

Ending domestic abuse

SafeLives' 2019 survey of domestic abuse practitioners in England and Wales

The logo consists of two overlapping geometric shapes: a pink triangle pointing downwards on the left, and a teal parallelogram on the right. The word 'SafeLives' is written in white, bold, sans-serif font across the teal shape, rotated to follow its angle.

SafeLives

www.safelives.org.uk

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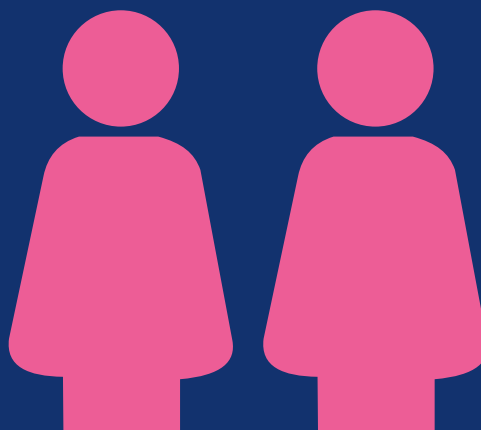
About SafeLives

We are a UK charity dedicated to ending domestic abuse, for everyone and for good. We combine insight from services, survivors and data 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. Last year we estimate over 65,000 victims at risk of murder or serious harm received co-ordinated support from interventions created by SafeLives and our partners, along with more than 85,000 children. Increasingly, we are also working in partnership to support and challenge perpetrators to change.



We want what you would want for your best friend

- ✓ Action taken before someone harms or is harmed
- ✓ Harmful behaviours identified and stopped
- ✓ Safety increased for all those at risk
- ✓ People able to live the lives they want after abuse has happened



Glossary

Independent Domestic Violence Advisor (Idva)

Idvas provide one to one support to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members, to secure their safety and the safety of their children. Serving as a victim's primary point of contact, Idvas normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

Outreach worker

Outreach workers provide one-to-one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience and recovery.

Young Person's Violence Advisor (Ypva)

Ypvas provide specialist support for young people, typically between the ages of 13-18, who are experiencing domestic abuse in their own relationships as well as those experiencing sexual exploitation, gang involvement, cyber stalking, 'Honour'-based violence or forced marriage. For the purpose of this survey we asked services to count practitioners that provided this type of support, rather than only those known as Ypvas. This is because we know that equivalent support is sometimes delivered under a different name.

Multi-Agency Risk Assessment Conference (Marac)

A Marac is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (Idvas), probation and other specialists from the statutory and voluntary sectors.

After sharing relevant and proportionate information they have about a victim's situation, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the Marac is to safeguard the adult victim. The Marac will also make links with other forums to safeguard children and manage the behaviour of the perpetrator. At the heart of a Marac is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an Idva, who acts as a vigorous advocate for their interests.

Multi-Agency Safeguarding Hub (MASH)

A MASH is a multi-agency information sharing model used by some Local Authorities to improve the safeguarding of children and vulnerable adults. A Home Office review of such models found that: "models appear different in presentation they were all largely based upon three common principles: information sharing, joint decision making and coordinated intervention. Agencies represented within multi-agency safeguarding approaches, often co-located or with virtual arrangements in place, included local authorities (children and adult services), police, health and probation."¹

¹ <https://www.gov.uk/government/publications/multi-agency-working-and-information-sharing-project>

Executive Summary

The Practitioner Survey

This report is the fifth in our series of annual² surveys to identify how many Idvas are supporting victims/survivors of domestic abuse across England and Wales. The survey also gathers information about the number of wider domestic abuse practitioners, and the views of services. 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.

Support for adult victims and survivors of domestic abuse

- We still need nearly 300 more Idvas to ensure sufficient effective support for all victims of domestic abuse who are at high risk of serious harm or murder.
- The number of Idvas has increased since 2017, but identification of victims has increased alongside this, meaning the proportion of required Idvas in post remains at 74%.

“My Idva took so much time determining how I felt and what I wanted to achieve...it was my first opportunity in a long time to speak about how I felt and also to know that my voice was being heard.”

Survivor

- Coverage of required Idvas varied widely by region, from 52% in Yorkshire & Humber to 100% of the minimum requirement in London.
- The number of police force areas with 90% or more required Idva coverage has decreased slightly, from 12 in 2017 to 10 in 2019. The number of police force areas with less than 50% of the recommended Idva coverage remains the same (9).
- The number of Outreach workers has increased by 122 since 2017, but provision remains patchy across England and Wales.
- The number of Idvas based in any health setting (68) is still far lower than the number needed to ensure adequate provision in hospitals alone (more than 300, as recommended by SafeLives' Cry for Health research³). The current rate is less than 25% of the minimum required number.

Support for young victims and survivors of domestic abuse

- Specialist support for young people is still not consistently available, with no Ypvas available in almost one in five police force areas.

² The Practitioner Survey did not run in 2018 due to moving the timing of the survey from September to January, in order to better align the publication of results with other reporting periods.

³ http://www.safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

The response to perpetrators of domestic abuse

- More than a third of services were not aware of a response to perpetrators of domestic abuse in their local area: 22% told us there was no local response, and a further 15% weren't sure.
- Lack of funding was seen as the biggest barrier to implementing services for perpetrators.

A joined-up approach to supporting the whole family

“There is still plenty of work to be done with frontline practitioners across partners to recognise the need to consider the whole family in DA cases.”

Domestic abuse practitioner (comment in 2019 practitioner survey)

- One in six services did not think that the local response to domestic abuse considered the whole family. This varied by region, from 7% of services in Yorkshire & Humber to over a quarter in the South East and Eastern regions (28% and 27% respectively).
- Services agreeing that their local area took a whole family approach most often pointed to effective multi-agency working as the reason for this, while services that disagreed spoke of organisations working in silos.

About the Domestic Abuse Practitioner Survey 2019

Since 2014 SafeLives has counted the number of Independent Domestic Violence Advisors (Idvas), at the request of the Home Secretary, to identify how many Idvas are supporting victims/survivors of domestic abuse across England and Wales. Since our last survey in 2017⁴ we have also counted the number of Outreach workers and Young People's Violence Advisors (Ypvas) or equivalent. As well as our usual questions about frontline domestic abuse services, this year we asked survey respondents how well they thought their local area responds to the whole family, and about the local response to perpetrators of domestic abuse.

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 will extend this to cover Scotland and Northern Ireland.

Methodology

Survey participants

Invitations to complete the survey were sent to 498 organisations. Approximately half of the services contacted (255) had responded to a previous SafeLives practitioner survey and therefore were known to provide domestic abuse support; the remaining services were included because of the possibility that they did so, or due to information from the offices of Police and Crime Commissioners about the services in their area. The majority of organisations we contacted were charities, alongside a small range of other organisations such as local authority services and housing associations.

Data collection

The survey ran between 21st January and 29th March 2019, capturing provision at the end of the financial year 2018 – 2019. Services were initially invited to complete the survey online. Those that had not responded three weeks after receiving the invitation were contacted by phone and the survey was completed by phone if possible.

We received responses directly from 247 services who employ domestic abuse practitioners.

⁴ The Practitioner Survey did not run in 2018 due to moving the timing of the survey from September to January, in order to better align the publication of results with other reporting periods.

These responses were supplemented by information about 49 services from other sources:

- The Offices of Police and Crime Commissioners (16 services)
- Victim Support head office (15 services)
- SafeLives Beacon project team (3 services)
- SafeLives 2017 Practitioner Survey⁵ (15 services)

Responses

In total, the analysis in this report is drawn from information about 296 services from the sources described above. Eleven services that were invited to complete the survey told us they did not employ domestic abuse practitioners or were confirmed to have closed, and we were not able to secure responses from the remaining services.

The number of services that responded is similar to 2017 (279) however the range of services included in 2017 was wider, for instance including perpetrator and sexual violence services, and therefore the overall response rate is higher this year⁶.

Of the services that responded, 263 employed Idva, Outreach and/or Ypva workers, while the remaining 33 provided other forms of support such as refuge, helplines or group programmes. These latter services were only included in the analysis of open-ended questions.

Quality assurance

Provisional results from the 2019 survey were shared with the offices of Police and Crime Commissioners (PCCs) to ensure our results reflected local provision as accurately as possible. Seventeen of the 43 PCCs responded either to confirm or revise their figures⁷. A further seven provided some information about their local response but did not hold the necessary information to fully confirm or amend our figures. The remaining nineteen did not respond. We recognise 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 that 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.

Analysis

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. It should also be noted that even where services are connected to or co-located with police forces, those services work

⁵ There were 15 services that responded to our survey in 2017 but which did not complete the survey this year and which we believe continue to employ domestic abuse workers. In these cases we have used the results from 2017 in this analysis (these services are listed in Appendix 1).

⁶ These wider services were included on a pilot basis in 2017 and the decision was made not to include them again this year. This was because the information gathered was likely to be a substantial underestimate due to difficulty securing a comprehensive service list and a low response rate from those contacted.

⁷ Avon and Somerset, City of London, Dyfed Powys, Essex, Gloucestershire, Greater Manchester, Gwent, Hertfordshire, Humberside, Norfolk, Northumbria, Nottinghamshire, South Yorkshire, Suffolk, Sussex, Warwickshire, West Mercia.

hard to maintain independence in their provision. Specialist roles such as Idvas are designed to work with people whether or not they're going through a criminal justice process, though some commissioners stipulate that commissioned services can only support those who are. Given many people never call the police this will exclude many victims/survivors from a service, and we do not recommend it as good practice.

This year's survey included two open-ended questions:

1. For those who were not aware of a local response to those who perpetrate abuse:

What do you believe is the main reason that a response to those perpetrating abuse is not available in your area?

2. Following the question 'To what extent do you agree or disagree that the response to domestic abuse in your area considers the whole family?':

Please tell us why you gave your answer to the question above.

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

Idva provision in 2019

Current and required Idva provision in England and Wales

At least 1,120 Idvas are required to support all victims and survivors at high risk of serious harm or murder across England and Wales

Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Multi-Agency Risk Assessment Conference (Marac). At the Marac a range of professionals discuss how to collaborate and coordinate resources to mitigate the risk posed and increase safety in each case. Each victim discussed at Marac should be supported by an Idva⁸. For every local Marac, SafeLives produces an estimate of the number of Idvas required to support victims and survivors of domestic abuse in that area. This estimate is based on both the current number of Marac cases and the size of the local population, in order to adjust for Maracs that are seeing fewer cases than the estimated number of victims in that area⁹.

Based on these estimates, SafeLives recommends that 1,120 Idvas are needed to provide sufficient effective support to all victims of domestic abuse who are at high risk of serious harm or murder in England and Wales. This figure has increased since our last survey in 2017 due to better identification of victims and survivors, leading to a higher number of cases being heard at Maracs.

There is only 74% of the required number of Idvas in England and Wales

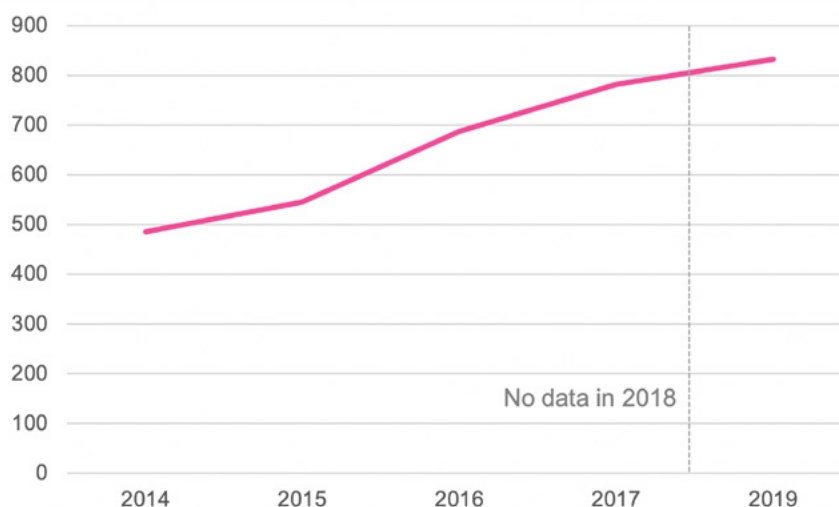
Our analysis of the survey results and information from wider sources (such as offices of Police and Crime Commissioners) showed that there are around 1,102 Idvas now working in England and Wales. Some of these Idvas work part time and others only spend part of their time working with victims and survivors at high risk of serious harm or murder (spending the remaining time working with victims and survivors at lower levels of risk). When these factors are accounted for the number of full time equivalent (FTE) Idvas in England and Wales equals 833¹⁰. This is a 7% increase from 2017 and follows an increase each year we have undertaken the survey, however part of this increase may be due to wider engagement with the survey.

⁸ 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.

⁹ See appendix 2 for details of this calculation.

¹⁰ See appendix 2 for details of this calculation.

Graph 1: number of FTE Idvas available to work with victims and survivors at high risk, by year



The current number of Idvas is 287 fewer than the number required to meet the needs of victims and survivors at high risk of serious harm or murder, meaning there is only 74% of the total number required. This percentage coverage is the same as in 2017, as the increase in Idvas has been in line with the increase in identification of victims and survivors. In order to build on current provision and address this shortfall, consistent and long-term funding must be made available for Idva support. Specialist domestic abuse services tell us that this is vital to continuing their work:

“Every year about this time everyone is on edge waiting to see if their job will continue, waiting to see if they need to inform victims that they can no longer receive support, it shouldn’t be this way. Lives are far too important.”

Domestic abuse practitioner (comment in 2019 practitioner survey)

“We need longer term contracts to help us to continue to do this and to also develop services so they are sustainable in the future.”

Domestic abuse practitioner (comment in 2019 practitioner survey)

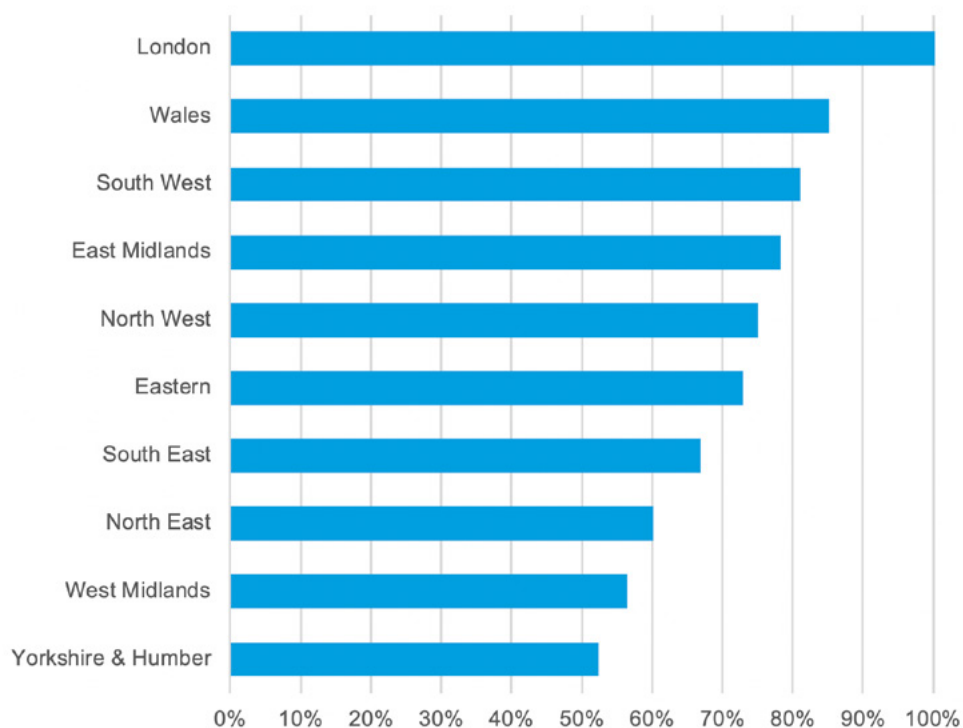
Idva coverage varies substantially across regions

Table 1: Full time equivalent (FTE) Idva provision and support for victims at high risk (HR)

Region	Idva Services responding	FTE Idvas	FTE Idvas for victims at HR	Recommended Idvas to support victims at HR	% Coverage	Percentage point change since 2017
East Midlands	11	69	62	80	78%	+ 13
Eastern	7	92	84	115	73%	- 9
London	33	187	152	141	108%	+ 3
North East	13	41	35	58	60%	-2
North West	34	147	133	178	75%	+4
South East	28	122	101	152	67%	+ 6
South West	18	93	78	96	81%	0
Wales	15	76	66	78	85%	+ 5
West Midlands	11	62	55	98	56%	0
Yorkshire & Humber	12	90	66	127	52%	- 13
England and Wales¹¹	178	980	833	1120	74%	0

Only one region (London) has the minimum requirement of Idva coverage, while three regions have less than two thirds of the provision required (North East, West Midland and Yorkshire & Humber). Half of the regions saw their coverage increase since 2017, however three areas saw a decrease in coverage.

Graph 2: percentage of required FTE Idvas available to work with victims and survivors at high risk, by region.



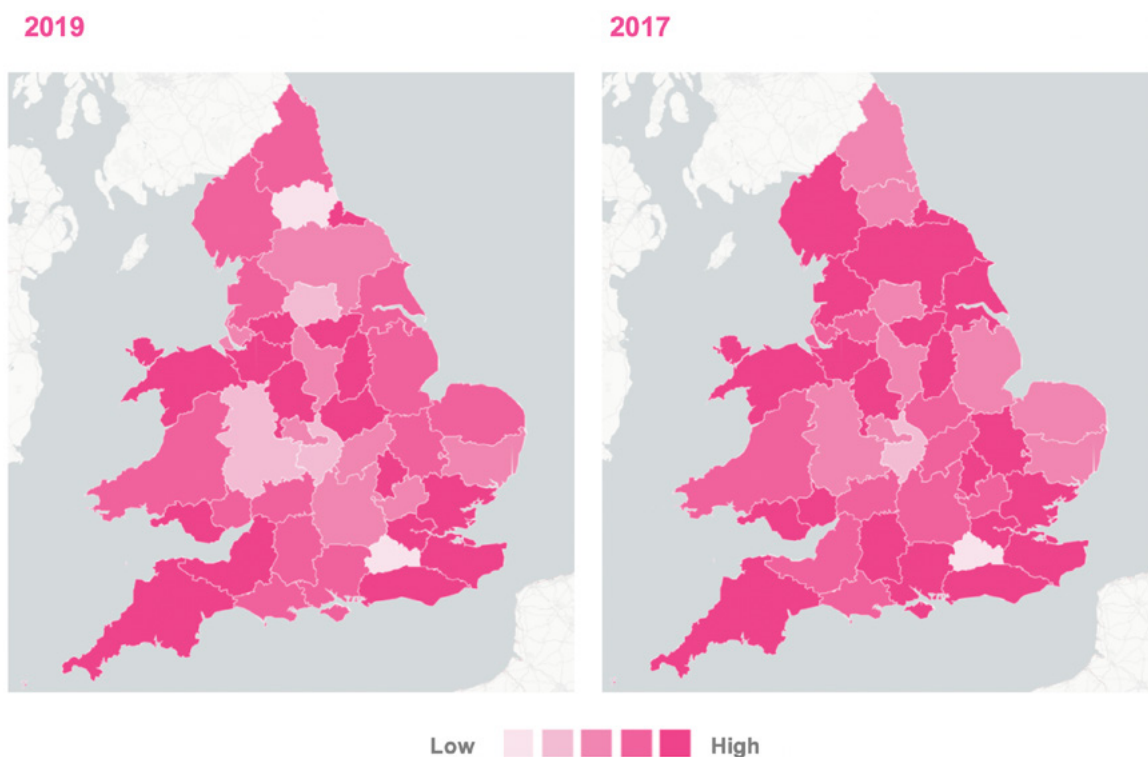
¹¹ The services total is lower than the sum of the column as some services worked across multiple regions. Other totals may differ to the sum of columns due to rounding.

Only eight police force areas have the minimum required number of Idvas, while nine have less than 50%

Only eight police force areas (out of 43) meet the minimum required number of Idvas working with victims/survivors at high risk. A further two have between 90% and 99%. In 2017 twelve force areas had 90% or more of the recommended coverage, so the number of areas with this better level of coverage has decreased slightly. There are nine police force areas with less than 50% of the recommended Idva coverage, three of which have less than a third. These numbers have remained the same since 2017.

The heat map below shows the percentage of required FTE Idvas available to work with victims/survivors at high risk, at police force level, as well as how this compares to 2017.

Graph 3: percentage of required FTE Idvas available to work with victims and survivors at high risk, by police force area.



The characteristics of services providing Idva support

The majority of Idva services employ five or fewer FTE Idvas

Sixty nine per cent of Idva services employ between one and five FTE Idvas, which is slightly higher than the percentage in both 2017 and 2016 (65% in both years). Only 15% of services employ more than 10 Idvas, but these larger services provided a substantial amount of the total Idva support across the country, with 44% of Idvas working in services with 10+ Idvas. In a third of police force areas (14) all Idvas worked within a single service.

There are 15 services with only one Idva. 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. SafeLives otherwise believes that services of all sizes can provide a safe and effective response, provided they receive consistent and sufficient funding and adhere to best practice standards such as those set out in our Leading Lights accreditation programme¹².

Table 2: Full time equivalent (FTE) Idva service size

Region	1 - 2	3 - 5	6 - 9	10+
East Midlands	18%	27%	36%	18%
Eastern	0%	0%	17%	83%
London	43%	37%	0%	20%
North East	50%	42%	8%	0%
North West	27%	48%	18%	6%
South East	16%	56%	20%	8%
South West	44%	17%	22%	17%
Wales	27%	40%	20%	13%
West Midlands	30%	40%	10%	20%
Yorkshire & Humber	9%	64%	9%	18%
England and Wales	29%	40%	15%	15%

Service size varied across regions, for example Eastern had the highest percentages of services with over ten FTE Idvas (83%), with all Idvas in the region working within just seven services. While, in the North East the vast majority of services (92%) employed under five FTE Idvas, with half (50%) employing only one or two FTE Idvas.

Idva support is commonly delivered alongside outreach support, but often separately to refuge provision

Many Idva services provided a number of additional types of support alongside Idva provision. Of the 178 Idva services in our survey, almost two thirds (65%) were also providing outreach support. However, only two in five (39%) were delivering refuge provision, showing that Idva services and refuge provision are often delivered separately.

There were also a number of other support areas delivered by Idva services. Two in five (39%) had a specialist children's support worker, more than a third (34%) were providing specialist support for young people (Ypvas), and almost a third (29%) employed Independent sexual violence advisors (Isvas). One in ten services (10%) had an IRIS worker: a specialist role linked to GP services to deliver training to health professionals. Additionally, 37% of services provided other forms of provision, most commonly counselling, or a specialist advocate working with a particular group (such as those with substance misuse needs).

Access to Idva services is available in a variety of locations, with a small increase in the percentage of services with an access point in a health location

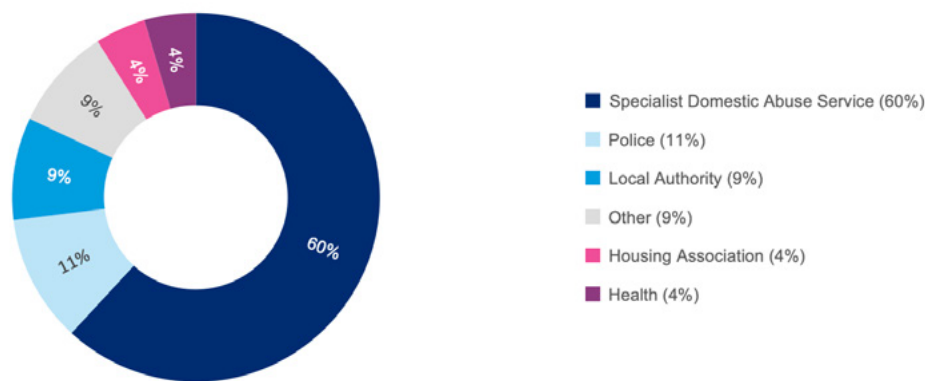
While the vast majority of Idvas work within a specialist domestic abuse service, they can be based in a variety of different locations. We know that just one in five victims of domestic abuse call the police which is why multiple access points outside criminal justice settings are vitally important. We also know that certain settings – for example health settings – encourage higher

¹² More information about Leading Lights available here: <http://www.safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

rates of disclosure including from groups who face additional barriers to getting support such as BAME, disabled, older and LGBT+ communities. SafeLives' Cry for Health research¹³ 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.

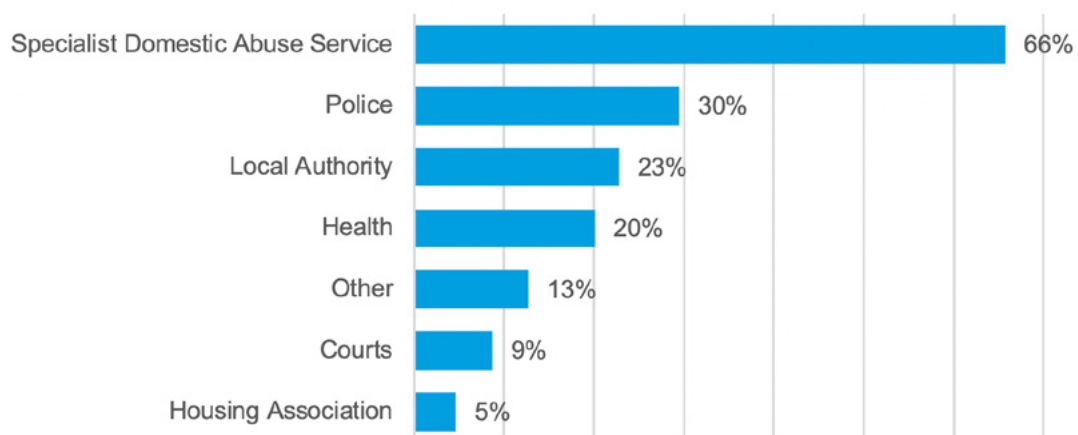
Questions about the service's location were completed only by Idva services that responded to the survey directly (149 services), and therefore these findings reflect the majority of Idva services, but not all. Over half of these services (60%) based their Idvas in only one location; the location of these services is set out below:

Graph 4: Location of services based in only one location



However, many services have Idvas based in more than one location, meaning the percentage of services with an access point in each location is higher, as shown by the graph below:

Graph 5: Percentage of services with an access point in each location

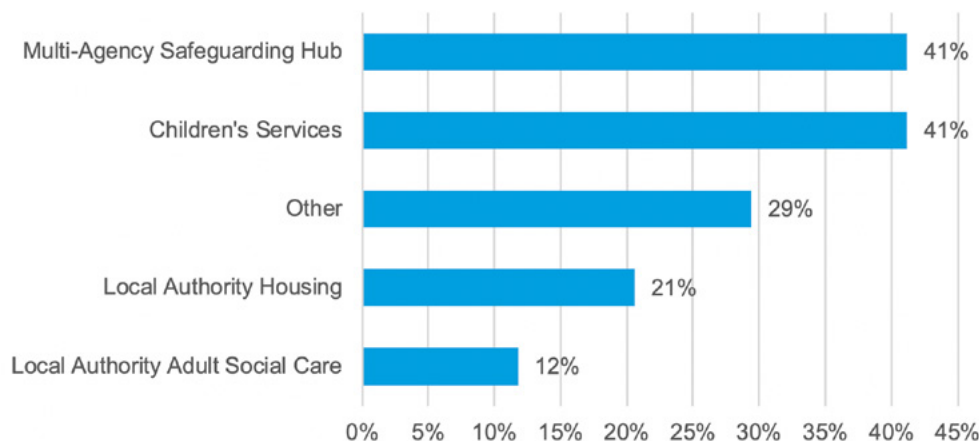


¹³ <http://www.safelives.org.uk/cry-for-health>

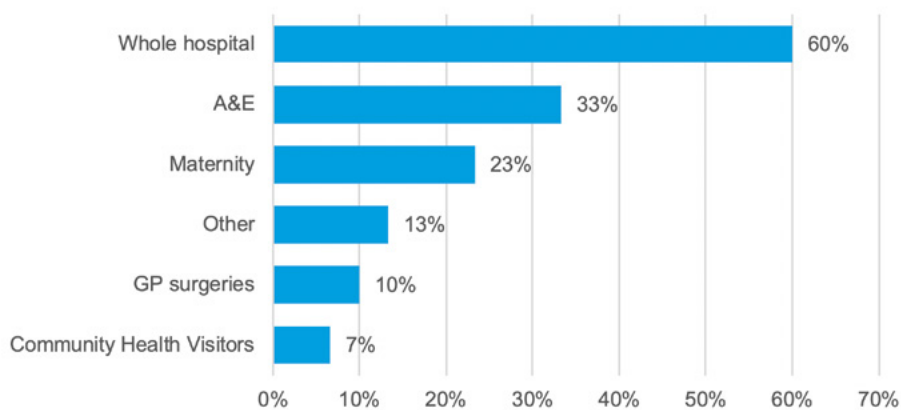
The percentage of services with an Idva based in a health location has increased from 15% in 2017 to 20% this year which is a welcome improvement. Those based in 'other' locations were most commonly based in another specialist service, such as a substance misuse service.

For services with an access point in a health or local authority location, more detail was requested about where the Idva was based. The graphs below show this further breakdown (some services had Idvas based in more than one health or local authority location).

Graph 6: Percentage of Local Authority based services that have an access point in each Local Authority location



Graph 7: Percentage of health-based services that have an access point in each health location



This year we also asked services how many Idvas were based in health settings, accounting for the amount of time they were based there to reach a full time equivalent. The table below shows the number of FTE health-based Idvas and the percentage of all Idvas that are based in health settings, in each region. SafeLives' Cry for Health research recommended that two Idvas are based in each acute NHS provider, which would equate to more than 300 hospital based Idvas in England and Wales¹⁴. The numbers below include Idvas based in other health settings (such as GP surgeries and community health) in addition to hospitals, however the total number of FTE health-based Idvas is still far below 300 and their distribution is inconsistent.

¹⁴ At the time of the research there were 157 registered acute NHS providers in England. Full report available here: http://www.safelives.org.uk/sites/default/files/resources/SAFJ4993_Themis_report_WEBcorrect.pdf

Table 3: Full time equivalent (FTE) Idvas based in health settings, and percentage of all Idvas based in health settings

Region	FTE Idvas in health settings	% of all Idvas
East Midlands	3.5	5%
Eastern	6.7	7%
London	23.0	12%
North East	1	2%
North West	3.8	3%
South East	11.3	9%
South West	12.0	13%
Wales	0	0%
West Midlands	2.0	3%
Yorkshire & Humber	5.0	6%
England and Wales	67.3	7%

The South West had the highest percentage of Idvas based in health settings at 13%, while none of the services that responded to the survey in Wales had Idvas based in health settings. However, we targeted our survey at domestic abuse services or other organisations that we were aware employed domestic abuse practitioners; we did not contact all health settings directly and therefore these figures may be an underestimate.

Wider domestic abuse support in 2019

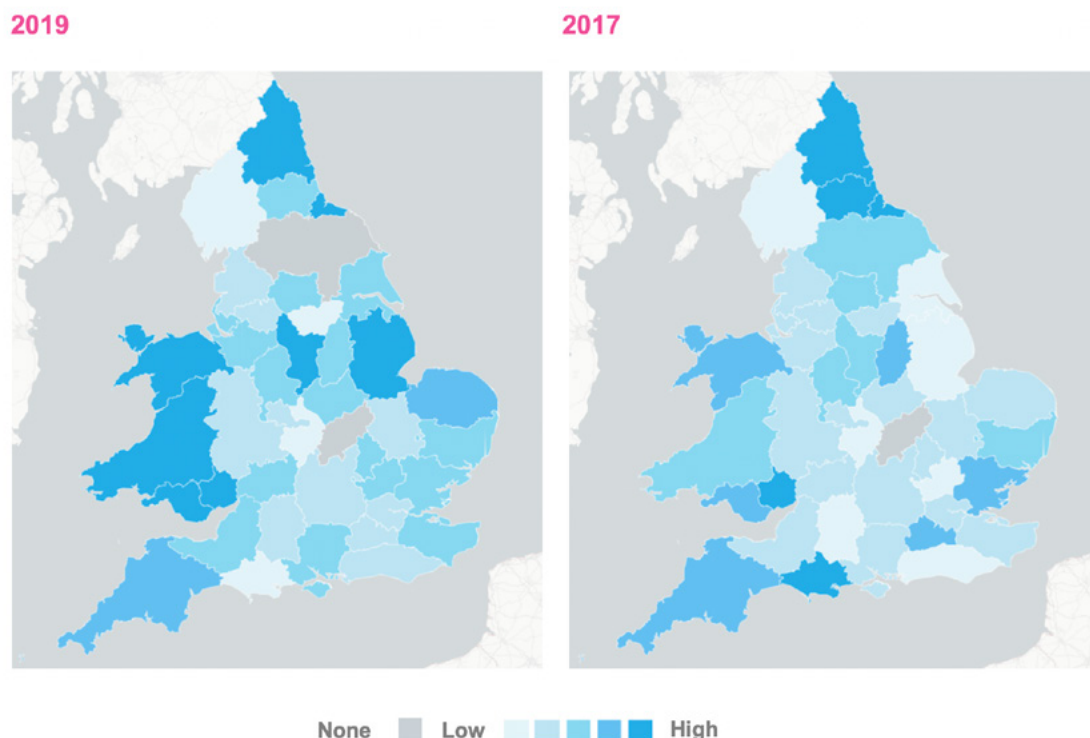
Support for victims and survivors who do not require a crisis response

Support for victims and survivors requiring one to one early intervention or help with recovery has increased, but remains patchy

Outreach workers provide one to one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience and recovery.

The heat map below shows the number of Outreach workers relative to the local population, from low to high density, illustrating that provision varies widely. The scale is designed to show how areas compare to each other, rather than representing a percentage of required coverage¹⁵.

Graph 8: Number of FTE Outreach workers relative to the population, by police force area.



¹⁵ We do not currently provide a recommendation for the number of Outreach roles by area, but intend to do so in the future.

It should be noted that other early intervention and recovery services, such as group work programmes, may also be available in all areas. Additionally, multi-crime services (for instance those provided by Victim Support in addition to their specialist domestic abuse provision) often provide some support for survivors and victims of domestic abuse at standard and medium levels of risk.

Full time equivalent Outreach roles by region are outlined in Table 4. In total, there was an increase in Outreach workers, from 691 in 2017 to 813 in 2019. Since 2017 the largest increase in Outreach workers has been in Wales, where the number of practitioners rose from 69 last year to 119 this year. East Midlands also saw a substantial increase, rising from 54 to 85. These rises may be partly due to wider engagement with the survey. However, other areas saw a decrease, for instance Yorkshire & Humber dropped from 67 last year to 50 this year.

Table 4: Full time equivalent (FTE) Outreach workers

Region	FTE Outreach 2019	FTE Outreach 2017
East Midlands	85	54
Eastern	94	71
London	61	54
North East	97	80
North West	87	68
South East	90	86
South West	79	88
Wales	119	69
West Midlands	51	56
Yorkshire & Humber	50	67
Total	813	691

Support for young people in abusive intimate relationships

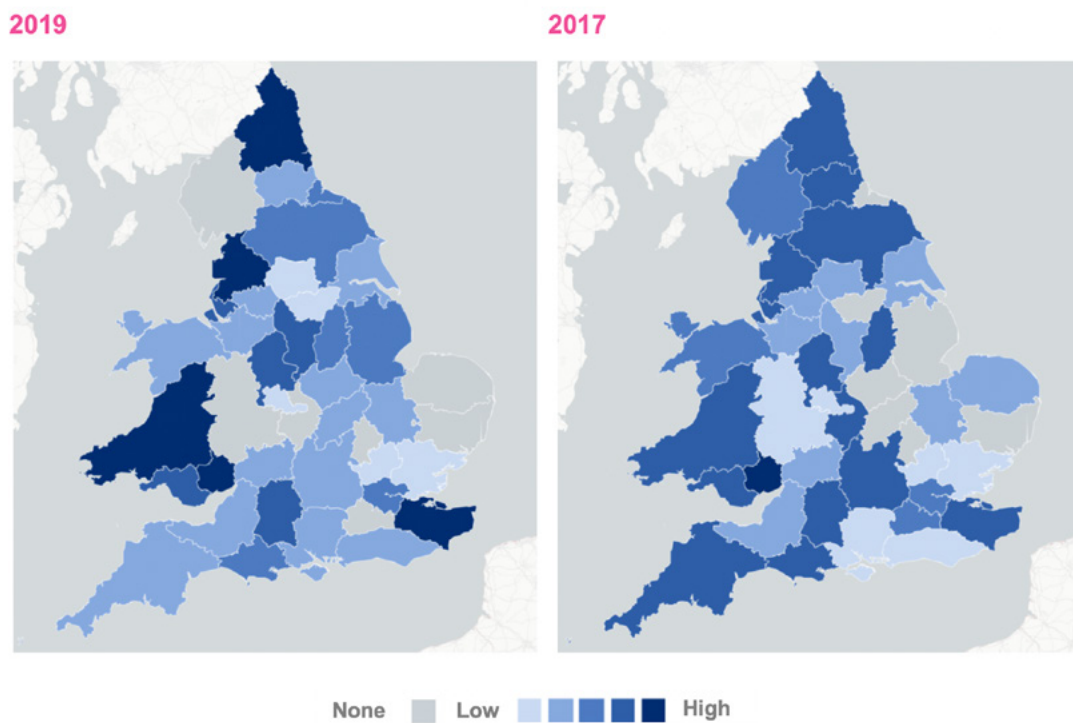
Specialist provision for young people is not consistently available

Ypvas (Young People's Violence Advocates) are specialists supporting young people, typically between the ages of 13-18, experiencing domestic abuse in their own relationships or other forms of violence. Because we know that this form of support is sometimes delivered under a different name, we asked services to count practitioners under a different name if they were providing the same form of support. We believe there is likely to be variation in the type of support that services viewed as meeting this criteria. For instance, these numbers may include practitioners who spend part of their time supporting children and young people whose parents are in an abusive relationship, which will affect the amount of time that practitioner has to dedicate to young people in their own abusive relationships. However, our analysis provides some indication of the number of practitioners in each area with the specialist expertise to support young victims and survivors.

The heat map below shows the number of Ypva workers relative to the local population, from low to high density. Like outreach provision, Ypva provision varies widely and additionally 8 police force areas have no Ypva provision. The scale is designed to show how areas compare to each other, rather than representing a percentage of required coverage¹⁶.

¹⁶ We do not currently provide a recommendation for the number of Ypva roles by area, but intend to do so in the future.

Graph 9: Number of FTE Ypvas relative to the population, by police force area.



The Full Time Equivalent Ypva roles by region are outlined in Table 5. Since 2017 the largest increase in Ypvas was in the North East, which rose from 13 to 33. The South West saw a substantial decrease, from 26 to 13. In total, there was a slight increase in Ypvas, from 182 in 2017 to 191 in 2019. However, some of these changes may be due to the wide variation in the roles that services counted as Ypvas and the additional guidance provided in this year's survey as to which roles should be counted.

Table 5: Full time equivalent (FTE) Ypvas

Region	FTE Ypvas 2019	FTE Ypvas 2017
East Midlands	14	9
Eastern	3	5
London	27	24
North East	33	13
North West	29	28
South East	31	30
South West	13	26
Wales	24	26
West Midlands	10	14
Yorkshire & Humber	7	10
Total	191	182

Support for the whole family

Alongside questions on provision, we gave services the opportunity to tell us what they thought about the wider response to domestic abuse in their local area. This year we focused on how well the local area was supporting all members of the family affected by domestic abuse. Because these questions relate to provision in the local area, services working across multiple police force areas (12 services) were only included in the analysis of free-text questions, where differences between the different areas they worked with could be identified. These questions were optional; multi-choice questions were completed by approximately 80% of all services in the analysis. The sample size for open text questions is included in the narrative below.

Challenging the perpetrator of domestic abuse

More than a third of services were not aware of a response to perpetrators of domestic abuse in their local area

It's impossible to end domestic abuse without tackling the cause of the problem: those who are using harmful behaviours against people they claim to love. SafeLives believes in the importance of a strategic, whole system approach to tackling domestic abuse, that provides substantial support for victims/survivors and children alongside sufficient effective provision to challenge and change perpetrators in order to prevent and end domestic abuse.

When respondents were asked 'Is there a dedicated response to those perpetrating abuse in your area?' 22% told us there was no local response, and a further 15% weren't sure. Answers about the availability of provision varied within individual police force areas, which may reflect more localised provision but could also mean that some services were not aware of local provision that did exist. It is important that perpetrator responses are integrated with services that support victims and survivors; safe perpetrator interventions work in lockstep with the victim's services and responses for children.

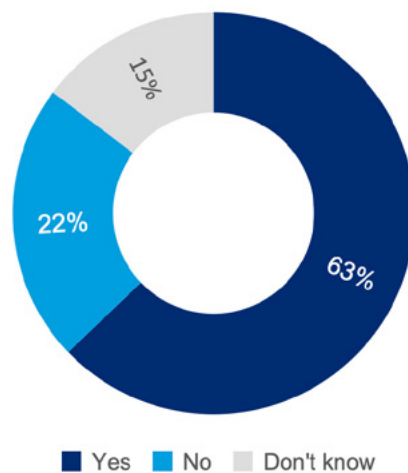
The variation in responses by police force area may also reflect different interpretations of a 'dedicated response'. For instance, some of those who answered that there was no dedicated response went on to explain that some services were available, but with a limited remit or eligibility criteria (see the next section for further details).

A survey of PCCs aimed at mapping perpetrator provision was recently carried out by the Drive partnership¹⁷. The survey found that commissioning of programmes was inconsistent across England and Wales, with factors such as population having little bearing on the number of programmes commissioned. Neither the Practitioner Survey nor the mapping survey conducted by the Drive Partnership gathered information about the quality of interventions available, however the mapping exercise did establish that only around one in five of the programmes that were identified were Respect accredited¹⁸. In light of these factors we cannot be certain that there is fully adequate provision available even in areas where some respondents told us there was a dedicated response. We know that much more is needed to cover the full spectrum of perpetrators.

¹⁷ See appendix 3 for more information.

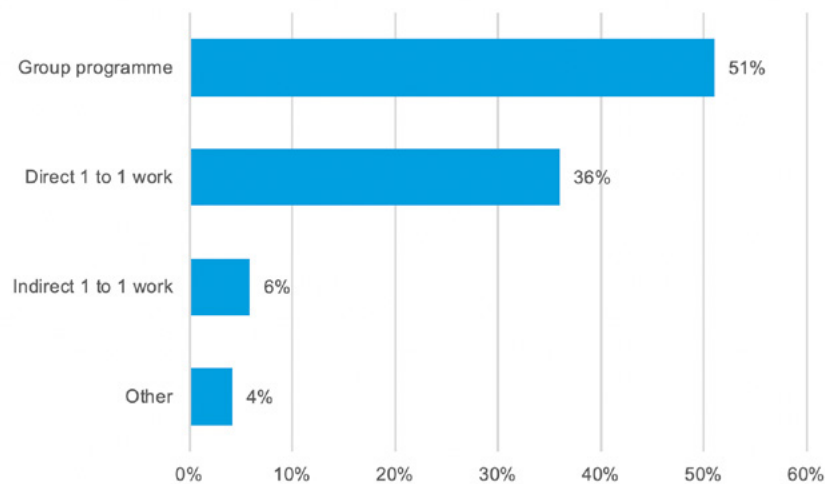
¹⁸ <https://respect.uk.net/what-we-do/accreditation/>

Graph 10: Is there a dedicated response to those perpetrating abuse in your area?



The most common type of response that was known to be available was group work (51% of all respondents were aware of a group work programme in their area) followed by direct one to one work (36%).

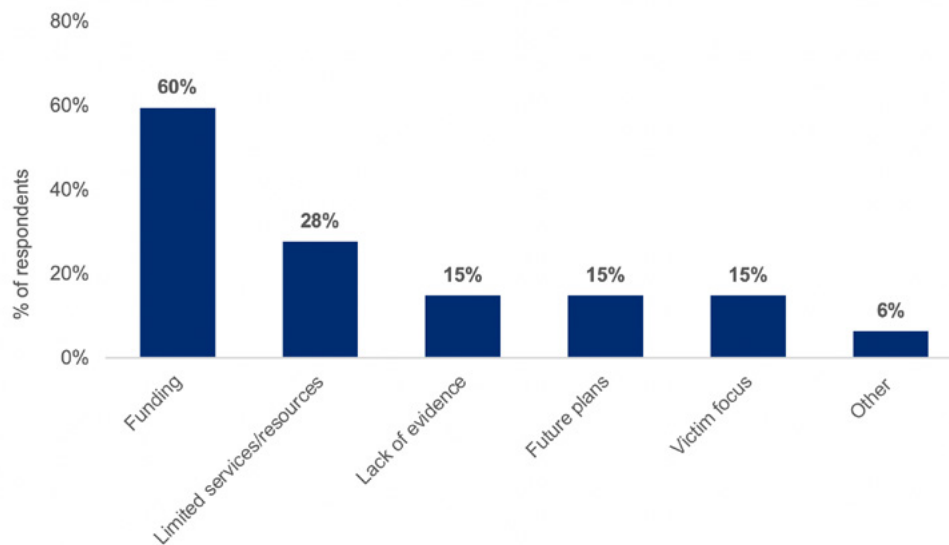
Graph 11: Type of perpetrator response that services were aware of in their local area (percent of all services)



Funding was seen as the biggest barrier to implementing services for perpetrators

We asked the 53 services who told us there was no local provision for perpetrators why they thought there was no provision available. Of these 53 respondents, 47 answered this question. These 47 individual responses were divided into a total of 65 comments and coded under six categories. The graph below shows the number of respondents who provided comments within each category, as a proportion of the total number of respondents.

Graph 12: What do you believe is the main reason that a response to those perpetrating abuse is not available in your area?



Funding

Over half (60%) of respondents referred to the lack of funding as being the main reason that a response to those perpetrating abuse is not available in their area.

- *“The lack of funding is primarily the issue.”*
- *“Funding being cut so perpetrator programmes being cut.”*

This is in line with findings from the Drive Partnership’s mapping exercise, which identified that programmes are often funded from inconsistent pots of funding, such as the Police Transformation fund, and it is rare that there is an existing budget line for perpetrator work. Some respondents to the Practitioner Survey went on to explain what they thought the reasons were for this lack of funding:

- *“Lack of engagement from perpetrators so projects haven’t been able to secure consistent funding to implement meaningful work.”*
- *“I think there is a lack of funding going towards these types of support programmes due to people’s reluctance to want to put money towards supporting perpetrators, it can cause controversy.”*

Other reasons given for limited funding included a lack of evidence for the effectiveness of perpetrator programmes and money being prioritised to victims over perpetrators, which are covered in more detail in separate categories below.

Limited services/resources

Over a quarter (28%) of respondents mentioned limited services or/and resources being available. Respondents explained that although some services for perpetrators did exist in their area, they were limited - such as only being available for certain people, in certain situations, or/and they were not consistently provided:

- *“Resources, there are some IOM services and a DV cohort, but it is very limited and convoluted and not fully integrated. IOM services attend MARAC but sporadically.”*
- *“Lack of free perpetrator programmes unless court mandated or arranged by probation.”*
- *“We have our [local programme] that will work with perpetrators if the whole family engages and if they are wanting to stay together.”*

Lack of evidence

Over one in ten respondents (15%) mentioned there being a lack of evidence for the effectiveness of perpetrator programmes:

- *“...there is uncertainty about the evidence and evaluation of the success of perpetrator programmes.”*
- *“...lack of faith in the effectiveness of programmes.”*

Some respondents linked this limited evidence to the lack of funding available for perpetrator programmes:

- *“A number of programmes have been piloted in the past; however, none have been able to prove positive outcomes over a sustained period or establish longer term funding.”*

Future plans

Over one in ten respondents (15%) talked about future plans for perpetrator programmes. This included recently implemented services, programmes which were about to start, or the fact that a perpetrator response had been recognised as an issue:

- *“There is a perpetrator programme that they are starting up again after it being postponed for 12-18 months due to issues.”*
- *“The police are working on putting something together in the future.”*
- *“It is currently part of long-term LA/PCC strategies.”*

Victim focus

SafeLives believes we must not fall into a trap of being asked to focus on either victim/survivor support or perpetrator challenge, we must focus on both. Commissioning effective responses and support for victims/survivors cannot happen in isolation from ensuring effective perpetrator responses, and vice versa. However, over one in ten respondents (15%) suggested the lack of response to perpetrators of abuse was because funding was instead being prioritised to victims.

- *“Lack of funding, with resources being diverted to victims rather than perpetrators.”*

Some went on to explain the importance of challenging those perpetrating abuse – including the response within agencies, the law and wider society:

- *“Something has to change, the way our society see and understand the problem, we need the law to change and to put more pressure and more responsibility on the abusers, so they work harder to make the positive change happen.”*
- *“Too much focus is placed on the victim’s changing their behaviour / managing the risk. I believe that victim blaming attitudes reinforce this and that there needs to be a shift in the way we manage risk including focusing on the perpetrator’s behaviour and how as a multi-agency response we best manage this.”*

Other

A small proportion (6%) of respondents made comments which were categorised into ‘Other’. They included a reference to the lack of guidance on who is responsible for delivering perpetrator programmes, and a lack of training in this area. Responding to perpetrators of domestic abuse is a highly skilled, sensitive area of work, and we support calls by organisations such as Respect and the Drive programme for the much more concerted application of training, standards and data collection/analysis on outcomes, in this facet of domestic abuse response.

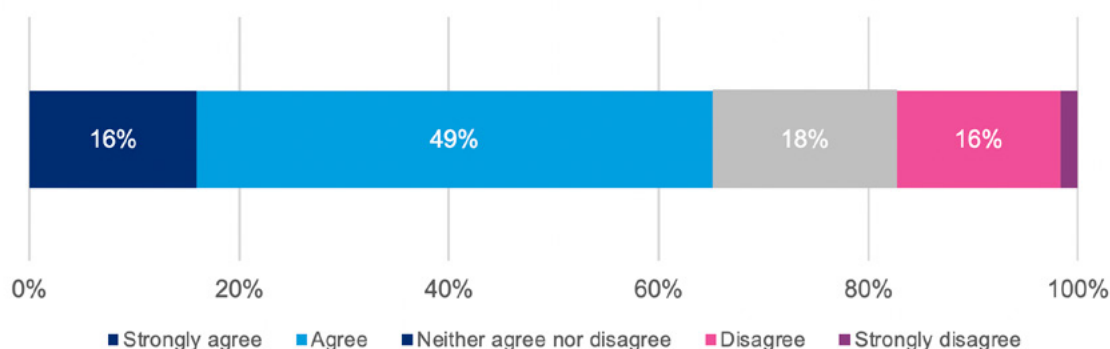
Providing a ‘whole family’ response

One in six services did not think that the local response to domestic abuse considered the whole family

Family members and their vulnerabilities interconnect. People do not operate in silos and neither should we. SafeLives’ strategy¹⁹ sets out a vision of prevention and support that responds to all members of the family affected by domestic abuse, at every stage of the journey. In order to understand how well local areas are already delivering this approach, we asked services to what extent they agreed or disagreed that the response to domestic abuse in their local area considered the whole family.

The responses to this question show that one in six services (18%) did not think that the local response to domestic abuse considered the whole family. A further 18% were unsure or conflicted about the extent to which the whole family was considered, answering ‘neither agree nor disagree’.

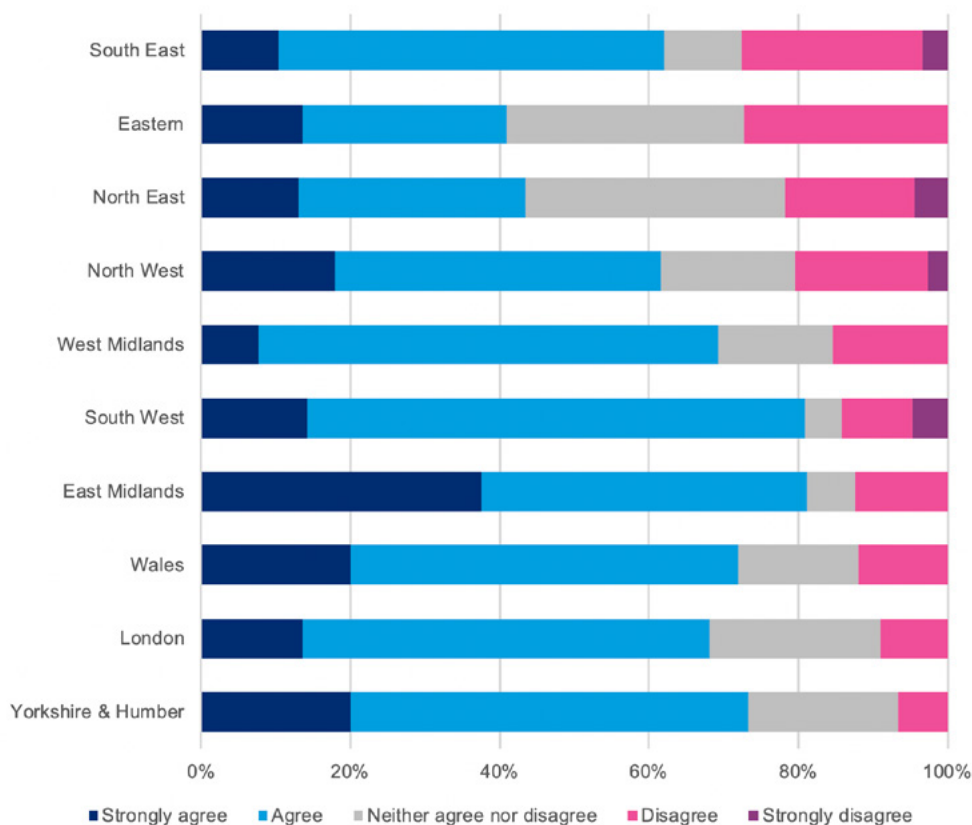
Graph 13: To what extent do you agree or disagree that the response to domestic abuse in your area considers the whole family?



¹⁹ <http://www.safelives.org.uk/sites/default/files/resources/The%20Whole%20Picture%20-%20SafeLives%27%20Strategy.pdf>

The answer to this question varied by region; at the most positive end, only 7% of services in Yorkshire & Humber disagreed or strongly disagreed with the statement. However, in both South East and Eastern regions over a quarter of services disagreed or strongly disagreed (28% and 27% respectively).

Graph 14: To what extent do you agree or disagree that the response to domestic abuse in your area considers the whole family? (By region)

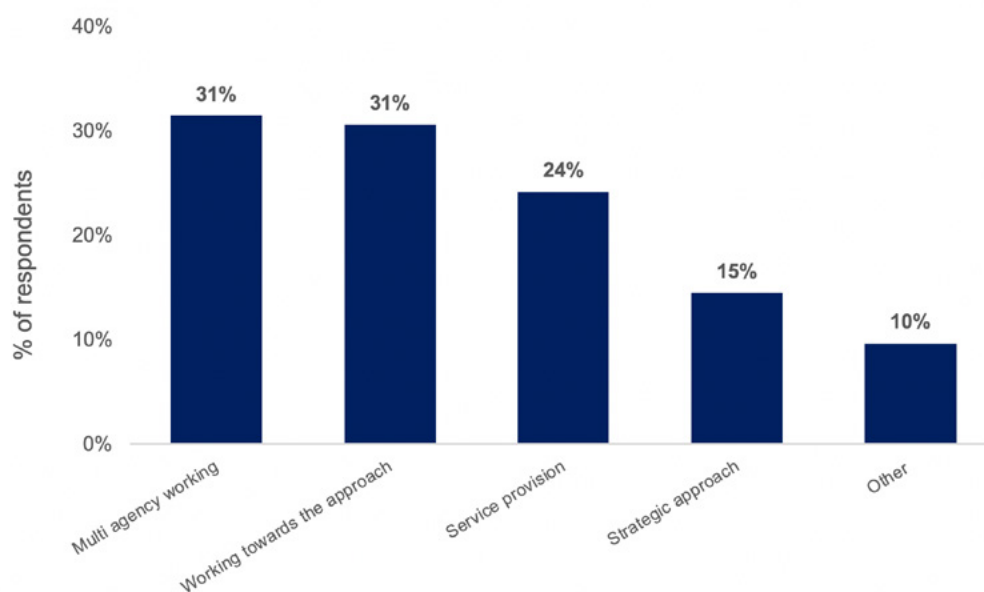


Following this question, respondents were asked why they gave the answer they did. The vast majority (80%) of respondents took the opportunity to offer comments about the domestic abuse provision in their local area. These 191 individual responses were divided into a total of 212 comments and split into three main categories: those agreeing that there was a whole family approach in their local area; those disagreeing; and those who neither agreed nor disagreed.

Agree

Those agreeing or strongly agreeing that the response to domestic abuse in their local area considered the whole family made up the majority (65%) of further comments, with 124 responses divided into a total of 137 comments. These comments were coded under six categories which are shown in the graph below as a proportion of the total number of respondents.

Graph 15: Comments from those who agree that the response to domestic abuse in their local area considers the whole family



Multi-agency working

Almost a third (31%) of respondents highlighted the effectiveness of multi-agency working in their local area as the reason they agreed with the statement:

- “[The area] have strong partnership working with agencies that offer support to perpetrators and victims including children.”

These respondents noted that key agencies were working effectively to support victims/survivors and to hold perpetrators to account, and the effectiveness of multi-agency forums such as Marac, MASH and Matic (a multi-agency task and co-ordination process which targets the most harmful perpetrators) were mentioned:

- “The development and extension of the MASH team within the local authority, which houses both adult and children’s social care services, has enhanced the ‘think family’ response that has been well established across services for a number of years.”
- “Within the area both MARAC & MATAAC as well as other multi agency arenas are now considering action against perpetrators as opposed to just solely focusing on the victim & their children.”

Working towards the approach

Despite agreeing that there was a whole family response in their area, almost one third (31%) used the opportunity to provide comments to highlight that they were still working towards fully adopting this approach. Some respondents explained that while their service adopted the approach, this was not true of all agencies in the area:

- *“I agree that our service looks at a whole family when considering the context of abuse and providing service - I believe that this is not however standard practice across the system in [the local area].”*

Respondents also talked about what was still missing or could be improved. Limited funding and isolated service provision were seen as barriers to a whole family approach, with particular gaps for children and perpetrators:

- *“It is something we are striving to do. However, resources are limited with direct work with alleged perpetrators. This area is currently been ‘scrutinised’ by our elected members, hopefully with a view to increase and further develop a response.”*
- *“Whilst there are children’s services out there, the majority will require the child to access a different organisation and this can cause problems with attending appointments, engaging with services and for parents to juggle. It would be more beneficial for all services to be under one roof so a family can attend, and all receive support at the same time and simplify it for them.”*

Service provision

The availability of specialist domestic abuse services for the whole family was mentioned by around one quarter (24%) of respondents. The majority of comments described a holistic approach and many specifically mentioned programmes for children or perpetrators:

- *“Because we have our children and family workers and perpetrator workers teams that all work together on cases as opposed to individually.”*
- *“We provide a specialist children’s services for children and young people aged 4-18, a specialist parenting support service for families affected by domestic abuse and helpline provision that friends and relatives of victims can access for advice and guidance.”*
- *“We provide a specialist service for families experiencing domestic abuse. This includes support for perpetrator and victim through group work programmes and 1:1 support. Both clients are supported by different caseworkers who work collaboratively to address the holistic family needs e.g. housing, benefits.”*

Strategic approach

Over one in ten respondents (15%) told us that the whole family approach was fully adopted in a strategic way. Many respondents in this category spoke of a commitment to the approach within local strategies and commissioners as well as across individual organisations:

- *“The whole family support approach is being delivered by a range of services including specialist domestic violence services working together with families. [The area] is an area with strong partnerships committed to working together to address domestic violence and abuse at strategic and operational levels.”*
- *“[The Police and Crime Commissioner] have fully adopted and integrated the whole systems approach in a holistic way, involving partners, recognising the value of specialist services (including BME led), supporting ending VAWG [Violence Against Women and Girls] services, supporting funding stream applications [...] and recognising that this is ongoing work that needs to be constantly reviewed.”*

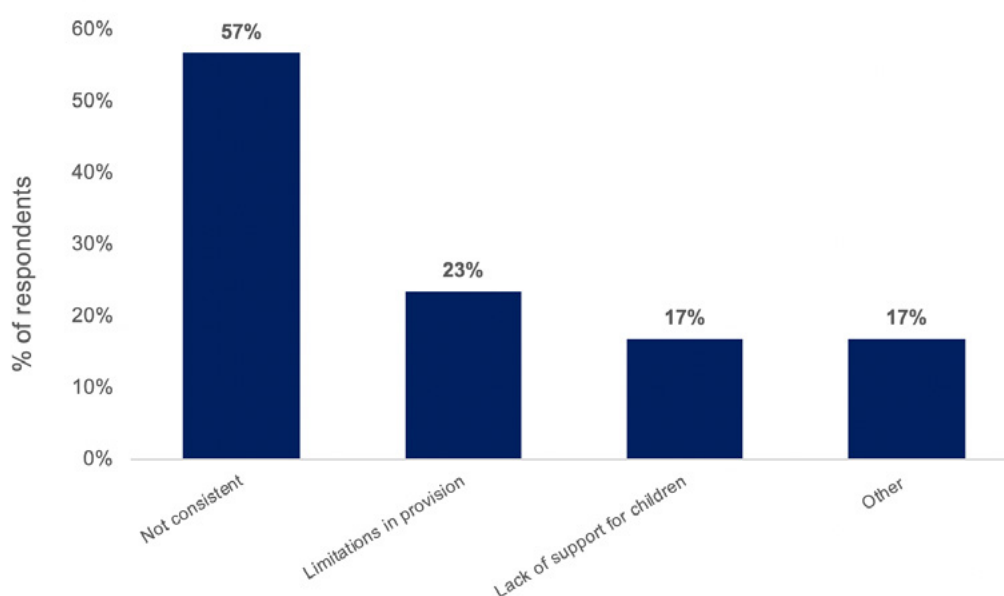
Other

A small proportion (10%) of respondents made comments which were categorised into 'Other'. They included references to the complexities of abuse and the effects of abuse on the whole family.

Neither agree nor disagree

A total of 30 respondents who neither agreed nor disagreed to the question offered additional comments on their response. These 30 individual responses were divided into a total of 34 comments and coded under six categories. The graph below shows the number of respondents who provided comments within each category, as a proportion of the total number of respondents.

Graph 16: Comments from those who neither agree nor disagree that the response to domestic abuse in their local area considers the whole family



The majority of respondents in this category (57%) said that their local area did not consistently take a whole family approach, with responses to abuse varying widely between services and agencies involved.

- *"I feel there is still a lot of work to do in regard to a whole family approach, I feel some agencies do not understand the individual needs and risks to victims, children and others who may be affected by DA."*
- *"I believe it is not always joined up and depends on who responds at the time of the incident i.e. Police, Children's Services, DA Services. This can affect which services are requested and what action is taken to support the family."*

Seven respondents (23%) commented that limited resources, funding, or gaps in provision make it difficult to provide a whole family response:

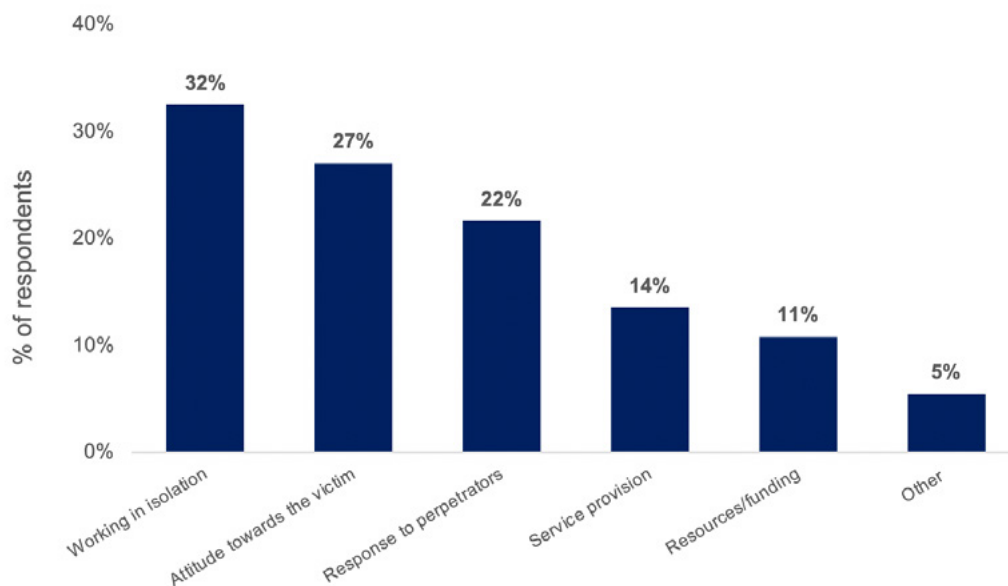
- *“Initially the response is to remove the threat or the victim (in the case) to a place of safety. If appropriate referrals are submitted to the relevant agencies, then the whole family will be considered but unfortunately due to funding restrictions there are no current agencies who would be appropriate to support the family as a whole.”*

Five respondents (17%) commented specifically on the lack of services for children, and a further five respondents provided a comment that was categorised as ‘other’.

Disagree

One in six respondents (17%) who offered further comments were those that disagreed or strongly disagreed that the response to domestic abuse in their local area considered the whole family. These 37 responses were divided into a total of 41 comments and coded into six categories. The graph below shows the number of respondents who provided comments within each category, as a proportion of the total number of respondents.

Graph 17: Comments from those who disagree that the response to domestic abuse in their local area considers the whole family



Working in isolation

One third (32%) of respondents disagreed because they felt that agencies and services were working in silos and not coordinating their approach:

- *“There is not 1 service that works with the family as a whole. Perpetrators work is offered by a different organisation to women’s services & likewise with children & young people’s service. There is no formal co-ordination of a family service.”*
- *“Lack of joined up thinking or working. Limited understanding about the role of specialist therapy to provide support and treatment including treating whole family trauma.”*

Attitude towards the victim

Over one quarter (27%) of respondents disagreed based on attitudes towards victims/survivors of domestic abuse. Respondents criticised the expectations and pressures placed on victims/survivors, alongside the lack of accountability for perpetrators:

- *“She is expected to pack her stuff and go, why ‘‘she’’ has to go? Why ‘‘she’’ and ‘‘her’’ children have to leave their home? Why is all the responsibility on her?”*
- *“The Family Courts do not give due regard to abusive relationships and the impact on children. The blame should be given to the perpetrator and should never lie with the victim/survivor - a number of services do not reflect this in their reporting, actions and practice.”*

Response to perpetrators

Almost a quarter (22%) of respondents who disagreed with the statement mentioned the lack of work with perpetrators of abuse in their local area, with respondents calling for prevention work and interventions for perpetrators:

- *“Interventions are not sufficiently perpetrator focused and perpetrators are not always held accountable for their behaviour.”*
- *“Locally services are more aimed at the women and the children, only some instances the perpetrator.”*

Other responses

Five respondents (14%) talked more generally about the limits of service provision in their local area, including a lack of responses for children, and four respondents (11%) highlighted that lack of funding was a barrier to implementing services for the whole family. A further two responses were categorised as ‘other’.

Appendix 1: Answers carried over from 2017 survey

Service	Police Force Area
Refuge Warrington Independent Domestic Abuse Services	Cheshire
Changing Lives - Blackburn with Darwen Domestic Abuse Service	Lancashire
The Venus Centre	Merseyside
Bexley Women's Aid	Metropolitan Police
London Borough of Bexley Domestic Violence service	Metropolitan Police
Refuge - Richmond Advocacy and Community Outreach Service	Metropolitan Police
Refuge Athena VAWG service in Lewisham	Metropolitan Police
Solace Women's Aid	Metropolitan Police
Orwell Housing Association - Norfolk	Norfolk
Bangor and District Women's Aid	North Wales
Safer Wales Dyn / Safer Wales	South Wales
Riverside Domestic Abuse Service (formerly Doncaster DA Service)	South Yorkshire
Orwell Housing Association	Suffolk
a2Dominion	Thames Valley
Coventry Domestic Violence and Abuse Support Service	West Midlands

Appendix 2: Methodology

Calculating the required number of Idvas

For every local Marac SafeLives produces an estimate of the number of Idvas required to support the cases seen over a 12-month period. However, we know there are victims/survivors at high risk of serious harm or murder who are not seen at Maracs. To account for this, we also estimate the number of Idvas required to support all people in the local area who are at high risk of serious harm or murder. This estimate is based on the assumption of 40 victims per 10,000 adult women, which has been established from work carried out by SafeLives to analyse the prevalence of high-risk cases including both victims who report and do not report to the police. Our final estimate for the required number of Idvas in England and Wales uses whichever of these figures is higher for each Marac area. This means that our recommended Idva coverage may change from year to year.

In the 12-month period up to March 2019, 93,892 cases were discussed at Marac in England and Wales, an increase of 7% from the same time period in 2017/18. We recommend that Idvas cover no more than 100 cases per year which means around 939 full time equivalent (FTE) Idvas are needed to cope with the number of cases heard at Marac. When we take account of areas that are seeing fewer than 40 cases per 10,000 adult women (by replacing the number of cases with 40 per 10,000), this figure increases to 1120. Some of this increase also arises from summing the recommendations for each individual area (where the number of Idvas required is rounded up to the nearest 0.5 FTE), instead of producing a national figure.

Our calculation assumes that Maracs are working only with cases where the victim is at high risk of serious harm or murder, as intended by the Marac model. However, we know that not all areas operate a traditional Marac model, for instance running additional forums which also work with those at lower risk levels. In these cases, we endeavour to collect data from the part of the process most similar to a traditional Marac model. We believe the remaining differences in data will produce both under and over estimates of victims who are at high risk and receiving support.

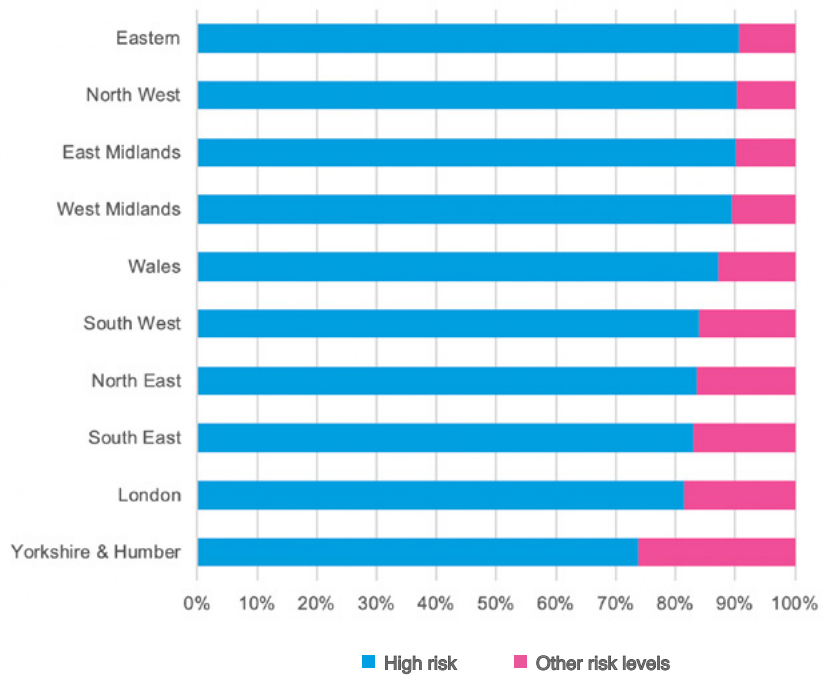
Calculating the FTE number of Idvas working with victims at high risk

In addition to the total number of people employed, we asked services for their FTE number of employees; in 2019 this was a total of 980 FTE Idvas.

Because the required number of Idvas is calculated on the basis that they support cases at the highest risk, we also ask services to estimate the percentage of time that their Idvas work with victim assessed as at high risk. We use this information to remove an approximate number of FTE Idvas working with those at lower risk levels. After applying this adjustment, the number of Idvas in England and Wales supporting those at high risk equals 833 FTE.

In the vast majority of regions at least 80% of Idvas are working with victims/survivors at high risk. If all Idvas captured by the survey worked with victims/survivors at high risk, there would be 88% of the required Idvas in post (although they would not be evenly distributed).

Graph 18: Proportion of FTE Idvas working with victims at high risk, by region



Appendix 3: Perpetrator Provision Mapping exercise by the Drive Partnership

The Drive Partnership is made of Respect, SafeLives and Social Finance. Drive is an intensive intervention that works with high-harm and serial perpetrators to challenge behaviour and prevent abuse.

This exercise was undertaken during December 2018 - March 2019, capturing a picture of perpetrator provision at this point in time. Information was gathered from the following sources:

- Survey of PCCs
- Follow-up interviews with representatives from PCCs
- Respect accreditation
- Desktop research

The limitations of this exercise are as follows:

- Responses were only received from 29 of 43 PCCs; for areas that did not respond information is limited to Respect accreditation and desk based research
- The project was limited in scope and therefore did not contact other potential sources of information such as provider organisations, HMPP or CAFCASS, which would help to validate findings and build a better picture of provision.
- Interpretations of 'perpetrator provision' varied by PCC area and were not subject to quality criteria.

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