It is the policy of SaferPlaces to be committed to helping their employees to develop through training and believe that their staff are their greatest asset (Training Policy)

Commitment to evidence-based practice

> We have undertaken research and participated in many multiagency forums aimed at further refining the tools we use to assess and contextualise risk and we now use additional tools to assist in assessing people from specific groups such as older people, members of the LGBT community and younger victims. (Annual Report 2015/16)

Commitment to community-based, multi-agency working

> Partnerships are key to successful organisations; and most often, the needs of SaferPlaces clients cannot be adequately met within the remit and capability on one organisation alone. SaferPlaces recognises that in order reduce domestic abuse, multiple agencies from both the statutory and third sector are required to work collaboratively in order to effectively manage the risk to the client and meet individual client need. SaferPlaces is dedicated to working within the community to increase our reach to hidden victims and the safety of our clients

> and client's families, holding perpetrators to account for their abuse, effective prevention strategies and ensuring service provision is accessible to all on an equitable basis of client, risk, need and choice. (Coordinated Community Response Policy)

Effective governance and management

> Our case-management review process (tasking and coordinating) as well as our service audit process means that all cases are constantly reviewed and "drift" is minimised. Any barriers to progress due to difficulties in timely access are swiftly identified and acted upon (Annual Report, 2015/16)

Flexible, victim-led, meaningful support

> It is the policy of SaferPlaces that at the outset all clients must be made aware of their options regarding the services we can offer and that it is for them to choose the services they wish to access, how they want their support to be delivered and that it is the expectation that as they work through their risk and support plan there will be change instigated either by SaferPlaces or by the client based on risk, need and choice. (Referral Policy)
>
> All interactions with clients must remain trauma informed and be meaningful to both parties; if a conversation is only of meaningful value to the service provider then it is a method of data collection rather than an intervention (Risk and Needs Assessment Scoring Matrix).

As will be seen throughout this evaluation, the clear value-base of the organisation has influenced the operation of the IDVA service and resulted in a wide variety of positive outcomes for service-users.

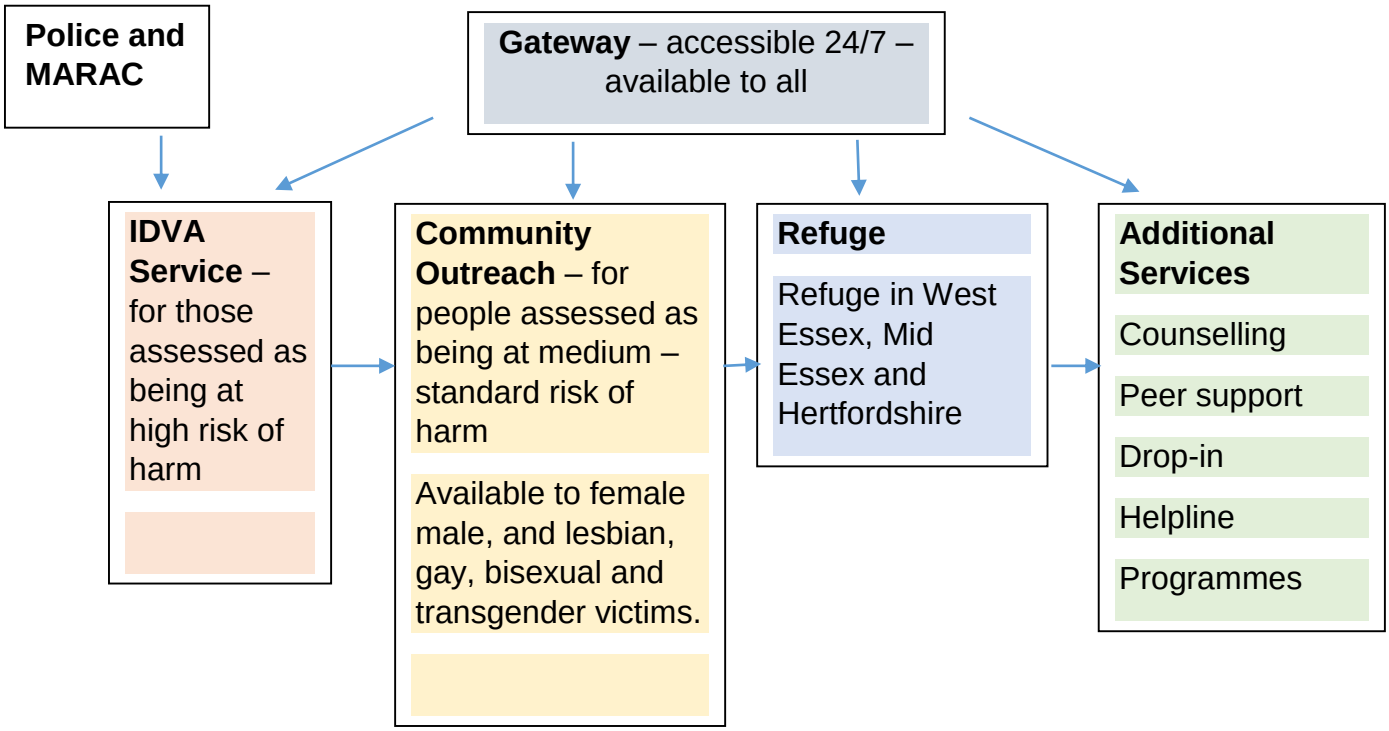
Structure of the organisation

In order to achieve their vision of providing a flexible service to all, based on risk, need and choice, SaferPlaces took the decision in 2015/16 to reconfigure their organisation and move to a 24/7 service. This saw the establishment of Gateway, also an IDVA-led service through which most referrals are received (with the exception being IDVA referrals as many come directly from the police and MARAC).

It is important to note that all IDVAs (in both Gateway and the IDVA service) are managed by qualified and experienced IDVAs. This commitment to having qualified IDVA team leaders and managers has been put in place to ensure that risk and safety are at the heart of the service and that victim/survivors will receive an appropriate, risk-informed response from the organisation. The efficacy of this commitment is evidenced throughout the evaluation, particularly in the outcomes achieved by the IDVAs and importantly, the role of management.

> *Anyone can ring our helpline 24 hours a day 7 days a week and refer themselves, a client or simply seek advice. Staff in the Gateway assess every referral on the basis of risk, need and choice. They will then offer a package of support based upon that assessment. The package of support may include*

accommodation in one of our refuges or other safe accommodation but will also include access to programmes, counselling, legal advice, referral to other relevant agencies, swift face to face contact for immediate support with practical matters such as money, debt, engaging with the police, support around the children including referrals as necessary depending on the circumstances (Annual Report 2015-16)



As the above diagram indicates, not only can victims access the wider services of SaferPlaces through Gateway, but when in service, it is possible to be referred into other services. We found regular evidence of this in the case-file analysis where victims were referred to community outreach for longer-term support, or referred into the Triple R programme for peer support.

The IDVA Service

SaferPlaces use the SafeLives definition of an IDVA:

> *'The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at **high risk** of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients **from the point of crisis** to assess the level of risk, discuss the range of suitable options and develop safety plans'.*

Since April 2015 SaferPlaces has been providing the IDVA service across Essex. Committed to providing a high quality integrated and consistent service across Southend, Essex and Thurrock, their highly trained IDVAs work with all high risk victims of domestic violence and abuse aged 16 years and over.

Accessible to all members of the community, the service continues to develop, and they are working closely with colleagues in other agencies together with SaferPlaces' trained volunteers to actively promote engagement within hard to reach communities.

The service provides intensive one-to-one support within an Immediate to Medium Term time-frame. IDVA staff work with clients to implement Individual Support Plans and Risk Assessments within a multi-agency forum to reduce risk and encourage longer term recovery support.

Multi-agency Meetings

Partnership working is central to the IDVA role and during 2017 the IDVA service contributed to three different multi-agency meetings throughout Essex –the Multi-agency Risk Assessment Conference (MARAC), Multi-agency Risk Assessment Team (MARAT) and Multi-agency Safeguarding Hub (MASH). As part of this, the IDVA service manager chaired the MARAC in Essex (on a rotating basis with other agencies) and IDVAs were present at every MARAC/MARAT/MASH.

IDVA Qualifications and Training

Of the 23.5 FTE IDVAs employed during 2017, data provided by SaferPlaces evidences the level of qualifications held by their staff:

- 14 had completed the SafeLives Accredited IDVA training
- Six had completed ISVA training
- Six has completed ISAC training
- Three had completed the Level 3 Skills for Justice Domestic Abuse training
- 12 were educated to degree level
- Three were educated to Master's level

In addition, we asked IDVAs in the online survey about the training they had received while working for SaferPlaces:

- Legal training
- Stalking
- Child Sexual Exploitation
- Vocational Qualification Assessment Services
- Older Persons Violence Advisor
- Diploma in Domestic Violence
- Sexual violence
- Domestic Abuse Stalking and Honour-based Violence
- Safeguarding

The commitment of SaferPlaces to training its staff is clear, with a robust training programme available to all employees, in addition to the opportunity for staff to pursue addition relevant qualifications where appropriate:

The following offered to all staff in the Training Policy:

- **Induction:** New staff will receive full induction training, both on site and off site, during your first month of employment with the organisation. For the remainder of your probationary period staff will continue to receive induction training in the form of coaching and mentoring by their line manager.
- **Job Instruction:** Demonstration of tasks for new members of staff or staff who have changed roles in order that they may listen and observe and put what they learn into practice.
- **Coaching:** A manager's role to help develop their staff's performance. This involves observing staff performance and giving constructive feedback.
- **Work based project:** Individuals or groups of staff may be asked to undertake a specific project giving them scope to decide how to go about it. Supervision would be given throughout to prevent failure and demoralisation.
- **Modern Apprenticeships:** From time to time SaferPlaces may also offer one modern apprenticeship at a time allowing an NVQ student access to workplace training/ experience in partnership with local colleges.
- **External Training Courses:** Access to external training courses may also be offered depending on the relevance of the training identified and availability of financial resources. Authorisation of such training should be sought from the Directors of Operations. In some instances authorisation would need to be sought from Trustees.
- **Promotions and Transfers:** Whenever there are vacancies, we try to take advantage of the talent and potential within the Organisation. Therefore, where appropriate we advertise vacancies internally on the Notice Boards, emails or Website.
- **Further Education:** You may wish to undertake further education and, providing this is relevant to the Organisation and within the training budget, we will consider giving you time off and financial assistance.

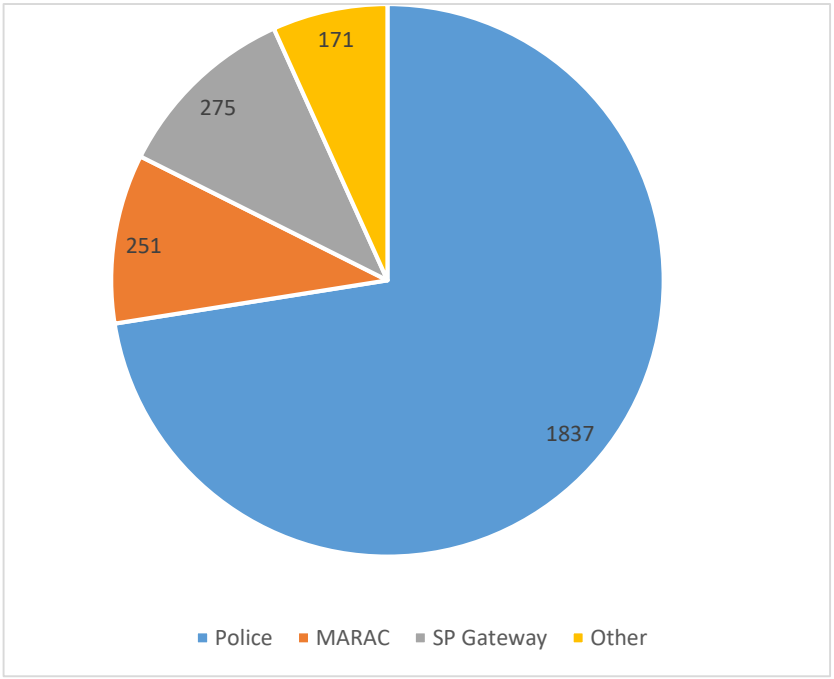
The IDVA service in 2017.

The data used in this evaluation relates to referrals received by the IDVA service during 2017. The below table and diagram outlines the referral sources during this time. As can be seen in Table 2, nearly three quarters of referrals came from the police, with a further 10% being referred following a MARAC meeting. Furthermore, the SaferPlaces Gateway has referred 11% - this suggests Gateway staff are assessing and identifying risk and referring into the appropriate service within the organisation.

Table 2 Referral source

Referral Source	n	%
Police	1837	72%
MARAC	251	10%
SP Gateway	275	11%
Other	171	7%
Total	2534	100%

Figure 1 Referral Source



One of the key aims of the IDVA service is to provide an equally accessible, non-discriminatory service and so it is important to look at the demographic data provided.

The below data is taken from the IDVA case management system for 2017 – with the total number of clients recorded as 2252. This is slightly different to another dataset used in the evaluation for 2017 which records 2534 referrals. We believe this discrepancy arises because Gateway referrals were not necessarily recorded on the IDVA case management system.

Table 3 Characteristics of clients referred to the IDVA service in 2017

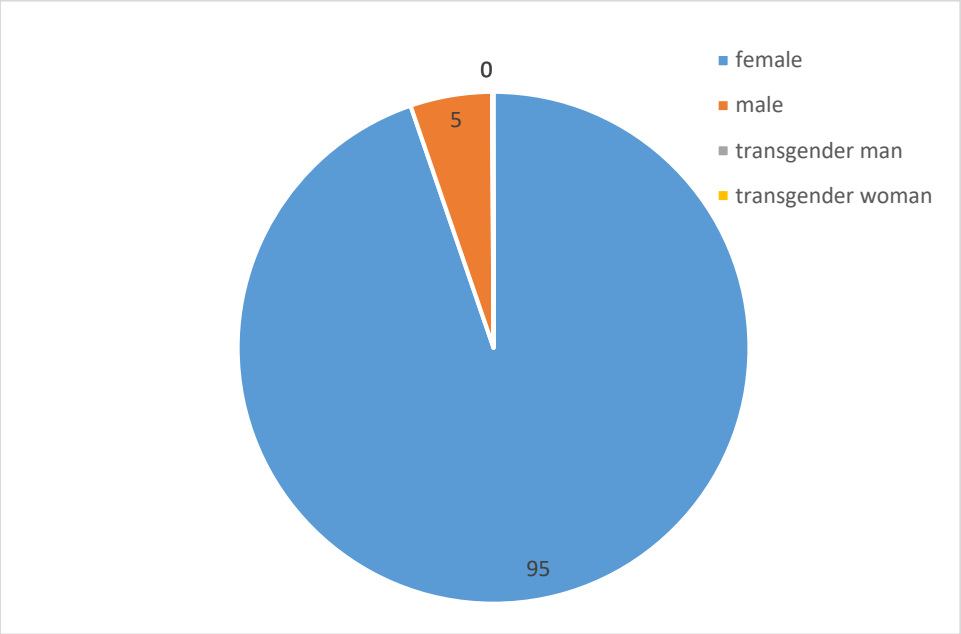
Client characteristics - referred to the service		**n**	**%**
Gender	Female	2127	94.4
	Male	116	5.2
	Transgender Man	1	0
	Transgender Woman	1	0
	Missing Data	*7*	*0.3*
Sexual Orientation	Heterosexual	1896	84.2
	Homosexual	10	0.4
	Bisexual	4	0.2
	Other	2	0.1
	Prefer Not To Say	4	0.2
	Missing Data	*336*	*14.9*
Disability	No	131	5.8
	Yes	380	16.9
	Missing DATA	*1741*	*77.3*
Ethnic origin	White/White British	2008	89.2
	Asian/Asian British	48	2.1
	Black/Black British	73	3.2
	Mixed ethnic origin	25	1.1
	Other	21	0.9
	Missing data	*77*	*3.4*
Total		2252	100%

Gender

Most service-users were female (n=2127, 94.7%) and 5.2% (n=116) were male. This is slightly higher than the 4% of men supported nationally in 2017/18 by IDVA services who record their data using the Safe Lives Insights database (SafeLives, 2018). There was one transgender man and one transgender woman, with no response recorded for n=7 clients (

Figure 2).

Figure 2 Client gender



Sexual Orientation

The majority who responded indicated that they were heterosexual (99%), although data was missing for 15% (n=336) of all clients. According to SafeLives, in 2017, 2% of service users identified as lesbian, gay or bisexual (SafeLives, 2018) suggesting a slightly lower percentage for the Essex IDVA service. However, the low numbers may reflect the fact that most IDVA service referrals come from the police, but research suggests gay, lesbian and bisexual victims of domestic abuse are less likely to report their abuse (Donovan et al, 2006) – therefore limiting access to services such as those provided by SaferPlaces.

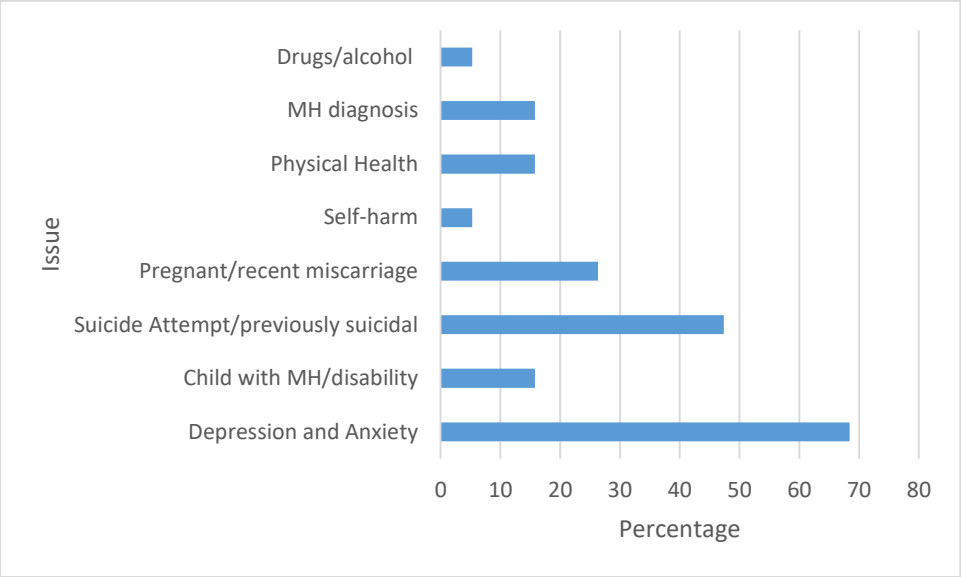
Recommendation 1 Consider comparing the demographic data for the IDVA service to Gateway referrals to identify any issues with equality of access.

Disability

Disability data was missing in the majority of cases, with over three-quarters of the records not recording a response for this (this is potentially explained by no response meaning no disability). However, 17% (n=380) of all clients recorded that they had a disability, the majority of whom were female (n=376), with 92 (4%) disclosing a physical disability. In addition to disability, the case management data recorded that 16% (352) of clients disclosed a mental health issue. In comparison to the SafeLives

national data set, in 2017/18, 42% of service-users disclosed a mental health issue and 15% disclosed a physical disability (SafeLives, 2018). It appears there may be limitations of the case management data as when we analysed the casefiles, we identified a number of mental health and disability issues recorded by IDVAs. The below graph suggests nearly 70% of victims were suffering with depression and anxiety – significantly higher than the case management data suggests.

Figure 3 Victim Vulnerability



Recommendation 2
Review recording practices for mental health and disability – consider additional recording for a month to help build a picture of the issues faced by service-users.

Ethnicity

The majority (92.6%) of clients were White British or other white background – reflecting the demographic make-up of Essex. Asian clients made up 2.3% of the total, while Black African and Caribbean clients made up a further 3.3%. Very few of the male clients were from Asian, Black or mixed ethnicities, although this was not statistically significantly different from the female client group (

Table 4,

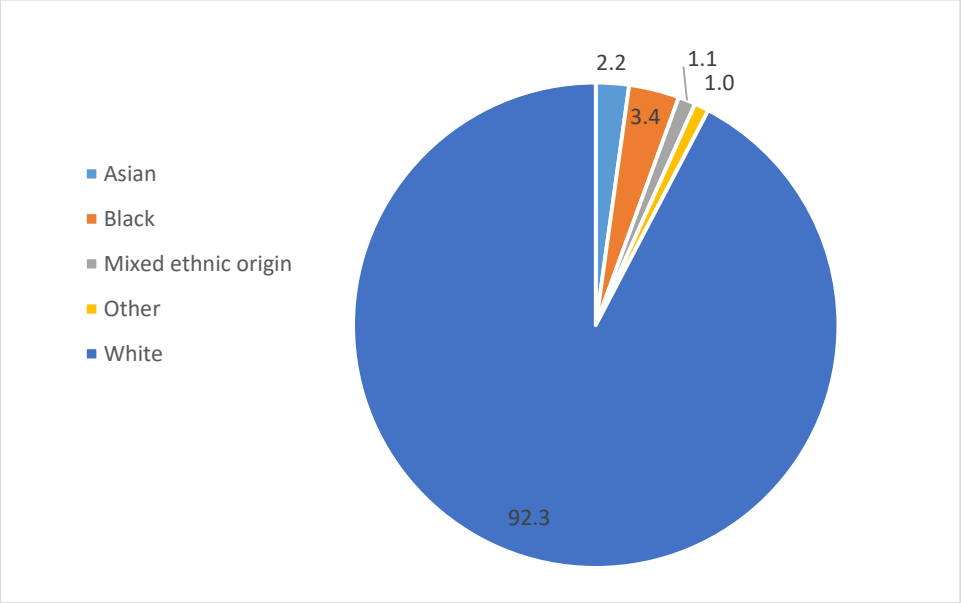
Figure 44).

Table 4 Gender and ethnicity of the client group

Ethnicity	Female	Male	Total

White/White British	**1898**	**104**	**2002**
Asian	**47**	**1**	**48**
Black	**71**	**2**	**73**
Mixed Ethnicity	**25**	**0**	**25**
Other	**19**	**2**	**21**
Total	**2060**	**109**	**2169**

Figure 4 Client ethnicity



CHAPTER FOUR

Findings

This chapter is divided into three sections. The first section details the outcomes achieved by the IDVA service, the second section describes what it was about how the service works that led to the outcomes (i.e. the 'mechanisms') and the final part of the chapter outlines the contextual factors that were identified during the research as either assisting or inhibiting the IDVA service. As will be seen, we found evidence to suggest that the IDVA service had achieved a range of outcomes identified in the initial programme theory. We also found evidence of a number of mechanisms that led to these outcomes, with a new mechanism emerging from the IDVA staff survey. At the end of this chapter a revised programme mechanism will be presented, summarising the key outcomes identified, the mechanisms that led to these and the contextual factors identified during the research.

Outcomes

Outcome A – Early Engagement

With the volume of referrals received by the IDVA service, there is a considerable amount of work involved in managing these requests for service. Each referral has to be entered onto a database and records kept when an attempt to contact has been made. These attempts need to be monitored to ensure that when service-users cannot be contacted, that the referring agency is contacted and files are closed in a timely manner. As can be seen from the below table, 32% of the referrals received by the IDVA service in 2017 were unable to be contacted, and a further 14% declined support. These figures suggest the IDVA service is potentially devoting a considerable amount of time attempting to contact referrals where there is incorrect information or the referral was inappropriate.

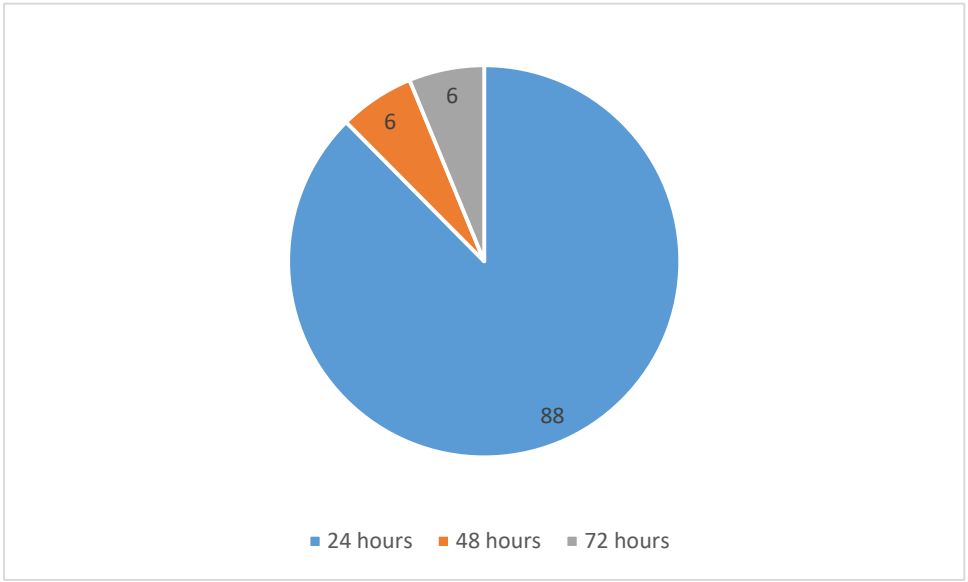
Importantly, however, the below table shows that when the IDVAs had been able to establish contact, 72% engaged with the service. This is a significant proportion and suggests the first contact experience is a positive one. Moreover, at the point of first contact with the service, 82% completed a risk assessment and 89% discussed a safety plan. These figures suggest that from the earliest point in the service, IDVAs are identifying and managing risk with their service-users.

Table 5 Referral and contact data

All identified eligible victims are proactively offered an equally accessible non-discriminatory service	n	%
Number of victims referred to the service	2534	100%
Number of repeat referrals to the service	589	23%
Number of victims unable to be contacted	812	32%
Number of victims refusing support	343	14%
Number of victims proactively contacted	1413	56%
Number of victims engaged with service (as % of those contacted)	1024	72%
Number of victims provided information and advice only (as % if those contacted)	371	26%
Number of victims for whom a risk assessment was completed (as a % of those engaged)	844	82%
Number of victims for whom a safety plan was created (as a % of those engaged)	913	89%

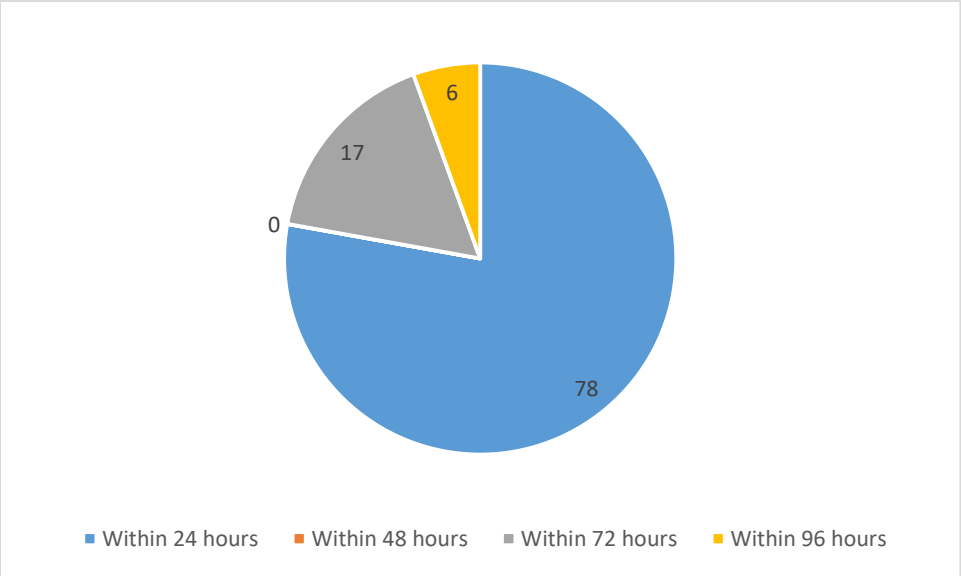
In addition to the above data, having analysed the case-files we were able to ascertain the time taken between each stage of the referral and allocation process for the majority of cases reviewed. As can be seen, of the 16 files where the dates were recorded, nearly 90% of referrals were allocated within 24 hours.

Figure 5 Length of time between referral and allocation n=16



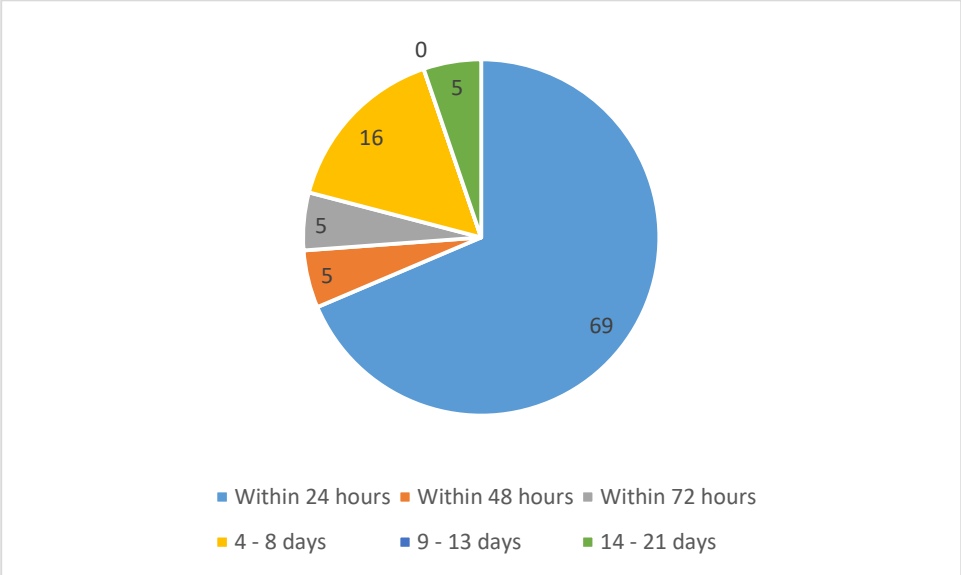
In addition, nearly 80% of referrals had an attempt at contact within 48 hours. Where there were delays of more than 48 hours this related to a weekend or a bank holiday.

Figure 6 Length of time between allocation and first contact attempt n=18



Finally, nearly 70% of referrals were successfully contacted with 24 hours. This shows the commitment of the IDVA service to managing the referrals process in a timely manner, resulting in early engagement with service-users.

Figure 7 Length of time between first contact attempt and successful contact n=19



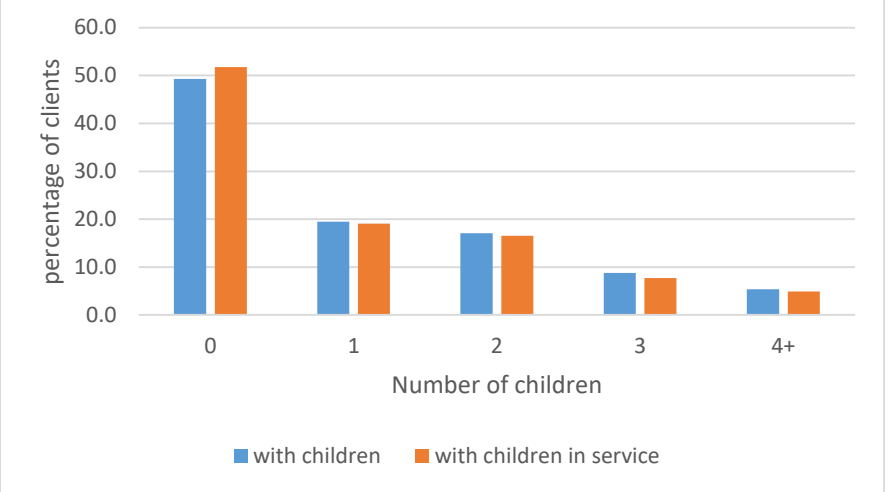
Outcome B - Children at risk are identified and referred appropriately

From the 12-month case management data, we were able to identify the number of children the clients had, along with information about whether the children were involved in service provision. Around half of the clients had at least one child who was in the service with them. Interestingly, just under 52% of clients in the Essex IDVA service had children, compared to 63% in 2017 nationally (Safelives, 2018).

Table 6 Number of clients with children

Number of children	Number of clients with children		Number of clients with children in the service	
	n	%	n	%
0	1110	49.3	1165	51.7
1	439	19.5	430	19.1
2	385	17.1	372	16.5
3	197	8.7	174	7.7
4+	121	5.4	111	4.9
total	2252	100	2252	100

Figure 8 Number of clients with children in service



The above data shows that there were 1087 clients referred to the IDVA service whose children were with them, and that these clients had over 2140 children between them. The volume of children who are potentially coming into contact with the IDVA service is significant, given that each intervention by an IDVA will consider risks to children.

Indeed, one of the key aims of the project is to ensure that children's safety is considered alongside that of the service-user. The below table shows the number of victims who received support from the IDVA service, firstly in relation to safeguarding and secondly, issues with child contact.

Table 7 Interventions with children

Children at risk are identified and referred appropriately	n	%
Number of victims with children for whom safeguarding was addressed or initiated as % of those with children	424	72%
Number of victims with children given support in respect of child contact issues as % of those with children	285	47%

Moreover, when analysing the case-files there were nine cases where Children's Services either were, or had been involved – of these, five were still current and it was clear from the files that IDVAs were following the policies of SaferPlaces by contacting the allocated social worker at the earliest opportunity.

Outcome C – Reduction in Risk, Increase in Safety

DASH

According to the case management data, the DASH risk assessment was completed for 1068 clients, just under half (47.4%) of the total number referred to the service. Table 1 shows the number of clients completing DASH risk assessments.

Table 1 Clients completing DASH risk assessments

Number of DASH risk assessments completed			Decrease in DASH score	
	n	%	n	%
1	543	50.8	-	-
2	276	25.8	195	70.7
3	129	12.1	93	72.1
4	52	4.9	38	73.1
5	41	3.8	34	82.9
6	13	1.2	10	76.9
7	10	0.9	8	80.0
8	1	0.1	0	0
9	1	0.1	1	100
10	1	0.1	1	100
14	1	0.1	0	0
Total	1068	100.0	380	35.6

The DASH risk assessment was repeated for 525 clients during their time in the service, and for almost half of these (n=249) clients, the case management data indicates this was repeated on multiple occasions. Of those providing repeated DASH measures, 380 clients demonstrated a reduction in the DASH score, representing 72.4% of those who did multiple DASH assessments. In n=20 cases, the DASH score was reduced to 0.

Interestingly, we also looked to see if there was any relationship between the length of time in service and DASH scores – we found a significant difference in the length of time in the service for those who indicated a reduction in the DASH score to those who did not. Those who engaged and showed a positive change in the DASH score spent 9 weeks in the service, compared to 6.25 weeks for those who did not see a decrease in the DASH score. This suggests that risk reduction requires a certain amount of time in order for IDVAs and service-users to put safety plans into effect.

Table 9 Change in assessment and time engaged

	Time spent engaging with the service (no of weeks)								
	Positive change in assessment			**No positive change in assessment**					
	mean	**sd**	**n**	**mean**	**sd**	**n**	**F**	**df**	**sig**
Decrease in DASH score	9.03	9.760	380	6.25	7.664	688	26.326	1	0.000*
increase in self esteem	6.85	7.802	79	7.05	8.708	128	0.03	1	0.863
decrease in depression	6.02	6.316	63	7.71	9.348	147	1.723	1	0.191
increase in empowerment and self esteem	7.88	8.626	48	6.80	9.083	132	0.51	1	0.476

*p<0.05

Victims report feeling safer

The below table shows the range of safety outcomes recorded by the IDVA service. These show significant reductions in risk and further abuse, as well as the variety of tools used by IDVAs to help increase safety – through sanctuary, target hardening and civil orders. Interestingly, 77% of service users experienced a cessation in all forms of abuse in Essex, compared to 53% nationally in the same year, while 83% reported a reduction in risk in Essex compared to 71% nationally. The only comparison where Essex reported lower levels than the national data relates to victim reporting changes to feelings of safety with the national level at 84% and Essex at 79%.

Table 10 Safety Outcomes

Victims are safer and better resourced to remain safe		n	%
Cessation in all types of abuse	Cessation in all types of abuse at exit as % of exit cases	344	77%
Reduction in risk of further harm	IDVA reported significant and moderate reductions in risk as % exit cases	372	83%
Sustainability of any reduction in risk	Sustainability of any reduction in risk (medium term +) as % of any reduction in abuse	350	78%
Victim reported changes to feelings of safety	% much safer or somewhat safer as % of victims reporting	351	79%
Sanctuary	% of exit cases	38	8%
Target Hardening	% of exit cases	145	32%
Civil Orders	% of exit cases	100	22%

Outcome D - Recovery and Resilience

The IDVA monitoring data suggest significant increases in quality of life and confidence in accessing support. It is interesting that fewer report accessing health and well-being support. It is impossible to know why this may be the case from the data alone, but this is perhaps something SaferPlaces could try to ascertain. The data for Essex suggests slightly lower levels than those reported nationally in 2017 for quality of life (83% nationally, 77% in Essex) and reported confidence in accessing support (89% nationally compared to 76% in Essex). However, the Essex IDVA service captures additional data to that available nationally – with additional outcomes identified – such as a 75% reduction in symptoms of depression.

Recommendation 3
Explore why the 'accessing health and support' outcome is lower than the other confidence outcomes.

Table 11 Health and well-being outcomes

Victims report improved health, wellbeing and resilience		n	%
Victim reported quality of life improvements	Quality of life improved a lot as % victims reporting	343	77%
Victim reported confidence in accessing support	Very confident and confident as % victims reporting	337	76%
Victims accessing health & wellbeing advice and support	% of exit cases	258	57%

Self-esteem

Using the 12-month IDVA case management data, we also identified that the self-esteem assessment tool was completed by n=207 clients (9.2% of the total number of clients). Of those who completed the self-esteem assessment more than once, around one third (32.9%) indicated there was an increase in self-esteem (Table 12).

Table 12 Self-esteem assessment tool

Number of self-esteem tools completed			Increase in self-esteem	
	n	%	n	%
1	124	59.9	-	-
2	41	19.8	29	70.7
3	13	6.3	13	100.0
4	19	9.2	17	89.5
5	4	1.9	4	100.0
6	2	1.0	2	100.0
7	4	1.9	3	75.0
Total	207	100.0	68	32.9

Beck Depression Inventory

The Beck Depression Inventory is a self-report tool that measures the characteristic attitudes and symptoms of depression, and is widely used. During 2017, 210 clients completed the Beck Depression scale as part of their interaction with the IDVA services, representing 9.3% of the client group. Of those that completed the tool more than once (n=84), three-quarters (75%) of the clients indicated that there was a reduction in depression

Table 1323).

Table 132 Clients completing the Beck depression inventory

Number of depression indicators	Number of clients	Number of clients with a reduction in depression	
	n	n	%
1	126	-	-
2	42	30	71.4
3	13	10	76.9
4	10	8	80.0
5	13	11	84.6
6	2	1	50.0
7	4	3	75.0
total	210	63	30.0

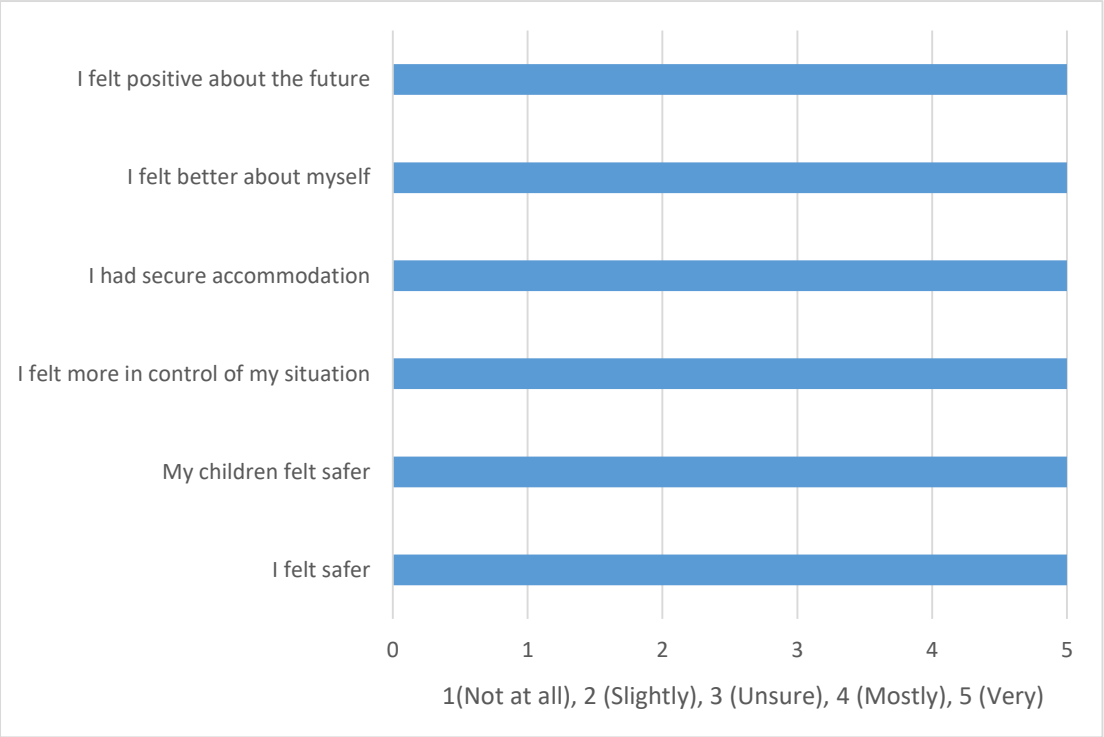
Empowerment

The Outcome Stars are a set of measures used to support and measure change when working with individuals. The Empowerment Star is an outcome tool developed to be used with women who have experienced domestic abuse, and focuses on nine core areas to help empower women. Of the 180 clients who completed the Empowerment Star, 48 (26.7%) recorded an increase in empowerment and self-esteem.

Service User Feedback

Feedback from a service user who previously accessed the IDVA service suggested that she was in a much more positive place as a result of IDVA support. As Figure 9 shows, when asked to rate the below statements from 1 (not at all) through to 5 (very), she rated each statement at the highest level.

Figure 9 Service-user outcomes



Outcome E - Victims have increased access to justice

IDVAs have a key role in navigating the CJS for victims. Previous research suggests that when an IDVA is supporting the victim, they are more likely to remain engaged in the CJS (Taylor-Dunn, 2015, Hester and Westmarland, 2005).

Data captured by the IDVA service suggests nearly 80% of service users in 2017 made a report to the police, this is significantly higher than the 59% of service users nationally who reported to the police in 2017. Furthermore, of those reported, 67% were charged, and of those charged, 83% were proceeded with. These are encouraging figures and suggest victims in Essex are securing justice in the majority of cases.

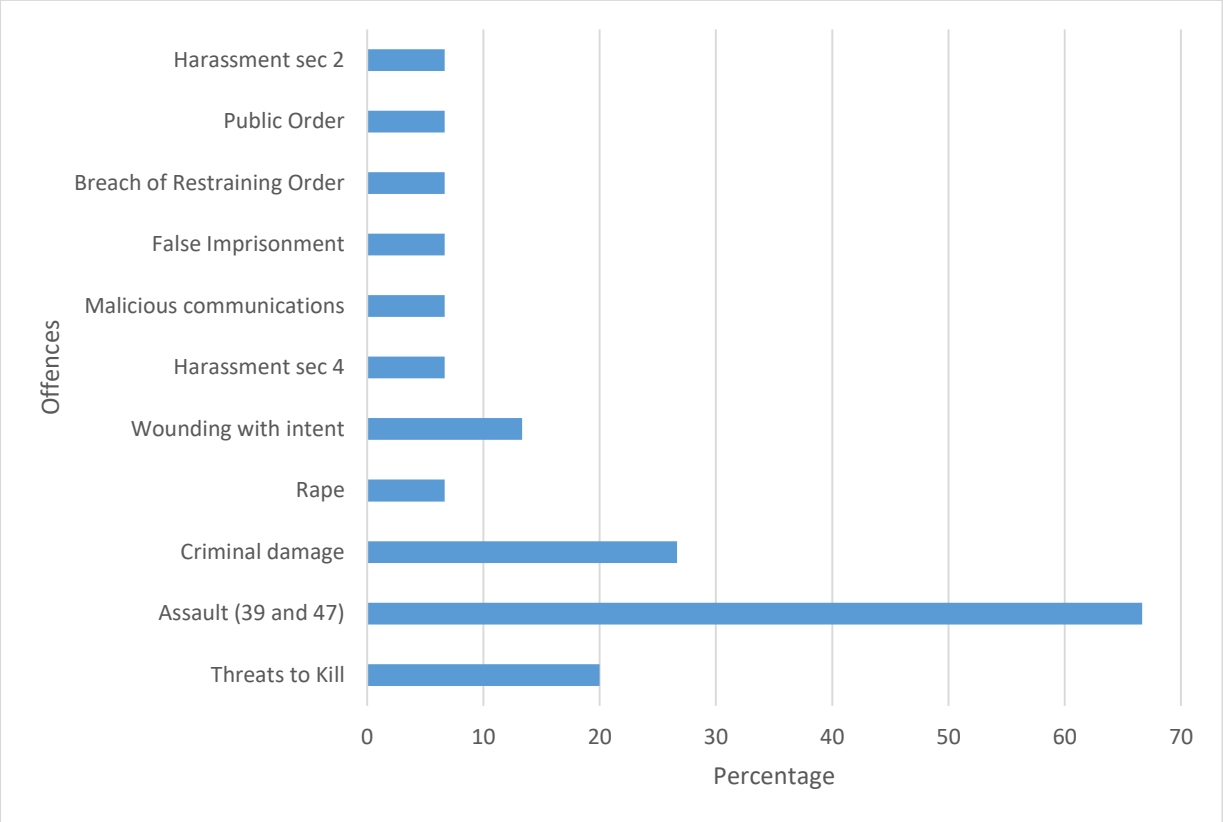
Table 14 Justice Outcomes

Access to Justice		**N**	**%**
Report to police made	% of exit cases	343	77%
Charges brought	% of those reported	229	67%
Cases where CPS proceeded with the case	% of charged cases	191	83%
Cases where there was a successful prosecution	% of those proceeded with	134	70%
Victims supported by the case worker with civil orders	% of exit cases	163	35%

The case-file analysis further identified a range of criminal offences that were reported to the police, with IDVAs offering a variety of support, including: requests for restraining orders, following up police bail decisions, applying for special measures, pre-court visits, use of a separate entrance, and the use of video-link where a victim had relocated.

Recommendation 4
Consider expanding the recording of criminal justice support – specifically in relation to special measures, pre-court visits, victims attending court and giving evidence.

Figure 10 Criminal charges



Summary

The above discussion highlights several outcomes achieved by SaferPlaces IDVA service. Firstly, we found evidence that the IDVA service is effectively managing referrals and cases, with significant levels of engagement (72%) when contact has been established. Secondly, that for those service-users with children, IDVAs supported 72% with safeguarding, and that 47% were supported with issues around child contact. This highlights the interplay between domestic abuse and the safety of children.

When analysing the data around risk and safety, it became evident that service users accessing the IDVA service experienced significant reductions in risk and increases in feelings of safety – with 77% reporting a cessation in all forms of abuse. Furthermore, the data highlighted a number positive outcomes in terms of well-being, self-esteem and mental health – with 70% reporting a reduction in symptoms of depression. Finally, the data suggests that nearly 80% of service-users reported to the police, of these charges were brought in 67% of cases, the CPS continued with the prosecution in 83% of cases, and of those, 70% were successfully convicted.

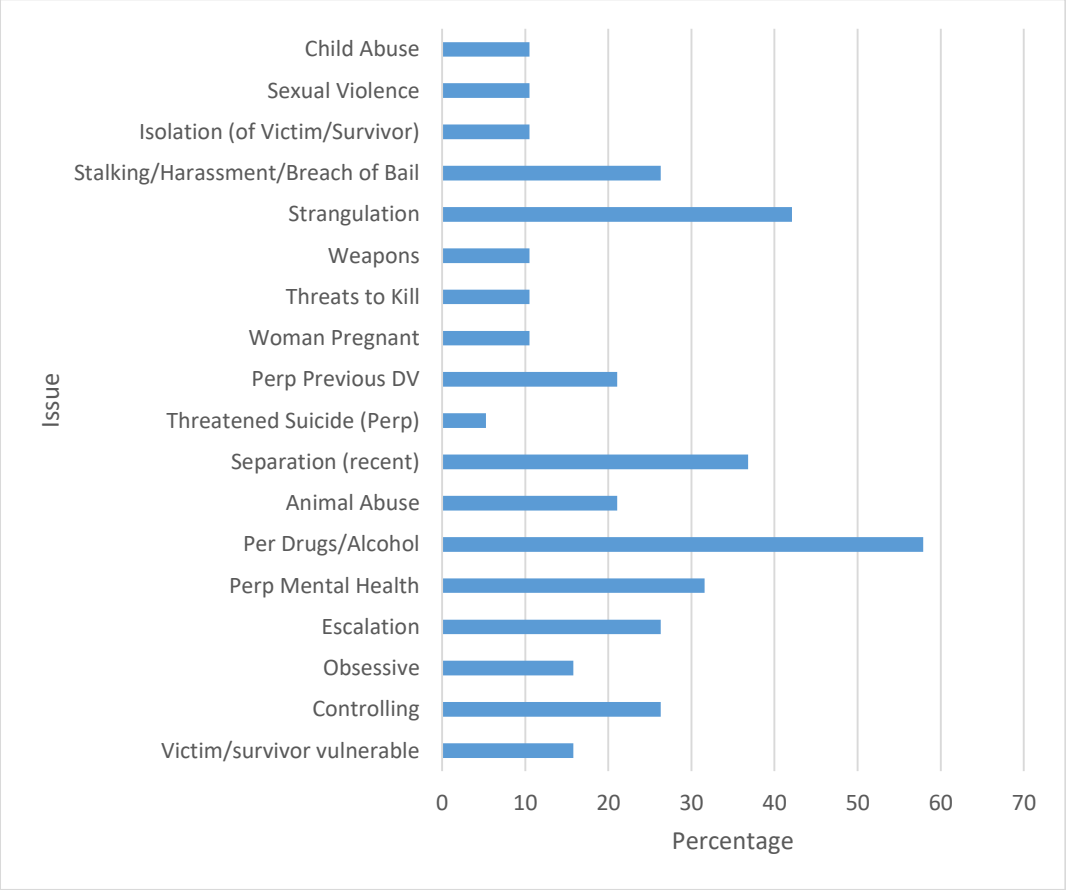
Mechanisms

Having identified the range of outcomes detailed in the previous section, the next stage involved identifying what it was about SaferPlaces IDVA service that led to these outcomes. Prior to analysing the available data, we had hypothesised a series of mechanisms based on a review of SaferPlaces' policies and procedures. We have refined these mechanisms based on analysis of the available evidence.

Mechanism A - Risk, need and choice

The IDVA service bases their support on the risk posed to victims, with the DASH risk assessment being conducted at the earliest opportunity. The case-file analysis showed that IDVAs identified a range of risk issues disclosed by service-users, which were then used to inform their support plan. Figure 11 identifies that drug and alcohol issues of the perpetrator, strangulation and recent separation were the most common risk issues disclosed by service-users.

Figure 11 Risk issues identified



In addition to the DASH, IDVAs use the Severity of Abuse Grid (SAG) which provides a framework to identify specific features of abuse experienced by clients, to enable better informed intervention and support. It covers physical and sexual abuse, stalking and harassment and controlling behaviour. According to the 12

month case management data, the SAG was completed on at least one occasion by 701 clients, 31% of the total client group (Table 1515).

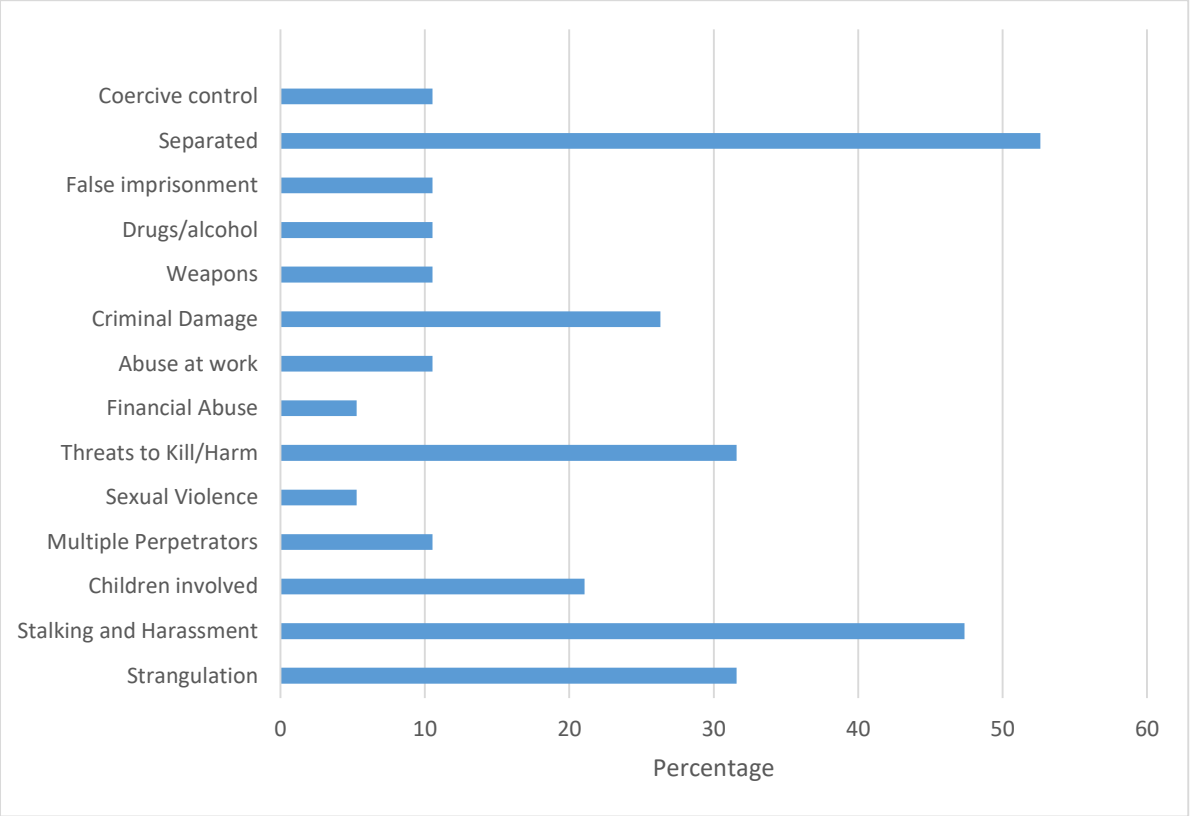
Table 15 Severity of Abuse grid assessments

Number of SAG assessments completed		
	n	**%**
1	433	61.8
2	157	22.4
3	71	10.1
4	24	3.4
5	10	1.4
6	3	0.4
7	1	0.1
8	1	0.1
9	1	0.1
Total	701	100.0

The case-file analysis highlighted the extent to which IDVAs recorded the detail of the history and current situation in order to give context to assessments such as the DASH and SAG. For example, of the 19 cases, 17 (90%) were identified as 'repeat victims' - of those, five had tried to leave the perpetrator in the last 12 months, nine had called the police in the last year – with one woman calling the police eight times.

In addition, IDVAs recorded a range of other factors relevant to the assessment of risk as the below graph summarises:

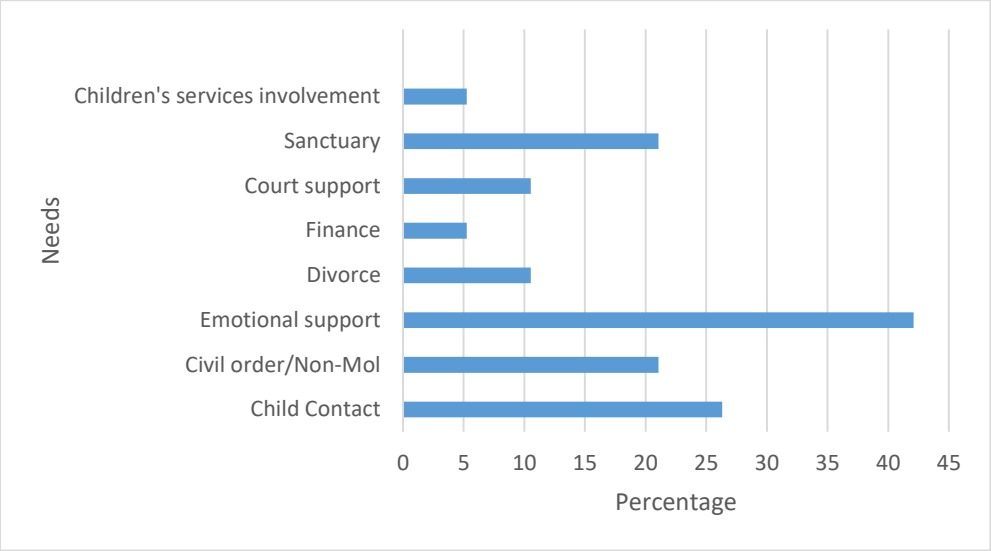
Figure 12 Incident details/Situation at referral



It is interesting to note that coercive control is low considering the dynamics of domestic abuse. This is possibly connected to the recent introduction of the criminal offence of coercive control which is proving problematic for the CJS due to its subjective nature (Robinson, Myhill and Wire, 2017).

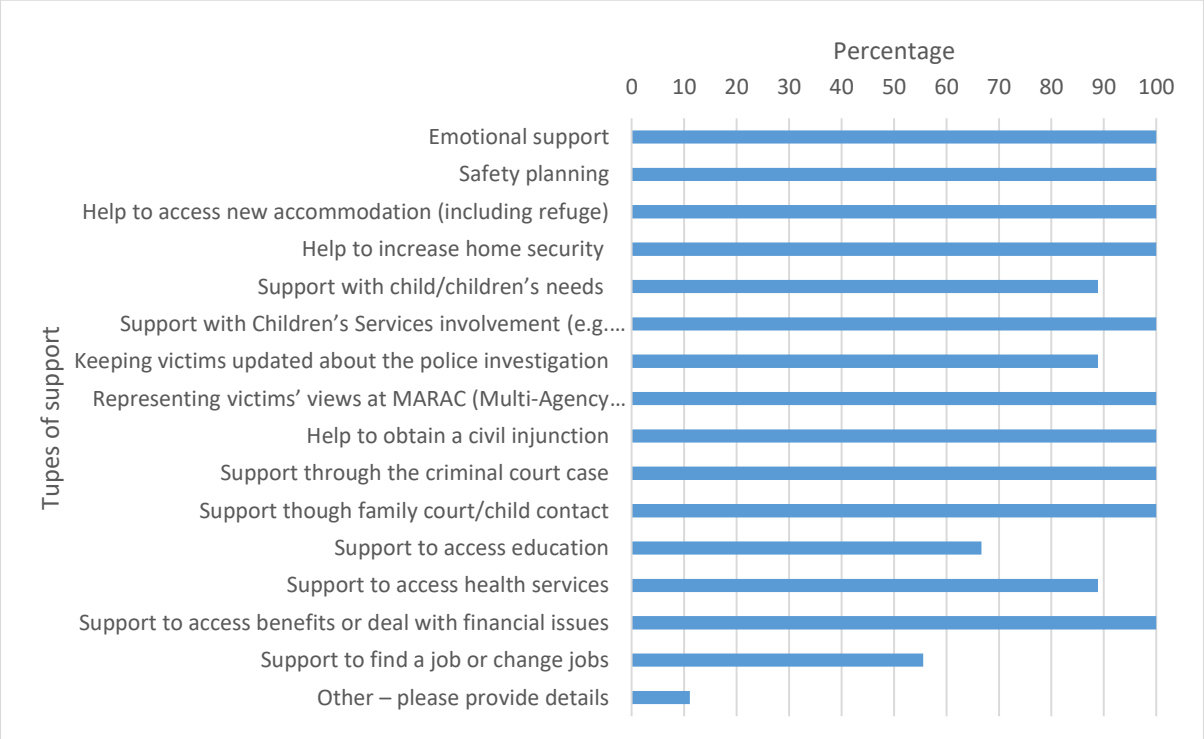
In addition to identifying risk, the case-file analysis suggests that IDVAs were simultaneously asking service-users about their needs from the outset in order to inform their support plan:

Figure 13 Victim/survivor needs



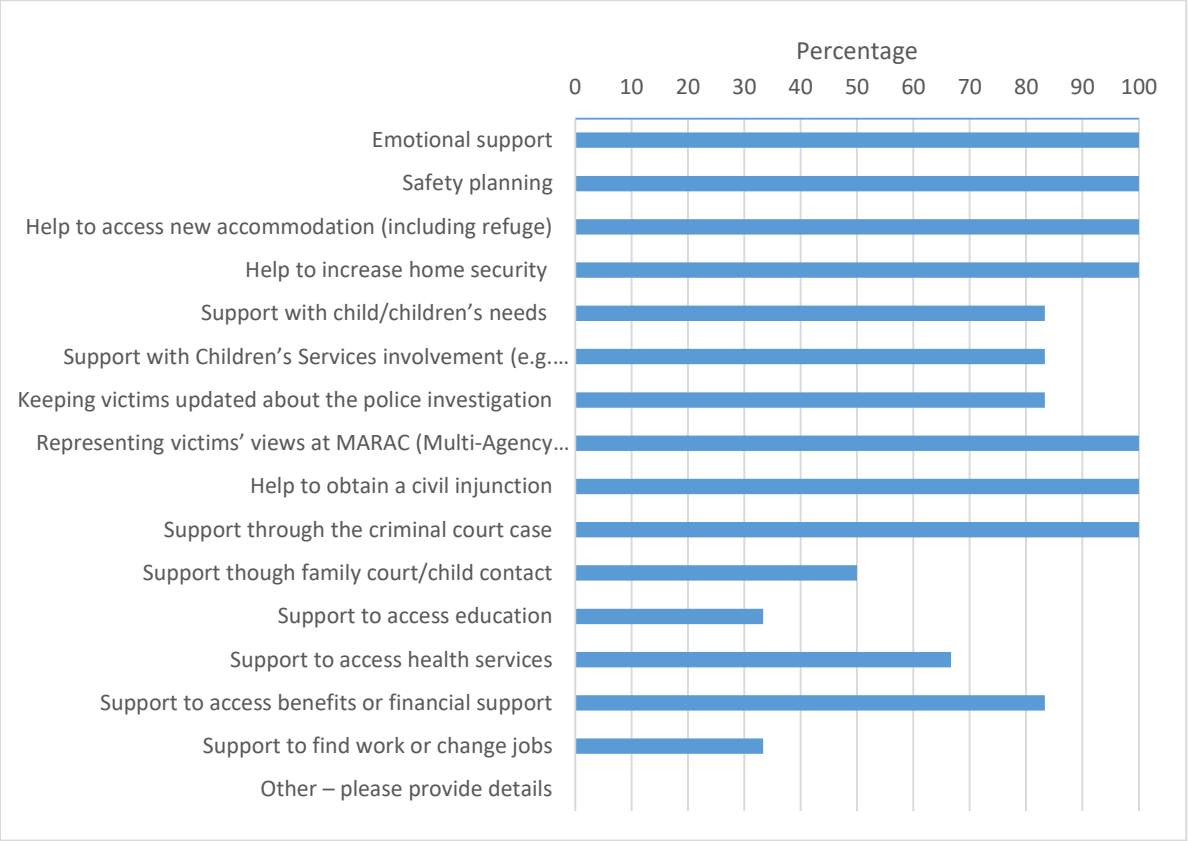
We asked IDVAs what types of support they offered. As can be seen from the below graph, IDVAs provide support with a vast array of issues. This holistic approach to support has been identified in previous research as contributing positively to outcomes for victims (Taylor-Dunn, 2015).

Figure 14 Support offered by IDVAs



We also asked stakeholders what support they thought IDVAs provided. As can be seen, there is a clear correlation between the two groups of respondents which suggests the IDVA service is effective at communicating the support it provides to other professionals.

Figure 15 What types of support do the IDVAs provide?



It is interesting to point out that in the IDVA survey responses, support with education and jobs received the lowest response – this is likely to be due to the crisis nature of IDVA support – where they deal with imminent risk as opposed to long-term goals. In addition, fewer stakeholders also selected these forms of support, but interestingly, stakeholders were not necessarily as aware of the IDVA role in supporting with issues around children, safeguarding and child contact, yet all IDVAs reported offering this support.

Recommendation 5

Promote the work of SaferPlaces in supporting children with stakeholders.

Furthermore, the service user who completed the online survey reported being support with a number of issues:

- Help to access new accommodation (including refuge)
- Help to increase security in my property
- Support with Children's Services involvement (e.g. child protection conferences)
- Kept me updated about the police investigation
- Represented my views at MARAC (Multi-Agency Risk Assessment Conference)
- Support to access benefits or deal with financial issues

Importantly, we asked stakeholders how effective they thought IDVAs were at risk assessment and safety planning. It is encouraging to see such a positive response to these statements. This suggests that other professionals view the IDVA service as specialists in risk and safety planning.

Figure 16 How effective are IDVAs at Risk Assessment?

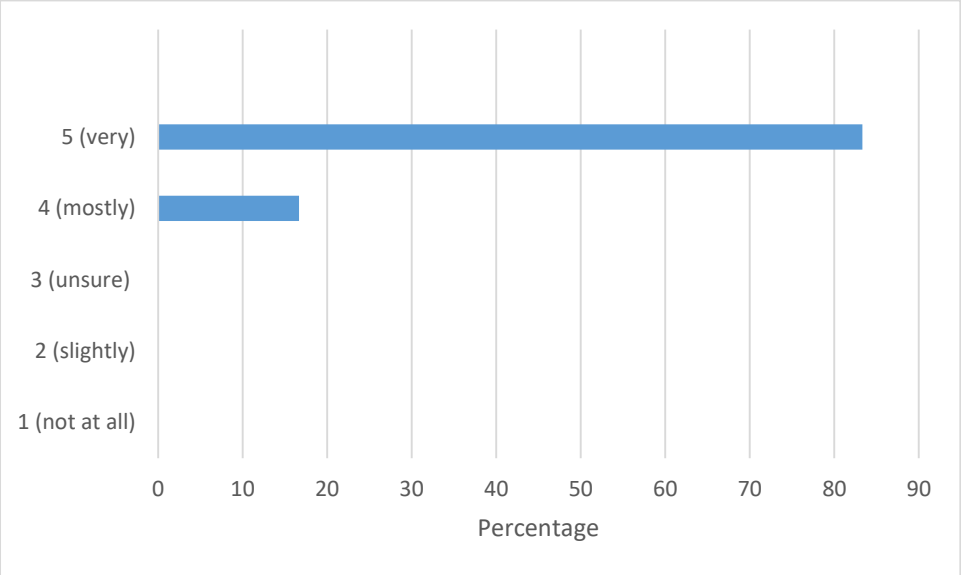
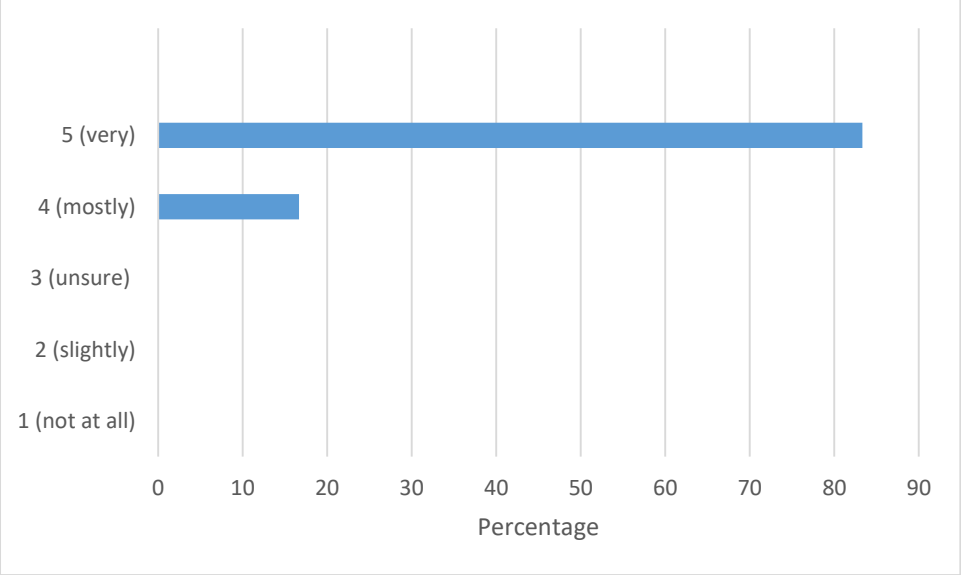


Figure 17 How effective are IDVAs at Safety Planning?



Recommendation 6

Review case-file recording to ensure that when safeguarding or risk issues are identified, that there is a clear outcome to the issue recorded in the file.

Recommendation 7

For the IDVAs to take on a more proactive role with some aspects of support to avoid 'referring on' – for example with civil orders and housing. Perhaps one or two staff could attend additional training on these issues to develop some expertise and become a point of contact for the rest of the team.

Summary of Mechanism A - *the service is individually tailored to victims according to their level of risk, what they need and what they choose to do. We found evidence of risk and needs assessments being conducted at the earliest opportunity, with safety being a constant consideration. The fact that victims direct the support ensures the range of issues faced by victims are addressed.*

Mechanism B - Multi-agency, community based

At the service level, SaferPlaces recognises the importance of partnership working and so one of the key outcomes they work towards is to ensure that 'Effective partnerships are developed and maintained'.

We found evidence from a number of sources to corroborate that this had been achieved. Firstly, when analysing the case-files it was clear that IDVAs were working with a range of organisations to help meet the needs of their service-users. For example:

- Liaising with Solicitors regarding civil orders
- Liaising with Housing – writing supporting letters for housing applications, following up repairs/requests to change locks
- Representing victim/survivors at MARAC
- Liaising with court/police/WCU to chase bail conditions, request special measures, request conditions for Restraining Orders
- Reporting offences to the police on behalf of the victim/survivor
- Safeguarding referrals (adult and child)
- Referring victim/survivors to other agencies
- Making arrangements for victim/survivors who moved out of area (requesting to give evidence via Video Link)
- Liaising with the police regarding 'flags' on the address.

The fact that IDVAs were working with these agencies and were able to secure what they needed for their service-users, suggests that at the local level, effective partnerships exist.

In addition, findings from the stakeholder survey suggests that other organisations have a very positive view of how the IDVA service works – again suggesting effective relationships. As Figures 18-23 show, stakeholders largely report very positively when considering the work of the IDVAs.

Figure 18 I can contact the IDVA service easily

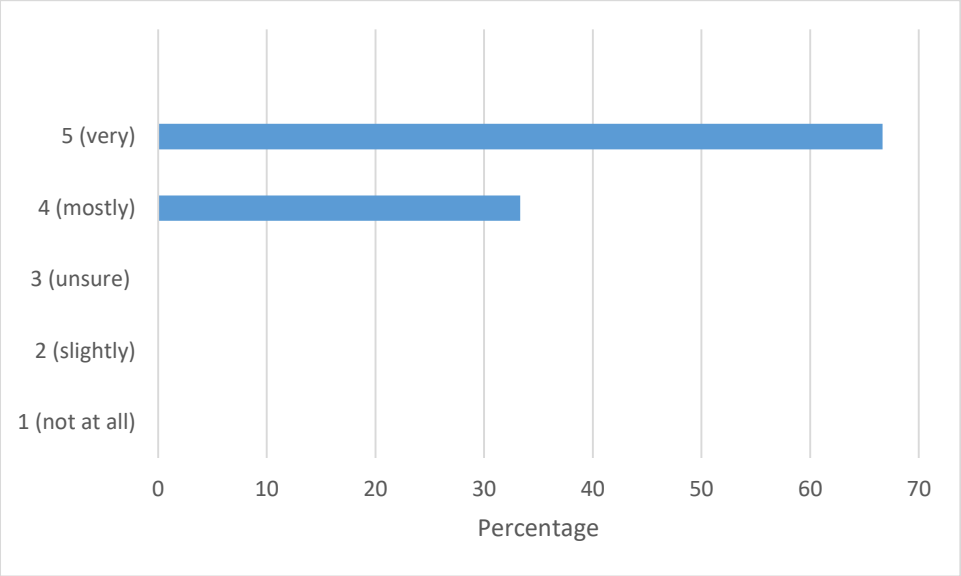


Figure 19 I receive a timely response to requests for information

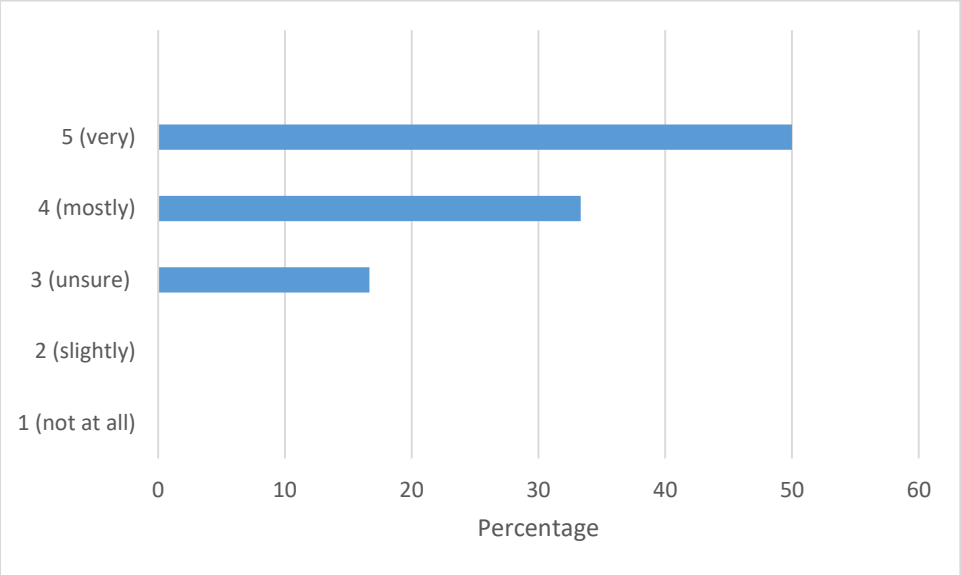


Figure 20 How effective are IDVAs at liaising with other organisations?

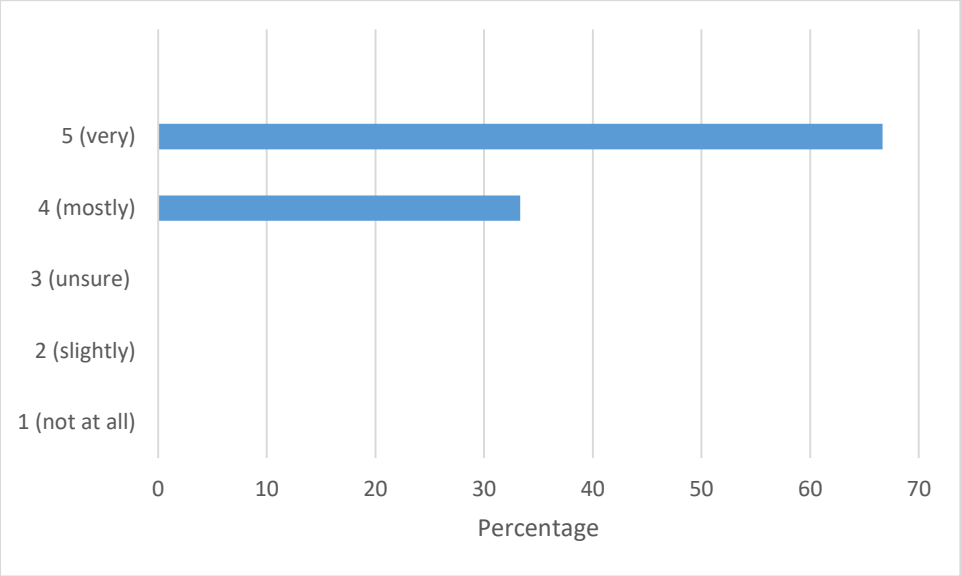


Figure 21 How effective are IDVAs at representing victims' views at MARAC?

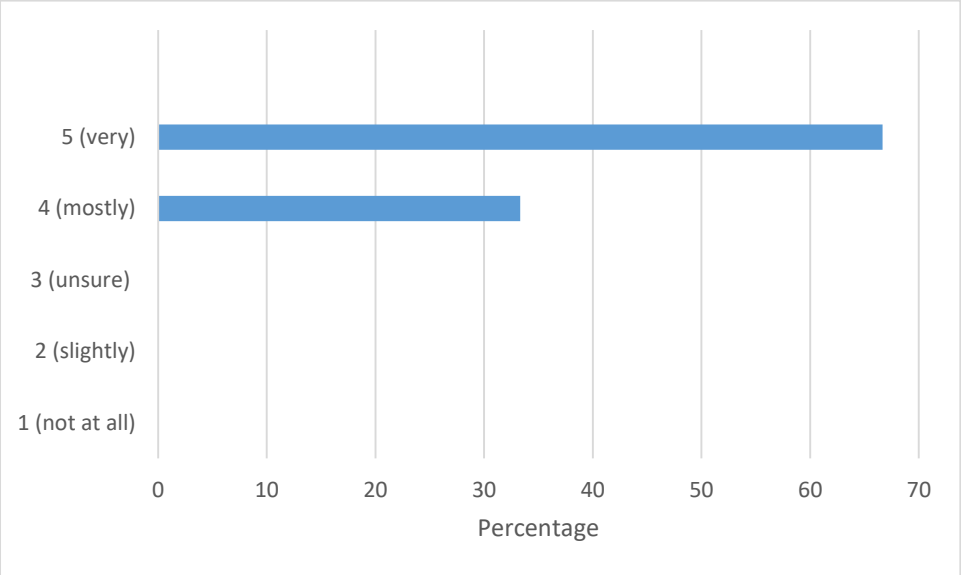


Figure 22 How effective are IDVAs at helping victims to access accommodation or other resources?

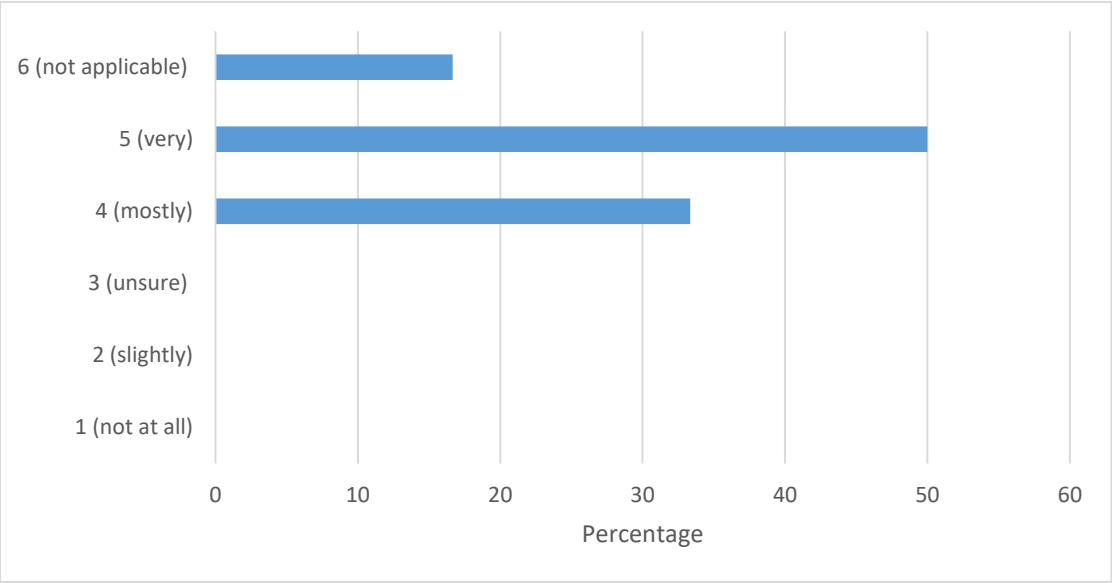
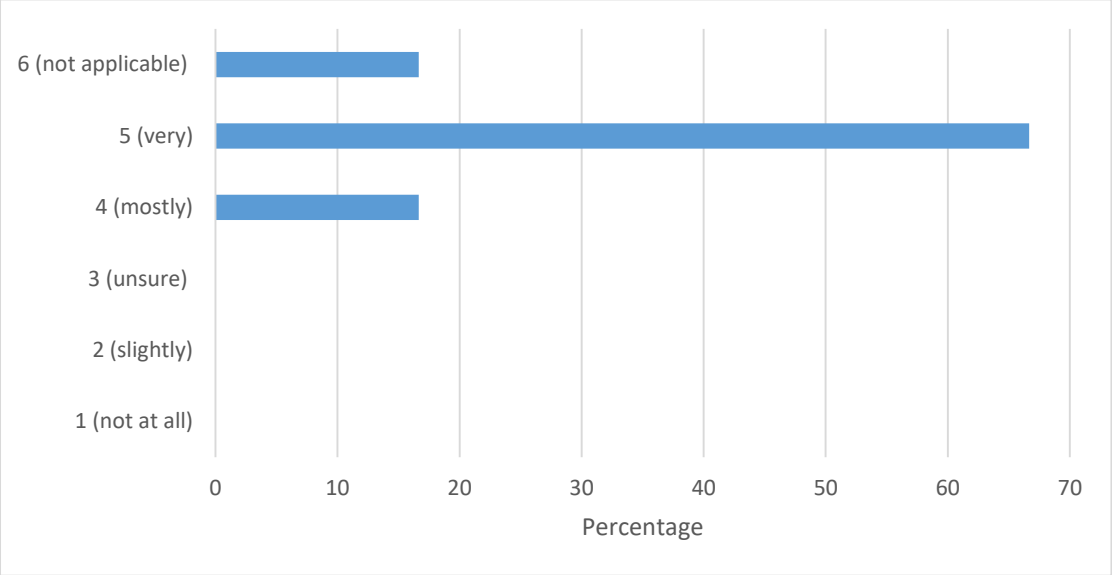


Figure 23 How effective are IDVAs at supporting victims at court?



In addition, we asked stakeholders about what they thought made the IDVA service effective at achieving outcomes for victims. It was clear from their comments that involvement in MARAC was seen as vital:

'The IDVA at MARAC is dedicated to ensuring support is provided to every victim'

'Co-located with MARAC. Good links and relations with Police colleagues'

'Representing the victims at MARAC and court'

Moreover, comments from stakeholders highlight the extent to which they value the IDVA service:

'Excellent service and support for victims'

'As I said the staff and managers themselves are very passionate about what they do'.

'I feel the IDVA service is one of the most valuable services a victim can be offered to make positive changes in their lives'.

Summary of Mechanism B - *the service is delivered as part of existing multi-agency arrangements (MARAC/MARAT/MASH). The professionalism of the IDVA service, reflected in the positive feedback from stakeholders, allows IDVAs to liaise with key agencies thereby obtaining and sharing information about the client in order to increase their safety.*

Mechanism C - Victim focus, Independence and advocacy

It was clear in the case-files that IDVAs were flexible to the needs of their clients. Some victim/survivors' lives were extremely challenging as they were balancing a number of issues in addition to the abuse. This made regular engagement with the IDVA difficult, but the files suggested IDVAs understood their circumstances and did their best to be flexible, while still following their organisation's policies.

The IDVAs were also non-judgemental in their approach. There were several cases where the victim wanted to withdraw their support for the prosecution – in each case, the files suggested that IDVAs explained the process for doing so and explained the possible implications, but they were clear that they respected their client's decision and that support would continue.

It was also clear in the case-files that IDVAs advocated for their clients and challenged other professionals when necessary. For example, one woman had been offered a refuge place but refused it due to a previous bad experience and the fact her adult daughter has an attachment disorder that would deteriorate in a refuge environment. When she applied for housing with the Local Authority, she was advised she had made herself intentionally homeless as she refused the refuge place. The IDVA challenged this, explaining that the woman was not obliged to accept the place and that there were legitimate reasons for her not doing so.

In another case the victim had a secure tenancy where she lived with her children – the perpetrator did not live with her. He later moved to a property round the corner to the woman's and due to Children's Services involvement, they were pushing her to move. As the woman had a secure tenancy she did not want to move and so the IDVA advocated for her and explained this decision to the social worker.

In addition to the case-files, we found evidence of this mechanism in the IDVA online survey responses. Regarding their focus on victims and a non-judgemental approach, some commented:

'I think I listen to what the victim wants unlike some statutory agencies who tell them what they should do. IDVA's give advice and offer options to a victim so they can make their own decisions, and at the same time supporting them throughout the process'.

'An empathic non-judgmental diverse approach with an ability to adapt the service to meet the needs of all and be inclusive'.

Others commented on the importance of independence:

'The fact we are independent from other agencies and are a SPOC for victims means we build a better rapport with victims then most agencies, we know more about the situation so can provide better advice and risk assessments'.

'Sometimes it may feel like there is no one on client's side, and having an IDVA would ensure she feels she has someone on her side and someone to go to for any help she may require'.

Finally, the issue of advocacy clearly emerged as a central aspect of their role:

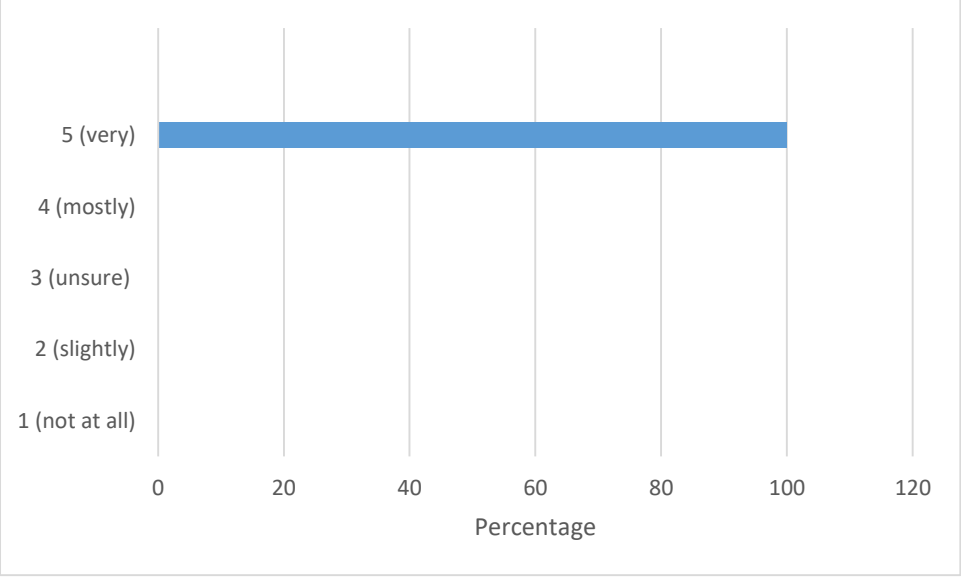
'Someone who is prepared to push agencies to gain positive outcomes for their client'.

'Being thorough and leaving no stone unturned when it comes to safety of our clients'.

'Understanding of the process, knowing that they have an advocate that will go the extra mile for them'.

Importantly, we asked stakeholders how effective they thought IDVAs were at advocating for victims and their response was unanimous:

Figure 24 How effective are IDVAs at advocating for victim/survivors?

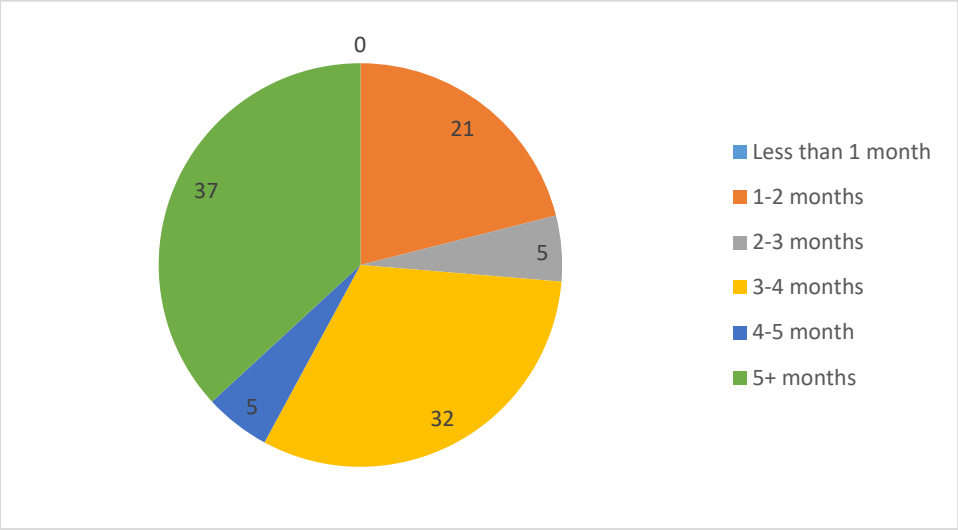


Summary of Mechanism C - *the service keeps the victim as their central focus. They work on the understanding that all interactions must be meaningful to the victim, otherwise it is a form of data collection. Similarly, they respect their client's choices and self-determination. This ensures that victims feel they have someone 'on their side' who is willing to stand up for them and sees them as a person capable of making their own decisions. The independence of the IDVAs allows them to challenge other services when needed.*

Mechanism D - Effective management

Evidence of this mechanism can be identified firstly in the effective management of case-files. In terms of length of service, the case-file analysis identified that two thirds of the cases were concluded within 5 months. There were a number of cases that went on longer than this, with two cases open for 8 months, however, for both of these there were further incidents during IDVA support which required the file to be open longer. The fact that cases were not left to 'drift', but at the same time showing sufficient flexibility to remain open where needed, suggests the IDVA service has a good balance of managing risk with operational requirements.

Figure 25 Length in service



Yet there are other measures of this mechanism. We asked IDVAs to rate their response to different statements regarding how they were managed within the organisation.

It is clear from the below graphs that there are some aspects of management that rate more positively than others. Access to supervision and clarity of expectations rated most positively, with good management support and opportunities for development rating slightly lower. Possible explanations for these responses can be found in the next section on 'contexts'.

Figure 26 I have good management support

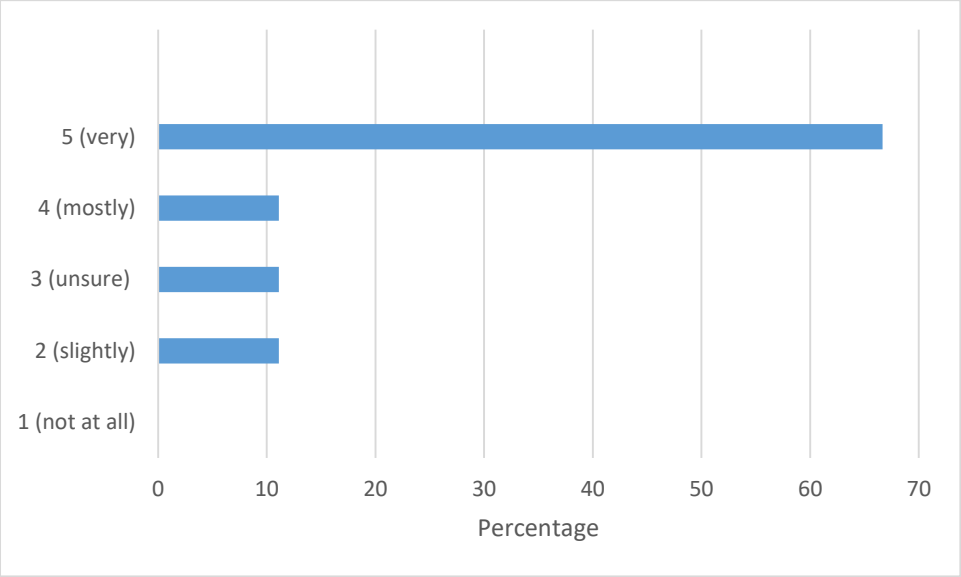


Figure 27 I have regular opportunities for development

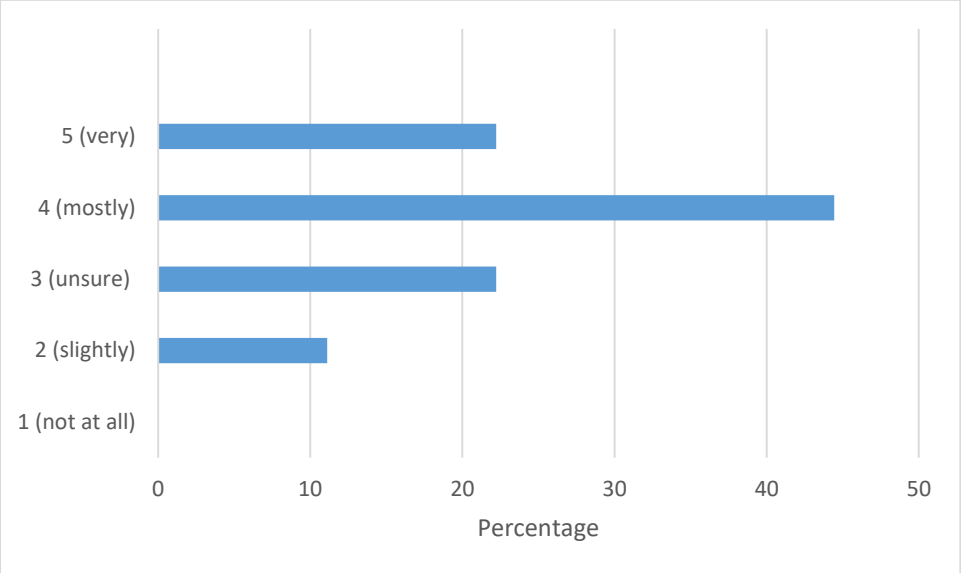


Figure 28 I have regular access to supervision

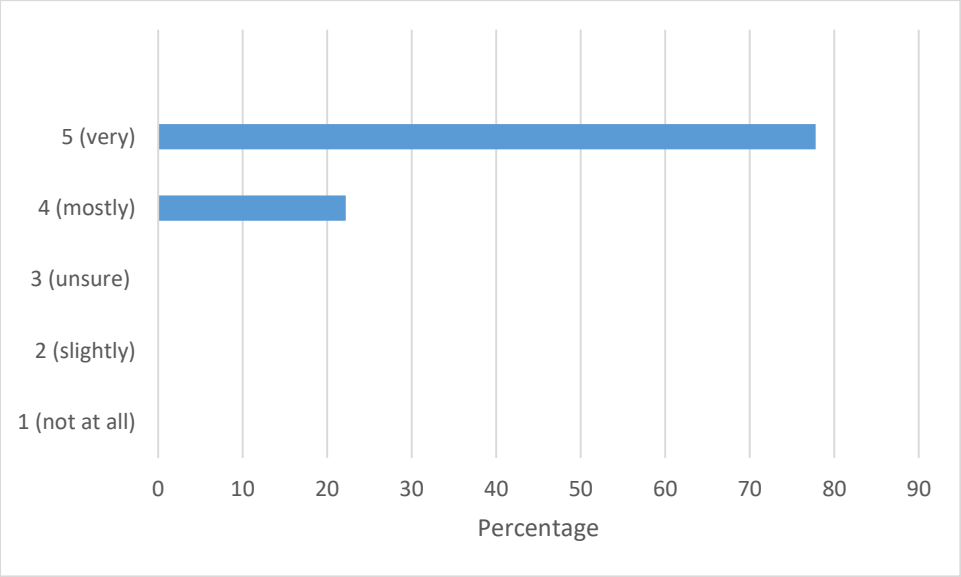
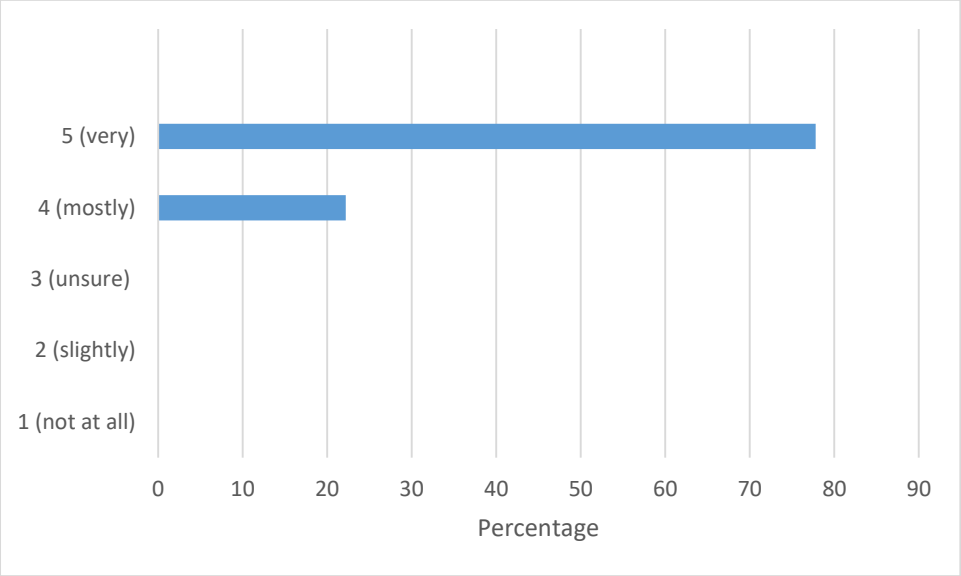


Figure 29 I am clear what is expected of me as an IDVA



In addition, SaferPlaces have a commitment to ensuring that IDVAs are managed by qualified and experienced IDVAs. This is with the intention that the quality of advice and support they can offer will be more effective than managers with no experience of providing the service. The importance of being managed by people with knowledge and experience was raised in the first evaluation of IDVA services (Robinson, 2009) where it was recommended that IDVAs be managed by specialist organisations as opposed to the police or health services.

Summary of Mechanism D – *the service is underpinned by a range of policies and procedures. There are very clear procedural guidelines for staff to follow which*

ensure a consistent service for victims. Cases are audited which seeks to ensure quality of service as well as minimising 'drift'. Staff have access to regular supervision to ensure support for them and to monitor the quality of service.

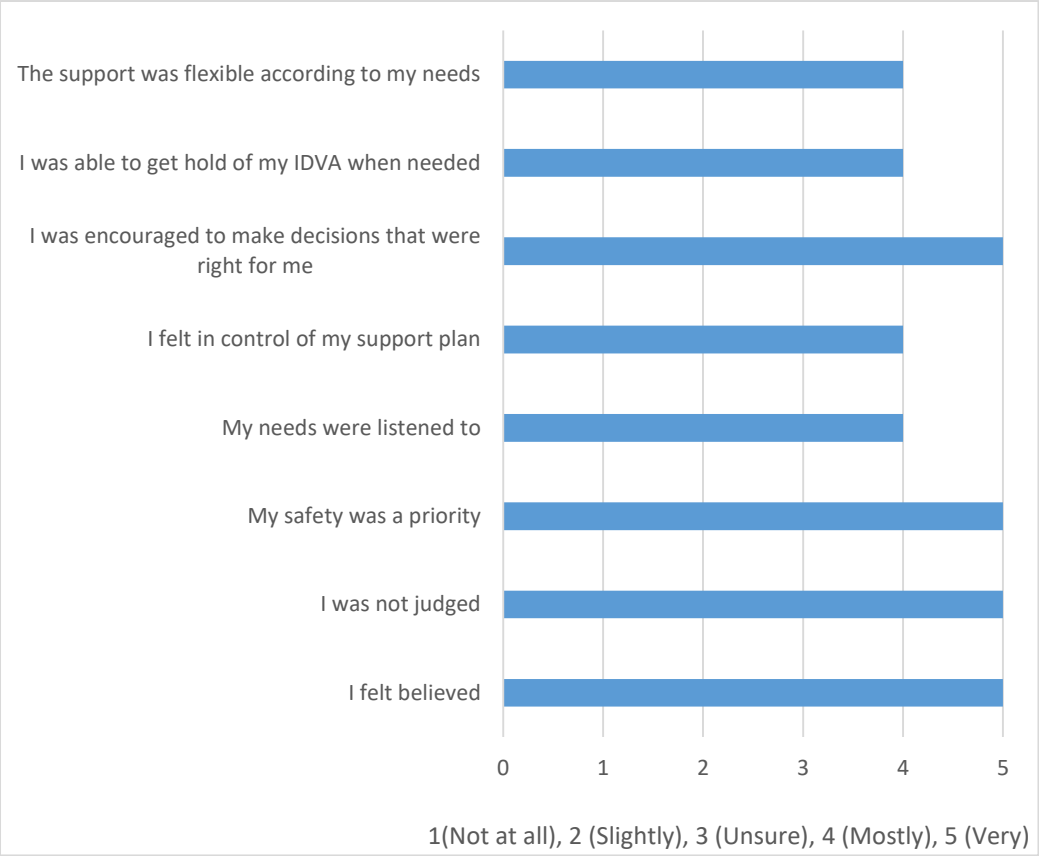
Mechanism E – Personal Qualities

A new mechanism emerged during the evaluation that can be seen to have contributed to the positive outcomes described earlier. This mechanism relates to the personal qualities of an IDVA. We asked the IDVAs what they felt made a good IDVA and a number of common qualities emerged:

> *'Being thorough and leaving no stone unturned'.*
>
> *'A person who is compassionate and empathetic and very hardworking'.*
>
> *'Good listening skills, patience, confidence'.*
>
> *'Someone who is compassionate, but objective, someone who is non-judgemental and listens to the needs of the victim'.*
>
> *'Being efficient with caseloads. Having empathy, patience, responding to clients quickly with relevant help'.*
>
> *'Ability to listen properly, knowledge, empathy, communication and creating a safe relationship where the victim feels supported'.*
>
> *'Someone who is empathic, non-judgemental and a good listener'.*

Furthermore, feedback from a service user similarly suggests that the way the supported was delivered reflected these qualities.

Figure 30 Service User Feedback



Summary of Mechanism E - *in order to achieve outcomes, IDVAs recognise that it is as much about how they do their job, as what they do. Being compassionate, non-judgemental, empathetic and a good listener are considered by the IDVAs as key ingredients to effective support and these qualities were reflected in feedback from a service user.*

Contexts

We hypothesised several contexts that may enable or prevent the various mechanisms described above. The below discussion explores the contexts for which we found evidence using the available data.

Context A - Integral role of IDVA service in MA forums – *the service works very closely with the police in a number of ways. Police MARAC referrals are sent directly to the IDVAs though an IT system. The IDVA service manager chairs (on a rotating basis with other agencies) the MARAC in Essex and IDVAs are present at every MARAC/MARAT/MASH in the areas. This close working relationship with both the police and other MARAC partners, allows IDVAs to advocate for victims and seek support in addressing their risk and needs. Both IDVA and stakeholder feedback suggests these working relationships are highly valued and effective.*

The level of partnership working between the IDVA service and multi-agency partners has been discussed in the above sections. Here it is important to explore the multi-agency context in Essex and how this may assist the above mechanisms.

We asked the IDVAs to rate their responses to particular statements regarding the multi-agency context in which they work. As can be seen, the majority of IDVAs report a positive multi-agency environment, particularly in relation to MARAC and the police.

Figure 31 Other Organisations understand my role

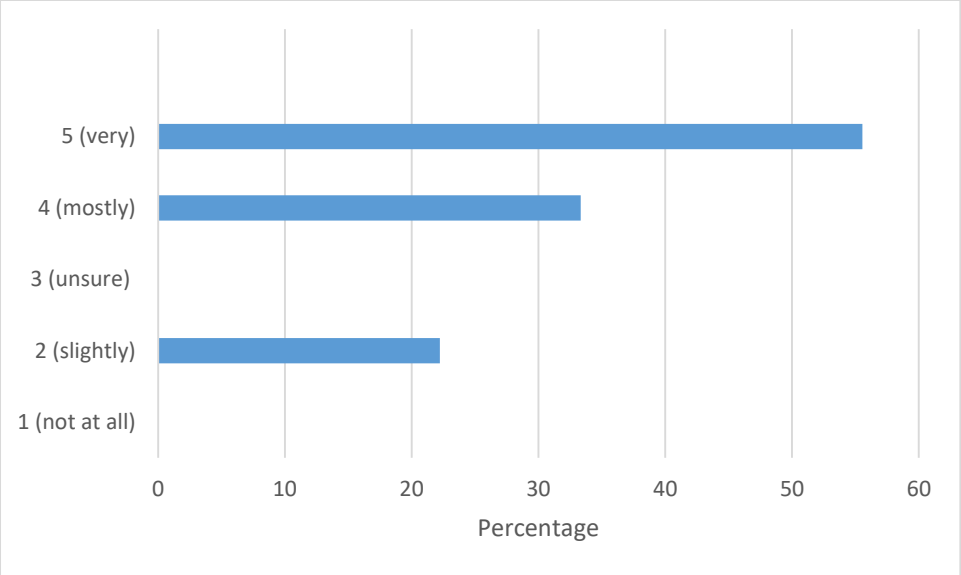


Figure 32 MARAC is an effective means of addressing high risk cases of domestic abuse

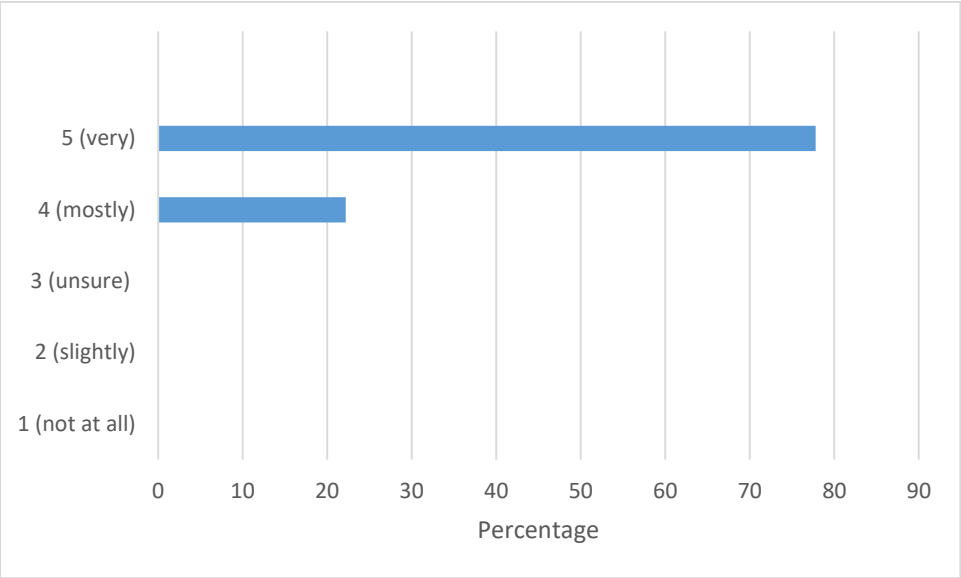


Figure 33 The police are supportive in addressing the safety concerns victim/survivors

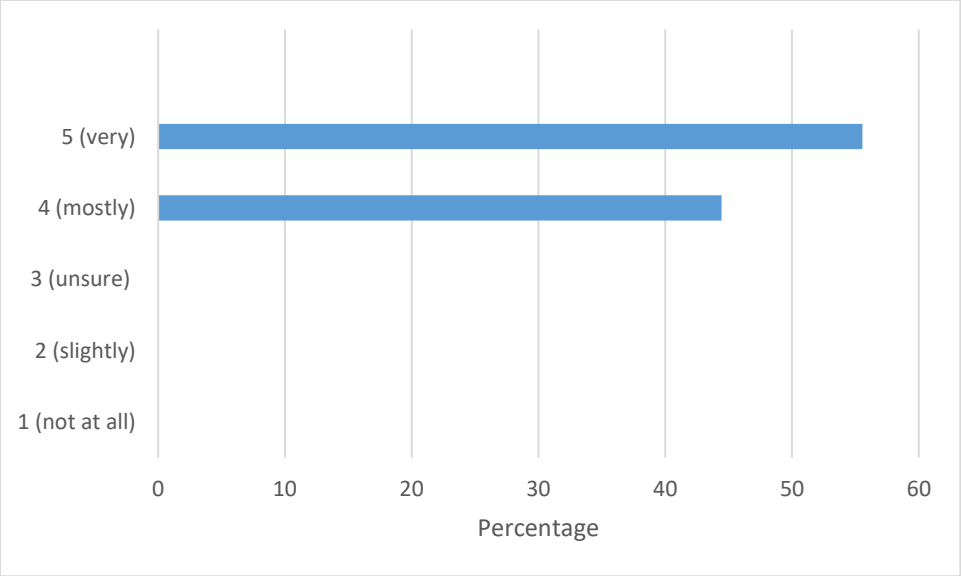
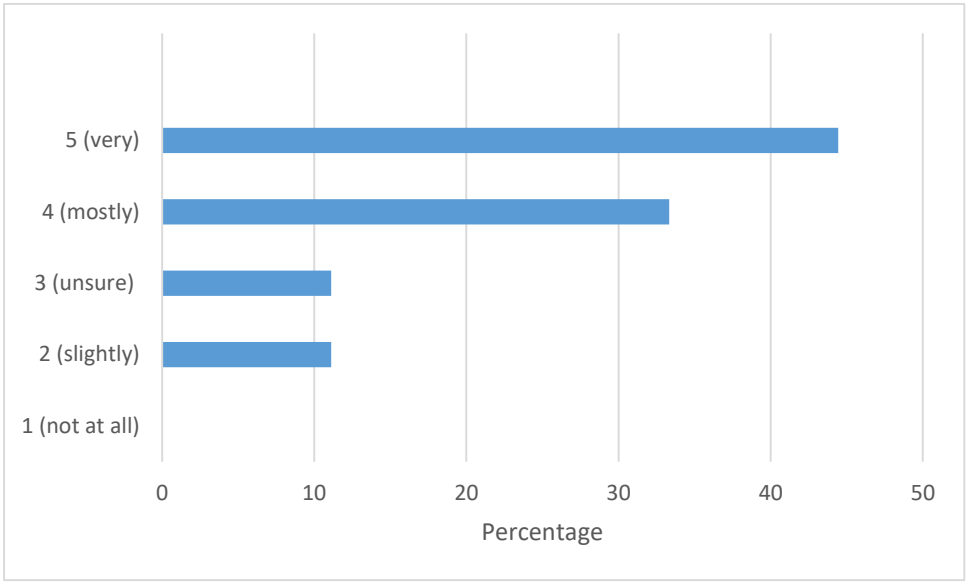


Figure 34 The Criminal Justice System can be an effective way of protecting victim/survivors



We also asked stakeholders to rate the extent to which they understand the role of the IDVA and value the service. As can be seen, both statements were rated positively, especially the value of the IDVA service. This suggests a largely positive multiagency environment in Essex that is supportive of the IDVA service and can support them in achieving outcomes for victims.

Figure 35 I understand the role of the IDVA

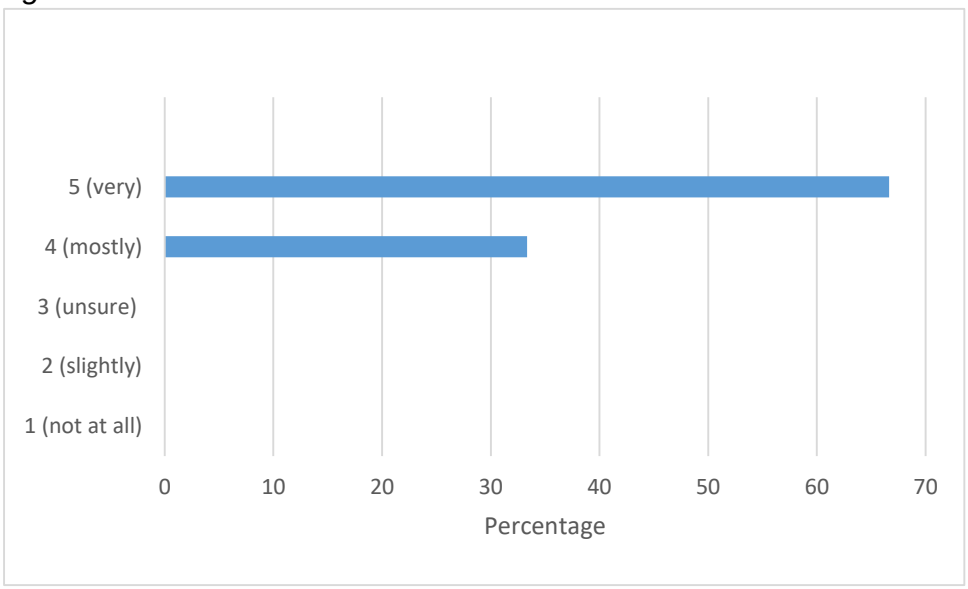
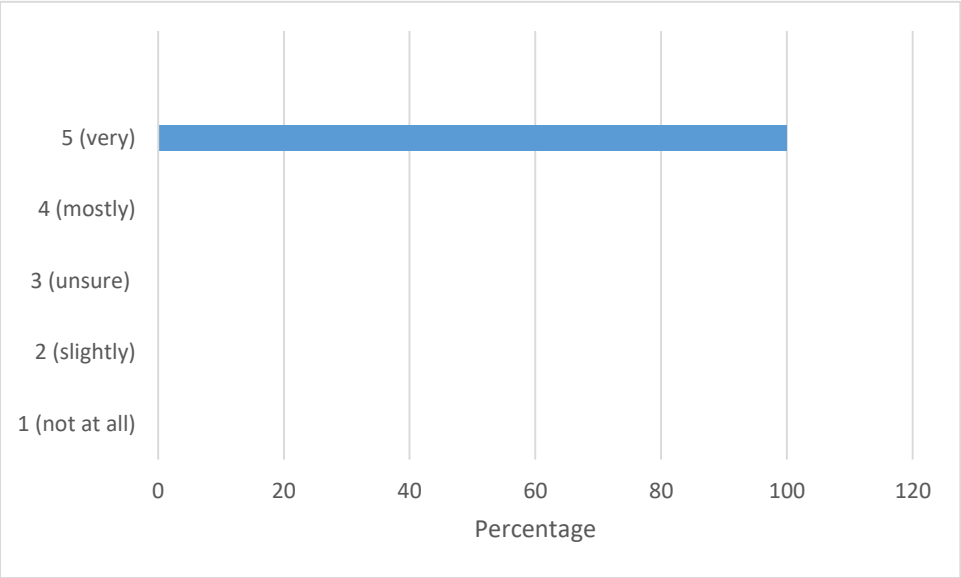


Figure 36 I see the value of the IDVA service



Context B – Organisational Culture - *the organisation recognises the value of their staff, stating 'our team are our most important resource'. They have established systems to ensure staff feel supported and valued. The fact that IDVAs receive clinical supervision helps to address the potential impact of dealing with trauma on a regular basis. The provision of a free counselling service alongside policies that deal with stress, bullying and harassment and DA in the workplace – all serve to support front-line staff in their role which impacts on the service they provide to victims. In addition, the investment of the organisation in staff training and development, again evidence their commitment to their employees by valuing the work they do. Staff feedback suggests they feel valued and supported.*

We were able to find evidence of this context in the comments made by IDVAs regarding how they felt about working for SaferPlaces. From the comments below it is clear that IDVAs are proud of their role and the wider organisation, something that needs to be facilitated by effective governance and leadership:

> *'I think the IDVA service is a brilliant service and really does make a difference in the lives of victims'.*
>
> *'They do not discriminate and help clients of all backgrounds'.*
>
> *'I am very proud to be part of and deliver the IDVA service at SaferPlaces'.*
>
> *'I have found my time at SP extremely enjoyable; it plays to my strengths and prior experience, communication can be an issue at time with teams being so spread across the county but on the whole it works very well'.*

In order to determine the extent to which the robust policies regarding support for staff translated into practice, we asked IDVA to rate their response to a series of statements. As Figures 37-39 identify, while IDVAs mostly enjoyed their role, there were some who were unsure how valued they were by the organisation and did not feel as supported as they could have been. As will be seen below, this may be associated with the high turnover of staff, including managers, and the pressure this then puts on individuals.

Figure 37 I enjoy my role

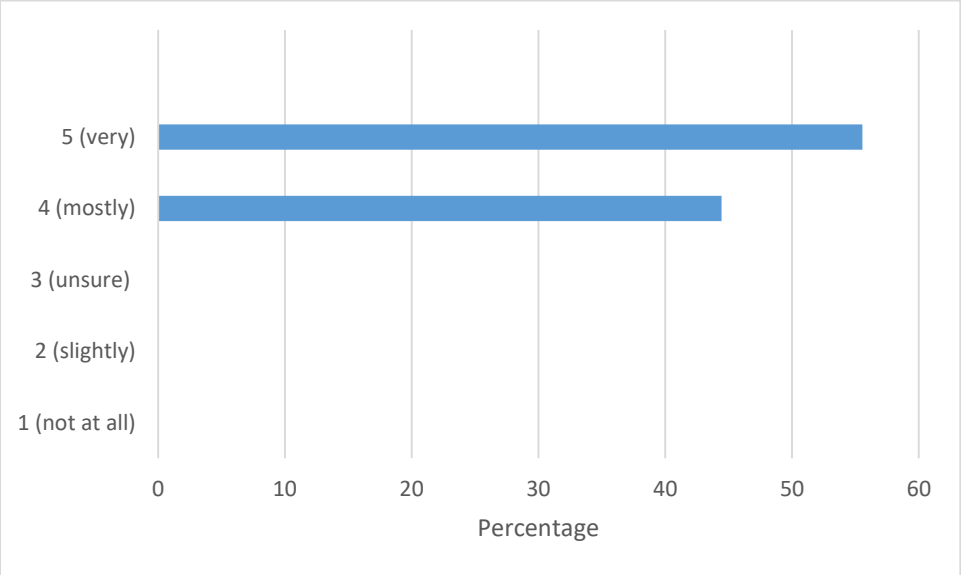


Figure 38 My role is valued in the organisation

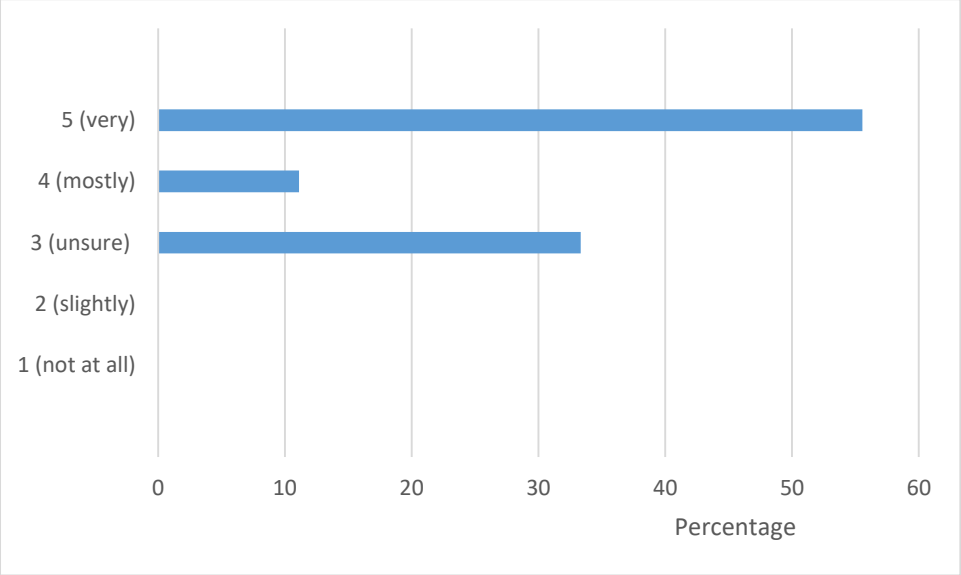
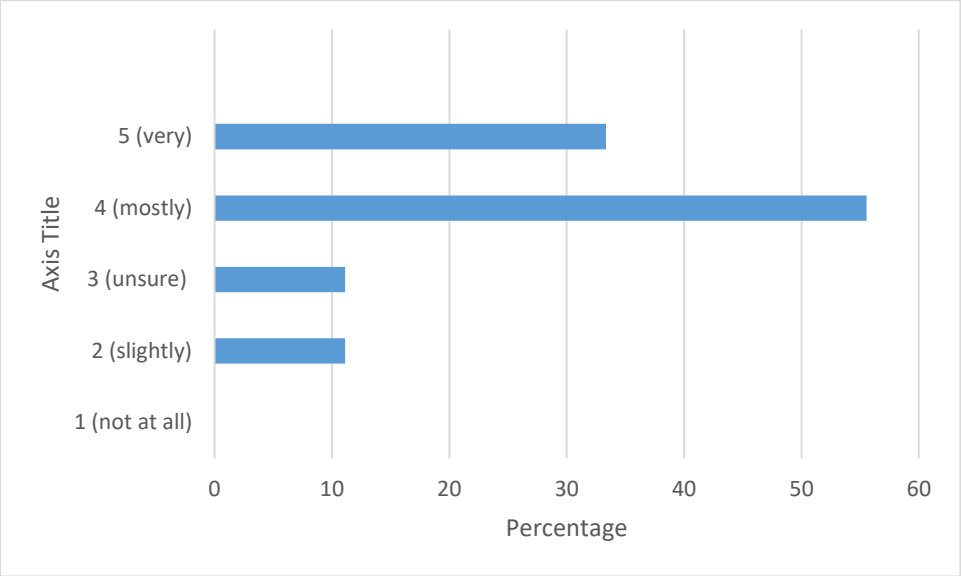


Figure 39 I feel supported by the organisation



Context C – Resources and funding instability*– the wider political and economic context hinders the ability of the IDVA service in achieving its outcomes – particularly around financial support. Stakeholders mostly felt the IDVA service was under-funded, and IDVAs felt they could provide better support with more resources, suggesting the outcomes they have achieved could be improved with additional funding.*

In order to gauge the extent to which IDVAs were encountering problems accessing resources for victims, we asked them to rate their response to particular statements. While it is encouraging that most report access to accommodation and referral to other services positively, this is less so for financial support.

Figure 40 It is possible to access safe accommodation for victim/survivors

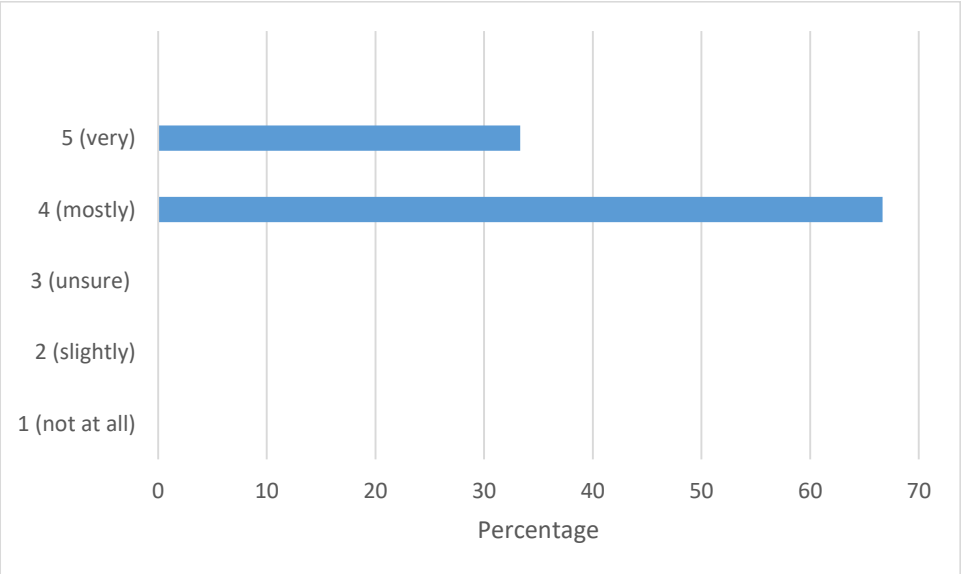


Figure 41 It is possible to access financial support for victim/survivors

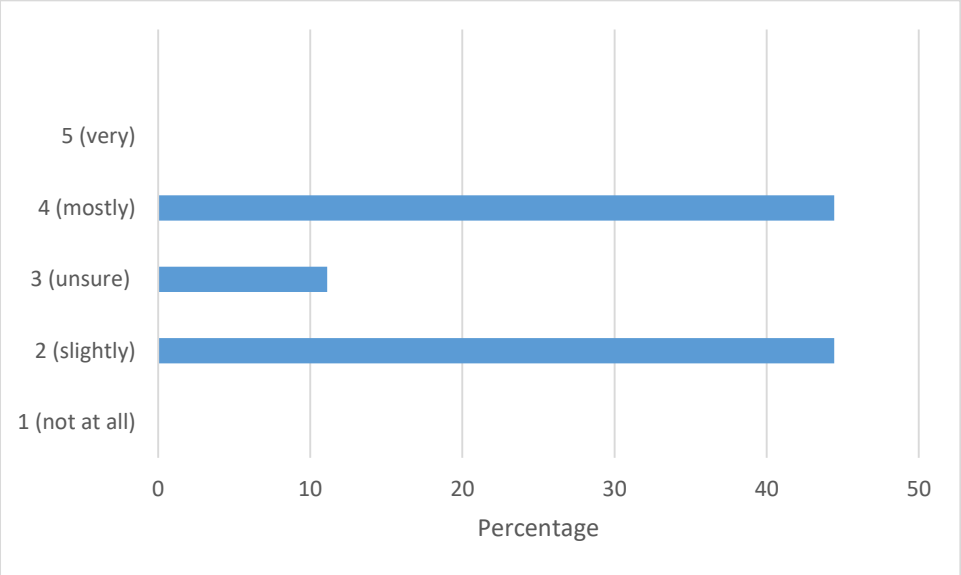
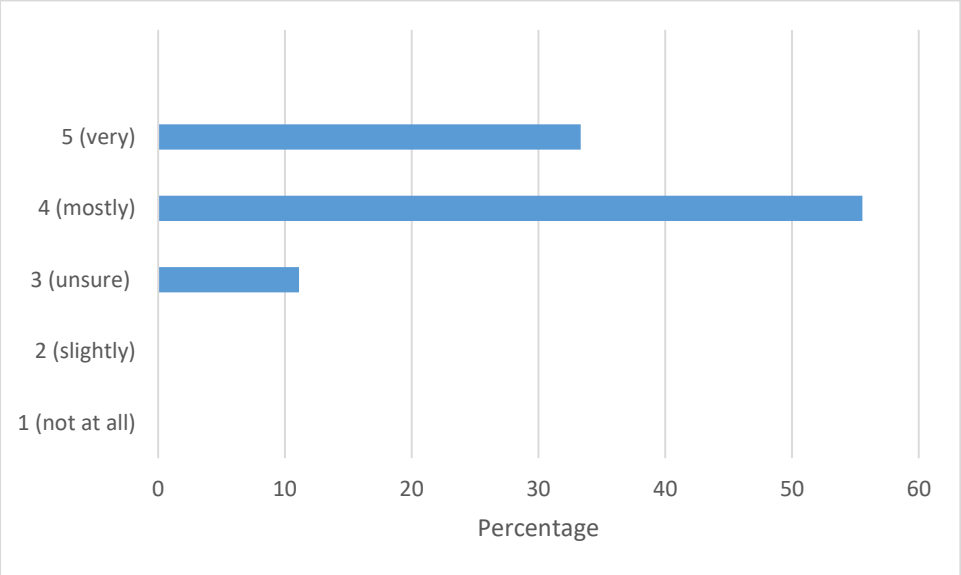
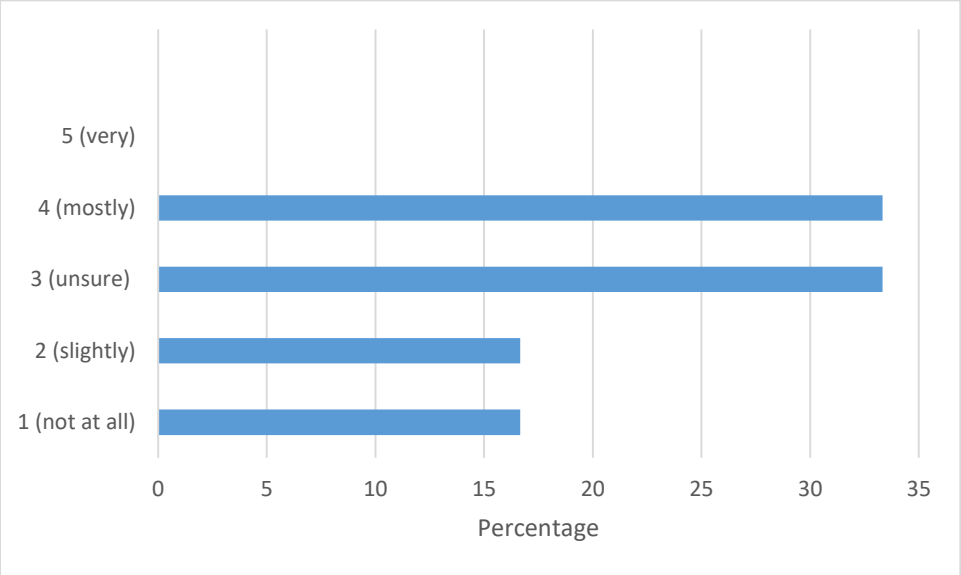


Figure 42 It is possible to refer victim/survivors into other services (such as mental health services)



The issue of funding is central to the impact of the IDVA service. If contracts are not adequately funded, they may not be safe for service users. When we asked stakeholders if they thought the IDVA service was adequately funded, their response was telling:

Figure 43 The IDVA service have enough resources



In addition, we asked IDVAs about what they would like to do more of, or other types of support they would want to provide.

There were two key themes:

Earlier support

> *'Work with some medium risk cases to work with victims to prevent high risk incidents happening'.*

More face-to-face support

> '*With the volume of work, we do much of our work by telephone. It would be nice to have enough staff to be able to do more face to face work'.*
>
> *'More IDVA's with an ability to offer more face to face individual unique support'.*

From the earlier discussion it is clear that most IDVAs who took part in the survey enjoy their role and feel valued by the organisation, however, there were also some who reported less positively for management support. A possible explanation for this is suggested in the below comments – all of which relate to staff-turnover and the instability of funding.

'I enjoy working for SaferPlaces, we have some amazing staff who are dedicated, the only negative is the high turn-over of staff which leaves us under a lot of pressure to do the job and train new staff'.

'There are not enough staff when people leave, it's difficult because funding for the services seems to reduce each year which impacts on agencies to refer to'.

'Changes in Provider makes for an unsettling period for both staff and service users alike'

The below table presents the revised Programme Theory, showing the outcomes achieved by the IDVAs alongside the mechanisms and contexts identified during our analysis.

Recommendation 8

To ensure funding is adequate to provide a safe service.

Recommendation 9

To consider the instability of funding and the cost associated with the re-tender process.

Recommendation 10

To fund a service that allows for more face to face support with service-users.

Table 16 Revised Programme Theory

Outcomes What measurable outcomes has the IDVA service achieved?	**Mechanisms** How has the IDVA service achieved these outcomes?	**Contexts** What contexts have helped or hindered these mechanisms?
Outcome A – Early Engagement with the service 72% of those contacted engaged with the service. Case-file data suggests referrals are allocated swiftly and that attempts to contact are made within the required timescales. **Outcome B - Children at risk are identified and referred appropriately** Over 2000 children were supported through the IDVA service in 2017. Of these, safeguarding was addressed or initiated in nearly three quarters of cases (72%) and child contact issues in 47%. **Outcome C – Reduction in Risk, Increase in Safety** Over 70% of victims reported a decrease in their DASH score, 77% reported a cessation in all forms of abuse and 79% of victims reported they felt an increase in safety. **Outcome D - Recovery and Resilience** 77% of victims reported an increase in their quality of life, 33% reported an increase in self-esteem, 75% reported a reduction in symptoms of depression and 27% reported an increase in feelings of empowerment.	**Mechanism A Risk, need and choice** - the service is individually tailored to victims according to their level of risk, what they need and what they choose to do. We found evidence of risk and needs assessments being conducted at the earliest opportunity, with safety being a constant consideration. The fact that victims direct the support ensures the range of issues faced by victims are addressed. (Outcomes A, B, C and E) **Mechanism B Multi-agency, community based** - the service is delivered as part of existing multi-agency arrangements (MARAC/MARAT/MASH). The professionalism of the IDVA service, reflected in the positive feedback from stakeholders, allows IDVAs to liaise with key agencies thereby obtaining and sharing information about the client in order to increase their safety. (Outcomes A, B, C and E) **Mechanism C Victim focus, Independence and advocacy** - the service keeps the victim as their central focus. They work on the understanding that all interactions must be meaningful to the	**Context A - Integral role of IDVA service in MA forums** – the service works very closely with the police in a number of ways. Police MARAC referrals are sent directly to the IDVAs though an IT system. The IDVA service manager chairs the MARAC in Essex (on a rotating basis with other agencies) and IDVAs are present at every MARAC/MARAT/MASH in the areas. This close working relationship with both the police and other MARAC partners, allows IDVAs to advocate for victims and seek support in addressing their risk and needs. Both IDVA and stakeholder feedback suggests these working relationships are highly valued and effective. (Mechanisms A, B and C) **Context B – Organisational Culture** - the organisation recognises the value of their staff, stating ‘our team are our most important resource’. They have established systems to ensure staff feel supported and valued. The fact that IDVAs receive clinical supervision helps to address the potential impact of dealing with trauma on a regular basis. The provision of a free counselling service alongside policies that deal with

Outcome E - Victims have increased access to justice 77% of victims reported to the police, of these, charges were brought in 67% of cases, of these the CPS continued with the prosecution in 83% of cases, and of those, 70% were successfully convicted.	victim, otherwise it is a form of data collection. Similarly, they respect their client's choices and self-determination. This ensures that victims feel they have someone 'on their side' who is willing to stand up for them and sees them as a person capable of making their own decisions. The independence of the IDVAs allows them to challenge other services when needed. (Outcomes, A, B, C, D and E) **Mechanism D Effective management** – the service is underpinned by a range of policies and procedures. There are very clear procedural guidelines for staff to follow which ensure a consistent service for victims. Cases are audited which seeks to ensure quality of service as well as minimising 'drift'. Staff have access to regular supervision to ensure support for them and to monitor the quality of service. In addition, IDVAs are managed by qualified and experienced IDVAs which improves the quality of advice provided. (Outcomes A, B, C, D and E) **Mechanism E Personal Qualities** - in order to achieve outcomes, IDVAs recognise that it is as much about <u>how</u> they do their job, as <u>what</u> they do. Being compassionate, non-judgemental, empathetic and a good listener are considered by the IDVAs as key ingredients to effective support and these qualities were reflected in feedback from a service user (Outcomes A, B, C, D and E)	stress, bullying and harassment and DA in the workplace – all serve to support front-line staff in their role which impacts on the service they provide to victims. In addition, the investment of the organisation in staff training and development, again evidence their commitment to their employees by valuing the work they do. Staff feedback suggests they feel valued and supported. (Mechanisms C, D and E) **Context C – Resources and funding instability-** the wider political and economic context hinders the ability of the IDVA service in achieving its outcomes – particularly around financial support. Stakeholders mostly felt the IDVA service was under-funded, and IDVAs felt they could provide better support with more resources, suggesting the outcomes they have achieved could be improved with additional funding.

CHAPTER FIVE

Conclusion and Recommendations

It is clear throughout this report that the SaferPlaces IDVA service has achieved a great deal with its service-users, and much of what it has achieved relates to the way the organisation supports its staff, the values and ethos of the organisation and the commitment and dedication of the IDVAs themselves. The fact that stakeholders report so positively about the IDVA service suggests that in Essex, multi-agency working is valued and effective. This chapter reflects on the differences between the initial programme theory designed at the start of the evaluation and compares this to the evidence identified during the research. We also make a series of recommendations for SaferPlaces and their commissioners.

What works, for whom, in what circumstances and in what respects?

The purpose of using the framework of Realist Evaluation (Pawson and Tilley, 1997) was to attempt to answer these questions. Most evaluations focus on the outcomes achieved by a project, but fail to devote enough attention to what it is about the service and the support provided that leads to such outcomes. When reviewing information about SaferPlaces and their IDVA service, we identified a number of outcomes they were attempting to achieve, these were at various levels, including the organisational level, the project level and the individual service-user level. Having analysed the available data, we found evidence of most of these outcomes but not all. When presenting the revised programme theory, some of these outcomes were better reflected as mechanisms while others were more helpful in setting out the context of the IDVA service. Below we comment on outcomes that were not reflected in the revised programme theory described in the previous chapter.

At the organisational level, it was clear that SaferPlaces were committed to **establishing and maintaining effective working partnerships with key organisations**. As has been evidenced throughout the evaluation, this has certainly been achieved, with close working relationships between IDVAs and their multi-agency partners. While this was described as an outcome in the initial programme theory, we felt it was more helpful to describe this as part of the mechanisms and contexts as effective multi-agency working facilitated the outcomes achieved.

At the project level, SaferPlaces wanted to ensure that **service users are offered an equally accessible and non-discriminatory service**. As can be seen in Chapter Three, the demographic data provided suggests that this is being achieved, however there are some limitations. Firstly, the nature of referrals for the IDVA service – with over 70% coming directly from the police – means that it is largely those victims who feel confident to call the police who are able to access the service, so victim/survivors who are lesbian, gay, bisexual and/or transgender, may be less likely to access the IDVAs. It would be interesting to compare the demographic data for the IDVA service to the demographic data for SaferPlaces Gateway service to

see if there are any key differences. In addition, the data on disability and mental health in the IDVA case management data did not necessarily reflect the extent of mental health issues identified in the case-file analysis. It may therefore be helpful for the IDVA service to consider their recording of these issues and perhaps have a 'spotlight' on mental heath where additional data is recorded for a month to help build a picture of the range of issues service-users are experiencing.

The policy and procedure documentation provided to us suggested the IDVAs aimed to provide a **high-quality** service. While the exact descriptors of quality were not articulated, this did seem to relate to SaferPlaces operating guidelines, such as attempting contact with 24-48 hours and reviewing files to minimise drift – both of which were identified during the evaluation.

Finally, at the individual level, the IDVA service wanted to help victim/survivors achieve the following:

- Victims feel safer
- Report improved health, wellbeing and resilience
- Have increased access to justice
- Secure or maintain accommodation
- Secure or maintain training/employment
- Secure financial support

While we were able to find evidence of the first three outcomes being achieved, we did not find evidence of the last three. It is important to note that this is not necessarily because they were not achieved, simply that the data we were provided did not include these measures. We did however find evidence that IDVAs were supporting service users with accommodation, training/employment and financial support in the case-file analysis so it is likely that outcomes were achieved. This is something SaferPlaces may wish to record more formally in the future.

Recommendations

SaferPlaces

1. Consider comparing the demographic data for the IDVA service to Gateway referrals to identify any issues with equality of access.
2. Review recording practices for mental health and disability – consider additional recording for a month to help build a picture of the issues faced by service-users.
3. Explore why the 'accessing health and support' outcome is lower than the other confidence outcomes.

4. Consider expanding the recording of criminal justice support – specifically in relation to special measures, pre-court visits, victims attending court and giving evidence.
5. Promote the work of SaferPlaces in supporting children with stakeholders.
6. Review case-file recording to ensure that when safeguarding or risk issues are identified, that there is a clear outcome to the issue recorded.
7. For the IDVAs to take on a more proactive role with some aspects of support to avoid 'referring on' – for example with civil orders and housing. Perhaps one or two staff could attend additional training on these issues to develop some expertise and become a point of contact for the rest of the team.
8. Consider recording outcomes for accommodation, training/employment and financial support (if not already captured).

Commissioners

9. To ensure funding is adequate to provide a safe service.
10. To consider the instability of funding and the cost associated with the re-tender process.
11. To fund a service that allows for more face to face support with service-users.

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