



Ending domestic abuse

# SafeLives' 2016 survey of Independent Domestic Violence Advisor provision in England & Wales



## Executive summary

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- There are a total of 815 Full Time Equivalent (FTE) Idvas working across England and Wales. Compared with SafeLives' 2015 survey, this is an increase of 69 additional FTE Idvas, or an uplift of 9.2%.
- Fifteen out of 43 police forces across England and Wales have less than half the numbers of Idvas they need to support victims at high risk of serious harm or murder.
- While it is positive that the number of Idvas has increased since last year, we still don't have enough. An additional 216 FTE Idvas are required to meet the needs of the population of victims of high-risk domestic abuse in England and Wales.
- This survey focuses on the provision of support for those victims at the highest risk of harm from domestic abuse. Idvas form an important and well-evidenced part of the continuum of provision for victims and survivors of domestic abuse. We recommend that every commissioner maps current expenditure and provision across all their domestic abuse provision looking at both risk and need. Comments from responders also noted that there needed to be greater specialist provision, particularly for BAME and LGBT victims and more investment in preventative work.
- Our survey found that 25 services were located in health settings. This development is encouraging as research has shown that four out of five victims of domestic abuse do not contact the police, but most use the health service. A recent SafeLives' report, A Cry for Health, calls on commissioners to fund domestic abuse services in all acute hospital settings, particularly A&E and maternity.
- We call on all commissioners of Idva services to work together to ensure they have full provision of services, both Idva and other, in their local area. Pooling budgets can be an effective way to ensure there is enough funding to support what is a multi-agency intervention. Local services are clearly concerned about the sustainability of their funding and this has an impact in some cases on their ability to recruit and retain specialised and trained staff. Moving from annual funding rounds to a longer-term cycle would help to introduce more stability.
- Idvas work with victims who are often in a life or death situation and who have lived through huge trauma, yet they are unsung heroes. The Government could do more to highlight the important public service Idvas provide and encourage commissioners to fund the right provision of services for the needs of their local population, including services for groups with hidden or unmet needs. Regular meetings with frontline domestic abuse professionals and a celebration event for Idvas could help to highlight the incredible work they do.
- We recommend that the Home Office monitor the provision of Idva services after its grant funding comes to an end in March 2017. Services are clearly concerned that local authorities and Police and Crime Commissioners may not step in to fill the funding gap. This would be a real step backwards in the generally positive direction of increasing Idva provision.

## What is an Idva?

Established in Britain in 2005, independent domestic violence advisors (Idvas) address the safety of victims and survivors 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 form part of a continuum of specialist domestic abuse support and normally work with their clients from the point of crisis to assess the level of risk posed by the perpetrator, to discuss the range of suitable options and develop safety plans.

Idvas are proactive in implementing these safety plans, as well as longer-term solutions, in conjunction with the victim/survivor. These plans will include actions from a Multi-Agency Risk Assessment Conference (Marac) as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other organisations. Idvas support and work over the short- to medium-term to put their clients on the path to long-term safety. They receive specialist accredited training and hold a nationally recognised qualification.

Since they work with the highest risk cases, Idvas are most effective as part of an Idva service and within a multi-agency framework. The Idva's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

Studies have shown that when clients experiencing high-risk abuse engage with an Idva, there are clear and measurable improvements in safety, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse. This creates the context in which other needs can be met.

SafeLives established Idva training in 2005 with the aim of giving domestic abuse practitioners a recognised qualification and a common framework for their practice, alongside service standards. Over 2,000 Idvas have been accredited by SafeLives, enabling them to provide the best possible support to improve the lives of victims of domestic abuse and their children.

## A typical Idva's day

*"I start work at about 8am: reading about new referrals (from the police, social services, and charities), liaising with other professionals and checking on the events of my current clients. At the moment, I have about 45 cases (twice as many as recommended) so there is a lot to get through.*

*I might get to my first client by 9.30am or so, if they're a new referral I will be with them for about two hours. I carry out a risk-assessment, and from there establish their needs. We create a tailored safety and support plan. Every plan is unique - they might need the security of their home addressed, they may need to leave or move home, they may need to talk to their GP, they may have to go to court.*

*I could then see up to another three cases that day. I work in a rural area so cover about 400 miles a week. Finding time for paperwork and training can be tough, but it's essential I stay up to date with the latest procedure or piece of legislation."*

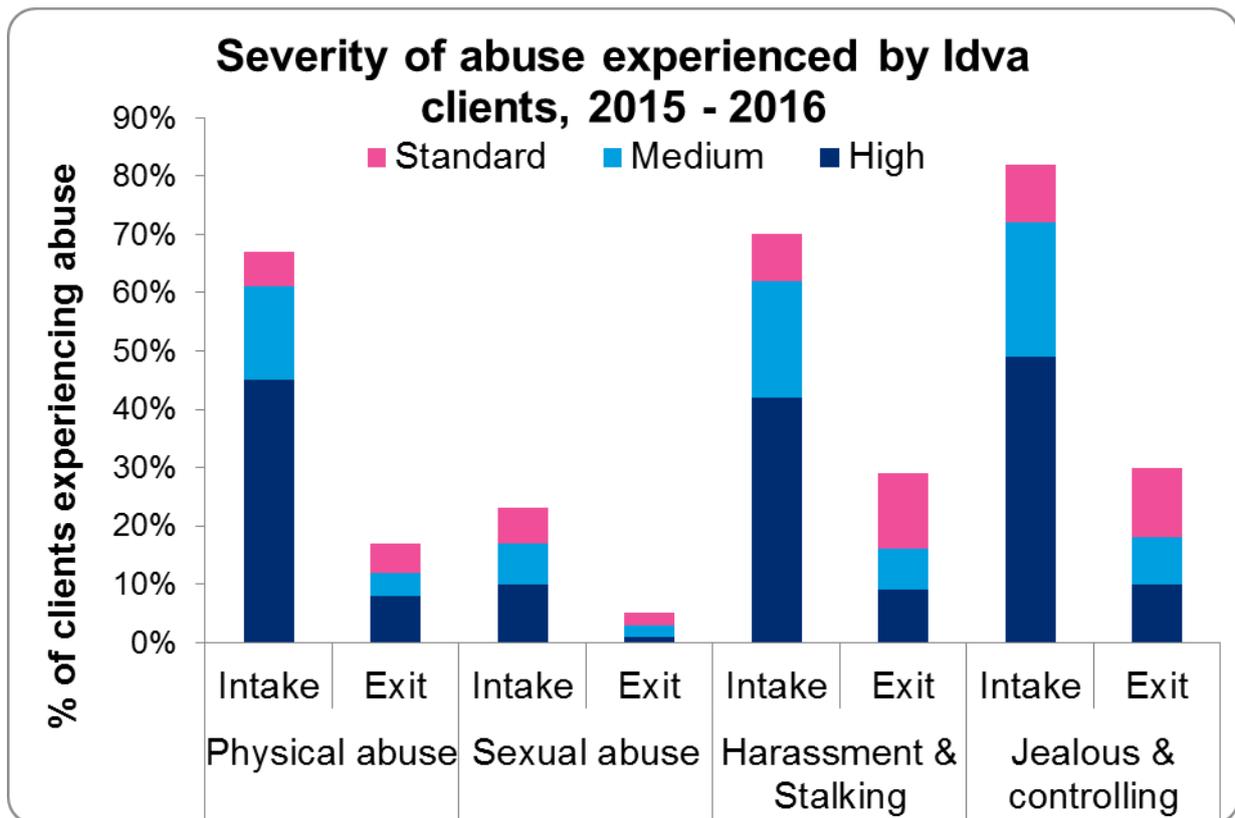
## Who do Idvas work with?

The Idva role is to support individuals experiencing high-risk domestic abuse. These victims experience multiple types of high severity abuse in the three months prior to engaging with an Idva service;

- 82% of victims were experiencing multiple types of abuse, 49% experienced multiple types of high severity abuse. Types of abuse include physical abuse, sexual abuse, harassment and stalking as well as jealous and controlling behaviour.
- 72% of victims had an escalation of severity or frequency in the abuse experienced
- On average victims supported by Idvas had experienced abuse for three years

The support provided by the Idva gives victims immediate support based on a safety plan written to address the risks and needs facing the victim.

## Profile of abuse data



## How do we know Idvas are effective?

SafeLives holds the largest dataset of domestic abuse cases in the country (over 55,000 cases) and we know at a detailed level the difference that effective support makes to victims, survivors and children. We know that following support and interventions from an Idva service, victims experience significant reductions in abuse and positive changes in safety and quality of life.

- 57% of victims reported cessation of abuse at point of case closure
- 84% of victims reported feeling safer
- 82% of victims felt their quality of life had improved<sup>1</sup>

*“Idvas are like lifelines – they enable you to survive when you’re feeling very alone”* – Survivor quote

## Who funds Idvas?

Provision of Idvas is not statutory and coverage varies across the country. Idvas are funded through a number of sources, predominantly by local authorities but increasingly by other agencies, including Police and Crime Commissioners, Clinical Commissioning Groups (for health-based Idva services) and charitable sources. The Home Office has funded around 10% of Idva provision in the last few years, but this grant will be coming to an end in March 2017 with the expectation that other funders will be responsible for securing ongoing provision. The loss of this funding makes it even more important that other commissioners understand the value and role of Idvas.

<sup>1</sup> SafeLives’ Insights National Dataset 12 months to April 2016, unpublished

## Findings from the Idva Survey 2016

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SafeLives has carried out a survey of Idva numbers each year since 2014 when we were asked by Theresa May, the then Home Secretary, to identify how many Idvas are supporting victims of domestic abuse across the country.

Thanks to our national training and accreditation process, we believe we have a comprehensive list of Idva services in England and Wales. To prepare this report we contacted each of them and asked a set of questions to identify the number of Idvas in post, who they are supporting, where they are based and whether they are trained. The survey also canvasses service providers' views to generate a national picture of Idva provision to better inform commissioners and key policy makers.

Inevitably our final figures do not provide the total picture of Idva provision because services open and close, or we may not know of new services which have been commissioned since last year's survey. We liaise with Police and Crime Commissioners to ensure our figures are the most accurate reflection of their local provision and update the data set accordingly.<sup>2</sup> The findings are also shared with the Home Secretary and the Minister with responsibility for Violence Against Women and Girls.

### About the data

200 services responded to us about their provision. Of these, 52 services were not providing Idva services directly. We did not receive responses from 11 services, but believe they still provide Idva services, so used their responses from 2015. The list of services can be found in the appendix.

### How many Idvas are there in England and Wales?

There are a total of 815 Full Time Equivalent (FTE) Idvas working across England and Wales (927 individuals). Compared with our 2015 survey, this is an increase of 69 additional FTE Idvas, or an uplift of 9.2%.

All victims at highest risk from abuse should have Idva support. The total number of Idvas we estimate is needed to support these victims is just over 1,000<sup>3</sup>. The current number of Idvas supporting victims at high risk of serious harm or murder are just 67% of what is likely to be needed to support these cases.

Fifteen out of 43 police forces across England and Wales have less than half the numbers of Idvas they need to support victims of high-risk abuse.

While it is positive that the number of Idvas has increased since last year, we still don't have enough. An additional 216 FTE Idvas are required to meet the needs of the population of victims of high-risk domestic abuse in England and Wales.

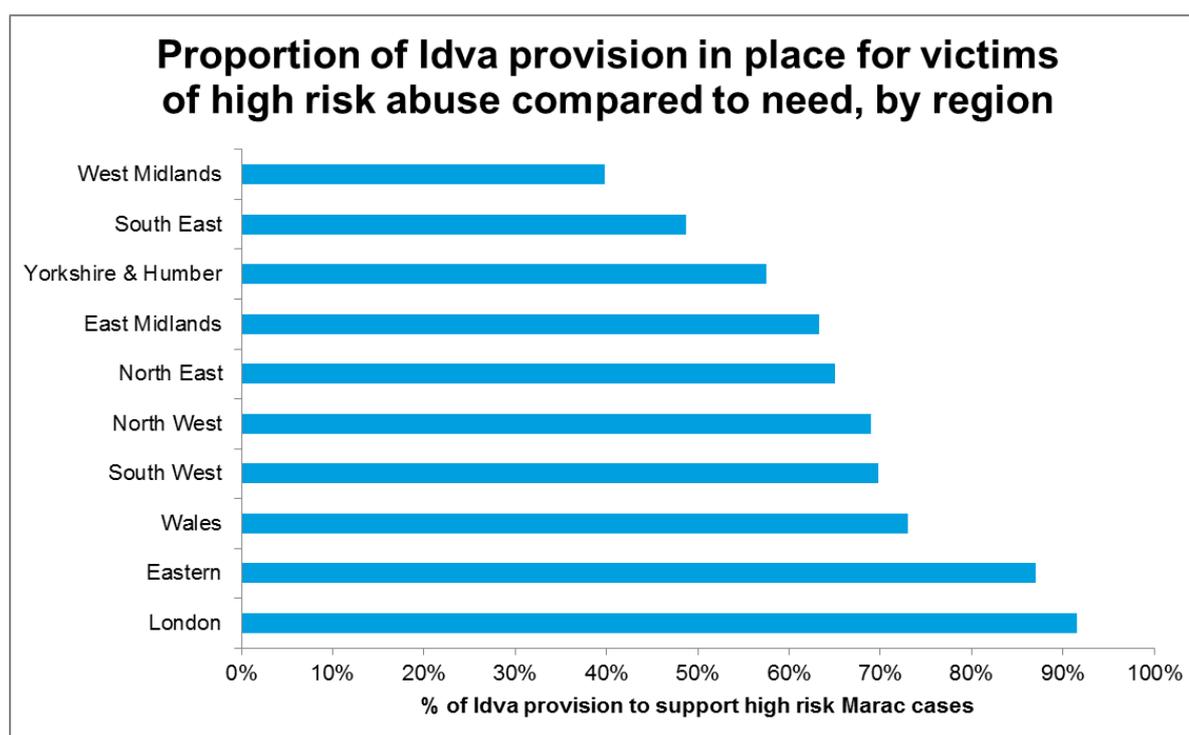
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<sup>2</sup> The figures included in this version of the report were updated after we were given new information on the 14<sup>th</sup> December 2016

<sup>3</sup> 1,030 FTE are currently required in England and Wales based on our estimate of 40 cases per 10,000 adult female population or the number of cases currently discussed in a local area if its higher than 40 cases per 10,000. In general we estimate 1 FTE Idva is required per 100 Marac cases.

## Regional breakdown

Region	Services responding	Recommended number of Idvas to support victims of high-risk abuse	Full Time Equivalent Idvas in post to support victims of high-risk abuse	% of required Idvas to support victims of high-risk abuse in post
East Midlands	10	79	50	63%
Eastern	17	106	92	87%
London	37	137	125	92%
North East	18	58	38	65%
North West	40	141	97	69%
South East	26	152	74	49%
South West	20	99	69	70%
Wales	21	66	48	73%
West Midlands	11	97	38	40%
Yorkshire & Humber	20	99	57	57%
<b>Total</b>	<b>220</b>	<b>1,032</b>	<b>688</b>	<b>67%</b>



## Service provision

The majority of services responding to the survey provided Idva services (75%). Many organisations will provide more than one service. Of the services who responded to the survey, there were 97 services which provided outreach services (45%), and 67 who provided refuge (31%).

All but 30 services identified that they provided more than Idva provision. This is essential because victims need a range of services to meet their needs. We would expect all of those professionals to be

present in a service and acting together in an area to ensure someone has appropriate support to meet their needs, whether they're at immediate risk or recovering from an abusive relationship.

The definitions of outreach, children's workers and Ypvas (Young People's Violence Advisors) vary across the country, and are less established than the Idva or refuge model. An outreach worker tends to work with clients at standard and medium risk from abuse and can help to build resilience with clients who've experienced domestic abuse, including with regards to therapeutic methods and counselling, employment and education. A children's worker ensures children are helped to recover from living in a family with domestic abuse. The Ypva role is to support young people experiencing harm from interpersonal violence and abuse directly, they primarily work with clients aged 15–16, but could support those as young as 12 years old.

	Number of services	% of services <sup>4</sup>
Idva	163	75%
Outreach	97	45%
Refuge	67	31%
Children's Worker	60	28%
Ypva	60	28%
Isva	48	22%
<b>Total</b>	<b>217</b>	

Services will differ in terms of the numbers of staff they employ and therefore the percentage of services does not equate to the number of staff in post, for example roles such as Ypva or Childrens' workers will often represent just one member of staff whereas refuge and Idva teams are often larger.

There has been no change in the proportion of Idva services providing outreach support between the 2015 and 2016 results. Services were mainly charities (63%) and the proportion of services which were charities has not significantly changed since 2015.

### The need for quality

The simple existence of services is not enough. The quality, as well as the quantity, of services is vital. That's why SafeLives established a mark of quality for domestic abuse services called Leading Lights, increasingly recognised as an important standard by commissioners and funders across the UK.<sup>5</sup>

The Leading Lights accreditation programme offers services, partner agencies and commissioners a set of standards for supporting victims and survivors of domestic abuse. The programme was launched in 2009 and many services have been offered coaching, workshops and assessment since that time, with just under 50 gaining accreditation.

To gain accreditation, services have to meet Leading Lights standards. The standards are split into four main sections: service provision, multi-agency working, human resources and governance. Together, these sections represent practice that is effective, sustainable and - above all - safe.

<sup>4</sup> Providers will offer more than one service which is why this does not add up to 100%

<sup>5</sup> More information about SafeLives' accreditation can be found here: <http://safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

The nine standards are:

1. The service provides clients with a specialist proactive, risk led response that reflects clients' individual risks and needs.
2. The service provides effective and comprehensive safety and support planning work.
3. The service has a robust case management and supervision process in place, ensuring effective recording practice and appropriate staff support from intake to closure.
4. The service ensures that all aspects of casework and case file recording meet their legal and best practice duties to the client.
5. The service encourages and supports clients to act for themselves and engage with services that can help them.
6. The service is clear about to whom it offers a service and what that service provides.
7. The service works proactively to ensure that a non-discriminatory service is equally accessible to all eligible clients.
8. The service has clear and accessible referral pathways into and out of the service.
9. The service regularly reviews its practice to ensure continuous improvement.

Services who have been through the Leading Lights process say it is tough but fair, holding them to rigorous standards but also providing them with significant support, guidance and advice, and making them feel proud and validated about what they do. It is a chance for the service manager and her team to reflect in detail, in a comprehensive way and with independent support about their practice, and the progress they have made in a 12 month period. The service will then send annual self-assessments and will be subject to a full reassessment process after three years.

Feedback from the process has been positive:

*"The programme really focused our practice - it gives us a set of standards to adhere to which have become the organisation's day-to-day practice standards. We build everything from our recruitment, induction, data collection, auditing and on-going work around the standards - really great for new staff to be able to read through our LL information and understand how the service operates and why we do what we do. The staff team benefited hugely from the accreditation in terms of confidence about their abilities, and this helps us to keep them motivated."*

As well as running Leading Lights, SafeLives is also a co-signatory, with Imkaan, Rape Crisis, Respect and Women's Aid to a set of service standards for which we acted as co-developers with other organisations in the sector and by the Child and Woman Abuse Studies Unit (CWASU) at London Metropolitan University.<sup>6</sup>

In addition to service accreditation, it is vital that the Idvas have the right skills and knowledge to support victims appropriately. All but 16 Idva services had SafeLives accredited Idvas in post (10% of services). Within these services there were 545 individual accredited Idvas currently in post (64% of all Idvas).

## Service size

Two thirds (65%) of Idva services employ less than five individuals in the Idva role (not necessarily full time). There were 13 services which employed just one Idva. Out of these services around half had outreach support in addition to their sole Idva. A small proportion of Idva services (12%) employed more than ten Idvas (not FTE). At SafeLives, we recommend that a lone practitioner should not be commissioned. We do not believe that a single practitioner can offer a robust service to their clients and it risks having a negative impact on that lone worker's wellbeing.

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<sup>6</sup> Sector Sustainability, Shared Standards: Shared values that apply across the VAWG sector, 2016  
<http://safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

Number of Idvas in post	% of Idva services	% of Idva provision (FTE Idvas)
Two or less	26%	8%
Three to five	39%	29%
Six to nine	23%	32%
10+	12%	31%
<b>Total Services Responding</b>	<b>155</b>	<b>100%</b>

Although the Idva count was primarily aimed at Idva services, a high number of services also provided outreach services. The table below outlines the size of the services which responded, but we are aware this is not a full picture of all outreach services nationally.

Number of outreach workers in post	% of outreach services	% of outreach provision (FTE Outreach workers)
Two or less	38%	18%
Three to five	38%	25%
Six to nine	12%	18%
10+	12%	39%
<b>Total Services Responding</b>	<b>82</b>	<b>100%</b>

### Restrictions on provision

We asked services whether their funding or commissioning included any restrictions about who they could support. One in five Idva providers responded that they were only able to support cases which were discussed at Marac - of these services around half also provided outreach support. Restricting Idva support to just those cases which meet the Marac threshold means that victims and survivors who are still experiencing high-risk abuse are likely not to be receiving Idva support. There were 6% of services commissioned to work only with cases in the Criminal Justice System (CJS). The Idva role should be focused on safety and risk. It is commonly recognised that many of the highest risk cases will not go through the CJS, so we have serious reservations about this approach.

Restriction	Number of Idva services	% of Idva services
Only Marac cases	39	25%
Only cases going through the criminal justice system	10	6%
Only those aged 18+ years or above	8	5%
Only female victims	9	5%
Services with multiple restrictions	11	6%

### Locations of Idva provision

Idva services were asked about where they are located, 139 Idva services responded.

Of the 139 Idva services which responded, 58% were based in a specialist domestic abuse service. Around one in four services were based with the police (28%). 24% of services were based in other locations which were primarily local authority services such as early intervention teams, children's

services or family services. Services based in health settings accounted for 18% of Idva services, primarily covering hospital settings (though these are likely to be very small service with only one or two Idvas). 14 services had Idva provision based within the whole hospital, 12 were based in A&E, and six were based in maternity units. More than a third of services (37%) were based in multiple locations.

Location of Idva provision	Number of Idva services	% of Idva services
Specialist DA service	80	58%
Police	39	28%
Other	34	24%
Health	25	18%
Mash	20	14%
Courts	17	12%
Housing Association	7	5%
<b>Total Idva services responding</b>	<b>139</b>	
Idva services working in multiple sites	51	37%

From SafeLives' evaluation of hospital-based Idva services, A Cry For Health<sup>7</sup>, we know that location has a marked impact on who gets supported, with those accessing support from health based practitioners being far more likely to still be in a relationship, still be living with the perpetrator, and be living with other vulnerabilities including mental ill health and substance misuse.

Our survey found that 25 services were located in health settings. This development is encouraging as our research has shown that four out of five victims of domestic abuse do not contact the police but most use the health service. A Cry for Health calls on commissioners to fund domestic abuse services in all acute hospital settings, particularly A&E and maternity. The more domestic abuse is recognised as a public health concern, and not just as a criminal justice issue, the better.

Location of Idva services in health settings	Number of Idva services	% of Idva services
A&E	12	48%
Whole hospital	12	48%
Maternity	6	24%
GP surgeries	2	8%
Community health visitors	1	4%
<b>Total Health based services</b>	<b>25</b>	<b>100%</b>

## Views of service providers

We sought the views of service providers on five aspects of carrying out the Idva role: sustainable funding, attracting and retaining staff, provision across risk levels, caseloads and recognition by government.

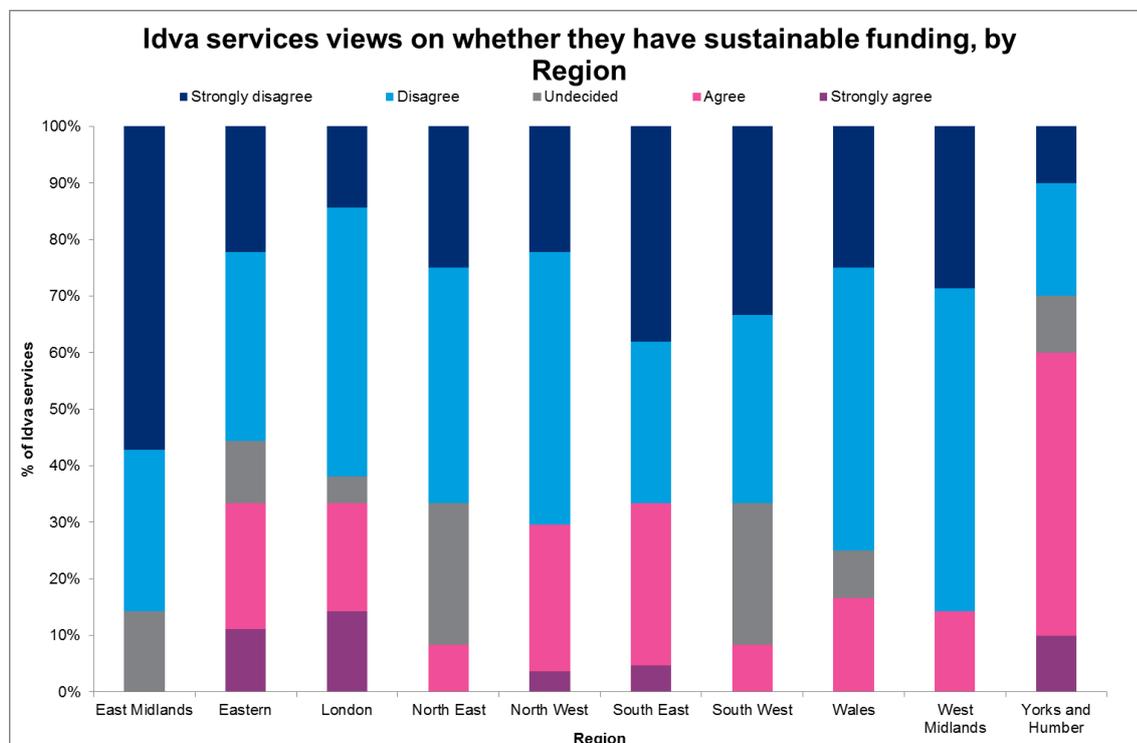
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<sup>7</sup>A Cry for Health: Why we must invest in domestic abuse services in hospitals, SafeLives, November 2016. <http://www.safelives.org.uk/node/935>

	Sustainable Funding	Attract and retain staff	All risk levels	Manageable caseload	Government recognises Idva role
Strongly agree	5%	3%	2%	3%	2%
Agree	21%	19%	34%	4%	3%
Undecided	8%	41%	42%	36%	34%
Disagree	40%	16%	6%	20%	41%
Strongly disagree	26%	12%	16%	37%	21%
<b>Total services responding</b>	<b>138</b>	<b>134</b>	<b>132</b>	<b>119</b>	<b>120</b>

### Sustainable Funding

Overall, two thirds of services (66%) disagreed or strongly disagreed that their service had access to sustainable funding. The regional differences can be seen below:



Due to the uncertainty of funding, responses from services providers highlight the difficulty of developing a service, the impact on staff recruitment and retention, and ultimately victims of domestic abuse:

*“Funding has been year on year which makes it extremely difficult to develop the service and can impact on staff morale. We have, however, been lucky in our recruitment and the dedication of our team means that they remain in their role despite being uncertain how long the funding will be available.”*

*“Although we won a tender for 3 years, our contract is 1 + 1 + 1. This means that each year the Council renegotiate the terms. Last year we lost two experienced Idvas and a skilled and qualified young people’s worker, because they needed more security within their roles.”*

*“We spend lots of our time sourcing funding and writing grant reports and keeping stats to evidence outcomes...if we had sustainable funding we would have capacity to support more clients.”*

17% of comments from the open-ended responses noted the funding services receive is insufficient to cover the service provision needed:

*“There is funding for 6 FTE Idvas for the next five to eight years, however there is limited funding for the core costs associated with supporting those Idvas e.g. management, administration and running costs. Additionally SafeLives suggest we should have 14 FTE Idvas due to the demand.”*

*“The volume of work is far greater than specified in the contract and as statutory services develop they want Idva resources in their various multidisciplinary teams. This cannot be provided without breaching the main requirements of our Idva contract.”*

Respondents also mentioned the pressure of having to find funding from more than one source, having to compete in tendering processes and being dependent on local authorities who are subject to financial cuts:

*“There are regular commissioning/application cycles in place, which place pressure upon services such as ours to apply for and meet commissioning/grant application requirements, and thus destabilises our ability to ensure long term provision.”*

*“Local government is under increasing pressure to cut costs and as such I am concerned the service may be outsourced.”*

Some areas noted that domestic abuse is seen as a priority and they have funding secured:

*“The local authority is committed to improving the lives of all its citizens’ and are in the process of restructuring the domestic abuse service across the area and have a new Domestic Abuse Strategy in place.”*

### **Attracting and retaining staff**

Some services agreed that they were able to attract and retain staff (22%) while others disagreed (26%).

Comments highlight how services retain their staff by taking particular care of their health and well-being and by offering training, a suitable salary and benefits. It is also notable that staff stay in services due to their commitment to the work and the service:

*“Our staff retention... is exceptionally high. We believe that regular supervision, clinical supervision and case management helps to recognise any potential issues or concerns not only for the clients but for the health and well-being of our staff, which they receive on a monthly basis. This is a real valued point which I believe that the commissioning bodies should be taking into consideration. Our staff are a highly dedicated team and are highly valued.”*

Statements made about job security reflect the impact of insecure funding on staff morale and its effect on attracting and retaining high quality staff:

*“I would absolutely say that uncertainties around sustainable funding and job security impact on the people we are able to attract to our new or vacant roles...we want to attract the best possible staff and retain them - the funding situation does not help.”*

Linked closely to job security and funding was the issue of salary which again impacts on retaining high quality staff:

*“The current qualified Idva is paid £19,500 as are the three acting, unqualified Idva staff. We have one acting Idva who is employed via an agency. We have lost three qualified Idvas in the past 12 months due to the low pay and high level of referrals they were expected to deal with. They have left and now work as Idvas on a more realistic pay*

scale. We have been unable to attract qualified Idvas to the team due to the low pay scale.”

Comments also reflect the difficulty of retaining staff due to the stressful nature of the Idva role:

“We attract staff quite easily but retaining staff is much harder due to the high turnover and pace of the work, burnout or stress means we lose staff and are constantly replacing staff and having to retrain them.”

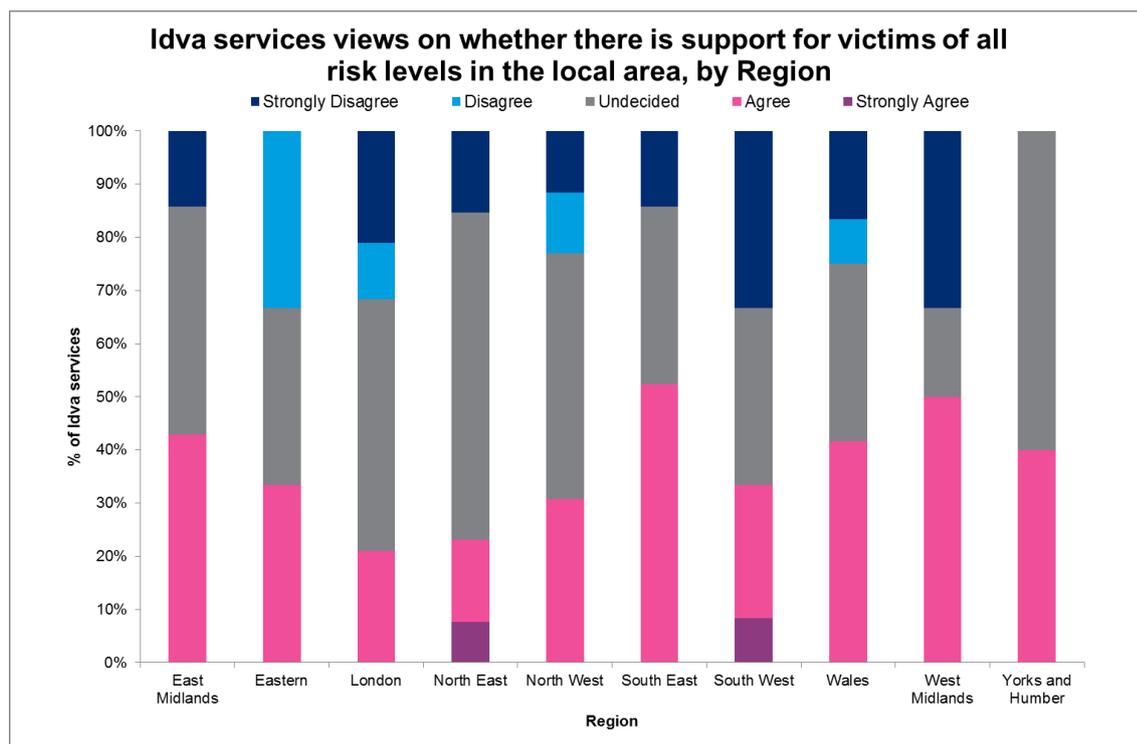
“The team feels overwhelmed with caseloads and struggle to manage their workloads...the overwhelming side comes from not those we have referred but the expectancy to cover all victims of domestic abuse who come into contact with the courts. The Idvas have too many commitments to manage effectively, which include serving the MASH, Marac, all court cases, hospital Idva while being expected to provide one-to-one support to their clients face-to-face. They simply cannot do everything.”

Another challenge mentioned is the lack of experienced or qualified Idvas:

“The work is challenging and requires confident, competent and well trained staff. Unfortunately the profession and its terms and conditions don't offer the people we need the package they are looking for.”

### Support for all victims

Overall, just one third of services (36%) agreed that there was provision for victims experiencing any risk level of domestic abuse in their local area. The regional differences can be seen below:



Comments highlight the lack of resource in their area for victims at standard/medium risk or specialist services and the impending escalation to high risk:

“We have strived to ensure all victims of domestic abuse are offered support irrespective of risk level - providing earlier intervention to reduce the number of victims escalating to . Children and young people's specialist services are needed but patchy availability.”

“There are many specialist gaps...depends on victims' ethnicity in terms of access...and lack of intervention work.”

“There is limited provision for preventative work and low risk cases.”

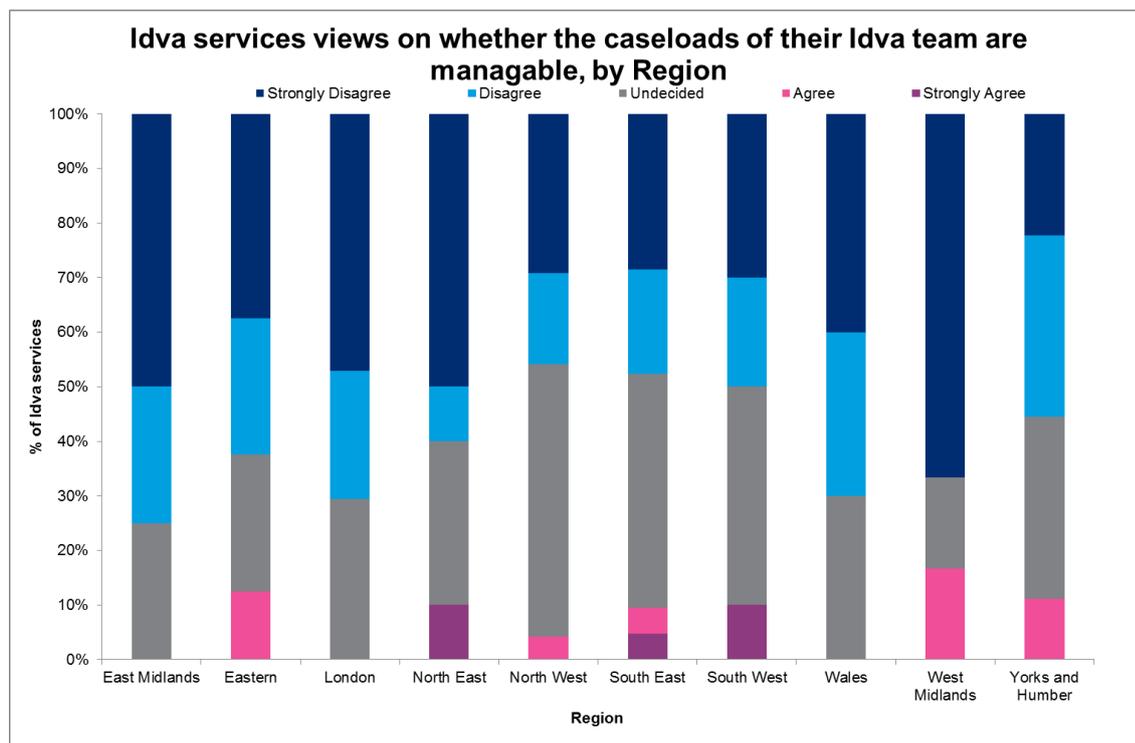
As noted at the outset of this report, Idvas must be part of a full spectrum of support available to victims, survivors and their children. Whilst those at highest risk from abuse must get the immediate support they need to get safe and stay safe, services must also be in place for those whose experience is not yet at crisis point, both to prevent further escalation, and to halt and undo the significant harm caused by all levels of abuse. This must not be an either/or situation.

Some comments noted the impact of funding, tendering and commissioning on the services they can offer in their areas:

*“I feel that due to local changes in tenders this will have a knock on effect on clients and there will not be any services to sign post to making clients vulnerable and feeling alone.”*

### Manageable caseloads

Overall, more than half of services (62%) disagreed that their Idva team had manageable caseloads. High caseloads can risk impacting on the quality of service an Idva can provide their client with, or the length of time or number of engagements an Idva can give to support their client. It can also impact negatively on an Idva’s morale and general wellbeing. Research into the effectiveness of Idva provision has found that victims who receive more intensive support were likely to do better than those who received less intensive support; and victims who received multiple forms of intervention fared better than those receiving no intervention or single forms of intervention.<sup>8</sup>The regional differences can be seen below:



Some comments signify that caseloads are above the recommended SafeLives’ level of 65-85 cases a year and are at a point where victims and survivors may be put at risk:

*“Due to lack of provision and high demand for our service we are under constant pressure and often exceed capacity. This is potentially dangerous for victims at high risk,*

<sup>8</sup> Safety in Numbers: a multi-site evaluation of Independent Domestic Violence Advisor Services, November 2009, The Hestia Fund, The Sigrid Rausing Trust, The Henry Smith Charity

however many do not have alternative services to access, for example, gay or bisexual men in areas where there is no male or LGBT Idva.”

“Last year’s statistics showed that the Idvas are carrying a case load of 300 each per year. This is not acceptable and the team constantly feel as if they are ‘drowning’.”

Others note the administration associated with a large caseload, and the need for additional resource as a result of local or national strategies that increase awareness:

“The Idva numbers have increased to 10 FTE but so have the referrals/paperwork/hours of cover. Claire’s Law has increased the paperwork as our Idvas sit on the panel.”

“Our four Idvas have over 60 cases each, this has been due to our campaign to increase awareness raising of what is abuse and where you can get support.”

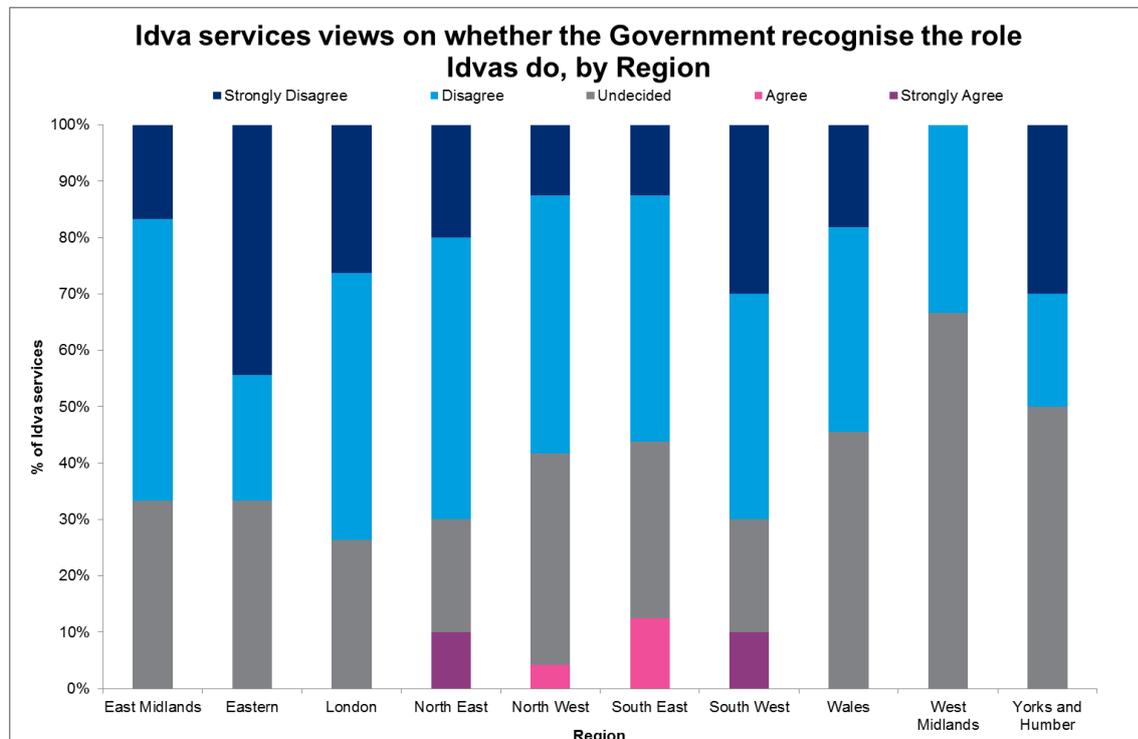
“Caseloads are closely monitored however a waiting list for high risk is unacceptable. There is a high level of administration required which has been aided by introduction of a part time administrative worker, however caseloads remain high.”

In addition to the majority of comments from the open-ended responses mentioning high caseloads, 27% of comments also stressed that their caseloads are bordering on manageable but this can be easily impacted by fluctuations in caseloads or staff absence:

“Being a small team, where there is sickness (which can potentially extend over long periods of time/annual leave) the case load can become unmanageable with the local prevalence of domestic abuse being so high and at times each Idva has had in excess of 50 cases. Even with the full complement of staff, a caseload can be up to 30 cases per Idva.”

## Recognition

Overall only 5% of services agreed that the Government recognised the important role that Idvas provide. The regional differences can be seen below:



Comments from the open-ended responses showed a lack of secure funding for services providing Idva support was seen by most (59%) as a lack of acknowledgement.

*“Funding cuts to domestic abuse services makes us feel that the Idva role is not recognised or seen as important for victims of domestic abuse by local or national government. The expectation is that we must deliver a quality service and yet they will not provide the financial means for us to achieve this.”*

Some comments note the preventive long term impact secure funding could bring, and the multiple benefits across a range of individuals, institutions and public services:

*“I strongly believe if we had sustainable funding we would be able to support more clients - this would then impact on long-term savings across health services, housing, criminal justice - not to mention protecting children and preventing long-term damage to families.*

Others (17%) felt there was a lack of understanding and recognition of the Idva’s role in tackling domestic abuse:

*“I often find that other professionals are unaware of what an Idva is or what we do. I believe this is a direct reflection of the lack of recognition and/or value placed on Idvas as professionals and domestic violence work as a profession.”*

Commenters wanted the commissioners of their services to understand the local picture of domestic abuse provision, the specialist nature of the work they do, and how attention to the quality and type of provision, not just the existence of provision as a 'tick box', would offer the best support to victims and survivors:

*“This needs to be fully understood at local level, unfortunately due to dwindling of services and high staff turnover with no requirement for local commissioners to have specific domestic abuse knowledge this message is diluted and becomes more of a 'tick box' exercise.”*

The pervasiveness of domestic abuse in society was also mentioned, and the need for all departments in local and central Government whose responsibilities are touched by domestic abuse to recognise that the problem is not exclusively one of crime and criminal justice.

*“It is encouraging to note the intentions of the current Home Office VAWG strategy, although more work needs to be done with other government departments in respect of domestic abuse issues that occur within health and education. It is also important that DWP make provisions within any existing or new benefit schemes to allow for the exceptional and insidious nature of domestic abuse and the impact it has upon accommodation issues”*

SafeLives has had the opportunity, over the last decade, to meet with officials and Ministers from central government departments, and to raise issues we felt were important. We feel that we have been listened to, and that support provided to date for the concept and practical reality of Independent Domestic Violence Advisors and other domestic abuse provision is evidence that successive Governments, predominantly the Home Office, have understood the vital difference these hardworking, deeply specialist staff can make. We hope that recent statements and funding opportunities from other departments are a sign that they recognise domestic abuse is also their business.

The Government has put the responsibility for the domestic abuse response largely in the hands of local commissioners, though a number of significant funding streams still exist at the centre. We believe Idvas would feel better recognised and supported if the following could happen:

- New funding arrangements, which replace the grants ending in March 2017, are well publicised and explained, with local teams as well as national ones having a fair opportunity to benefit from them.
- We value greatly the seat we have at meetings chaired by Government departments. We are also conscious that local teams get fewer of these opportunities than we or other national charities do. We can communicate the views of local services, and will continue to do so; we think it would also be really valuable if on a regular basis those services could speak more directly for themselves. That would also increase the diversity of views and ideas the Government has access to.
- That annually or every two years, an event could be held by central Government to celebrate the role of Idvas and others providing specialist support, to commend the amazing work they

do, the very difficult circumstances in which they do it, and the continued support they have for their role.

## Appendix 1: Services without a direct response

Service Name	Police Force	Source of information
Oldham Idva Service*	Greater Manchester	2015 Results
Preston Domestic Violence Services*	Lancashire	2015 Results
IKWRO*	Metropolitan Police	2015 Results
Mozaic*	Metropolitan Police	2015 Results
Southall Black Sisters*	Metropolitan Police	Safer London Report 2016
Victim Support services London	Metropolitan Police	Safer London Report 2016
Swansea Womens Aid*	South Wales	Consultancy report 2015
Pathways Family Support Service (BDVG)*	South Yorkshire	2016 Results
East Surrey Domestic Abuse Services*	Surrey	2015 Results
Sandwell Women's Aid*	West Midlands	2015 Results
Wakefield IDVA Service*	West Yorkshire	2015 Results