

Ending domestic abuse

SafeLives' 2017 survey of domestic abuse practitioners in England and Wales

The logo consists of two overlapping geometric shapes: a pink pentagon on the left and a teal pentagon on the right. The teal pentagon is tilted and contains the text 'SafeLives' in white, bold, sans-serif font.

SafeLives

www.safelives.org.uk

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About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the country to transform the response to domestic abuse, with over 60,000 victims/survivors at highest risk of murder or serious harm now receiving co-ordinated support annually.

No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop.

Every year, nearly two million people experience domestic abuse. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact.

Domestic abuse affects us all; it thrives on being hidden behind closed doors. We must make it everybody's business.



Executive Summary

- Idva coverage has increased by 7% since 2016 to 74% of the required coverage needed for victims/survivors at the highest risk of serious harm or murder. But we still need nearly 300 more Idvas to ensure all victims/survivors receive the support they deserve.
- Nine police forces have less than 50% of the recommended Idva coverage, three of whom have only 33% or less.
- Almost half of Idvas work in services employing 10 or more Idvas and in one third of police force areas, all Idvas were working in a single service.
- Our survey found that there were just over 2,500 domestic abuse practitioners working in England and Wales in 2017, though this is likely to be an under-estimate.
- The **provision of a range of specialist services** would make the biggest difference in their area according to professionals. Lack of specialist services was considered to be the biggest current challenge for survivors locally.
- The largest proportion of comments highlighted **perpetrator programmes** as the specialist service that would make the biggest difference in their area
- The most common specialist service respondents mentioned when discussing the biggest challenge for survivors was **mental health services**
- The most explicitly mentioned issue across the qualitative responses was **funding**, mentioned in over a third of comments when asked the biggest difference in their area. About a quarter of the additional comments explicitly referring to funding.
- After specialist services, **housing** was the issue raised most frequently as a challenge for survivors, and housing options was also mentioned in a substantial proportion of responses on what would make the biggest difference to services.

About the Domestic Abuse Practitioner Survey 2017

Since 2014 SafeLives has counted the number of Independent Domestic Violence Advisors (Idvas), on the request of the Home Secretary, to identify how many Idvas are supporting victims/survivors of domestic abuse across England and Wales. This year we have extended the survey to cover all types of domestic abuse frontline workers including Idvas, Isvas, Outreach Workers, Refuge Workers, Young People's Specialists, Children's Support Workers and Perpetrator Workers. As well as asking questions to generate an estimate of the number of practicing frontline domestic abuse workers, we also asked survey respondents about their perceptions of the biggest challenges locally for survivors and services. We will be communicating our findings with the Home Office, Ministry of Justice, Police and Crime Commissioners and other commissioners of domestic abuse services as well as key policy makers.

To date, our survey has only been able to capture a picture of provision in England and Wales. Our aspiration continues to be that we would extend this to Scotland and Northern Ireland.

Methodology

At the start of September 2017 we sent an online survey by email to organisations we thought might provide domestic abuse services, asking them to respond by the end of the month. Around 50% of these were organisations we did not contact in 2016, for example, housing associations who may or may not have domestic abuse practitioners working in them. The initial online completion rate was low so we followed up with those organisations who hadn't completed the survey with phone calls and completed the survey on the phone with them if we were able to get through.

we received final responses from 279 services who employed domestic abuse practitioners (compared to 200 in 2016). A further 89 respondents told us they did not employ domestic abuse practitioners and are therefore not included in the quantitative analysis, only the qualitative.

There were 50 services which were in the 2016 results from whom we did not receive a response this time around. We know that some of those services have since ceased to provide domestic abuse services and we haven't included them. Where we know services continue to employ Idvas, we have rolled over their results from the 2016 report – these are listed in Appendix 1.

Provisional results were shared with the offices of Police and Crime Commissioners to ensure our results reflected local provision as accurately as possible. Cambridgeshire, Cumbria, Devon and Cornwall, Dorset, Gloucestershire, Leicestershire, Northumbria, Staffordshire, Suffolk, Thames Valley, Warwickshire and West Mercia responded either to confirm or revise their figures. We recognise, however, that in a number of areas, the main funders of domestic abuse provision are local authorities, and other statutory commissioners.

Whilst we are aware that we did not receive a response from all domestic abuse services and did not contact all statutory bodies who may provide domestic abuse services, we believe the survey provides us with the clearest picture of domestic abuse practitioner provision across England and Wales to date. We have used police force area as a measure to aggregate data in most cases, because domestic abuse services often cover more than one local authority and many Marac areas. This is not to suggest that services are in all cases connected to local policing. Only one in five victims/survivors of domestic abuse will ever call the police. Even where services are connected or co-located, those services work hard to maintain independence in their provision.

This year's survey included three qualitative open-ended questions about domestic abuse and service provision:

- What one thing would make the biggest difference in your area?
- What is the biggest challenge locally for victims/survivors?
- Do you have any other comments?

Content analysis was carried out on the responses; for each question the content was read, re-read and coded under ten overarching categories reflecting the most common topics discussed. Where responses covered more than one distinct category, they were split. Within each category, comments were grouped into subcategories, when appropriate, with subsequent codes applied to provide more detail on the topics within each.

Idva provision in 2017

Calculating the required level of Idva provision

SafeLives calculates the required Idva coverage for each individual Multi-Agency Risk Assessment Conference (Marac) as either an estimation based on the local female population at high risk of serious harm or murder or an estimation of the number of Idvas needed to cover the cases heard at Marac over a 12 month period, whichever number is greater. This means that our recommended Idva coverage may change from year to year¹.

84,707 cases were discussed at Marac in England and Wales in the 12 month period up to September 2017, an increase of 5% from the same quarter in 2016. We recommend that Idvas cover no more than 100 cases per year which means around 850 Full Time Equivalent (FTE) Idvas are needed to cope with the number of cases heard at Marac. We know there are victims/survivors at high risk of serious harm or murder who are not seen at Maracs and therefore roughly 200 additional FTE Idvas are needed to support these 'hidden' victims/survivors, making around 1,050 FTE Idvas needed across England and Wales in total.

Regional Capacity

The survey, and subsequent information supplied by Police and Crime Commissioners' offices, showed that there are around 1,000 Idvas now working in England and Wales - the equivalent to 897 FTE Idvas. This is an increase of 10% compared to the 2016 results. However, we believe this increase is due to wider engagement in the survey as well as an actual increase in the number of Idvas practicing at the frontline.

Furthermore, because the number of required Idvas is calculated on the basis that they support cases at the highest risk, when those supporting lower risk levels were removed, the number of Idvas in England and Wales equals 782 FTEs. This is 277 fewer than required to meet the needs of victims/survivors at the highest risk, or 74% of required coverage.

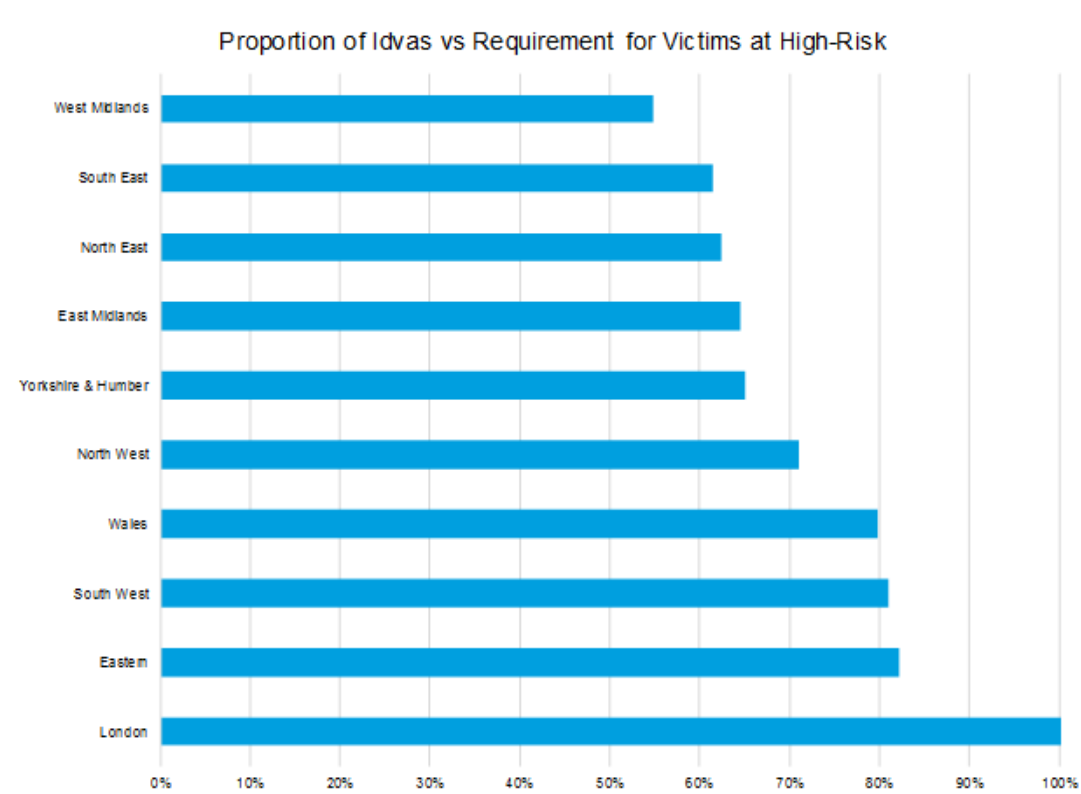
¹ Idvas are trained to be able to support victims/survivors at high risk – those at risk of serious harm or murder. High risk domestic abuse is defined by either 10+ ticks on the Dash RIC, based on professional judgement or an escalation in the severity and/or frequency of incidents.

Idva coverage varies significantly across regions as the following table shows:

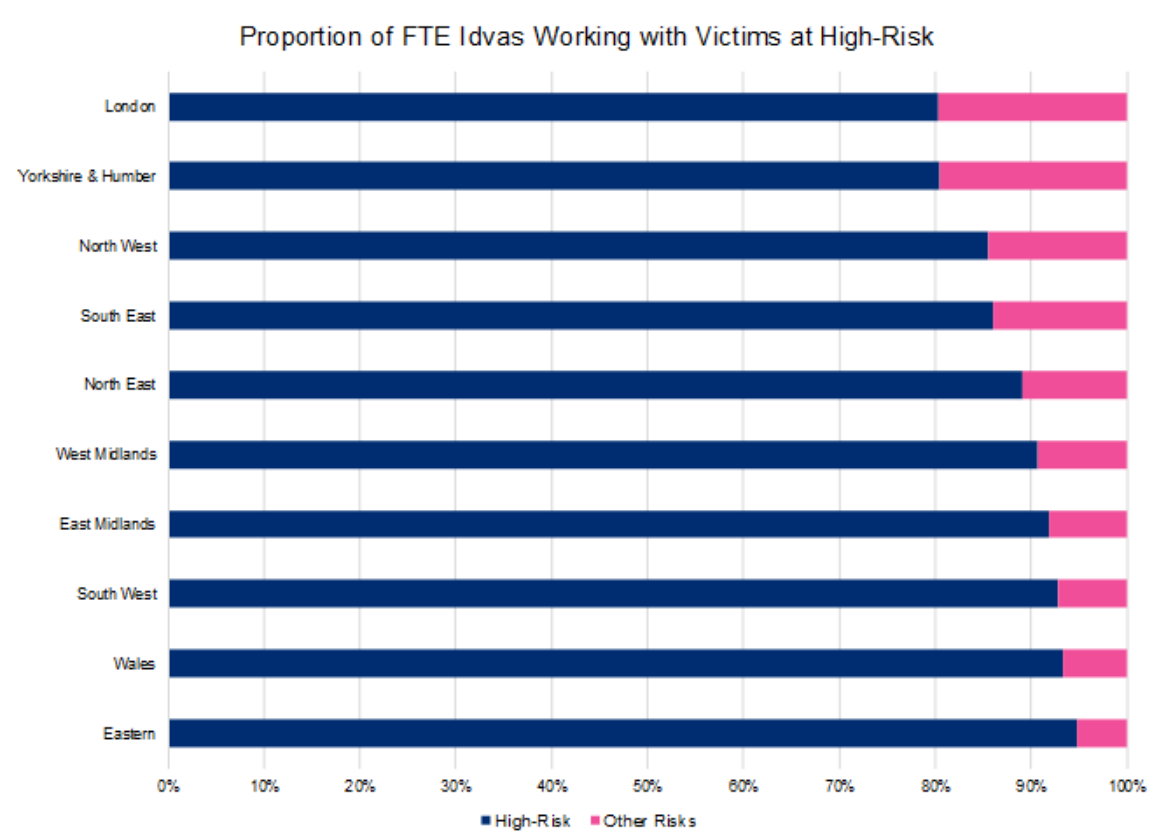
Region	Services responding	Full Time Equivalent Idvas	FTE Idvas for Victims at High-Risk	Recommended Idvas to Support Victims of High-Risk Abuse	% Coverage
East Midlands	9	56	52	80	65%
Eastern	9	96	91	111	82%
London	26	184	147	141	105%
North East	9	37	33	53	62%
North West	30	125	107	151	71%
South East	25	108	93	152	61%
South West	19	84	78	97	81%
Wales	18	61	57	71	80%
West Midlands	12	59	54	98	56%
Yorkshire & Humber	13	87	70	108	65%
Total	168	897	782	1,059	74%

Note that some Idva services work across multiple regions so the total figure does not match the sum of the regions

London is the only area which has sufficient coverage for its victims of high-risk of domestic abuse. Half of the regions; East Midlands, North East, South East, West Midlands (region not police force) and Yorkshire & Humber have less than two thirds of the Idvas required.



In all regions, at least 80% of Idvas are working with victims/survivors at high risk. If all Idvas in the survey worked with victims/survivors at high risk, there would be over four fifths of the required Idvas in post (although they would not be evenly distributed). Idva services were asked if they supported Marac cases only, courts cases only or both Marac and court cases. One service (who only employ one Idva) supported court cases only, 10% of services supported Marac cases only and the other 90% of responding services supported both types of cases.

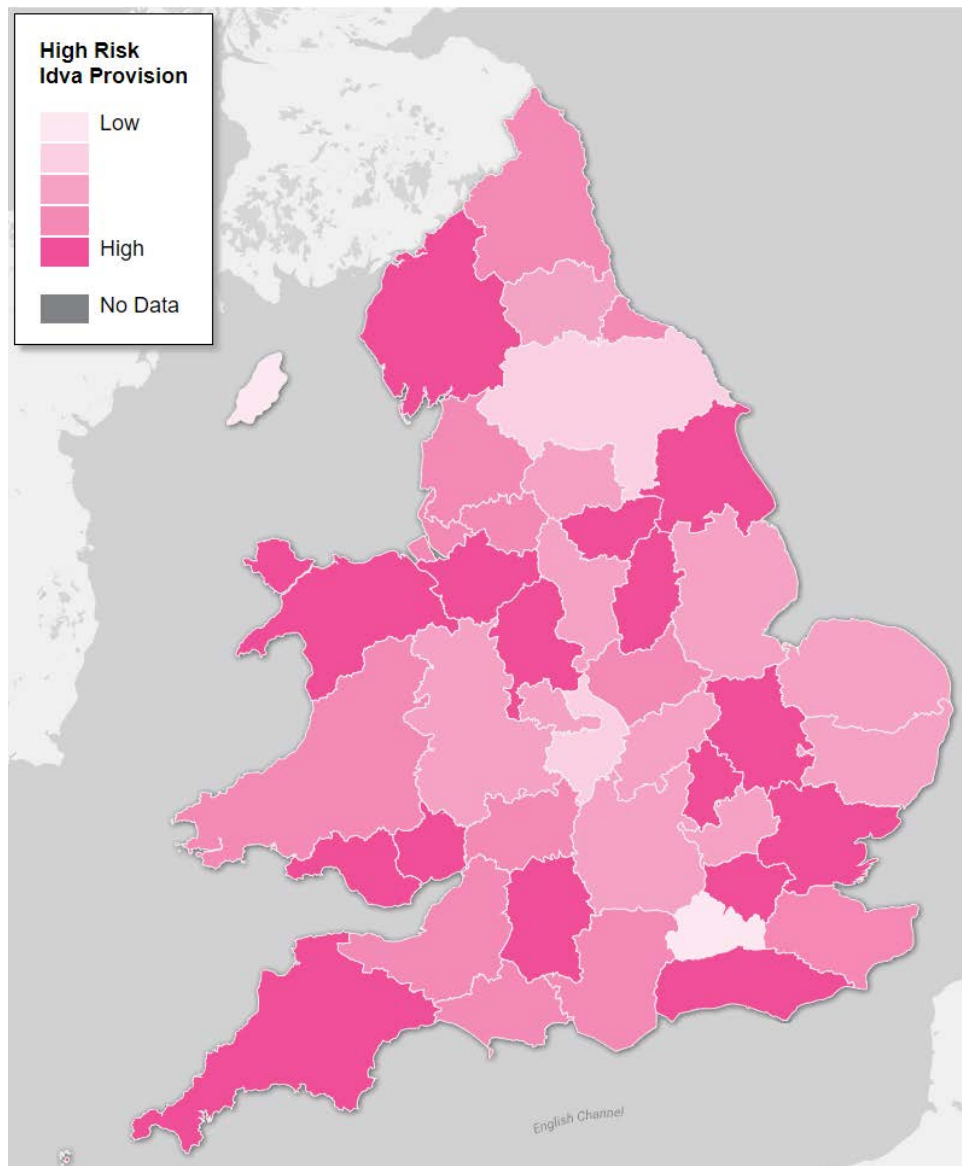


Capacity per police force area

Only seven police force areas (out of 43) have the recommended number of Idvas working with victims/survivors at high risk. Twelve have 90% or more. Last year just six force areas had 90% of the recommended coverage, so this is a welcome increase, but it is important to remember that the number of domestic abuse victims/survivors reporting incidents is also increasing. There are nine police force areas with less than 50% of the recommended Idva coverage, three of whom have only 33% or less.

There seems to be a relationship between the number of Outreach workers and Idvas. A higher ratio of Outreach workers to Idvas is found within police force areas with lower Idva coverage, suggesting that some forces might be using workers without a recognised Idva qualification to work with victims/survivors at the highest risk from domestic abuse.

This heat map shows the number of FTE Idvas available to work with victims/survivors at high risk at police force level.



Size of service

Responses to this question were received from 168 Idva services and, in line with the 2016 survey, two thirds employed up to five individuals working as Idvas. A handful of services are based in more than one region which is why this number is lower than the 170 services mentioned when discussing Idva numbers by region.

There are 20 services with only one Idva and two of these services work over multiple police force areas, meaning that the lone Idva may have to travel significant distances between clients. We recommend that services should always have more than one practitioner. 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.

Almost a fifth (17%) of services employed more than 10 individual Idvas, an increase from 12% last year. We are aware that some areas are beginning to commission fewer but (often) larger services to provide the Idva support in their area. In one third of police force areas (15) all Idvas worked within a single service.

Service size varied across regions, for example in the North East and Yorkshire & Humber there were no services with fewer than three Idvas, while in the Eastern region one third of services were very small (one or two Idvas).

Region	% of Idva Services by Size			
	1-2	3-5	6-9	10+
East Midlands	33%	22%	11%	33%
Eastern	33%	0%	0%	67%
London	23%	38%	15%	23%
North East	0%	89%	11%	0%
North West	23%	50%	20%	7%
South East	24%	40%	28%	8%
South West	37%	26%	21%	16%
Wales	44%	39%	11%	6%
West Midlands	25%	50%	17%	8%
Yorkshire & Humber	0%	46%	15%	38%
Total	24%	41%	17%	17%

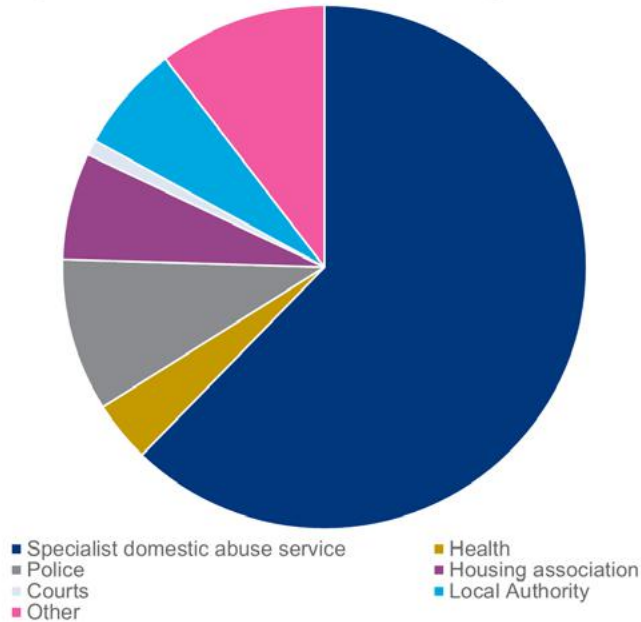
While only one fifth of services employ ten or more Idvas, the number of Idvas employed in these large services has increased since 2016. When we calculate the percentage of Idvas working within the different service sizes we find that almost 50% work with those employing 10 or more Idvas and this increases to two thirds when looking at services with more than 5 Idvas.

Region	% of FTE Idvas Employed by Service Size			
	1-2	3-5	6-9	10+
East Midlands	6%	16%	14%	64%
Eastern	5%	0%	0%	95%
London	5%	17%	13%	66%
North East	0%	78%	22%	0%
North West	7%	37%	32%	25%
South East	7%	33%	38%	22%
South West	12%	21%	31%	37%
Wales	25%	39%	22%	14%
West Midlands	19%	29%	27%	25%
Yorkshire & Humber	0%	23%	13%	64%
Total	7%	25%	21%	46%

Where are Idvas located?

In 108 services (64%), Idvas were stationed in only one location, the majority of which were within specialist domestic abuse services.

Proportion of Services with Idvas in Single Location

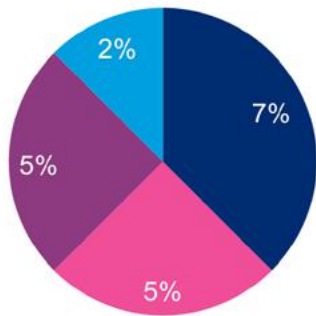


While the vast majority of Idvas work within a specialist domestic abuse service, they can be based in a variety of different locations. We know that just one in five victims of domestic abuse call the police which is why these different locations are important. Just over a third of services have Idvas stationed in more than one location which is comparable with our results last year.

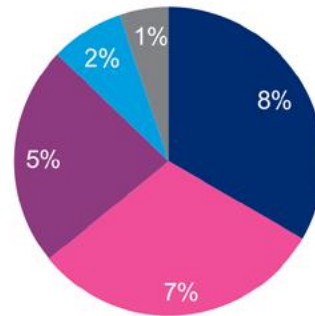
Location	% of Idva Services
Specialist Domestic Abuse Service	70%
Police	27%
Health	15%
Local Authority	14%
Other	14%
Courts	11%
Housing Association	5%

Health and local authority settings were split out further and the majority of Idvas were located in A&E and children’s services respectively. The locations of these Idvas are shown below. The percentages represent the percentage of total Idva services with an Idva located in each setting and are comparable with the table above.

Idva Services in Local Authority Settings



Idva Services in Health Settings



■ Children's Services
 ■ Mash
 ■ Adult Social Care
 ■ Housing
 ■ A&E
 ■ Maternity
 ■ Whole hospital
 ■ GP Surgeries
 ■ Community Health Visitors

SafeLives' Cry for Health research² found benefits to locating domestic abuse practitioners in hospital settings, not least the ability to identify victims who hadn't previously contacted the police or community domestic abuse services. We also see improvements in information sharing and collaboration when Idvas are located in local authority settings such as children's services, housing departments and in adult social care, though in these instances the Idva service may have to work harder to retain their independent status, something crucial to their role.

2 http://www.safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

Domestic abuse practitioner provision in 2017

For the first time, SafeLives' survey sought to build a better picture of all domestic abuse practitioners working in all settings. Last year the survey asked about Outreach workers but only those based alongside Idvas. The practitioners we asked services to list in our survey included:

Outreach worker – one-to-one support for individuals experiencing medium-risk domestic abuse (as defined by the Dash risk assessment), either following high risk/Idva support, or as part of an earlier intervention, focusing on wider needs, resilience and recovery.

Refuge – safe, supported accommodation for victims/survivors of domestic abuse.

Isva (Independent Sexual Violence Advisor) – one-to-one crisis support for victims/survivors of sexual assault and abuse.

Ypva (Young People's Specialist) – specialist support for young people, typically between the ages of 13-18, experiencing domestic abuse.

Children's support worker – support for children who have lived in a household where there is domestic abuse, for example children residing in a refuge.

Perpetrator case worker – specialist one-to-one and/or group work engagement with those perpetrating abuse; aimed at reducing risk to victims/survivors by influencing attitudinal and behavioural change.

Volunteer – someone who freely gives up their time doing an activity that aims to benefit a domestic abuse service.

Every attempt was made to reach out to as many domestic abuse services as possible, however we did not receive a response from everyone that we contacted. That said, this is the most complete list of practitioners we have compiled to date.

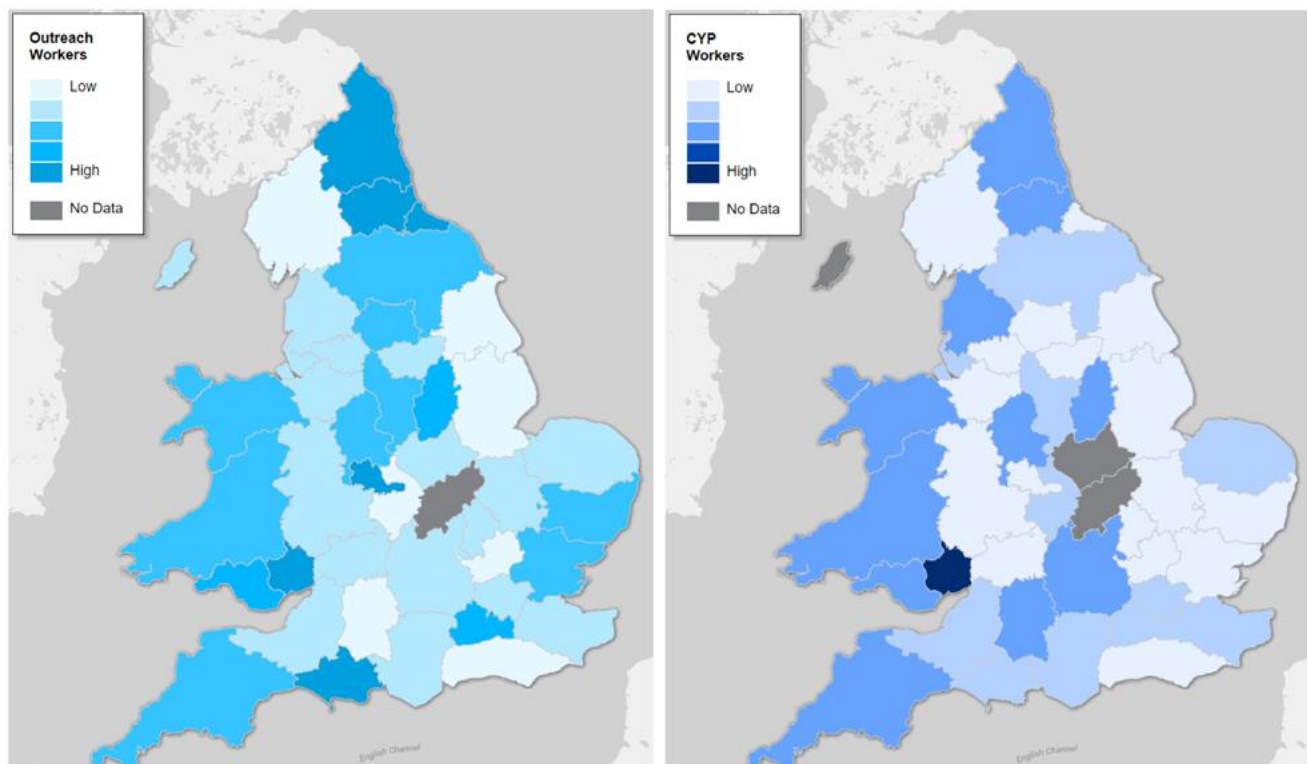
The number of practitioners is split out by region below. Please note that we did not contact all statutory bodies for this survey – only those where we knew there to be a service for victims/survivors. Given that the majority of perpetrator case workers work outside of the domestic abuse sector, we have discussed the figures with Respect. Their judgement is that the numbers represented here are likely to be a substantial under-estimate, and so we caveat these numbers accordingly.

Region	FTE Domestic Abuse Practitioners	FTE Idvas - All Risk Levels	FTE Outreach Workers	FTE Refuge Workers	FTE Independent Sexual Violence Advisor	FTE Young Person's Violence Advisor	FTE Children's Support Workers	FTE Perpetrator Case Workers
East Midlands	188	56	54	41	8	9	17	4
Eastern	266	96	71	45	34	5	11	5
London	357	184	54	46	32	24	18	1
North East	206	37	80	45	6	13	12	14
North West	321	125	68	63	18	28	15	5
South East	304	108	86	37	10	30	25	8
South West	275	84	88	38	20	26	17	2
Wales	272	61	69	67	16	26	17	16
West Midlands	213	59	56	59	7	14	15	4
Yorkshire & Humber	207	87	67	11	14	10	5	14
Total	2,609	897	691	452	165	182	150	73

The vast majority of perpetrator case workers work within statutory bodies and are not reflected in the above table

We asked services if they had 'other' practitioners who work with domestic abuse victims/survivors and received a myriad of different types including; peer mentors, counsellors, early intervention training, group work, drop-in services, helpline workers and many additional support workers who did not fit into the standard categories.

The following heat maps show the coverage of Outreach workers and CYP workers (both young people's specialists and children support workers). The number of workers was calculated relative to the adult female population and listed from low density to high density.



The number of services with each of the practitioner types is not consistent across England and Wales. This means that often victims/survivors face a postcode lottery which will determine whether they get the right support worker for their needs.

Region	Idva Services	Outreach Services	Refuge Services	Independent Sexual Violence Advisor Services	Young Person's Violence Advisor	Children's Support Worker Services	Perpetrator Case Worker Services
East Midlands	9	10	7	2	4	6	2
Eastern	9	12	9	5	3	6	1
London	26	16	7	11	10	10	1
North East	9	14	5	3	6	5	5
North West	30	25	16	5	14	12	4
South East	25	23	10	5	11	11	3
South West	19	12	10	5	9	7	2
Wales	18	24	17	5	13	10	7
West Midlands	12	10	7	5	5	8	2
Yorkshire & Humber	13	12	3	3	5	4	4
Total	168	156	91	49	78	79	31
Total / %	61%	57%	33%	18%	28%	29%	11%

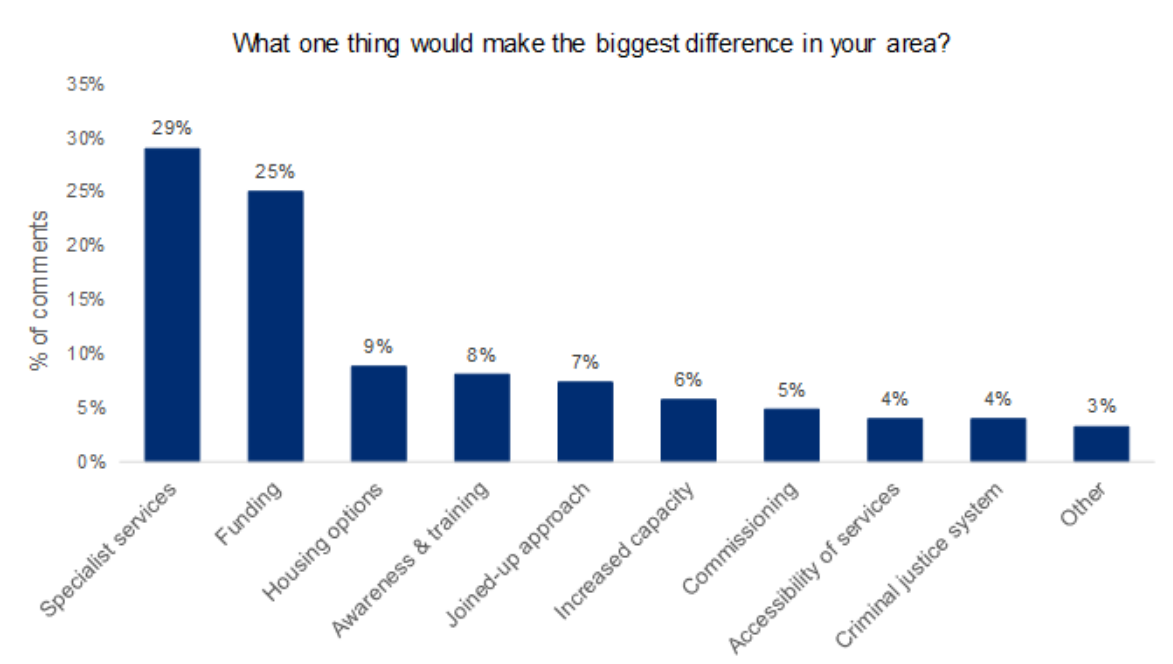
Note that some services work across multiple regions so the column total may not match the sum of the regions.

It is difficult to get an accurate picture of the number of volunteers as they change so regularly and the hours they volunteer can vary from week to week. The table below shows the response we received:

Region	Number of Volunteers (people)	Volunteer Services
East Midlands	36	6
Eastern	127	8
London	205	9
North East	96	10
North West	158	13
South East	421	19
South West	251	12
Wales	174	18
West Midlands	173	8
Yorkshire & Humber	19	5
Total	1,660	105

Challenges facing local services

297 individual responses were divided into a total of 397 comments and coded under ten categories. The graph shows the proportion of responses in each category and a word cloud has been created.





Word cloud - Challenges facing local services

Specialist services

More than a quarter (29%) of comments referred to specialist services as the thing that would make the biggest difference. Many highlighted the need for more funding for particular services, with others focusing on the services required in their area and not mentioning funding explicitly. All comments that mentioned specialist services were grouped under the Specialist Services category, though there is an overlap between the two largest categories - Specialist Services and Funding - because funding underlines many of the comments in both.

The specialist service most frequently highlighted as a gap was perpetrator response, and comments about perpetrator work accounted for 5% of all comments.

- “A specialist perpetrator support program that would run alongside the victims/survivors support and more links with children’s services to complete the triangle of support.”
- “If we could have a voluntary perpetrator programme for those exhibiting concerning behaviour but not meeting the Marac threshold - we would see reduction in repeat victimisation. Convictions are needed before programmes are offered. By the time they - perpetrators - get into the criminal justice system they don’t want to engage. We need to catch and manage behaviour earlier.”

Specialist services for children and young people were mentioned almost as frequently as perpetrator response. Several respondents highlighted the need for ‘dedicated’ funds for this strand of work and a ‘commitment’ to investment.

- “Each year trying to find children’s provision. Just found some money for play therapy but constant struggle. Do our best for the kids but lack in the area.”
- “Proper investment in children and young people work, prevention and support groups.”
- “There is ever increasing pressure on our service to provide support to children who have witnessed domestic violence as so many services that were supporting these families previously have been cut. There is clear evidence of the link between early childhood trauma and exposure to DV and future risk and vulnerability and yet early intervention services are disappearing in front of our eyes. Voluntary sector services such as our simply cannot cope with the weight of referrals being sent to us and the complexity of the issues being faced by these children. So a reversal of local authority cuts to Early Intervention work plus enhanced funding of these vital services would make the biggest difference.”

Idva services were the third most frequently discussed specialist services. Respondents commented on the need for more Idvas to meet demand, and also on the need for specialist Idvas to work in particular settings.

- “Additional funding. We are short of 3 Idvas but it’s all about funding.”
- “Local area could benefit from specialist Idva services in court.”
- “More funding for LGBT Idvas. ... This is a dangerous level to be operating at.”

Comments about specialist health provision were grouped together into a sub-category which included hospital-based Idvas. Respondents commented on the need for in-house Idvas across whole hospitals. There were two comments about the need for a male hospital Idva and a mental health Idva.

- “Hospitals to employ Idvas and have the service in-house as a requirement.”
- “...crucially I would employ a male Idva as part of our team (at present our commissioner states that we must employ women only) - a male Idva could be specialist in supporting male victims/survivors, currently under-reporting and under-subscribed to our service.”

Closely related to health specialists, and discussed as frequently, were specialist therapeutic and counselling services. Comments highlighted the need for longer-term and specialist therapeutic services for survivors.

- “More counselling services. The Idva role is often fast paced and is centred around reducing clients risk - Idvas do not have the capacity to provide the restorative work required to assist victims/survivors or survivors of domestic abuse on the long-term.”
- “More money for Counselling services, as families can be traumatised and there are limited services available.”

The importance of specialist prevention work was also raised quite frequently, with respondents highlighting the need for investment in this work, and early education.

- “We feel that there is a current gap in prevention work with young men. Young men need to be educated before they become perpetrators about attitudes to women and acceptable behaviours towards women and in relationships. Targeting young men in schools would hopefully help to challenge the attitudes and beliefs that underlie domestic abuse. Working with all young people about gendered issues and healthy relationships is also important.”

Another subcategory was the need for specialist services that could work with victims/survivors judged to be at standard and medium risk.

- “More funding to offer a dedicated service for low-medium risk DA clients as the Idvas support high risk clients only. By offering early intervention may prevent clients becoming high risk.”
- “There is currently a significant gap in follow on step-down services after Idva crisis intervention when risk reduces, as well as a lack of specialist support generally for cases assessed as standard and medium-risk.”

A small proportion of comments discussed the need for specialist services for Black & Minority Ethnic (BME) services and more Outreach services.

- “Retaining and possibly expanding the existing cultural specific advocacy services would make the biggest difference for our clients. There is a limited number of services that have a good understanding of Eastern European culture and language. However this knowledge is essential in providing support for our clients and building trust between professionals and service users.”
- “Increased funding - we don't get sufficient funding and we can't provide support that is needed. Want to be able to provide the outreach support that we used to, to support survivors throughout the process from the recovery centre to finding their own accommodation.”

'Other' comments mentioned a range of specialist services, including domestic abuse officers in the police and the need for complex needs facilities. Some comments categorised as 'general' discussed the need for more specialist services in general terms.

Funding

A quarter (25%) of comments referred to funding as the thing that would make the biggest difference in the area though, as mentioned above, this category was closely connected to the previous one. Half of the comments about funding mentioned the sustainability of funds, often highlighting the need for 'longer-term' or more 'secure' funding to enable the recruitment and retention of staff and the effective planning and development of services.

- "Funding is a very big problem at the moment and we have lost excellent staff due to not being able to give them enough notice to secure their positions."
- "Long-term sustainable funding; we currently have year-on-year funding which stunts service developments and expansion, whilst also impacting on staff morale as contracts can only be yearly."
- "Not necessarily the amount of funding, but the amount of time given to spend that money. 5 year (3+2 top up) contracts are best, and help to retain staff > staff develop > staff give best support to clients."

Many comments were grouped into the subcategory 'General' with respondents highlighting the need for more funding to employ more staff in order to meet demand or expand services.

- "More resource and funding. Funding has been consistently reduced for a number of years and further cuts are still planned for oncoming financial years. This is having a huge impact on the number of women we can work with."
- "Funding is a huge barrier to offering appropriate support and education."

Several comments stated that funding was needed to improve the working conditions of staff within services.

- "More funding and recognition for Support workers who are on the ground working hard for the Community in all weathers for minimal pay."
- "More money for domestic abuse work. This will enable services to... offer staff therapeutic support e.g. clinical supervisions to avoid vicarious trauma and reduce staff sickness related to work stress."

Other respondents commented on the need for funding opportunities for smaller organisations, funding for training, and funding for additional services such as crèche facilities.

- "More funding for smaller organisations to still be able to provide that personal service to local residents."
- "Funding to enhance the provision for items such as crèche, creative activities, and small expenses."

Housing options

Just under a tenth (9%) of comments concerned the need for more housing options for victims/survivors of domestic abuse.

Comments about refuge provision touched on the need for greater capacity, the need for dedicated funding, and access issues for some groups including individuals with complex needs.

- “Greater capacity to more placements for women to flee domestic violence.”
- “On daily basis, we support victims/survivors of DVA to access refuge accommodation. We find that when we are supporting clients with more complex needs, for example DVA and alcohol/substance misuse issues; learning needs; immigration, mental health needs etc., we find it very difficult to find refuge space that could accommodate clients. We need more refuge provision for clients with complex needs.”

More general comments covered the need for affordable, secure tenancies in the local area and others discussed the lack of move-on accommodation for survivors leaving refuge.

- “Access to adequate, local, affordable and secure self-contained housing/ access to secure tenancies.”
- “We desperately need more social housing as our residents have to stay in refuge far too long. This has an impact on the mother’s mental health and affects children as they cannot live a normal life. They left their previous home as they needed to be safe, but are then stuck in refuge for months, older children sharing a room with younger siblings. No space to do homework, not being able to have friends round to play etc.”

Several comments mentioned the need to support survivors who wanted to remain in their own home.

- “Housing rights for women to be explored, new housing legislation coming into force April 2018 will mean more women will be encouraged to stay in their own homes rather than pursue the homelessness route which has huge implications for women’s safety.”

Several other comments mentioned options for women with no recourse to public funds, sanctuary schemes and supported housing budgets.

Awareness & training

Just under a tenth (8%) of comments concerned the need for awareness and training, both for non-specialist services and partner agencies, and also for Idva services.

Some comments referred to general awareness with several commenting on specific agencies that need to develop understanding of domestic abuse, such as the police and social care.

- “Better education for non-specialist organisations to help them identify and appropriately support families experiencing DV.”
- “Comprehensive police training that was informed by the voice of survivors for all officers.”
- “The difference would be for all professions & statutory services especially social care to be fully trained in all aspects of domestic abuse.”

Some comments discussed the need for more affordable and more local training options for Idvas.

- “Bursaries for Idva training would make a huge difference to small organisations like ours”

Joined-up approach

7% of comments discussed the need for a joined-up approach to combating domestic abuse. Many of these comments discussed partnership working between agencies and better information sharing.

- “More partnership working between DV services.”
- “Better information sharing protocols between ALL agencies.”

Some comments concerned the need for more effective Marac responses.

- “The Marac could be more dynamic and creative in terms of action planning.”

Some comments discussed the idea of a single point of contact, domestic abuse hub or ‘one stop shop’.

- “Having an effective, fit for purpose multi-agency domestic abuse hub, able to immediately draw on shared intelligence and resources to provide the most prompt and effective level of response to clients.”
- “A one-stop hub with all services under one roof.”

Other comments in this category included the option of developing a directory of services and co-locating staff in police settings.

Increased capacity

6% of comments highlighted increased capacity as the thing that would make the greatest difference in their area. Equal proportions of these comments made general comments about capacity, and directly referred to capacity of Idva services. Increasing rates of referrals, high demand and unmanageable caseloads were frequently raised.

- “Our staff are working to such a high level, staff are carrying unsustainable caseloads, the risk is that they will burn out. There has to come a point where we say no more clients, but we can’t do that as we could end up with a DHR. The risk levels we are dealing with at present are very high. I fear for the future of the service without further investment into extra staffing.”
- “As manager I currently have had to take on a full caseload (currently around 45 high risk cases) as another team member is on long term sick leave. For years we have been saying that we do not have enough IDVAs for the number of referrals we receive and yet our capacity is stretched further than ever before.”
- “More capacity and staff. A recent publicity drive has increased referrals but it can be challenging. Currently operating a waiting list which I don’t feel is ideal. Co-working with other agencies has been negatively impacted due to recent staff limitations. For example, responses to clients by police is delayed recently compared to previous years and it feels like this is due to reduced staff.”

A small number of comments discussed capacity of Outreach services.

- “Having more outreach support. They are so overloaded, with a large waiting list. When Idva support finishes, you have to wait for the referral.”

Commissioning

One in twenty (5%) comments concerned the commissioning process. Whilst commissioning is related to funding, these comments were categorised separately as they related specifically to decision making processes, fair allocation of funds and the prioritisation of core services in tendering processes.

Many comments discussed the way commissioning processes favour larger generic providers over smaller, local specialist organisations.

- “In ***, a DV service with no experience of working in A&E has won a recent bid. I think the commissioning process when funding a service should look at experience and quality as opposed to handing over monies to those who put in a cheaper (albeit weaker) bid.”
- “For commissioners to commit to long-term, ring-fenced sustainable funding for essential specialist services that are quality assessed, ensuring the highest standard of delivery and the best possible outcomes for service users, rather than commissioning cheaper services from large generic and faceless organisations.”
- “More to promote all DV services as often the bigger organisations tend to be at every lead table and therefore have first access to information, funding etc. diverse range of services should be sitting around the table.”

Several comments referenced the need to prioritise the funding of core specialist services before embarking on more innovative schemes.

- “Recognition and safeguarding of the importance of core services rather than having to constantly fight for them against new initiatives. Currently commissioners request bids for new, innovative projects all the time, to the detriment of keeping core services going. They’re under threat day-in-day-out.”
- “Proportionate allocation of resources - i.e. put the money into the areas of greatest need and get the basics sorted - a bit weary of ‘new police initiatives’ that impact on specialist services without consideration of whether there is the capacity to deal with the flow of referrals.”

Some comments suggested commissioners need to be more informed about the needs of survivors and what works in terms of provision.

- “More education is needed so that commissioners understand the importance of local services that provide holistic support. Identifying risk and reducing risk is only a small aspect of reducing harm, as we have seen in the majority of DHRs early support and intervention is equally as important. Working with victims/survivors before they reach the point of crisis needs to be valued”
- “Trauma-informed commissioning of services, less bureaucracy.”

Accessibility of services

A small proportion (4%) of comments highlighted that more accessible services would make the biggest difference in the area. Comments covered language barriers, the need for more local services particularly in rural areas, and difficulties accessing the services of partner agencies such as mental health services.

- “That service provision is equitable across the whole county rather than being dependent on where you live.”
- “More support for rural areas.”
- “Access to drug and alcohol support services, effective and easier access to mental health support services.”

Criminal Justice System

A small proportion (4%) of comments suggested that changes in practice across the Criminal Justice System would make the most difference. Most commonly this related to police practice.

- “A commitment from the police to prioritise the investigation in domestic abuse incidents.”
- “A consistent approach by the police when dealing with incidents, particularly in terms of the use of DVPNs - certain officers are aware of them and how to use them but there are cases where they have not been used when a victim has refused to give information to the police and they should have been.”
- “More police resources.”

Several comments concerned courts and sentencing and access to Legal Aid.

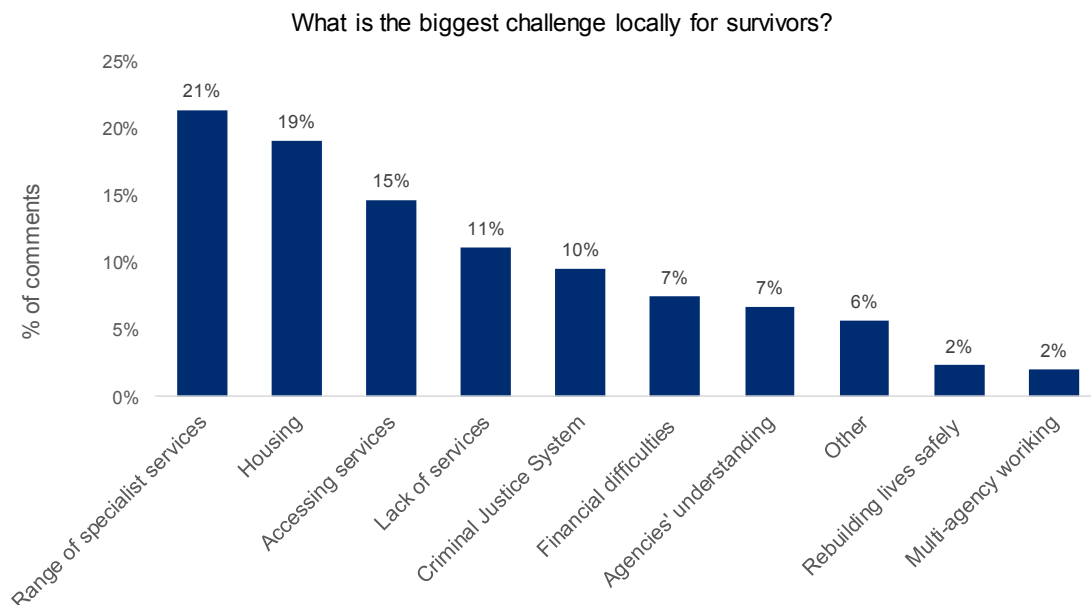
- “Breaches of Restraining Orders and Non Molestation Orders being given a serious sentence and not just a slap on the wrist.”
- “Easier access to legal aid. More solicitors being willing to take legal aid cases and more support at family court.”

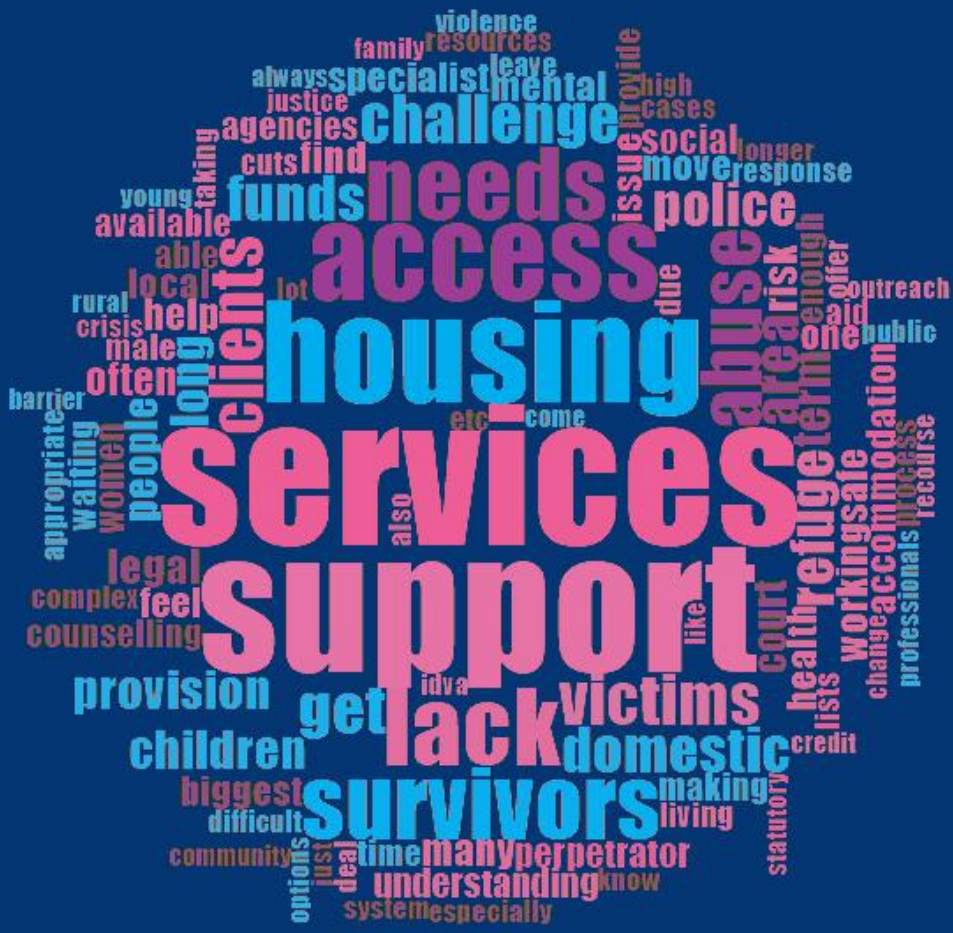
Other

A small proportion (3%) of comments were categorised as ‘Other’ and included references to support models, referral pathways and suggestions about the focus for new research.

Challenges facing victims/survivors

297 individual responses were divided into a total of 388 comments and coded under ten categories. The graph shows the proportion of responses under each category and a word cloud has been created. Please note that these are responses from the providers of services; this survey is not designed to capture the direct views of victims/survivors themselves, which is done in other ways in our work.





Word cloud - Challenges facing victims/survivors

Range of specialist services

When asked about the biggest challenge locally for survivors, the largest proportion (21%) of comments concerned the lack of specialist services for victims/survivors of domestic abuse, and the need for a greater range of services to suit the diversity of survivors' needs.

Within this, many comments addressed the need for longer-term support services to meet needs after the point of crisis.

- "Long-term schemes which help men, women and children survive after domestic abuse need to be developed and funding is needed for this. Often survivors are helped through their crisis point and then the intense support provided needs to be removed. Many survivors need help with the basics which other people take for granted e.g. budgeting, healthy eating, parenting skills, applying for a job. Roles need to be created to organise these classes, sessions etc. to support in the long term."
- "Somewhere to go where they decide what they need to reinforce their survival. Survival is a process for a woman, not a short programme, a process designed by others or a tick box exercise. They are the experts in their lives and should have the dignity to create their own support organisations as well as having the more formalised, vital crisis-led, nationally-led services."

The most common specialist service mentioned was mental health with respondents frequently commenting on the lack of specialist therapeutic services and unrealistic waiting lists for services that do exist. Several respondents referred specifically to the lack of counselling options.

- "Specialised therapies for trauma are not offered in this area which reduces accessibility. Someone with severe mental health needs cannot access out of area support. There is not sufficient provision for the needs of our clients and waiting lists are extremely long: for counselling it's a year."
- "Dealing with the psychological/emotional impact of what they have been through - lack of services available to be able to support with this side of DA."

Equal proportions of respondents mentioned the need for more specialist services for Black & Minority Ethnic (BME) people and for children and young people.

- "Survivors accessing our service often do not speak English and they find it extremely difficult to communicate with police, Social Services or local Council. Many times our clients are being asked to come to the police station or housing with a friend or relative who speaks better English and who is able to interpret for a client. This practice puts our clients in further risk of abuse and does not give them the opportunity to disclose the abuse in a safe and confidential environment."
- "There doesn't seem to be a great deal of support available to children who have been affected by domestic abuse, this again can differ by area."

Similar proportions of respondents mentioned the lack of services for male victims/survivors and for victims/survivors with complex needs.

- “Lack of male provision, we do have a part time male Idva, but need drop in sessions and refuge spaces but have no funding for this.”
- “Getting support for those with complex needs, especially mental health and substance abuse, is becoming very difficult as resources in specialist agencies are so stretched.”

Several respondents commented on the need for other specialist services, including refuge, LGBT-specific services, early intervention programmes and perpetrator support.

- “No specialist provision for LGBT victims/survivors who need to go to refuge, lack of appropriate refuge space. Hard to get trans women into refuge and a breach of Equalities Act. ‘Honour’-based violence for LGB men and women is a huge issue and lack of understanding of the issues that happen in those communities. Same sex violence and abuse not being acknowledged let alone charged.”
- “No perpetrator programmes to challenge behaviours so the cycle continues.”
- “Refuge spaces are so few and far between and a fair amount of spaces are taken up by NRTPF cases where move on is very slow due to waiting for recourse and immigration status. Homelessness is inundated as there is no other option if the victim/survivor wants to move for safety reasons and this means victims/survivors are placed in B&B’s (not the type you would stay in on holiday!) or in dispersed accommodation which is miles away causing more upheaval and removing victims/survivors and their children from support networks and safety factors in their lives.”
- “Earlier intervention to prevent escalation.”

Housing

Housing was the second most frequently highlighted issue for survivors with just under a fifth (19%) of respondents commenting on accommodation. Comments were largely quite general, with many addressing the lack of move-on accommodation restricting survivors’ options.

- “Housing is the biggest issue to survivors, as after making the tough decisions they often have nowhere to live.”
- “Housing is the biggest challenge and leaving services. It’s challenging getting them moved on. There is housing but it might not be suitable living conditions for the client.”
- “Re-housing - *** is a relatively small city and therefore re-housing within the same local authority area is always a challenge but despite the best efforts of a highly skilled and dedicated housing options team, there are never enough options for survivors. If we continually expect our service users to take our advice around criminal and civil options etc. without their basic housing needs being met, we are setting them up to fail.”

Accessing services

With a different emphasis to the need for a range of specialist services, the third largest category was accessing specialist services. Comments in this category covered a range of access related issues, including rural isolation and geography.

- “We are set in a predominantly rural area and cover an extremely large patch, we have one base where programmes etc. are run. clients with complex needs/issues and non-drivers often struggle to attend groups offered by us and with limited budgets we are not always able to offer lifts or taxis nor can we afford to pay for alternative settings this means that some clients often miss out a larger portion of what the service can offer.”

Meeting criteria and thresholds for accessing support came up quite frequently, particularly the challenges for individuals assessed as medium or standard risk in accessing services. This is not an either/or situation; respondents wanted all response provision to be adequately funded and provided.

- “Accessing support for low/medium risk, longer term support services. We see a lot of survivors who access services who have statutory services involved, social care etc. Their cases are being referred to service far too late, support and needs assessments to identify that victims are or have experienced domestic abuse are identified at child protection conferences, core groups which is far too late as children/babies are at risk of being removed. Preventative work should mean that. Early identification and referral to services.”
- “Access to specialist support and counselling for the 80% of non-high risk survivors.”
- “To access services as a survivor. If a client is in crisis they have more access to services, if you are a survivor you have less choice.”

Waiting lists came up several times as another factor limiting access to services, as well as the lack of awareness or knowledge about available services and routes to access.

Lack of services

One in ten (11%) comments stated that a lack of services was the biggest challenge for survivors; most commonly these comments concerned either reduced funding for services or generally, insubstantial provision.

- “Funding and sustaining services. Having high caseloads and not able to do the job to the full potential due to lack of resources. In **** we had some excellent staff who have left due to funding issues, staff who didn’t want to leave but who needed the security of a permanent job. The services have been depleted and are working understaffed due to all the cuts. Voluntary services have also been cut and it’s difficult to signpost clients for longer term work due to no services available.”
- “The commissioned service is not big enough to meet the needs of the city. There are not enough Idvas so high risk victims/survivors are not receiving the intense level of 1-1 support they should. This means the Idvas offer a lot of telephone support and not face to face.”

Criminal Justice System

One in ten (10%) comments highlighted aspects of the Criminal Justice System as the biggest challenge for survivors. About a third of these comments concerned the lack of access to Legal Aid. Other comments addressed different aspects of the system including court proceedings and lack of police action.

- “To access legal aid as a lot of our clients are not entitled to this and it’s a huge barrier.”
- “Access to justice. Cases are frequently NFA’d. Victims/survivors do not feel that the Police believe them, which hinders future reporting and confidence in the Police.”
- “Having the confidence to come forward, and then managing emotions around the slow process of the Criminal Justice Services.”

Financial difficulties

Just under a tenth (7%) of comments related to financial difficulties. Within this, a third concerned immigration-related circumstances and a third referenced Universal Credit

- “There is just not enough to meet the needs DV Services and resources for No Recourse Public fund cases. We are seeing an increasing volume of cases, with very little assistance or support available for them.”
- “The introduction of universal credit is having catastrophic effect on clients coming to area. Many are without benefits for up to 6 weeks putting pressure on local services to provide food vouchers, food bank parcels and making grant applications and appeals for donations for essential items needed.”

Other comments concerned poverty and welfare in more general

terms. One comment addressed the lack of services for survivors in employment.

- “Accessibility of services and protective measures if survivors are working or earning over the thresholds for legal aid and housing benefit. The financial implications of accessing refuge and civil protective measures are barriers to survivors locally and those not in receipt of gateway benefits and employed are restricted and due to costs often making the choice to remain in an abusive environment as unable to afford refuge based accommodation.”

Agencies’ understanding

Just under a tenth (7%) of comments concerned a lack of understanding from professional agencies. Within this, the police were mentioned most often followed by social services.

- “There is also a challenge for survivors as a result of an inadequate police response. The police often lack understanding, adequate training and appropriate attitudes to survivors of domestic violence and need further awareness around the dynamics of domestic abuse.”
- “In this area there is also a huge lack in consistency and continuity from social workers, leaving survivors and their children without a point of contact at the local authority even despite there being statutory intervention from children’s services. The lack of continuity leads to mixed messages for the survivors and the children. E.g. one social worker will say there is to be contact between the perpetrator and children, the next will say there is not, they next will say there is etc.”

Many comments in this category discussed victim-blaming from professionals and the issue of victims/survivors being held responsible for abuse.

- “We believe that the biggest challenge locally are the attitudes of professional towards survivors of domestic abuse and how survivors are treated especially by children’s social care. Many survivors say to us that they feel victimised by other professionals, especially social workers and are made to feel like they have done something wrong by being a victim of domestic abuse. They feel that they are the ones, who have to take responsibility for the abuse they have been subjected to by their perpetrator.”
- “Equally, getting professionals to hold to account the perpetrators rather than the victims/survivors, especially where there are children.”

Re-building lives safely

A small proportion (2%) of comments were grouped together under the category 'Rebuilding lives safely'. This covered topics such as recovery, staying safe, feeling empowered and moving on after abuse.

- "I think the biggest challenge for survivors is surviving the aftermath and knock-on-effects of DA. Many victims/survivors have to re-adjust their lives and depending on their age, this can prove to be very difficult when all they have known is abuse. Children and Young People who have either witnessed or experienced direct abuse may suffer long-term effects that can have an impact on their psychological well-being that may not manifest until they have become adults. Likewise, adults and older people that were totally dependent on their abusers may find it very difficult to cope on their own particularly if they have children also."

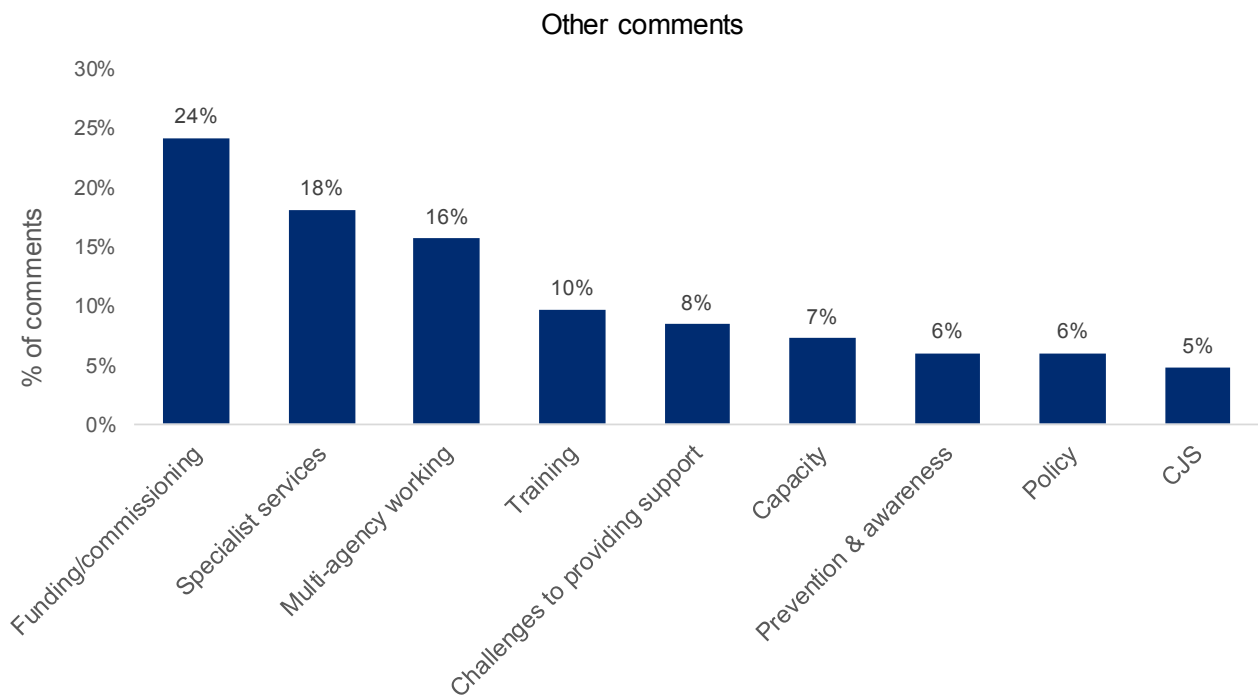
Multi-agency working

The final category, which a small proportion (2%) of comments fell under, was 'Multi-agency working'. Comments included the problem of survivors having to retell their story to many professionals and the lack of communication and information sharing between services.

- "Lack of communication with the police- we have a very high retraction rate- we hope this will improve now we have a specialised service in place but we still need the police input and support."
- "The biggest challenge for survivors is the lack of support in the sense of a one stop shop. That encompasses all services represented under one roof. This would provide immediate support to some very vulnerable individuals."

General comments from respondents

84 other comments were coded under nine categories. The graph shows the proportion of comments within each category and a word cloud has been created.





Word cloud - General comments from respondents

Funding/commissioning

A quarter (24%) of other comments related to funding and commissioning. Many respondents commented on the need for sustainable funding to enable planning and service development.

- “Service sustainability is a real challenge to continue and develop services over a period of time due to short term funding. Very little government support, and funding strands are very fragmented with only multiple small pots of funding available allowing no long term investment for future growth.”

The effect of cuts on domestic abuse services was raised by several respondents.

- “Supporting People’s funding is facing significant cuts and they’re the biggest provider of refuges in our area. Cuts from the government have a massive impact on the ground and are resulting in fewer spaces for families fleeing abuse.”

Other comments discussed a fairer commissioning process enabling smaller organisations to participate.

- “I am concerned that we put a lot of money in to the wrong things because bigger charities have access to bid writers etc. but the small charities who do the face to face work do not get the help they need this has a detrimental effect on survivors.”

Specialist services

Just under one in five (18%) of other comments addressed the need for particular specialist services. Some mentioned specific services for LGBT victims/survivors, hospital-based services and for children and young people.

- “Lack of second tier support for LGBT victims/survivors, organisations that can pool resources and lobby together - like the women’s sector has - LGBT voices don’t often get heard in the DA sector. Lack of knowledge around commissioning specialist services. Our concerns aren’t heard. We still don’t know whether the Home Office is going to fund specialist LGBT services.”

Other respondents commented more generally on the move away from specialist local services to generic regional services.

- “The move from locally-based services managed by specialist organisations with established links to communities to a more centralised model covering several authorities is most concerning.”
- “We would just like to reiterate the need for increased domestic abuse practitioners across the board and ask that specialist services are in danger of disappearing altogether yet all our data and feedback suggests that the specificity of such services are crucial for support and long term recovery of victims/survivors.”

Multi-agency working

16% of other comments concerned multi-agency working. Several referred to the Marac process, with other respondents commenting on the need for better coordination of services.

- “I am concerned that until the Marac process is made statutory we will continue to see services withdraw from the meetings, and the process as a whole, due their own capacity being stretched.”
- “We are continually striving to innovate, develop and share good practice and do this with good training, development, research. No one agency can support them families in our communities, so multi agency working and complimenting each other’s outcomes is a necessity to ensure that communities receive top quality service in times of economic challenge.”

Several respondents made positive remarks about partnership working in their area.

- “To be fair, services here are really good and a lot of partnership services, third sector and Marac so lot of support for service users in this area. Plus services are multi-disciplinary so much better response, lot of multi-agency in the teams - feels works well and really good practice.”

Training

One in ten (10%) other comments referred to training; more than half specifically the inaccessibility of training that they feel is vital.

- •“Can’t get funding for Idva training - would love to do it.”
- •“More local training would be great - have to go to London or Birmingham - no training in Gateshead or Newcastle.”

Other comments mentioned how positive training experiences had been.

Challenges to providing support

Just under one in ten (8%) other comments were categorised as relating to challenges for services providing support. Challenging working conditions and targets were mentioned by several respondents, with others focussing on the complexity of cases making interventions more difficult.

- “That staff are consistently working under stressful conditions to meet all the needs of Marac referrals.”
- “Family violence higher than partner violence ... cases are really complex e.g. alcohol, substance misuse.”

Capacity

7% of other comments concerned the need for increased capacity, more professionals and resources.

- “Demands on the service far exceed the capacity of staff.”
- “Domestic abuse services across the country are struggling and there will be more DHR’s if support is not given and staff brought in at all levels to help these victims/survivors and their children. It’s an epidemic and one that can’t just be left.”

Prevention & awareness

Other comments categorised under ‘prevention & awareness’ (6%) called for training/awareness-raising across different sectors including criminal justice and education, as well as the delivery of preventative sessions for young people.

- “Still a need for wider training and awareness - been involved in DA Matters locally and would like to see it happen for other professionals e.g. health and GPs - and would like to see a similar programme for social workers - a uniform course of training for non DA professional s and particularly family judges and courts - not understanding what they’re seeing. Victims/survivors are being seen as not compliant when just reacting to the DA - both perpetrator and victim seen as just as bad as each other - lot of failings so service finds itself doing a lot of advocacy to other orgs.”
- “We ran groups for mother and children and also Caring Dads group. We find people get a lot from the groups and feel like they are not alone. I think we need to start targeting teenagers around domestic violence and should do more work in school to start to change thought processes much sooner.”

Policy

A small proportion (6%) of comments concerned policy-related issues, including changes to domestic abuse strategy and overall approach to domestic abuse.

- “Idvas need to be a statutory service.”
- “I would encourage and support a central database used by all services offering specialist domestic abuse services so we can all measure and quality assure in the same way.”

Criminal Justice System

A small proportion (5%) of other comments were about the Criminal Justice System. Several recognised improvements in the response and awareness of criminal justice agencies, with all comments highlighting necessary improvements to court processes.

- “Needs to be a domestic violence risk assessment lens in family courts. Thorough understanding of domestic abuse and how that impacts on parenting capacity. Any decision made in family courts needs to be DV informed.”
- “Need for CJS and family court to improve in approaches to support victims/survivors and survivors of domestic abuse. Whilst there has been some small improvements, victims/survivors and survivors still feel let down by agencies and the court process.”

Appendix 1 – services which did not give a direct response

Service Name	Police Force	FTE Idvas	FTE Idvas for Victims at High-Risk	Source of information
Gateshead Children's Services	Northumbria	0.8	0.8	2016 Survey Results
Gateshead Idva Service	Northumbria	4.0	4.0	2016 Survey Results
Sandwell Women's Aid	West Midlands	5.0	5.0	Sandwell Marac Co-ordinator
Wearside Women In Need	Northumbria	3.0	3.0	2016 Survey Results



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